

THE MARYLAND

VOLUME 63
ISSUE #1

PSYCHOLOGIST

A PUBLICATION OF THE MARYLAND PSYCHOLOGICAL ASSOCIATION





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THE MARYLAND PSYCHOLOGIST

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The Maryland Psychologist is published four times a year by the Maryland Psychological Association. Deadlines for article submissions are as follows: December 1 (Winter), March 1 (Spring), June 1 (Summer), September 1 (Fall). Letters, opinions and articles are welcomed. Please keep letters to 250 words maximum. We regret that we cannot publish or respond to all letters. Those selected will be subject to editing for length and clarity and for balance of views on the issue. Feature articles, brief research papers, or case studies should be limited to four pages double-spaced. Authors are responsible for their reports being in accord with APA guidelines regarding use of research participants, confidentiality of clients, written presentation, and similar issues. Send all material to *The Maryland Psychologist*, 10025 Governor Warfield Pkwy, #102, Columbia, MD 21044 or pr@marylandpsychology.org. Questions? Call NaKeisha Gamble at the MPA Office 410-992-4258 or 301-596-3999 or e-mail admin@marylandpsychology.org.

NOTE: Names in bold within articles denote an MPA member. The opinions stated herein do not necessarily reflect the position of the MPA Board of Directors. Letters to the Editor and letters from the Editor do not necessarily reflect the views of the Maryland Psychological Association. Institutional/Corporate subscriptions to *The Maryland Psychologist* are available for \$100 per year.

Classified Ads

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Leave your legacy by making a gift from your estate to benefit the Maryland Psychological Association both now and into the future. If you would like to include MPA in your will or trust, we highly recommend you consult an attorney.

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President's Message



Beth Williams-Plunkett, PhD

To my fellow MPA Members,

Greetings! It's been a cold winter and an upsetting political time. I take comfort that I am part of MPA, a group dedicated to maximizing the well being of all persons. I recently read that a good life results from focusing on feelings of gratitude, compassion, and pride—where pride is contentment that you are making a positive difference in the world. I think our profession allows us opportunities for all three—gratitude for intellectual challenges and connecting with others, compassion for the challenges of being human, and pride that we are making a positive difference through research and practice.

Before I highlight some positive differences our MPA officers and committees are making, I'd like to invite you to volunteer for MPA on a committee or as an officer. For me, volunteering for MPA has been very satisfying. I first joined an MPA committee because I wanted some different intellectual challenges and collegial interactions. After some initial anxiety, I got a lot of gratification from contributing ideas, learning more about cooperation, and connecting with new, interesting people. Over time, I have moved into bigger roles—chair of a

committee, and now MPA President. With each step, I always felt “oh my gosh, that certainly isn't what I can do” which transformed into—“ok, here I am, what can I offer and what can I learn.” I keep learning—how to work when people disagree with me, how to support others, how to acknowledge mistakes. The community of staff and volunteers at MPA are very supportive, so I never felt out on a limb on my own. In future MPA communications, you'll get a chance to hear about other MPA members' volunteer experiences.

Volunteering is not right for everyone. Just being a member of MPA is great support for the well-being of Maryland residents and psychologists. If you are interested in volunteering, please call/email me or any of the MPA officers, chairs, or our Executive Director, Stefanie Reeves. **Please note that technology makes long distance meetings possible: You can attend meetings by phone or video.**

Some highlights of MPA's committees helping Maryland residents and you: (1) The Professional Affairs Committee (under the leadership of Melinda Capaldi, Psy.D.) has made huge strides towards creating a wonderful new website that will provide an enormous

amount of information for members and the public. (2) The Legislative Committee (under the leadership of Julie Bindeman, Psy.D and Nicole Newhouse, Psy.D) continues to work in the weeds with the Maryland State legislative session. The committee reviews and makes comments on at least 15 bills a month that affect citizens and psychologists. Recently, they supported a bill banning conversion therapy for minors. Also, the legislative committee, under the leadership of Ed Shearin, Ph.D., led an MPA group to the Capital to lobby federally for psychologists Medicare privileges (to not be required to be signed off on by physicians, just as dentists and podiatrists aren't required) and to protest any reduction in Medicaid coverage. (3) The Educational Affairs Committee, under the leadership of Esther Finglass, Ph.D., is pushing for more webinar CE with the new website, has developed a postdoctoral CE series on Attention Deficit Disorder, and is developing another postdoctoral CE series on depression.

