

## History of the Association of Medical School Psychologists (AMSP), 1982–2005

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This paper presents a brief history of the Association of Medical School Psychologists (AMSP) from the Association's beginning in 1982 to the present day. Prior to 1982, there had been several unsuccessful efforts to form an association that would represent psychologists in academic medical centers. Attempts by psychiatry to limit the growing number and influence of psychologists in medical schools created a sense of threat among psychologists that catalyzed the formation of the Association. Membership was initially restricted to one senior psychologist from each medical school, a restriction that limited AMSP's development, but AMSP later opened its doors to all academic medical center psychologists. The Association was rebuffed in initial efforts to join the Association of American Medical Colleges, and at a later date, to become a Division of the American Psychological Association (APA). In time, however, AMSP did establish formal ties to both of those organizations, and it has collaborated with APA in important surveys of academic medical center psychologists. Following a period in the late 1990's when AMSP seemed likely to lose its way, the Association rebounded. AMSP now has an Administrative Director, a stable home base, and revised bylaws that assure greater stability and continuity of leadership. These developments, in conjunction with a strong working relationship with the *Journal of Clinical Psychology in Medical Settings*, have positioned AMSP to grow and more effectively serve the community of psychologists who work in academic medical centers.

**KEY WORDS:** History of psychology associations; medical school psychologists; academic medicine and psychology.

### INTRODUCTION

Almost a decade has passed since the first history of the Association of Medical School Psychologists (AMSP) was written (Silver, 1996). Since that time, there have been many changes. For one thing, the Association adopted a new name. At its beginning in 1982, the Association was known as the *Association of Medical School Professors of Psychology* (AM-SPP). In 1999 the Association changed its name to the

*Association of Medical School Psychologists* (AMSP). This paper uses the acronym AMSP to refer to the Association across all time periods, but with the understanding that readers will keep in mind that AM-SPP is the historically correct acronym for the period prior to 1999. The paper is divided into three main sections: (1) review of AMSP's development from 1982 through 2005; (2) listing of key events grouped according to the presidential term in which they happened; and (3) Appendices that identify the organizational leaders whose vision and work guided the Association's development.

### EARLY HISTORY

Although some psychologists on the faculties of medical schools had begun to meet informally at American Psychological Association (APA)

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conventions in the nineteen forties, it was not until the early nineteen fifties that the interest in the role of psychology in medical education became organized. In 1953, Ivan Mensh, as chair of a subcommittee of the APA Education and Training Committee, surveyed psychologists in medical schools, publishing his findings in the *American Psychologist* (Mensch, 1953). Joseph Matarazzo, who succeeded Mensh as chair of that subcommittee, did a follow-up survey in 1955 (Matarazzo & Daniel, 1957).

Mensch's survey revealed that there were 255 psychologists working in medical schools. This information prompted Joseph Matarazzo, who later was to become the first psychologist to chair a department of psychology in a medical school, Ivan Mensh, Head of Psychology within the Department of Psychiatry at UCLA, and Robert Watson, Professor of Psychology at Northwestern University, to convene a meeting in Colorado of a group of medical school psychologists in 1953. Victor Raimy, of the University of Colorado, hosted the meeting. Enough signatures were gathered to present a petition to APA Council for the establishment of a Division of Medical Psychology. Unfortunately, Hobart Mowrer, APA President in 1954, who believed that there were too many Divisions, persuaded the APA Council to declare a moratorium on the creation of Divisions. In 1957, another unsuccessful attempt was made to form an association of medical school psychologists. A summary of that meeting was described by Knopf (1959). There was little enthusiasm for further discussion after that setback.

Nathaniel Wagner of the University of Washington School of Medicine, in collaboration with K. Stegman, surveyed medical school psychologists (Wagner & Stegman, 1964) and followed with another review a few years later (Wagner & Stegman, 1968). As a result of their findings showing increased numbers of psychologists in medical schools, Wagner called a meeting at APA with the hope of organizing medical school psychologists. However, very few medical school psychologists attended, and those that did were not enthusiastic about another association. Apparently, at that time, not all psychologists in medical schools perceived their settings or their acceptance as uniquely different from arts and sciences departments or other clinical settings. This perception was challenged by a landmark survey by Matarazzo, Lubin, and Nathan (1978), which asked psychologists in medical schools about their membership status on the Medical Staff of their university hospital. They found that the medical staff bylaws of only six of the then 115 university hospitals included psychologists

as full voting members of the Medical Staff, but their report helped open the way for psychologists at other university and community hospitals to seek full staff privileges (Thompson & Matarazzo, 1984).

