

## CHAIR'S COLUMN

By Arnold Abels, Ph.D.

The APPIC Board has been involved in a variety of important activities since the 2012 APA Convention. In recent months the Board has been attending the fall and winter meetings of its constituents and continues to learn how APPIC can better serve those involved in psychology training. As Chair, I attended the annual Education Leadership Conference in September in Washington DC. The event highlights the importance of advocacy as it relates to funding for psychology, and those attending had the chance to meet with and ask for support from the offices of their state's Senators and Representatives. I left the event wondering how powerful, and what a difference it would make, if all of our voices were united in advocating for funding for psychology. Please get involved!

The fall meetings of CCTC and BEA were scheduled for the end of October and early November. Unfortunately, the east coast was severely impacted by Hurricane Sandy and CCTC needed to be cancelled. As time has passed, the APPIC Board hopes our colleagues and the training settings that experienced the devastation of the hurricane have recovered. Courageous Conversations II was also scheduled at that time and was able to be rescheduled in early December. Representatives from APA, APAGS, Training Councils, etc. gathered together to continue to assess the goals from Courageous Conversations I and to explore new ideas to further address the internship match imbalance. As a result of CC II, and as one part of the APPIC Board's efforts, the Board decided to enact its revised APPIC Policy on Doctoral Program Associates and Intern Applicant Policy. Information can be found on the APPIC website [ww.appic.org](http://ww.appic.org).

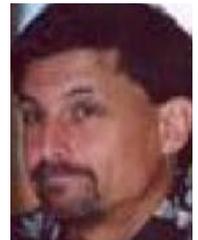
APPIC has appreciated the opportunity to be

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# 2013 APPIC Match Statistics

## Combined Results: Phase I and Phase II

Compiled by Greg Keilin, Ph.D., APPIC Match Coordinator



This report provides statistics and information about the combined results for both phases of the 2013 APPIC Match. Considerable additional detail may be found regarding both Phase I and Phase II on the APPIC web site.

Here is a summary of the relative differences in numbers of applicants and positions in 2013 as compared to the 2012 APPIC Match, combining both Phase I and Phase II:

### COMBINED PHASE I / PHASE II

2012 MATCH 2013 MATCH

<b>Applicants:</b>	Registered for the Match	4,435	4,481 (+46)
	Withdrew or did not submit ranks	368	367 (-1)
	Matched	3,152	3,326 (+174)
	Unmatched	915	788 (-127)
<b>Positions:</b>	Offered in Phase I or Phase II	3,202	3,397 (+195)
	Withdrew or no ranks in Phase II	32	52 (+20)
	Filled	3,152	3,326 (+174)
	Unfilled	18	19 (+1)

Regarding the 4,481 students who registered for the Match:  
2,506 (56%) matched to an accredited position  
820 (18%) matched to a non-accredited position  
1,155 (26%) did not match to a position (includes unmatched and withdrawn applicants)

### APPLICANTS PARTICIPATION - COMBINED PHASE I/II

Applicants Registered in the Match	4,481
Applicants Who Withdrew or Did Not Submit Ranks	367
Applicants Participating in the Match	4,114

### MATCH RESULTS - COMBINED PHASE I/II

Applicants Matched	3,326 (81%)
Participating Applicants Not Matched	788 (19%)

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**GOVERNANCE**

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**Chair's column**

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part of the committee that has reviewed the first round of applications for the \$3 million funding APA designated to increase the number of accredited internships. It was exciting to see that a number of APPIC member programs were recipients of the first round funding and it is hoped that many more of our member programs will submit applications for the next deadline later this summer. The Board is also finalizing a contract with the Western Interstate Commission for Higher Education (WICHE) to help assess the accreditation-readiness of existing and future APPIC-Member internship programs. Highlighting other APPIC activities:

2013 Match – You are encouraged to review the 2013 Internship Match statistics available elsewhere in this newsletter and on our website [www.appic.org](http://www.appic.org). The results from this year offer a glimpse of hope for the match imbalance. This may reflect the efforts of Courageous Conversations I, the work of the various training councils, efforts to build new internships, etc. While a small step in the desired direction, I was reminded it is of little consequence for the hundreds of students who did not secure an internship. Having had the opportunity to personally interact with a few of the unmatched candidates, I was reminded that the field of psychology needs to continue to do more. These are not just numbers, but energetic and talented individuals who want to make a difference in our field and society. Each of them have a story with hopes and dreams for their future that they are forced to put on hold.

TEPP Journal – APPIC is pleased to report that it has continued its contract with APA to co-sponsor the journal, *Training and Education in Professional Psychology*. The journal has been deemed

to be financially healthy and received an impact index of 1.575 which ranks it 16th of 51 journals in Psychology: Educational. We are excited to welcome Dr. Michael Roberts as the new Editor of TEPP. Dr. Roberts and his exceptional editorial team have already initiated a variety of calls for submissions on meaningful topics related to training. The Board has been highlighting one or two articles from each issue. We hope you will submit articles for review and utilize TEPP for your own professional development and in the various training activities you are involved.

APA Convention in Hawaii - APPIC will host our annual Business Meeting on Wednesday July 31 at a location TBA. As always, breakfast will be provided. Come join us to learn about the many activities APPIC has been involved this year and new initiatives it is planning for the future. Watch for more details on our website.

2014 APPIC Conference – Plans are actively under way in preparing for the 2014 APPIC Conference that will be held in Austin, TX in late April/early May. There will be a variety of invited programs along with break-out sessions. The conference theme and a call for program and poster proposals will be forwarded in the near future. Registration is expected to open sometime in early winter. We look forward to your attendance and the opportunity to address challenging topics in psychology training.

Technology – You are encouraged to continue to access the APPIC website and all it has to offer. The Board is exploring the possible utilization of a Share Point site for members to access training materials more effectively. APPIC plans to launch its eMembership in the fall 2013. It is hoped that this new service will increase the efficiency and tracking of new and renewal membership applications. The Board has appreciated the ongoing feedback for MyPsychTrack and the host vendor Liaison International is working on implementing improvements to the system. Next year's

A-API with associated enhancements will be launched in mid-July.

Informal Problem Consultation - Members of the APPIC Board continue to provide informal, confidential problem consultation to students, interns, postdoctoral fellows, graduate faculty, directors of graduate training, and internship or postdoctoral training directors. Our goals include protecting the integrity of the APPIC Match contract, maintaining quality control over the APPIC membership criteria, and general humanitarian assistance for students and training directors. This service is now accessed via the APPIC website ([www.appic.org](http://www.appic.org)) and consultation requests are made online.

Mentoring Program - This ongoing program allows established training directors to serve as mentors or consultants to individuals who are developing new training programs. Dr. Pamela Epps coordinates this project: [pepps@emory.edu](mailto:pepps@emory.edu).

Transitions - The past year has been filled with many wonderful rewards and challenges, and indeed has flown by. I want to thank the APPIC membership for your support over the past six years and especially this past year as I served in the role of Chair. The amazing expertise and strengths of the entire Board, along with the leadership of APPIC's Executive Director, Dr. Jeff Baker, and the service of Central Office staff have been truly invaluable to me. While I look forward to continuing as Chair through the Business Meeting at APA and as Past Chair next year, I am excited for the future of APPIC as it will continue to soar to new heights under the guidance of Chair Elect Dr. Jason Williams. There are many important ways all members can get involved in APPIC, from committee assignments, writing columns for the Newsletter, making your voice known on surveys, serving as a mentor, presenting at our conference, etc. I challenge you to get involved. If there is anything I can do to help along the way, I invite you to contact me at [abelsa@umkc.edu](mailto:abelsa@umkc.edu).

# From the Desk of the APPIC Executive Director

By Jeff Baker, Ph.D., ABPP

The 2013 match has come and gone and APPIC is pleased that the majority of the students that matched got their 1st, 2nd, or 3rd choice. APPIC remains distressed at the number of students that were not matched. However, although there were fewer students this year than 2012 it still remains a concern and APPIC is taking many steps to address this concern including providing funds to facilitate the accreditation process of current internship programs; providing a mentor to those who are interested in becoming an APPIC member or go up for APA accreditation; and working with APA to review programs that are interested in obtaining grant funds to go for APA accreditation. All these efforts will pay off but the big concern is that there are not enough training slots for the number of students that need an internship at an APA accredited site. I have visited with a number of the training councils this past January and February and acknowledge that APPIC members have not held up their end of the bargain. There are more than 200 APPIC members that are not accredited and this needs to change. APPIC members meet most of the criteria required by accreditation but need to provide outcome measures that are related to their goals, objectives and competencies. APPIC could put another 600-900 slots into the match if these programs would step-up and go for APA accreditation. APA CoA now provides an opportunity to apply for accreditation without the outcome data but a program really must be collecting this data for their own quality improvement. Where are your students going? Are they passing the EPPP? Are they obtaining a license? These measures are fairly simple and ones that most programs are fully aware of and could serve as the foundation of their outcome measures. Now is the time for APPIC member programs to go forward with accreditation. APA Board of



Educational Affairs (BEA) will be providing \$800,000 a year for the next 3 years to fund programs seeking accreditation. The money hurdle is gone though maintaining a plan to pro-

vide stable funding for stipends and the program is essential in receiving these grant funds.