You are the people who make the difference in the lives of so many! Continue to do good work! Ψ

CONTINUING EDUCATION CORNER

Esther Finglass, PhD
Chair, Educational Affairs Committee

As we continue into the spring, the Educational Affairs Committee hopes that our members have been enjoying the breaths of topics in the Post-Doctoral Institute on Attention Deficit/Hyperactivity Disorder. The next in the series will be a full day workshop on May 4 by Dr. Robert Mapou, on Evidence-Based Assessment of Learning Disabilities and ADHD in Older Adolescents and Adults. A neuropsychologist in practice in Silver Spring, Dr. Mapou is a highly acclaimed speaker. If, like me, you have had the privilege of attending one of his workshops in the past, you know how intensive and information-packed his talks are, delivered in a comfortable style that is easy on the ears.

Even in the throes of enjoying this year's PDI, we are hard at work on developing next year's program, when Dr. David Roth will facilitate a Post-Doctoral Institute on Depression and related Mood Disorder. Look for details in this column as they develop.

The Integrated Health Conference has been so well-received that we have elected to present it annually. Located at the tranquil Retreat Center at Bon Secours, some of last year's participants enjoyed a Zen, outdoor lunch overlooking a footbridge traversing a Koi-filled reflecting pond, followed by a rejuvenating walking meditation in the labyrinth. This year, on May 18th, we will all gather for a drumming circle, led by Jordan Goodman. We are honored by the return of Dr. Stephanie Porter, a naturopathic physician, who will speak about medicinal benefits to be found in the food we eat. MPA's own Lauren



Rubenstein, a trained yoga instructor, will talk about how to incorporate mind-body skills into traditional psychotherapy, and we will have an in-depth presentation by Jessica Dibbs on Conscious Breathing, the science of breath work to improve mood and alleviate anxiety, increase energy, and unblock emotion.

We are looking forward to the return of Dr. Glenn Treisman who has spoken to us in the past about medical treatments for depression. On June 8th, he will update us on recent trends in psychopharmacology.

Our Lunch and Learn series can be accessed at the new MPA office, with a panoramic scenic overview of beautiful downtown Columbia, or by remote access. Many of our participants are enjoying the advantage of telecommuting, requiring less time away from their work or family obligations. On March 23, Shoshana

Ringel will provide an overview of the Adult Attachment Interview, with clinical applications for trauma victims. Michael Heitt, the Ethics Guy, will return on June 22 to speak about a model for ethical reasoning. On September 17, Paul Berman has volunteered to provide a FREE member benefit to MPA members only, when he will update us at the close of the Maryland legislative session about activity of interest to practicing psychologists and their clients.

We know you have busy lives, so we continue to build our webcast library and are working on bringing more of our off-premises workshops on-line so that people can attend remotely. As always, visit the MPA website for up-to-date information about upcoming continuing education events, and stay informed by liking us on Facebook, and following us on Twitter. Ψ

HERE & THERE

Stefanie Reeves
Executive Director



As I write this column, we're preparing for the upcoming Essential Requirements Conference at the DoubleTree in Pikesville. As you will recall, we had to postpone this event from March 2 to March 26 due to weather. However, within 12 hours, we were able to reschedule the event with the hotel, speakers and vendors. I want to thank our Educational Affairs, Ethics and Diversity Committees, the speakers, our vendors/sponsors, *EPI*, *Clinical Privacy Solutions* and *McLean School* and attendees for being so flexible in rescheduling. I especially want to thank our Membership and CE Coordinator Veronica Rand who in the face of this challenge, step up and performed tremendously.

And now for some news about the next issue of *The Maryland Psychologist*...

For years, you've enjoyed *The Maryland Psychologist* in both print and electronic form via a .pdf file. We're proud of this publication and what it means to our members and the community you serve. Now we want to shake things up a bit. So, for our next issue in June, we'll be offering a test run of a digital-only version of the *TMP*.

