

SOCIETY OF INDIAN PSYCHOLOGISTS
"Psychologists in Service to Native Peoples of the Americas"

**OFFICIAL BALLOT
MEMBERSHIP STATUS**

Issue: At the 8/19/93 business meeting of the Society of Indiana Psychologists (SIP) in Toronto, Ontario, Canada, three options for defining SIP membership were developed. A motion was made and passed to present the options via a mail ballot to the current SIP membership.

Definition of Terms: For purposes of this vote, the terms:

"INDIAN" shall refer to anyone who identifies him/herself as Indian or Native and could offer evidence of Indian descent upon request;

"NON-INDIAN" shall refer to anyone who is not Indian or Native;

"PSYCHOLOGIST" shall refer to anyone who has received a doctorate in the field of psychology or is licensed as a psychologist by a state; and

"STUDENT" shall refer to any student in higher education whose interest lies in psychology in service to Indian and Native Peoples of the Americas.

VOTE FOR ONE WITH "X":

_____	Option A:	Full Member: Contributing Member: Student Member:	Any Psychologist Anyone Who Is Not A Psychologist Any Student
_____	Option B:	Full Member: Contributing Member: Indian Student Member: Non-Indian Student:	Indian Psychologist Non-Indian Psychologist <u>Or</u> Any Indian Or Non-Indian Person Who Is Not A Psychologist Any Indian Student Any Non-Indian Student
_____	Option C:	General Member: Student Member:	Any Person Any Student

Please vote and return ballot by 8/8/94 to: D. Subia BigFoot, 119 Foreman, Norman, OK 73069
Or present to Executive Committee at the Business Meeting on Thursday, August 11 at APA in
Los Angeles (See Business Meeting Annoucement)

SOCIETY OF INDIAN PSYCHOLOGISTS
"Psychologists in Service to Native Peoples of the Americas"

DUES STATEMENT FOR 1995

NAME/ADDRESS

CHECK ALL THAT APPLY:

- _____ General Membership (\$15.00)
- _____ Student Membership (\$10.00)
- _____ Waiver of Dues Request (Attach to form)
- _____ Contribution (\$ _____)
For Carolyn Attneave Memorial Scholarship Fund
- _____ I do not give my permission to release my name and address outside of SIP.

PLEASE RETURN THIS FORM WITH YOUR REMITTANCE.

MAKE CHECKS PAYABLE TO "THE SOCIETY OF INDIAN PSYCHOLOGISTS."

Mail to: Candace M. Fleming, Ph.D.
NCAIANMHR, UCHSC, University North Pavilion
4455 E. 12th Ave. Box A011-13
Denver, Colorado 80220

THANK YOU!

OFFICE USE ONLY:

Payment Date: _____ Membership Card: _____

Payment Amount: _____ Check Number: _____

Society of Indian Psychologists
Business Meeting held on
August 19, 1993 at APA in Toronto, Canada

Present: Olivia J. Hooker, Diane Willis, Robert Voice, Sandra Bennett, Candace Fleming, Art & Nora Martinez, Joan Saks Berman.

Descriptive phrase added to the name, Society of Indian Psychologists: "Psychologists in Service to Native Peoples of the Americas"

Definition of Indian: Anyone who identifies him/herself as Indian or Native and could offer evidence of Indian descent upon request

The SIP membership will vote on the following options that describe membership status:

Option A

Full Member - Psychologist (Doctorate in the field of Psychology, or licensed Psychologist by a state)

Contributing Member - Non-Psychologist

Student - Any student in higher education whose interest lies in Psychology in Service to Native Peoples of the Americas

Option B

Full Member - Indian or Native Psychologist (Doctorate in the field of Psychology or licensed Psychologist by a state)

Contributing Member - Non-Indian/Native Psychologist and Indian/Native and Non-Indian/Native Person who is not a Psychologist

Native Student Affiliate - Native student in higher education

Non-Native Student - Any Non-Native student in higher education who is interested in Psychology in Service to Native Peoples of the Americas