After board members and myself have attended the annual training council meetings it is clear everyone is concerned and frustrated that the internship supply and demand issue has not been fully addressed. APPIC needs to take responsibility for insuring the number of internship positions would increase as well as the number of internship training slots that are APA accredited. Internship positions have held steady despite significant budget cuts at state and local training sites. There have been a number of efforts to address this issue but it might be too little too late. Doctoral programs are so frustrated for something that is perceived out of their control that the simple solution to resolve this would be to no longer require the internship as part of the doctoral program. There are some arguments that would support this but looking at the big picture this is not the best solution. There has been no official scientific study that indicates that psychology students are ready for independent practice at the end of their practicum training. In fact, a survey was recently completed of internship applicants and a clear 95% stated they were not ready for independent practice before internship. Most training councils were evenly split that this is the correct action to take (remove the internship from the doctoral program). From my perspective, this is a poor solution as it leaves the public with less trained professionals. How are we protecting the public by lowering standards for the doctoral degree?

Yes, as a training director for over 15 years I did have many students that were highly functional but the internship served as that capstone experience that solidified their thinking and transition to professional. There were just as many students arriving for internship that were certainly adequately prepared for internship and used the year for meeting clinical competencies because there was not enough formal training and feedback during their clinical hours with practicum. Practicum training is important but even that is quite different in the training world even within a doctoral program. One student can have 1000 hours in direct face to face contact and another student could have 100 hours. In addition practicum training sites don't always provide sequential and comprehensive training with didactics, clinical assignments and coordinated follow up treatment interventions. Internships do provide a consistent focus on training and consistently provides this experience. It is a concern that practicum training is not the capstone experience and will not prepare professionals to be ready for a formal postdoc or the next stage of their development (independent practice). Even those states that provide an opportunity for licensure at the end of the doctorate without a postdoc probably take more than 9-12 months for the license to actually be implemented.

All of this aside, the doctoral program is in the best place to manage the gate keeping for trainees entering the profession as a health care provider and the internship and the doctoral program need to be partners in this training process. It is true there has been some drift with internships appearing to be more independent but I can assure you the doctoral program plays an extremely important part when there are difficulties on the internship. Some students do have to return to their doctoral program and

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# Remarks from the Editor

## For a Few Dollars More



By Robert W. Goldberg, Ph.D., ABPP

Cleaning out the stacks of unread journals which crowd my office shelves, I came upon a long-lost trove of APIC Newsletter issues, including the April 1987 issue. (There was just one 'P' in APPIC back then.) At the time, Dr. Kenneth Solway was the Chair, Dr. Philip Laughlin was the Treasurer, Dr. Jim Stedman was Editor, and the venerable Dr. Robert Goldstein was Associate Editor for Setting-Related Issues, a position he still holds today.

In addition to its quaint features (mimeographed in 5" x 8" format, stapled (!), with a festive lemon yellow cover), the issue presented detailed fiscal information to the Membership. Parenthetically, in those days, Annual Membership ("business") Meetings during the APA Convention consisted of a few announcements and an overhead projection of the budget, every penny of which was then subjected to the nit-picking scrutiny and Monday-morning quarterbacking of us training directors. This information included the following for the year ending December 31, 1986:

<b>Membership Dues (per Internship or Residency):</b>	\$120
<b>Membership Application Fee:</b>	\$75
<b>Interest on Income:</b>	\$3,425.34
<b>Chair's Office (presumably expenses, not furniture!):</b>	\$2,249
<b>"Office Support" [sic]:</b>	\$7,631.34
<b>Directory (hard copy):</b>	\$12,014.76

It is interesting to see how times have changed. Elimination of the hard copy Directory several years ago actually reduced costs to \$0 for printing and \$0 mailing but producing the PDF and technical maintenance of the Directory On Line, which includes the new dues payment system, cost \$19,210.00 for 2012. So we had a reduction in printing and mailing costs but likely have saved considerable money by switching to electronic since printing on paper would now likely equal \$34,000 and mailing \$3,800. A new Directory On Line is expected by Summer 2013 and there have been considerable investment costs to add a more sophisticated search feature that will allow students to save their searches and not have to download

each every internship they find interesting. We all recognize that maintaining a permanent professionalized organization with a physical Central Office and continuing leadership – in addition to the ravages of inflation – has necessarily incurred additional costs, supported by the current dues structure. However, there is no doubt that psychology has had "value added" by APPIC's expansion of its organizational functions and responsibilities. The field has truly profited from a budget which includes "a few dollars more."

### ADDENDUM

By James M. Stedman, Ph.D.

**Former Newsletter Editor**

Bob asked me to write an addendum to his column if I so wished, and I'll give it a shot. First, I wondered if his title was an unconscious connection to the Clint Eastwood classic movie *For A Few Dollars More*, about two competing bounty hunters who eventually team up to hunt down a violent outlaw, like the APA and APIC (one 'P' in those days) teaming up to bring out of control clinical training to heel. Then I thought, "Naw, too psychodynamic." (*E-Editor's Note: My title is an intentional allusion to the movie; however, I left its significance for the reader to determine.*)

This is more CBT/behavioral: analyze problems and solve them. Got a tacky but stapled newsletter (produced by moi)? Put out a slick printed one with pictures. Cut costs by going computer with everything. No training journal? Start one. D.C. too expensive? Move to Houston.

All this is a long way from the 1980's Board – my time – to today's lean and mean operation. However, there is still the Imbalance Outlaw to slay. Time for the bounty hunters to team up again.

*Note* The e-Editor thanks Dr. Stedman for his Addendum and gratefully acknowledges the contributions of Executive Director Dr. Jeff Baker to the Remarks.

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remediate further, some doctoral programs are aware that sending their student to internship was questionable and are not surprised when they get that call from the intern-

ship program wanting to discuss some issues. This part of the gate keeping is an important part of the protection of the public and it is scary to think about what happens when doctoral programs are no longer part of the training process of an independent health care provider once

they have completed their academic requirements and go out and try out their clinical skills.

A Call to the APPIC Membership: It is time for your voice to be heard. Each training director of an internship or postdoc needs to go to the public comment section posted by

the CoA and submit their comments regarding the placement of the internship. The public comment period ends in June so you need to submit your comments today. Let CoA know that it is important for the internship to remain part of the doctoral program.

# Notes from CoA

## Issues Specific to Internships and Post-Docs

By Elizabeth A. Klonoff, Ph.D., ABPP  
Chair CoA, 2013

The September 2012 “Notes from CoA” described two new accreditation statuses, “eligible” and “accredited, on contingency,” that CoA had developed for internships and post-docs. The resulting change in the Accreditation Operating Procedures (AOP) has gone through the APA governance process, and the new statuses became effective January 1, 2013. At the recent policy meeting held February 28-March 3, 2102, the CoA drafted an application for “eligible” status consisting of essential elements from Domains A-D. Applicants for “accredited, on contingency” will use the existing self-study instructions, except for the data requirements contained in Domain F. All forms will be available on the accreditation webpage by mid-April 2013 and the CoA encourages internships and post-docs seeking initial accreditation to consider applying for whichever of the three accreditation statuses seem appropriate. Programs that have questions about which status makes the most sense for them should contact the Office of Program Consultation and Accreditation to discuss their options (202-336-5979).

### Continuing Progress on the G&P Roadmap

CoA continues to receive public comment in anticipation of the review and revision of the Guidelines and Principles for Accreditation (G&P) this year. At the October 2012 CoA meeting, we reviewed over 400 pages of Phase I comments. Each of the CoA’s policy groups (doctoral, internship, and postdoctoral) analyzed the comments and drafted follow-up questions based upon areas in need clarification and areas of perceived dissension. There are two groups of questions, now available for public comment, based on the level of training. The first group consists of questions about doctoral/internship training, and the second group consists of post-doctoral training. CoA elected to do this because the issues and concerns at the doctoral and internship levels were overlapping, while the issues and concerns for post-docs were very different. During the first quarter of 2013, CoA members met with many of the communities of interest at their scheduled meetings to discuss the new questions and to encourage everyone to go online and submit public comment. The public comment period on the Phase II Questions is scheduled to continue through June 1, 2013.

We devoted a substantial amount of time at our February-March policy meeting discussing how to encourage people to continue to provide their comments and preparing optimal ways to review and process these comments. To better inform our thinking about how to

approach this task, selected guests were invited to attend this meeting. These guests represented APPIC, APAGS, ASPPB, and the group who drafted the current G&P. The CoA reviewed the structures of other accreditation standards in the health professions as a guide for developing a structure for the APA Commission on Accreditation going forward. We believe the framework that is emerging from this meeting will provide a mechanism to allow CoA to organize the responses we receive from public comment as we begin our work at the July meeting.

