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EAR What were the sorts of things that happened and what were the contributions of the various people who were involved.

IM That was an appropriate term and this probably isn't too unique but you may not know I was the physiological undergraduate honors student in psychology and I didn't know anything about clinical until, well not quite because to work my way through GW I went to work for \_\_\_\_\_ Hospital in a related field and I was a psychiatric aid there and that gave me some interest and flavor in that, but I really was physiologically oriented because that was the influence of people experimental at GW, as an undergraduate and also was a master student. Then the war came along and I volunteered for the Navy and like most people in the Navy, you became a personal psychologist naval aviation or clinical. I wasn't trained for those things, I just had a Masters, I didn't have a Doctoral so I went in as a Line Officer. I volunteered for Navy and went to sea after 7 weeks indoctrination like most of us in my class and joined the Third Fleet and I was out there in the Pacific, I was made a Junior Check almost immediately for whatever reasons at one station on the ship and then I was made Executive Officer in my last assignment and I used to complain that Executive Officer was really nothing but a glorified clerk. I knew people at GW very well because I had been their student and Stu Britt who had taught me social psychology was in Commander in Chief's King's office and I used to write to him, as I wrote to John Foley and some of my old Prof's, complaining all the time. One time he was at a - apparently Head Psychologists got together once a week in

IM(continued) Washington from the various Army, Navy and Marine Corp. The Navy and the Marine Corp was just a Navy medical part and sitting at this table was Bill Hunt<sup>eR</sup>, who was heading Navy neuropsychiatric program and so Bill was crying because he needed more psychologists. He had 100 or 105 officers and Stu said "well, I've got a former student who is sitting out in the Pacific, the Third Fleet and he is complaining that an Executive Officer is nothing but a glorified yeoman. I was due for rotation, so Bill Hunt went down to the Bureau of Medicine Surgery and he saw a little flag on that. I had been in the Public Health Service, I don't know whether you had known or not. My first job was in the Public Health Service and I had worked in Health Education Research with Derryberry who is in Berkeley retired now and I among other things had done studies for communicable disease control for Public Health Service it had nothing to do with training, but just a research job, research program and one of the things that I have done is going up and down the East Coast tape recording, not tape, it used to be a big plastic recording educational efforts toward the public by Public Health Nurses, by physicians, by health educators and by other specialists in Public Health Service or in the local county organizations and among these, I studied venereal disease control which is a big problem, so you see this little flag on my card in the Navy and turned to the yeoman and said what's this little flag mean, so he said that officer due for rotation and he has already been selected for the program - who is selecting him - he said Howard Ennis, do you know Howard Ennis?

EAR Only vaguely.

IM Well, Howard Ennis was one of the VD \_\_\_\_\_ he had done this in Public Health and so he had seen the name come up and said

IM(continued) "here is a guy already trained and I want him for my program, so Bill Hunter said what's his rank? He said Lt. Commander I want this guy, so Bill always says to others "I have known Ivan since I saved him from Venereal disease, so then I became a clinical psychologist, which I had never been before and I came back to the States. I spent a few days in \_\_\_\_\_ Med, then I was assigned to Great Lakes, then Farragut, and then they asked me to extend, I hadn't planned to, I had been overseas for a long time, but I wasn't going back to school until the following June, so I extended and I went to Farragut, it was interesting, and I was what the Navy thought as Clinical Psychologist, mostly doing evaluation but also doing a lot of other things, reassignment and so on. I tried to go back to school and so I went back and I applied for several places, but I talked a lot and I wrote to my old Prof's at GW, They said you ought to think about Northwestern, it is a very interesting mix of both old and new faculty people. Like Gillen, \_\_\_\_\_ Then you have new young people like Buxton coming in and Ben Underwood and Don \_\_\_\_\_ is not young but he will coming there - I think he came the year I came and they mentioned this and I went there, which is very good, but I was a physiological major although I was in Bill Hunter's program. Then NIH comes in, John Eberhard, he is a Northwestern graduate, he came around and I don't know how it was done and he came around to the various schools, telling them about what this new program was all about and he encouraged Northwestern to apply for some of these things and so they looked around and they asked me to take one of these fellowships, no training\_ ships

IM Yes, 47, I was at Northwestern from June, 1946 to August, 1948. But, this mean't my committing myself to be clincial psychologist. Well, I wasn't a Clincial psychologist. I had been for two years in the Navy and I had some psychiatric hospital aid experience, but I was a physiological psychologist. Well, I thought about it for several weeks and then both Bill Hunter and Bob Seeshor said "we would like you to be one of these first fellows and I think they only given three or six at the first year, so I finally decided to take it. Ever since then I have been a Clinical Psychologist. That was useful. One of the reasons I accepted. Eberhardt really talked about prestige value. a new program and the very careful selection he would get these trainee-ships and so on and I thought that was something I was just going to begin my career, my civilian career, this would be important and what did I want to do and I didn't know where I would go for my first job. I knew that I wanted to teach, then I decided to go to Medical School to teach because I liked the combination of research and teaching and applying psychology, so I started to Washington University Medical School in St. Louis for my first job, and there we were only taught by training, there were no funds there from Public Health Service, but at the Washington University, I don't remember dates now, Bob Watson was heading the program. We didn't make application we were among the first half dozen medical schools to get that, and I think it only had two, it was very small. And, we also had a joint arrangement with Marion \_\_\_\_\_ on the campus, and we shared this and still do as a matter of fact. We did have a little bit of University money, medical school money, but again, because of the prestige of NIH we gave the two slots to the best candidates

IM(continued) top candidates and we had a lot of candidates and we gave University stipends to those who weren't quite as qualified as that. So, I already had that experience and then I taught there, as you know, for ten years. The last couple of years, Norm Brill had then come here, this was a brand new medical school at UCLA, they had an Acting Head of Medical Psychology here. Actually, Don Lindsey was the first Acting Head, but since he had a Department of Psychology, physiology, and anatomy and psychiatry, he was really just Acting Head, but then one of his students at Jim Morris next store, he shared a suite with me and Jim got his degree - he had all his training in the VA, which I didn't at all, except for the work of Don Lindsey, so he and I related because we were both students of, so Jim became the second Acting Head, but the first full-time Acting Head. Then he got a three year FFRP GRANT and became very much interested in behavioral recording. He spent a year at Walter Reed, Brady was there and some others, and then he came back. So Alex Rosen, whose Chief Psychologist in the Service which is not the same as Division Head, he then was made Acting Head. By that time, Norm had gotten permission from the Dean to bring in a full time and a more Senior person there. And, he asked me to come out and one of the major reasons to bring out was to develop a training program in psychology, although they had already done some things here. I think they had four or five psychiatrists here and the first year I came out, that year we recruited two part-time students from UCLA, no stipends and they began getting the experience at training, so our staff began getting some about how to train and I was using \_\_\_\_\_ of the Washington University model, which had been very successful. The year after we began the program at Washington University, Bob Watson left to go to Northwestern, then

IM(continued) I took over so I was responsible for the program there.