Option C

General Membership - Any person regardless of ethnicity may join SIP

Student Affiliate - Any student regardless of ethnicity may join SIP as a student affiliate

VACANCY ANNOUNCEMENT VACANCY ANNOUNCEMENT VACANCY

Assistant Professor of Counseling Psychology
Buchtel College of Arts and Sciences
Department of Psychology
University of Akron

Tenure Track Position beginning August 28, 1995

Position requires both graduate and undergraduate teaching and research.
Send letter of application together with vita, reprints, and three letters of recommendation to Dr. Linda Mezydlo Subich, Chair

Counseling Search Committee
Department of Psychology
University of Akron
Akron, Ohio 44325-4301

Applications will be accepted until January 15, 1995

APA CONVENTION

National Council of Psychological Associations for the Advancement of Ethnic Minority Interests

Open Forum on Public Policy

Friday, August 12, 1994

10:00 - 11:50 am.

Los Angeles Hilton, Wilshire Rms D/E

Summary of the winter meeting held in Washington DC on January 29, 1994, with the
Council of National Psychological Association for the Advancement of Ethnic Minority Interests
chaired by the Society of Indian Psychologists

Members Present: S. Andrew Chen, Ph.D., President, Asian American Psychological Association (AAPA); Ana M. Jackson, Ph.D., President, Association of Black Psychologists (ABPsi); Dee S. BigFoot, Ph.D., President, Society of Indian Psychologists (SIP); Vera Paster, Ph.D., President, Society for the Psychological Study of Ethnic Minority Issues (Division 45); Bertha G. Holliday, Ph.D., Alberto Figueroa and Debra Perry, American Psychological Association's Office of Ethnic Minority Affairs (OEMA)

Members Absent: Andres Barona, Ph.D., President, National Hispanic Psychological Association (NHPA); Frank Farley, Ph.D., President, American Psychological Association (APA)

Guest: Harriet G. McCombs, Ph.D., Center for Mental Health Services, Substance Abuse and Mental Health Services Administration

1. The meeting was convened at approximately 10:00 a.m. on Saturday, January 29, 1994. Dr. BigFoot welcomed all participants and asked for introductions from all present. The absence of the president of the National Hispanic Psychological Association (NHPA) was noted. The group asked that information generated from this meeting be sent to the NHPA. The absence of the president of the American Psychological Association (APA) was also noted. Dr. Holliday was asked to share the group's concern with the APA leadership.

Dr. BigFoot outlined the meeting agenda and stated that the purpose of the meeting of the Council continues to focus on collaborative initiatives to enhance ethnic minority interests in psychology. Dr. BigFoot indicated that the meeting was scheduled to last until 5:00 p.m., and the meeting agenda would include the following items:

- I. Welcome and Purpose
- II. Old Council Business
- III. Information Sharing and Initiatives for Collaboration
 - Asian American Psychological Association
 - Association of Black Psychologists
 - American Psychological Association
 - National Hispanic Psychological Association
 - Society for the Psychological Study of Ethnic Minority Issues (DIV 45)
 - Society of Indian Psychologists
- IV. Ethnic Minority Mental Health Services Priorities: The Federal Perspective
 - Harriet G. McCombs, Ph.D., Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA)
- V. Prioritize Initiatives for Collaborative Action