What does that mean? By going digital, we will be able to present a *TMP* in full color that you can view on a

desktop, tablet or mobile device. Photos will be higher quality. The publication will be formatted so that you can print out any article or the entire issue with ease. Overall, moving to digital will provide the reader experience with *The Maryland Psychologist*.

Why is MPA going this route?

First, the print version of the *TMP* is expensive to produce. The design work alone cost over \$8,000 annually. The publication and mailing of the print version cost another \$6,000 annually. The cost saving in moving to a digital version of the *TMP* can help MPA expand services for our members.

Second, going digital would allow us to add interactive features such as polling and video content. We see this is a great opportunity to explore what can be possible with our publication.

Remember, the next issue will be a test of the *TMP* digital format. We're encouraging MPA members to provide feedback on whether we should continue providing this format. We will include a link to my email address, so you can write to me directly.

We're excited about the prospects of taking *The Maryland Psychologist* digital. We hope you will like it too! Ψ



Snakes, Subpoenas and the Moral Actor

ETHAN BLISS

AT THE END OF A RECENT ETHICS

Committee discussion about subpoenas and how best to advise MPA members when they call about these complex legal requests for information, the Chair of the Committee stated, "I don't think there is anything more frightening for our members than subpoenas." After a pause one of our senior members dryly quipped, "Snakes...maybe."

This exchange, besides making me laugh, helped me understand an aspect of the Ethics Committee's work that surprised me as a new member of the Committee: most calls made to the Committee are not primarily about making ethical decisions. Most situations that generate calls certainly have ethical components and a wealth of other elements that create complexity and generate anxiety. Generally, psychologists who call the Committee are not looking for help morally deliberating through a problem using an ethical decision-making process, but rather are looking to do the "right thing" in a way that minimizes their exposure to risks of various sorts. For example, "How do I respond to a subpoena when my client could experience harm from the information contained in the requested record?"

The terror we feel around snakes and subpoenas is about the unknown. Snakes and subpoenas are like the unfinished portions of ancient maps marked "dragons live here." Therapists are trained mental health professionals and not trained animal handlers or legal professionals, and when confronted with something as foreign and dangerous feeling as a snake or a subpoena, we just want to know what to do. We are not thinking about the morality of our actions, but rather about our survival. We also want assurance that our actions are justifiable.

Most of the issues that generate calls to the Committee are not as anxiety provoking as subpoenas, but callers tend to want pragmatic solutions to their problems rather than help being the best ethical decision-makers possible. There always will be a tension between doing what is right and following the expectations of the day; between adhering to the Ethical Principles of our profession and remaining true to the rules, regulations and laws of the systems within which we are embedded. Luckily, in Maryland, the laws that guide the actions of psychologists and APA's Ethical Principles and Standards most often support each other. However, for the times when the laws of the land, or the rules of the institutions where we work conflict with our Principles and for the situations not yet addressed by these laws or rules, it is wise to have a good set of ethical decision-making skills to help us resolve the dilemmas.

We humans tend to follow authority (Milgram, 1963) and we need skills to know when and how to act according to our inner principles when they conflict with what we are told to do (Zimbardo, 2014). In fact, the first set of APA's codes of ethics in 1953 was, in part, a response by our and other medical professions to the defense of "just following orders" used by German doctors in the Nuremberg Trials after the atrocities of World War II (Walsh, 2015). Psychologists recognized a need for tools to help make moral decisions when faced with immoral rules. The APA Code of Ethics is also used to safeguard the public against unethical behavior of its members and to protect the reputation of the psychological profession (Walsh, 2015). Like psychologists attempting to balance being ethical and following

rules, the authors of APA's Code of Ethics attempt to balance providing moral reasoning tools and providing a set of guidelines for safe behavior. This tension is reflected in the way the APA's ethics documents are structured and how they have changed through the years (Teo, 2015).

