

WAYNE STATE UNIVERSITY
INTER-DEPARTMENT MEMORANDUM

SUBJECT: Dr. B. F. Skinner
FROM: Dr. Ross Stagner, Chairman, Psychology Department
TO: Dr. R. G. Miller, Centennial Commission
DATE: May 10, 1968

We were not trying to squirm out of an agreement that this Department would pay Skinner's expenses.

My note was occasioned by a letter from Dr. Livingston to Dr. Skinner, dated April 16, enclosing airline ticket voucher and expense account form. This seemed to indicate his intention to take over the expense payment.

If he will forward the necessary papers to me, we will charge these expenses to the Department of Psychology account.

A handwritten signature in blue ink that reads "Ross Stagner". The signature is written in a cursive style with a large, sweeping initial "R".

RS/jpt
CC: Dr. H. K. Livingston

UNIVERSITY OF MICHIGAN
ANN ARBOR
SCHOOL OF EDUCATION

March 12, 1948

To: Michigan Psychologists

Some time ago, you were asked to fill out and give suggestions for improving the trial run of the questionnaire on psychological service centers. As a consequence a number of improvements were made in the form. Your cooperation was appreciated.

I am returning the blank as you requested, so that you can use it in preparing the final form, which you will receive shortly. (If you sent inclosures, they are being held here in your file.)

Very truly yours,



Wm. Clark Trow, Chairman
APA Committee on
Psychological Service Centers

SCHOOL OF EDUCATION
University of Michigan
Ann Arbor, Michigan.

October 1, 1947

V
R

To Selected Members of the Michigan Psychological Association:

Enclosed is a preliminary copy of the questionnaire to be sent out by the Committee on Standards for Psychological Service Centers to practicing psychologists. (You may have learned that the Council of Representatives of the A.P.A. approved the recommendation of the Board of Directors to the effect that the Committee broaden the scope of its inquiry to include all psychological service centers.)

The questionnaire is long. It asks for a great deal of specific information. This information will be used to discover what the psychological services are throughout the country, and to form a basis for the directory of such services. Before we print a final edition, I would like to study a sample of the answers it is likely to secure. I would like also to have the benefit of your criticisms and suggestions. Will you, therefore, please answer the questions for the Center with which you are connected or for the service which you are rendering? Will you also write on the blank or in a separate letter any suggestions for improving the questionnaire? Pay particular attention to directions on the questionnaire. Are they clear? Will they get the information we want? Can you improve them?

If you wish to have this copy returned to you to assist in making out the final form when it comes to you, write Please Return in large letters at the top of the first page. Thank you for helping out on this trial run.

This is not particularly applicable to our L.A. Department of Psychol. However, a full report on Wayne University Clinical Services would include in addition to our L.A. department Educational Psychology - Dr. Williams Personnel Administration - Dr. Bellows. Office of Admissions & Guidance - Dr. Doris Cline Veterans Counsellors - Mr. Johnson (?) Group therapy - Dr. Redl. Reading & study habit counsellors - Speech Clinic - Dr. Werman In all - a pretty good "clinical" showing!

Sincerely yours,

Wm. Clark Trow

Wm. Clark Trow
Chairman, A.P.A. Committee
on Standards for Psychological Service Centers

I guess those who consider they are in charge of a "psychological service center" should report - teaching units not included
E

To Psychologists in Charge of Psychological Services:

You have indicated that you are engaged in the practice of psychology. Will you, therefore, kindly supply the data here called for, and mail directly to me? (A duplicate copy is included to serve as a work sheet to be retained in your files.)

The purpose of the inquiry is two-fold: to provide us as an Association with information as to the nature and scope of psychological services being rendered, and to furnish material for a Directory of such services.

The Committee recognizes that there are more questions here than are needed by a small Center and probably not enough for some of the larger Centers to report the kinds of work being done. The Committee hopes, however, that you will take the time to fill in the blank as carefully as possible so that your services will be adequately represented. It is recognized that the questions are slanted toward clinical work. However, other types of services should be included. In such cases, irrelevant questions may be disregarded and supplementary information be given under heading Number VII.