### Virtual Townhall Meetings

As an additional way to encourage individuals and groups to provide comment on the Phase II questions, the CoA will host 6 virtual townhall meetings in May (2 per each level of accreditation). Please consider participating. Sessions are tentatively scheduled for the following dates and times:

**Doctoral:** May 6 (2 pm ET); May 15 (11 am ET)

**Internship:** May 8 (4 pm ET); May 10 (4 pm ET)

**Postdoctoral:** May 6 (4 pm ET); May 16 (1 pm ET)

Further information on registration for these sessions will be included in the April CoA Update and also will be posted on the CoA website.

### Implementing Regulations (IRs) Revisions

Obviously with a new G&P on the horizon, the need for CoA to continue to develop new IRs is decreased, except where CoA feels it is necessary to inform the field. Following 90 days of public comment the CoA approved revised versions of Implementing Regulations (IRs) C-22 and C-23 related to diversity recruitment/retention and education/training, respectively. The updated versions of these policies are now in effect.

CoA also discussed whether it should move towards requiring disclosure information from internships and post-docs in the same way it does for doctoral programs in IR C-20. In developing the IR C-20 requirements for doctoral programs, CoA asked APAGS to develop the initial list of variables that CoA considered. CoA has again asked APAGS to develop the initial list of variables it would like to see disclosed by internships and post-docs, as a first step to considering these disclosure requirements.

### Public Disclosure of Accreditation Decisions

As you know CoA is recognized by the Department of Education and the Council of Higher Education Accreditation (CHEA). A revised CHEA standard requires that CoA develop a way to enhance the information pro-

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vided to the public regarding decisions on accreditation status. Currently, the CoA reports accredited status and year of next site visit on its website and describes the guidelines for 3, 5, and 7 year decisions in its Notice of Actions published 30 days following each program review meeting. Although the CoA was granted continued recognition, CHEA provided a revised interpretation of this standard that insists that CoA provide the public with more specific information regarding the basis for accreditation decisions. Because the procedure to do this must be developed in collaboration with our publics, the CoA has drafted three proposed option to meet this requirement, and these options are out for public comment right now; a fourth options is an open-ended question to allow for additional suggestions from the public. Please go look at the choices and assist CoA in deciding the best way to meet this requirement from CHEA. Any final changes to our public disclosure procedure that result from this process will necessitate another period of public comment, review by the APA Board of Educational Affairs, and approval by the APA Board of Directors of revisions to Section 8 of the Accreditation Operating Procedures. **The current, initial public comment period on the four options will continue through May 18, 2013.**

**The website to provide public comment on any or all of these issues can be accessed either from the CoA webpage (<http://www.apa.org/ed/accreditation/>) or directly at <http://apaoutside.apa.org/AccredSurvey/Public/>.**

**The Same Final Thoughts as Last Time Site Visitors.** Given the current economic situation, a number of training centers are making it more difficult for people to serve as site visitors given the time needed for the conduct of visits. As you all are aware, having peers come to visit as part of the accreditation process is extremely important to quality assurance. Please take a moment to think about encouraging and nominating a colleague to become a site visitor.

**Communication.** As indicated in the recent APPIC newsletters, CoA sends out a "CoA Update" following each meeting. APPIC members who serve on CoA, as well as members of the APPIC Board, should ensure that this is distributed electronically to each of you. Please look for these four times a year, as the progress on the Roadmap and the specifics for how you can participate in the process are described in these Updates. Feel free to contact any of us if we can answer any questions or provide you with any information that makes it easier for you to participate in the Roadmap process or to interact with CoA about any issue.

**INTERNSHIP PROGRAMS  
PARTICIPATION: COMBINED PHASE I/II**

Training Sites Participating in the Match	719
Programs Participating in the Match	1,289
Positions Offered in the Match	3,397

NOTE: A training site can offer more than one "program" in the Match. Each "program" was identified in the Match by a separate 6-digit code number.

**MATCH RESULTS - PROGRAMS -  
COMBINED PHASE I/II**

Filled in Either Phase I or Phase II	1,246 (97%)
Withdrawn or No Ranks in Phase II	23 (2%)
Remaining Unfilled in Phase II	20 (2%)

NOTE: Programs that submitted a Rank Order List in Phase II with fewer ranks than positions available were counted as "unfilled".

**MATCH RESULTS - POSITIONS -  
COMBINED PHASE I/II**

Filled in Either Phase I or Phase II	3,326 (98%)
Withdrawn or No Ranks in Phase II	52 (2%)
Remaining Unfilled in Phase II	19 (1%)

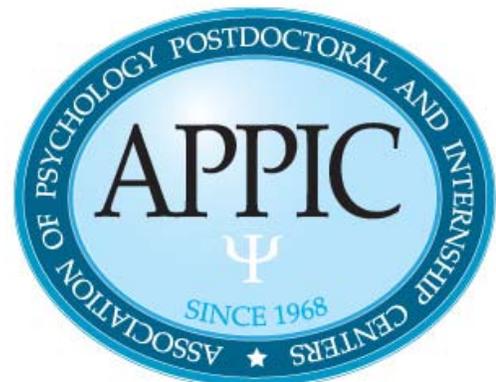
NOTE: For programs that submitted a Rank Order List in Phase II with fewer ranks than positions available, the positions without ranks were counted as "no ranks" rather than "unfilled" (e.g., a program submitting 1 rank for 3 positions would have 2 positions counted as "no ranks").

**MATCH RESULTS IN PHASE I**

<b>Positions:</b>	
Filled in the Match	3,094 (92%)
Remaining Unfilled	282 (8%)
<b>Programs:</b>	
Filled in the Match	1,109 (86%)
With Unfilled Positions	177 (14%)

**MATCH RESULTS IN PHASE II**

Applicants Matched	232 (35%)
Participating Applicants Not Matched	433 (65%)



# News from the APA Education Directorate

By Catherine Grus, Ph.D. ([cgrus@apa.org](mailto:cgrus@apa.org))

In 2009 the American Psychological Association (APA) approved its first strategic plan. One of the three goals in the strategic plan is to expand psychology's role in advancing health (see: <http://www.apa.org/about/apa/strategic-plan/default.aspx>). Since that time, APA has embarked on a series of initiatives to advance this goal. I would like to provide an update on several projects that have been completed to date that may be of interest to readers of this column.



The Board of Educational Affairs (BEA) as the lead group within APA for issues related to education and training authorized a task force on primary care psychology training in 2011. That group was charged to develop a series of recommendations for BEA to consider that would promote education and training in primary care psychology. Their report was completed in the spring of 2012 and can be found at: <http://www.apa.org/ed/graduate/primary-care-psychology.aspx>. The report of the task force prompted the development of a directory of doctoral, internship and postdoctoral programs that offer education and training in primary care psychology. Information about the nature and intensity of the training experience as well as details about the program such as contact information are provided. The directory can be accessed through the link above as well as from the APPIC website (<http://www.appic.org/Directory/Stats-Other-Directories>).

Also specific to primary care psychology, APA Past President Suzanne Bennett Johnson convened the Inter-Organizational Work Group on Competencies for Psychological Practice in Primary Care as one of her presidential initiatives. Appointments to the work group were invited from organizations identified as having a significant focus on education and service delivery in the primary care setting. Susan McDaniel served as chair of the group and the Education Directorate provided staff support. The group was charged to integrate the existing literature on competencies for psychological practice in primary care settings, informed by the expertise of the group members, into one document. The document is intended for use to enhance education and training, build a competent workforce, and inform policy makers and other health professions about the contributions of psychology in the primary care setting. The report of the work group was completed in March 2013 and can be located at: <http://www.apa.org/ed/resources/competencies-practice.pdf>. A manuscript focused on the primary care psychology competencies has been submitted for publication consideration to the *American Psychologist* as part of a special section on primary care psychology.

Initiatives focused on interprofessional education and practices are also underway in support of the goal to expand psychology's role in advancing health. In February 2013 the APA Council of Representatives endorsed a document, *Core Competencies for Interprofessional Collaborative Practice*. This document was released in May 2011 by the Interprofessional Education Collaborative (IPEC). Sponsors of the IPEC included the American Association of Colleges of Nursing, American Association of Colleges of Osteopathic Medicine, American Association of Colleges Pharmacy, American Dental Education Association, Association of American Medical Colleges (AAMC) and Association of Schools of Public Health. The IPEC grew out of the Federation of Associations of Schools of the Health Professions (FASHP), for which APA has not been eligible for membership (membership is limited to organizations whose members are educational institutions, not individuals). The APA Education Directorate has since been extended an invitation for affiliate membership in FASHP. This document is serving as a key conceptual framework in discussions of ways to meet the rapid changes occurring in health care and education of the health care workforce. For example, a new section of the MedEdPORTAL, an online repository of resources for educators developed by the AAMC, has been developed specifically for interprofessional education and training materials. These resources are peer-reviewed (see: <https://www.mededportal.org/ipe/>).

Finally, the *Blueprint for Education and Training of Health Service Psychologists* put forward by the Health Service Psychology Education Collaborative (HSPEC) has been completed. HSPEC is an interorganizational work group with representatives from APA, the Council of Chairs of Training Councils (CCTC) and the Council of Graduate Departments of Psychology (COGDOP). The blueprint outlines seven recommendations, developed with input from the professional psychology community broadly, that are seen as important to be addressed in order to promote and ensure quality education and training of that segment of professional psychology that provides health services. Included in the blueprint, and one of the recommendations, are the articulation of competencies for health services psychologists. Several training councils have devoted time during their meetings to discuss the recommendations in the blueprint and it was an agenda item at the most recent meeting of the Council of Chairs of Training Councils (CCTC). The blueprint is in press as an article in the *American Psychologist*.