They had a lot of good assistants, like Betty Caldwell and Pete Mason and others, so what happened was that I prepared, I was also interested in developing a program, I prepared a proposal to NIMH to get training as support for trainee's on a full-time basis. Never thought about psychology or later when Rodney came for some years after 1960, he's always wanted to have a joint application. We thought that wasn't a good idea for all sorts of reasons, psychological and so on, so we have never done it together. And, I prepared this proposal which I thought was a pretty good proposal and then Sherman Normbrill, whose always been concerned that psychology has too much responsibility and doesn't recognize that it is not a medical field and ought to be serving under only with physicians mostly, psychiatrists. He wouldn't accept this and he said no, because it gives too much freedom and independence to psychology so I said "I am not going to do it, then" and he said you are being very unreasonable and stubborn, so we discussed this and discussed this and I told him "okay, I am not going to make the proposal and he couldn't make it without me, so nothing was done that year and he was very mad most of the year and he thought that I was stubborn, unreasonable, rigid and all these other things and also many reasons for not wanting to do this.

EAR You didn't communicate any of this to NIMH?

IM No, and so then he - he really wanted the program, so did I want it, but the worst \_\_\_\_\_ criteria and as a psychologist and also provide training that I thought was appropriate for psychology. It couldn't be where you were only a servant of psychiatry, there were a lot of things we could do. Always willing to work with him, after-all my entire career has been a part in psychchiatry, and that's the

IM(continued) only things I have known and we always been able to work well with most people including Norm most of the time, otherwise and outside of the situation, Norm has always been very supportive and I have been in meetings where he has always praised the program of psychology, but here he still makes remarks about "well, hell, the way things are going now they are going to take over our hospitals and clinics". I have always said that Norm's mother must have been frightened by a psychologist when she was carrying him. In any event, but he decided he wanted the program and I don't know really whether it was pressure from NIMH on him or the Dean, I don't remember that part of it and I am not interested in finding out, I just thought there were certain standards and I knew something about training, so he agreed with some reluctance to do this to let it go and as I prepared for this for the following year we did apply and in fact we got our first grant here.

EAR What year?

IM It must have been around maybe 1960, we are still getting support from NIMH. Each year we have changed it and we have added in many ways. It soon became clear that with all other responsibilities I had as Division Head I couldn't - I could be their Director but I couldn't give it full time, so we began recruiting for a System Director, who did a lot of the day to day work for example, going over the application and so on. We had Alex Caldwell, he did it for a while and then another sort of person, Jean Hulworth came in about 1970 and she has been superb, she was a well-trained sort of girl and worked in community, had a community interest, which at that time, there was a lot of emphasis in our Faculty and also NIMH to start expanding training so that they would have a lot of community involvement.

EAR You know, I know Jean Hulworth, we served on an APA Committee  
IM Well, I am sure she was the same quality, she is extremely  
good and she has been a real find. Well, of course the grant  
has never given us any money for either Directorship, myself or  
for her. There always has been a problem of the Department  
but they have provided the secretary and occasionally have  
have given I think 20% time of one of us and probably Jean  
because it is less expensive for that, but we have never been  
able to convince NIMH to give us more money for that, so the  
Department's pay, and I don't mind, really because I think  
the Department's have a commitment for training and they could  
show it by their involvement. They have shown even more than  
that because as you remember, this was after 71, when more and  
more looked at each year we were told about \_\_\_\_\_ that  
this is the end, we went to the Department and said "look,  
this is what we have done, what do you want to do"and they said  
"well, if you don't get it we will underwrite it for the coming  
year but after that you are going to have to cut it back because  
we have so many demands because afterall we have six training  
grants and they are all telling us the same thing and we said  
"that's reasonable" One good thing at NIMH that they did for  
us, many good things was one except they - because we did get  
grants and two or three times we got supplements which most  
places didn't get because I think we do have one of the best  
programs in the country and I think it is recognized in Washington.  
Whenever I got there I would point it out to our budget group in  
the Department and because of that they again providing stipends  
of their own - they put in over 60% of our training money now.



IM(continued) They would like not to because there are a lot of demands, we train 22 different disciplines like most medical schools, so everybody wants money, but they have been supporting this and each year they say "well, you know, is there anyway possible to get some funds from other source, so now we have - Jean spends almost all of her time, she does teaching in addition but she spends probably three quarters of her time on the training grant and I probably put in at least a day a week on this sort of thing and I am constantly in touch with her and that, but it requires a lot of time, but you can't do a good program without doing a lot of time. And, the other thing we learned I knew from Washington University, that the essence of a good training program is the supervision and if you don't have superb supervision you don't have a good program and you have to be very careful, which means you have to get a lot of evaluation, not only from peers from students and so every year we carefully review those evaluations and we dropped people. We tell them we are sorry at their unhappiness, well I was just one student, but often it isn't only one student. We would pay a lot of attention. I remember when I first came here and one of the Chief psychiatrist's used to complain bitterly, and another thing Norm wanted me to do which I did was to set up an evaluation program which I done also at Washington University and I did and Charlie Tibbett always complained that "god damn it, Ivan always talking about the students they don't know what it is all about, you can't pay any attention to their evaluations, which I think is wrong, you have to decide how much to weight them, but you have to pay attention, so we

IM(continued) always paid a lot of attention to that and I think that the feedback has mean't that each year we have changed our program, decreased some areas and increased others, we brought in other people, clinical faculty because we can't provide all the training just by our own people, so NIMH, of course, they would have preferred that as in most places, they would be the seed money and then be able to go into other places, but we have always depended upon them, but I must say, the major reason I've depended upon them, I think it is justified, the prestige of NIMH fellowships and trainee ships is really sustained all along, I first took it because of that because I was convinced by my professors that it would mean a lot to be one of the first trainee's and I thought I was pretty competent, wasn't that important, but I think it was worthwhile having that.

EAR At the time you made that decision, was there also the availability of the VA traineeship?

IM I guess not, no, but I did have since I had been in the Service. I used NIH training money, rather than using my GI, so I never drew of any GI money and the other thing I had because they allowed it then and maybe they still do. I was also in a training, a research grant, so I was able to get, I don't know whether there was a limit or something, I was able to \_\_\_\_\_ it first and get some money from that as well, so I think it was a maximum you could make and it may have been whatever I got from the stipend was the maximum so I never did use it all the time I was at, you see the first year, I was on the research grant, I guess that was it and therefore, didn't get any money from the GI bill, and the

IM(continued) second year the NIH grant and I didn't get any money for that, so I never used GI money, I just had the other Government money.