In 1979 Reuben Silver, of Albany Medical College, invited all Heads of Psychology in medical schools in the State of New York to a meeting to discuss the feasibility of developing a forum to share issues of mutual concern. Eleven of the then New York State 12 medical schools were represented at that initial meeting, at which Silver was chosen President. The bylaws that were developed limited membership to the Director of Psychology at each medical school. However, it soon became apparent that psychologists in medical schools were not organized into strong divisions. In fact, in many schools the director of psychology at the affiliated hospital was completely independent from psychology in the medical school. In other words, there was no overarching entity called "psychology" in many of the medical schools. Therefore, the decision was made to expand membership to include the designated head of psychology at each medical school affiliated hospital in New York State.

#### THE BEGINNING

In March 1981, as President of the New York group, Silver surveyed all Chief Psychologists in medical colleges in the United States concerning their interest in attending a meeting at the APA convention in September 1981 to discuss issues of mutual concern. Although the previous attempts at organizing psychologists in medical schools had failed, this one did not. Probably the Zeitgeist had a great deal to do with the viability of the proposal for an organization. Earlier, psychologists may have felt relatively secure in their medical school appointments and/or viewed them as intermediate steps to graduate department appointments. The new Zeitgeist suggested that psychologists were beginning to identify with their settings as medical school faculty and administrators. Psychologists were appointed Deans at the University of Colorado Medical School (John Conger) and at Syracuse (Carlyle Jacobson). Some (e.g., Starke Hathaway, at the University of Minnesota) had been appointed acting heads of psychiatry in the early 1940. Interestingly, at the time of the 1981 APA meeting, Sidney Orgel, at Upstate Medical Center in Syracuse, and John Carr, University of Washington School of Medicine, were appointed acting chairs of psychiatry and were to serve in those positions for four years.

The early nineteen eighties were also a time when psychologists in medical schools were beginning to feel attacked. For one thing, the Joint Commission on Accreditation of Hospitals (JCAH)—since renamed, Joint Commission on the Accreditation of Health care Organizations (JCAHO)—had decided to exclude psychologists from membership on medical staffs. In fact, most psychologists, being unaware of this change in policy, assumed that they were members of their medical staffs, and were shocked to learn about the change. Psychologists felt increasingly threatened by the acts of some psychiatry departments, e.g. limitations on the status and functioning of psychologists. John Carr returned from a meeting of the Chairs of Psychiatry to report that, not knowing that he, a psychologist, was in attendance, there had been discussion of strategies for eliminating Psychology Divisions under institutional “financial emergency” contingencies. Reports circulated that Divisions of Psychology in medical schools were being disbanded and that Directors of Psychology were being dismissed or relieved of their titles. Reports about decreasing numbers of psychologists in psychiatry departments appeared to have some validity. For example, in one medical school—the University of Minnesota—open warfare had developed between psychology and psychiatry. In an attempt to resolve the conflict, the President of the University of Minnesota assembled a blue-ribbon panel to adjudicate the issues. Although the result was the elimination of the Division of Clinical Psychology, the influence of the Chair of Psychiatry was significantly reduced. He eventually was asked to relinquish his chairmanship, and the Board of Directors of the Hospital voted to continue Clinical Psychology as a totally independent hospital service. Matarazzo (1994) described an earlier unsuccessful 1967 attempt to eliminate the department of medical psychology at the University of Oregon Health Sciences University.

It was in this climate of threat that the invitation to psychologists in medical schools was issued. Little wonder that 60 senior psychologists at the medical schools in the United States appeared for the initial meeting at the 1981 APA convention in Los Angeles. The New York State Association of Medical School Psychology Directors was the host and the Association of Psychology Internship Centers (APIC) was co-host. The chair of the initial meeting was the newly elected President of the New York group, David Clayson, of Cornell Medical School. A spirited discussion ensued culminating in the directive to Clayson to

establish a task force to work on the formation of a national organization.

The initial meeting of the task force occurred in April 1982 in San Antonio, with Alvin Burstein, of the University of Texas Health Science Center at San Antonio, as the host. Just prior to the meeting, the Division of Clinical Psychology, which Burstein headed at the UT Health Sciences Center, was eliminated. It was generally assumed that the change had been prompted by the growing antagonism of psychiatry toward psychology. Thus, the formation of a national organization of medical school psychologists was undertaken at a time and place that seemed especially symbolic of the need for such an organization. The task force members who met at that organization meeting in San Antonio were: Alvin Burstein, University of Texas; John Carr, University of Washington; David Clayson, Cornell, Chairperson; Joseph Matarazzo, Oregon Health Sciences University; Ivan Mensh, University of California at Los Angeles; Reuben Silver, Albany Medical College; and Robert Thompson, Duke University. Carl Zimet, University of Colorado, was also a member but was unable to attend. At least one other psychologist, Anthony David, of Brown University, had been invited. However, by the time that the Task Force met, he had moved from the medical school to the university’s psychology department.

