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National Advisory Committee on Institutional Quality and Integrity (NACIQI)
United States Department of Education
400 Maryland Avenue, S.W.
Washington, D.C. 20202-1500

Dear NACIQI Committee Members,

Concerns have been raised by our constituency, namely our program members and students, regarding the American Psychological Association's (APA's) Commission on Accreditation (CoA), and we, the California Psychology Internship Council (CAPIC), have the responsibility to bring these concerns to your attention, as the governmental body which reviews APA/CoA's accrediting status as well as any expansion of its scope. We greatly appreciate this opportunity to do so. These concerns are not only ours. A number of our colleagues and students in the profession share them, and we have appended comments and concerns from some of these individuals to the end of this letter.

CAPIC Background:

The California Psychology Internship Council (CAPIC) is a membership association of clinical psychology doctoral academic programs and doctoral internship and postdoctoral training sites throughout the state of California. Our mission is to promote excellence in professional psychology training and mental health services. Founded in 1991, we believe that by working together we can increase the quality of professional psychology training throughout the entire education trajectory, as well as better train psychologists to serve population needs. Our internships are recognized by the California Board of Psychology, alongside APPIC-member and APA-accredited internships, and we support quality psychology training without the imprimatur of accreditation.

CAPIC has a long history of being responsive to the needs of its program members, the California public mental communities they serve, and the public at large.

- CAPIC was founded in part to address the needs of smaller, often county-based, publicly-funded internship agencies who could not afford the stipend or accreditation fees required for APA-accreditation, while maintaining training quality. The majority of CAPIC internships are located in community-based clinics, where they address the needs of traditionally underserved and underrepresented communities and populations.
- Over the past 25 years, over ten thousand (10,000) interns have been trained at CAPIC internships who are serving the profession and mental health clients in communities in California. These CAPIC alumni now serve in a multitude of roles, including deans and

directors of training at APA-accredited doctoral academic programs, training directors of doctoral and postdoctoral internships, chief psychologists in psychiatric hospitals, psychologists within a Kaiser and federal prison settings, and many more such positions.

- In 2005, CAPIC hosted a national conference on the Half-Time Internship in Berkeley, CA, which led to the adoption of the halftime internship model nation-wide. Currently, roughly half of CAPIC's internships are half-time, and the other half are full-time, while less than 10% of APA-accredited and APPIC-member internships are half-time.
 - The results of this conference were memorialized in the following paper: Emmons, L., Kenkel, M. B., Newman, G. H., Perl, R., & Mangione, L. (2006) A framework for the half-time internship in psychology. *Professional Psychology: Research and Practice*, 37, 643-650. DOI: <http://psycnet.apa.org/doi/10.1037/0735-7028.37.6.643>
- In 2008, CAPIC was awarded a contract from the California Department of Mental Health (CA/DMH) to provide stipends to psychology students serving in publicly supported mental health agencies in California, and to develop educational materials that would help train psychologists in the Resiliency-Recovery theoretical approach to treating people with chronic mental health problems.
 - Over the next six years, CAPIC awarded \$4,121,185 to 218 clinical psychology doctoral students committed to working in the California public mental health system, and produced a series of online training modules on mental health.
 - By the end of our current MHSA contract, these stipend recipients will have given nearly 600,000 hours of public mental health service to Californians. This does not include post-licensure hours, as many stipend recipients have continued their careers in the public mental health system.

CAPIC also shares many commonalities with APA/CoA, with many of CAPIC members also being APA/CoA members.

- Over half of CAPIC doctoral academic program members are APA-accredited, and many of our CAPIC program representatives (e.g. internship training directors, supervisors, faculty, academic deans and directors of training) are members of APA.

CAPIC has also worked collaboratively with APA, CoA and APPIC over the years, and we consider such collaboration in the best interest of the profession. Here are some select examples of our mutual engagement over the years:

- CAPIC adapted its internship and postdoctoral membership criteria from those of APPIC. Our criteria have continued to evolve as training needs have changed.
- In 2001, CAPIC internships, alongside APPIC and APA-accredited internships, were all written into the regulations of the California Board of Psychology (CA BoP, 16 CCR §1387) as formal internships recognized for licensure. In 2007, CAPIC postdoctoral agencies, again alongside APPIC and APA-accredited agencies, were written into the CA BoP regulations.
- In 2005, CAPIC held the first national conference focused specifically on the half-time internship model, which eventually became adopted nationwide by APA and APPIC.

- In 2012, CAPIC held two training events led by CoA representatives, to show CAPIC training programs how they could become APA-accredited. We continue to provide APA-accreditation information and resource linkages for our internship programs.
- Throughout the years, CAPIC has attended APA conventions, and worked collaboratively with its members, promoting and linking internships to resources such as consortia development.

CAPIC Concerns:

Despite these commonalities and past collaborations, CAPIC has profound concerns regarding the APA/CoA and ask the NACIQI Committee to consider them within the scope of APA/CoA's accrediting status.

Our first key concern is the inherent conflict of interest which exists between APA and its accrediting arm, the Commission on Accreditation (CoA) and within CoA itself. This relationship between APA and CoA has recently become significantly more serious and troubling. While we are pleased that CoA has formed a workgroup on these issues, we have heard nothing further beyond its initial announcement last September. Here are some key examples of these conflicts of interest:

- While APA and CoA may have separate boards and separate funding streams, they share the same website and much of the same infrastructure. We don't even call their accredited programs "CoA-accredited," but "APA-accredited." Recently, CoA policies and regulations appear to be in even closer synchronization with APA policies.
- While the APA as a professional organization has been promoting a single path to licensure, the CoA in parallel has been adding requirements in its implementing regulations that similarly promote a single path to licensure.
 - Implementing Regulation D-4-7(b) (often known as the 50% quota rule), requires that APA-accredited academic programs send at least 50% of their students to APA-accredited internship programs. This mandate by COA, requiring its doctoral academic programs to send their students to internships also accredited by CoA, and to whom both are paying accreditation and related fees, would appear to be a conflict of interest.
 - It is worth noting that as initially proposed, IR D-4-7(b) had a 75% quota threshold that could not possibly be met by the number of APA-accredited internships available, and was therefore reduced to a 50% quota.
 - Further, this 50% quota mandated by IR D-4-7(b) does not appear to be based on any evidence that addresses either the individual student's goals and needs, nor the overall quality of the internship experience.
 - The use of quotas as required by IR D-4-7(b) is not based on quality of the internship experience, nor is it an adequate means to address individual student goals and needs.
 - There are recent studies which show no significant difference in the quality of supervision and training between APA-accredited and non-accredited internships. Their corresponding posters are posted on the CAPIC website:

Rodriguez-Menendez, G., Dempsey, J., Albizu, T., Power, S., and Campbell, M. (2016). *Faculty and student perceptions of clinical training experiences in professional psychology*. Manuscript submitted for publication: Training and Education in Professional Psychology.

Bucky, S., Stolberg, R., Turner, S., & Kimmel, C. (April 2015). *Comparison of supervisory characteristics across accrediting bodies and levels of training*. Poster presented at the California Psychological Association convention, San Diego, CA. Manuscript submitted for publication.