2. The Council reviewed the Summary Notes for its August, 1993 meeting prepared by the Office of Ethnic Minority Affairs (OEMA). No changes were requested. The item addressing the participation of APA's Division 45 on the Council was raised again. It was agreed that because of the fundamental independence of each Council member organization to choose to participate in Council activities as they deem necessary and appropriate, that the question of "voting on actions" would be moot. Division 45 would remain a welcomed and independent member of the Council.
3. Special acknowledgment was given of the newly appointed director of OEMA, Dr. Holliday. The group congratulated APA on this appointment and welcomed her to the Council. Dr. Holliday updated the Council on activities of OEMA and requested input from Council members on (a) the Psi Beta Diversity Project 2000 proposal; (b) the soon to be formed Commission on Ethnic Minority Recruitment, Retention, and Training in Psychology; and (c) the planned development of a group to address the "Scientific Conceptions of Race." The group thanked Dr. Holliday for her report and agreed to provide feedback as necessary.
4. The Council addressed the following initiatives and indicated time tables for actions to be completed:
 - a. Health Care Reform The Council agreed to prepare a letter from each respective organization detailing each groups' perspective on health care reform germane to their particular constituency's needs. The letter will be sent to appropriate staff in the Clinton Administration. In addition, all groups agreed to include language concerning "universal coverage and preventive care" and "training of under-represented groups in psychology." OEMA was asked to coordinate the drafting of the letters. DEADLINE for receipt of initial draft letters by OEMA was established as February 15, 1994. SIP will include information about funding status of the Indian Health Service, as well as data concerning restrictive medication lists for the Indian Health Service, and information on the need for culturally appropriate model interventions for child and substance abuse.
 - b. Networking with Congressional Leaders The Council agreed to prepare a letter to the APA requesting that APA make contact with ethnic minority congressional leaders in order to schedule a meeting. The meeting agenda would include points on health care reform; violence/crime bill legislation; IHS and InPsych Program appropriations; and general information/education on legislative issues for all participants. OEMA was asked to coordinate the drafting of letters. DEADLINE for receipt of initial draft letters by OEMA was established as February 17, 1994.

- c. Violence Initiative The Council applauded APA for its recent success on the APA Commission on Violence and Youth Report. However, the group felt that certain elements of "violence" relative to ethnic minority populations were not included in the published report. Therefore, the group agreed to draft a letter sharing the combined concerns of each Council member organization to the APA. ABPsi was asked to prepare a first draft for review. OEMA was asked to coordinate this activity. This issue is of paramount concern for the Council and should be a high priority agenda item for discussions involving ethnic minority congressional leaders.
 - d. Accreditation The Council continues to be interested in receiving information addressing Accreditation. OEMA was asked to solicit information from the Office on Accreditation relative to questions such as the following: How many site visitor teams currently exist? How many ethnic minority psychologists are there on each team? How many programs received less than full Accreditation as a consequence of non-compliance to Criterion II requirements? What are the nature of the major deficiencies relative to non-compliance? This issue would again be addressed during the 1995 Winter Council meeting.
 - e. National Institutes of Health "Guide" The AAPA raised the issue of the NIH's published list of "under-represented groups" in "biomedical and behavior sciences" whereby "Asian Americans" are not included. The Council agreed that "psychology's definition of under-represented groups include Asian American/Pacific Islanders." The AAPA agreed to prepare an initial draft letter to NIH outlining the concerns of the Council supported by data from the APA's Office of Demographics, Employment and Evaluation Research (ODEER). AAPA will contact ODEER and coordinate the drafting of a Council letter with OEMA.
5. Dr. McCombs provided a brief overview of CMHS and SAMHSA. She shared the federal perspective on mental health care service delivery and research to ethnic minority populations. Highlights of her presentation include the following:
- a. Access to mental health services
 - b. Quality of services and research; cultural competence
 - c. Effective outcome of appropriate mental health services and research
 - d. Comprehensive prevention programs

The Council thanked Dr. McCombs for her presentation and invited her to participate in the summer 1994 meeting if available.

6. The Council summer meeting was approved to take place prior to the APA convention in Los Angeles, CA on Friday, August 12, 1994 from 8:30-11:50 am., in a location to be announced. The Society of Indian Psychologists will again chair the meeting and Division 45 will host the breakfast. The format of the meeting would be as follows:
- | | |
|-----------------|---|
| 8:30-10:00 am. | Closed breakfast meeting; invitation only |
| 10:00-11:50 am. | Open meeting for membership |

OEMA was asked to coordinate the summer meeting.

7. Dr. BigFoot thanked all Council member organization Presidents for attending and participating in the meeting. She adjourned the meeting at approximately 5:00 pm.

