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Older Adults Can Cope with the Pandemic

James Windell

When Brenda Whitehead, Ph.D., presented at the Michigan Psychological Association Annual Spring Convention on April 16, 2021, psychologists learned more about her research on older adults' stress and coping experiences during the pandemic. In a recent interview with Dr. Whitehead, a lifespan developmental psychologist currently at the University of Michigan – Dearborn, she had a chance to talk more about the effects of the COVID-19 pandemic on older adults, and the results of recent research.



Brenda Whitehead, Ph.D.

One aspect that Dr. Whitehead likes to emphasize is that there is still a stigma many older adults perceive regarding seeking mental health treatment. In addition to the stigma associated with psychological treatment, Dr. Whitehead said that “some older adults may be uncomfortable transitioning to a telehealth format.” She said that it is important to remove barriers to treatment for all people – but especially those in the older age group, who are more likely to be isolated.

The ways to help overcome barriers for our elder population is to “provide information and access to telehealth, which might mean ensuring access to hardware as well as clear, step-by-step guidance for utilizing telehealth technology.”

When asked about how information could be shared with older adults, she referenced a Michigan legislator who handed out tablets and provided training to isolated seniors in Detroit. She also said that many senior facilities and religious communities have newsletters that are willing to run articles offering seniors more information about mental health treatment, including technology resources.

Once older adults find their way to a psychologist, it is important for the clinician to understand the resources each individual has available to them. As she indicated in her presentation at the Annual Convention, not only do older adults have many kinds of stressors during the pandemic, but they also have a significant variety of resources available to them to help them cope with their stressors. “Older adults in my study reported twenty different primary stressors,” she said, “but they also reported twenty different coping resources.”

The clinician can help older clients identify their primary source of stress, and then identify the resources they have to cope with that stress. She said that at the beginning of the pandemic, for many older adults a major stressor was just the unknown; that is, people didn't know how the coronavirus would play out and who might get sick or die. Also, for many older adults, a concern was who would deal with loved ones or pets “if I should pass

away because of this.” Another stressor was “not being able to get out and do what they wanted to do. For many this was causing a lot of depression.”

Asked what has surprised her, she said that she didn’t realize how strong a role faith and spirituality would play in their coping responses. “Faith was the only resource that significantly predicted lower stress, higher positive affect, and less negative affect across the board,” she said. This is despite the fact that many older adults had to change their way of practicing their faith— like viewing services online rather than attending in person—due to pandemic restrictions.

More recently, Dr. Whitehead has done a one-year follow up study on older adults’ coping with the pandemic. “Although smaller, I did get a feel for how things were being experienced one year in.” She found overlap with the original study in terms of what people found stressful and what people are coping with. “A couple of things that changed was that there wasn’t as much stress from ‘the unknown,’ and I think that was because, with vaccines available and restrictions easing, people are feeling a little more stable and seeing that maybe there is somelight at the end of the tunnel.” Another change at the one-year point, she said, was that there were fewer people reporting faith as their primary coping resource. “As things feel somewhat more stable, many rely less on their faith, which tends to be particularly utilized in times of uncertainty and intense distress.”

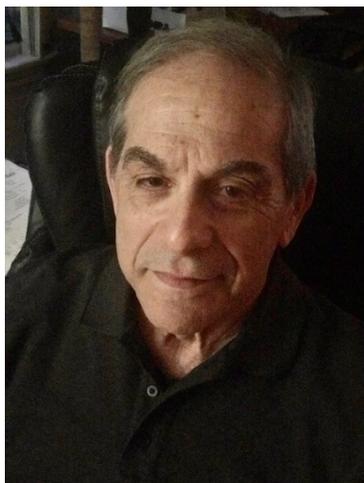
Dr. Whitehead discovered in the second study was that 87 percent of people reported using technology to communicate more than they did pre-pandemic. A large portion also demonstrated the lifelong learning that is central to lifespan development: “I found it really cool that 73 percent reported learning a new form of technology during the pandemic year,” she said. “This could actually be a silver lining to all of this. These people have cultivated technology skills that will help them stay connected and facilitate social support—and maybe even mental health treatment—during future stressors.”

(To comment on this article, contact James Windell at jwindell21@gmail.com).

Psychotherapy in the Telehealth World: Some Caveats

Lyle Danuloff, Ph.D.

As a practicing licensed psychologist for forty-nine years, I celebrate the increased availability of mental health services, in particular psychotherapy, that has resulted from the exponential growth of various forms of telehealth psychological services. This growth has led to millions more recipients of valued mental health treatment. This has, of course, come about because of the multifaceted challenge to adaptive mental health functioning that life with Covid has wrought. It is my hope that such availability will remain in evidence post-Covid. We should celebrate the arrival of this innovation.



Lyle Danuloff Ph.D.

However, as with almost all revolutions in health care, we also should not fail to recognize and examine any possible shortcomings that the revolution may bring. If we can recognize those shortcomings, we can then remediate them, thus improving and strengthening the health-enhancing elements that the virtual revolution brings.

Such is the case with telehealth psychotherapy, and to a degree all telehealth-based delivery of psychological services. Telehealth delivery is not immune to shortcomings that can, if not dealt with, diminish the “curative” elements of those services.

More specifically, and for the purposes of this offering, I am referring to a very large segment of the psychotherapy recipient population – those recipients who began psychotherapy in the traditional face-to-face context and who have by necessity or convenience been transferred to the world of psychotherapy via Zoom, FaceTime, telephone, or other modes of electronic treatment delivery.

My review of the literature regarding the possible “downside” of telehealth treatment found issues regarding confidentiality, technical complexities, and insurance. While these issues are important, they do not address the “rubber meets the road” – and very likely – negative impacts of telehealth upon patients in the cohort I have mentioned. Incidentally, I also believe that the issues that are being discussed in this paper are also relevant to mental health recipients who are “original” to the virtual modality. One study I found referenced the loss of important material about the patient including subtle facial and body language cues that the therapist uses in monitoring the patient’s status during a psychotherapy visit. While this point is well made, it focuses only upon telehealth’s impact from the therapist’s point of view, and on a “practical” level.

I found no citation regarding telehealth’s impact upon the patient, nor have I heard colleagues discuss the issue. This speaks to our failure to appreciate the possible (and again, likely) impact of telehealth upon the patient’s experience while coping with the change from the traditional modality to the telehealth world. Failure to recognize these likely consequences and their impact upon the efficacy of treatment should be addressed so as to minimize them. Given this, I would like to offer my view of those impacts and offer proposals to deal with them on a technical level.

As any experienced psychologist knows, regardless of the psychologist’s theoretical or technical “school,” the foundation of therapy and the basis for its curative effect lies between the therapist and the patient. It is from that relationship that all “movement” inside the patient emanates. It is the core of the healing art and science and lays at the core of any specific techniques employed in treatment.

Yet – what appears to be unrecognized – it is this core that may be most negatively affected by the venue change from face-to-face treatment to any form of virtual therapy. Essentially, that transfer from face-to-face to virtual treatment of any sort “takes the heart out” of the deep intimacy involved in psychotherapy. The pure human energy found in any dyadic interaction is greatly diminished and made artificial and distant by the virtual environment. Subtle exchanges between therapist and patient/client are diminished. Psychotherapy is a human and quite intimate process, and without such intimacy the “business” of psychotherapy may go on – with the therapist still providing support, suggestion, and interpretation – but the essence of the relationship is essentially hollowed out.