Morrison, A., Schaefer, M., Ribner, N., & Puliatti, R. (January 2015). *Training healthcare psychologists: Outcomes from multiple models*. Poster presented at the National Council of Schools and Programs in Professional Psychology Mid-winter Conference, San Diego, CA.

- We do recognize that an APA-accredited internship may afford different *employment* outcomes, particularly when employers such as the VA require it, but the training and the professional outcomes are essentially the same.
 - Finally, by essentially prohibiting students from obtaining otherwise qualified internship experiences at non-accredited internship programs, we believe that the use of quotas as required by IR D-4-7(b) may also be a violation of the APA Code of Ethics, specifically Principles B, C, and D, and may also constitute an unjustified restraint on trade.
- Similarly, IR C-17-D (on Expected Internship Placement) requires further evaluation of non-accredited internship programs, without requiring the same for APA-accredited internships. Given the evidence showing no significant difference between APA-accredited and non-accredited internships, all internships (including APA-accredited internships) should be uniformly evaluated. Failing to treat all internships uniformly gives a significant advantage to APA-accredited internships over non-accredited ones without a valid basis. Quotas, as mandated by IR D-4-7(b) do not meet this standard.
 - IR C-30 (Outcome Data) mandates that program outcomes must be designed to measure and evidence whether the program is achieving its stated aims. Therefore, it seems particularly crucial that CoA's IR's emphasize that program outcome measurement be directly measuring the doctoral academic program's objectives and the achievement of the students' learning goals. All internships, including APA-accredited internships, should be uniformly evaluated by these standards. Again, quotas, as mandated by IR D-4-7(b) do not meet this standard.

Our second key concern is how these APA/CoA policies have unintended consequences which negatively impact the profession and the public.

Implementing regulations are not simply internal administrative rules, but often have a significant impact on the academic and internship programs, the students, the profession and ultimately the public. The IR D-4-7(b) quota requirement is probably the regulation which best serves to show why the impact of these implementing regulations must be carefully considered.

- IR D-4-7(b) mandates that APA-accredited doctoral academic programs place at least 50% of their students at APA-accredited internships. Even with the recent increase in APA-accredited internships, an imbalance still exists and doctoral academic programs are under immense pressure to meet this 50% quota. As a result, doctoral academic programs are often requiring all of their students apply through the APPIC match for the greatest chance of obtaining an APA-accredited internship, even when there are alternative quality internships available. Some doctoral academic programs are also requiring students that do not obtain and APA-accredited match to wait an additional year for another opportunity (but not assured) to match with an APA-accredited internship when alternative quality internships exist. Some doctoral academic programs are also reducing the number of students they enroll to meet the IR D-4-7(b) quota, again even though alternative quality internships exist. This quota prioritizes the doctoral academic program's focus on meeting its accreditation requirements with APA/CoA over the needs of their individual students.
- The pressure due to this quota not only reduces the number of psychologists entering the profession, it also reduces the diversity of the profession by limiting other valid but non-accredited internship opportunities often preferred by non-traditional and diverse students. The quota tends to have a greater impact on those students (a) less able to afford another year of schooling while they wait to obtain an APA-accredited internships; or (b) less able to afford the expenses required to interview and move across country for a year for an APA-accredited internship; or (c) less able due to work or family commitments to move cross-country; or (d) who are better served by a half-time internship model which is not as available at APA-accredited internships; or (e) whose personal and professional goals are better met through a modality, a community or a client population not as available at APA-accredited internships. This reduction in cultural and socio-economic diversity, including protected classes, gravely hurts both the profession and the public. Worst of all, it is unnecessary, because quality alternatives do exist but are not being pursued due to pressures on doctoral academic programs by CoA's enforcement of its IR D-4-7(b) quota.
- **Again quality, alternative non-accredited internships exist, and CAPIC has been one of the organizations coordinating them for over two decades.** As discussed above, CAPIC was founded in part to address the needs of smaller, often county-based, publicly-funded internship agencies who could not afford the costs associated with APA-accreditation, while maintaining training quality. CAPIC's internship and postdoctoral training criteria are based on APPIC's criteria and are backed by a robust quality assurance program. Also, significantly and as previously noted, CAPIC internships and postdocs are formally

recognized by the CA BoP, and there are studies showing no significant difference between APA-accredited, APPIC and CAPIC internships. Finally, CAPIC has a 25-year history of providing quality training, with thousands of students serving at the public health needs of Californians at CAPIC internships and postdoctoral programs.

Our third key concern is the negative impact of the CoA polices on the individual level.

- **Individual students are hurt by these policies by not being able to serve at a CAPIC internship that could better meet their personal and professional goals.** The modality and/or population they are committed to serving, time commitment (i.e. half-time contracts), ability to remain in their community, and the ability to complete an internship rather than postpone their capstone training while accruing an unnecessary amount of additional student loan debt are all important individual student learning needs and professional goals that are essential meet.
 - There are multiple letters from students appended to the end of our letter which tell their own unique stories why CoA restrictions are counterproductive, as well as why CAPIC internships are a valid path to licensure and a means for achieving their personal and professional goals.
 - Here is an excerpt of one student's letter:

If the wellbeing and training of PsyD students is in the forefront of the minds of those making decisions about the internship training process, and if one of the goals of the greater community of psychologists is to serve at-risk and in-need populations, then CAPIC should remain a vibrant and well supported choice for students. I know many other students who have similarly benefited from attending CAPIC sites, as well as many students who have suffered by being pressured and otherwise required to attend APPIC sites outside of California. I truly hope that the future training of PsyD students provides them with the sites and the tools they need to flourish as psychologists, and as unique individuals. Anonymous Student Intern
- **Individual internship programs are also hurt by these policies which restrict their access to qualified students. This in turn severely restricts their ability to train the next generation of psychologists and their ability to serve their clients absent these interns.**
 - Without sufficient students, some internships are not able to keep their training programs open. The public in turn is also harmed by not having access to interns and professionals from their own community and the services they would have provided.
 - Here is an excerpt of one internship program's letter:

[Our] internship program strives to select the best applicants to match our clients' needs. We are an ethnically diverse community college serving over 27,000 students ranging in age from 16-84. Over 50% of our students are

designated as an “underserved and underrepresented.” Because many of these students don’t have the financial resources to get outside therapy, they come to our office. The exclusionary process ... has greatly diminished the applicant pool in the past three years, which, in turn, has significantly decreased the number of interns accepting this site, and consequently has reduced the number of underrepresented students that we are able to serve. Accordingly, the students who need therapy the most, don’t get the services they need. I consider [it] to be in violation of Ethical Principle 3.01 Unfair Discrimination. Richard Beyer, PhD, Pasadena City College

- Similar policies by APPIC (e.g. not allowing internships to participate in both APPIC and CAPIC match processes to obtain interns) are also unethical and restrictive.
- Here is an excerpt of an internship program’s letter on this point:
[APPIC is] ... insisting that we should put every other position we had designated e.g. for CAPIC available for APPIC. I object to this..., which would mean APPIC dictating and controlling our internal business, enforcing an exclusionary practice, which is a violation of professional ethics. This effectively means ... APPIC is using us to eliminate other sources of opportunity for matching appropriate candidates, such as CAPIC. Dr. Tara Pir, PsyD, IMCES

The harm from the IR D-4-7(b) quota policy is also collective.