The Executive Committee of the Society of Indian Psychologists prepared the following memorandum in response to President Clinton's proposed health care plan.

The Executive Committee of the Society of Indian Psychologists is extremely interested in how the Clinton Administration's proposed health care plan could effect the health care delivery system for American Indian and Alaska Native citizens. The issues that are of most concern are summarized below:

1. The provision of health care is an obligation undertaken by the United States Government at the signing of treaties with American Indian and Alaska Native tribes. The National Health Care Plan must not jeopardize the rights that Indian people hold to receive adequate health care.
2. The National Health Care Plan must not diminish in any way, the full impact of the Indian Self-Determination and Education Assistance Act of 1975 (Public Law 93-638) which established the mechanisms whereby federally recognized American Indian tribes are empowered with freedom to plan and implement a wide range of health, educational, and social services for their members.
3. The Indian Health Service (IHS) has been the primary provider for health services to Indian people in this country. Over the years, it has been an uphill battle to make sure the IHS received Congressionally appropriated funds to address the wide range of health-compromising conditions, complex health problems such as tuberculosis, alcoholism and its associated diseases of the liver, Fetal Alcohol Syndrome, drug and inhalant abuse, tobacco abuse, child abuse and neglect, coronary heart disease, diabetes, and injuries associated with accidents. In many Indian and Native communities, comprehensive health care which looks far beyond the short-term crisis is still lacking and/or is inaccessible for many Indian families. The National Health Care Plan must not jeopardize the mechanisms whereby the health needs of rural and urban Indian people are communicated to Congress so that this population will receive the best health care possible.

4. In the past two decades, there have finally been inroads in alerting Indian and Native leaders and the Indian community at large to the great importance of attending to behavioral health problems. Disorders such as depression, anxiety, alcohol abuse and alcoholism, and drug abuse profoundly compromise healthy development of the individual, the family, the neighborhood, and the community in all spheres that are important to Indian people (spiritual, emotional, cognitive, and physical). Mental health and substance abuse disorders must be considered equal in importance to physical disorders.
5. The current health care system serving American Indians and Alaska Natives has been gradually building a core of dedicated and well-trained providers and administrators. We need to make sure that multi-disciplinary health care is addressing the complex health needs. Where the behavioral health programming is concerned, we need to continue to benefit from the contributions of psychiatry, psychology, nursing, and social work. The American Indian and Alaska Native population has an extremely high population under the age of 21 and deserves behavioral health care providers who are specialists in assessing and treating children and youth. Similarly, specialists in the elder population are very much needed.
6. Many health care plans focus exclusively on the provision of services and ignore the importance of training professionals and paraprofessionals, continuing education for established providers, and the research enterprise which can inform program and policy development. The National Health Care Plan must not lose sight of the training and research enterprises.
7. It is very critical to uphold health promotion and the prevention of health problems so that the need for treatment will be reduced. It is very important that the National Health Care Plan give honor to the resiliencies that exist in Indian communities - resiliencies that have an important place in the healing process and the enhancement of communities of all cultures.

Statement from
**COUNCIL OF NATIONAL PSYCHOLOGICAL ASSOCIATION
 FOR THE ADVANCEMENT OF ETHNIC MINORITY INTEREST**
 regarding a
MANAGEMENT STRATEGY FOR EFFECTIVE CNPAAEMI ADVOCACY:

The following is a strategy for effecting those advocacy concerns that emerged during the January, 1994 meeting of the Council of National Psychological Associations for the Advancement of Ethnic Minority Issues (CNPAAEMI). This strategy has been reviewed and agreed to by all CNPAAEMI members.

The management strategy is one that seeks:

1. to affirm the autonomy of each of CNPAAEMI's members, and enable opportunities for collective and/or supportive action among CNPAAEMI members - including APA.
2. to clarify the role of APA and its OEMA as both members and facilitators of CNPAAEMI's collective and supportive efforts.
3. to identify specific actions that CNPAAEMI may take to promote common interests.