In view of the labors involved in compiling returns, the Committee hopes that it will be possible for you to return the questionnaire promptly. Please return to:

Wm. Clark Trow, Chairman
School of Education
University of Michigan
Ann Arbor, Michigan

Committee on Standards for
Psychological Service Centers:

Jerry W. Carter, Jr.
Bertha M. Luckey
Vernon P. Scheidt
C. Gilbert Wrenn
Robert A. Young
Wm. Clark Trow, Chairman

Kindly supply the information called for by encircling the appropriate numbers and/or writing it in the spaces provided. A prompt reply will be appreciated since it is advantageous to have the information as complete as possible as a basis for preparing the forthcoming Directory of Psychological Service Centers. You are entitled to fill out and return the questionnaire if you are a Fellow or Associate of the American Psychological Association, and either alone or in a "team" or "center" are in charge of psychological services at an established address.

I. Organization

(1) Name of the service center Psychology Department, L.A. College, Wayne Univ.

(2) Address 436 Putnam

(3) Director (person in charge) Wilson M^cTeer, Acting Chairman

(4) Classification of sponsorship or control (Encircle the number).

1. Federal government

6. Community fund or charities

2. State government

7. Industrial or commercial firm

3. City, county, or city-county

8. Private foundation (incl. fraternal)

4. University or college

9. Independent enterprise

5. City board of education

0. (Other) _____

Name of local sponsor organization (if any) Board of Education, City of Detroit

Address of local sponsor organization Detroit

(5) Name of institution within which the psychological services are organized, if any (hospital, department, business or industrial firm, administration, etc.)

Liberal Arts College, Wayne University

(6) If independent, give the name of the head of some other local well recognized institution or agency from whom further information can be sought.

Name _____ Institution _____

(7) 1. Year organized 1924 . 2. Number of hours operated per week 65

(8) 1. Average monthly case load of the center _____ 2. Average monthly case load per full-time professional staff member _____

(9) 1. Number of staff members full-time 7 3. Total number of persons full-time plus full-time equivalents of part-time persons 7 1/2
2. Number of staff members part-time 1

II. Financial Structure. Give amounts for one-year period.

(1) Sources of financial support (annual budget):

- 1. Fees from clients \$ _____
- 2. Community fund \$ _____
- 3. Federal Funds (V.A. etc) \$ _____
- 4. Institutional allotment \$ _____
- 5. State, county, or city \$ _____
- 6. Other Tuition \$ _____

(2) Total annual budget, 1946 (or 1946-47) \$40,000 } Personnel -
Space - materials
not included.

(3) Person, committee, board, agency or institution responsible for the budget
Board of Education, Detroit

(4) Cost to client (Encircle number)

1. Free

2. Fee charged. Explain fee schedule or basis on which charges are made.

\$5.00 per semester hour, with other institutional fees added.

III. Plant and equipment

(1) Office space is (Encircle the number)

- 1 In a separate building
- 2. In a larger building, but used exclusively
- 3. Shared with other organization

(2) Number of square feet (approximate) of office space 200

(3) Number of separate rooms for interviews..... 6

(4) Number of desks for group testing... 0 - but available nearby for 100

(5) Number of different tests available for use..... 60

(6) Number of professional journals subscribed to..... 30

(7) Number of professional volumes in the library..... 2500

6.

List by title the positions for professions other than psychologists on the staff, indicating the percentage of their time devoted to your organization.

S.C. Grossman, M.D.

| % |
| 10 |

| % |

V. Clientele

(1) Public service Encircle number(s) only if services are available to the public.

- 1. Anyone who applies
- 2. Primarily to local residents
- 3. Large ($\frac{1}{4}$ or more of load) non-resident service
- 4. Correspondence service

(2) Restricted service Encircle number(s) only if services are not available to the public.

- 1. Referrals only
- 2. School children only
- 3. Employees only
- 4. Veterans only
- 5. Others _____

(3) Referrals. Encircle number(s) to show the main sources from which referrals come. If possible, indicate estimates in multiples of 10% (or less if necessary.)

Probably does not apply to an academic department

- 1. ___% Schools
- 2. ___% Physicians
- 3. ___% Courts
- 4. ___% Social welfare agencies
- 5. ___% Private social welfare agencies
- 6. ___% Parents, relatives, etc.
- 7. ___% Self
- 8. ___% Other _____

(4) Referrals constitute what percent of total case load..... %

(5) Age range of clients. Encircle number(s) to show chief age groups. If possible, indicate estimates in multiples of 10% (or less if necessary).