I would like to thank APPIC for the opportunity to provide this update and hope that some of the resources listed in this column will be of use to the membership.

# Tips for Trainers: The Place for Postdoctoral Training

By Marla Eby, Ph.D., APPIC Board

The 2010 revision of the APA Model Licensure Act – which suggests that psychologists be licensed post-internship and prior to postdoctoral training – resurrects questions about the role of postdoctoral training in psychology. Should we continue to recommend that interns seek postdoctoral fellowships? What should such fellowships now provide? And how should postdoctoral fellowships reconfigure themselves to meet a changing landscape in professional psychology training?



In advising trainees, I would identify at least five reasons why formal postdoctoral training may be an advantage for the rising psychologist. These features also serve as a list against which to measure potential programs:

- **Licensure.** License portability issues strongly argue for at least some kind of supervised postdoctoral experience. Regarding licensure, the rules are changing more slowly than one might expect, at least in the United States. Twenty years ago, ten states did not require a postdoctoral experience for licensure, and as of this writing, only a handful of others have joined this group, so that supervised postdoctoral work is still required by more than two-thirds. This means, that if a candidate takes an unsupervised job in a state that does not require postdoctoral work, he or she may then not be able to be licensed in another state with different requirements, even after extensive work experience. It is important to take this picture into account in mentoring interns about their next step.

- **Specialization.** In a competitive market, it is increasingly important to identify added skills that provide an edge and a niche for economic survival. In some specializations, such as neuropsychology, postdoctoral training is now a clear necessity in order to obtain the needed skills for professional competence.

- **Research and academic skills.** Many formal postdoctoral experiences (such as MIRECCs in VA hospitals) offer significant applied research opportunities on clinical populations, leading to increased focused experience that can strengthen an academic portfolio in seeking an academic position.

- **Consultation and collaborative preparation.** With the rising importance of primary care consultation and health psychology, postdoctoral experience offers a higher level of collaboration and consultation experience than can typically be obtained in an internship setting. Since many formal postdoctoral programs are hospital-based, the range of opportunities from such programs is often greater than one might obtain in an entry level job.

- **Leadership and program development skills.** Mentorship and professional development seminars in postdoctoral fellowships can lead to a clearer professional identity, and an expanded understanding of the potential roles of the doctoral level psychologist.

Despite the clear advantages of postdoctoral training, many interns appear unprepared in going forward with the postdoctoral application process. This may be partly because doctoral

programs may emphasize the internship application process, but may neglect to address postdoctoral training. Essential preparation for proceeding to a postdoctoral position includes:

- **Dissertation completion.** This should go without saying, but one cannot be postdoctoral without it. For this reason, it is increasingly important to complete the proposal, and ideally data collection, before proceeding with internship. It is difficult to be competitive for a postdoctoral position with a dissertation completion date that is post-internship.

- **Determination of a professional path.** It is crucial to decide where one next wants to go, even if that choice later changes with experience. And even if one has already chosen a specialization, not all postdoctoral training sites are alike in their training offerings or patient populations. Since the postdoctoral position is often closely related to the entry-level job that follows it, it is important to try to match a postdoctoral experience to an identified career trajectory.

- **Consideration of personal circumstances.** Since there are many more types of postdoctoral possibilities than there are accredited internships, the postdoctoral step allows more thought about how personal life may dovetail with a postdoctoral training site, especially since the location of postdoctoral training often coincides with where one is licensed and begins work.

- **Identification of appropriate postdoctoral sites.** Unlike the internship process, postdoctoral sites reside under a number of different umbrellas. The APPIC directory and postdoctoral listserv and the APS listing may be useful places to start, but networking may be needed as well. State psychological associations are another useful resource.

- **Interview preparation.** While the postdoctoral process may be less competitive than the internship match, it still demands a degree of preparation. Postdoctoral sites often take only a few applicants each year, and they generally are looking for issues of fit as well as general skills. Applicants should do their homework, and come prepared with critical questions.

As licensing requirements gradually decrease, and professional competition increases, many postdoctoral fellowship programs are positioning themselves for increased specialty training, with increased mentorship towards success in a variety of roles within that specialty. In the current economic climate, where professional survival may depend upon securing the right ecological niche, formal postdoctoral training in a defined area of interest may indeed help cement that niche. Both programs and applicants should attend to that mutual goal.

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## Adult General Psychology

### Is the In-Person Interview for Post-doctoral Residencies Both Unnecessarily Disruptive and Unnecessary?

By Evelyn Sandeen, Ph.D., ABPP



The search for post-doctoral placements during the internship year is inherently difficult. Just when most interns have acclimated to their internship demands and are beginning to really enjoy their training year, they are forced to focus on yet another competitive process, that of securing a post-doctoral position. The process of obtaining the post-doc is internally disruptive for the individual intern, but is also externally disruptive to the programs to which the intern is contributing clinical work. In my own program, we give interns up to 4 days of authorized absence per year. If this were spread out over all of the training year it would not be difficult to accommodate; however, due to post-doc interviews most of that leave is taken within a 6-week period. Some interns also save their vacation time and use it during that time window for interviews. The time away during "interview season" starts to make a significant impact on our clinical programs and training requirements!

Much has been said by DoT's and interns this year regarding APPIC's forgoing of last year's trial UNDr. Some are identifying that decision as being responsible for the feeling of chaos around this process. Others dispute this and believe that a match for post-doctoral positions can never work for a variety of reasons and that the process is inherently chaotic. While I have faith that the training community will find its way on this issue in time, I want to suggest that we can better the situation in the short term by entertaining the possibility of foregoing the in-person interview for post-doctoral positions.

There are two main reasons, in my view, for us to consider doing this. First, as psychologists and teachers we have an ethical mandate to consider power differentials inherent in cultural differentials. One cultural dimension on which almost all training directors differ from almost all interns is on financial status. To put it bluntly, most of our interns are broke, and many are deeply in debt. Most training directors, on the other hand, have dug their way out of student debt and are solid members of the middle class. Why is this relevant? It behooves us to remember the poverty of our interns if we are asking them to fly across the country, with short notice (i.e., with extremely expensive airfare), to prove their interest in a post-doctoral position. Being blind to this may inadvertently give yet another advantage to those who come from wealthier families.

Another major reason for us to consider doing away with the in-person interview has to do with its efficacy at doing what we want it to do: to help us select the best candidate for the position. Do we have evidence that in-person interviews give significantly better information than telephone or video interviewing? A cursory review of the telemental health literature demonstrates that complex clinical assessments and treatments can be effectively delivered using distance media (e.g., Morgan et al., 2008; Nelson & Bui, 2010; Nelson et al., 2004; Paulsen et al., 1988). Why would this not apply to interviewing for post-docs? At an anecdotal level, post-doctoral DoT's with whom I've communicated who use telephone or videoconferencing interviews find them highly satisfactory (my program included).

Some DoT's state that they offer in-person interviews, but also offer telephone or video interviews if requested. The DoT's attribute the high number of requests for in-person interviews under these conditions to the candidates' desire to check out the program and area to which they might move. I believe that another plausible explanation is that interns felt they were forced to demonstrate their interest in programs by their purchase of an expensive airline ticket.

I decided to do a brief survey of my internship class around their experiences with the post-doc interview process. Of 9 interns, 3 did not participate in the mad scramble because they already had positions set for next year due to prior connections they had made. One participated in the APPCN match for neuropsychology post-docs. That left 5 who had participated in the non-neuropsych interviewing process this year.

Here is what I asked them:

- How many interviews for post-docs did you do? how many of these were in person?
- On a 1-5 scale, how difficult was it for you financially to do those interviews?
  - 1= not at all difficult
  - 3= moderately difficult; it will take a few months to pay it off
  - 5= very difficult; I'm not sure when I will pay it off
- If sites stated that they had a preference for a telephone/video interview, and stated that you would have no disadvantage by forgoing an in-person interview, how many sites would you have traveled to this year?

Here are the results. I found them difficult to summa-

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size meaningfully so I'll just give you the raw data:

**Intern 1:** 2 Interviews, 2 in-person

3 – moderately difficult financially

Would have gone to 0 of 2 in-person if it were not a disadvantage to do so

**Intern 2:** 7 interviews, 4 in-person

4 – moderately to very difficult financially

Would have gone to 2 of 4 in-person if it were not a disadvantage to do so

**Intern 3:** 7 interviews, 6 in-person

5 - very difficult financially

Would have gone to 1 of 7 in-person if it were not a disadvantage to do so

**Intern 4:** 5 interviews, 4 in-person

2 – a little difficult financially

Would have gone to 2 of 4 in-person if it were not a disadvantage to do so

**Intern 5:** 2 interviews, 0 in person

1 – not at all difficult financially

n/a – but stated she would not have gone to any in-person if asked due to financial issues

A few unsolicited comments from these interns: "I'm glad you're addressing this (financial) issue!" "If any site said they 'preferred' telephone I would do it...BUT if a site only said 'no disadvantage' part I would definitely play it safe and go in person. I just can't quite buy the 'no disadvantage' line despite any site's best intentions. I wish they would just say telephone only." "I don't think a site telling me there is

'no disadvantage' would be as convincing as the site stating they had a 'preference' for remote interviews.

