

This is a corrected version of the 1st Quarter New sletter. In the previous copy sent out, links in Dr. Elissa Patterson article were omitted. This has been corrected. Also, the MPA Sustaining Members list was sent in error, the list has been updated to reflect current MPA Sustaining Members.



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THE MICHIGAN PSYCHOLOGIST

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Annual Spring Convention Addresses Nation's Opioid Crisis

By James Windell, M.A.

The MPA Annual Spring Convention returns to The Henry Center in East Lansing on April 20. The title of the full-day convention is *Psychology's Response to the Opioid Epidemic, and Pain Management in Michigan*.

There is little question that there is a national opioid crisis. Consider these statistics:

- In 2016, 12 states recorded more opioid prescriptions than population
- In 2012, there were enough opioid prescriptions in this country to provide every adult a month-long supply
- Of the people prescribed an opioid drug, 25% misuse them
- Over two million Americans are thought to be addicted to opioids
- Deaths from opioids in Michigan jumped 54 % from 21015 to 2016
- Nationally more than 116 people die every day from an opioid overdose

That's why psychologists must address this epidemic, and to do that MPA has brought together three outstanding presenters for the Spring Convention. According to MPA Program Chair, Chris Sterling, Ph.D., "These three presenters will help psychologists understand and treat chronic pain and opioid abuse."

The morning presenter will be Carl Christensen, M.D, Ph.D, D-FASAM, who is the Medical Director of Michigan Health Professional Recovery Program, and Clinical Associate Professor in Psychiatry at Wayne State University. Dr. Christensen will be discussing treatment approaches, their effectiveness, changes in CDC Guidelines and the coming changes in Michigan law starting in June, 2018. "In addition, Sterling said, "Dr. Christensen will provide a review of the basic neurobiology of addictive disorders."



There will be two presenters in the afternoon on Friday, April 20. The first afternoon speaker will be Michael Geisser, Ph.D. Professor of Rehabilitation Psychology and Neuropsychology in the Department of Physical Medicine and Rehabilitation at the University of Michigan. Dr. Geisser is on the Editorial Board of The Clinical Journal of Pain, Pain, and Journal of Pain, and he is also a Past President of the Midwest Pain Society, and former Co-Chair of the Psychosocial Research Special Interest Group of the American Pain Society. He will be discussing the use of CBT to treat chronic pain and factors that lead to positive outcomes.



Also speaking in the afternoon will be Annmarie Cano, Ph.D.. Dr. Cano is a Professor of



Psychology and Associate Dean of Student Services in the Graduate School at Wayne State University. Dr. Cano conducts research on emotion regulation, empathy, and intimacy processes in couples facing health problems. She was elected in 2016 as a Fellow of the American Psychological Association in Divisions 38 (Society for Health Psychology) and 43 (Society for Couple and Family Psychology). She is currently on the Editorial Boards of the American Psychologist and the Journal of Pain. Her presentation will address working with couples and families and the psychosocial

challenges when a loved one has chronic pain. "Dr. Cano will talk about solutions for clinicians when working with couples in communication patterns that can improve quality of life," according to Sterling.

Psychology's Response to the Opioid Epidemic will take place on Friday, April 20 from 8:30 am to 4:30 pm at the Henry Center, 3535 Forest Road, Lansing. Dr. Sterling suggests that MPA members [register](#) early as he anticipates strong demand for this seminar. Besides workshops on this important topic, the Spring Convention will also feature annual awards, a graduate poster contest, and the opportunity to meet and mingle with fellow professionals.

To comment on this article, contact Jim Windell at jwind27961@aol.com

THE OPIOID CRISIS: How We Got Here

Elissa Patterson, Ph.D.,
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Opioids were involved in the deaths of at least 42,249 individuals across the U.S. in 2016 ([Center for Disease Control and Prevention, 2018](#)), and, sadly, here in Michigan the human suffering and death toll continues to rise ([MLive, 2017](#)). As psychologists, we can make a significant positive impact on this crisis if we educate ourselves and our communities. To that end, MPA is devoting the Spring Convention to pain and the opioid epidemic (Psychology's Response to the Opioid Epidemic and Pain Management in Michigan: Register at this link: <http://viethconsulting.com/Calendar/moreinfo.php?eventid=47783>). In this article, we cover some of the big questions that put the epidemic in context across time and geography.

When and how did this opioid epidemic start?

The current opioid epidemic has been traced back to various seemingly well-intentioned efforts over the last 30 to 40 years during which the crisis has developed and skyrocketed. There were less innocuous-sounding precursors, but let's start with an ostensibly reasonable action taken by the American Pain Society (APS) in 1996: they coined the phrase into "[pain as the fifth vital sign.](#)" The idea was that, in addition to the four cardinal vital signs (blood pressure, heart rate, respiratory rate, and body temperature), adding routine assessment of pain would inform accurate medical diagnosis and treatment. The problem is that this fifth vital sign was introduced in to a medical environment that did not routinely teach (and still does not teach) medical clinicians about sensation and perception of pain-beyond the basic notion that pain indicates that there is a problem, presumably physical in nature.

Without adequate understanding of how to interpret and treat pain, medical professionals were put in a difficult situation, eager for a solution. Medical professionals were pressured to treat pain with a limited set of pharmacologic options. Traditional wisdom for many years up to then had instilled a legitimate concern about the addiction risk of medications derived from the poppy flower (such as opium, heroin, and narcotic pain medications). [For some history about humankind's interaction with the poppy flower, see this link: <https://deamuseum.org/ida/>.