The task force at San Antonio drafted a set of bylaws, which was to be presented to a membership meeting for ratification. In an attempt to organize themselves like the Associations of Professors of Surgery, Medicine, Biochemistry, Psychiatry, etc. within the Association of American Medical Colleges (AAMC), the decision was made, after much debate, that membership would be limited to one representative from each medical school. Some members of the task force had wanted membership to be open to all psychologists working in medical schools. However, despite recognizing that psychologists in many medical schools did not have a formal organization, the task force recommended that membership in the new association be limited to one senior person from each medical school. It was felt this strategy would encourage the development of independent administrative units of psychology, and following the precedent of other professional groups within the Association of American Medical Colleges, the name for the new organization would reflect that intent, the Association of Medical School Professors of Psychology (AMSPP). The hope was that in those schools in which there was no formal organization, the psychology members of

the school would be able to designate one of their peers to act as director. With the draft of the bylaws in place, the task force scheduled a meeting at the 1982 APA convention, at which time the bylaws received provisional approval. The membership voted to establish an Executive Committee, consisting of:

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John Carr, University of Washington  
 Eugene Levitt, Indiana University  
 Ivan Mensh, UCLA  
 William Schofield, University of Minnesota  
 Robert Thompson, Duke University  
 David Clayson, Cornell University  
 Joseph Matarazzo, Oregon Health Sciences  
 University  
 Sidney Orgel, SUNY-Syracuse  
 Reuben Silver, Albany Medical College  
 Carl Zimet, University of Colorado

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The Executive Committee then elected the following officers: President, David Clayson; President-Elect, John Carr; Secretary/Treasurer, Robert Thompson.

The initial momentum for the establishment of the Association was a "circling of the wagons" to ward off the attacks from psychiatry. As a result, there was a pressing need to inform all of psychology via the APA of the unique situation and challenges faced by psychologists in academic medical settings. These included the centrifugal pulls on professional identity in a multidisciplinary health care setting, and the challenges and opportunities of teaching about psychological factors in health and illness in academic medical centers. In addition, there was the related challenge of sensitizing the academic medical community, via the Association of American Medical Colleges, about psychology's special contribution to health care research, practice, and education. Early explorations of affiliation with AAMC put AMSP in contact with the Association of Behavioral Sciences and Medical Education (ABSAME), and resulted in several collaborative projects including a Behavioral Sciences Curriculum Guide for medical educators, and a series of Behavioral Science Training Modules for global health care training developed for the World Health Organization (WHO) in cooperation with the International Union of Psychological Science.

During its first decade, AMSP (or AMSPP, as it was then known) focused considerable effort on informing APA as well as the AAMC of medical school psychologists' unique roles and contributions.

Over time, communication among members and with the public was facilitated via the establishment of a newsletter, list serve, and web site. National conferences were convened in Washington in 1995 and St. Louis in 1997, focusing upon the contributions of psychologists to health care research, service, and education. As psychology and other behavioral sciences became increasingly recognized for their contributions to health care and medical education, both AAMC and APA became more responsive and supportive.

By the end of 1999, the organization had become the Association of Medical School Psychologists and had collaborated with APA on surveys of psychologists in medical schools, their salary structures, clinical privileges, and academic, clinical, and research contributions. On December 31, 1999, under the guidance of Nathan Perry and Barry Hong, AMSP became Section VIII of Division 12 in APA and began contributing substantive symposia presentations at APA meetings. Through the collaborative support of Ronald Rozensky, AMSP member and Editor of the *Journal of Clinical Psychology in Medical Settings* (JCPMS), recent AMSP presentations at APA have been published in JCPMS (Belar, 2004; King, 2004; Hong & Leventhal, 2004; Leventhal, Baker, Archer, Cubic, & Hudson, 2004; Leventhal & Seime, 2004). At APA meetings, AMSP also presents the AMSP Annual Distinguished Achievement Awards for teaching and research. Appendix 1 lists the winners of these annual awards. Recent awardees have been invited to present at AMSP symposia at APA and to publish papers in JCPMS (Bennett Johnson, 2004; Bray, 2004).

For several years, AMSP members have received JCPMS as a membership benefit. Given the growing linkage between AMSP and JCPMS, the Editor of JCPMS, the AMSP Board of Directors, and representatives of Kluwer Academic Publishers, which publishes JCPMS, have discussed making JCPMS the official journal of AMSP. In line with this goal, the Editor of JCPMS has become an Ex Officio member of the AMSP Board. In the summer of 2004, tentative agreement was reached to establish JCPMS as the official publication of AMSP. However, the Kluwer Academic publishing house was acquired recently by the Springer Publishing Group, and so the agreement has not been finalized. The AMSP Board remains optimistic. JCPMS Editor Ron Rozensky's communications with the new publishers indicate that they will stand by the original agreement.