EAR The reason I raise the question is because it is an interesting issue to contemplate that in some respects the VA early on in Psychology had an opportunity to become a very, very important influence of the growth and development of clinical psychology especially, and as you know, I was a VA trainee at Catholic University and they were very early on about 700 VA trainee-ships so that in the very early 1950's or the late 1940's, the VA was probably putting more money into training than the NIMH was, but I think, never, never obtained the kind of prestige that you are talking about.

IM That was true in the Departments I know and I have done a lot of site visits that you have. Everywhere I have gone, the trouble with the VA is very variable, of course, training is very variable. There are some top-notch VA places and most of us know that some of which are not very good, but even the best VA training hospitals and clinics never had the prestige of NIH grant and I think, I have never done a study of this, but I think, my best guess is that Departments regularly assigned the NIH stipend and it has been my experience personally in the schools I have known best. I have always often asked this question, how do you decide who gets what money and it isn't any question that would repeatedly come out, and these aren't doing and NIH was doing this for APA accreditation, and so on. How do you pick the students and so on? So, they have always had that and I think that is an important criterion.

- EAR Anything else about being on the receiving end as a grantee that you think you might want to comment on about your relationship with NIMH?
- IM No, it's always been - I haven't worked with many people in Washington in terms of NIMH. In fact, who was before Stan Snyder.
- EAR Al Basowitz, Alexander, but the one immediately before was Forrest Tyler.
- IM He wasn't there very long, was he?
- EAR No. They had a very distinguished sequence of people beginning with a man that you probably never met, Max Levin,
- IM I do know Max Levin
- EAR Norm \_\_\_\_\_ was there, then Ken Little came, Ken brought Irv Alexander, Irv Alexander brought Al Basowitz and then of course, Tyler and of course, Stan has been there the longest in terms of his involvement with the NIMH, but it has always been a very competent, highly productive group, who up til very recently, left NIMH to take important positions in professional psychology, either academic or as Ken \_\_\_\_\_
- IM I think NIH has been a very positive influence, I see it in psychiatry, too and I think the prestige variable is something you can't underrate - it has been very important in \_\_\_\_\_ of people. We look, for example, when people apply what sort of training they have for jobs here, that is one of the criteria we used. Now it is true that more people have had VA support than that and excellent people have had that, but I think it is pretty uniform that the best students have gotten NIH awards.
- EAR And, it is interesting, my own personal situation was that

EAR(continued) there was no choice for me, it was either a VA traineeship or nothing and in those days because the ambience was such and we were right in Washington, I literally hand-carried the grant proposal for VA trainee-ships from Catholic University to the VA Central Office. I handed it to Jane Hildreth, who was then still Jane Morgan and I said "I am Eli Rubinstein, I am a graduate student and Father Stafford asked me to give this to you. It was very visible in our eyes that we were right there in Washington. But, I think the point you make about prestige is terribly important as an attribute of the whole program.

IM The fact that we used it and don't forget that most of our people were teaching here. Well, for example, Jim Morris, appropriately trained, excellent teacher, he was all VA. They must have had NIH money on campus then. Although Rod did most about bringing it here, as soon as Rod came here. They must have had money before that. I am sure they did, because when I came in 58 we talked about that. But, in any event, not everybody has had NIH money but there isn't any question that the meaning of the stipend has been very important.

EAR Let me turn to something else. I am trying to recall, were you at the Miami, 1950? I thought you were?

IM Yes, I was

EAR Now, as you know, that was also an NIMH sponsored activity and I wonder if you will comment a little bit about that meeting and subsequent ones, which I know you attended, but it began literally with the Boulder Conference, which Dave Shakow ran so beautifully and which was an NIMH sponsored conference, I should say again something you already know that this was true in all four disciplines

EAR(continued) in psychology, in psychiatry, in social work and in nursing, professional conferences were sponsored periodically which in psychology and the other three disciplines had major impact on the course of events in training in those fields. Now, what is your recollection of the 58 Conference, what were some of the things that you think happened there that are important to get on the record about how it influenced?

IM As I recall that Conference, although it seems much earlier than that was the error in that a lot of difference about getting out the community programs. Somehow I don't think that's 20 years old, but it must be, because I recall that and that time something most of us knew little about - we did consultantship. For example, I had been involved very early because NIH had given Mahari Medical College some money to send their fourth year students up to Homer-Phillips Hospital, which was then one of the largest, probably the largest black hospital in the country, and we were on full-time salary at Washington University, so that the Department got money - they only had 4 departments there, we had surgery, psychiatry, medicine and pediatrics, but I don't know how the others were paid, but I know they used NIH money to pay the Department for three of us to go over, social worker, psychologist, psychiatrist and every week we spent an afternoon a week, the Homer-Phillips, teaching their medical students and their residents, giving them instruction because they didn't have time to come over to Borzonia, a 20 minute drive to come over, because they were just so overworked there, but they took time for that. I think I had a difference in the quality of their training and I am not being immodest about it because I was the only one that did this. As a result of that, by

IM(continued) the way, I am an honorary alumnus of Homer-

Phillips Hospital staff, but I think that was another way because a lot of people don't see, yet that was a community effort. So, this is why I am surprised that somehow that I thought that the 58 was before that era, but it wasn't, so that was a major thing, and I know that in their training, I was here already, I had just come here a few months before, that we began exploring that although we didn't go into a lot of community activity until we began to recruit black psychologists and students because this place, like most places, had very few of those and that's been a major emphasis now, the people in community practice here, black and white, and now we have some spanish speaking also, they feel that we need still need normal census to serve this area and they may well be right that we do too much concentration here in the Medical School, but they do have clinics, we do have now spanish speaking clinics. For example, not in our program not in NIH at all, but OB, 3/4 of their deliveries last year were spanish speaking mothers and they have a lot of spanish-speaking personnel, signs all around the center in both languages That was of the 58 Conference and I remember that we began to think about that but the reason we thought about it was how people were selected to go there. George Kelly was involved in that sort of thing and people attended to what George has to say and he always had a strong interest in this area, felt more had to be done, so I think that that was important. I didn't go to the school one \_\_\_\_\_ support the one at New York, not the Schaefer, there was a school psychology program. That's the one conference I didn't go to.

EAR We did support school psychologists.

IM The Palo Alto I went to and

EAR That was where Irv Linderman gave his talk.

IM That was community, also. Am I confusing the Miami - oh, I am.  
What was the Miami theme?

EAR Graduate education, and that's when he started to talk about  
doctoral degree

IM That they had in the Chicago Conference

Also, the Palo Alto - I don't remember Linderman as well, I have  
known him and he lives - did he die the past year, I think he did  
He had been living in Palo Alto. I think he died while we were  
away, as I recall. That was the community conference, so that  
was 1956 - was that before Miami?

EAR I am pretty sure it was.

IM I don't recall in my history that it came that early.

EAR You know, Linderman, of course, had been involved for a long,  
long, time

IM You know who is here in our Department, George Sazlow, he  
worked briefly with him.

EAR George is here?