The psychologists who seek pragmatic rather than moral guidance from the Ethics Committee are shaped by APA's Code of Ethics. "Because a moral philosophy is not clearly articulated, and psychologists have not been taught the 'procedural' tools to make them moral psychologists, the Code lends itself to being used as an instrument for solving issues that are demanded by a professional organization, in order to fit with or be accountable to the larger culture (i.e., a quasi-legal text rather than a text of moral justification and debate)" (Teo, 2015, pg. 79). For example, the Ethical Principles and Standards is one part Principles and ten parts Standards, with the reminder that the Principles are aspirational, but the Standards are enforceable. When confronted with large student loan debts, little free time, and the desire to please our employers, we psychologists are apt to choose pragmatic rather than ethical solutions to sticky problems. Choosing to do the right thing often comes with a price.

Unfortunately, even psychologists who faithfully follow ethical, institutional, and legal codes can damage the reputation of the profession when they are not acting ethically. An emphasis on pragmatic rather than moral solutions to dilemmas creates the possibility for a "What I did was legal and/or not prohibited" defense. For example, the psychologists who participated in creating or justifying

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Stopping Sexual Harassment Before It Starts: Teaching Children Sexual Behavior Rules

STEPHANIE WOLF, PhD

During this past year I have been fortunate to be engaged in extensive training in Problematic Sexual Behavior—Cognitive Behavioral Therapy for School Age Children (PSB-CBT) (see citations to manuals and Bonner, Walker, & Berliner, 1999 below). I have had the opportunity to travel to the Center on Child Abuse and Neglect (CCAN) at the University of Oklahoma Health Sciences Center in Oklahoma City, participate in biweekly consultation calls and implement the treatment with my own patients. I have been overwhelmed with how effective the treatment is and have been especially struck by the number of children who upon learning the sexual behavior rules (a key component of treatment) remark that they never knew the rules until they broke them. I advocate that in Maryland we should implement teaching the sexual behavior rules to all school aged children because it is through providing this psychoeducation we can help prevent sexual harassment, problematic sexual behaviors and sexual abuse.

Many people think sexually harassing behavior happens in isolation of other sexually violating behaviors. The stereotypical picture comes to mind of a man in a position of authority telling a sexual joke, making a comment about another's body or even the unwelcome touching of a female coworker. It has only been in the recent past that society has extended the definition to include schools, between persons of the same gender and even between children or adolescents. Society's narrow definition of sexual harassment has also led to solutions focusing on gender and power disparities. Treatments developed from this model



have failed to have a substantial effect in reducing sexual harassment. Interventions such as work place education or anti harassment trainings have been demonstrated to be particularly ineffective in accomplishing the necessary shift in behavior. Sexual harassment could instead be understood as the early stages on a continuum of disturbing sexual behavior to include sexual assault and when the victim is underage, child sexual abuse. This conceptualization is drawn from the many commonalities of the effects of sexual harassment, assault and abuse. Overlaps include the array of traumatic symptoms, reasons why survivors often fail to disclose, if we accept the relationship of sexual harassment, sexual assault, and sexual abuse then looking to the behaviors earlier in the lifespan may be another point of intervention.

While an adult female who makes a male coworker uncomfortable with suggestive comments will be labeled a sexual harasser a child who makes a peer uncomfortable will either be redirected, perhaps reprimanded or if the behavior persists be identified as a child with "problems." The behavior may be better conceptualized as a problematic sexual

behavior which is a term covering a range of clinically concerning behaviors including sexual body parts that is developmentally inappropriate and/or potentially harmful to the child or others (Chaffin et al., 2006; Silvosky & Bonner, 2003)

Problematic sexual behavior can arise from a variety of factors including sexual abuse, physical abuse, exposure to domestic violence, impulse control problems, poor self-soothing, exposure to pornography, poor boundaries, a combination of these factors, and perhaps others not mentioned. Children with problematic sexual behavior are often labeled as "sexual predators," sent to residential treatment centers and/or adjudicated in the juvenile justice system. These reactions are based on myths about the children, such as that they are dangerous with significant safety risks based on the false assumptions that they are similar to adult sexual offenders. However, the research on children with problematic sexual behavior paints a very different picture. Children with problematic sexual behavior are quite distinct from adult sexual offenders in terms of development, intention,

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#MeToo

The following is an account from an MPA member on their experience with sexual harassment. Thank you for sharing your story.

“When I was in the doctoral program at University of Maryland I was propositioned by one of my professors. When I politely declined, explaining that I was happily married, he responded, “Do you really expect to get through graduate school with your marriage intact?”