With respect to AMSP affiliation with AAMC, early in 2002, at an AAMC Council of Academic Societies (CAS) meeting in Savannah Georgia, AMSP

President Barry Hong and Secretary Christine Carrington met with Jordan Cohen, MD, President of the AAMC, Tony Mazzaschi, AAMC Staff Officer to the CAS, and Barbara Schuster, MD, Chairperson of the CAS Membership Committee. On February 13, 2002, two decades after AMSP's founding, Barry Hong achieved the long sought goal of having AMSP admitted to the Council of Academic Societies of the Association of American Medical Colleges. Whereas earlier attempts had been vigorously opposed by Psychiatry, AMSP's admission was now met with wide acceptance. AMSP's success led to discussions of the possibility of the Council of Presidents of Psychology Specialty Academies (CPPSA) seeking admission to CAS. Hong and incoming President Rick Seime met with Joseph Talley, Chair of CPPSA, and presidents of the various specialty boards. Bernard Brucker, President of the Rehabilitation Psychology Board and incoming Chair of CPPSA, attended the next CAS meeting with Hong and Seime. The CPPSA applied for membership in CAS and was admitted in March of 2004. Psychology now had two professional groups representing the profession in the Council of Academic Societies of the Association of American Medical Colleges.

#### HISTORICAL ISSUES

Over the course of AMSP's development, several issues have influenced the organization identity and effectiveness. First was the issue of representation. Initially conceived of as an association of heads of psychology, the Association of Medical School Professors of Psychology became a small, exclusive group. This had the effect of limiting membership and preventing broader participation by the profession in the Association and its governance. The results were few members, small meetings, a limited budget, and increasing reliance upon the original financially self-supporting core leadership. The fact that this founding group consisted of middle-aged, Caucasian male senior faculty members likely enhanced the perception of AMSP as an "old boys club." It is little wonder that the existence of the organization generated little notice among medical school faculty in its early days. It took ten years and considerable debate for the Association to reverse the decision to restrict membership and to move to a more inclusive orientation that opened membership to all psychologists in academic medical settings irrespective of whether they are medical school faculty members. Even then, seven

additional years would pass, with more debate, before the Association revised its name to one that reflected greater openness, the Association of Medical School Psychologists. The result has been an increase in membership (albeit modest), a broader base of professional participation, a potentially larger fiscal base (more dues paying members), and a continuing source of initiatives, innovations and new leadership.

A second issue was the Association's debate over affiliation. As medical school psychologists, many of the original founders felt affiliation with academic medicine was essential, as embodied in membership in AAMC, as is true for other academic health professions. Other founders felt that affiliation with psychology was more desirable, as reflected in membership in APA. Given the financial limitations on members, affiliation with APA was economically more feasible. If members had limited meeting funds, the annual APA meeting took precedence over AAMC, which was seen as having limited relevance to psychology. The early lack of recognition and formal connection to either AAMC or APA left AMSP suspended between two poles, reaching out toward but not fully linked either to organized academic medicine (AAMC) or to organized professional psychology (APA). In the past few years, AMSP's affiliation problem has been resolved favorably. AMSP is linked to APA by having become a Section of APA's Division 12, the Society of Clinical Psychology, and AMSP is linked to AAMC by having become a member of the AAMC Council of Academic Societies. With the increasing prominence of psychology in health care research, the emergence of health psychology, behavioral medicine, and the expanding role of psychology in medical education, the appropriateness and mutual benefit of AMSP affiliation with APA and with AAMC became apparent to all parties.

The issues of identity had an inevitable impact in defining the nature and effectiveness of the AMSP organizational infrastructure. As a small, "exclusive" vs. "inclusive" group, the original organization had few resources to support its limited functions. Dues were nominal and members were few. Members and officers paid their own expenses to meetings or piggybacked off institutional funds for other meetings. This was a "Mom and Pop" operation that didn't even have a "Mom." There were times when AMSP leadership lost focus and the Association seemed to be losing its way. The evolving improvements under recent administrations and the major bylaws changes and restructuring, currently occurring under the Leventhal Presidency, have addressed many of

these historical weaknesses. These initiatives should provide the necessary foundation for the expansion of AMSP into a truly representative organization with the resources, infrastructure, and vision required to meet the expectations of its members and assume its rightful place among the major professional health care organizations.

#### HIGHLIGHTS

The following section lists key events and activities of the Association from 1982 through 2005. The items are grouped according to the presidential term in which they occurred. See Appendix 2 for a complete listing of Association officers and leadership during the period 1982–2005.