I would still have it in the back of my mind that it was some sort of test of my interest if they said only that there was 'no disadvantage'."

My conclusions were that all the interns assumed that the in-person interview was

being used as a measure of interest. As you can see from the above data, if they were certain that was not the case, they would have gone too far fewer in-person interviews than they did. (Of note, they are also saying that the best way to convince them that it is okay to not come to an in-person interview is to state that telephone/video is preferred.) It is also clear that the financial burden was significant for most of them.

What do you think? You might do a similar query of your own interns and see if you get results similar to mine.

Perhaps we as a group of psychology trainers could use the best data and the best ethical stance to come up with a new standard for post-doc interviews which would give us the results we want without taking advantage of our interns' one-down position. As a bonus, it would leave our training programs less affected by absences during "interview season" which might go a long way toward increasing the feeling of calm on everyone's part. Let me know via email your thoughts on this.

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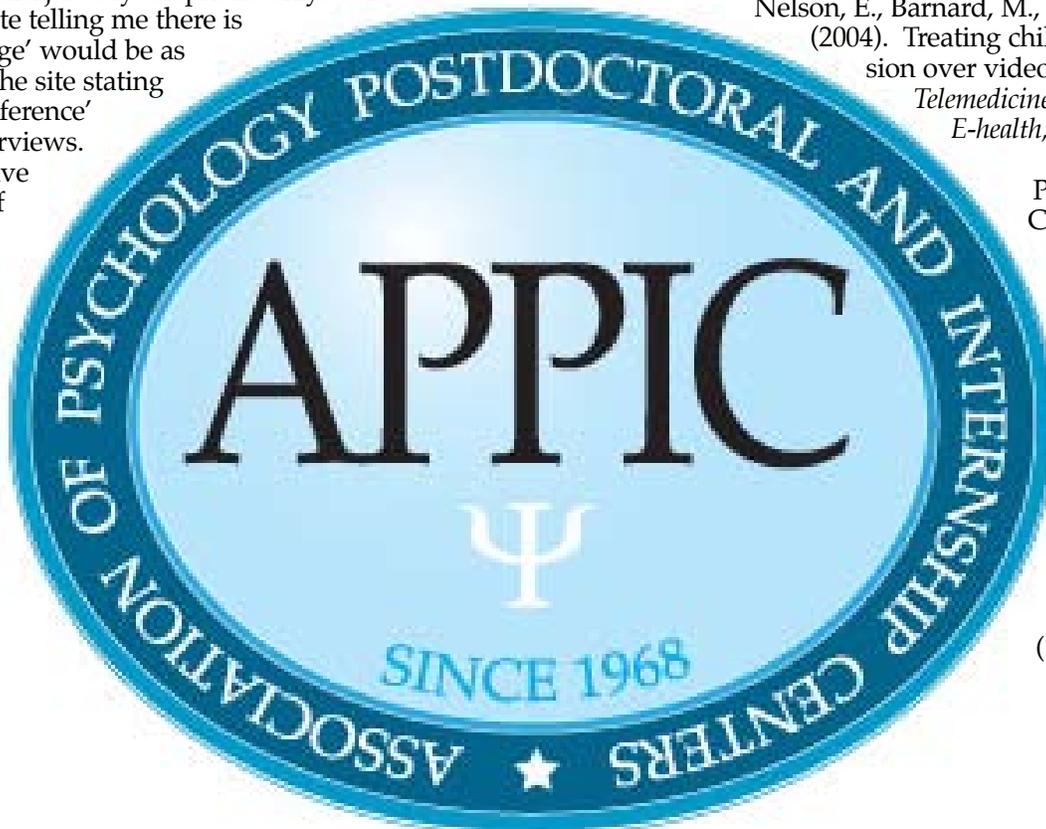
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# Behavioral Emergencies

By Phillip M. Kleespies, Ph.D., ABPP

As we hear of the latest multiple shooting, one more horrible than the other, culminating at the moment in the slaughter of 6 and 7 year olds at Sandy Hook Elementary School in Connecticut, we are left wondering what factors are driving this string of mass killings. Names such as Columbine, Virginia Tech, Aurora, Utoya Island (Norway) are all too familiar. Many of the perpetrators of these terrible crimes have been mentally ill, some have been bullied and appear to have exacted a type of revenge, and some, but not all, have taken their own lives in the process.

In a recent conjoint report, the National Research Council and the Institute of Medicine have found that gun violence is a contributing factor (although only one of many) to a life expectancy in the United States that is lower than in most other developed countries. The homicide rate in the U.S. far exceeds the rates in these other countries and guns are used in a clear majority of the killings.

As we struggle with the issue of whether we can pass laws to restrict access to increasingly effective, military style, assault weapons, a factor that sometimes receives little attention has to do with the methods used in suicides in the U.S. Suicide has a base rate of approximately 12.4 per 100,000 in the general U.S. population (McIntosh and Drapeau, 2012), while the homicide rate tends to be far lower at approximately 4.8 per 100,000 (as of 2010) (U.S. Bureau of Justice Statistics, 2011). The thing is - approximately 50% of the suicides in the U.S. are by gunshot. It has been estimated that guns in the home increases the risk of suicide by 2 to 110 times (Miller, 2012).

As noted above, many of those responsible for the recent mass killings have been mentally ill; and serious consideration needs to be given to the question of whether access to firearms should clearly be restricted for the seriously mentally ill. Lest we again, however, stereotype the mentally ill as the violent ones in our society, we should bear in mind that the mentally ill are only responsible for a small proportion of the violent crime in this country. The mentally ill actually appear to be far more likely to be the victims of violent crime than the perpetrators. Teplin, McClelland, Abram, and Weiner (2005) compared rates of violence against adults with serious mental illness with those reported in the National Crime Victimization Survey and found that violent crime against this vulnerable group was almost 12 times higher than violence against people in the general population,

These things having been said, it is obviously important that research continue on detecting those among



our patients who may become violent to others. In this regard, I wanted to bring to your attention the emergence of an interesting approach to violence risk assessment that may have implications for training in professional psychology. The approach has been called "structured professional judgment". In this framework, it is acknowledged that actuarial methods of assessing for risk of violence have proven superior to clinical methods; however, it is also pointed out that there have been problems with strict actuarial methods. Thus, applying a formula or consulting a table to make decisions about human behavior, at times, fails to take into account dynamic changes in the individual or his or her circumstances. In the structured professional judgment framework, an effort is made to incorporate the strengths of both the actuarial method and the clinical method. Evidence-based or actuarial factors are used to guide clinical judgment.

The structured professional judgment approach has resulted in the development of a number of "decision support tools". Singh, Grann, & Fazel (2011) have conducted a comparative study of nine of the most commonly used of these tools. Based on their findings, I wanted to highlight three decision support tools that have good reliability and high predictive validity; i.e., the *Historical-Clinical-Risk Management-20 [HCR-20]*, the *Structured Assessment of Violence Risk in Youth [SAVRY]*, and the *Spousal Assault Risk Assessment [SARA]*. Of the three, the HCR-20 has been most extensively studied.

In regard to the HCR-20, there has been a recent, interesting study by Teo, Holly, Leary, & McNiel (in press). These investigators first examined whether unstructured violence risk assessments completed by experienced attending psychiatrists were more accurate than those completed by psychiatric residents; and, second, whether the addition of information from the HCR-20 would improve the accuracy of the risk assessments by the residents. Using a retrospective case control design, the research team selected 151 patients from four locked psychiatric units of a county hospital who had physically assaulted staff during the years 2003 through 2008. They also selected an equal number of non-violent patients matched for psychiatric inpatient unit and month of admission. Physicians, on admission of a patient to these units, rated each patient on a 4-point assault precaution checklist that ranged from zero (no clinical indication for violence precautions) to three (strong intent is present or unable to control impulses). Two psychiatric nurses, who had been trained in the use of the measure, rated the HCR-20 based on information in the medical record at the time of admission. The nurses were blind in regard to whether the patients later became violent.

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It was found that the unstructured clinical assessments by attending psychiatrists had a moderate degree of predictive validity, while those completed by residents were no better than chance. The violence risk assessments by the attending psychiatrists were significantly more accurate than the risk assessments by residents. In addition, however, incremental validity analyses showed that the addition of information from the HCR-20-Clinical scale had the potential to improve the accuracy of risk assessments by residents to a level close to that of the attending psychiatrists. The investigators concluded that less training and experience is associated with less accurate violence risk assessment; however, the use of structured methods such as the HCR-20 hold promise for improving the risk assessments of those who are less experienced.