This is the central diminishment to psychotherapy that virtual treatment produces. If the relationship is so diminished,

it is almost lost. What does the loss mean to the patient? Several possibilities occur.

How well would a patient with a history of insecure attachments deal with the loss? How well will the borderline patient, so in need of the here and now vitality of the relationship, deal with the loss? How will the patient struggling with both obsessive and compulsive dysfunction deal with the loss? If the subjective sense of loss is central to the experience of depression, how will the depressed patient deal with the loss? If the consistent and predictable nature of the relationship is central to the provision of an auxiliary ego to the psychotic patient, how does the psychotic patient deal with the loss? How does the patient with strong but insufficiently satisfied attachment needs deal with the artificiality of the virtual relationship? How does the paranoid patient deal with the limited information available from the virtual relationship?

But perhaps the central question is this: What is the impact of the loss of the comfort provided by the therapist's office and the specific therapy setting that represents the therapist?

All of these potential issues must be addressed in the treatment process. Unless sufficiently resolved, therapy is hollowed out and the loss of the relationship permeates all of the subsequent material. If not addressed, the therapist and patient in the virtual world have the ubiquitous "elephant in the room" between them.

I am reminded of a recent patient who, upon the notification of the pending virtual therapy, spontaneously shared previously undisclosed memories of her deeply deficient mother's unavailability to her. This was not coincidental. The "loss" of our relationship triggered new clinical material that allowed us to review our relationship in terms of the transference and major influence upon her functioning.

This vignette speaks to the necessity to inquire of the patient, regarding their reaction to virtual therapy, especially if it is not original to treatment. Even more importantly, it is crucial that the therapist inquire as to the venue's impact upon the patient and their experience of the relationship with the therapist. Failure to so do leaves the "elephant in the room" – ignored.

On a “practical” level, both patient and therapist in the virtual world lose accurate access to information from voice tone, body language, and facial expression – all part of the “weave” of the fabric of any human dyad but crucial to the flow and energy of the psychotherapy process.

These issues and more represent what I believe is the result of the sea change in the process of psychotherapy, one that must be recognized and addressed in the clinical situation.

The advent of virtual psychotherapy offers an enormous opportunity to our patients, ourselves, and our field in general. Again, I celebrate its arrival. But it is my hope that by becoming aware and addressing the potentially limiting aspects of the new modality, our profession can offer enhancement to the curative power of our methods.

(To comment on this article, contact Lyle Danuloff, Ph.D. at drlyledanuloff@gmail.com)

From the President’s Desk Exciting Updates on MPA Activities

MPA Members. Welcome to the 2nd Quarter!

I am looking forward to the transition from Spring to Summer and welcome the warmweather to re-engage in outdoor activities. What are you looking forward to in the upcoming warmer months?

I reflect on how last year we were locked down due to the pandemic and this year, with continued decrease in COVID-19 numbers and increased immunizations for individuals 12 years and up, we are able to re-engage in many activities, and see friends and family we have not seen in many, many months. Just recently I was able to give my mom a hug for the first time since January, 2020.



Antú Segal, PsyD, ABPP

Here are a few highlights/updates from the past few months:

President Update:

The Practice Leadership Conference (PLC) 2021 was another wonderful experience this year. I attended the virtual conference with fellow MPA delegates, and you can read more details in Dr. Molly Gabriel-Champine’s review of key seminars in this issue. One of the talks that drew a lot of attention for me was “COVID as a catalyst: Propelling digital mental health technology into the future” presented by Dr. Vaile Wright, Megan Coder, and Deborah Baker. I not really know what a digital therapeutic was before this presentation. Do you know? Here is an [article](#) to learn more.

As an advocacy note, there has been sweeping anti-transgender legislation across the country. Please inform yourself on these harmful laws: MI Senate Bill 218. MPA opposes SB218. The American Psychological Association has an article [detailing proposed talking points](#). The MPA Diversity, Inclusion and Social Responsibility Committee has created a very helpful [fact sheet](#). In addition, MPA is using a

new system called VoterVoice to help with outreach on federal and state legislative action. You have probably seen recently an email from Ted Allaire, MPA Advocacy Work Group and MPAGS Committee member, with information on [Ask Congress to Pass the RISE and Supporting Early Career Researchers Acts](#). Stay tuned for more ways to advocate for Michigan psychologists and psychological science with your legislators.

Program Update:

In April, the MPA Program Committee hosted a full-day virtual Spring Annual Conference. The morning session was dedicated to cultural competence, cultural humility and culturally-informed practice presented by Dr. Ben Kuo. The afternoon sessions covered COVID-19's effect on different populations: older adults presented by Dr. Brenda Whitehead; children and adolescents presented by Dr. Julie Braciszewski; and neuropsychological sequelae presented by Dr. Valencia Montgomery. We welcomed a total of 89 participants and received positive feedback on all presenters and content. Many attendees noted the utility of the breakout rooms during Dr. Kuo's presentation as an asset to dive deeper into culturally-relevant topics and enhanced learning and reflection.

Also in April, the MPA Pain Psychology Task Force hosted a one-hour seminar on the role of emotions in pain experience presented by Drs. Mark Lumley and Bruce Hillenberg. The one-hour pain psychology seminars have been very popular, with the last seminar welcoming 81 attendees. The one-hour seminars provide CE credits for pain, which are required under LARA (you need two pain CEs for each licensure cycle). The next seminar will be hosted on July 28 that noon.

In May, MPA co-hosted with ASPR Eastern Great Lakes Behavioral Health Work Group a presentation on the pediatric behavioral health considerations in response to catastrophic events. A very timely topic reviewing psychological first aid and skills for psychological recovery. Did you miss this seminar? Please log onto your member portal on the [MPA website](#) and view the recording.

Save the date for MPA's Early Career Psychologist (ECP) Committee Conference on June 18th. The conference will cover many relevant topics for ECPs consisting of supervision, mentorship, research and financial advising. I am really looking forward to the keynote speaker, Dr. Mark Eastburg, discussing the importance of ECPs in the changing landscape of healthcare. Register today for this conference on the [MPA website](#).

Please consider applying for the MPA's Program Committee Chair or Vice-Chair positions. Early Career and BIPOC psychologists are strongly encouraged to apply. Interested applicants please send an email to [MPA Program Committee Interim Chair Dr. Antu Segal](#).

Also, if you are interested in being a speaker for a future MPA event, please let me know. The MPA Program Committee would like to showcase your clinical work and research.

Executive Director Update:

We are still in pursuit of an executive director.

With all the effort of the Membership Committee, MPA membership numbers are at 945!

We welcome all renewals and new members. We have been able to grow ECPs and graduate students in the membership as this was a main goal for MPA. Please read Dr. Kristen Votruba's column on exciting new membership structure and dues.

Please keep your eye out for MPA communications and updates via the Mondays with MPA in your inbox. At MPA we welcome all feedback on how to improve our processes/efforts/outreach for our membership; please send me your thoughts.