Stepping back to 1995, the year before the APS deemed pain the fifth vital sign, we see that a new opioid pain killer, OxyContin, was introduced with an aggressive marketing campaign that targeted wide-spread concern about its addiction potential. In the years immediately prior to that, the maker of OxyContin had hired physician consultants who made public statements that undermined the credibility of physicians and others who questioned the safety of OxyContin. For example, one of the most prominent of those consultants ridiculed the concerns about addiction by labeling them as "[opiophobia.](#)"

A [2017 letter to the editor of the New England Journal of Medicine \(NEJM\)](#) identifies another key factor that promoted the wide-spread dismissal of signs of addiction that would have been obvious to

clinicians prescribing opioid pain medications to patients with chronic pain. The 2017 letter explains that in 1980 a [letter to the editor of the NEJM](#) claimed that there was no evidence to suspect that narcotic medications were addictive. The 1980 letter, based on observation of hospitalized patients, was worthless from the standpoint of applicability to the outpatient use of opioids for chronic pain. Yet that one-paragraph letter was cited 608 times, from 1980 to March 2017, and the majority of those citations pointed to the letter as evidence that "addiction was rare in patients treated with opioids" -which we now know to be patently false ([NEJM, 2017](#)). This careless promulgation of conjecture cloaked as science is an example of cognitive dissonance coupled with herd mentality in a "scientific" community of the highest caliber. The outcome of this absence of critical thinking, in the opinion of many, is the North American opioid epidemic.

This scientific carelessness paved the way for the misleading, multi-pronged OxyContin marketing campaign that falsely convinced countless well-intentioned medical clinicians and patients that OxyContin was safe and effective for treatment of chronic pain. The [2017 NEJM](#) letter explains that "In 2007, the manufacturer of OxyContin and three senior executives pleaded guilty to federal criminal charges that they misled regulators, doctors, and patients about the risk of addiction associated with the drug."

Part of the current problem is that patients receive [lengthy prescriptions for opioids after surgery](#), which leads either directly to [persistent opioid use](#) or the risk of someone else misusing the unused narcotics in medicine cabinets. After an individual starts misusing prescription opioids, he or she may become labeled as "drug seeking," get cut off from prescribers, and then resort to buying heroin on the street when they are cut off from legitimate prescribers.

What role can psychologists play in eradicating the opioid crisis?

You may have noticed an increase in the number of times that the radio, TV, and social media mentioned the opioid crisis over the last year. That is partly because last April Michigan received \$16 million in federal funding to combat the issue through prevention and "increased access to treatment" according to a [MLive](#) article. The article states that, "In response to the spike in opioid deaths, the state is launching 'multiple initiatives including a media campaign to raise awareness about the dangers of opioid misuse, the treatment options available, and to educate the public about proper storage and disposal of prescription drugs,' said a news release from MDHHS" (Mack, 2017, par. 9). This is excellent news, however, in many of the approaches to the opioid crisis, "treatment" is limited to substance abuse treatment for opioid addiction and alternative pharmacological treatments for pain.

To fully address this crisis, we must provide comprehensive solutions including holistic, psychologically-informed interventions based on a biopsychosocial understanding of pain. In the U.S. medical model of the last half century or more since pharmacology and technology have surpassed behavioral interventions as the primary form of medical intervention, there has typically been little-to-no mention of the [biopsychosocial treatment of pain](#), despite an abundance of [neurobiological data](#) on the contextual factors that contribute to an individual's sensation and perception of pain.

What role can psychologists play?

Our roles as psychologists include [advocacy](#) related to legislation and access to timely substance abuse and mental health treatment, dissemination of accurate information about the crisis and potential remedies, and humane, non-stigmatized [treatment of patients suffering from pain](#).

During the MPA Spring Convention on April 20 of this year, you will hear from seasoned pain psychologists and a psychiatrist about the types of clinical interventions that are being used effectively. In addition, we hope that you will feel inspired and empowered to take action as [citizen psychologists](#) .

To comment on this article, contact Dr. Patterson at ehpatter@med.umich.edu

Executive Director's Report: Wrapping Up a Successful Year at MPA



LaVone Swanson - Executive Director

It's been a busy First Quarter here at MPA. I'll highlight some of the things that have already begun, and those that will be coming up in the future.

In January, the MPA Board of Directors approved a balanced budget for 2018. This is our fifth straight balanced budget, which shows that MPA is once again in a strong financial position for the future. Our Net Assets and Liabilities have risen from \$121,000 to over \$240,000. Special thanks to Dr. Debra Smith, MPA Treasurer, for making sure that MPA is on strong financial footing.

The Program Committee has a great year of CE planned. In February, we held an Ethics and Pain Management program. The MPA Annual Spring Conference is only a few weeks away. The theme for the Spring Conference is a timely topic for sure:

Psychology's Response to the Opioid Epidemic and Chronic Pain in Michigan

This program will help psychologists understand and treat chronic pain and opioid abuse. These problems are complex and involve multiple dimensions. The areas of opioid abuse, misuse, and overdose will be addressed. The program will cover the basic neurobiology of addiction and diagnosis of opioid dependence even with chronic pain. The effectiveness of different treatment approaches will be examined as well as the CDC Guidelines and the new opioid-related laws being enacted in Michigan. Evidence based use of CBT for chronic pain and variables for successful outcome will be examined. The psychosocial challenges of chronic pain will be examined, as well as interpersonal and communication patterns within families and couples that hinder or help with physical pain.

In addition to the Annual Spring Conference in April, here are other dates to keep in mind:

July 13, 2018: Telepsychology with Alex Siegel, J.D., Ph.D. will be held at the Okemos Conference Center in Okemos, Michigan.

October 5, 2018: Ethics and Pain Management will be held at Marquette General in Marquette, Michigan.

October 19, 2018: Brains and Behavior, co-sponsored with MAPP will be held in Kalamazoo, Michigan

I also point out that once again MPA was in attendance for the APAPO Practice Leadership Conference in Washington D.C. Dr.'s Josephine Johnson, Elissa Patterson, Jared Skillings, and I represented MPA at this Practice Leadership Conference, that took place March 10-13, 2018. The PLC's theme this year was Advancing Practice Together. We visited the Congressional offices of Representatives Dingell, Levin and Walberg, and attended a breakfast meeting with Senator Debbie Stabenow. We received warm receptions from our Representatives and our Senator, but getting traction on bills is long-term.