##### 1982–1984—Clayson’s Presidency

- Number of medical schools represented in membership increases from 52 to 75. The annual meeting features addresses by APA officials from the Office of National Policy as AMSP begins an active dialogue with APA. AMSP begins presentations to key congressional committees.
- First AMSP census of psychologists in medical schools is undertaken by Robert Thompson, Jr.
- A Task Force, chaired by Reuben Silver, is appointed to develop a casebook of adverse incidents affecting psychologists in medical schools.
- First AMSP salary survey conducted by Ivan Mensh.

##### 1984–1986—Carr’s Presidency

- Membership holds at 75. Mensh reports on salary survey. Silver finds only two reported adverse incidents among psychologists surveyed. There is concern that psychologists in medical schools are reluctant to report problems.
- Carr testifies on behalf of AMSP and APA before congressional committees on reimbursement for psychologists via Medicare and urges psychology internship training be included under Medicare supplementary funding that medical schools received for Graduate Medical Education. Reviews “Federal Impact on Psychology in Medical Schools” for APA in *American Psychologist* (Carr, 1987)

- AMSP helps divert attempt by Chairs of Psychiatry to eliminate the behavioral sciences portion of the national boards.
- Medical Education Committee is established, chaired by Ivan Mensh and John Carr. A collaborative project involving AMSP, the Association of Behavioral Sciences and Medical Education (ABSAME), and the Association of Directors of Medical School Education in Psychiatry (ADMSEP), results in a collaborative Behavioral Science Curriculum Guide of knowledge, skills and attitudes for medical education. In Presidential Address “Bio-Behavioral Interaction: The Need for a New Renaissance”, Carr urges Psychology’s leadership in defining mechanisms of bio-behavioral interaction in medical education.
- The first of a series of presentations by AMSP at AAMC and APA begins. Clayson organizes a symposium at the 1985 APA meeting on “Psychologists in Medical Schools: The Trials of Emerging Political Activism” (*American Psychologist*, 1987).
- The annual meeting in 1986 features an address by John Conger entitled, “The Role of Psychology in Medical Schools: A Dean’s Perspective.”
- Proposal to open membership to all doctoral level psychologists in medical schools fails in favor of continuation of the one representative per medical school policy.

##### 1986–1988—Thompson’s Presidency

- AMSP responds to request from the APA Board of Directors concerning the status of psychologists in medical schools. The forced departure of psychologists from the University of Nebraska Medical School, and the dissolution of the Division of Clinical Psychology at the University of Minnesota School of Medicine are noted. Psychologists’ vulnerability increases with the necessity to support their faculty positions through combinations of clinical and research revenue in a hostile environment.
- Thompson writes a series of white papers proposing psychologists become administrative units within medical schools, outlining responsibilities, clinical privileges and quality assurance.
- APA Monitor carries story about AMSP.

- Charles Kiesler addresses annual meeting on “The Health Care Revolution in a Rapidly Changing World”. AMSP presents symposium, “Behavioral Science Contributions to Health at AAMC”.

## 1988–1990—Orgel’s Presidency

- A formal application to AAMC, begun by Robert Thompson, Jr., for recognition under Council of Academic Societies is filed.
- A \$5000 grant from CAPP is received for a survey to develop a database of psychologists in medical schools. Robert Thompson is given responsibility for directing the project. Thompson reports that 3000 psychologists hold academic appointments in 92 medical schools.
- AMSP is concerned that psychology is being threatened by the closing of medical school sections of psychology under the guise of “financial emergencies.”
- AMSP receives tax-exempt status.
- AMSP organizes a symposium at AAMC entitled, “Issues of Health Care in an Aging Society.”

## 1990–1992—Carr’s Presidency; the Second Time Around

- Bylaws change opens membership to all doctoral level psychologists in academic health care settings.
- AAMC turns down AMSP for membership in the Council of Academic Societies.
- Executive Committee considers proposal of Ronald Rozensky to sponsor the *Journal of Clinical Psychology in Medical Settings* but turns it down out of concern for financial obligation.
- AMSP continues its campaign to include psychology in Medicare funding of GME. Carr enlists support of Senator Daniel Inouye. Letters from Carr, Senator Inouye, and his Administrative Assistant, Pat DeLeon, are sent to Bruce Vladeck, Administrator of HCFA, DHHS, offering evidence in support of psychology’s eligibility. Responses by Vladeck and Thomas Ault, Director of Policy Development, DHHS, argue that under Federal Regulations, Psychology is not eligible since “. . . psychology (Graduate) programs are not hospital based or hospital operated.” AMSP’s request for a review of the regulations is denied.

- Liaison with Practice Directorate of APA is established. Congressional members are urged to support legislation defining the role of psychologists in national health care plans.
- The Medical Education Committee in liaison with ABSAME and ADMSEP completes Curriculum Guide for the Behavioral Sciences in Medical Education. The document is circulated to AAMC, APA, National Board of Medical Examiners, all medical school Deans in the U.S. and Canada, and other interested parties.

