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Finding Clinical Internships in Rural Settings: A Survey and Report

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This article provides a service for graduate students interested in a clinical-community internship in a rural setting. At the 1984 meeting of the Rural Issues Task Force, sponsored by Division 27, the membership agreed that graduate students need more information about APA accredited clinical internships that contain a rural placement or access to a rural population. The basic reference source for information about clinical internships, the Association of Psychology Internship Centers' (APIC) directory, indicates that a specific program may serve rural patients, but it fails to say in what manner or with what frequency. Without access to information about what types of opportunities may be available to them in rural internships, clinical-community graduate students will continue to direct their interest and applications toward established programs in urban areas. This is particularly worrisome in light of 1980 census data showing that though farm population has decreased, nonfarm population in rural areas has increased rapidly.

This is a summary of a paper presented at the annual convention of the American Psychological Association, Los Angeles, CA, August, 1985.

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In an effort to inform graduate students about existing rural internships, we conducted a survey of all APA accredited clinical-community internships with rural addresses, as listed by the Washington D.C. office of the American Psychological Association. We defined "rural address" as any program located in a rural area or any suburban or urban program located in a predominately rural state. We mailed a two-page questionnaire to 93 programs, inquiring about the percentage of their catchment population that lives in rural areas, the percentage of their actual client pool that qualifies as rural, the types of rural placement opportunities for clinical and community work, and the amount of time an intern may spend working with rural residents. We also asked about any related services, seminars, or research concerned with rural issues, as well as about the willingness of programs in rural areas to create new services and/or placements involving rural interests. A second follow-up survey asking for more specific information was mailed to 41 programs that had indicated regular involvement with rural patients.

Results and Discussion

Fifty-nine programs have responded to the questionnaire (63% response rate). Of the 34 nonresponding programs, 12 of them were medical center programs set in urban universities of largely rural states. It may be their nonresponse was a comment on the relevance of the questionnaire to the populations they serve. Of the 59 programs responding, 41 offered an opportunity to work with rural individuals ranging from a day a week to full time. This means that 70% of the programs responding offered at least a day a week of work with rural residents.

As Table 1 indicates, V.A. medical centers provided the most opportunity for access to rural populations; only 2 of the 21 responding failed to serve rural populations. There was a wide geographic distribution of their programs, most likely attributable to a federally mandated health care system. V.A.s were followed by university medical centers and state hospitals, respectively. State hospitals, while not serving the largest rural patient population, clearly offered the most time for an intern to work with rural residents. This finding is explained by their reliance on special programs and external placements (5 out of the 7 state hospitals offered these types of opportunities).

In all, 19 of the 41 programs actually possessed a specific training commitment to rural issues in the form of a rural placement rotation or clinical-community service targeted at a rural population. An example of the former would be a placement offered by Hutchings Psychiatric Center, Syracuse, New York, in which an intern could do a rotation with the

Table 1
Summary of Internship Programs with a Rural Component

Type	Location			% Rural patients (Mean)	% Time spent with rural patients (Mean)	Internships with rural rotation or program
V.A. Medical Centers (20)	N.E.	-	5	40%	41%	8
	S.E.	-	7			
	M.W.	-	2			
	West	-	6			
University Medical Centers (9)	N.E.	-	1	57%	56%	3
	S.E.	-	5			
	M.W.	-	1			
	West	-	2			
State Hospitals (7)	N.E.	-	1	26%	80%	5
	S.E.	-	1			
	M.W.	-	2			
	West	-	3			
Other — Consortium, Private, Military (5)	N.E.		1	24%	28%	3
	S.E.	-	2			
	M.W.	-	2			
Totals (n = 41)	N.E.		8	37%	51%	19
	S.E.	-	15			
	M.W.		7			
	West	-	11			

Mental Health Department of Madison county, a neighboring rural area. An example of the latter would be at the Dartmouth Medical School where interns might join an N.I.H. funded program for the treatment of the chronically mentally ill in a rural community setting.