We do not know if the findings with the HCR-20 would hold for the other decision support tools mentioned (i.e., the SAVRY and the SARA). It will also be important to see if the findings of Teo, et al., with the HCR-20 can be replicated. Nonetheless, the study by Teo, et al., suggests that the use of a decision support tool such as the HCR-20 could be of great assistance with our trainees and interns as they face decisions about potential for violence with patients who appear to be at risk. Given (as I have noted in previous columns) the general lack of psychology training in the evaluation and management of patient violence, Teo, et al.,'s findings seem to open up a welcome direction to explore.

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# Clinical Health Psychology

By Mark Vogel, Ph.D., ABPP

**H**ealth Psychology continues to show dramatic growth in training positions and employment opportunities. The move toward competency based education and training continues to evolve within psychology in general and specifically with clinical health psychology (CHP). In addition, applying CHP to the primary care environment continues to escalate with several initiatives and projects.

### CCHPTP Mid-Winter Meeting - Competencies

Over the past six years, the Council for Clinical Health Psychology Training Programs (CCHPTP) has held an annual mid-winter meeting to promote the dissemination of competencies in CHP. This past January the group met in Austin, TX with the conference theme of "Promoting Quality in the Professional Development of Clinical Health Psychology." This was largely a working meeting with the task to examine current competency models and understand the unique competencies required for CHP. This work grew out of recent APA Competency Benchmarks for Professional Psychology and its application in professional psychology training programs (Fouad et al, 2009). Likewise, the APA Center for Psychology and Health recently articulated a set of competencies to be expected in the preparation of all health service psychologists (Belar, 2013). Similarly, CCHPTP has been a participant to the Inter-Organizational Work Group on Competencies in Primary Care (an APA Presidential initiative) to describe the essential competencies needed for psychologists to practice in primary care. Taken together (from the broad to the more specialized) the goal of CCHPTP attendees was to begin to clarify what competencies are unique to CHP training and practice. Astute readers will recall that after the 2008 CCHPTP meeting a set of proposed CHP competencies for doctoral-level clinical health psychologists was published using the "cube model" (France et al., 2008). CCHPTP's current effort updates this work by using revised models which are now broadly adopted within the field. The revised competency model use six main clusters: science, systems, professionalism, relational, application, and education. Clear statements regarding competencies that are obtained through education and training are an essential for growth of psychology as a health profession.

The next mid-winter meeting of the group is planned

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for January 19-20 2014 in New Orleans and will follow the Council of University Directors of Clinical Psychology (CUDCP) meeting.

### **Division 38 - Integrated Primary Care Committee**

Nancy Ruddy, Ph.D. and William Gunn Jr., Ph.D. are co-chairs of the APA Division 38 Integrated Primary Care Committee. The goal of this group is to develop tools and methods for the increased adoption of integrated care by psychologists. The work of this committee includes a directory of doctoral, internship and postdoctoral programs that provide education and training in primary care psychology. This directory was released in February 2013 by the APA Education Directorate and indicates the level of experience (major, emphasis, expose, experience) and the model used in training along with contact information. The committee has also developed a briefing sheet (Fact Sheet: Psychologists in Primary Care) that can be used to facilitate state level lobbying and information dissemination regarding topics relevant to the practice of psychology. Finally, the most ambitious aspect of the committee is the planned development of a set of curriculum materials designed to expose trainees at various levels to the concepts of integrated primary care practice. This material will include lecture material, case material, and videos that can be utilized in graduate programs or internships as part of a course development or to enhance other training experiences. Reports from this project will be disseminated broadly to the training community as they are available.

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# Consortia: A natural laboratory

By Brenda J. Huber, PhD, ABPP

Consortia may bring together a confluence of variables to serve as a springboard for the production of new knowledge. First off, they are populated by doctoral-level psychologists many of whom have had multiple opportunities to participate in research and who are likely to share an investment in both high quality training and best practices in service delivery. Unlike university laboratories, they provide opportunities for questions about real world practice to be answered in a manner and setting that may increase the likelihood that the results will be generalizable. By nature of their diversity, they can allow for similar practices to be compared across settings or populations. By virtue of their uniformity, they can provide for a larger sample size than most single-setting programs.

In a recent grant proposal, for example, I proposed introducing a group curriculum to support children of military families in all school buildings served by the Illinois School Psychology Internship Consortium's twenty interns. While interns would have the opportunity to learn about the unique needs of this population and to conduct the program with fidelity, the districts would agree to consent families and collect data on the program outcomes. Other research ideas might be much less involved. For example, often parents of school children refuse to allow their children to receive recommended social-emotional supports and little is known about strategies that increase the rates of consent. Interns and school psychologists could implement a simple strategy such as distributing an informational handout to randomly assigned families educating them about the nature, rationale and outcomes of school-based psychological services and, subsequently, consent rates could be compared.

While the potential for within-consortium data collection is great, the ideas for cross-consortium data collection are every bit as intriguing. Due to the numbers of interns trained in consortia each year, training directors could partner to secure a reasonable sample size to investigate hypotheses related to training and supervision. For example, how does receiving a structured protocol for feedback or a particular orientation strategy impact intern perceptions, adjustment, or outcomes? Or, what are factors that predict long-term funding and stability of a site's participation in internship training?

The idea of consortia as natural laboratories began to germinate following a meeting of the Association of Psychology Training Clinics where members discussed joining together to explore strategies for exploring the effect on clients of discontinuing services over university breaks or the impact of simple statements to set expectations for therapy on clients' premature termination. Similarly, I assert that consortia are in a unique position to collaborate to answer applied training and service delivery questions, and I invite others to join me in a dialogue on the APPIC consortium listserv.

# Forensic Psychology

## Encouraging “Self Care” for Psychology Interns in a Correctional Environment

By Pamela Morris, Ph.D.

*Note: The views expressed in this paper are those of the author only and they do not necessarily reflect the views or opinions of the Department of Justice or the Federal Bureau of Prisons*

Internship year is often a time of transitions and stressors for the psychology intern. Interns are often away from their homes and loved ones; they usually have their dissertation research/writing/defense requirement looming; they are often quite financially poor with a huge student loan debt looming and no secured job upon internship completion; they are learning new things and gaining new experiences at their internship while feeling extra pressure for high performance; and they are often at the age for marriages, break-ups and pregnancies. And, in a correctional environment, the added security concerns and potential dangers of working with prisoners is often fear-inducing. It is therefore incumbent upon supervisors to be aware of these stressors, respond appropriately to concerns that stress is having a negative impact on the intern, and to proactively create an environment conducive to managing the stress that is inherent in their students' current life circumstances.

We all know that social support is a huge stress buffer. Often times, an intern has moved away from their home to participate in an internship. Their spouses, significant others, family and friends may be in another state. It is therefore important to encourage a supportive environment amongst the interns. One way to do this is to help them get connected with one another prior to the beginning of internship by providing their contact information to one another. At the beginning of the internship, more “relaxed” opportunities (i.e. informal lunches) help to facilitate good friendship and communication amongst the interns. Fostering a work environment where filling in for one another if there is a need helps to create a supportive environment. Ideally, this “good team work” environment should be role-modeled by supervisory staff. Another way to foster social support in the work environment is by inviting interns to participate in activities that are open to all staff members at work. This helps them to make connections outside of the psychology department. Not only is this educational, as it helps them learn the roles of other staff members within the correctional work setting, it also fosters a feeling of safety as the interns get to know other staff members on a more personal level. Moreover, making sure they feel confident enough to take a vacation day to go visit with their loved ones, enjoy being in their company, and “re-charge” is important.

Encouraging healthy eating and exercise habits can also help with stress management. Providing resources like healthy eateries, places to exercise, or grocery stores and restaurants that cater to various dietary needs (i.e. vegetarian, vegan) assists with their adjustment. Generally, being knowledgeable of general resources surrounding where you live (schools, housing, dry cleaners, auto-mechanics, libraries and coffee shops), and providing this information to interns also helps with their abil-

ity to cope with stressors and concerns. Often times, prisons are in remote areas, where students may feel “stuck in the middle of nowhere,” and providing information regarding the best way to obtain access to necessities will reduce feelings of isolation that the intern may experience.

The structure of the interns' work environment within a correctional setting should be made as safe, predictable and stable as possible. In a correctional environment there may be more mental health crisis to respond too, which require flexibility on the interns' parts to change their plans for their day and handle them. It is helpful to have a crisis triage schedule so the intern may have a better idea of when they will need to respond to mental health crisis, and their schedule should be as predictable as possible outside of that. Being evaluated is often anxiety provoking, and interns need to be fully informed about what they will be rated on by supervisory staff, using specific and measurable criteria. Additionally, the atmosphere within the internship program should be one of nurturance and support, with intern's training needs being assessed and addressed in a supportive, helpful and collaborative manner.

The clientele in a prison setting may be less amenable to seeking or desiring help, less able to respond to traditional therapy methods, and sometimes behave in a downright disrespectful manner to the psychology intern. The difficult and complex nature of the prisoner population should be acknowledged and affirmed with interns, and the specific challenges that interns face when working with their patients should be delineated and accepted. Furthermore, clinical growth in that context should be supported. Therapy goals that interns' have been extensively trained to create in graduate school may need to be modified when working with prisoners. Interns' optimism and hope for cooperation, engagement and improvement in their patients may be met with the disappointing reality that a “successful” therapeutic intervention just may not occur.