(To comment on this article, please send an email to [Dr. Segal](#))

MPA Membership Increases Dramatically

The MPA Membership Committee works to promote membership in the organization. This function matters because it is important to our organization to represent the breadth of psychologists at all levels of training, specialty, and geographic location throughout the state.

In the last two years, we have made great strides in our attempt to represent all Michigan psychologists. In 2020, we set a goal to increase membership by 100 members, with a specific emphasis on increasing our representation of students and Early Career Psychologists (ECP). Implementation of a membership promotion for these two groups, in conjunction with an increase in the proportion of well-established psychologists requesting membership in the organization, resulted in us almost tripling our goal! In March 2020, we had 653 members and as of the writing of this article, we now have 945 members (with another 11 having applied for membership so far this month).

Through efforts over the last several years, we have also diversified our representation. Of the 945 members, 575 are members with a doctoral degree, 48 are members with a Master's degree, and 248 are graduate student members. We have 45 emeritus members and 18 sustaining members. Currently, about half of our membership (414) are graduate students or psychologists licensed for less than five years. This speaks well of the sustainability of our organization and the relevance that MPA has for both seasoned and newer generation psychologists!

In 2021, the Membership Committee hopes to continue to demonstrate the value of MPA membership to our seasoned and new members to further increase our membership to 1000 members by the end of the year. We plan to emphasize the benefits of membership including networking opportunities, legal service benefits, continuing education opportunities (including logging CE credits), consultation support, referral services, and advocacy with state and national leaders who are making decisions that affect the future of psychologists and public mental health. A particular benefit to graduate students and early career psychologists is our free mentorship program, connecting newer psychologists with seasoned psychologists throughout the state for career guidance, leadership development, and other



*Kristen Votruba, Ph.D.
Membership Chair*

professional issues. We invite all members to scan our website and avail themselves of all the benefits our organization has to offer.

In addition, several MPA committees are currently welcoming committee members and would value the input from both seasoned psychologists and graduate students or ECPs. If you are interested in serving on a committee, please contact Kristen Votruba at membership@michiganpsychologicalassociation.org and I can direct you to a committee that may suit your interests. We also encourage members to join our listserv and follow us on social media ([Facebook](#), [LinkedIn](#), and [Twitter](#)) to remain up-to-date with our organization and broader professional news and information.

In 2021, we also hope to gain a better understanding of the demographic characteristics of our membership in order to assure that we are appropriately representing the diverse pool of psychology professionals throughout the state. Finally, we plan to streamline our membership categories and associated membership fees to be more consistent with other state and local professional organizations and retain new members. Stay tuned for advertisements for the 2022 renewal season; almost every category of membership will have a reduced membership fee!

(To comment on this article, contact Kristen Votruba, Ph.D. membership@michiganpsychologicalassociation.org)

Michigan Psychological Association Issues Statement Condemning Anti-Asian Racism and Violence

The Michigan Psychological Association unequivocally condemns violence directed toward Asian American and Pacific Islander (AAPI) individuals.

Racially motivated attacks against the Asian community have surged since March 2020. According to a report by Stop AAPI Hate (a coalition aimed at addressing anti-Asian discrimination during the COVID-19 pandemic), in the past year (March 2020 - February 2021), an estimated 3,800 reports of anti-Asian attacks – both physical and verbal attacks – were reported. They also found that women and elders were attacked more frequently than men.

MPA finds the increasing hate and violence directed toward the Asian community to be alarming. On March 17, 2021, eight people (Xiaojie Tan, Delaina Yaun, Paul Andre Michels, Daoyou Feng, Yong Ae Yue, Hyun Jung Grant, Soon Chung Park, and Suncha Kim) were killed in an attack on three Atlanta spas. Six of the victims were women from the Asian community.

Many individuals in AAPI communities are traumatized by these attacks, feel alienated, and feel unsafe, given the anti-Asian sentiment that pervades the country. As with other disenfranchised ethnic groups in the United States, these individuals are at greater risk for stigma and oppression and often do

not have their experiences or voices heard, leading to significant mental health consequences (e.g., depression, anxiety, and PTSD).

MPA is committed to allying with other community organizations to provide a space for healing, promote trauma-informed and culturally-sensitive services, and build safety within and across our communities. MPA pledges to support our members and the public in learning how to identify and dismantle anti-Asian racism within our communities. As an organization of psychologists, we recognize the continuous and cumulative trauma and grief experienced by AAPI communities and the impact of racism on mental and physical health.

We call upon our membership and communities to educate ourselves on anti-Asian racism in the United States. As mental health professionals, and in line with the Mission and Vision of MPA, we stand in solidarity with our AAPI members in the fight to end racism. MPA joins with AAPI communities in condemning the heightened anti-Asian violence and xenophobia in the United States.

Resources for this statement provided by the Asian American Psychological Association:

- Stop AAPI Hate Reporting: <https://stopaapihate.org>
- AAPA COVID-19 Racism-related Statement:
<https://aapaonline.org/wpcontent/uploads/2020/04/AAPA-COVID19-statement.pdf>
- Asian Americans Advancing Justice Tracking Hate Stories:
<https://www.standagainsthatred.org/>
- National Asian Pacific American Bar Association (NAPABA) Hate Crimes Task Force and Pro Bono Legal Resources: <https://www.napaba.org/page>
- Hate Crime Resources Infographics and accompanying videos for helping AAPI families talk to children and adolescents exposed to anti-Asian bullying and harassment (developed for COVID-19 but also relevant now): <https://division45.org/division-45-task-force-on-covid-19-anti-asian-discrimination-and-xenophobia>
- Asian American Mental Health Collective directory of APISAA therapists:
<https://www.asianmhc.org/apisaa> AAPA Division on Practice list of COVID-related mental health resources: <https://docs.google.com/document/d/1GrseILJIOFiNOzeQT3X3aizokL-M4NvXp7vCP4Wjm8/edit?ts=5e88c7b1>
- Free bystander intervention training to stop anti-Asian/American and xenophobic harassment:
<https://www.ihollaback.org/bystandintervention/>

School Resource Officers (SROs) and School Behavior Problems

Allison Peart, M.A., TLLP



Allison Peart, M.A., TLLP

In light of several acts of violence that have taken place in schools recently, the debate over school resource officers (SROs), who are police officers that work in schools, has increased.

SROs can serve various roles in schools. Some may serve a presence role, which involves patrolling the school and/or carrying weapons. Another role that SROs may play is focused on prevention, which may involve discussing topics like substance abuse, bullying, and sexual harassment with students and/or providing mentorship. However, little research has addressed how these different SRO roles may affect reports of problem behavior to police.

A recent article by Stevens et al. (2021) explored the impact of type of SRO role on the number of school problems, nonviolent incidents, and violent incidents that were reported to police via the responses of middle and high school administrators on the School Survey on Crime and Safety (SSCOS). Results indicated that SRO prevention efforts in high schools predicted the reporting of fewer nonviolent incidents to police. Meanwhile, SRO presence in high schools predicted higher reporting of nonviolent and violent incidents to police.

For middle schools, there was no association between SRO presence or prevention and reports of nonviolent or violent incidents to police. Of the factors the researchers studied, the only factor associated with reducing school problem behavior in middle and high schools was the availability of mental health services, as availability of these services resulted in fewer school problems. Further, fewer school problems meant fewer incidents were reported to the police.