- Largely due to this policy, students from CAPIC doctoral academic programs are being directed only to the APPIC internship match process and are not permitted to participate in the CAPIC internship match process.
 - As a result, participation in the CAPIC match is down by more than half from where it was two years ago.
 - As a result, more than half of available CAPIC internship positions are unfilled. While some internships have adapted by filling these positions with practicum or postdoc trainees, other internships have closed their training program altogether, which is a loss for the community/clients they will not be able to serve, as well as for the next generation of psychologists they won’t be able to train.
 - As a result, this training pipeline will not exist for psychologists in numerous public mental health agencies and most underserved communities, where the greatest need lies.
- Further, the viability of organizations such as CAPIC depends on fair and ethical practices by everyone in the profession. A basic tenet is fair access by students to CAPIC internships. The loss of such organizations would be devastating to traditionally underserved communities, as well as to the diversity of the profession.

A final key concern is regarding transparency in CoA decision-making. This relates to avoiding conflicts of interest, developing implementing regulations based on evidence, treating all internships uniformly and carefully examining the impact of CoA policies. This is particularly true regarding how CoA incorporates of public comments, a point we have raised with CoA on more than one occasion. The implementation of IR D-4-7(b), despite much Public Comment in opposition of it, is a prime example of this concern.

- CAPIC has regularly used the official Public Comment procedures set up by APA/CoA:
 - In response to I.R. D-4-7(b), in July of 2014;
 - In response to Implementing Regulations (Phase I), in June of 2015;
 - In response to Implementing Regulations (Phase II), in October of 2015; and
 - In response to Implementing Regulations (Data and Disclosure) in March of 2016.
- CAPIC has also raised concerns regarding transparency and conflicts of interest in a separate letter to APA/CoA in August of 2015, after serious and systemic transgressions were revealed in the APA Hoffman report.
- On its website, CoA simply states “CoA will consider all comments received and make any appropriate revisions prior to approval of the final version of each IR.”
 - While soliciting feedback through these Public Comments is a key first step, it is not enough. It is also essential to communicate the considerations, decisions, and actions resulting from that feedback to ensure the integrity of these rule-making processes.
- It is also worth noting that APA/CoA never posted nor distributed any announcement regarding its pending review before the NACIQI Members of the US Department of Education. We received notice from the Federal Register and from Dr. Jennifer Hong of the NACIQI Committee.

In Summary:

CAPIC is a part of APA and CoA. While we have commonalities, we also have serious concerns.

While there is some independence between CoA, APA and even APPIC, there are concerns regarding: the conflicts of interest among them, transparency in policy-making, ethical decisions-making, and negative impacts of CoA policies such as the IR D-4-7(b) 50% quota policy, both on individual students, internships, CAPIC, and collectively on the profession and the public.

As discussed above, we believe that such policies – and their consequences – are unethical and may also rise to constitute illegal restrictions on trade. Further, given that CAPIC internships are recognized by the CA BoP alongside APA-accredited internships, and given the lack of evidence of significant differences in internship supervision and training between APA-accredited and non-accredited internships, such policies are also unnecessary, unjustified and counterproductive.

We ask that you investigate these concerns and implement such remedies as appropriate. If you have any questions or concerns, please do not hesitate to contact us. Thank you for your careful consideration.

On behalf of the California Psychology Internship Council (CAPIC),

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CAPIC received over two dozen responses from various students, alumni and CAPIC academic and internship program representatives in preparation for this submission to the NACIQI Committee. Some individuals may have also submitted their comments directly to you.

As noted in our letter above, we are including below a sampling of these letters. The writers are noted below.

Students and Alumni

1. Anonymous Student Intern #1
2. Anonymous Student Intern #2
3. Patricia L. Jones, M.A., Psy.D.
4. James McCollum, Ph.D.
5. Emily Guarnotta, Psy.D.

Academic and Internship Program Representatives

1. Richard Beyer, PhD - Pasadena City College Counseling Services
2. Melissa Newman, PsyD – Kids Overcoming, Inc.
3. Bert Epstein, PsyD - Santa Rosa Junior College Counseling Services
4. Vicci Tibbits, MFT – Girls, Inc.
5. Jaclyn D. Deilgat, Ph.D. -- Alvarado Parkway Institute
6. Karen Sommerfeld-Forge, Ph.D., Program Manager Outpatient Behavioral Health
7. Diana Hoffman, Ph.D. - Airport Marina Counseling Service
8. Juliet Rohde-Brown, Ph.D. - Pacifica Graduate Institute
9. Dr. Tara Pir, PsyD – Institute for Multicultural Counseling and Education Services (IMCES) – *An APA-accredited internship.*

Student #1

From Anonymous Student/Intern #1

March 22, 2016

To Whom It May Concern,

I am writing as a concerned PsyD student in the final months of my internship training. I am worried about the wellbeing and internship training of PsyD students in the coming years, especially if there is a move towards reducing the availability and accessibility of CAPIC internships.

I wanted to share my experiences in the hopes of increasing the chances that CAPIC internships will remain a viable option for PsyD students. For myself, along with a majority of my classmates, applying to internship programs was an overwhelmingly negative experience. My program put pressure on its students to obtain APPIC internships even to the students' detriment – something that has been confirmed to happen at other programs through conversations I have had with colleagues.

It is my understanding that the APA/CoA regulation, Implementing Regulation I.R. D-4-7(b), or the 50% threshold rule, is at the heart of this problem. Sharing my experiences is certainly not meant to be an attack on my school or its professors, but rather it is meant to exemplify the ways in which the regulation pressures academic institutions, and can therefore ultimately negatively impact PsyD students.

I had several conversations with the DCT at my school clearly outlining the many reasons I wanted to stay in the Los Angeles area for my training year. One of the most-pressing being that my husband needs to be in Los Angeles to make his living and support us. My DCT told me several times that this reason, as well as the others, including family obligations and my professional connections and goals, were not sufficient reason to stay in Los Angeles for my training. She told me firmly that I needed to apply to sites outside of California.

In order to increase our chances of matching at an APPIC site, we were told that we had to apply to at least eighteen APPIC sites, and that only three of the sites on our lists could have a percentage acceptance rate under five percent. We were also told that we could only apply to CAPIC sites if we did not first match at an APPIC site. Due to these restrictions, many of the sites on my list were not a good fit for me. I included sites in Hawaii, Canada, and all across the Continental United States. Many of the sites served populations that did not meet most of my training goals. I knew that if I were to match at any of those sites, my and my husband's lives would be uprooted, and the benefits of the internship would very likely not outweigh the sacrifices we would have to make.