## 1992–1994—Zimet’s Presidency

- The AMSP Newsletter, *The Medical School Psychologist*, is established with Richard Seime as editor.
- Focus groups are organized at the annual meeting in preparation for the first major AMSP conference, a National Conference on Psychologists in Medical Schools, scheduled for 1995.
- Because of financial problems, the Executive Committee begins to conduct business via ad hoc conference calls.

## 1994–1996—Martin’s Presidency

- The first national invitational conference is held at Georgetown University in November 1995. The theme of the conference is the Challenges for Psychologists in Medical Schools. Danny Wedding obtains significant financial support to underwrite this meeting. The conference is considered a major accomplishment and stimulates related publications (e.g., Margolis & Pollard, 1997; Seime, 1998).
- Executive Committee works on a revision of the bylaws. Changing the name from the Association of Medical School Professors of Psychology (AMSPP) to the Association of Medical School Psychologists (AMSP) is proposed.
- John Linton resigns as President-Elect due to increased commitments at his Medical School.

## 1996–1998—Wedding’s Presidency

- AMSP establishes a list serve providing a vehicle for exchange of information about academic medical centers between members and from the office of AMSP’s President.

- The Board of Directors votes to provide, as a membership benefit, the *Journal of Clinical Psychology in Medical Settings* (JCPMS).
- Electronic membership database, developed by Gerald Leventhal, Membership Chair, facilitates Association business, e.g. generates annual renewal notices, dues statements, membership directory, and mailing labels for JCPMS.
- The second national conference meets in 1997 in St. Louis with theme “Academic Health Psychology: Building on a Tradition of Success.” Focuses on the past and future of psychology in academic health care centers. Several of the presentations appear in a 1999 issue of the *Journal of Clinical Psychology in Medical Settings* (Johnstone & Wedding, 1999).
- AMSP continues to urge APA to advocate for psychologists inclusion in GME training.
- AMSP membership votes to try for Divisional status within APA. Eight hundred signatures are required to petition for Division status, but the Association is only able to generate 550 signatures.
- AMSP sends representatives to Supply and Demand Conference, convened by APPIC and APA.
- AMSP and APA Office of Research conduct a national salary survey of psychologists in academic medical centers (Williams & Wedding, 1999; Williams, Wedding, & Kohout, 2000).

#### 1998–1999—Perry’s Presidency

- AMSP considers invitations from Division 38 and Division 12 to form a Section of these divisions. AMSP accepts the offer from Division 12, and becomes Section VIII of the Society of Clinical Psychology (Division 12).
- AMSP continues to seek inclusion of psychologists under GME. Robert Frank takes the lead in pursuing legislation to establish a demonstration project at the University of Florida.
- With his main goal of establishing an affiliation with APA completed, Nathan Perry resigns as President and hands over the leadership to Barry Hong.

#### April 1999 to December 31, 2001—Hong’s Presidency

- Official name becomes, The Association of Medical School Psychologists: A Section of the

Society of Clinical Psychology of the American Psychological Association.

- Affiliation with AAMC is once again explored. Barry Hong and Christine Carrington meet with Jordan Cohen, President of AAMC.
- AMSP application for AAMC membership is submitted in 2001. AMSP is admitted to membership in AAMC Council of Academic Societies in 2002.
- Student Affiliate category of membership is approved.
- May 1999 *APA Monitor* article addresses marginalization of psychologists in U.S. Medical Schools.

#### January 1, 2002 to December 31, 2003—Seime’s Presidency

- Barry Hong appointed as first Representative of AMSP to AAMC Council of Academic Societies (CAS).
- Barry Hong and Richard Seime join with John Robinson, Joe Talley, Howard Cohen, and Bernard Brucker to promote representation of psychology specialty boards in AAMC CAS. The Council of Presidents of Psychology Specialty Academies (CPPSA) is admitted to CAS in 2004.
- AMSP conducts second salary survey in collaboration with the APA Office of Research.
- Mark Vogel is appointed liaison to ABSAME.
- Graduate Psychology Education (GPE) Program is approved and funded. Administered by the Bureau of Health Professions, GPE Program is only federal program dedicated to psychology education and training. Kris Hagglund and Robert Frank are instrumental in getting legislation passed.
- AMSP symposia at APA 2003 feature trends in medical education, implementation of HIPAA regulations, and Bureau of Health Professions funding for training psychologists in academic medical centers.

#### January 1, 2004 to December 31, 2005—Leventhal’s Presidency

- AMSP symposia at APA in 2003 and 2004 comprise special issues of JCPMS published in 2004 and 2005.
- Board creates position of Administrative Director and signs contract with Ms. Lynn



Peterson to assume that post. All Association operations now centralized in single location ensuring stability and continuity despite changes in officers and leadership.