BACKGROUND

As a result of the January CNPAAEMI meeting, the following documents were drafted and/or provided to all CNPAAEMI members.

1. Draft transmittal memo, CNPAAEMI to APA: Summarizes CNPAAEMI's priority agenda (universal health coverage and prevention services especially for American Indian populations; institutionalized violence; increased collaboration with Ethnic Minority Congressional Caucuses and increased use of minority psychologists as advocates).
2. ABPsi Position Papers (2): Health Care Reform and Institutionalized Violence/Racism
3. AAPA letter (Chen to Bill Clinton): NIH Policy regarding under-represented groups, which excludes Asian-Americans
4. SIP memo (BigFoot to Figueroa): Impact of Clinton Health Care Plan on American Indians
5. DIV 45 letter (Paster to Farley): Need for APA health care reform efforts to include a focus on substantive public welfare issues
6. DIV 45 letter (Paster to Farley): Request to APA for assistance with arranging a meeting between Ethnic Minority Congressional Caucuses (or senior members of their staff) and CNPAAEMI

Collectively, these documents address four (4) major objectives, each of which may be a priority of only one CNPAAEMI member, but all of which are formally supported by all of CNPAAEMI's members. These four objectives are as follows:

- OBJECTIVE 1 To effect increased public policy discussion and alliance between the Ethnic Minority Congressional Caucuses and CNPAAEMI - initially related to health care reform and violence issues.
- OBJECTIVE 2 To effect greater interaction between CNPAAEMI and senior- and executive-level federal staff at NIH (including but not limited to NIMH, NIDA, NIAAAA), SAMHSA, IHS, BIA - especially related to those agency priorities, regulations, and policies concerning prevention, health promotion, violence, and support for the conduct of research and services evaluation in ethnic minority communities.
- OBJECTIVE 3 To effect greater knowledge and responsiveness of APA Government Relations and Public Policy Offices to the public policy concerns of ethnic minority psychologists and the communities they serve.
- OBJECTIVE 4 To encourage APA to include in its deliberations and recommendations related to its various violence initiatives, consideration (and related research and intervention findings) of institutionalized forms of violence.

PROPOSED MANAGEMENT STRATEGY

1. Management of Objective 1 (Re: EM Congressional Caucuses and Health Care Reform and Violence Issues)

This objective involves a focus on external processes. More specifically, Objective 1 probably is most critically linked with CNPAAEMI documents previously listed as 1 and 2, and 4 through 6.

Proposed strategies for management are:

- a. APA's Office of Ethnic Minority Affairs (OEMA), with assistance from APA's Public Policy Office (PPO) and Governmental Relations Office (Practice Directorate) will seek to invite members or staff of the Ethnic Minority Congressional Caucuses (especially those representing California):
 - i) to attend the public forum portion of the CNPAAEMI Breakfast at Convention for the purpose of: (a) discussing CNPAAEMI's concerns related to health care reform and (b) identifying specific ways in which CNPAAEMI and ethnic minority psychologists may be used to promote health care reform issues of mutual concern.
NOTE: Many believe that Congress will pass health care legislation prior to APA's Convention. If this is the case, discussion might shift somewhat to place emphasis on possible impacts of the legislation on ethnic minority communities, and means by which CNPAAEMI might influence the federal regulation promulgation process.
 - ii) to participate in an informal discussion during Convention in the PI Suite to be chaired by ABPsi (but open to other CNPAAEMI members, selected federal senior-level staff involved with health promotion and violence, and members of APA's Commission on Violence in the Family and Task Force on Urban Initiatives and Public Policy Office) focusing on its perspectives on institutionalized violence.
NOTE: To date, APA violence initiatives have deliberately focussed on interpersonal violence. Consequently, informal discussions might include rationale (and related research) for a psychological focus on institutionalized violence.

2. Management of Objective 2 (Re: Federal Agencies and Health Promotion, Violence, and Research/Evaluation in EM Communities)

Objective 2 is most critically linked with CNPAAEMI documents previously listed as 2 through 6.

