



Michigan Psychological Association

SCIENCE • EDUCATION • ADVOCACY

Third Quarter 2020

MPA Telepsychology Survey Results

Jack P. Haynes, Ph.D.

The provision of psychological services using telecommunication devices has been a developing field. Then COVID-19 arrived and immediately necessitated the dramatic expansion of telepsychological services---almost overnight. This specifically began in mid-March, 2020, corresponding to government mandated societal lockdowns.

The virus was in charge at that point and appears still to be in charge about six months later, with no clear conclusion or even stable reduction of the threat being apparent. In fact, as this article is constructed, there are considerable apprehensions in the epidemiological and broader scientific communities that the rate of expansion of viral infection may increase with the onset of fall and winter weather. This is predicted to interact with insufficient physical distancing, non-universal mask wearing in public, and the absence of coordinated or consistent federal guidance and planning.

The recent rapid initiation of telepsychology by nearly all psychological practitioners has been the direct result of the risk of coronavirus transmission. Telehealth delivery is approved and encouraged during the COVID-19 emergency. Indeed there are prohibitions against in-person service delivery when remote service delivery is feasible, as seen in the recent Executive Orders of Governor Whitmer (Executive Order 2020-138 Encouraging the use of telehealth services during the COVID-19 emergency; and Order 2020-160 paragraph 13 number 1 titled Remote work). In-person meetings such as psychotherapy put both therapist and client at risk.

As this article is constructed, more than 170,000 Americans so far have died because of the coronavirus. Unfortunately, that number of deaths likely will be clearly outdated by the time this article is published. At this time, the U.S. is about 4% of the

world population but about 25% of the world deaths by COVID-19. In my view, it is clear that the significance of that glaring statistic cannot be rationalized and should not be minimized.

Regarding telepsychology, it is important to be familiar with the fundamentals, such as the APA Guidelines for the Practice of Telepsychology initially published in the *American Psychologist* in 2013 and readily available online ([apa.org/practice/guidelines/telepsychology](https://www.apa.org/practice/guidelines/telepsychology)). This document operationally defines key terms and presents eight Guidelines. Areas considered are competence of the psychologist, standards of care, informed consent, confidentiality, security and transmission of data and information, disposal of data and information, testing and assessment, and interjurisdictional practice.

Consideration of the entire APA Ethical Principles and Code of Conduct (2017) is important ([apa.org/ethics/code/ethics-code-2017.pdf](https://www.apa.org/ethics/code/ethics-code-2017.pdf)). All of the overarching Ethical Principles are relevant and some of the most important Standards and subsections to consider regarding telepsychology may include Standard 1 Resolving Ethical Issues (1.02), Standard 2 Competence (2.01, 2.02, 2.03), 3 Human Relations (3.10), 4 Privacy and Confidentiality (4.01, 4.02, 4.03), 9 Assessment (9.01, 9.02, 9.03, 9.11) and 10 Therapy (10.01, 10.02, 10.03).

A recent COVID-19 Special Report of APA (June, 2020) provides current information and resources. This special report was published in Volume 51 No. 4 of the *Monitor* and is available online at [apa.org/monitor/2020/06/covid-telepsychology](https://www.apa.org/monitor/2020/06/covid-telepsychology).

From considering this topic and the need for basic knowledge about it, the idea emerged of a brief, descriptive survey of some aspects of psychological practice and therapist and client reactions to it among our members. Four basic questions were posted on the MPA listserv beginning August 13, 2020 and responses were collected to August 17.

This survey, based on a small sample, is introductory, basic, brief, and descriptive. It may provide the basis for a more detailed and more extensive empirical study regarding telepsychology and the effects of the COVID pandemic on practice among Michigan psychologists. The primary purpose was to obtain some specific local data to discover the current status of telepsychology among Michigan psychologists. Another purpose was to generate hypotheses for investigation beyond this first step.

A total of 48 MPA members responded, 44 of whom completed the survey. So, N=44 for this survey (completed questionnaires). The additional four members provided comments and observations about the survey questions, but stated that they were no longer in practice, or in one circumstance was waiting for the COVID threat to significantly decline before they resume practice. It was good hearing from them, and

their responses seemed to reflect commitment to MPA and to contributing to refining professional standards.

1. Have you practiced telepsychology prior to COVID?

The vast majority (40/44=about 91%) reported zero or minimal experience with telepsychology service delivery prior to COVID. A small number of respondents (4 of 44 - about 9%) stated that they had pre-COVID telepsychology experience involving few clients, though each stated that the percent of practice at that time was less than 10% of their pre-COVID patient caseload.