An interesting geographical difference emerged in both the percentage of the client pool that is described as rural and in the amount of time one could work with rural residents. Rural programs in the eastern part of the United States (for this sample, Arkansas and East) served on average a 46% rural client population, while rural programs in the Midwest and West combined served on average only a 32% rural client population. Additionally, rurally oriented Eastern interns spend on average 54% of their time working with rural residents, while interns choosing a Western rural program on average spend only 32% of their time working with rural clients.

To examine whether these geographic differences in client population and time spent with rural patients were statistically significant, we performed a MANOVA with Location (East vs. West) as our between factor. Since the MANOVA was significant, Wilks's Lambda = .84, $F(2, 37) = 3.62$, $p < .05$, we examined the univariate analyses for the two dependent variables; rural percentage of client population, and time spent working with rural residents. These analyses showed a highly significant difference for time working with rural residents, $F(1, 39) = 7.38$, $p < .001$, and a marginal effect for rural percentage of client population, $F(1, 39) = 3.33$, $p < .08$. Of the programs that chose to respond to our survey, the Eastern programs offered on average more opportunity for an intern with a rural focus. Of course, since an intern ends up attending only one internship, it should be noted that individual institutions with outstanding rural programs were distributed across the country.

Table 2 presents a breakdown of the 19 internships that include rural rotations or program components geared toward rural patients (see Table 3 for contact names and addresses for internships). Surprisingly, two programs not listed in Table 2 have recently dropped their rural rotations from an intern's list of options. One director indicated the termination of the program was due to lack of interest shown by interns. This is unfortunate when one considers the severe hardship (mental and physical) large increases in farm foreclosures has brought to rural inhabitants in the last few years.

The results of this survey will be written-up in booklet form for potential distribution by the APA and Division 27 to graduate programs in clinical psychology. It is hoped that this booklet might help to increase the interest of graduate students in valuable internship opportunities serving rural populations.

Table 2
Listing of Clinical Internships with Rural Placement or Program Component

(See Table 3 for contact persons and addresses of programs)

Program	What It Offers
1. Atascadero State Hospital Atascadero, California	1 day per week in rural CMHC.
2. Student Counseling Center Iowa State University. Ames, Iowa	Rural outreach with community agencies in outlying rural counties.
3. Des Moines Child Guidance Center, Des Moines, Iowa	½ day in rural clinic: consultation and evaluation for community agencies in rural counties.
4. VAMC Knoxville, Iowa	300 hours at rural county mental health center; special focus on treatment of elderly.
5. Topeka State Hospital Topeka, Kansas	Staff placements in rural CMHC: Consultation for rural patients on reintegration into home communities.
6. VAMC Togus, Maine	2 Vietnam Vet Outreach Center rotations: Sensitivity to problems presented by almost exclusively rural patient population.
7. Springfield Hospital Center Sykesville, Maryland	1 day a week placement in rural county outpatient setting. Inpatient wards where 80% of patients are rural residents.
8. Dartmouth Medical School Hanover, New Hampshire	Program in the treatment of the chronically mental ill in a rural community setting (funded by N.I.H.). Seminars and training in rural community issues.
9. School of Medicine University of New Mexico Albuquerque, New Mexico	Placement through Indian Health Service to consult with Indian pueblos 'reservations in New Mexico and Arizona around problems of handicapped children.
10. Hutchings Psychiatric Center Syracuse, New York	½ time rotation in rural county with emphasis on development of community resources in coping with mental health problems.

Table 2 (Continued)
Listing of Clinical Internships with Rural Placement or Program Component

(See Table 3 for contact persons and addresses of programs)

Program	What It Offers
11. VAMC Syracuse, New York	Possibility of 300 hour externship at rural CMHC.
12. VAMC Durham, North Carolina	Participation in a home-based health care project. Supervision includes sensitivity to rural issues.
13. Wright State University Kettering, Ohio	Between 2 and 3 day per week rotation at rural clinic.
14. VAMC Memphis, Tennessee	Vocational training with Vietnam veterans from rural backgrounds. Supervision includes sensitivity to rural problems.
15. Vanderbilt University Nashville, Tennessee	2 days per week with rural patients. Case conferences, seminars, and presentations.
16. Austin State Hospital Austin, Texas	1 day per week at outreach center in rural counties.
17. VAMC San Antonio, Texas	4-month rotation at outpatient facility in large rural catchment area.
18. VAMC Salt Lake City, Utah	Large scale study underway of rural medical service delivery. In process of negotiating for psychology service in rural outreach clinics.
19. VAMC Salem, Virginia	Training director has background in rural mental health. Possibility of externships in satellite rural clinics.