Proposed strategies for management are:

- a. In regard to CNPAAEMI's violence and health promotion concerns, APA's Executive Director of Public Interest (Dr. Tomes) will forward a copy of relevant CNPAAEMI documents to the appropriate executive and senior level federal staff. The document(s) transmittal letters will:
 - i) note the support of all CNPAAEMI members (including APA) for serious consideration of concern in question,
 - ii) request that appropriate federal staff meet with CNPAAEMI during its Winter, 1995 meeting (in DC) for the purposes of both exploring CNPAAEMI's concern(s) and determining the feasibility of establishing an advisory group or other mechanism for ensuring the participation of ethnic minority psychologists in reviewing and commenting on existing and proposed policy papers, priority statements, and regulations related to CNPAAEMI's concerns.

- b. OEMA will encourage the participation of representatives of IHS and BIA in a meeting during Convention with the Society of Indian Psychologists (SIP), which would focus on health care reform issues and the need to establish or ensure the participation of Indian Psychologists in a Federal advisory group for ensuring continuity and quality care to Indians under health care reform. This meeting could occur immediately after SIP's annual meeting in the PI Suite. Staff from APA's Public Policy and Government Relations Offices also will be encouraged to attend this meeting. If appropriate IHS/BIA staff cannot come to Convention, this meeting will be incorporated into CNPAAEMI's Winter Meeting agenda.

NOTE: Discussion topics might require some slight modification if health reform legislation has been voted on by Congress prior to August, 1995.

- c. OEMA will encourage the participation of representative of the NIH Director in a meeting during Convention with the Asian American Psychological Association (AAPA), which would focus on its concern about restrictions in the availability of NIH "under-served/under-represented populations" research funding to Asian American psychologists. This meeting could occur immediately after AAPA's annual meeting. Staff from APA's Science Directorate and Government Relations and Public Policy Offices also will be encouraged to attend this meeting. If appropriate NIH staff cannot come to Convention, this meeting will be incorporated into CNPAAEMI's Winter Meeting agenda.

3. **Management of Objective 3** (Re: APA Public Policy and Governmental Relations Offices)

This objective is most critically linked with CNPAAEMI documents previously listed as 1 and 5.

Proposed strategies for management are:

- a. PI Executive Director will confer with Deputy CEO and PD Executive Director regarding the high priority that PPO and Government Affairs Offices should place on participating in 1.a.ii) and 2.a.ii) and 2.b. and 2.c. above.
- b. PPO and Government Affairs Directors will meet with CNPAAEMI during its Winter, 1995 meeting for the purpose of discussing specific strategies for effecting increased responsiveness to concerns of ethnic minority psychologists and increased use of ethnic minority psychologists as advocates.

4. **Management of Objective 4** (Re: APA Violence Initiatives)

This objective is most critically linked with CNPAAEMI documents previously listed as 1, 2 and 5.

Proposed strategy for management is:

- a. Participation of members/representatives of the Violence Commission and Urban Initiatives Task Force in 1.a.ii) and 2.a.ii) above.



The Society of Indian Psychologists

will hold its annual business meeting on:

Thursday, August 11, 1994

10:00 A.M. to 4:00 P.M.

Westin Bonaventure Los Angeles, Malibu Suite

We hope to see you there to discuss by-laws, elect officers, share information, and enjoy friendship.

Please share this with your colleagues and other interested parties. Also, if you are not a SIP member and would like to join or need to renew your membership, an application is enclosed. Applications will also be available at the meeting.

If you would like to have an item added to the agenda for this meeting, contact Dr. Candance M. Fleming, (303) 372-3577, or Dr. D. Subia BigFoot, (405)325-5406 no later than August 8, 1994.

119 N. Foreman
Norman, OK 73069



RECEIVED

AUG 07 1994

Office of
Mental Health
Tribal Health Program

Gyda Swaney
Mental Health Program
Tribal Human Services
26 Round Butte Road W.
Rosen, MT 59864