Snakes, Subpoenas... *continued from page 6*

“enhanced interrogation” techniques could rightfully state that their behavior was not prohibited by the Ethics Standards of the time. When exposed, the APA issued an apology and an amendment to the Code was quickly added making it a clear violation to use the Ethical Standards “to justify or defend violating human rights” (APA, 2010). One problem with rule-based behavioral management is anything not explicitly prohibited is tacitly allowed.

Most behavior that is legal, but not ethical, is not as dramatic as supporting torture. Releasing complete records that contain potentially damaging client information in response to a subpoena is a more commonplace example. Therapists are acting legally when releasing a complete record in response to a subpoena (Md. HEALTH-GENERAL Code Ann. § 4-304(a)) and will not get into legal trouble. However, Maryland law also allows for portions of records considered “injurious to the health of a patient or recipient” to be summarized (Md. HEALTH-GENERAL Code Ann. § 4-304(2)). The burden of determination of any possible violation of APA’s Ethical Principle of Beneficence and

Nonmaleficence and the subsequent summarizing of the record lies with the therapist. Moral actors will take this into consideration and execute an ethical due process in addition to carrying out their legal duties to minimize the harm to their clients. Another problem of pragmatic problem solving, like following a legal course of action without consideration of Ethical Principles, is that unnecessary harm to the public may occur.

Psychologists need adequate maps and sophisticated moral compasses to navigate the tricky terrains of our professional worlds. We need to support strong regulations and we need to nurture our inner moral actors so when we enter the parts of our maps that contain snakes and subpoenas we do not panic. As moral actors, we develop a process for making Principle-based decisions that is informed, rather than dictated, by laws, clinical knowledge and/or risk management strategies. Right now, our decision-making tools favor pragmatism over morality. We can take responsibility as individuals and develop ourselves as ethical decision-makers, as a peer-based Ethics Committee

by supporting the exploration of the ethical components of callers’ concerns and as an Association by supporting ethics trainings that go beyond the typical risk management approach of problem solving. Snakes and subpoenas may always be frightening, but as moral actors with the support of our peers and Association, we don’t need to feel helpless. Ψ

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culpability, and responsivity to parental, community, and clinical interventions (Chaffin, Letourneau, & Silovsky, 2002; Chaffin et al., 2006; Chaffin, 2008). Children with problematic sexual behavior problems have been found to be highly responsive to interventions that directly involve the caregiver in services and address behavioral parent training, such as the PSB-CBT approach (Carpentier, Silovsky, Chaffin, 2006; Deblinger, Mannarino, Cohen, Runyon, & Steer, 2011; St. Amand, Bard, & Silovsky, 2008).

A core part of the treatment, teaching of the sexual behavior rules, could be taught in the context of safety rules, like the approach of teaching abuse prevention skills. Many schools provide sex abuse education but fail to address the behaviors that are appropriate among peers. This is an unfortunate missed opportunity to prevent sexual abusive behavior, as youth have been found to commit about a third of the sexual offenses towards children (Finkelhor, Ormrod, & Chaffin, 2009). If Maryland schools and therapists could embrace teaching rules about sexual behaviors and boundaries this could provide a solid foundation in the students on appropriate rules regarding behavior and interactions among peers. This foundation has the potential to influence their development of healthy vs. harassing choices in future interactions. Potential victims of sexual harassment will also be empowered by knowing how to identify and respond to unwarranted behaviors.

Sexual behavior rules such as “It is not okay to make someone uncomfortable with your sexual behavior” will serve to be broad enough to encompass many situations a child may find themselves in. An adult or caregiver can encourage the child to identify what rule applies to specific situations. For example, this rule could help stop a child from making a comment on another child’s growing body or perhaps revealing clothing. Other sexual behavior rules such as “It is not okay to touch other people’s private parts,” allow for more specific guidance as to what is deemed unacceptable contact.

Beyond preventing children from sexually harassing others, these rules also help protect children from victimization. The rules clearly make a delineation as to what is allowed and can empower children to say no or to tell someone if violated.

While teaching the sexual behavior rules is not a panacea by itself it can work as the building blocks to begin changing attitudes and behaviors before they have begun and before being further solidified and exhibited in adulthood.