Our message to our representatives in Congress focused on:

- Co-sponsorship and support for the Medicare Mental Health Access Act (H.R. 1173 / S. 448), which is bipartisan legislation that would allow psychologists to provide Medicare services without unnecessary physician supervision. Representatives Kristie Noem (R-SD) and Jan Schakowsky (D-IL), and Senators Sherrod Brown (D-OH) and Susan Collins (R-ME) sponsor this bill.
- Urging Congress to oppose any changes to Medicaid that would reduce coverage. Proposed cuts call for a \$675 billion cut to Medicaid and ACA subsidies over 10 years. This would repeal ACA, eliminate Medicaid expansion, leaving 1.3 million people with SMI and 2.8 million with a substance use disorder without coverage.

Finally, I hope everyone has an enjoyable Spring, and I look forward to seeing you at an upcoming CE program.

As always, I welcome your input, questions and concerns about MPA. Feel free to contact me at

From the Office of the President Getting to Know Me

Jared Skillings, Ph.D., ABPP
MPA President

Thank you for the opportunity to write an article for the MPA newsletter. I hope it will provide a little window into my personal and professional life, especially during my term as MPA President. I will write briefly about my personal life growing-up and currently, as well as my professional activities and interests. Elsewhere in this newsletter I've written about the books I enjoy most.

I was born in Muskegon, Michigan, but we moved to a small, Appalachian town in southern Ohio when I was just two years old. My father is a counseling psychologist, and he has maintained a solo practice as a family psychologist for more than 40 years; my mother has been his office manager for the past 15 years or so. The environment was rural, so the same 120 kids were together in school from first grade through graduation. I played soccer from age 5, and only switched to kick field goals for the football team my senior year of high school. Although I was proud to win the Homecoming game with a kick, after 4 knee dislocations that season, my career in contact sports was over.

I attended Cedarville College (now University), a small, private school near Dayton. My wife and I met 3 weeks into college while she was on a date with my roommate. I will save the details, but Julie and I got married right after college and have now been married for nearly 18 years. (My roommate eventually found someone else, and we are all friends today.). Julie is a licensed elementary teacher and earned a Master's degree in school psychology. Towards the end of graduate school, we tried to get pregnant but could not; we tried IVF twice and even signed-up for embryo donation. After struggling with infertility for about six years in total, we felt encouraged towards adoption. Usually the adoption process takes a couple years, but within a week of completing our adoption home-study, the case worker asked us to consider a 3-year old little Hispanic boy, Anthony. We joyously agreed, and he was living with us full-time within a month. Then nine months later we took in another 3-year old Caucasian boy, Jonathan; nine months after that we were matched with two girls from Haiti - Hope and Violet. In 18 months we had a beautiful, rainbow, insta-family.

The kids are now 7, 8, 9, & 10 years old, and... everyone is on (or above) grade-level and socially and psychologically thriving. Our most recent family addition is that in mid-March we just took into foster care a beautiful 5-year old African-American girl, named Gabrielle, who we are also planning to adopt. She fits in just perfectly and is a joy to have around.

My interest in psychology started during my sophomore year of high school when my father suggested I write my science term paper on intelligence. He proposed I write about schizophrenia for my junior science paper - and I was hooked. I declared my college major as psychology and never looked back. One of the academic accomplishments I am most proud of was graduating Summa Cum Laude in 3 years; that allowed me to work for a year before getting married and attending graduate school. My master's and doctoral work were at the University of Toledo, which was a traditional clinical psychology program with a 50/50 focus on research and clinical training; I decided to take a few extra classes to have a PhD minor in research and statistics. My psychotherapy training legacy is connected to three generations from Carl Rogers, so much of my early work was in emotion-focused therapy. It was not until my internship in Miami, Florida that I was introduced to health psychology and hospital consultation at the Jackson Health System.

We returned to Michigan, where I completed a two-year fellowship in primary care psychology at McLaren Regional Medical Center in Flint. Currently, I have worked as Chief of Psychology for Spectrum Health in Grand Rapids for about the past six years. I am proud of our behavioral health growth from six to 57 providers, including 36 psychologists. We have started to tackle the growing problem of poor behavioral health access, including doing some experiments to modify our patient scheduling system to improve efficiency. The initial results are quite interesting, and we are hoping to publish them in 2019.

Over the past few years I have also enjoyed learning about psychology governance and policy. My service in APA, ABPP, and MPA has taught me that leadership is always a team sport and how

important patience is. I could not be more pleased with our leadership team in MPA. They are a smart and dedicated group of colleagues who want to see improvements in our state and in our society. There is no doubt that our state association will be in capable hands, long after my term as President is over. Personally, I look forward to continuing to work towards improving care for the communities we serve (especially the underserved) as well as placing psychology where it belongs on the national stage - as the premier profession in behavioral health.

To comment on this column, contact Jared Skillings, Ph.D. at jared.skillings@Spectrumhealth.org

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ALSO FOR PSYCHOLOGISTS REVIEW

Book Review of David Grann (2017): Killers of the Flower Moon: The Osage Murders and the Birth of the FBI. New York: Doubleday.

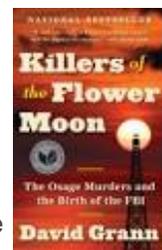
Reviewed James Windell, M.A.

In May, 1921, Anna Brown, an Indian living in the Osage territory of Oklahoma disappeared.

Almost 50 years before her disappearance, though, in the early 1870s, the Osage Indians had been driven from their lands in Kansas to a rocky, seemingly worthless reservation in northeastern Oklahoma. Three decades later, however, it turned out that the Osage were living on one of the largest oil deposits in the United States. That meant that oil promoters had to pay the Osage for leases and royalties. Every person on the Osage tribal rolls began receiving a royalty check.