There are many people who are unwilling to work with prisoners. Psychology interns usually not only desire to work with this population, but they often desire a future career in the field as well. The intern's willingness to work with this clientele that most people shy away from should be appreciated and commended. The stress inherent with working with prisoners within a prison setting, as well as the personal dilemmas that come along with being at the internship stage of training as a doctoral level psychology student, need to be addressed with interns by supervisory staff. Encouraging a supportive environment, providing resources for assistance, maintaining an awareness of the personal and professional stressors that the intern is facing, and acknowledging the interns' experience of trying to improve an often difficult population, within the prison setting, will help produce an internship that nurtures both the personal and professional growth and development of the psychology intern.

# Geropsychology

By Elizabeth A. Mulligan, PhD.  
Guest Columnist

It is an exciting time for the growth and development of geropsychology! The Council of Professional Geropsychology Training Programs (CoPGTP)—an organization of programs dedicated to promoting excellence in geropsychology training—continues to take a lead role in several initiatives, including the following:

- The field of Professional Geropsychology has moved forward with an application to the American Board of Professional Psychology (ABPP) to establish itself as a new specialty area of board certification. Following an oral presentation by representatives from the Geropsychology ABPP taskforce to the ABPP Board of Trustees, we were approved to enter the implementation phase. The committee is working tirelessly to finalize the oral examination and is on track to begin examining candidates for board certification in the coming months. In addition to CoPGTP, this application is supported by several organizations: APA Society of Clinical Geropsychology (Division 12, Section 2), APA Division of Adult Development and Aging (Division 20), and Psychologists in Long Term Care. Many thanks are due to the committee for their efforts, especially Dr. Victor Molinari (University of South Florida) for taking the lead in moving this process forward.

- As one of the Specialties within professional psychology, Professional Geropsychology is working with the Council of Specialties to delineate taxonomy of training requirements for geropsychology. CoPGTP members are playing a central role in defining the types of training experiences that characterize a geropsychology major area of study, emphasis, experience, or exposure at doctoral, internship, fellowship, and post-licensure training levels.

- An inter-organization group is continuing to develop a website entitled Gerocentral.org as a repository of resources to inform geropsychology practice and training. It will include clinical resources, information on events sponsored by scientific and practice organizations, and an online version of the Pikes Peak

Geropsychology Knowledge and Skill Assessment Tool. This tool can help trainees and supervisors identify training needs and track competency development in a geropsychology rotation. Under the excellent leadership of Dr. Erin Emery (Rush University Medical Center), it is anticipated that this website will go live in Spring 2013.

CoPGTP continues to encourage programs providing geropsychology training at the graduate, internship, fellowship and/or post-licensure levels to consider joining the organization. You can find a membership application and a list of individuals willing to serve as consultants regarding geropsychology training program development at the CoPGTP website ([www.copgtp.org](http://www.copgtp.org)). The website also hosts an extensive list of resources related to geropsychology training and practice as well as information on member sites and how to contact them. One benefit of CoPGTP membership is access to the annual training and research awards programs. Congratulations to the winners of our 2012 awards:

- The 2012 CoPGTP Geropsychology Training Research Award was given to Drs. Brian Carpenter, Jennifer Moye, Michele Karel, and Victor Molinari, for their project entitled Graduates of Geropsychology Doctoral and Postdoctoral Programs: A Survey of Their Career Paths and Perspectives on Training.
- The 2012 CoPGTP Innovative Training Award was given to the University of Colorado at Colorado Springs Clinical Psychology doctoral program. UCCS is among a select group of programs nationally that share a unique emphasis on geropsychology.

If you have questions about membership, please do not hesitate to contact one of the board members below:

**Andrew Heck, Psy.D.**, ABPP, Chair Elect and CoPGTP Membership Coordinator: [andrew.heck@dbhds.virginia.gov](mailto:andrew.heck@dbhds.virginia.gov)

**Victor Molinari, Ph.D.**, ABPP, Postdoctoral program member-at-large: [vmolinari@usf.edu](mailto:vmolinari@usf.edu)

**Elizabeth Mulligan, Ph.D.**, Internship program member-at-large: [elizabeth.mulligan@va.gov](mailto:elizabeth.mulligan@va.gov)

## International Issues News From the Canadian Council of Professional Psychology Programs (CCPPP)

By George Hurley, Ph.D.

Regionalization of internship interviews in Canada. At our June 2012 AGM, data collected by CCPPP was presented to the membership regarding our recommended staggered internship dates by region. Feedback from applicants and internship training directors was nearly uniformly positive. There is recognition amongst the membership that these suggested dates must remain non-binding due to an acknowledgement that there are unique circumstances (for programs and applicants alike) that require flexibility in when interviews are arranged. The feedback is unequivocal, however: a more structured uniform approach, at a national level, saves applicants considerable time and money. In this spirit, the following schedule was agreed upon by the membership for January 2013 internship interviews:

**Weeks 1 and 2 (Jan. 2-11):**

Quebec and Atlantic region

**Weeks 2 and 3 (Jan. 7-18):**

Ontario/Central region.

**Weeks 3 and 4 (Jan. 14-25):**

Thunder Bay and Western region.

There will always be overlap in the weeks, and the spirit of the agreement is to work towards minimizing situations where students are having to travel from coast to coast all in one week, and then repeating the same process later in the month.

**Contact Person: Dr. Mike Teschuk, Past President,**  
CCPPP [MTeschuk@exchange.hsc](mailto:MTeschuk@exchange.hsc)

# Counseling Centers

## Providing Training in Professional Standards, Licensure and Credentialing

By A. Glade Ellingson, Ph.D.

Several state and provincial licensing laws have undergone revision in recent years to address “sequence of training” issues. While these legislative changes have their proponents and their critics, it seems clear that doctoral and post-doctoral students in psychology—including those in our training programs—are left to sort out the sometimes confusing patchwork of licensing statutes that currently governs the practice of professional psychology. One informal survey of university and college counseling center training directors by the author in the fall of 2010 showed that 69% of respondents believed their interns had “Expressed confusion or concern regarding changing state/provincial licensing laws.” When the same training directors were asked whether they felt “Adequately equipped to guide interns regarding licensing and credentialing issues,” 54% responded either “No” or “Not Sure.”

There is also considerable evidence that graduate students in psychology have knowledge deficits regarding major credentialing organizations in our field. For example, Hall, Wexelbaum and Boucher (2007) found that the vast majority of doctoral students reported being “Very Familiar” or “Somewhat Familiar” with APA, and more than two-thirds reported familiarity with their State or Provincial Psychological Association. However, the same large-scale survey found that: 51.7% of doctoral students indicated they were “Not Familiar” with the American Board of Professional Psychology (ABPP); 75.2% were not familiar with the Association of State and Provincial Psychology Boards (ASPPB); and 86.3% were not familiar with the National Register for Health Service Providers in Psychology (NRHSPP) (Hall, Wexelbaum and Boucher, 2007, p. 44). Early career professionals fared only somewhat better in their reported acquaintance with these important national credentialing organizations (Hall & Boucher, 2008).

Given the changing face of psychology licensure laws and students’ acknowledged unfamiliarity with professional credentialing, it seems prudent to offer interns and post-doctoral fellows some training in these areas. To this end, a multi-week “Standards, Licensing and Credentialing Seminar” has been included in the training curriculum at my internship training program in recent years. The seminar draws significantly from the guidance and wisdom of Webb and Rodolfa (2009), Schaffer, Horn and Webb (2010), and Packard and Simon (2006), among others. Topics spanning the various weeks of the seminar include:

- The Hallmarks of a Profession

- Statutory (Mandatory) Regulation of Psychology
- Professional (Voluntary) Regulation of Psychology
- Typical Sequence of Steps to Licensure
- Supervised Professional Experience and the Role of Practicum Hours
- Development and Content of the EPPP
- Applying for the EPPP
- Preparing for the EPPP
- Preparing for Jurisprudence Exams
- Preparing for Oral Exams
- Credentialing and Mobility Issues
- ASPPB Credentialing Services & Programs
- NRHSPP Credentialing Services & Programs
- ABPP and the Process of Board Certification

This seminar is placed in the summer months, when clinical demand is lower (in our setting) and some of our more clinically-oriented training seminars have concluded for the year. Feedback from interns is that they generally appreciate waiting until nearer the end of internship for this information, as their job searches are typically concluded by that time. This also allows researching licensure requirements of the various states or provinces where interns have accepted positions. Preliminary, small-scale pre- and post-test data show that interns feel more confident in the areas of licensing and credentialing as a result of the seminar.

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# Counseling Centers

By Julia Phillips, Ph.D.

It has been an honor to serve as a Co- Associate Editors for the APPIC Newsletter focusing on Issues Related to University Counseling Center for the past two years. I'd like to thank the APPIC Board of Directors and Dr. Bob Goldberg for this opportunity! With my move to academia next Fall I will swing to the other side of the internship imbalance as a faculty member associated with Cleveland State University's Counseling Psychology doctoral program. Fortunately, I knew about this career change prior to the match. The luxury to be thoughtful about the transition over the course of yet another intern search process (the 22nd of my career) allowed me to reflect on how my perspectives and experiences will change next year.