IM He comes in and is a very good teacher - he is in Sepulvada.

EAR I am supposed to see George, where is he?

IM You can call him now - he comes in on Fridays

EAR I thought he was still up at Portland

IM No, he is here. What happened is that he retired from the  
Chairmanship and then spent a year as Professor, not Chairman  
and then Jolly talked him into coming down here and he is at  
Sepulvada and he is Head of Training. He is superb. He came

EAR Ok, How about any of these other conferences and also in that



EAR(continued) context what I would like you to comment on because of your long and active involvement in a variety of APA responsibilities. How do you see the APA as a scientific and professional organization and its involvement in various ways with NIMH but perhaps a few more words about any other conferences.

IM Then the thing that because of the emphasis in California, especially, but in other places also, Chicago about sub-doctorates, and that has never been resolved. Our State meeting was just the last weekend in San Francisco and this issue \_\_\_\_\_ has been heartily debated and our State Newsletter just said let us all the time criticizing those who wanted advanced standards criticized, advanced degrees and those criticizing being satisfied with a masters and that sort of thing, so that hasn't been resolved and is not to be resolved for a while and now with the licensing acts we have in California with the marriage and family counselor and now the \_\_\_\_\_ psychoanalytic or something or other they called it, it is very complicated. Now, APA has done something which I think the reason that has worked pretty well, that is I never sat in Washington, you know, except on Committees' NIH and APA were both interested in standards. I think the VA was interested in standards but I think for a lot of reasons they couldn't do as much about standards for all sort of complex reasons. I think the APA and NIH were concerned about that they could do things about standards and I remember we served together on accreditation business and that's been an important thing and that accreditation, of course, had been tied, they always say VA and NIH, but it has really been tied to NIH, there is no question about it and I think that has been an important thing, so the intrinsic interest of APA standards has been both supportive

IM(continued) and encouraged and provoked and continued and maintained by the NIH saying that "do these places meet standards and what about standards and what about the training environment for people in the training criteria and so on.

EAR You know that is an even more active kind of facilitation, if you want to use that word on the part of the NIMH in that ENT Board for many years was partially supported by NIMH.

IM Yes, I remember, because I was on the Board and I was also on the Finance Committee, I remember that. I didn't think about that I should have remembered that the support to APA for special studies as well as that sort of support, of course, had been important, because these things could not have been done otherwise.

EAR What is your sense, and I don't want to put words in your mouth, Ivan, but what is your sense in every particular way you get down to the very crass substrate of money, inevitably, but the manner in which the money was used, the kinds of quality controls of one kind or another that were here in the dispensation of funds, the manner in which evaluations, site visits, other attributes of program management which were sensitive to whether or not the funds will be effectively used. What is your feeling about that whole aspect of the way NIMH functioned?

IM I always thought maybe because we never had any concerns about this that NIH gave us a lot of lee-way and they said "look, we've decided you are responsible investigator or research director, program director, or whatever it is and there will be orders from time to time which the Government requires and I never felt any restrictions or restraints. Of course, I haven't felt that about

IM(continued) the Department either, even though we are monitored very close to the Departmental level of how money goes. I have never had any concerns about that. I guess I agree with NIH that most people are honest, and that the - although they may shift money from one place to the other, that it is all going for training and I have never felt them to be invasive and I have always felt that they thought "well, your responsible, not only me, but other program directors, your responsible, and we respect that and but we just want to know what you are doing and so on and I've always felt that the reports they have asked that we present the fact what we are doing, how we spend the money. We have always felt, I guess the unhappy thing about NIH is that we have always thought we should get more than 4 fellowships, we think we can support it and so on. If I were an NIH person I would say "look, it has worked pretty well, because you have always had more than 4 trainee's, that's true. For years we have non-pay trainee's, which the Department of our Division was unhappy about, if it was second class citizens, we no longer have them, if we can't support them. This still isn't settled because some people say "look you ought to provide training, make it somehow, but we decided if we can't give them a stipend, we don't want them here and I don't know about that. I am ambivalent about that, but that's the one thing and I have always thought we do have an excellent program here. By all criteria, I could see local, external, visistors and everything else that we might get more support, but then I guess, having once been in public health service and knowing - I remember I was oriented very well, I used to orient other people when I was in that

IM(continued) health education program, health education evaluation program that public health really shouldn't be doing this all the time for ever and ever and ever and I said "well, why not" and I am uncertain about what they should or shouldn't do, why shouldn't they - the Federal Government support some of these programs. One thing I think that with that question, that the Federal programs are always of higher standards like NIH and the State programs because I think that the, yet the State level whether you like it or not political moving in and decisions aren't always based upon quality and need and all the rest of that so some people have argued, for example, NIH told us for several years you ought to look for State or other money because we will not be able to support you any longer. We've thought about it but I must say that the people who used State money, instead of State money we used to use University money for that, but to go out to some State Agency, I think it is not fair to the students, the demands they make on them some times they would say what sort of areas you ought to train them and so on.

EAR What about what sorts of thoughts do you have about the manner in which site visits were accomplished and whether or not you got any useful kind of comment or critique as a result of the site visits.

IM That's very helpful. As a matter of fact I've forgotten one thing all together, maybe I repressed it. There are two things. One by the way, just incidentally, because it really enter site visits but I was on one of the Review Panels for the Special Youth Panels for a while - at that time I used to go there every 3 months

EAR Yes, I want to come back to that.

IM 3 or 4 months and so I had another look at that and that was advanced

IM(continued) training, but the site visits have been very productive

- for example, NIH training program Directors helped us here a lot. You remember I talked about when I first came here and both my Chairman and I wanted to submit a program but he and I didn't agree on what the standards would be. Well, ever since then, even now, he tries to sabotage that and he does it by saying "do you mean there is no medical supervision in this and so on" I don't mind him saying that to me because I can tolerate that and I am a big boy and so on, but on two or three occasions at Training Conferences, he would make some comment, "well, why is the intern presenting this, he is not a physician" and we would go through this every time. Well I would get fed up with that, and I would go to \_\_\_\_\_ to tell him he can't put up with it, that I wouldn't put up with it and he would say "this is a medical institution and so on" and I would say "yes, after all there are enough medical persons here to Kazoo and back" and give me a single example when there has been a patient in difficulty because we didn't seek that. So, it happened that he had gone to this \_\_\_\_\_ in March, I am not sure, and two people came out, Stan and the other fellow, I don't remember his name now, the jolly irishman I called him, they came out to do a site visit and they did what they were supposed to, they talked to students and only one student was affected, and I spent a lot of time with him, but they were all up in arms about Norm attacking the students. By the way, the residents went to Norm, and they told me they were going to him, not the Chief Resident, but the spokesman, the first residency, they do most of their work in that level of training, the first part of the year. It was March, that's right