Those checks started out as a few hundred dollars, but eventually become thousands - and every year payments increased. In 1923 alone, the Osage cashed checks totaling more than \$30 million. At that time, the Osage were considered the wealthiest people per capita in the world. Every Indian (in this book, Grann, very deliberately and with reason, refers to Native Americans as Indians), like Anna Brown, had a regular income that allowed them a comfortable life.

A week after Anna vanished, her body was discovered by a hunter and his son. She had been murdered. But she wasn't the first Osage to die suddenly and mysteriously - and she wouldn't be the



last. In fact, over the course of a few years dozens of Osage were killed. However, the investigations into these seemingly unrelated but strange deaths by the tribal police and the Bureau of Investigation (the law enforcement agency that would later be renamed the Federal Bureau of Investigation) were haphazard and less than exhaustive.

When Anna Brown was murdered, the Bureau of Investigation was not yet directed by J. Edgar Hoover and its Director in the early 1920s, William J. Burns, appeared to be concerned about doing a competent investigation. And when Hoover took over the reins of the Bureau in 1924, he was still new to the job and he, too, wanted to protect the reputation of his department and he called in one of his special agents, Tom White, and told him to go to Oklahoma and solve these murders. Tom White, who was more of a cowboy than what the popular image of the stereotyped FBI special agent would evolve into during the 1930s, took his job seriously and over the next several years diligently tracked leads. Ultimately, the sleuthing by White and agents working with him led to one man and one motive - accumulating the royalties of as many Osage as possible through wills and assignments.

Grann writes a compelling story of the Osage murders and he shows the parallels with the development of the Bureau of Investigation in the years before J. Edgar Hoover established his dictatorship over the FBI, and before his prejudices and biases began to be displayed. In much of Hoover's 48-year tenure as director of the FBI, while he built the agency into a powerful and elite crime-fighting agency, it became more and more apparent that he was a deeply flawed man who could not overcome his biases. As is clear in other books such as Steve Hendrick's "Unquiet Grave: The FBI and the Struggle for the Soul of Indian Country" (Thunder's Mouth Press, 2006) and Thomas Gid Power's "Broken: The Troubled Past and Uncertain Future of the FBI" (Free Press, 2004), in later years, after the Anna Brown murder was solved, the FBI operated in tribal lands in a despicable manner provoking conflict and sewing seeds of discontent which ensured that the response would be armed hostilities. While this was going on, the FBI lied to the American people about their own role in violence and mayhem on reservations.

Hendrick's book detailing events around the Wounded Knee incidents during the 1970s, demonstrates the less than exemplary record of both Hoover and his special agents in dealing with the American Indian Movement and American Indians. Typically, American Indians were badgered, manipulated and probably murdered - all with the complicity of the FBI.

Grann's book reminds us of an earlier, perhaps more innocent time, when the Bureau of Investigation at least made an honest effort to solve crimes on reservations. This was prior to Hoover's COINTELPRO programs that sought to contain - if not encourage - the destruction of the American Indian, not to mention every other group that Hoover thought un-American.

I recommend Grann's "Killers of the Flower Moon" for the pursuit of justice against killers of the Osage. This book should be read before Hendrick's and Powers' depiction of the FBI 50 years later, by which time the FBI's moral bankruptcy was in full flower under Hoover.

You can comment on this article by contacting James Windell at jwind27961@aol.com

Major Decisions at the APA

Jack P. Haynes, Ph.D.

Major decisions are in process at the American Psychological Association. This circumstance results from the confluence of several events. There are simultaneously basic structural evaluations taking place involving the structure and important functioning of APA. These decisions involve a presidential initiative, the creation of a new APA Ethics Code, the filling of the about-to-be-vacated position of head of the Practice Directorate, and the selection of a permanent Director of the Ethics Office. The first two will take extended time to be completed, the third and fourth are anticipated to be completed this year.

- Initiative re APA Structure

Dr. Arthur Evans, CEO for APA, broadly outlined possibilities during a one hour webinar on February 8, 2018. A fundamental aspect involves the development of an advocacy fund which will be focused not only on practice but also on technology, academia, and other areas.

The proposed changes at this point involve the possibility of changed tax status from 501(c)(3) which is as a non-profit IRS classification; a change now perceived necessary since that category of tax status does not allow the organization to effectively lobby or otherwise influence legislation. The current APA Practice Organization (APAPO) has been supported by dwindling membership. Also, APAPO is organized as a 501(c)(6) organization with less tax exemption than a 501(c)(3), and also with a different permitted focus.

Reorganization is being considered with parts of APA having one kind of 501(c) structure and parts having other kinds of 501(c) structure. The underlying guiding purpose would be to increase APA advocacy at both the federal and state level as well as to increase funding for psychology via APA.

Dr. Evans has requested input from APA members. He has said the goal would be to expand the reach of APA without a dues increase, at least for several years. At this time a minority of revenue for APA comes from dues, other important revenue sources being from publications and from investment income. The operating budget for APA is about \$120 million, and there are about 120,000 members in various membership categories.

- APA Ethics Code Task Force

The Task Force to produce a new Ethics Code for APA has begun work. As Vice-Chair of the APA Ethics Committee, I can verify that considerable time was spent and much thought, discussion and evaluation took place in selecting outstanding and accomplished members with ethics backgrounds to reflect the diversity of the population that psychologists serve. The final approval of the 10 members of the Task Force was approved by the APA Board of Directors. The Ethics Code Task Force will be led by a Chair and a Co-Chair also selected by the Ethics Committee and approved by the Board. It is anticipated that the group will work for several years. They have a free hand to creatively develop the new, functional, and responsive Ethics Code.

- APA Practice Directorate

Dr. Katherine Nordal, a private practitioner for 28 years and for the past 10 years Head of the APA Practice Directorate, is retiring. This will be a significant loss and adjustment for the organization, given Dr. Nordal's vast expertise and wisdom in both psychological practice as well as organizational functioning. The search for her replacement is about to begin. I recommend everyone to encourage the application of outstanding candidates to apply to be considered for this important position.