1. What percentage of psychotherapy sessions since 4/1/20 have taken place in person, and of remote sessions provided, what percentage have been by phone and what percentage by an internet medium?

All 44 respondents reported post-COVID practice by telepsychology. Roughly 80% (35/44) during COVID have seen patients exclusively remotely; only roughly 20% (9 of 44) have seen any patients in person during COVID, typically minimally.

Specifically, of the 20% who have seen clients in the office since 4/1/20, each respondent indicated that a very small part of their practice occurs now in their office. About half of that number (N=5/9) was 5% or fewer of their clients in person. The small number who see more than 5% of current clients in the office do not exceed that number by much, one therapist seeing a maximum of 20-25% of their clients in person during COVID. The small number who did see any patients in the office typically cited special circumstances such as conducting therapy with those clients outdoors or needing to meet in person because of exceptional individual case circumstances.

Examination of the data suggests that overall only about 1-2% of clients have been seen in person during COVID. (Anecdotally, my private practice office is in a practice with, I believe, 16 therapists, not one of whom has seen any patient in the office since mid-March, five months ago. None provided data for this survey.)

It also appears that about 1-2% of patients refuse remote therapy, and they are not included in the descriptions.

Of those patients seen remotely---the clear majority (74.8%)---receive treatment by Internet platforms. The most common platforms were Zoom and Doxy.me, followed by Google Meet, Simple Practice, and Go To Meeting. The question of which platform was used and why it is being used was not specifically asked, but a majority volunteered their preference. There were many comments about Internet connectivity problems, both audio and visual.

Phone contact primarily was by direct phone call, or reportedly less frequently, by

FaceTime. The percentage for remote therapy delivery by phone was 25.2%.

Almost half (40%) of survey respondents reported using an Internet platform almost exclusively---95% or more of the time usage for therapy during COVID.

1. During COVID, have members used the Internet to psychologically test?

Less than 10% reported doing psychological testing during the COVID pandemic, some comments indicating use of remote computer-based testing and some reporting non-empirical checklist or other assessment by Internet. Several commented on the limits to validity for almost any such data gathering. The impression from comments was that many if not most survey responders typically do not perform psychological testing.

4. What reactions do members have to practicing telepsychology during COVID?

Positive Comments:

Overall, *positive* comments by members focused on improved views of the telepsychology process with increasing experience with it.

Many felt that telepsychology is a clearly positive resource given COVID; some referenced continuing to use telepsychology after COVID.

Many respondents reported liking not having time and cost expenditures for transportation to their office. Some liked being able to eat meals without transporting them.

Some clients are observed to be more accessible remotely than in person.

Many members reported clients were more punctual for telepsychology.

Few clients drop out of treatment because they no longer want telepsychology.

A more positive home-work life balance for psychologists was cited by several.

The telepsychology process can be more informative about the clients. Respondents commented that boundaries with patients were changed in that the living circumstances of clients now are directly observable, and many members now have met the children, dogs, cats, and other pets of their clients.

Some reported clients appear more relaxed during telepsychology.

Negative Comments:

Overall, *negative* comments by members focused on technical challenges and frustrations such as connectivity problems, primarily poor or lost audio or visual connections.

Obtaining informed consent was more difficult. Please refer to the following APA article on obtaining informed consent regarding telepsychological services (www.apa.org/practice/programs/dmhi/research-information/informet-consent-checklist).

Several members expressed that telepsychology was more tiring ("Zoom fatigue") than in-person therapy because of the apparent greater focus required. This view was common but not universal.

Some members feel they experienced a subtle reduction in feelings of connectedness to their clients.

Several respondents view telepsychology as reducing observable nuanced behaviors by clients.

A few respondents feel remote therapy is less gratifying to the therapist, though necessary and useful.

Elderly patients may have technological problems more frequently than others and may be more resistant to telepsychology.

Some perceive children are more difficult to work with by telepsych than are teens or most adults. Anxious teens have been observed to be more forthcoming by telepsych than in the office.

Location privacy issues sometimes are challenging.

Distractions such as clients receiving texts seem to some as more prevalent in remote treatment.

5. How have clients responded to telepsychology?

Most respondents reported that many clients were initially resistant to telepsychology but now most are comfortable with it. Some, but a minority, of clients now clearly prefer telepsychology to in-person treatment. Some have stated they wish to continue remotely after the pandemic. Reportedly very few clients state that they are eager to return to only office sessions.

Several members commented that clients express that they like the safety of telepsychology-based sessions (and that they agree regarding themselves).

The absence of time and travel expenses for transportation for clients to and from sessions.