This suggests that increasing mental health supports is a target for preventative efforts in addition to mental health professionals working together with the SROs on prevention efforts in our schools.

Here what school stakeholders can do to promote school safety:

- If your district has SROs, ensure that their role is focused on prevention rather than presence.
- Advocate for additional training and clear policies regarding the preventative duties of SROs in your school.
- Encourage mental health professionals (e.g., school psychologists) and SROs to collaborate on preventative efforts.
- Prioritize the availability of mental health services. This may mean supporting the allocation of additional funds towards hiring more mental health professionals.
- Consider how SROs may differentially impact students of different ethnic/cultural backgrounds and grade levels.

For more information about how to foster safe and successful schools, see [A Framework for Safe and Successful Schools](#), which offers policy recommendations and best practices. Further policy recommendations and resources to promote safe schools can be found on the [NASP website](#).

To read the article itself, click [here](#).

Stevens, T., Barnard-Brak, L., & Jackson, J. (2021). School resource officers' roles differ in the prediction of nonviolent and serious violent incidents. *School Psychology Review*, 1-14.
<https://doi.org/10.1080/2372966X.2021.1886837>

(To comment on this article, contact Allison Peart, M.A. at brown40a@cmich.edu)

Perspectives of a Black Psychologist



Byron C. Douglas, Ph.D.

Is It Justice – Or Just an Anomaly?

Byron C. Douglas, Ph.D.

During my tenure with the Ann Arbor Public Schools, I served as a consultant with the African-American Humanities programs at Huron and Skyline High. Among the different classroom presentations every year, I would do a presentation I entitled “The History of Scientific Racism.” In my introduction, I always stated that “Society influences the scientist, and, in turn, the scientist influences society.” I

explained that we are all exposed to negative messages, images and stereotypes throughout our lives. These messages affect us to some degree or another – and they are perpetuated by every major societal institution (educational, religious, political, economic).

Because we are all exposed to this toxicity, it only stands to reason that a number of those who grew up to be scientists, physicians, politicians, judges, etc. helped to perpetuate the poison via their chosen professions, whether consciously or unconsciously. In previous essays, I have discussed the roles that medicine, psychology, and law enforcement have played in not only perpetuating these messages but also acting on these messages to the detriment of those targeted by them.

Because of the Derek Chauvin trial, along with the seemingly endless shootings and killings of citizens, the focus has been placed on American policing. As citizens rose up in righteous anger, demanding accountability and justice, there were – and always will be – voices trying to justify the killing of Black and Brown people. We hear the same old arguments; for instance, “If they would just comply...stop resisting...not run...then...” The excuses for excessive use of force by police officers are the same, too: The officer felt threatened; the suspect had a weapon; the suspect resisted or became violent; the suspect demonstrated “super human” strength; and so on.

Yet, White suspects who may have perpetrated some of the most egregious offenses are taken in “without incident” – sometimes even when they have attacked officers. Let’s not forget Dylan Roof’s capture. Police officers treated him to the equivalent of a “Happy Meal” as they transported him from Columbia, South Carolina back to Charleston, South Carolina.

The treatment of Black citizens by law enforcement is basically rooted in the myth of Black criminality – which goes back hundreds of years. In my “Paddy Rollers” column I wrote about the origins of law enforcement growing out of the advent of the slave patrols, which were designed to monitor, control, track down, and “discipline” enslaved Africans whom they found “dangerous” and whom the ruling class feared. An examination of some of the more high-profile shootings and killings over the last few years are stark examples.

Philando Castille was murdered out of fear; Elijah McClain was murdered because of the fear of an anonymous white citizen and the attempt by officers to control him; Breonna Taylor was killed out of the desire to exert control over her domicile; John Crawford, III, and George Floyd were murdered out of the desire to physically control these Black men. I reiterate: those who carry out these killings, along with those who exonerate them, have all been influenced by a lifetime of messages and images that go back centuries.

When we look at the case of Derek Chauvin, though he was convicted of murder (in the face of overwhelming evidence), the question is whether his case represents a new movement toward justice or is it just an anomaly?

In order to represent a move towards justice, cases need to be taken out of the hands of local prosecutors for a time, independent investigations need to take place, and the practice of qualified immunity needs to be re-examined. There are a number of cases that need to be reviewed for federal civil rights violations. For instance, the family of Breonna Taylor will only receive justice if her case is taken out of Kentucky.

Social scientists have demonstrated that not only do police officers hold biases against Black citizens, but everyday White citizens hold these same biases too. However, they have also demonstrated how appropriate training and intervention (along with screening) can significantly reduce this bias through psychological interventions.

If America is to undergo the radical change it will need in order to create a just society, there must be a radical change in education on every level – from elementary school to graduate/professional school. The truth about America's founding and how its history of racism and sexism has shaped American policy must be addressed. In the long term this will begin to change the status quo. However, be aware that white supremacist elected officials, along with a number of white citizens, fear a change in educational policy and are trying to shape legislation designed to prevent the teaching of the truth in public education, claiming that such teaching will only "divide" the country (as if we were ever united).

Continued pressure via civil disobedience, lobbying elected officials, and economic leverage must be employed in order to confront the status quo. Corporate employees must make their voices heard and influence their employers to take a stand for justice. Delta Airlines and Coca Cola had to respond to employees challenging their silence in the face of Georgia election law changes.

And, yes, people must vote. Daniel Cameron was elected Kentucky Attorney General in November of 2019. He became the first Black Attorney General ever elected in Kentucky. Cameron, a McConnell/Trump sycophant, won an election in which only 42% of Kentucky's 3.4 million registered voters went to the polls. Cameron misled the grand jury in the Breonna Taylor case. He refused to call witnesses who stated that the police never announced their presence when they broke down her door. He decided that no charges would be brought in the case.

Maybe if more voters turn out in the next election, Daniel Cameron will be removed. Of note is that an

internal Louisville Police Department investigation – recently made public – concluded that the officers were *wrong* in firing over thirty shots into the apartment, not knowing who or what they were shooting. The report stated that absolutely no shots should have been fired into the apartment.

U.S. Department of Justice, it's time to step up. It is up to "We the People" to determine if America will finally take the path of justice for all.

Peace.

Notes for this column: Look up Dr. Philip Atiba Goff, co-founder of the Center for Policing Equity. He has done extensive research on policing and racial bias, along with proposals on how to bring about change. He also utilizes an historical perspective.

See the essays "A Presumption of Guilt: The Legacy of America's History of Racial Injustice" by Bryan Stevenson, and "Making Implicit Bias Explicit: Black Men and the Police" by Kathryn Russell-Brown. Both essays are in the book "Policing the Black Man: Arrest, Prosecution, and Imprisonment" edited by Angela J. Davis.

(To comment on this article, email James Windell at jwindell21@gmail.com)

Federal Advocacy Update from Washington, D.C.

Molly Gabriel-Champine, Ph.D.
Federal Advocacy Coordinator

This year's virtual Practice Leadership Conference (PLC) was attended by MPA delegates Dr. Antu Segal (MPA President), Dr. Andrew Champine (Chair: Integrated Care Committee), Dr. Lisa Woodcock Burrough (Chair: Early Career Psychologist), Ted Allaire (MPA Advocacy Task Force member), and myself. We all met with the offices of Senators Peters and Stabenow, and Representatives Kildee, Dingell, and Tlaib to advocate for psychologists on a number of issues related to access to tele-health services and promoting a diverse workforce.