- APA Ethics Office Director

The APA Ethics Committee functions in the context of the APA Ethics Office. Dr. Lindsay Childress-Beatty has been Acting Director of the APA Ethics Office since March, 2017, and Director of Adjudication/Deputy Director for six years prior. Dr. Childress-Beatty has been employed by APA since 2001. She earned a Ph.D. in Clinical Psychology from Columbia University and a J.D. from the University of Michigan. The organization has begun advertising to fill the position on a permanent basis. Dr. Stephen Behnke was the prior Director of the APA Ethics Office for 14 years.

To comment on this article, contact Jack Haynes, Ph.D. at jhaynes254831mi@comcast.net.

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PSYCHOLEGAL NOTEBOOK

Following a Historical Roadmap to Professional Ethics

By Robert Henley Woody, Ph.D., Sc.D.

Psychologists and other mental health practitioners seemingly recognize and experience angst about third parties wanting to define and control mental health services. For example, there is presently a proliferation of mandatory endorsement (e.g., granting accreditation or approval of some sort) for training sources that are then recognized and/or mandated by governmental licensing and third-party payment sources. Consequently, this results in less reliance on members of certain professions for determinations (e.g., interventions). To believe otherwise is, with all due respect, an indicator of lack of information.

Seldom will these non-psychological sources adhere to the same ethical components inherent to psychological professionalism. This may create a conundrum: "Ethical choices depend on weighing costs and benefits" (Fiske, 2004, p. 76). Although psychological professionalism requires consideration and adherence to certain regulatory measures (e.g., ethics codes, policies, rules, and statutes), the same cannot be said assuredly for those third-party sources with primary dedication to financial gain.

Too often, health care practitioners (and psychologists are no exception) are prone to justify their professional decision making and actions by what they learned in a graduate class, notwithstanding that the training may have occurred decades earlier. Of course, mandatory continuing education is one proposed remedy.

Said simply, professional ethics that track back to the past (perhaps even to ancient Greek philosophers) requires contemporary awareness and substance, as constituted by situational ethics (i.e., absolutism) and are determined by critical thinking, temporal and contextual factors, judgmental flexibility, and sensitivity to morality. But an important caveat is that ethics for any profession can be expected to change, depending on, among other things, time and place.

For a modern mental health practitioner of any ilk, it is necessary to be informed about the past in order to make right versus wrong (i.e., appropriate versus inappropriate) decisions. The overriding purpose is to promote social order and values. For example, substantive knowledge of the evolution of the American Psychological Association allows for accurate assessment of factors inherent to contemporary practice. Green and Cautin (2017) provide detailed and authoritative information about the events and characteristics for APA. This information specifies, defines, and posits countless occurrences and sources of social, political, and academic influences that merit consideration when formulating a service plan in this day and age.

One recent example involves the controversial conflicts about governmental use of psychologists; that is, whether the tactics used with incarcerated prisoners were consonant with contemporary psychological ethics. Consequently, in 2010, Standard 1.02 was amended to read:

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority -- If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

Personal opinion: Every trainee in psychology should be required to understand and have the ability to apply the history of events in society and relevant professions into everyday practice. In other words, knowledge of the history of psychology provides critical information for a roadmap to fundamental ethics for decision-making.

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Robert Henley Woody is a Professor of Psychology at the University of Nebraska Omaha, teaching law-related courses and serving as President of the Faculty Senate. He is a Michigan Licensed Psychologist and a Member of the Michigan, Florida, and Nebraska Bars, and is based, in part, in the Grand Rapids area. The author retains all rights to this article; it may not be reprinted without his

To comment on this article, contact
(To comment on this article, contact Robert Woody, Ph.D. at psychlegal@aol.com)

Books on My Digital Nightstand

Jared L Skillings, Ph.D., ABPP
MPA President

I LOVE a good book. But, since I have little time to sit and read paper copies, I listen to digital books through Audible.com on my commute to work. I try to mix it up and listen to different types of books. For enjoyment I often choose legal/crime thrillers from authors like Michael Connelly or John Grisham. I also enjoy books on leadership, and I tend to prefer ones from outside psychology, which help broaden my perspective. Finally, I believe it is important to maintain an appreciation of different people and worldviews, so I have also come to appreciate books on social justice, spirituality, and culture. These kinds of books also provide a reminder (especially to those of us with largely privileged identities) of our human obligation to understand diversity and to serve those on the margins of society. Brief snippets below are from 3 books on my digital "nightstand."

Just Mercy: A Story of Justice and Redemption (2015) by Bryan Stevenson

This is a fascinating and troubling book about social equity, poverty, and racism in the context of the death penalty. The author provides a first-hand account of his career as a trial attorney for death-penalty cases, primarily in Montgomery, Alabama. Much of the book narrates a story of an African-American man who was convicted of murder and sentenced to death. I do not want to give away the details, but this man's life story is told not only with compelling and emotional details, but also with data about the inequity of the criminal justice system. Other short stories are weaved throughout the text to offer glimpses into the world of death-penalty trials and life on death row. From a psychological perspective, I particularly appreciated a subtle dialectic that wound its way throughout the text; the attorneys seemed to consistently feel helpless in the face of an inequitable justice system, but they behaved courageously despite the circumstances. That was very inspiring and makes this book well worth reading. Here is the book listing on Amazon: <https://www.amazon.com/Just-Mercy-Story-Justice-Redemption/dp/081298496X>

Radical Candor: Be a Kick-Ass Boss Without Losing Your Humanity (2014) by Kim Scott

This is a new, edgy take on leadership in business and health care. The author is a former executive at Apple and Google. She suggests that there are two main skills required to successfully lead/manage others: care personally and challenge directly. The book chapters follow the grid below to explain the pros/cons of leadership that demonstrates (a) both caring and challenging, (b) neither caring nor challenging, and (c) caring without challenging, or (d) challenging without caring. For example, the book refers to leaders who care but do not challenge others as "ruinously empathic." Consequences of this leadership style include tasks going unfinished and employees believing they are performing well even though they are not. I appreciated the genuineness of the examples, in spite of (in some cases, because of) the strong language that is used to illustrate the point. The perspectives offered in this book do not live in the grayness of theory and contemplation, but rather in the clarity of action. I also particularly appreciated the clarity regarding human resources and employee management. Here is the listing for this book on Amazon: <https://www.amazon.com/Radical-Candor-Kick-Ass-Without-Humanity/dp/1250103509/>.