Regardless of my concerns, my DCT, as well as other professors, told me that I still needed to apply to the eighteen APPIC sites *despite the fact* that there were plenty of CAPIC sites that fit my training goals and financial needs. Ultimately, I began applications for the eighteen APPIC sites. I experienced high levels of anxiety (which was abnormal for me) due in large part to the cognitive-dissonance of trying to get interviews at places that I knew would probably have deleterious effects on myself and my husband. The lack of student-centered thinking demonstrated by my

program, and by the broader system was shocking and rampant. For a variety of personal reasons, I chose to withdraw myself from the application process.

The following year, I was emboldened to fight my school and my DCT to be able to apply directly to CAPIC sites. Many CAPIC sites matched my training goals and I was excited about my applications. I had to have multiple conversations with faculty and staff about my needs, fill out various petitions and have them signed by at least three people each time to allow me to apply to CAPIC sites. Ultimately I had many good interviews, and I matched with my top choice site. My training this year has helped me meet my training goals, work with a population I am passionate about, and has allowed me to foster my professional relationships in California and allowed me and my husband to continue to build our lives here.

If the wellbeing and training of PsyD students is in the forefront of the minds of those making decisions about the internship training process, and if one of the goals of the greater community of psychologists is to serve at-risk and in-need populations, then CAPIC should remain a vibrant and well supported choice for students. I know many other students who have similarly benefited from attending CAPIC sites, as well as many students who have suffered by being pressured and otherwise required to attend APPIC sites outside of California. I truly hope that the future training of PsyD students provides them with the sites and the tools they need to flourish as psychologists, and as unique individuals.

Thank you for taking the time to hear my perspective.

Sincerely,

A concerned, yet hopeful, PsyD student

P.S. I struggled with whether or not to sign this letter anonymously. While I want to put my support behind CAPIC and believe that the 50% threshold rule should be changed, I am sadly concerned about any academic or professional ramifications should my school discover that I wrote this. I hope that this does not strongly diminish my statements. Thank you for still taking my viewpoint into consideration.

Student #2

From Anonymous Student/Intern #2

April 4, 2016,

To whom it may concern

I am writing as a concerned PhD candidate with an invested interest in seeing that CAPIC accredited internship sites become equal alternatives to APA accredited internship sites. My experience in obtaining an internship has been an anxiety inducing and exhaustive quest. My hope

is that the Board of Education consider my experience, and see to it that clinical psychology students do not continue to suffer the consequences of their graduate school's deleterious internship requirements that are a direct result of their APA accreditation status.

In 2014 I applied to 12 different APA accredited internship sites. My school requires that all first-time applicants apply to APA accredited sites unless there were major hindrances to do so. I was married, and my daughter was a senior in high school. Although I had no plans to live permanently in any other state, I acquiesced and filed my applications. My family was willing to sacrifice for a year if it meant that I was going to be at an outstanding training facility. I did not get placed. I was told by my school that I had applied to sites that were beyond my reach.

I am not a young student. I have an adult child, and have lived my entire life in California. I have had careers, and chose to leave those well-paying positions to pursue my dream of working in the field of clinical psychology, specifically with the autism spectrum population. Unfortunately, due to some extenuating circumstances, I had to suspend my schooling to attend to some personal matters. However, I did work as a psychological assistant and was able to assist in over 25 autism diagnostic assessments, worked with adolescents diagnosed with autism comorbid with depression in psychotherapy, assisted in training behavior therapists on running goals in ABA therapy, and supported program supervisors by creating teaching templates and teaching strategies. My supervisor is an outstanding mentor and I have learned a lot from her.

While I worked as a psychological assistant, my supervisor, and the company, found utility in training and supporting a graduate student in clinical psychology, and created a CAPIC internship that would offer a variety of work with an emphasis in working with the autism spectrum population. I desperately wanted to apply to this internship.

Before I was allowed to apply for internship, I was required to meet with the director of clinical training, the director of professional development, and my advisor. They greeted me, then had me wait while they met behind closed doors for over five minutes. When I entered the meeting, it became obvious that I was being denigrated for abruptly leaving school to attend to personal matters, as well as taking it upon myself to identify a CAPIC internship site that would satisfy internship requirements and allow me to continue to work in my chosen field. My school, Pacific Graduate School of Psychology at Palo Alto University, allows students to apply to CAPIC sites after they attempted to match with APA accredited internship sites. However, my school would not allow me to apply to my chosen site. I was given an ultimatum; I was told that I either submit to their demands for internship choices, or I would not be allowed to return to school. Their rationale was that I could not specialize at this point in my career. This was an enormous mistake on my school's part, I am good with this population, and there are not enough psychologists that have experience or the desire to work with the autism spectrum population.

So again, I acquiesced and applied to CAPIC sites that they would approve. I applied to three different CAPIC sites, and interviewed at two. I did match, but later that day I received an

email from my top choice that there had been an administrative error, and they had not submitted their match rankings to CAPIC. I had been on their ranking list. I am pleased that I did match, and that I will start my year-long internship this summer. However, my quest to find an internship site has been greatly stifled due to my school's requirements, and I feel that it is a direct result of their attempt to maintain APA accreditation. I was aghast to find out that one requirement for APA accreditation for graduate schools is to place at least a 50% of their students at an APA accredited internship site. My school just sent out an email stating that they have maintained a percentage much higher than that, but it makes me wonder how many of those students have had to apply multiple times. Had I had the opportunity to apply to CAPIC sites in 2014, I would have been able to learn from mentors that understand the unique micro cultures that are abundant in California, and I may have completed my PhD by now. I will never know, but I can attest to the devastating effects of the I.R. D-4-7(b).

Anonymous Student/Intern #2

Student #3

Patricia L. Jones, M.A., Psy.D.

NACIQI Committee,

I feel the need to start this comment by stating I support the American Psychological Association (APA). I am a member, and for as long as I meet the criteria, and can afford to pay my dues, I wish to remain a member. As an organization, there are as many descriptions for the APA as there are professionals who turn to them for guidance, expertise, and knowledge. However, there is one unifying theme to all they do, advancement of the profession of psychology for the betterment of humankind. However, like any large organization, there are systemic issues that arise and must be addressed. When it happens in an arena as public as the question of ethics and torture, it's easy to spot – and even easier to take a side. What is being called into question here is not so obvious to the public, the profession (current and future), or perhaps even to all of the organizing members of the APA themselves.

Despite my strong belief in the intrinsic importance of the APA, and their mission, their effective systematic unionization of the practice of psychology has hurt me at every level the arguments against this chokehold have been raised from. My family members (Veterans of multiple wars across three generations) have been injured by it. My own training has suffered because of it. My students have suffered because of it.

The current VA system hires only Psychologists and Interns for their employee and training cohorts that have been through APA Training Programs and completed APA Internships. Within the last three years my father, my husband, and my cousin were all separately denied or waitlisted for over 1 year for mental health treatment in three facilities and two states, due to lack of available resources. If you're thinking I should be making a difference myself by working at the VA, I am in agreement. However, I am not eligible. I am not from an APA accredited program.

This is a growing trend amongst many major employers such as Hospitals and Correctional Facilities. My employment options are limited because of the intentional efforts to convince employers that APA standards are the equivalency of professional competence. Concerted efforts to have employers recognize training programs and internships that adhere to the same standards of training, supervision and ethics have resulted in the question “What is APA Equivalency?” A question that has never been properly defined or addressed despite many requests made to the APA.