Congressmembers were asked to advance tele-behavioral health policies, to provide equitable access for all, including asking them to pass S.660, the Tele-Mental Health Improvement Act. Additionally, Congressmembers were asked for \$23 million in appropriations for the Graduate Psychology Education Program and \$20.2 Million for the Minority Fellowship Program. We joined in with members from other State Associations and attended more than 300 congressional meetings during PLC 2021. Additionally, we gained further training related to advocacy efforts. Below is a summation of topics covered:

- Learn, Build, and Grow: Strategies for Making Health Equity Part of a Successful Practice

Panelists Drs. Jennifer Kelly, BraVada Garratt-Akinsanya, Terry Gock, and Geoffrey Reed presented their



Molly Gabriel Champine, Ph.D.

thoughts on how psychologists can dismantle the barriers to health equality.

Psychologists want to “do good,” but need to be aware of their own biases when working with an increasingly diverse population. They discussed ways to build and maintain a successful practice that effectively serves a diverse population; especially addressing social determinants of health, empowering people to be healthy through health activation, broadening the set of interventions we currently use, enlisting others to build broader mental health literacy, and focusing on health at a community level.

Dr. Geoffrey Reed presented on the APA Presidential Task Force on Psychology and Health Equity. Reed said that the Task Force has looked at education and training, especially addressing concerns as to whether curricula and clinical training actually perpetuate health inequities and whether there is a framework that could be developed to evaluate this. With regards to practice, APA has published several guidelines (Multicultural Guidelines and Race and Ethnicity Guidelines, for instance) that are not yet fully used across clinical practice, but seem more like reference material rather than how anyone is currently practicing. The publication of these guidelines was an effort to move the field forward, but the outcomes have not reached fruition as of yet. According to Reed, psychologists need to start asking themselves if they are taking active steps to increase equity within their practice.

Dr. BraVada Garrat-Akinsanya expressed the need to observe and listen to community needs while letting your work speak for itself, and at the same time recognizing that outreach efforts will likely need to be suited to the community in which you work. Dr. Garrat-Akinsanya also suggested that the way to make large-scale changes is to serve on government committees in order to have a voice for change.

Dr. Terry Gock pointed out that a successful practice needs to be both financially viable and emotionally rewarding. Just because one may be from a certain population does not mean that the clinician will have the appropriate skills and knowledge to provide care. Dr. Gock stressed that continued training and education need to be sought related to working with special populations.

- Medicare’s Impact on Private Payers and State Medicaid Programs: Why All Psychologists Should Engage in CMS Advocacy

Panelists for this discussion were Drs. Stephen Gillaspay, Peter Liggett, Lori Stark and Jim Broyles.

The panelists noted that both Medicare and Medicaid were enacted as companion programs in 1965. Medicaid was initially optional. CMS is overseen by a single administrator under the Secretary of HHS. Each Medicaid program is the product of a unique agreement between CMS and the state or territory. There are, however, required benefits and many optional benefits.

Medicaid is the single largest payer for mental health services in the U.S. and is increasingly playing a larger role in the reimbursement of substance use disorder services. Medicaid accounted for 30% of the \$225.1 billion spent on mental health in 2019.

Medicaid (in approximately a third of states) indexes its rates to the Medicare fee schedule. About half the states use the resource-based relative value scale (RBRVS) developed for Medicare and multiply by a conversion factor. Changes to the Medicare Benefit frequently drive changes to the Medicaid benefit array and commercial payers' benefit design. In the overwhelming number of cases, healthcare coverage and especially reimbursement are built on the foundation that Medicare creates.

CMS's programs have led the drive toward alternative and value-based payment models (APM & VBP). CMS accepted RUC valuations approximately 90% of the time, according to an analysis of fees negotiated between 1994 and 2010, down to 71% in 2019. Medicare's continued reliance on the RUC, relative value units (RVUs), and a FFS rate structure could slow the growth of VBP and APMs. Medicaid typically pays more for the same codes that Medicare does.

The CPT codes CMS approves affect us all, regardless of whether psychologists seeing Medicaid or Medicare patients. It will affect what a psychologist is able to bill for, including pediatric codes. In 2020, this became very apparent when we learned which telehealth codes were able to be reimbursed.

CMS sets RVU values. Many psychologists work in medical centers, where productivity is measured by RVUs. This is the methodology that CMS uses to evaluate the value of a clinical service relative to other clinical services, and take into account the work provided. When the Health and Behavior Codes initially were introduced, the RVU values were much lower than the same time equivalent mental health CPT codes. This lower rate translated into psychologists using H and B codes needing to see more patients to generate the same RVUs as those using mental health CPT codes. APA worked to revise this and get higher RVU for H & B codes.

In 2020, APA advocated for increasing the RVU values for all psychotherapy codes, HBAI codes, and psychological and neuropsychological testing codes. CMS only increased the RVU values for 90791, 90832, 90834, and 90837.

The panelists concluded that it is the responsibility of ALL psychologists to advocate with regards to CMS.

- Lesson Learned: Navigating a 50/50 Senate

This panel was moderated by Katherine McGuire, Chief Advocacy Officer for APA with panelists who were former Senate Majority Leaders, Tom Daschle (D) and Trent Lott (R). These were the last Senators to serve in a split Senate (under President Clinton).

Senator Lott reported that infrastructure, immigration, COVID, appropriations bills related to government funding, and government relations with China will be the focus of this split Congress. Senator Daschle also reported that telehealth is at the forefront of concerns that can have bipartisan support. Both Senators reported that a split Senate can operate well if both sides respect the rule of law

and have strong and clear leadership with each side respecting the other.

To learn more about other topics and greater detail, please refer to APA's Advocacy site at <https://www.apaservices.org/advocacy/news/congress-patient-telehealth>

(To comment on this article, contact Molly Gabriel-Champine, Ph.D. at mollygabriel5@gmail.com)

NOTES OF A PSYCHOLOGY WATCHER

Steven J. Ceresnie, Ph.D.



Steven J. Ceresnie, Ph.D.

John Brockman (Ed.). (2019). *The Last Unknowns: Deep, Elegant, Profound, Unanswered Questions about the Universe, the Mind, the Future of Civilization, and the Meaning of Life*. New York: William Morrow.

My mother made me a scientist without ever intending to. Every other Jewish mother in Brooklyn would ask her child after school, So? Did you learn anything today? But not my mother. Izzy, she would say, did you ask a good question today? That difference – asking good questions – made me become a scientist.

- Isidor Issac Rabi, Nobel Prize Winner in Physics, 1944

I would rather have questions that can't be answered than answers that can't be questioned.

- Richard Feynman, Nobel Prize Winner in Physics 1965

In his foreword to this book, Daniel Kahneman tells us that the Edge.org is a website that has been up and running for 22 years. During this time, Edge has offered a wide range of topics for the intellectually curious: 1,000 contributors whose work and ideas are presented in more than 350 hours of video, 750 transcribed conversations, and thousands of brief essays. Hundreds of brilliant scientists from

biology, psychology, anthropology, music, history, computer science, physics, and more have sent the unifying message that ideas matter.