A few respondents reported a very small number of clients who refuse teletherapy services and plan to wait until the virus threat is over when they can be seen in office

From The Office Of The President

It's OK Not To Feel OK

Joy Wolfe Ensor, Ph.D
President



How are you doing?

No, really, how are you doing?

Are you well and safe enough to be reading this newsletter?
Grateful for the technology that lets you connect with family, friends and clients alike?
Finding joy in small things?

Me too.

Are you worried about your elders, your children, your clients? Are you grieving the loss of loved ones to the Coronavirus? Are you missing hugging your friends and gathering in community?

Me too.

Are you appalled by the stubborn persistence of racism, homophobia, Islamophobia, and antisemitism in our society? Are you distressed by our political divide and by the pernicious effects of disinformation? Are you furious that (according to the [World Health Organization](#)) the U.S. has 4.25% of the world's population but (as of this writing) 21% of the world's Covid-19-related deaths?

Me too.

Most of my clients are experiencing all this as well. They fault themselves for not coping better - for being "less than" their peers who curate their social media feeds with images of baking and gardening and look-at-the-bright-side positivity.

I tell them that they're not alone. As it turns out, none of us is.

APA's most recent [Stress in America 2020](#) survey reveals that Americans are experiencing unprecedented levels of stress about Covid-19, racism, the economy, and the future of our nation. The data indicate that along all dimensions of stress - parenting, education and basic needs, the government's response to the pandemic, the economy - we are all less OK than we were a few months ago, and that people of color are more likely to report higher stress related to Covid-19.

Cultural and political forces have posed barriers to our ability to flatten the Covid-19 curve and have prolonged the pandemic crisis. This in turn has prolonged our uncertainty and anxiety, loneliness, and economic distress, with resulting increases in mental health and substance use disorders, including suicide and domestic abuse.

There is widespread agreement that after the physical health challenges of Covid-19 have been managed, the psychological [ripple effects](#) will persist for years. We will need to respond with scalable mental health care, and to ensure that mental health disparities are addressed quickly and effectively.

The need is great and will get greater; meanwhile, however, Michigan falls [woefully short](#) in meeting the mental health needs of our residents. We are third from the bottom nationwide in managing our shortage of providers. We received a [failing grade](#) for mental health parity from the Kennedy-Satcher Center for Mental Health Equity. All this while Covid-19 is taking a mounting toll on our well-being.

Just as we are not alone in experiencing Covid-19 stress in our own lives, we are not alone in trying to treat this stress in our clients. This is a good time to remember to take care of ourselves as best we can, and to support one another in our professional community. It's a good time to remember that, in the context of a critical shortage of mental health providers in our state, we are well advised to forge alliances across the professions around our common goals and values.

We engage in this essential work because being helping professionals is core to our identities. Serving others serves ourselves as well by providing us with purpose and meaning, both of which have, from time immemorial, helped people endure.

Be well, everyone.

(For more information or to contact Joy Wolfe Ensor, Ph.D., email her at ajwensor@comcast.net)

Perspectives from a Black Psychologist

It Ain't About Mental Illness

Byron C. Douglas, Ph.D.

Every major societal institution in this nation has promulgated the myths of Black inferiority and white supremacy. The myths were designed to subjugate African Americans and to maintain and protect white rule. The mental health profession is no exception. Early on, lies about Black intellectual ability and lies about the mental health status of Blacks were pushed by philosophers, scientists,

physicians, researchers, psychiatrists, and psychologists.

During the antebellum period, Dr. Samuel Cartwright literally invented diagnoses to explain Black "mental illness." The prevailing lie of the times was that the enslaved African did not have the mental capacity to live independently, thus it was necessary to maintain the system of perpetual slavery. The system was in the best interest of the enslaved. If an enslaved African rebelled against his or her status, this was indicative of a mental illness. Cartwright invented the term "Drapetomania" to diagnose an African who was hell-bent on running away. The term meant "flight from home sickness" (if a slave continually tried to run off the plantation, which was their home, they must be sick!). The diagnosis "Dysthesia Aethiopica" was given to a slave who did whatever he or she could to disrupt the plantation system (e.g., break tools, poison livestock, damage crops, set fires, or poison masters). It should go without saying that anyone labelled with these diagnoses were actually exceptionally mentally strong and healthy (see Harriet Tubman, Nat Turner, and many more).

Studies were conducted to "prove" that freedom made Black people "crazy." Allegedly, Northern Blacks suffered from a higher rate of mental illness than enslaved Blacks. These studies were proven to have been literally made up and falsified. The attempts of such studies were to "scientifically" provide further evidence of Black inferiority and to maintain the status quo. Even today, there are white medical professionals who believe that Black people have a higher pain tolerance than whites (false), that Blacks age more slowly than whites (false), or that Black skin is thicker than white skin (false). Also, a Black patient is more likely to receive a more serious or chronic mental health diagnosis than a white patient when they seek treatment from a clinician or institution that is not culturally competent (i.e., schizophrenia rather than depression or anxiety).