IM(continued) so they wouldn't put up with it. They didn't want him in any more of the training conferences and he was furious. He went to the Director of Residency Training and said "I want to put in his record all this nastiness and so and so. And, I told the Resident he was going to catch hell, but I will support you and I will do it. The resident didn't suffer at all, except he suffered when he was in with Norm. Well, at the end of two days, Stan and the jolly irishman said to me "what's this all about? and I told him the problem, well, he said "how are you going to handle it? We ought to pull our money out of here" I said "well, I think it would be a mistake, we do have this problem, you have known it all along because when Stan was here before in LAPS, you know. I said "there are ways of handling it and it doesnt happen often and I think it is unfortunate", but fortunately, he's is the only one, at that time there were one or two who supported him on occasion, one always and occasionally the other one would support him and that attitude, so Stan said to me "well, I was \_\_\_\_\_ evaluation and I said "oh, yes" and he said "I am going to do something that I normally don't do, send him to the Dean. I said "well, please do, I will ask the Dean to do it and I am going to go tell him he will get this letter from him, so he sent, I don't know if they usually send them to the Dean, do they usually do it? Anyway this went to the Dean, but I called the Dean and said I want to talk to you about this, he is a very nice guy, he doesn't know much about mental health, except he is very supportive, top-notch Dean. I said, "Sherm, I am not going to tolerate it any longer, we are about to lose our training grant because of Norm's attitude which is really goes back to 1930's, at the latest 1940's. This is the 1960's and it isn't

IM(continued) fair to the students. I said, "well, what do you fell about the training grants and he said "everything that I have heard here and elsewhere, you have an excellent training program. I said, "I agree with you and everything shows that, but Norm is sabotaging it and I told him again, he didn't know because he wasn't Dean when I first came, he came in the second year and I told him what happened and that Norm didn't want the proposal I had submitted, so he said "well, let's see what they write me" and then he got the letter and it very clearly stated there that because the climate in which the training had to be conducted, they didn't think it would support the program.

EAR Signed by Stan.

IM Yes, and so the Dean got it. He rang me up. I got a copy, too. Rang me up and I am going to talk to Norm. Norm was furious and Norm said, this didn't happen, I criticized. I remember that now because I had to go with the name of Dean and he said, "you know I criticized everybody the same, I don't think it was psychology, I criticized residents, I criticized psychiatrists and I said, "no, you don't treat the others, you didn't say \_\_\_\_\_ well he was really upset and anyhow the Dean said, "well, we think we ought to have the program, you have got to do something about this" and we tried it again for about two years and then Norm, he can't resist, he's got this infection but once a month the senior program people meet with all Faculty Council instead of everybody meeting. The last month he said that they had to pass new by-laws - he said, "how come they talk about psychology \_\_\_\_\_ they can do independent things in the hospital and he said "that's what the law says" and he said "but this is a medical institution" and he went around and around. Then he said, "and

IM(Continued) how come, I voted against it and he said, "yes, but you were among the four people that voted against it and 82 voted for it, so he said, "I wasn't given a chance to discuss this"and he went around. Monday, again he comes in with his insipid stupid smile and he says "what do you know, I have just heard that the State psychologists are suing the State CMA for restrain to train ha, ha, ha,"so he had to throw these little things. The other time, he said, "well, the way things are going now, (I think I may have mentioned this) psycholgists are going to take over our hospitals and clinics" and so Pete just listened and after I would say, "what do you know about Norm" and he said forget about it he is retiring next year and I said, "well, it has been a long time." Anyhow, that was something and that was very useful and I think at that time Stan was going to pull out the program, but he got a long letter from the Dean and I think he may have talked to him on the telephone or I think the Dean told me he was going to Washington, I am not sure what really happened and I didn't ask. Anyhow, he reassured Stan and I think appropriately that was an exception and that we had an excellent program and that it was important to maintain the support for it. At that time we didn't have any departmental money.

EAR Well, that's what I was alluding to earlier when I said something about the manner in which standards were maintained on a national scale. I think that if you look at the totality of the NIMH program that issues of accreditation through clinical training, standards in general, explication of program criteria which came out of the various conferences in many direct and some times no so direct ways I think the NIMH influenced on training standards



EAR(continued) was very, very tangible and I think very effective

IM Well, there are other reasons to support, other facts when there has been cut-backs and we discuss that our program, having had six training programs. We all need it for training and there is never never enough to go around. And, the other thing is that there are other, for example, the state, we have our residents paid from different sources and NIH is not one of the - it doesn't pay a lot of money compared to the other sources, for example, a hospital pays their residents much more than the NIH does, but nevertheless, again the it didn't \_\_\_\_\_ treatment and the quality and so on. Obviously, money is an important part of the variance, but it is the business about our having NIH grants because of the prestige for our department, so we really agonized about- "what are we going to do about this" and all the ways to try to maintain NIH support and there is no question that dollars are part of it, but I am certain that a good part of has to do with - what does it mean to have NIH training support here. Whether you are talking about that training for residents or psychologists or other programs.

EAR Let me ask you the adverse of this because I want to make sure that I avoid areas in which there may have been problems. In that whole context, what sorts of things do you think NIMH did that were either done badly, either purposely or inadvertently, that caused problems in terms of training programs, what were some of the difficulties, the most obvious one you alluded to earlier and in a sense said it wasn't too bad. The whole administrative structure of having to fill out grant proposals and

EAR(Continued) accountability and all that.

IM Of course, the biggest problem not NIH, but the business of the late announcement, that has always been a major problem with us because our budget and commitments and we have gambled each year and one of these times we may well lose, well, not entirely because the Department is willing to support - again, the problem would be can you support all these ends - for example, yesterday on one of the programs we really have \$100,000 in the whole with one program, involves training and not the NIH support it's the State support, but that is a real critical problem and tomorrow I am going to spend all day long in one program and then the 15th of February - how we going to do something about this, that's a big chunk of money, we have an enormous budget but \$100,000 is not insignificant. So, the big problem that we have always had at NIH, less so with the State Grants, although they had problems with the Legislature, too, and the big problem about that has been because of the way Congress handles it so that I can't criticize NIH for that, of course, on the other hand that has always been a problem of ours. From the very beginning I think even the first time and then, of course, the shift over to the new year created problems for us but that was just temporary. I think that is the major thing about that. I don't like the grant application more than anyone else. On the other hand, I think they're reasonable and having sat at the other end, both at NIH when I was on the fellowship review and accreditation and also for six years I was on the State Research Committee. You have to get this information and I figured ok, but I am sorry but the

IM(continued) overhead and you do spend a lot of time and there ought to be some simpler way but I don't know any better way to do it, so I've been much less resistant and abuseful about that than most of my colleagues. For example, I think people like George Tarjan who has done a lot of this realized that it is a non-wieldy thing and it probably is done not as efficiently as it should be, but what better can we do, so I tend to, I don't know if it is an excuse, I certainly understand, I am much more tolerant than others may be for that. I wish it weren't this way, but I don't know any better way to do it.