We owe it to our child patients to not be afraid to speak about these hard topics and thus give them a roadmap for healthy and legal sexual behavior that they can use now and through their lifetime. In this way we may be able to prevent future sexual harassment, problematic sexual behaviors in children and even sexual abuse. For more information about the treatment please go to www.ncsby.org or for questions about this article please contact Stephanie Wolf, JD, PhD. Dr. Wolf is the mental health director of the Tree House Child Advocacy Center of Montgomery County and is in private practice in Bethesda. Ψ

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Diversity Matters

KIMBERLY Y. CAMPBELL, PhD

I AM WRITING FROM A VERY personal perspective, from a heart place. I represent the Maryland Psychological Association as the Diversity Delegate for the APAPO Practice Leadership Conference. My thoughts are guided and informed by my most salient and lived experiences as an African American woman, yet also by my privileged identities of religion, gender identity, and able bodiedness.

Diversity unites people. Diversity brings people together; it teaches tolerance and ultimately it reflects love. There is something basic and human about diversity, yet diversity is not easily attained or desired.

Diversity threatens the status quo and what we've been taught to believe.

Diversity confronts and is a power, a reckoning. It guarantees that the voices of those who historically have been silenced a seat at the table in the political arena, in the corporate board rooms of marketing agencies, entrepreneurial endeavors, financial institutions, and nonprofit organizations. Allowing diversity into these spaces will ultimately shape views and allow a window through which those who have benefitted from a privileged vantage point can see.

Diversity creates opportunity for allyship in arenas where we live in our privilege and choose to confront the status quo. My experience as a member of a Baptist congregation where I benefit from the comfort of walking in the privilege of being Christian (in this country) and where I choose to be an ally can be exhausting. Allyship must be measured and tempered for the sake of long term impact if it is to be effective.

Diversity challenges. I've been most impacted of late in the area of written and verbal expression. As a woman whose formative and early educational experiences occurred in the 1960's and 1970's, my grammatical teachings are inconsistent with the contemporary expectations of how pronouns should be used. I am adapting to the use of using the pronouns "they" and "their" to refer to a singular entity. I've made the adjustment, not without some dissonance, but with respect for those who wish to self-identify. My shift in understanding is inspired by being a member of a group of people who have been renamed and redefined by others since my ancestors forcefully reached these contiguous shores. Of late, I have pondered the notion of the forced choice format for selecting gender identity on many of our psychological instruments and what impact this has on individuals who reject the gender binary and identify differently (e.g., gender neutral). Relatedly, when interpreting tests, there are normative considerations when individuals whose identities do not coincide with members of the standardization group. According to the Ethical Principles of Psychologists and Code of Conduct, section 9.06 Interpreting Assessment Results: "*When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations.*"

Diversity engages and expands our humanity and compassion. I imagine that we selected our profession because of our interest in and passion for being help agents and yes, change agents. Connection is a prerequisite in order for this to occur. As members of the human race, we are all uniquely made, rendering us all diverse from one another. One of the principles of the Ethical Principles of Psychologists and Code of Conduct, Respect for People's Rights and Dignity, reads as follows: "*Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.*"

I conclude from a heart place. Isn't it amazing how the heart expands when new people, pets, or passions are introduced to it. Wouldn't it be refreshing to be expansive with Diversity as we are with our hearts? Why? Because...**Diversity matters.** Ψ

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Dynamically Speaking

Richard Ruth, PhD



Stopping Sexual Harassment and Abuse for Good: Getting to the Roots

There's no gentle way in to the topic of psychology's role in stopping sexual harassment, sexual abuse, sexualized violence, and women's oppression—the welcome, disruptive focus of the #MeToo campaign sweeping the world and ushering in transformative and, hopefully, lasting change.

Lest any of you wonder, contemporary psychoanalysis fully supports the #MeToo movement. Prominent leaders in psychoanalytic psychology have been in its forefront. After all, psychoanalysis has always worked by addressing problems at their heart and source, as the #MeToo movement seeks to do.

Psychoanalytic psychology has contributed to our collective thinking the understanding that, in human behavior and emotional life, what is manifest and observable often, maybe always, exists in uneasy tension with what is latent, held within. This is highly relevant to how psychology has interacted, and should interact, with the #MeToo campaign.