The Poet (1996) by Michael Connelly

This is one of the early books written by Michael Connelly, who is most famous for writing "The Lincoln Lawyer," which became a Hollywood movie starring Matthew McConaughey. In "The Poet," the protagonist is a newspaper journalist whose brother was murdered. The journalist follows the trail of clues, sometimes working with detectives and sometimes working alone or against them. Simultaneously, the book tells the story of the perpetrator, delving into the darkness of his life and motives for this crime and others. The journalist and perpetrator's paths nearly cross on multiple occasions, adding confusion about the real motive and the validity of the investigation. Their psychological dynamics do cross on multiple occasions. I will not spoil the twists and turns, nor the

ending, but this book is a thrill ride with a very smart plot. Here is the book listing on Amazon: <https://www.amazon.com/Poet-Michael-Connelly/dp/0446690457/>

(To comment on this article, contact Jared Skillings, Ph.D. at jared.skillings@Spectrumhealth.org.)

NOTES OF A PSYCHOLOGY WATCHER

Have You Heard This One?

Steven J. Ceresnie, Ph.D.

A College Freshman

A 19-year-old college freshman patient told me he was surprised to find psychotherapy so helpful. I asked him what he thought was helpful about our sessions.

His answer:

I talk for an hour, you listen, and you can't run out of the room. I can't get my friends to listen to me for three minutes without changing the subject.

When Do I work?

A fellow with an advanced degree called me for an appointment. I first offered him an appointment for this coming Friday, and after he said he couldn't make that appointment, I offered him my next available appointment on the following Friday. He then asked, "Do you only work Fridays?"

Physician - heal thyself

A female patient who had experienced a life-threatening medical illness recommended I read Dr. Rana Awdish's new book, "In Shock: My Journey from Death to Recovery and the Redemptive Power of Hope."

In the last day of her fellowship training in Pulmonary Disease and Critical Care Medicine at Henry Ford Hospital in Detroit, 33-year-old Rana Awdish, seven months pregnant and suffering severe stomach pain, experienced a shutdown of her organ systems. A tumor in her liver had ruptured - sending Dr. Awdish into shock, killing her baby, requiring emergency surgery and, after a stroke, being put on a ventilator.

From her lengthy experience as a patient, Dr. Awdish says physicians are trained to see disease and not well trained to see and sensitively respond to suffering. For example, Dr. Awdish heard a resident say she has been trying to die on us. Dr. Awdish remembers: I got angry. I knew I had said the exact same thing to patients- I felt ashamed when I heard what it was like to have your doctor describe you that way.

Psychologists are not immune from making comments about patients that cut the patient down to a diagnostic label - "borderline," "phobic," "passive-aggressive," "hysterical," and so on, missing the uniqueness and complexity of the human being in their office.

Other comments upset Dr. Awdish. She encountered many visitors that violated the basic rule of the Ring Theory which she first encountered in a Los Angeles Times article by Susan Silk and Barry Goldman:

The concept is an etiquette lesson in complaining during times of crisis. Imagine concentric rings. The center ring represents the sick person, in this case me. The next circle is composed of the closest family member, people who are also affected by the illness or loss...The next circle less close family, friends and so on, until eventually random acquaintances conceptually inhabit the outer rings. The person at the center, by virtue of being the most vulnerable, gets to say anything she wants at any time to anyone. The sole benefit of being encased in that awful central ring...The rule is simple: 'comfort IN and dump OUT.'"

What a sweet surprise to see the insightful Ring Theory developed by Dr. Susan Silk, our MPA

Council Representative to the American Psychological Association, and longtime head of the MPA Disaster Response Network Committee, and her husband, Barry Goldman, an attorney, author and clarinet player influence Dr. Awdish's thinking in this important book.

Dr. Awdish's book was reviewed in the New York Times (March 4, 2018). The reviewer states: Awdish's journey from physician to helpless patient and then back to reformed physician is equal parts dramatic, engaging and instructive...It delivers the sobering message that being a physician does not confer upon you the ability to exist outside of life.

A Psychiatrist's well lived life

I like books written by mental health clinicians who have lived a full life, and use their wealth of experience to tell us informative stories. In "Becoming Myself: A Psychiatrist's Memoir" (Basic Books, 2017), Irvin D. Yalom shares the importance of his dreams and those of his patients, many stories of psychotherapy, his ways of doing therapy and his journey from 1930's Washington D.C. to present day Palo Alto - as well as his side trips around the world, not to mention all the remarkable people he met along the way.

At 85 years of age, Yalom still sees patients, consults, writes - and has much to say in this wonderful memoir. He is an emeritus professor of psychiatry at Stanford University in Palo Alto, California, and he has authored more than 15 books including: The Schopenhauer Cure, The Gift of Therapy, Concise Guide to Group Psychotherapy, Lying on the Couch, Momma and the Meaning of Life, and Existential Therapy.

My favorite part of his memoir is when he discusses developing his ideas about his book Existential Therapy - a book I treasure. Before reading Yalom's Existential Therapy, I found readings on existential philosophy filled with barbed wire prose.

But not Yalom - he steeped himself in the writings of Rollo May, among other existential writers, and even entered therapy with May. Yalom writes: I gradually drifted away from my original affiliation with medical science and began grounding myself in the humanities...I embraced Nietzsche, Sartre, Camus, Schopenhauer, and Epicurus...Dostoevsky, Tolstoy, Beckett, Kundera...