EAR Let's talk for a couple of minutes about your activities on the Committees' would you want to comment

IM That was an overwhelming job because we just had at that time loads of applications, I guess it is even worse now and the problem was that we had, I think we met every three or four months, I am not sure. Anyhow we had an enormous amount of work to do, we used to have 120 to 180 applications and you did a lot of homework before than try to race through this in two days or something like that. It really was hectic.

EAR Who was your Exexecutive Secretary?

IM First it was - a big plump girl - can't remember, and then the blonde & lived in Alexandria second one had been in England for Carpenter, Geniveve, but the one before her, both woman,

EAR What year was this, Ivan? Early 60's?

IM Yes

EAR Did you have any contact at all in those days with Bert Booth?

IM Yes, he was our boss. He would always come to orientation, I remember because and I thought he was extremely good. It was interesting to me because his background to me had been quite

IM(continued) different, you know. I think he taught English

EAR He was a Ph.D. in English

IM But, he knew the mental health field and he certainly knew the administrative part. I was very much impressed by him. And, then, of course, his work in Menninger, I think it really had given him all that background for that sort of thing. He was excellent, and I thought he was just the person to have in the job. I don't remember the structure now, we sort of reported to him and I believe he sat in most of these meetings.

EAR I am sure he did

IM Isn't it funny I can't remember this first girl's name. The load was very heavy and I thought perhaps it should be spread around to more people and the other interesting thing about that was - One thing that people complained, and this is the one time I surely complained about, how things come to NIH or one of the other Institutes and how it gets turned around and I remember we would always laugh but always grumble, too, that we would get something that no one else would want to handle. For example, I remember one, there was several like this, some guy wanted to go to New Zealand to study the effect of sports upon mental health, well, you know, that's sort of great. And, they actually had him come there at NIH \_\_\_\_\_ and he redone it to sort of do that and we thought it might be some better way to funnel these to different Institutes' - why should we handle that rather than someone else handle that.

EAR Can you recall any particular anecdotes or incidents that would help illuminate the way you think the Study Section with a Special Panel operated, are there any vivid memories in your mind of things that went on?

IM No, except that it was very much the group community behavior I've known for many years - it really depended a lot upon how vigorous and what the prestige of some of the members were. They tried at first bringing some younger people in there, but I always remember that two or three people who would do a lot of talking and were more senior and they would impress rather than discuss and you really had to fight to resist that sort of thing. Some times they were conscious of it and sometimes they were not. I am trying to think of some of the names. It wasn't true, for example of Bob Holt, who came on the last year I was on. And, you know we had a mixed group of specialists there, but it is funny that the more recent experience reminds me of that but I can't remember any specific instances on the Review Committee. Except for the Board of Medical Examiners, where you have four different disciplines on a Panel Committee. A lot of that goes on. Afterall, psychiatry knows, no Anthropology knows, no and so on. Much more of that goes on, even though they try to do that and you really have to beat down on such things because you may get a guy, ususally it was psychiatrists, not always, but usually there were two psychiatrists and they always said afterall, we are the only ones that know the answer, you people are not physicians, which is a lot of crap. That occasionally came out at some of the meetings there and you really had to work on that and I think that's one of the problems of groups working together, but it happened in the State Research Committees and it happens in other groups up in there.

EAR What was your general feeling about the manner which the Committee

EAR(continued)   functioned vis a vis, the quality of the review  
itself?

IM   I thought that was good.  Often I didn't agree with them, but I've always thought the consensus an important thing and I would be the minority and then we would vote some other way, the Committee would vote some other way, but I still think even though I was not in agreement with other people - it depends how you see this.  I still think that that's, with all its defects, is still the better system and I know recently it has been under fire again - there was a recent article in, I think, Science or something else recently.  It is always under review, but listen the world is at best imperfect, I still think it worked well and at times I vigorously disagreed with others, either the quality I thought that should be advanced or given higher priority or at other times I thought it wasn't that good, but I don't think I know all the answers and I respect my colleagues.  I may disagree vigorously with them, but I would support that system even today with all the things we have learned about the headaches of it.

EAR   Let me ask you another question, that is to, in a sense, comment on - I touched on it earlier - the quality and the characteristics of the NIMH operation vis a vis some other agencies you had something.

IM   The VA and the Navy are the two I know.

EAR   You have been involved in ONR, haven't you?

IM   Yes

EAR   And, I think ONR is itself a very unique organization.  In fact people who know that the ONR was the first of all the federal agencies which really provided funding and I think the ONR story

EAR(continued) is a very interesting one, I don't know if anyone is writing it up, Dick Trumball ought to do it, but how would you comment about the NIMH program and however you see it.

IM I think ONR has been criticized more about buddyism and making awards \_\_\_\_\_. Now I don't know if that's true or not because there is also reviews of that, but this is just the folklore of research investigators. They have been criticized more about that. Now the training aspects, I think the VA hasn't done as well because I think that they're because the red tape is much greater. For example, something happened this morning which has been true all along. I have been consultant for many years, even when I was at Washington University for the VA. I was asked to help design a study for working with older veterans \_\_\_\_\_ one of the psychiatrists has up there. So, he said "can I come out and consult you" and I said "sure, you can come down here - well, no, because he is only out there twice a month" now - no, twice a week he is actually practicing most of the time, which is a criticism of the VA also, about all these part time people in any event. He was very happy to do so. We sat down and started looking some of the ideas and how best to do this study of older veterans. The VA tells him - it is true I am consultant, but I have never been reviewed by the Dean's Committee, so I asked Jolly what about it, and Jolly said it doesn't make any difference, he is the Chairman of the \_\_\_\_\_ Dave Salman, Head of Medicine, is the Chairman of the one in Sepulvada where this fellow is. Can't be done, so we want from you, we want you to fill out the 171, which means going back to 1936, my first job and it means getting three people to write and say "why you should be consultant" so I don't intend to do this. So, I told <sup>HOWARD</sup> ~~Hal~~ Wallach and said that Danny is very unhappy, we were at a meeting in our first year medical student course the

IM(continued) other night and he told me about this and he is very unhappy and then I said "no, but why should I do this" If they feel that the standards are less for psychology consultant and they said "you never served in the medical service" and I said "I do it all the time, psychiatrist medical service" They said, "well, it is not like the other medical service" because even Dave Solomon had to fill out these forms and I said "I am sorry I am not going to bother with it" so Howard was upset and he said "write me a note" so I wrote him a note and I said, maybe you better go by some other system, so you didn't have to go through this business of rigidity of the stucture. It has been like this all the time at the VA and maybe because it is so big and so vast that is just demands more, so I think they've always been the poorest in that and now there research part, I've not \_\_\_\_\_ with the VA but I've reviewed a number of research applications, in-house applications they have. There I don't think they do as good a job, this may not be quite fair, one thing I don't have as large as sample as I have of ONR and Public Health Service and the State grants, DMH because I know - I've done it about six times on two instances, four times went alright, but that is a third of the time, it isn't a large sample. In one case there was a bio-chemist, in another case it was a physiologist. We did the review wrote our report, were paid as consultants. By the way, by the Medical Service, I just happened to think of that. I was asked can this report go to with your names, oh, no, it is anonymous, but then we were quoted by the somebody in the Chief of Staff's Office or the Chief boss man. In fact all six, no I've done two for Sepulvada, the other four were here. The two where \_\_\_\_\_ happened were at Brentwood. We would get a call from the secretary saying