Currently, as it was historically, mental health and mental illness have been manipulated in order to craft a particular narrative and to push a certain agenda.

The nation is on the verge of becoming totally numb to the racist/xenophobic inspired individual attacks and mass shootings that we witness on a regular basis (e.g., Pittsburgh, El Paso, Dayton, the Garlic Festival). Yet politicians, government officials, commentators, and gun lobbyists continually push the narrative that these incidents are "single events," and that the perpetrators are alienated individuals who are mentally ill who should have received mental health services. They deny that these attacks are racially motivated and are perpetrated by racist white terrorists. These shootings are domestic terrorism. They deny that hate speech, veiled (and not so veiled) threats spewed by prominent government officials, along with conspiracy websites, can lead extremists to take the hateful and racist speech to what they deem its "logical" conclusion.

It is utter hypocrisy to use the mental illness excuse. A Muslim extremist who commits a similar act at home or abroad (mostly abroad) is labelled a terrorist or a jihadist who hates "democracy." A Black guy who commits a similar act does it because his behavior is "innate" - and all Black people are capable of similar things. An Hispanic person is labelled as an MS-13 member or a member of some notorious cartel. But if a white guy shoots up a school, a church or a public event, he is a mentally ill individual who committed a singular act.

I have written it before, and I will reiterate it: everyone has the right to defend themselves. If a person is targeted or attacked because of their race, ethnicity, gender orientation, religion, or sexuality, that person has a right to defend himself or herself by any means necessary.

Let me say that mental illness and psychological difficulties are real and should be treated with sensitivity and with effective strategies. A great many people who have experienced competent treatment (in some cases, ongoing or intermittent treatment) have been able to live very productive lives.

Sooner or later America will have to face all the consequences that has come from its "original sin" and its ongoing oppression of various people of color in an attempt to buttress a white supremacist system. There are enough of us from every racial, ethnic, or religious group who are "woke" enough to bring about change. You down?

(To comment on this article, email Jim Windell at Jwindell21@gmail.com)



Chris Sterling, Psy.D.

MPA Fall 2020 Programs

The Fall 2020 programs brings to MPA members two seminars - one to enable members to learn and earn a pain CE credit and the other to enhance skills in an integrative care setting.

The MPA Program Committee continues to plan seminars to be conducted via Zoom format so as to provide safe and remote learning experiences for participants during this time of Covid-19 precautions. Responses to previous remote learning received positive feedback from those attending. And, as it turns out, registration numbers were greater for Zoom seminars than for in-person seminars.

On October 29, 2020 the Health Psychology and Integrated Care Committee(ICC)returns with a four-CE Zoom-only conference. Dr. Jennifer Peltzer-Jones and the ICC Committee will present the Third Annual Michigan Health Psychology Symposium. This symposium will feature three presenters, student posters and a student panel - all part of what promises to be an exciting learning experience.

If you are an MPA member who has not yet attended a Michigan Health Psychology Symposium, then you need sign up for this year's symposium and see why this has become a popular and in-demand event. Dr. Peltzer-Jones has invigorated the

symposium by recruiting exceptional speakers and inviting student energy and learning. Be sure to watch for additional information for this late October conference as the planning for this symposium evolves.

The month following the Michigan Health Psychology Symposium, MPA's first Grand Rounds lunch time learning presentation will take place on November 18, 2020. Many members were very pleased with Dr. J. Bruce Hillenberg's recent presentation on working with chronic pain. In this November event, Dr. Hillenberg will be supporting Dr. Jordan Backstrom as they conduct a one-hour grand rounds on the subject of application of techniques when working with chronic pain. This presentation allows MPA members to earn one CE of the required CE's on chronic pain needed for licensure. This Grand Rounds lunchtime event, which will be available via Zoom, is expected to be an exceptional opportunity to improve clinical skills when working with chronic pain.

The use of Zoom to present workshops and other learning experiences appears to have caught on with MPA members because it provides for convenient access to programs - especially for those who far away from the usual in-person venues. In addition, comments from members noted that by participating in a virtual workshop saved time, helped them avoid rush hour traffic, and left them feeling rested after a full-day workshop. By adding Zoom features, such as surveys and chat options, facilitate comments and questions to presenters. Thanks to MPA Executive Director, LaVone Swanson, recent MPA programs have been trouble-free presentations. Even when in-person seminars resume, we expect that a remote access format will be continue to be an option for MPA members and other psychologists.