What is most striking is that with the imbalance, there is such privilege inherent in being on the demand side of the equation where we, as training directors, have an abundance of well qualified, competent, and very interesting applicants. For Counseling Centers in 2012-2013, a quick sampling of 27 longstanding APA accredited internship sites on the APPIC Directory On-line found that the median number of applicants to sites was 99. These sites ranged from 3-6 interns, averaging 3.5 per site. The data on Phase I from the 2012 match (APPIC BOD, 2013) indicated that 81% of all sites were matched with candidates who at least had a standardized ranking of 3. If this statistic holds for counseling centers, it essentially means that 81% of counseling center sites only went down from the 9th to the 18th positions on their ranked lists, depending on their number of intern slots – leaving an average of 80-90% of the applicants to their programs without a position at their site. While applicants apply to and interview at multiple sites, it is still disconcerting, especially to see how many people are 100% worthy of an internship, but still don't match. There are many privileges associated with working as an academic, but I don't imagine

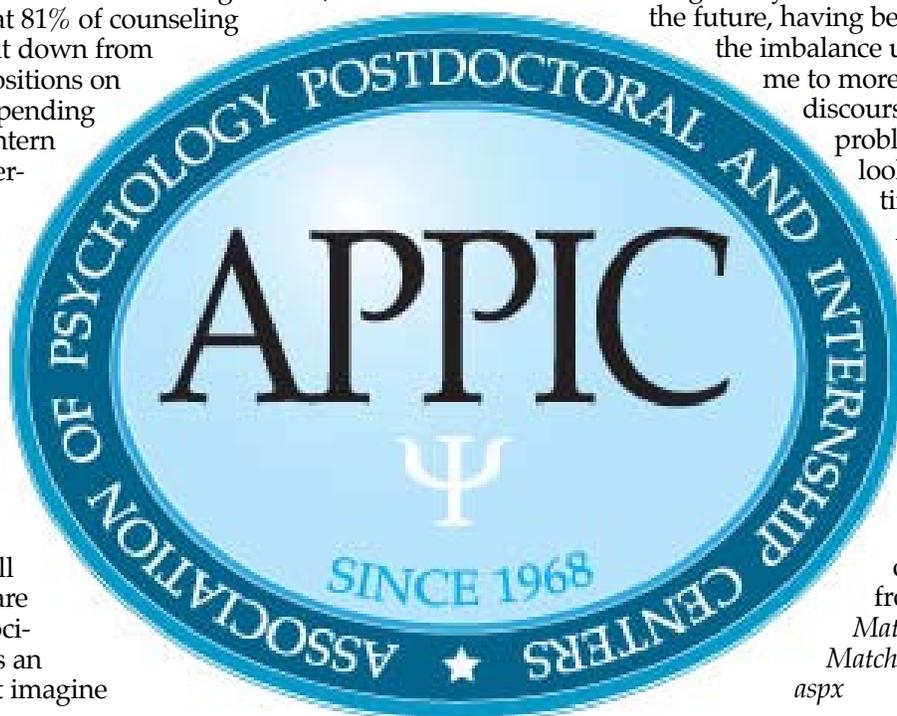
that looking at the internship imbalance from the supply side will feel like one of them. When well qualified intern applicants who look great on paper and perform solidly in interviews end up unmatched, I'm at something of a loss to identify what can be done to make them "better" candidates. We simply need more internships and creative solutions to developing them.

I've been fantasizing about ways of doing so in my new position in the coming years – perhaps developing a captive internship with funding through the department in partnership with other divisions at the university, other area colleges, or even an affiliated medical school. Of course, my experience with counseling centers and universities keeps my fantasies in the academic realm, but there is no reason such partnerships could not extend to other sites, especially those that have not previously benefitted from psychology internships. Of course, the idea of partnering with other disciplines to move toward interprofessional practice and training is at the leading edge of these fantasies about internship development. I also wonder about the use of departmental training clinics as internship sites with emphases in developing competencies in supervision, training, and/or administration. This type of experience might be especially beneficial to those psychologists-in-training whose ultimate career goals involve training administration in practice settings or academia. I definitely will have much to learn about being "on the other side" and the feasibility of such fantasies becoming reality. However, my hope is that, in the future, having been on both sides of

the imbalance ultimately will allow me to more fully contribute to the discourse on solutions to the problem in a unique way. I look forward to my continued associations with APPIC, each of you, and your internship programs! Again, thank-you.

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# Setting-Related Issues

## The Good, the Bad and the Train Wreck

By Robert H. Goldstein Ph.D.



One cannot help but wonder what the current crop of trainees makes of the state of our profession.

There is so much of both a positive and negative nature going on, and many of the positive and negative things are occurring at the same time. It has been observed that it requires a special kind of mental skill to be able to hold two contradictory ideas in the mind simultaneously without experiencing some sort of psychological strain. Yes, that seems to be what is happening with regard to the way our profession is being seen and, more importantly, how it is being treated by the public at large and by our political system.

On the positive side, it would appear that there is a substantially greater awareness among the public of the existence of psychology as a profession. Some of this may be the result of APA's ongoing information campaign. The media also have begun to feature programs in which psychologists have a visible role, albeit not necessarily via a portrayal that even comes close to reality. Currently, when a trainee tells someone that they are preparing for a career as a psychologist, chances are that the person with whom they share that fact has some general idea about what that means. It was not that many years ago, however, when a sophisticated journalist who had been invited to speak to a local psychological association meeting was asked what kind of image he thought psychologists had in the community. His reply was, tersely, "You have no image!" So, things do seem to be changing.

The recent gun-related tragedies we've been seeing in this nation have certainly brought sharply into public awareness the issue of how it might be possible to assess and perhaps predict an individual's potential for violent acting-out behavior. And psychologists have frequently been the ones to whom this question has been addressed. We know, of course, that accurate prediction of such tragic but low-frequency events is quite difficult, if not impossible, but at least we are the ones who are viewed as being in a position to try to do the research that could be helpful in this regard. It is not widely known, however, that there exists a major roadblock to looking more closely at gun-related deaths. Some years ago, the NRA and other gun-supporting interests convinced the Congress to adopt legislation that sharply limits the use of federal research funds for such a purpose. Perhaps our profession could take the lead in working to eliminate this kind of absurdity. (But, now I'm preaching.)

One of the most positive developments has been the emergence of firm federal support for the concept of the "medical home" as part of the way health care would be provided under the Affordable Care Act. This notion of a coordinated multi-specialty health facility which centralizes an individual's care contains within it an expectation that mental health services would be an integral component of such a system. Such recognition of the vital role of psychologists and other mental health professions bodes well for the continuation of the trend

for psychological services to be seen as a fundamental and necessary component of our health care system.

These favorable developments are, unfortunately, counterbalanced by other rather alarming circumstances which affect psychology and its future. The financial crisis visited upon this country as a result of our friends in the banking, mortgage and financial sectors has inexorably led to a sharp reduction in federal and state budgets, and this has in turn led to sharp cut-backs in funds available to support mental health care. Psychology positions have been lost in many areas and the potential for further staff reductions looms. It seems that some increase in VA funding for psychologists to help manage the mental health casualties of our country's military adventures (another little bit of preaching, I guess) could soften the blow of these professional personnel losses. We'll see.

And then there is the ongoing assault on our profession by the insurance industry. Psychologists' fees continue to be reduced by both Medicare and commercial insurers. In some areas, the fees paid for psychological services by Medicare have dropped to a level below what they had been ten years ago, and commercial insurers are following suit. The Congress has struggled for many years now to find a way to avoid the drastic (almost 25 percent) fee slash that was built into some ill-advised cost saving formulas adopted some years ago, and has continued to be unable to resolve this dilemma. News of similar salary cuts among insurance executives has not yet reached us, but we wait hopefully. (Now definitely preaching.)

One major and unfortunate result of this financial mess has been a rapidly growing tendency for practicing psychologists to opt out of Medicare and insurance panels completely and to revert to a strictly fee-for-service type of practice. This has allowed many psychologists to manage some sort of reasonable economic survival, but at the cost of reduced availability of mental health services for those unable to afford private fees.

So, what will be the consequence for trainees now in the pipeline of these powerful but contradictory tendencies? Perhaps wiser heads than mine could say. The situation does bring to mind, however, the story of the farmer who was called on to testify at a hearing into the cause of a head-on collision between two railroad trains which he had happened to witness when out plowing in his field. When asked what went through his mind when he saw the two trains approaching each other at high speed on the same track, he paused for a moment and then laconically replied, "Well, it seemed to me that this was a hell of a way to run a railroad!"

Perhaps the same could be said about the way our country's health care system is moving, as far as psychologists are concerned. And our young trainees may well be in the same position as was the above-noted farmer. The one difference, however, is that they need not just be spectators. Professional organizational involvement, innovative thinking and even political pressure on the decision-makers may help avoid the train wreck that many see coming.