A long-running feature of Edge is the annual question starting in 1998, posted once a year, which gathers short essays on topical questions such as:

- How is the internet changing the way you think?
- What scientific concept would improve everybody's cognitive toolkit?
- What do you believe is true even though you can't prove it?
- What are you optimistic about? Why?
- What scientific idea is ready for retirement?

In this book, John Brockman, who is the editor and publisher of Edge asked 284 scientists, artists, musicians, writers, psychologists, physicists and others "THE LAST QUESTION, the question for which they will be remembered."

I have selected 29 of these questions along with the latest books of these contributors.

THE LAST QUESTION FOR WHICH YOU WILL BE REMEMBERED FOR

How would changes in the marginal tax rate affect our efforts and motivation?

■ Dan Ariely, James B. Duke Professor of Psychology and Behavioral Economics, Duke University; founding member, Center for Advanced Hindsight; author, *Predictably Irrational*.

Will it ever be possible for us to transcend our limited experience of time as linear?

■ Noga Arikha, Historian of ideas; author, *Passions and Tempers*

Will the appearance of new species of talented computational intelligence result in improving the moral behavior of persons and societies?

■ Mahzarin Banaji, Department chair and Richard Clarke Cabot Professor of Social Ethics, Department of Psychology, Harvard University; coauthor (with Anthony Greenwald), *Blindspot*

Can we re-design our education system based on the principle of neurodiversity?

■ Simon Baron-Cohen, Professor of developmental psychopathology, Fellow, Trinity College; director, Autism Research Centre, University of Cambridge; author, *Zero Degrees of Empathy*

How does a single human brain architecture create many kinds of human minds?

■ Lisa Feldman Barrett, University Distinguished Professor of Psychology, Northeastern University; research neuroscientist,

Massachusetts General Hospital; lecturer in psychiatry, Harvard Medical School; author, *How Emotions Are Made*

What kinds of minds could solve the mind-body problem?

■ Susan Blackmore, Psychologist; Visiting Professor, University of Plymouth; author, *Consciousness*

Why are we so often kind to strangers when nobody is watching and when we have nothing to gain?

■ Paul Bloom, Brooks and Suzanne Ragen Professor of Psychology and Cognitive Science, Yale University; author, *Against Empathy*

Will scientific advances about the causes of sexual conflict help to end the “battle of the sexes”?

■ David M. Buss, Professor of psychology, University of Texas at Austin; author, *When Men Behave Badly. The Hidden Roots of Sexual Deception, Harassment, and Assault*

Will some things about life, consciousness, and society necessarily remain unseen?

■ Nicholas A. Christakis, Physician; social scientist; Sterling Professor of Social and Natural Science, Yale University; coauthor (with James Fowler), *Connected*

If science does in fact confirm that we lack free will, what are the implications for our notions of blame, punishment, reward, and moral responsibility?

■ Jerry A. Coyne, Professor Emeritus,
Department of Ecology and Evolution, University of
Chicago; author, *Faith versus Fact*

How can an aggregation of trillions of selfish, myopic cells discover the unwitting teamwork that turns that dynamic clump into a person who can love, notice, wonder, and keep a promise?

■ Daniel C. Dennett, Philosopher; Austin B. Fletcher Professor of Philosophy and Codirector, Center for Cognitive Studies, Tufts University; author, *From Bacteria to Bach and Back*

Why is there such widespread public opposition to science and scientific reasoning in the United States, the world leader in every major branch of science?

■ Jared Diamond, Professor of geography,
University of California, Los Angeles; author, *The World Until Yesterday*

What will courtship, mate selection, length of marriages, and family composition and networks be like when we are all living over 150 years?

■ Helen Fisher, Biological anthropologist,
Rutgers University; author, *Why Him? Why Her?*

Can human intuition ever be reduced to an algorithm?

■ Gerd Gigerenzer, Psychologist; Director,
Harding Center for Risk Literacy, Max Planck Institute
for Human Development; author, *Risk Savvy*

If we're not the agents of ourselves (and it's hard to see how we can be), how can we make sense of moral accountability (and how can we live coherently without it)?

■ Rebecca Newberger Goldstein, Philosopher; novelist; recipient, 2014 National Humanities Medal; author, *Plato at the Googleplex*

Is there a subtle form of consciousness that operates independent of brain function?

■ Daniel Goleman, Psychologist; coauthor (with Richard Davidson), *Altered Traits*

How can a few pounds of grey goo between our ears let us make utterly surprising, completely unprecedented, and remarkable true discoveries about the world around us, in every domain and at every scale, from quarks to quasars?

■ Alison Gopnik, Psychologist, University of California, Berkeley; author, *The Gardner and the Carpenter*

Why is it so hard to find the truth?

■ Jonathan Haidt, Social psychologist; Thomas Cooley Professor of Ethical Leadership, New York University Stern School of Business; coauthor, (with Greg Lukianoff), *The Coddling of the American Mind*

Why is the world so beautiful?

■ Nicholas Humphrey, Professor Emeritus of psychology, London School of Economics; visiting professor of philosophy, New College of the Humanities; senior member, Darwin College; University of Cambridge; author, *Soul Dust*

What is the biological price of being a species with a sense of humor?

■ Isabel Behncke Izquierdo, Primatologist; Associate Professor, Research Center for Social Complexity, Universidad del Desarrollo; visiting researcher, Social and Evolutionary Neuroscience Research Group, University of Oxford

What is consciousness?

■ Stuart A. Kauffman, Professor of biological sciences, physics, and astronomy, University of Calgary; author, *Reinventing the Sacred*

Is there any observational evidence that could shake your faith, or lack thereof?

■ Brian G. Keating, Astrophysicist; Professor of physics, University of California, San Diego; author, *Losing the Nobel Prize*

Has consciousness done more good or bad for humanity?

■ Joseph Ledoux, Henry and Lucy Moses Professor of Science, professor of psychiatry and child and adolescent psychiatry, New York University; Director, Emotional Brain Institute; author, *Anxious*

Why are people so seldom persuaded by clear evidence and rational argument?

■ Tim Maudlin, Professor of philosophy, New York University

Does religious engagement promote or impede morality, altruism, and human flourishing?

■ David Myers, Professor of psychology, Hope College

What does the conscious mind do that is impossible for the unconscious mind?

■ Richard Nisbett, Theodore M. Newcomb
Distinguished University Professor of Psychology,
University of Michigan; author, *Mindware*

Why is religion still around in the twenty-first century?

■ Elaine Pagels, Harrington Spear Paine
Professor of Religion, Princeton University; author, *Why
Religion?*

How can we empower the better angels of our nature?

■ Steven Pinker, Johnstone Family
Professor of Psychology, Harvard University;
author, *Enlightenment Now*

How far will we go in predicting human behavior from DNA?

■ Robert Plomin, Professor of behavioral
genetics, King's College, London; author, *Blueprint:
How DNA Makes Us Who We Are*

Given the nature of life, the purposeless indifference of the universe, and our complete lack of free will, how is it that most people avoid ever being clinically depressed?

■ Robert Sapolsky, Neuroscientist and John
A. and Cynthia Fry Gunn Professor and Professor of
Neurology and of Neurosurgery, Stanford University;
author, *Behave.*

What is the question you want to be remembered for?