Very few psychologists anymore uphold explicit male supremacist views or endorse the sexual subjugation of women—beliefs and attitudes that give permissive winks at sexualized violence against females (and against males perceived as gay or in any way not living up to traditional stereotypes of masculinity).

Psychology has generated a wealth of findings that the male chauvinist attitudes and behaviors, in all their forms—from disrespect, to denial of equal rights for women, to sexualized contact without consent and its most egregious expression, rape and other forms of sexualized violence—cause deep and lasting damage. Psychology has taken important initiatives—in our science, clinical



practice, ethics code, and public-interest and advocacy work—to stand up for women's full rights and quality and against sexual harassment, abuse, and violence against women.

But the #MeToo movement did not arise from psychology. We have not been the impetus. Rather, like every sector of our society, we are being asked to examine our own practice, re-consider our own roles, and take meaningful action. It's a fair, and necessary, demand.

Every spring, I teach my program's required course in history and systems of psychology. It's an area of my passion; I enjoy studying and teaching about history, and delight in engaging questions of philosophy and epistemology and how they get applied in clinical work.

But the course holds a challenge. The best textbook I can find is, inevitably, replete with Eurocentric, patriarchal, and heteronormative oversights and flaws. The history of psychology is narrated as if it began only with the ancient Greek

philosophers—not with the equally rich contributions of pre-disciplinary psychology in Asia, Africa, Latin America, the indigenous world, Islam, or Judaism. The narrative extends in a straight line through the discoveries of Renaissance and post-Renaissance Europe and blooms only with the discoveries of Titchener, Munsterberg, William James, and the rest.

Sounds familiar? We all had to take the course and, for practicing clinicians, answer questions about the “standard” view of psychology's history and conceptual systems to pass our licensing exams. Once that hurdle is passed, the narrative, for most, tends to pass into fading memory, like a high school class that never seemed relevant when you took it and, years later, has yet to prove its utility.

In my class, we try to remedy this skew by including presentations that cover psychology's pre-history and history from the perspectives of the ethnic groups, spiritual traditions,

women, and LGBT people the text leaves out. The outcome is that my students have a secure foundation in the “standard” historical narrative sufficient to pass the EPPP, but also an opening into the rich history and systems of thinking in psychology that are the lasting, living contributions of the populations the structuralists and later Galton—remember them?—Told us were irrelevant to the study of mental processes.

* * * * *

Fast forward. A few years ago, a group of students in the class were presenting on the contributions of women and feminism to the history and conceptual systems of psychology. I was not prepared for what ensued after the excellent presentation. In a way reminiscent of the consciousness raising groups of US second-wave feminism, female students—the majority, as tends to be the case these days in clinical psychology—began speaking out, first with embarrassment and hesitance, then with grounded rage, about the ways they had been treated unfairly in their psychology training to date.

Some recounted egregious events—boundary slippage and crossings. Sharing a memory equally offensive but in a different register, one student spoke of being told that, if she wanted to make it in her chosen trajectory in neuropsychology, she had “to learn to act more like a man.” Others recounted slights, subtle (and not at all subtle) put-downs, microaggressions, and insensitivities that were deeply intolerable as well.

But a comment that has stayed with me the most: Several students, in a tone both forthright and empathic, mapped out how my faculty colleagues and I had never inquired how they were balancing graduate student life and home life, responsibilities for classwork and childcare, the “first shift” of clinical and academic responsibilities and the “second shift” of primary responsibility for their households that, still, fell to them. Our curriculum, I was told, had not covered how students who valued lives as parents could meld that with career trajectories as successful, fulfilled psychologists.

My students helped me re-examine my role. What was I teaching? How was I teaching it? I made changes.

Perhaps recounting this experience can help you examine *your* role as well with the women with whom you interact professionally, in roles as clinician, teacher, scientist, or colleague. The #MeToo campaign encourages us all to consider psychology’s on-going fight for women’s full respect and equality a collective, not just an individual, concern.