- Board conducts business via monthly conference calls; switches to internet-based balloting system for membership votes; conducts first on-line survey of membership's views of Association's programs and benefits.
- Tentative agreement with publishers to make *Journal of Clinical Psychology in Medical Settings* the official journal of AMSP but finalization of agreement is delayed when publisher is acquired by new ownership.
- Salary survey data for psychologists in academic medical settings is posted on AMSP website.
- Bylaws are changed, extending terms of office for Board members from two to three years. System of staggered elections is adopted to provide for continuity and stability. Presidential terms remain unchanged (two years President Elect, two years President, two years Past President).

Appendix A.1—Winners of AMSP Distinguished Contribution Awards

To honor members who have made distinguished contributions to teaching and to research, the Association bestows two Distinguished Contribution Awards, both of which are presented at the annual meeting. Past winners are listed below.

Year	Teaching	Research
1992	Ivan Mensh	Joseph Matarazzo
1993	John Carr	Robert Thompson, Jr.
1994	David Clayson	Robert Archer
1995	Deborah Beidel	Sidney Blatt
1996	Reuben Silver	Robert M. Kaplan
1997	Cynthia Belar	Samuel Turner
1998	Robert Martin	Rudolf Moos
1999	Ron Drabman	Annette Brodsky
2000	Carl Zimet	Robert Ader
2001	Ron Rozensky	Ellen Frank
2002	James Bray	Suzanne Bennett Johnson
2003	John Robinson	Peter Monti
2004	Susan McDaniel	Ann Streissguth

Appendix A.2—AMSP Officers: 1982–2005

Term	Officers	Executive Committee
August 1982 to August 1983	President: David Clayson President-Elect: John Carr Secretary/Treasurer: Robert Thompson, Jr.	John Carr Eugene Levitt  Joseph Matarazzo Ivan Mensh Sidney Orgel William Schofield Reuben J. Silver Carl Zimet
August 1983 to August 1984	President: David Clayson President-Elect John Carr Secretary/Treasurer Robert Thompson, Jr.	Eugene Levitt Joseph Matarazzo  Ivan Mensh Sidney Orgel William Schofield Reuben Silver Carl Zimet
August 1984 to August 1985	President: John Carr President Elect: Robert Thompson Past President: David Clayson Secretary/Treasurer: Robert Thompson, Jr.	Sidney Blatt  Joseph Matarazzo Ivan Mensh  Sidney Orgel Reuben Silver Carl Zimet
August 1985 to August 1986	President: John Carr President-Elect: Robert Thompson, Jr. Past President: David Clayson Secretary/Treasurer: Robert Thompson, Jr.	Sidney Blatt  Larry Beutler Joseph Matarazzo  Sidney Orgel Jerome Singer Carl Zimet
August 1986 to August 1987	President: Robert Thompson President-Elect: Sidney Orgel Past President: John Carr Secretary/Treasurer: Nathan Perry	Larry Beutler Joseph Matarazzo Ivan Mensh  Robert Resnick Edward Sheridan Carl Zimet
August 1987 to August 1988	President: Robert Thompson President-Elect: Sidney Orgel Past President: John Carr Secretary/Treasurer: Nathan Perry	Thomas Boll Ivan Mensh Robert Resnick  Edward Sheridan Carl Zimet