IM(continued) would you and your colleague I am calling Dr. so and so would you mind if the applicants know who you are, so I said "of course not" they are entitled to this sort of thing, so then the next call "would you mind meeting with him" and then you would meet with the applicant having turned down the application and he tells you all the reasons you ought to get the money, so we then make suggestions "how about to improve it". Well, he thought he couldn't do that sort of thing, so he resubmitted and in one case nothing was changed. "I've now discussed this application with Dr. so and so, the other case he made a few changes and we decided well, now if you wanted accept you may but we don't recommend it and I found out when I talked to the Chief of Research there, they made both grants, well what's the hell the use of asking, you know, the time that my colleague and I took to do that, just personally anecdotally, I don't know how it works in other VA systems, but I must say it doesn't work this well. That has not happened in any other situation that I know and I have done a lot of \_\_\_\_\_ reviews.

EAR Talk a little bit about ONR and its comparisons and contrasts.

IM ONR was always sort of small and sort of family. I think it is interesting, I hadn't thought about this contrast, it is like the ONR, I think size is an important variable, ONR was here, NIH was here and VA was here and I think there are problems about it, I think you sort of the in-between ONR. I must say I have some of the family feeling about NIH, but I think that's my own bias. My first professional job was USPHS service in one of the Institute's and I am sure that's an influence. It was a very

IM(continued) positive experience. I worked for superb people, I went from there into the Navy and it has always been a good thing, and then when I got out of the Navy within a year, I was asked to take one of these traineeships and so on, so I may well be biased toward that. I have never seen the VA as that, even though I had a lot of excellent friends, students and others. ONR was really family, maybe because it was just a smaller group there and I know that when I was in London for that ONR year there, that was interesting too because you really get in there and you are doing things and you talk about research all the time and there is a sort of a family feeling.

EAR When was your first contact with ONR?

IM I guess the first contact was as a reserve officer doing training duty but since I was a psychologist asked to evaluate ONR contracts I did it in Boston, and I have been doing that since 19\_\_\_, when did we start the - you were in ONR Research Reserves, too - I guess it was 48 or 49. I have been doing it ever since then.

EAR You knew Henry Imus and of course, Dick Trumball?

IM What I would do, I would go on training duty, I got credit for a reservist, but I always did that, I did it at Pensacola, I did it in New London, I did it in San Diego, I did it at Oakland - I went to Oakland twice, one time I worked in the clinical service as a consultant for the two weeks, but the other time I was there, maybe because of my background, I usually worked ONR \_\_\_\_\_, not always, like in Pensacola and Oakland. I always reviewed ONR, I did site visits to Chicago the same thing, I did site visits with the resident representative, what did you call them? The ONR Liaison Officer, and then of course, I did this on my own at London, so that was interesting and maybe because having been in the Navy all

IM(continued) these years my feeling about that. Somehow the

VA has always been \_\_\_\_\_ to me and today this morning this memo just reinforces that, not the people, but the structure system.

EAR I think you raise an important point because in some respects the people are the system, so to speak and we have people like Henry Imus and Dick Trumball or John \_\_\_\_\_ in another context there is something about the manner in which they function that provides a kind of cohesiveness, a sense of mission, a feeling of participation.

IM You know them and they knew you and you may not have met them before you knew about them and so on and when they sit and chat with you, these are your colleagues, it isn't that they represent the system which the VA I have often felt about. You have a common goal, you know some of the same sort of things, you talk the same sort of language and that's true even for example when I was visiting, well, I know something about ONR Liaison point to places like something like physiology \_\_\_\_\_ all that sort of thing which some were really remote from the things I do every day, yet there is a sense of understanding, you talk the same language, you are interested in the same sort of things, you are really colleagues, and so on. Somehow the VA sort of turned me off about that, but I must say that those two instances were I guess what happened that for a lot of reasons the administration wanted to give these people some research money and I just think it is not the way to do it, why invite outsiders if you disregard it. Of course, they knew it because they would tell you are advisory to it, sure. But it is so obvious \_\_\_\_\_ in what they are doing.

EAR Anything else that I haven't touched on, Ivan, that comes to mind.

IM Except that now as I think about it, I really lived a lot of experience and I hadn't thought about until this moment, but this has been the period when I was going up in this sense in my career. As you did I left the Navy and then went back to school and then started my career as a young instructor at a Medical School and I have really lived all this. It is interesting to see that because for example, Dave Wexler is in town now, he comes in every, you know his son teaches Neurology here, and his other son is in Hollywood, what we call the industry. So I ask the students when he comes would you like to talk to him and they say no, and I am surprised When I was in Northwestern, Bob Seshur would often ask his father to come visit him for a weekend visit, he would always steer for Monday or Friday and give us a seminar, not literally but the feet of this great man, Carl Seshur and he was well preserved there, marvelous guy, just sitting and talking, this guy lived 50 years of psychology, but the students are not very \_\_\_\_\_

EAR They don't have a sense of history, they really don't. I think it is an unfortunate concomittant of the fact that too many things happen too fast. It is a variation of the point you just made before. The ONR was small, the NIMH larger, the VA larger. If you can't really absorb everything that is going on you can't get a sense of history. When you were growing up. I mean you could hold to things, you could understand partly what was going on, the world wasn't as much a big place

IM You know what I mean't for example, when I first met George Shelley, I read his work and was very impressed and George taught me administrative thing, which to this day I still use when I came to know him in Division 12 when I was Secretary and he was President. George had a very simple way, it is a marvelous mechanism, he said fine, I understand your position, but what are your recommendations? At CPS I was talking to Alice \_\_\_\_\_, the person there at CPSA. People raising hell about the bunch of bums and no good and all that, but they would say what are you going to do, what do you recommend, what you are doing is no good.

EAR You know that's Eleanor Roosevelt's famous approach, that a person in the darkness should light a candle and I think you are telling us the same kind of thing

IM You know those names had a lot of meaning to me and an opportunity to hear them at a meeting, I would go. I always remember when I was a student at GW, just out of the Navy, these people came to Washington a lot. They had a discussion \_\_\_\_\_  
\_\_\_\_\_ Morris Fetelus and Boring. Marvelous to our debate in which the wit and brilliancy and yet have some substance also and I was right in between because I wasn't only in applied work then. That's when I was still at St. Elizabeth's hospital you know and I was still \_\_\_\_\_ seeing all these people with their ill's and so on, very different, but everything going into that as a career.