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Psychoanalytic and psychodynamic psychology have at times been blinded and sidetracked by male supremacist attitudes and beliefs and, in consequence, we have caused harm. Examples; when we failed to appreciate that “penis envy” was not an appropriate way to understand females’ inner experience in a patriarchal, misogynist society, or held out to post-World War II generation female patients in the United States that only vaginal orgasms were psychologically healthy ways for women to experience sexual pleasure. But we can be proud of our contributions, too.

Early psychoanalysis proved its clinical efficacy by demonstrating that women have sexual desires; that sexual abuse is much more prevalent than had been previously believed; and that what we would now call conversion disorders and complex post-trauma syndromes are the product of lived, oppressive experiences, not constitutional weaknesses. Some of the earliest female psychoanalytic patients were freed up by their experiences in treatment to pursue convention-defying lifestyles, and to thrive in careers in then-male dominated professions—discoveries that get re-made again and again in the work psychoanalytic psychologists do today.

Feminist psychoanalysts’ discoveries in developmental theory, clinical theory, and psychotherapeutic technique richly infuse the feminist movement and its allies. Contributions of feminist psychoanalysis are influential in many parts of the “big tent” of psychology, and in other disciplines in the sciences and humanities that deal with women, gender, and sexuality.

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For all these visionary advances, we are still, as a society, convulsing with the numbers of women (and men) coming forth to tell their #MeToo stories. As we are proving, in this issue of *The Maryland Psychologist*, psychology is listening. It is time for us to go beyond empathic listening to becoming an effective force for the fundamental, widespread change that is need. What part will you play in the #MeToo movement?

A personal vignette: I have been involved, for more than thirty years, in clinically serving sexually abused children and their families. In the early mid-eighties, I was excited to attend a lecture by a renowned feminist therapist. I expected ideas about improved, trauma-informed techniques for helping children. Instead, she turned to the men in the audience and asked us why we were not treating the abusers. Not all of them were untreatable, but therapists were not stepping forward to treat them.

I left the lecture changed. I began reading, got supervision, made my availability known, and got to work. It is wrenching, grueling work. It pushes on my vulnerabilities and stretches and challenges my skills. My reward? When offenders do not re-offend. It does not always happen. But it happens more often than it would have if I had not stepped forward, gotten the training and support I need, and playing the role I have been to play.

I ask each of you to consider how you will put your unique capabilities as a psychologist to work to support the just, scientifically well-grounded demands of the #MeToo movement. We are at an inflection point in history that asks of us nothing less. Ψ

Richard Ruth, PhD is on the core faculty of the PsyD program at The George Washington University and teaches in the Child and Adolescent Psychotherapy Program at the Washington School of Psychiatry. He has been in private practice since 1988 in Wheaton. He welcomes reactions, questions, and ideas for future columns, and can be reached at rruth@gwu.edu.

MPA's Professional Practice Committee
presents

The Professional Practice Toolkit for Psychologists

A compilation of professionally-reviewed resource documents for planning, starting, building, maintaining, and closing your private professional practice in Maryland

TOPICS INCLUDE

- Practice Setup
- Marketing
- Business Forms
- Clinical Documentation
- Self Care
- Telehealth
- Technology & Ethical Considerations
- HIPAA Compliance
- Practice Transition



The Toolkit will be available to MPA members on the new MPA website in January 2018!



MPAF Continuing Education

5/4/18	Presenter	CE Credit	Price	Time & Location
Evidence-Based Assessment of Learning Disabilities and ADHD in Older Adolescents and Adults	Robb Mapou, PhD	6 CEs	\$165 MEMBERS \$250 NONMEMBERS	8:30 AM – 5:00 PM Loyola University Maryland Graduate Center Columbia, MD
5/18/18				
Integrative Health Conference <ul style="list-style-type: none">• The Art and Science of Drumming: An Introduction to Rhythm-Based Interventions• Bringing the Body into Psychotherapy• Conscious Breathing• Changing Mental Health Naturally		6 CEs	\$165 MEMBERS \$250 NONMEMBERS	8:00 AM - 4:45 PM Bon Secours Retreat and Conference Center Marriottsville, MD

Please continue to check the MPA website – we will be adding additional workshops as they are planned throughout the year.
If there is a topic or presenter you would like to see presented please indicate that on your evaluation sheets.