August 1988 to August 1989 President: Sidney Orgel President-Elect: Carl Zimet Past President: Robert Thompson, Jr. Secretary/Treasurer: John Linton	<i>Executive Committee</i> Allen Bellack Thomas Boll  Ivan Mensh  Edward Sheridan <i>Council of Advisors</i> John Carr David Clayson Nathan Perry Robert Resnick	Past President: John Carr Secretary/Treasurer: Phyllis Magrab	John Linton Barbara McCann Ronald Margolis Samuel Turner Danny Wedding <i>Council of Advisors</i> John Carr David Clayson Ivan Mensh Reuben Silver Robert Thompson
August 1989 to August 1990 President: Sidney Orgel President-Elect: Carl Zimet Past President: Robert Thompson, Jr. Secretary/Treasurer: John Linton	<i>Executive Committee</i> Allen Bellack Ivan Mensh  Edward Sheridan <i>Council of Advisors</i> John Carr David Clayson Nathan Perry Robert Resnick	August 1994 to August 1995 President: Robert Martin President-elect: Danny Wedding Past President: Carl Zimet Secretary: Danny Wedding Treasurer: Phyllis Magrab	<i>Board of Directors</i> Cynthia Belar Barbara McCann John Linton Ronald Margolis Samuel Turner <i>Council of Advisors</i> John Carr David Clayson Ivan Mensh Reuben Silver Robert Thompson, Jr.
August 1990 to August 1991 President: John Carr President-Elect: Carl Zimet Past President: Sidney Orgel Secretary/Treasurer John Linton	<i>Executive Committee</i> Robert Martin Reuben J. Silver Robert Thompson, Jr. Eugene Walker <i>Council of Advisors</i> David Clayson Ivan Mensh Nathan Perry Robert Resnick	August 1995 to August 1996 President: Robert Martin President-Elect: Danny Wedding Past President: Carl Zimet Secretary: Danny Wedding Treasurer: Phyllis Magrab	<i>Board of Directors</i> Cynthia Belar Barbara McCann John Linton Ronald Margolis Samuel Turner <i>Council of Advisors</i> John Carr David Clayson Ivan Mensh Reuben Silver Robert Thompson, Jr.
August 1991 to August 1992 President: John Carr President-Elect: Carl Zimet Past President: Sidney Orgel Secretary/Treasurer: John Linton	<i>Executive Committee</i> Robert Robert Martin Reuben Silver Robert Thompson C. Eugene Walker <i>Council of Advisors</i> David Clayson Ivan Mensh	August 1996 to August 1997 President: Danny Wedding President-Elect: John Linton Past President: Robert Martin Secretary: Nadine Kaslow Treasurer: Phyllis Magrab Membership: Gerald Leventhal	<i>Members-at-Large</i> Ronald Rozensky Robert Archer <i>Advisory Committee</i> Samuel Turner Ronald Margolis Robert Frank
August 1992 to August 1993 President: Carl Zimet President-Elect: Robert Martin Past President: John Carr Secretary/Treasurer: Phyllis Magrab	<i>Executive Committee</i> John Linton Barbara McCann Reuben Silver  Robert Thompson, Jr. C. Eugene Walker Danny Wedding <i>Council of Advisors</i> David Clayson Ivan Mensh John Carr	August 1997 to August 1998 President: Danny Wedding President-Elect: Nathan Perry Past President: Robert Martin Secretary: Nadine Kaslow Treasurer: Phyllis Magrab Membership: Gerald Leventhal	<i>Members-at-Large</i> Ronald Rozensky Robert Archer <i>Advisory Committee</i> Samuel Turner Ronald Margolis Robert Frank
August 1993 to August 1994 President: Carl Zimet President-Elect: Robert Martin	<i>Executive Committee</i> Cynthia Belar	August 1998 to April 1999 President: Nathan Perry President-Elect: Barry Hong Past President: Danny Wedding Secretary: Christine Carrington Treasurer: Leonard Haas Membership: Gerald Leventhal	<i>Members-at-Large</i> Ronald Rozensky Nadine Kaslow <i>Advisory Committee</i> John Linton Robert Martin

April 1999 to December 31, 2001	
President: Barry Hong;	<i>Members-at-Large</i>
President-Elect: Richard Seime	Annette Brodsky
Past President: Nathan Perry	Michael Lechner
Secretary: Christine Carrington	<i>Division 12 Representative</i>
Treasurer: Leonard Haas	Danny Wedding
Membership: Gerald Leventhal	<i>CAS Representative</i>
	Barry Hong
January 2002 to December 31, 2003	
President: Richard Seime	<i>Members-at-Large</i>
President-Elect: Gerald Leventhal	Annette Brodsky
Past President: Barry Hong	Michael Lechner
Treasurer: Leonard Haas	<i>Division 12 Representative</i>
Secretary: Christine Carrington	Danny Wedding
	<i>CAS Representative</i>
	Barry Hong
	<i>Advisory Committee</i>
	Karen Schmaling
	Cheryl King
	Kristofer Haggland
January 2004 to December 31, 2005	
President: Gerald Leventhal	<i>Members-at-Large</i>
President-Elect: Cheryl King	Jeff Baker
Past President: Richard Seime	Carl Zimet
Secretary: Barbara Cubic	<i>Division 12 Representative</i>
Treasurer: Steven Tovian	Danny Wedding
	<i>CAS Representative</i>
	Barry Hong

*Note.* This Appendix lists Association Officers and other members of the Association's leadership group covering the period from the association's beginning in 1982 through the end of 2005.

#### Acknowledgments

This History could not have been produced without the help of Past Presidents of the Association. The earlier Presidents were acknowledged in the first history (Silver, 1996). Thanks are now due to the AMSP Board of Directors that appointed Drs. Silver and Carr as Co-Chairs of the project to update the Association's history; Barry Hong, who supplied significant information about the attempts to obtain membership into the Council of Societies of the Association of American Medical Colleges; and Richard Seime, who was generous with the records of his work throughout the years. Special thanks go to Danny Wedding, who provided us with archival material that he had accumulated during the last several years.

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