EAR Listen, this has been very helpful because I am trying to get as much input as possible to counter hopefully, my own inevitable

EAR(continued) positive bias about what I lived through

IM Well, that's good because some time when you really know it well you might see all the defects.

EAR Well, that's true but I think I was there at a time when it was so exciting and when there was so much satisfaction being involved in a program with that sense of mission, that I suspect that I have pushed aside some of the negative side. I should add that now having been on the other side of the picture, having been in the University for seven years, almost seven years now, I think I can see it with a little greater objectivity, there were things - I think we did where we thought we knew better than the Universities what ought to be done, where we felt that the Administrator complexities of what we were doing really wasn't as bad as the Universities were saying they were and of course, as you well know, they have gotten steadily worse. Wherever we were seven years ago it has gotten steadily worse, so that I think that there are things to criticize, but more importantly, it's not going to be a story unless I get as much input from all of the participants as possible.

IM I don't know how general this is but most \_\_\_\_\_ I have had, in fact, with rare exceptions, have been so favorable. I was just thinking now about we meeting with Wodnick about the students who want to come into the program. Rod has always wanted to have a dual application for a lot of reasons, but I haven't wanted to do that and Jolly has backed me up before Norm backed me up. At least Norm backed me up because he doesn't want a psychologist to take \_\_\_\_\_, but so the next thing why don't we take more trainee's down here from this program and each year when they

IM(continued) meet at the APA meeting in February the Training Directors for clinical for counseling and the internship centers get together and they talk about the problems and Rod always brings up, as he will when we are meeting with him next week, why don't we take more \_\_\_\_\_ students, well, we are an independent field agency and the last outlay last February or the second or third year in a row, he turned and informed me chatting around coffee, He says to Stan, "I don't understand why I can't get Ivan to assign more slots to me" and Stan says, wonderfully "well, if he assigns slots only to UCLA, I would pull that grant away from him because he would not be an independent field agency" but Rod has always been irked by that and he will raise it again. We have always, he pays out of his grant for some trainings, but we pay for some and we have as many as four of his students and that's a lot, we have 12 in one program and six in another and we have one or two out of the six and we have as many as four of the other, that's quite a bit for UCLA but we are not a captive thing and in fact, the students are much better than his in many ways. He has good students and we do take them. As I say, it's hard to think of some unfortunate things, at times I get restless about the red tape, but all of us do, but it is certainly no worse than others

EAR The point that you are raising now, I talked to Rod yesterday, so I know the other side of the story too, but I think the point that you are talking about I would subsume under a term that I would call constructive tension, that is, if there are two points of view and they are vigorously debated and a resolution occurs, it probably is as good a resolution as you could get, even

EAR(continued though neither of the two participants is totally satisfied with that resolution.

IM That is a very good analysis, they would prefer to half-time people all the time. Our Faculty feels it is not fair to the students. We don't like it to begin with because it puts burdens on us, but even more, I think we are sincere about it, a student having half-time and half-time, he was doing one and a half jobs and they tell us that, the students up there and they tell Rod that. Students here full-time has an enormous demand anyhow on him or her, but when they are half-time and half-time here they are really doing a job and a half, but he wants a system and there is some merit in that that at least they keep their foot in all the time, but I really think that we've done well in this other system that, by the way, the compromise that we have made is that half go one way and half goes ours, that's the resolution of it and the other, he pays for some of his trainees' when he pays for them they are half-time, we pay for them they are full-time.

EAR I think you can multiply that situation many fold around the country. Well, listen again, I do appreciate this very much

IM I am glad to have the chance, I must say as I think about this long period in my career. I've not done this before, so it is interesting

EAR Nostalgia is a very warming phenomena.

IM Especially when you felt it has been very positive, Even my Navy experience.

EAR This has been such a delightful experience for me because, not only meeting a lot of old friends, but I think it reinforces and that is always very satisfying, a feeling that you have been



EAR(continued) involved with something that is important, that's been useful, that has made a difference in that, in some respects, you've made a modest contribution.

IM Doesn't it reinforces you to go to a meeting and you see a former students all around and in our case it is true it's almost always ex-interns, they come to you or look for you and so on and these are people you have had something to do with, not a lot to do with, but something about their career and they feel that it has been - it is very warming.

EAR I want to ask you one last question, which you may not be able to answer, and don't hesitate to say no. Someone asked me in the course of these presentations, something I must confess to you flabbergasted me a little bit and he said, "can you tell me something truly seminal that came out of the NIMH program" if you are going to write this book and present to the public, what really has the NIMH program done in some tangible way, how has it truly done something very, very fundamental. Let me tell him what I told him, and then you see if you have any other comments. I was flabbergasted and I said, "well, let me just react immediately I think that Harry Harlow, who had been supported by the NIMH all these years, his program at one time was under Congressional criticism, what is this business about saying monkey love, now what has that got to do with mental health and I said, and we clearly defended that by pointing out what a fundamental piece of information you obtained about the importance of close, physical contact between the infant and the mother, that the terry cloth mother, who did not serve the purpose of a real mother, that we learned something about infant behavior and infant needs that has tremendous repercussions

EAR(continued) over time about human behavior, that's just one example, oh, he said yes. I don't want to numerate in this book the series of things but

IM It is interesting because I would go back to the point as a trainer, I really think it's the standards thing and I think that the public has some understanding and concern about \_\_\_\_\_. I really think that the NIMH, more than any other group, has been responsible for the quality of training in this country, and it would have been much poorer than it is now and you can't write it down, but I think the VA is an example of that, you don't have the quality of training, university, not university, you can't expect that, but the fact that you have such varying quality across the different VA hospitals is unfortunate, now why can't they have better, because some people don't want to go here or there, or whatever, and I really think that that's critical and it is something that we are faced again with, it is not a new problem, this business of health service agencies, consumers demand and so on, but the professions at NIMH, the people are professionals, recognize that you have to do something about standards of training and I think the professional organization responded to VA, they weren't, they were reactive, I think that the demands, now look we have some money, and we think it is useful for training, but you've got to, we want to know the standards for doing it and I think that is critical and I think if anything else that's the headline on that and you just translate for the men or women in the street about why standards are important and most of them will understand that.

EAR I think that's very important and of course, in implicit or explicit corollary of what you've just said, is that that <sup>this</sup> is one tangible evidence that ~~was~~ indeed a national program, these are national standards, not talking about local standards, not talking about variable standards, but talking about national standards.

IM What, for example, applies to \_\_\_\_\_ some other thing, in different parts of the country

EAR That's a good note on which to stop.

IM I must say it has been fascinating. It is always a good study when the people you are participating with to get as much out of it as you do.

EAR It has really been a joy to do this because