In his journey, Yalom focused on death anxiety, and started a group for females with breast cancer - to confront his own fears of dying and help others. Yalom writes about one of his patients who said: What a pity I had to wait until now, until my body was riddled with cancer, to learn to how to live.

Yalom says the above phrase took up permanent residence in his mind and helped shape his practice of existential therapy. Yalom writes: Though the reality of death may destroy us, the idea of death may save us. It brings home the realization that since we have only one chance at life, we should live it fully and end it with the fewest of regrets possible.

Yalom divided his book on existential therapy in four sections of ultimate concerns: death, freedom, isolation and meaning. He confronts our anxieties about death - drawing on the works of philosophers and writers, and his own work with dying patients. He takes up freedom as the ultimate concern of many existential thinkers; a freedom that demands we are the authors of our own lives and must take responsibility for our actions. For Yalom, isolation is not interpersonal isolation but the idea that we are each thrown alone into the world and we must depart alone. He discusses isolation by focusing on the therapist-patient relationship, examining our wishes to fuse with another and our fear of individuation. His fourth concern - meaning - touches on such questions as What is the meaning of life? Why are we here? What sense does life have?

A world famous psychologist I never heard of

I first heard of psychologist Jordan Peterson in Peggy Noonan's column in the Wall Street Journal (January 27-28, 2018) entitled "Who's Afraid of Jordan Peterson?" I knew I wasn't afraid of this 55-year-old Canadian-born psychologist who had taught at Harvard and for the past 20 years has been a Full Professor of Psychology at the University of Toronto. And I knew I had never read an article by Noonan about a psychologist. Ms. Noonan is a long-time columnist for the WSJ, an author of best-selling books on politics, religion and culture, a primary speech writer for Ronald Reagan - and a consultant to the TV show West Wing, just to name a few of her creative ventures in her award-winning career.

In her article on Peterson, Noonan focused on a recent interview on British TV of Peterson by journalist Cathy Newman that went viral with over 7 million views on YouTube and put Peterson on the world map. I urge you to watch this 30-minute interview. Peterson remains calm and even throws in some humor as Newman uses her fiery, hostile rhetoric to badger him and to unsuccessfully try to take him down a notch or two. There are lessons here. For example, for any psychologist who finds himself or herself on the witness stand in court.

Peterson is now showing up everywhere: in the New York Times, The Wall Street Journal, The Chronical of Higher Education, Commentary Magazine, The New Yorker, and he's even been quoted about the causes of the horrific school shootings.

Peterson has put many of his lectures on YouTube. He has a YouTube channel that has almost 1 million subscribers and his YouTube videos have received more than 35 million views as of January 2018.

Noonan's article led me to Peterson's new book: 12 Rules for Life: An Antidote to Chaos (Random House, 2018), which has ranked number 1 on Amazon.

These 12 rules of Peterson's could serve as trenchant discussions of Yalom's four ultimate existential concerns: death, freedom, isolation, and meaning.

Here are his 12 rules:

RULE 1: Stand up straight with your shoulders back

RULE 2: Treat yourself like someone you are responsible for helping

RULE 3: Make friends with people who want the best for you

RULE 4: Compare yourself to who you were yesterday, not to who someone else is today

RULE 5: Do not let your children do anything that makes you dislike them

RULE 6: Set your house in order before you criticize the world

RULE 7: Pursue what is meaningful (not what is expedient)

RULE 8: Tell the truth - or, at least, don't lie

RULE 9: Assume that the person you are listening to might know something you don't

RULE 10: Be precise in your speech

RULE 11: Do not bother children when they are skateboarding

RULE 12: Pet a cat when you encounter one in the street

Peterson has much to say about each rule. And he has much to say about post-modernism, Marx, the Holocaust, the Soviet gulag, identity politics, freedom of speech, Jungian psychology, chaos, Nietzsche, use of pronouns for transgender people, ideology, evil, the dominance hierarchy, inequality, the Bible - both the old and the new testament - and more.

The following Peterson quotes provide some appetizers of his thinking:

Weak and miserable as I am, I can still stand up to the terrible tragedy of life and prevail.

Evil is the force that believes its knowledge is complete.

Speak the truth and see what happens.

The human capacity for eternal transformation is the antidote to unbearable suffering and tragedy.

I regard free speech as a prerequisite to a civilized society, because freedom of speech means that you can have combat with words. That's what it means. It doesn't mean that people can happily and gently exchange opinions. It means that we can engage and combat with words in the battleground of ideas. And the reason that that's acceptable, and why it's acceptable that people's feelings get hurt during that combat, is that the combat of ideas is far preferable to actual combat.

Life is suffering, and suffering can make you resentful, murderous, and then genocidal if you take it far enough. So you need an antidote to suffering. And maybe you think that you can build walls of luxury around yourself and that will protect you from suffering. Good luck with that. That isn't going to work. Maybe you think that you could build a delusion and live inside that...The truth is an antidote to suffering...The final hell is your soul wishing for the destruction of Being, because that's the final hell. The final hell is your soul wishing for the destruction of everything because it's too painful, and you're too bitter. And that happens to people all the time.

Do not try to rescue someone who does not want to be rescued, and be very careful about rescuing someone who does want to be rescued.

The temptations of resentment and hatred are what people have to fight with all the time.

Be careful who you share good news with.

Do not allow yourself to become arrogant or resentful.

Grow up and take responsibility.

The poet W.H. Auden wrote that the motto of psychology ought to be: "Have you heard this one?" There is much to learn from what the above writers have to say.

To comment on this article, contact Steve Ceresnie at sceresnie@aol.com.

Books on My Nightstand

Steve Fabick, Ph.D.