I completed a five-year training program that was in every way equivalent to the APA training program on our campus – with the exception of an added emphasis on assessment and law – with a GPA over 3.7. My dissertation was used to drive policy changes in risk assessment of juvenile fire setters on a national scale. I won a prestigious award for research from the American Academy for the Advancement of Science. I was not allowed to apply to the majority of Predoctoral or Post-Doctoral Internships because the APA had decided in my G-4 year that they were not going to approve my program for APA, due to our already having an APA program on campus.

As a result, I helped to found a predoctoral internship and postdoctoral fellowship site that was modeled on the APA standards for training, for which we have received accreditation through the California Psychology Internship Council. The postdoctoral fellowship in specific was modeled to provide the level of education, practical experience, and supervision necessary to prepare an individual for Early Entry into the American Board of Professional Psychology, Forensic Psychology. Being a CAPIC site, rather than APA, we will be required to prove equivalency of APA standards per the board’s criteria.

The only reason we have not applied for both CAPIC and APPIC/APA certification is the amount of funding it takes to create and maintain an APA-approved training site. It is nearly impossible for small, a community based mental health program that is not funded by the nation, state or county to produce enough income to sustain membership. Of course, it is nearly an unspoken (an in many federal grants – a written) requirement that the site is APA to receive funding. (See national mental health centers specifically.) If we do achieve APA accreditation, we will hold on to CAPIC accreditation as well. We believe every student of psychology who is prepared and capable of benefiting from a training experience should be entitled to the best possible experience available. This not only provides the students with better training, it provides out communities, and our own loved ones, with better care.

The overarching message that the nation, and indeed the world, seems to have, is that the APA is the governing word on whether or not a training program appropriately prepares someone to be a professional psychologist. Most employers do not realize the state licensing boards require everyone who wishes to become a licensed psychologist to have the same number of hours of training, and to pass the EPPP.

The amount of sway the APA has with state licensure boards, academic institutions, national board certifications, and training programs is enormous – yet wielded without due concern for those of us who, for whatever reason we have, did not complete an APA sanctioned program. Please, help give us a voice by taking note of what we’re saying, even though we can’t afford a lobbyist, national magazines, and offices paid for by required membership dues - membership dues paid for by both APA and Non-APA trained psychologists and students.

Patricia L. Jones, M.A., Psy.D.
Postdoctoral Fellow
Community Allies for Psychological Empowerment
5120 Baxter Street, San Diego, CA, 92117
(858) 531-6959

Student #4

James McCollum, Ph.D.

To whom it may concern:

When I was applying for internship as a psychologist, I found that first, the competition for APA/APPIC internships was incredible. As a straight-A student with above average experience, I was unable to successfully match. At the time, a “reasonably competitive site” was one that took 1 in 10 applicants. There were plenty more that were more competitive than applying to an Ivy League school as an undergrad. In such a competitive environment, it stifles experimentation. Students feel pressure to conform to what they think internship programs want, and forgo opportunities that while potentially beneficial, might not “look good on paper.” For a healing profession, innovation is important, especially as the United States becomes more diverse culturally, and people face new challenges in their lives.

So I was eventually accepted at an APPIC/CAPIC internship. The program was rigorous, and later accredited as an APA site. I know many programs here in the San Francisco Bay Area that are rigorous, produce high quality clinicians, but either do not conform to APA’s specifications or the application procedure is too onerous.

America is built on the idea of a meritocracy. Innovation and competition are central to this idea. If there is no competition, the best ideas cannot rise to the surface and lift us all. Although APA is a great organization, it, like any organization is limited by its own agenda, politics, and culture. It hurts us all to consolidate too much power in APA as an accrediting body.

Furthermore, licensure is done state-by-state. States have decided what serves their own constituents best, and in some cases, developed their own accrediting bodies for their own internship programs. Just as state licensure requirements are created to meet the needs of a particular state, accreditation should also be distributed. In the fall out of the evidence-based practices movement, we, as a profession of clinicians, are beginning to recognize that one standard, no matter how rigorously defined, cannot capture the breadth of diversity we see in our practice. There is a need for rigor, empirical support, and data-driven policies, but there is also a need for tailoring approaches to a given community. Just as with many governmental policies, we recognize that a plurality of approaches is a more robust system than a single, top-down approach.

In the end, APA’s consolidation of accrediting power does not help patients. APA-trained clinicians do not out perform clinicians accredited by another body. The lack of availability of APA internships hurts patients by decreasing access, hurts clinicians by delaying training, and hurts clinics/hospitals/internship sites by creating pressure to conform to one standard that may not fit their community.

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Michael Litter, Psy.D., Supervisor
PSY 21116

Student #5

Emily Guarnotta

To whom it may concern:

I completed a 2,000 hour full-time predoctoral internship at a CAPIC site during the 2014-2015 training year. I chose a CAPIC internship because there were a limited number of APPIC internship sites in my area. My financial limitations required that I could not move away and I could not risk having my husband, the primary breadwinner of our family, leave his job in order to start from scratch in a new area. In addition, I was concerned about the potential costs of flying to interviews, which I estimated would be thousands of dollars. I was able to find a local CAPIC internship site that matched my interest with working with a dual diagnosis population. I also appreciated that the CAPIC internship was regulated like an APPIC internship. I was required to have five hours of supervision and two hours of didactic training per week.

I strongly feel that the APPIC internship matching program puts students with financial limitations and family responsibilities at a disadvantage. The high cost of living in many areas of the country as well as expensive tuition rates make it nearly impossible for many students to shell out thousands of dollars to attend interviews and thousands of more dollars to move to another area. This does not even account for the stress that it puts on students and their loved ones, who have to be far away from family and friends. Students would benefit from greater flexibility in the internship matching process.

Sincerely,

Emily Guarnotta, PsyD
Alliant International University
631-796-0737

Program # 1



Psychological Services
March 29, 2016

Re: Written Comments: APA/CoA

Dear Department of Education:

This letter is in response to the pressure from APA/CoA on doctoral academic programs to place their interns at APA-accredited internships.

Pasadena City College has been a pre-doctoral internship training site since 1975 and has been a California Psychology Internship Council (CAPIC) member since 1995. The APPIC match process has begun a practice to exclude those students who apply to a CAPIC internship from applying to an APPIC internship. This is evidenced by a number of students calling me to inquire about our CAPIC internship only to say that if they apply they would **NEVER** be able to even **APPLY** to an APPIC site. I have also been told by APA-accredited doctoral programs that according to Regulation I.R. D-4-7(b) they have been told that a certain number of students must apply and be accepted to APA-accredited internships or their accreditation would be in jeopardy. I see this as a violation of the APA Code of Ethics, specifically Principles B, C, and D, coercion, bullying and, at the least, a restraint of trade by trying to eliminate the competition, which could result in a monopoly by APA/APPIC to control the flow of pre-doctoral student interns.