(To comment on this article, contact Steve Ceresnie, Ph.D. at Sceresnie@aol.com)

Jest for the Health of It!
Steve Fabick, Ph.D.



Jack P. Haynes, Ph.D.

ALSO FOR PSYCHOLOGISTS

**Book Review of *The Philosophy of Science, A Very Short Introduction*. (2002/2016).
Samir Okasha. New York: Oxford University Press.**

Jack P. Haynes, Ph.D.

This volume is part of the Oxford University Press series of brief introductions to various categories of topics such as science, history, philosophy, religion, and the arts. This book of 140 pages is relevant to a psychological reader, even though the book is not focused on psychology. Yet there is an interesting chapter that focuses on neuropsychology and cognitive science (Chapter 6).

The book is clear, concise, and readable, though not an easy or casual read due to the subject matter. Reading this work helps place the field of psychology in the larger context of what is science and what is not science. The chapters that I found most interesting and most useful dealt with scientific reasoning, explanation in science, and philosophical problems that included the field of psychology.

Scientific Reasoning. Mathematics is described as intrinsic to science, but itself not constituting a science, physics being the most essential and oldest science. Modern science developed in Europe between 1500 and 1750, a revolution of the world view of Aristotle who propounded theories in physics, biology, astronomy, and cosmology. The heliocentric theory of Copernicus was part of the scientific revolution and led not only to better astronomy but also sparked important and fundamental work in later years by Kepler and Galileo, though the scientific revolution culminated in brilliant work of Isaac Newton – which also fostered an emphasis upon and trust in science.

The book also focuses on science and pseudoscience, with a focus on falsifiability and the ability to make specific predictions; Einstein's work being an example that continues to be supported by new scientific discoveries.

I found the clarification of deduction versus induction important and informative. Inference and probability, key constructs in psychology, are discussed. The author points out that the issue of proof should only be used with deductive inferences – scientific hypotheses are rarely proved true by data. The work of Karl Popper emphasizing falsifiability is discussed.

Explanation in Science. Among other things, this chapter discusses the link between explanation and causality, and the complexities of that. Different scientific disciplines explain different phenomena. Since physics is typically regarded as the most fundamental science, should not other sciences (like psychology) model their analyses on those of physics? Can all sciences be subsumed under physics? The presentation was thought provoking.

Philosophical Problems in Psychology. Samir Okasha discusses the long-term debate about what he calls the architecture of the mind. He discusses the modularity of mind hypothesis which contrasts the mind as a general problem-solver with the mind as a series of specialized subsystems or modules. Complexity is seen in some cognitive tasks require specialized modules, and others use general intelligence. He discusses how science sorts out some of this.

I found the book interesting and thought provoking. Scientific perspectives were examined and also placed psychology in a context of other sciences.

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

Parenting Question

Jack P. Haynes, Ph.D.

Just as this newsletter issue was about to be issued, an interesting story presented itself. Following is a summary of that story followed by a question for our newsletter readers about parenting.

On June 1, 2021 police in West Valley City, Utah, near Salt Lake City, responded at five a.m. to reports of an auto-semi truck head-on collision. Fortunately – and perhaps amazingly –no one was injured.

Upon investigation of the wrecked auto, officers discovered that there were two (uninjured) children in the auto – and no one else. Both girls were wearing seat belts. The driver was a girl, age nine, and the passenger was her four-year-old sister. The nine-year-old driver had driven the car about 10 miles before jumping the median and colliding with the truck. When the girls were questioned, the officers learned that the girls wanted to see the California beach – actually about 700 miles away – and were driving to “swim in the ocean.”

Question: What should be the parental response?

*Please send your suggested parental responses to jackphaynesphd@comcast.net and they will be reported in the next issue of *The Michigan Psychologist**

Therapeutic Handouts

Mary Sevuin, M.A., LLP

Therapeutic handouts that I have written and used with my clients are provided in *The Michigan Psychologist* for therapists to reproduce and use with their own clients.

This particular handout, “Being in the Moment,” I have used with several of my clients. Each needed a different emphasis on the issues within this handout. For instance, some clients were in physical as well as emotional pain and really needed to hear and soak in the sentence:

Even when experiencing pain, it is less when it is only the pain of this moment. Other clients responded to the last short paragraph on acceptance because this drove home insights they needed at the time.

In reading the handout aloud with the client, I find there is a reciprocal dynamic of feedback and reinforcement for each major thought. This has helped make the sessions effective and rewarding for both my clients and me.



Mary Sevuin, M.A., LLP

BEING IN THE MOMENT

With the new day comes new strength and new thoughts.

□ *Eleanor Roosevelt*

Being in the moment is going forward from the past. Being in the moment avoids catastrophizing the future.

Every day is a new opportunity to be our best.

Amazing how we learn as we go. Strange how some of the most trying, difficult, and scary times in our lives turn out to be the times we grow, mature and discover more of who we really are.

Then we take this wonderful new stuff forward into our new moments of now to live more fully. Laugh, love, and dance to the music of our soul. Life is wonderful like that.

How much better to see life through this lens rather than bemoaning past ordeals. How much better than sinking into feeling sorry for ourselves like a victim. The fact is we have been challenged and we overcame those hard times. Getting through, past and overcoming difficult times makes us survivors and thrivers – not victims.

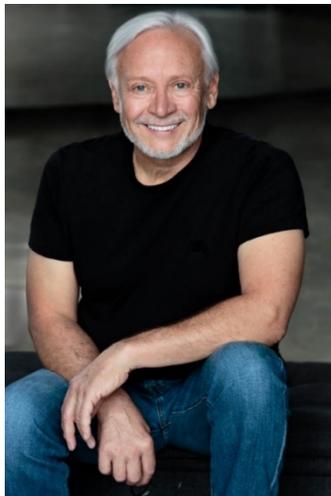
Our experience matures us. Our experience enriches us. It makes us ever increasingly open to enjoy life. Even when experiencing pain, it is less when it is only the pain of this moment.

Being grateful is an exercise which changes my attitude from blah to beautifully, present and open to the good that is in this day. When I need an attitude adjustment, I remind myself not to hang up my thoughts on expectations. Expectations can be dangerous.

Acceptance...yes, a calm, sweet willingness to receive what life presents to us makes a profound difference in our reactions to people and events.

Then, without notice we feel peace.

(To comment on this column, contact Mary Seyuin, M.A., at maryseyuin@comcast.net)



James Zender, Ph.D.

The Health of Healthcare Workers: How Can We Help Healthcare Workers Navigate Burnout and Trauma Fatigue?

James Zender, Ph.D.

Depending on which part of the world you're in, whether you've had a vaccine, or are at high risk of a severe health outcome from COVID-19, your experience of pandemic life right now may differ greatly from others. One thing we all have in common, though, is our exposure to a global trauma that is still ongoing.

As many of us begin to try to regain a sense of normalcy, my heart goes out to those who have become ill, those that have lost someone, and those who are left with immense battle scars from fighting COVID-19 on a daily basis trying to save lives. Much has been said in the media about the heroic efforts of our healthcare workers. Even more than applause or making noises of appreciation for their war zone-like work, we need to remember that PPE is not a superhero costume. There are real people under those masks that need extra care and support right now.