- 1. ___% 0-2, infant
- 2. ___% 2-5 (preschool)
- 3. ___% 5-12, children (elem.sch.)
- 4. 20% 12-18, adolescents (high sch.)
- 5. 70% 18-25, young adults (college)
- 6. 10% 25-60, adults
- 7. ___% 60 and above, aged
- 8. ___% Other _____

(6) Promotion methods, publicity. Encircle number(s)

None in fact

- 1. Referral arrangements
- 2. Advertisements in newspapers
- 3. Advertisements in magazines
- 4. Circular letters, pamphlets
- 5. Advertising over the radio
- 6. Speakers (clubs, etc.)
- 7. News stories
- 8. Other _____

(7) Follow-up. Encircle the number of the statement that best represents your policy. Indicate percent of clients (in multiples of 10%) in each category.

- Very little
1. ___% No remedial treatment after diagnosis, recommendation, or disposition
 2. ___% Clients are asked to return for later counsel
 3. ___% Course of therapy and follow-up as long as needed
 4. ___% Other _____

(8) Evaluation of services. Encircle the number(s) to indicate the kind of evidence you obtain of the success of your services.

1. Improvement in test scores
2. Report of the client
3. Report of relatives
4. Report of referral agencies *other universities*
5. Evaluation studies
6. Other _____

VI. Types of problems accepted. Check, whether for diagnosis and/or treatment, the types of problems that are the occasion for acceptance.

(1) Diag. (2) Tr.

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> | 1. ___ Intellectual deviation |
| 2. ___ | 2. ___ Scholastic failure, special disabilities |
| 3. ___ | 3. ___ Sensory or speech defects |
| 4. <input checked="" type="checkbox"/> | 4. <input checked="" type="checkbox"/> Educational guidance |
| 5. ___ | 5. <input checked="" type="checkbox"/> Vocational guidance |
| 6. ___ | 6. ___ Marital adjustment |
| 7. ___ | 7. ___ Conduct problems, delinquency |
| 8. ___ | 8. ___ Alcoholism |
| 9. ___ | 9. <input checked="" type="checkbox"/> Personality problems, milder emotional difficulties |
| 10. ___ | 10. ___ Psychoneuroses |
| 11. ___ | 11. ___ Psychoses |
| 12. ___ | 12. ___ Other _____ |

Comment:

VII. Types of service rendered. Encircle the number(s) to show the proportion of total staff time devoted to different services rendered. If possible, indicate estimates in multiples of 10% (or less if necessary).

- | | |
|---------------------------------------|--|
| 1. ___% Testing | 6. ___% Consulting service to agencies |
| 2. <u>20%</u> Diagnostic interviewing | 7. <u>20%</u> Community education |
| 3. ___% Interpretation to client | 8. <u>10%</u> Research |
| 4. <u>10%</u> Treatment | 9. <u>40%</u> Teaching |
| 5. ___% Treatment planning | 0. ___% Other _____ |

VIII. Diagnostic techniques employed. Encircle the number(s).

- ① Interviews with client
 - ② Interviews with relatives
 - 3. Physician's reports
 - ④ School records
 - 5. Anecdotal records
 - ⑥ Paper-and-pencil tests
 - ⑦ Performance tests
 - 8. Projective techniques
 - ⑨ Apparatus (specify below)*
 - 0. Other Audiometer, periscope,
- *e.g., audiometer, electroencephalograph, etc.

IX. Therapeutic techniques employed. Encircle the number(s).

- ① Systematic counseling or therapeutic interviews with client
- 2. Interviews with relatives
- 3. Field service--parents, teachers
- 4. Group therapy (class teaching ?)
- 5. Remedial clinic (e.g., reading)
- 6. Speech correction
- 7. Other _____

X. Professional resources. Encircle the number(s) of those to which clients are referred.

- ① Medical (e.g., hospital, medical clinic, physician)
- ② Psychiatric (e.g., mental hygiene, child guidance clinic)
- 3. Rehabilitation (e.g., crippled children, vocational rehabilitation)
- ④ Special (e.g., speech, reading, or hearing clinic)
- ⑤ Social (e.g., family service, child care)
- 6. Recreational (e.g., "character building" agencies, camps)
- ⑦ Educational (e.g., public or private schools, university or college)
- 8. Other _____

What percent of total case load is referred to such sources?..... 70%

XI. Supplementary data. Describe the nature of records kept and send in with this report:

- 1. a dummy record
- 2. a representative case report from your files
- 3. a copy of your latest annual report
- 4. bulletins or pamphlets describing your psychological services or your agency's program
- 5. any forms developed in your center
- 6. any other material relevant to the work of your center

Please feel free to use an extra page for supplementary information for which sufficient space may be lacking on this form, or for any qualifying statements you may wish to add that will help to give a clearer picture of the services rendered.

Return one copy to:
Wm. Clark Trow University of Michigan
School of Education Ann Arbor, Michigan