Steve Fabick is a Licensed Psychologist with his practice in Birmingham, Michigan. Prior to that, he was Director of two outpatient mental health clinics, Beacon Hill Clinic in Southfield, Michigan, and Community Counseling Center in Cumberland, Maryland. He has served as a consultant and clinical supervisor to several outpatient clinics and hospitals including William Beaumont's Social Work Department in Royal Oak, Michigan for several years. He has also been President of several local, state, and national psychological associations.

*[Editor's note: The book *The Dangerous Case of Donald Trump* was reviewed in the last issue of *The Michigan Psychologist* by Jack Haynes, Ph.D. Dr. Fabick is writing a guest column in response to a request to review the books currently on his nightstand.]*

The Dangerous Case of Donald Trump, a book edited by Brandy Lee, M.D., organizer of the Yale "Duty to Warn Project," was published Oct. 3rd, 2017. It contains essays from 27 psychologists, psychiatrists and a few others from related fields who describe in persuasive fashion how Trump's serious psychopathology compelled them to warn the public despite the American Psychiatric Association's Goldwater rule which holds that it is unethical for psychiatrists to give professional opinions about public figures without examining them in person.

Among the contributors to this book is Robert Jay Lifton, M.D., who describes his study of Nazi doctors assigned to Auschwitz showing how they were socialized into an *adaptation and normalization of evil*. He termed the outcome of that socialization *malignant normality*. Lifton sees elements of that process occurring in this administration, e.g. Trump's creation of his own reality, and undermining democratic values, norms and processes. And because he is president, his aberrant behavior has become somewhat normalized by many Americans.

Another contributor is Judith Herman, M.D., Professor of Psychiatry at Harvard Medical School, who is a renowned expert in trauma and recovery. She sees it as a psychiatrist's duty to alert the public when a person who holds the power of life and death over us shows signs of clear and dangerous mental impairment.

Phillip Zimbardo, Ph.D., also views Trump through the lens of his Time Perspective Theory (Zimbardo and Boyd, 2009). He describes Trump's rich trove of quotes as representative of an extreme present hedonistic time perspective, e.g. impulsively acting in the moment, with little thought to the future or the consequences of his actions. Such a perspective is characteristic of children and adolescents, as well as arrested development in adults. He provides numerous examples of Trump quotes to support his conclusion, dividing them into the following categories: dehumanization, lying, misogyny, paranoia, racism, and self-aggrandizement. He also focuses on Trump's behavior and comments that support a diagnosis of narcissistic personality disorder, as well as the "bully personality."

Craig Malkin, Ph.D. writes that "the diagnosis of mental illness is not by itself a judgment about whether a person is a capable leader. But if that mental illness-NPD or any other -leads to an inability to function in that job such as he sees as true of Trump, then it is cause for alarm and action. He cites examples of the president's increasing paranoia, impaired judgment, volatile decision making, and alternative reality/facts.

Trump's ghostwriter for the book *The Art of the Deal*, Tony Schwartz, writes in Lee's book that Trump's father was relentlessly demanding, difficult and driven. Schwartz described Trump as always in survival mode in the year Schwartz spent with him. He wrote that "Trump felt compelled to go to war with the world" (not a comforting portrayal given Trump's access to the nuclear codes). Schwartz also quotes Trump as saying: "You either dominated or submitted. You either exploited or succumbed to fear."

Schwartz states that "Trump was equally clear with me that he didn't value-nor even necessarily recognize-the qualities that emerge as people grow more secure such as empathy, generosity, reflectiveness, the capacity to delay gratification, or, above all, a conscience, an inner sense of right and wrong."

Gail Sheehy, Ph.D., writes that the fundamental bedrock of human development is the ability to trust. She sees Trump's biggest problem as the inability to trust with numerous quotes to illustrate her point, e.g. "People are too trusting. I'm a very untrusting guy," "Hire the best people, and don't trust them," "The world is a vicious and brutal place. Even your friends are out to get you. They want your job, your money, your wife." Sheehy and numerous other contributors say Trump cannot be vulnerable, admit a mistake, or let down his guard.

Lance Dodes, M.D., who is affiliated with the Boston Psychoanalytic Society and Institute and a retired Harvard Professor, makes the case for Trump being sociopathic. Many others in this compendium agree with that conclusion as well as the closely associated diagnosis, malignant narcissism.

John Gartner, Ph.D, a clinical psychologist who taught for 28 years at Johns Hopkins Medical School, concurs and adds that Eric Fromm, a refugee from Nazi Germany, coined the term malignant narcissism to describe Hitler (Fromm, 1964). Otto Kernberg (1970) defined malignant narcissism as having four components: narcissistic personality disorder, antisocial behavior, paranoid traits and sadism. Gartner illustrates how all four are characteristic of Trump.

Michael Tansey, Ph.D., sees Trump as qualifying for the very rare diagnosis of delusional disorder. He provides examples of his delusions of grandeur as well as persecution. He highlights the three assertions Trump made in the last five minutes of his address to the CIA that were all demonstrably untrue, e.g. that he was "one thousand percent behind the CIA" and accused the Fake Media for spreading lies about him having a feud with the intelligence community; insisting that the rain stopped and sun came out as he began his inaugural address; and lying about the size of his inaugural crowd, with ample evidence to the contrary evident to people who make it their business to know such matters. Then Tansey elucidated why Trump admires brutal dictators indicating that it is tied to their ability to require adulation and eradicate dissent, power he craves.

Several contributors focused on Trump's becoming more of a tyrant after the election and not, like many of his supporters predicted, becoming more presidential.

According to Eric Fromm, malignant narcissism gets worse over time. Several authors added that malignant narcissism worsens with greater power, not surprisingly.

James Gilligan, M.D., Clinical Professor of psychiatry and Adjunct Professor of Law at NYU, an expert on violence and dangerousness focused less on diagnosing Trump and more on why he presents such an existential threat to the security of our country and world. Likewise, Noam Chomsky, Ph.D. cites how the Doomsday Clock from the *Bulletin of Atomic Scientists* moved significantly closer to midnight shortly after Trump's election.

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