The P.C.C. pre-doctoral internship program strives to select the best applicants to match our students' needs. We are an ethnically diverse community college serving over 27,000 students ranging in age from 16-84. Over 50% of our students are designated as an "underserved and underrepresented." Because many of these students don't have the financial resources to get outside therapy, they come to our office. The exclusionary process perpetrated by APPIC has greatly diminished the applicant pool in the past three years, which, in turn, has significantly decreased the number of interns accepting this site, and consequently has reduced the number of underrepresented students that we are able to serve. Accordingly, the students who need therapy the most, don't get the services they need. I consider APPIC to be in violation of Ethical Principle 3.01 *Unfair Discrimination*.

In closing, I want to affirm my support of the CAPIC and its internship process, the collaboration and support that they have given Pasadena City College, and to pledge that as long as I am the Director of Clinical Training and the Counseling Psychologist at P.C.C. I will **NEVER** support APPIC or renew my membership to the American Psychological Association.

Sincerely,
Richard A. Beyer, Ph.D.
Counseling Psychologist
rabeyer@pasadena.edu

Program # 2

April 1, 2016

To Whom It May Concern;

I am writing this letter to share my story and to hopefully serve as a means to make positive changes in the future of psychology internship training. I am a Psychologist and Clinical Director and oversee the psychological services department at Kids Overcoming, LLC (KOI). We serve children and adolescents with developmental disabilities, primarily individuals diagnosed with Autism Spectrum Disorder. We offer comprehensive autism diagnostic evaluations, ongoing therapy, and parent training and support.

As a first year CAPIC member, I was so honored and thrilled to have been accepted as an accredited internship site. My company worked diligently to prepare an exceptional training program that we knew would provide a much needed service to the community, and provide in depth training for pre-doctoral psychology students to gain expertise in the field of autism. I cannot express how proud I was for our small company to pull together such a wonderful and needed training program! However, the reality and truth quickly set in. There were no applicants. Students that contacted me outside of the match shared their stories about their doctoral programs refusing to allow them to apply to CAPIC sites, especially mine. I heard repeated statements that doctoral programs guided their students to become “general practitioners” and did not want students to narrow their field of interest and “specialize.” I then heard that my site was too “new” and needed to be an established training site before a student could be allowed to apply. The most devastating news was from Palo Alto University, and I was informed that due to their own APA accreditation, they had significant pressure to only allow their students to apply to APA/APPIC internships. They blatantly refused to allow any of their students to apply to Kids Overcoming. Despite my program offering equivalent and outstanding training and supervision opportunities, my program clearly stands no chance of success.

I feel a loss for students who are interested in the field of autism, yet will not be able to have this unique and specialized training experience. The need for autism services and expert psychologists in the field is significant and overwhelming. California continues to lead the nation in the highest number of individuals diagnosed with ASD. There is a huge movement occurring in the state of California to have the Board of Psychology provide licensure for individuals with expertise and training in behavior analysis. KOI offers this specialized training and supervision in behavior analysis, as well as psychotherapy and diagnostic testing using specialized tools and assessments. Students who have learned of these opportunities are excited and enthusiastic to become involved, yet political factors appear to be interfering with their ability to do so. While my program may be small, we are still meaningful and important. I don't believe programs such as mine should be discriminated against for having less financial resources. In my case, I am unable to hire a second full-time psychologist on staff. As such, I do not qualify for APA/APPIC accreditation. Ultimately, I am saddened that the choices for students have been reduced or disregarded, and they are pressured to apply to sites due to their accreditation status and not

their passion, interests, and desires in the field of psychology. I hope there can be some consideration and change to ensure programs like mine stand a chance in the future training of pre-doctoral interns.

Sincerely,

Melissa Newman, PsyD
Clinical Director and Psychologist #23879
Kids Overcoming, LLC
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(408) 887-9606
Melissa.newman@kidsovercoming.com

Program # 3

To whom it may concern,

The current movement towards APPIC/APA internships is discriminatory towards institutions and populations with less money. Policies are directing resources to those places that already can afford more and taking away from those who can afford less. This has significant ramifications for our society.

We currently train two CAPIC interns each year. These students serve a community college population that often does not have the resources to obtain mental health services in the community. There is significant pressure in the field to convert to an APPIC/APA internship. However, these internship types require two full-time psychologists be on-site and that the intern be paid a much higher stipend. Institutions such as ours are under tremendous budgetary strains. We are resource-poor, and we serve a community that is often poor. We would be thrilled to have more full-time psychologists on-site and to pay interns more, but we cannot afford to do so. As a result of the push by APA and the doctoral programs for their students to apply only to APPIC/APA internships, we increasingly struggle to obtain sufficient number and quality of interns. As a result, we are moving to a place where there will be less mental health service provision for those with fewer resources. While good-intentioned, these policies should be modified.

Bert H. Epstein, Psy.D.
Licensed Psychologist
Assistant Director, Student Health Services, Mental Health Programs
Santa Rosa Junior College
1501 Mendocino Ave. 559 Plover Hall
Santa Rosa, CA 95401
707 524-1595

Program # 4

To whom it may concern:

As an agency that works primarily with a population that has a tremendous history of trauma, we have strongly felt the impact of the APA internship requirement changes put forth by the APA.

This most recent CAPIC match was in stark contrast to years prior. Historically we average accepting 6 to 8 pre-doctoral interns. This year we were only able to secure one full time intern. In prior year's we receive about 30 applications a year. This year we received 20 applications, and of those some declined our internship since they accepted an APA internship. We also noticed that of the pool of candidates that applied this year, the skill level was considerably lower than in years past.

This will cause a significant negative impact on our agency and the many children and families that we serve.

The children and families of the East Bay have great emotional, economic, academic, and behavioral needs. The clients we serve are some of the most vulnerable that we live in our community.

Having only one pre-doctoral intern means that we have to hope we can find and bring on practicum level trainees and master's level clinicians. We have to be very careful which trainees we hire since they have less or no experience at all. This is very concerning since the children and families we serve have the highest needs and yet the trainees we hope to hire are in the early stages or just beginning to gain clinical experience. If we are unable to find qualified mental health trainees, the overall result could impact gaining and maintaining current contracts. Sadly we have seen a few agencies fold over the last two years.

As an agency, our total yearly unlicensed clinicians has been about 10-15 full-time interns. Using trainees to deliver these services would mean we would have 20-30 part-time trainees. This is an undue hardship on our staff and agency budget. We are a small non-profit with limited resources. Having double the number of unlicensed clinicians puts a strain on our staff resulting in more people to train, more training materials, more laptops and desktop computers needed, etc. Hiring two part-time interns is much more labor intensive for our agency than hiring one full-time intern.

Hiring trainees also results in these clinicians missing a number of client sessions so they can travel out of state for APA internship interviews. This creates additional financial hardship for trainees to travel to various placement locations. We have seen and heard of the pressure that interns and trainees are experiencing having to meet these APA standards.

We are highly concerned with the current APA internship requirements and the negative impact it is having on community mental health agencies, interns and trainees, and most importantly clients.