Table 3
List of Names and Addresses for Clinical Internships with a Rural Component

(This list also includes programs whose patient population is composed of at least 25% rural residents)

1. Sam Clements PhD
Child Study Center -
Mail Slot 589
University of Arkansas for Medical Sciences
Little Rock, AR 72205

2. Robert Haynes, PhD
Atascadero State Hospital
Atascadero, CA 93423

3. Alan Glaros PhD
Department of Clinical Psychology
Box j-165, JHMHC
University of Florida
Gainesville, FL 32610

4. Abraham A. Spevack PhD
Psychology Service 116B.
Gainesville VA Medical Center.
Gainesville, FL 32602

5. Roy E. Warrman
Student Counseling Service
Iowa State University
Ames, IA 50011

6. John F. Tedesco PhD
Des Moines Child Guidance Center
1206 Pleasant St.
Des Moines, IA 50309

7. Robert Hall PhD
VA Medical Center
Knoxville, IA 50138

8. Mary P. Quinn PhD
Topeka State Hospital
2700 W. 6th St.
Topeka, KS 66606

9. George L. Henderson PhD
Central Louisiana State Hospital
U 24, P.O. Box 31
Pineville, LA 71360

10. Philip S. Pierce PhD
VA Medical and Regional Office Center
Togus, ME 04330

11. David Haltiwanger PhD
Springfield Hospital Center
Sykesville, MD 21784

12. Chester D. Gaston Jr. PhD
Psychology Service (116b-1)
VA Medical Center
Guilport, MS 39501

13. Ron Drabman PhD
University of Miss. — Jackson VA Consortium
2500 N. Stat. St.
Jackson, MS 39110

14. Daniel K. Sturgis PhD
Norfolk Regional Center
Box 1209
Norfolk, NE 68701

15. R. R. Blurton PhD
Reno VA Medical Center
1000 Locust
Reno, NV 89520

Table 3 (Continued)
List of Names and Addresses for Clinical Internships with a Rural Component

(This list also includes programs whose patient population is composed of at least 25% rural residents)

16. Stanley D. Rosenberg PhD
Dartmouth Medical School
Hanover, NH 03756

17. Joseph P. Cardillo
Division of Child and Adolescent Psychiatry
Dept. of Psychiatry, School of Medicine
University of New Mexico
2600 Marble, N.E.
Albuquerque, NM 87106

18. Mark A. Ginsberg PhD
Hutchings Psychiatric Center
Box 27 University Station
Syracuse, NY 13210

19. Robert P. Sprafkin PhD
VA Medical Center
800 Irving Avenue
Syracuse, NY 13210

20. Jack Edinger PhD
VAMC (116B)
508 Fulton Street
Durham, NC 27705
P.O. Box 3895

21. Russell J. Bent PhD
Wright State University
School of Professional Psychology
2901 Galewood Street
Kettering, OH 45429

22. Joel Chapman PhD
Psychological Service: VAMC
1030 Jefferson Ave.
Memphis, TN 38104

23. Kenneth N. Anchor
Director, Vanderbilt Internship Program
Vanderbilt University
Box 319 Peabody College
Nashville, TN 37203

24. David Cansler PhD
Austin State Hospital
4110 Guadalupe St.
Austin, TX 78751

25. Rodney R. Baker
Psychology Service (116B)
VA Medical Center
San Antonio, TX 78284

26. Linda J. Gummow PhD
VA Medical Center
500 Foothill Drive
Salt Lake City, UT 84148

27. Leo A. Kormann PhD
VA Medical Center
Salem, VA 24153

28. Richard Seime PhD
Dept. of Behavioral Medicine and Psychiatry
West Virginia University Medical Center
Morgantown, WV 26506