In a recent opinion piece in the *Detroit Free Press* by Dr. Barbara Ductman commented, "Our nurses are tired of holding so many patients' hands as they die, knowing the hand the patient really wants to hold is yours," highlighting some of the intensely traumatizing experiences that healthcare professionals are currently enduring. An article in the *Washington Post* highlighted a survey in which 3 in 10 healthcare workers stated they are considering leaving their job. Rates of burnout and trauma fatigue are extremely high in this cohort, with many suffering from depression, anxiety, and PTSD symptoms.

Many healthcare professionals were at risk of burnout and suicide before the pandemic and those working within the American healthcare system were struggling with an already fragmented system. We've heard heartbreaking stories from ICUs around the globe along with the sad tragedy of New York ER physician Dr. Lorna Breen's suicide. Her family has started an inspiring foundation to support the well-being of healthcare professionals and is an excellent resource.

How can we show the same care and support to healthcare workers that they have shown to us? For a start, the profit-driven paradigm of the American healthcare industry likely needs to change. Also, there likely needs to be much more focus on mental health care supports and suicide prevention for workers in healthcare facilities. If there is anything COVID-19 has taught us, it's the importance of safety and prevention measures, and how key mental health is to overall well-being. We have also learned that when tackling a global threat, we can make much more progress when we come together in the fields of science and medicine.

In my many years of work helping patients process and overcome trauma, healing involves being able to talk about the traumatic event in psychotherapy or group therapy and focusing on life situations and events that are within a patient's control. Also, the saying "time heals all wounds" does hold merit. Unfortunately, with our current pandemic, the traumatic event is ongoing and filled with constantly changing variables outside of our control with no definitive endpoint in sight. For healthcare workers on

the front lines, there is no time to pause and process what they're experiencing as they face one trauma after another in often under-equipped and frequently changing workplace infrastructure.

My hope is that as a result of the immense challenges confronting healthcare workers and the industry as a whole, we will create more extensive, more easily accessible mental health supports, further raise awareness of the crucial importance of mental health and overcome the stigmas and discomfort around talking about suicide and mental health issues. Taking the best care of our outstanding healthcare workers will undoubtedly result in an increased quality of mind/body/soul care for patients and a better, healthier world for us all.

This blog was recently published in Psychology Today and it is reprinted here with permission of the author. Dr. Zender recently created an online course in the hopes of providing practical mental health tools, tips, and support specifically for healthcare professionals and there is a module specifically for mental health professionals. To learn more, go to his website at <https://drjameszender.com/>

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(To comment on this article, contact James Zender, Ph.D. at bookingdrzender@gmail.com)

Awards Given Out at MPA Annual Spring Convention

Two Past-Presidents awards were presented at MPA's 2021 Annual Spring Convention on April 16.

Because the Past-Presidents award was not given out during the 2020 Annual Spring Convention, MPA President Dr. Antu Segal made up for that by presenting Dr. Lissa Patterson her plaque for her term as President during 2018 and 2019. Also at this convention, Dr. Joy Wolfe Ensor

was acknowledged with a plaque for her term as President during 2020.

Dr. Lissa Patterson was also presented with the MPA Fellows Award, which is given to an MPA member who has made an outstanding contribution to psychology or displayed outstanding performance in the field of psychology in Michigan. In presenting both awards to Dr. Patterson, Dr. Ensor said:

“In the rapid pivot to Zoom for last year’s annual meeting, we inadvertently neglected to give the Past President Award. It is my pleasure to give this belated recognition to Dr. Lissa Patterson. As many of you know, Lissa became active in MPA immediately upon moving to Michigan from Massachusetts. She joined the Insurance Committee, and then assumed its Chair when Dr. Louis Post left the committee temporarily to serve as MPA President. In the fall of 2017, the MPA membership elected Lissa to serve as the 2018 President-Elect. Midway through her term, then-President Dr. Jared Skillings moved to his job at APA and Lissa took on an extended term as President role. I can attest to the fact that serving as MPA President is a very big deal for one year; Lissa did so for a year and a half.

“From the time she joined the MPA board, Lissa was the leading edge of culture change. She helped us align our practices to our values, and she played an important role in ushering in an era of growth and continuous quality improvement that persists to this day. Lissa’s guidance, mentorship and example were invaluable to me during my own President-Elect and President terms, and her legacy will serve all of us well into the future. We all owe Dr. Patterson a deep debt of gratitude.”

EYE ON THE NEWS

A Formula for Tyranny and More Racism

Glenn C. Loury

Editor’s note: This column was adapted from Glenn C. Loury’s testimony to the Senate Banking Committee on March 4, 2021. It is reprinted by permission of the author.

Persistent racial inequality occurs when the social fact of racial identity limits access to developmental resources and the acquisition of human capital. Financial disparities, like the much-touted racial wealth gap, are to be expected under such circumstances. The remedy here should be to focus on development for all of our people, which means focusing on their behaviors that determine their acquisition of skills.

Here I would sound a cautionary note: while we cannot ignore the behavioral roots of racial disparity, we should discuss and react to them as if we were talking about our own children, neighbors, and friends. We Americans are all in this together.

Persisting racial disparities deserve our attention not via racially preferential public policy, but rather by emphasizing through law and action that we all share a common citizenship and a common humanity. We should be fashioning American solutions to American problems and, ultimately, getting beyond “race” altogether when deciding on public action. As Dr. Martin Luther King envisioned, our civic discourse should be grounded in an unwavering commitment to trans-racial humanism. That will sound like a pipedream in today’s racially supercharged environment. But in light of what I have come to know about human development and racial identity, it is the only way forward. Indeed, there is a fatal contradiction at the heart of the argument for group equality of outcomes. Put differently, identity-group-based egalitarianism is an incoherent social-justice program.

Here is my final conclusion, after many years of studying this issue: The dogged pursuit of equal results between racial groups across all venues of human endeavor is a formula for tyranny and more racism.

For those who emphasize identity, groups are fundamental building blocks of society. Groups matter—their culture and heritage, the music they listen to, the food they eat, the books they read, the stories they tell their children. All these things matter, and they all vary significantly across groups.

On the other hand, group-egalitarians claim that, absent injustice, we should have equal representation of groups in every human enterprise. But how can that be? If groups matter, some people are going to bounce a basketball 100,000 times a month and other people are going to bounce it 10,000 times a month. If groups matter, their members will not do the same things, believe the same things, think the same things, or act and react in the same ways. Groups have their own integrity, expressing themselves in how they live their lives, raise their children, and spend their time. This will inevitably result in a different presence of groups across various human activities. They will not have similar occupational or professional profiles. They will not be present in the same proportions as members of the National Academy of Sciences, as tenured faculty members, as tech entrepreneurs, hedge-fund managers, small shopkeepers, single parents, or petty criminals.

It follows that respecting groups’ integrity while demanding group equality is simply a contradiction. Attempting to impose equality despite that contradiction will only lead to disappointment, tyranny, and more racism.

(To comment on this article, contact Jim Windell at jwindell21@gmail.com)



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When you publish a book or article, let us know so we can inform the MPA membership of your scholarship and success. Send an email to the editor at Jwindell21@gmail.com to let us know what you have had published.