Sincerely,

Vicci Tibbetts and Kim Durham
Clinical Training Program Management
Girls Incorporated of Alameda County
Pathways Counseling Center
510 – 16th St.
Oakland, CA 94612
(510) 357-5515 ext 217

Program # 5

March 31, 2016

To whom it may concern:

I'm writing this letter on behalf of CAPIC as it pertains to the significant decrease in applicants due to increased pressure for interns to attend APPIC/APA approved internships sites. My concern lies in the fact that CAPIC yields high caliber training at phenomenal sites that students are not currently encouraged to attend due to the trend and impetus for APA internship. CAPIC adheres to standards of excellence in accepting sites that provide diverse and essential training to students in their pre-doctoral and post-doctoral training. I had the fortune of attending a CAPIC approved internship site in 2013 and was afforded an opportunity to experience some of the best clinical training I had during my entire academic career. That being said, it seems as though, at present, the American Psychological Association has unquestioned power and to a degree monopolizes the field of clinical psychology. It is no doubt that the APA has limited the number of clinical opportunities for many students given the leverage this professional organization possesses and the increased pressure in recent years placed upon students to reapply to APA programs the following year, if not placed at a site, as opposed to attending a CAPIC approved site. I know dozens of practicum students who did not apply for CAPIC this year due to pressure from academic institutions to wait for the following year to get an APA approved site. This seems an unfortunate paradigm as there are numerous academic institutions and training sites that provide outstanding training for upcoming clinicians, but due to the lack of APA accreditation, many interns are hesitant and averse to attending.

Further, given my impression of the homogeneity of training opportunities at APA facilities (as it pertains to exclusivity of certain therapeutic modalities offered for training), the field of psychology is likely to narrow in perspective, treatment, and subsequently efficacy. It is my understanding that application to become an APA site is quite expensive, thus, many effective programs do not have the financial means to obtain certification through the APA; lack of excess funds with which to apply should not be a delimiting factor for training experience and site approval. Recently, I have had the pleasure of serving as a quality assurance delegate for CAPIC and am all the more impressed with this agency as their certification process of training sites is quite rigorous; CAPIC standards for approving sites follow guidelines parallel to, and as stringent as, APA approved sites. It is my hope that the paradigm shift in training sites can transpire and

thereby establish CAPIC sites as equivalent to those of the American Psychological Association. Advances in the field of clinical psychology will likely be hindered if this does not transpire since training opportunities will be increasingly constricted.

Sincere Regards,

Jaclyn Deilgat, Ph.D.
Licensed Clinical Psychologist
Alvarado Parkway Institute
760-688-6761
jaclyndeilgat.id@gmail.com

Program # 6

NACIQI Committee,

Palomar Health – Behavioral Health Program has been a member of CAPIC for the past 10 years, and we have been very satisfied with the high quality of service we are provided via the CAPIC match system each year. The standards are high, the communication is excellent, and the matching process is efficient and meets our needs as a predoctoral psychology internship training site.

Year after year I am told by interns that our CAPIC pre-doctoral internship is better than many APPIC internships that these interns hear about from their friends and colleagues in APPIC internships. The only reason we have not switched to APPIC status is the unreasonable financial burden that APPIC places on agencies to pay interns more than we can afford. As it is, we already pay minimum wage, but that is not good enough for APPIC.

Many interns cannot move out of state due to their family & spousal employment obligations locally. I think it is outrageous and unfair that APPIC is oblivious to these reasonable constraints that students may have that would prevent them from moving to APPIC or APA internship sites out of state, based on APA's unfounded assumption that the quality of training is better in APPIC or APA agencies, when compared to CAPIC sites.

I am able to offer Post-doctoral training to current pre-doc interns who may want to stay on for another year, and we are always eager to keep qualified and outstanding interns employed in our hospital system. Their investment in our own local community matters a lot to us, since Palomar Health is a public community hospital. Being a public hospital, we are very careful about how we spend the portion of taxpayer support we get from our community, so we don't have an excessive budget for labor dollars the way many private hospitals or agencies may have. I appreciate interns who invest in their own communities to serve the seriously mentally ill population here at Palomar Health, and it is my intention to do whatever I can to support them in being able to do that. Thank you for your thoughtful consideration of this matter.

Sincerely,
Karen Sommerfeld-Forge, Ph.D.
Program Manager Outpatient Behavioral Health
Psychology Clinical Training Director

125 Vallecitos de Oro, Ste. A
San Marcos, CA 92069
760-739-2972 / fax 760-510-8352
Karen.Sommerfeld@PalomarHealth.org

Program # 7

Diana Hoffman, Ph.D.

NACIQI Committee:

As the Clinical Director at a long-standing training site in Los Angeles, for pre-doctoral interns, post-doctoral interns and MFT trainees/interns, I feel compelled to express my concerns regarding some of the APA and CoA's policies and procedures as my training site has directly experienced some adverse consequences resulting from such policies. These concerns are based on my observations of the trends in applications to our training site over the past few years and the impact on our particular site as well as on the community served.

I started as the Clinical Director of this community mental health clinic in 2009. At that time, we had 5 psychologists contracted to supervise the doctoral students and had a thriving doctoral training program. For the first two years of my work here, we would receive 45-40 applications for 12-15 training positions. This program allowed us to continue serving almost 350 clients weekly.

Since that time (about 2012), the decline in applications has been noticeable. Due to the shrinking number of applicants, we have had to reduce our doctoral training program by about half, we now typically have about 8 doctoral training positions available, with only 3-4 psychologists available to supervise. For 2013-2014, we received only 20 applications and were matched with 4 interns through CAPIC. For 2014-2015 we received 15 applications through CAPIC and were matched with 3 interns. Last year, for 2015-2016 academic year, we received 15 applications and were matched with 2 interns. We just completed the Match I round of interviewing for the upcoming academic year, we received 8 applications and only matched with 1 intern.

As a community mental health clinic, that offers affordable services to the underserved, the clients depend on the therapists training at our site for quality services. Additionally, half of the mission of this clinic is to offer a rigorous training program to pre-licensed therapists. This clinic is dedicated to the quality and structured training we offer. With only 1 doctoral student placed at our site for the upcoming year, we are having to develop a plan for insuring this student has other doctoral level interns with whom to train and learn. While we have a full training program, of MFT trainees/interns and doctoral practicum trainees, we also want to insure that all students training at our site have peers in their cohort, which we believe is integral to their development.

With CAPIC recognized by the BOP as providing quality standards for formal internships, it is surprising that APA and CoA do not offer the same recognition, that some of the policies and procedures continue to be exclusionary rather than inclusive, particularly given that CAPIC, APA, and APPIC all have the same goals; to insure that doctoral interns receive quality training to prepare them for independent practice once licensed.

CAPIC not only provides the interns and sites with mutually beneficial services, but it serves to insure that excellence in the quality of training. Additionally, CAPIC assists with advocating for our field and serves to disseminate information. CAPIC helps professionals stay actively involved in the community of our field.

Respectfully submitted by:

Diana Hoffman, Ph.D.
Clinical Director
Airport Marina Counseling Service
310-670-1410

Program # 8

April 4, 2016

National Advisory Committee on Institutional Quality and Integrity (NACIQI)
United States Department of Education
400 Maryland Avenue, S.W.
Washington, D.C. 20202-1500

Dear NACIQI Members,

It is clear that we all share the common goal of supporting diversity in the context of the education and training of doctoral students in clinical psychology and health service. Therefore, with all due respect, I wish to request that internships that are approved by the California Psychology Internship Council (CAPIC) be respected for the fine quality of training that they offer. Somehow, CAPIC sites that have, for years, been considered valuable and worthy of praise for their quality of clinical training have now been placed in a "lesser than" position in what seems to be an imposed hierarchy. I write this letter out of a concern for students and their future employment and, depending on particular states in which they live, their licensure eligibility.

In a number of ways, restrictions that are placed on students in regard to their choice of training, impact clinical and health services that are available in communities as well. For example, consider a student who is a middle-aged single mother, first born in the United States to immigrant farm workers, who is now in the position of caring for an elder parent part time. Consider that this student has received accolades from her practicum supervisors and from the faculty members at her institution, and that her intellect, professionalism, and clinical skills have been evaluated as "exceeding expectations" as has her quality of character. Imagine that she wishes to apply to a half-time site in her geographical area in order to adjust to the demands of her personal life as well as her desire to serve the needs of her small, predominantly rural community. Imagine that choosing to apply to this part-time CAPIC site, and remaining in her geographical area, may positively impact her future role and reputation as a respected psychologist in her community. Consider that her well-intended doctoral program, wishing to either retain or secure APA accreditation and to be compliant with CoA dictates, restricts her from applying to the CAPIC site that would meet her personal, professional, and future needs, only because it is a CAPIC site. Consider that this CAPIC site may need to close its doors to any internship training possibilities because they do not have any applicants. Somehow this does not seem right.

Restrictions such as those described in the scenario above, do not seem right on a human level, but also on the account that there is no data to support that a CAPIC site would be inferior to an APPIC or APA site. The student in the above scenario could be discriminated against for not having secured an APPIC or APA internship should she later wish to work with the Veterans Administration (even though her cousin, an MFT, has gained employment with such) or to teach at particular institutions or be considered for certain insurance panels. It would be a shame to the profession of psychology if restrictions were to be placed on where she could be accepted as having “a place at the table,” so to speak, in her professional work, simply because she attended to the personal needs of her family and her own self-care in the mosaic of her unique life situation. This is not an uncommon scenario.

Many enter the field of psychology in response to a profound calling to be of service and out of a recognition of and compassion for human suffering. This recognition often emerges from the experiences that one has gone through either individually or collectively within the systems that one’s family or culture has interacted with. I write this letter in recognition of oppressions that we are all guilty of in a variety of ways, simply by the very fact that we are human beings. We try to do our best within the societies in which we live and work. The world seems to be changing very rapidly and it is my sense that we, in the field of psychology, are changing as well. As we move to more community-based applications of our work, we must recognize that future psychologists are emerging from those often underserved communities, such that guidelines that, although unintentionally, appear to favor the privileged student must be reconsidered. CAPIC sites offer much quality and a variety of sites. Many CAPIC sites are committed to particular focuses on training and to opposing monocultural dominance on any level. There is a great need for broader training that meets the needs of consumer choices and protection.

There are other considerations besides the question of CAPIC that it would behoove those articulate in such matters to be in dialogue about as well. One such consideration is that certain programs and sites may end up being marginalized. For instance, if left out of an internal loop that only permits students from APA accredited schools from applying to APA sites and has APA internships only drawing from those attending APA programs, programs and CAPIC sites, or even APPIC sites, for that matter, that are not part of the inner loop begin to feel somewhat boycotted . In a perfect world, there would be equal opportunity for all, including CAPIC.

For the purposes of this endeavor, I focus this letter on advocating for CAPIC and the students who apply for internships. The work that you do is commendable, particularly in the face of much uncertainty in our world and in the future of education. Thank you, in advance, for considering the addition of this topic to your lists of discussion items and for offering this window of time for comments from the academic and clinical community!

Sincerely,

Juliet Rohde-Brown, Ph.D.
Director of Clinical Training
Doctoral Program in Clinical Psychology
jrohdebrown@pacific.edu
(805)679-6139

Program # 9



February 4, 2016

Dr. Jenny Cornish

University of Denver 2460 S. Vine Street, #206 Denver, CO 80208

Dear Dr. Cornish,

This is to inform you of a significant inconsistency in APPIC's policy which leads to an exclusionary practice. This is evidenced by APPIC Match Coordinator Dr. Greg Keilin's communication, pressuring our agency to exclude our involvement with CAPIC with the threat of filing a formal complaint against us.

The Institute for Multicultural Counseling and Education Services, Inc. (IMCES) has been operating our clinical training program for many years for multiple disciplines including psychologists, for which we have signed agreements with APPIC and CAPIC matching systems. We followed up with the policies and procedures reflected in our signed agreement indicating that internship programs must "offer in Phase I of the Match all psychology internship positions available at the internship site." "All" means **all of our published positions for APPIC**.

We have done exactly that. As a part of our ethical commitment, IMCES has designated and published **10** internship positions it is making available through APPIC. Assuming we are able to achieve a sufficient number of matches, we will fill of those positions through the APPIC matching process, as we have done every year.

IMCES's clinical training program is designed with the principle of inclusion for selecting the best fit among candidates through APPIC, CAPIC, and other means. For each of those we have a specific designated number of positions published and we make every effort to match those positions designated, e.g. through APPIC's matching process. We never "withhold" any APPIC positions to be filled through other means. However, Dr. Keilin has accused us of "holding back" positions from being filled through APPIC, insisting that we should put every other position we had designated e.g. for CAPIC available for APPIC. I object to this accusation, which would mean APPIC dictating and controlling our internal

business, enforcing an exclusionary practice, which is a violation of professional ethics. This effectively means Dr. Keilin or APPIC is using us to eliminate other sources of opportunity for matching appropriate candidates, such as CAPIC. Furthermore, I object to Dr. Keilin's demeanor and his frequent harassing accusations, which have included threatening our very status in the program.

IMCES is one of the largest-capacity, highest standard APA-accredited clinical training programs and I have guarded that with my highest ethical principle, which would not waiver under any threat Dr. Keilin may make of filing a complaint against us. IMCES operates on the basic principle of inclusion by design to include all aspects of diversity in our operation and practice.

This is not the first time Dr. Keilin has interfered, including an incident when he insisted we retain an intern who was not in compliance with due process of our clinical training.

Please note that, based on our strong commitment to fill the 10 published positions for APPIC, we ranked 23 – almost twice – in order to reach our goal. But I will not be coerced into withdrawing the other dedicated positions, which have also been published for another organization.

In case I do not receive confirmation of your understanding of our fair professional practice, also in compliance with the APPIC agreement, I am prepared to share this matter with our professional community. I am sure you will agree that our shared professional responsibility is developing and implementing a clear policy and procedure to avoid any kind of exclusionary practice.

I look forward to hearing from you.

Sincerely,

Tara Pir, PhD
CEO/President

cc: Dr. Greg Keilin

END OF LETTERS.

END OF CAPIC WRITTEN COMMENTS.