The Program Committee, composed of Drs. Janice Tomakowsky, Lisa Yufit, Anthony DeOrio, Christine Liff, Laura Krasean, Michelle Leonard, Tyler Roskos and LaVone Swanson, continue to be a pleasure to work with. I know anyone of them would be pleased to answer your questions about MPA CE events.

(To comment on this article, contact Chris Sterling, Psy.D. atmiles702@mac.com)

Now's the Time to Join a Committee



Molly Gabriel-Champine, Ph.D.

During these unprecedented times, many of us have faced novel challenges, both in our personal and professional lives. With little warning, we have tackled teletherapy, job changes, furloughs, frustrations related to access to care, concerns over reimbursement, and a sense of disconnect from our fellow humankind. MPA has continued to serve as a voice of advocacy for our profession throughout the COVID-19 Pandemic. We hope to continue being such a resource for our members, and want to incorporate as many new, diverse, and passionate individuals in that goal as possible.

One of the best ways to make the most of your MPA membership is to become involved at the committee level. Being a committee member allows you not only unprecedented access to information related to evolutions within the field but promotes you as a leader and a voice for change. By stepping into the role of a committee member or committee chair, you are able to go from a passive position of hoping things get better, to being able to make a true difference, promote your profession, and ensure individuals have access to quality mental health care for years to come. We send out this request for new committee members specifically because we are looking to create a more diverse group of leaders.

If you are looking for a way to continue to develop within your career, whether you are a graduate student, ECP, or more advanced in your career, MPA is looking to expand their current leadership portfolio.

The following committees are currently looking for new members:

- Children, youth, and family
 - Communications
 - Finance
 - Integrated care
 - Licensure
 - Membership
- MPA graduate students (MPAGS)
 - Program

MPA truly wants to promote leadership as a skillset, and there are even chair positions which will come available starting in January 2021. Please contact the chair of the committee (<https://www.michiganpsychologicalassociation.org/board-of-directors-committees>) or the office at (517) 347-1885.



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benefits

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free 2020 membership

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USE PROMO CODE:
NewMPAMember

MPA is committed to being an organization which meets the needs of the next generation of psychologists. As such, we are offering a promotion where ALL graduate students and ECPs (first 10 years post-graduation) who are new to MPA qualify for a free membership for the rest of 2020.

This promotion is only applicable for new members and does not apply to those who have already paid dues for 2020. Free membership offer waives the cost of membership, but potential members still need to meet MPA's minimum requirements of membership (please see <https://www.michiganpsychologicalassociation.org/> for details) and contact our office at office@michiganpsychologicalassociation.org or 517-347-1885 with any questions.

Please feel free to forward to any and all who may be interested. We look forward to having you join us!

Link to join:

https://mpsa.memberclicks.net/index.php?option=com_mcform&view=ngforms&id=2046812

My Therapeutic Handouts

Mary Seyuin, M.A., LLP

I have been writing therapeutic handouts for many years. The feedback I receive from clients is overwhelmingly positive, and the results of using these as a therapeutic tool have been significantly beneficial. Client after client has told me they save the handouts in a folder and go over them to help them get through various difficulties. I have noticed that doing this helps bolster their progress.

I just keep on writing handouts with the needs of my clients in mind. Very often, one handout will fit a number of clients in any given week. That is, I will take one handout that was written with one particular client in mind and then, if needed, do some editing to better strike a chord with another client. One of the common comments I get from clients is that they wonder how I knew that this handout was just what they needed. Importantly, when I give one of these handouts to a client, I read it over with them. Then, I encourage their feedback and their understanding of how the ideas in the handout apply to them. This gives birth to many insights. This process has made my sessions richer and more effective than before I started using them in sessions.

I well remember when I first started out as an intern, supervised by Dr. Josephine Johnson, how desperately I sought out tools to help me be an effective therapist. Dr. Johnson's supervision was priceless. She helped build my therapeutic skills with an ease of brilliance and humor. I must say - not in small part - the honing of my clinical skills under Dr. Johnson's mentoring and supervision matured into being expressed in my writing of therapeutic handouts.

As a fledgling clinician, I would have welcomed therapeutic handouts which help clients gain insights and promote their progress. The bonus is the enhancement of clinical effectiveness. I am hoping that in the sharing of my therapeutic handouts, starting with the one below: "Lies We Tell Ourselves," in *The Michigan Psychologist* will provide another tool for my colleagues to put in their own toolbox.

Lies We Tell Ourselves

Mary Seyuin, M.A., LLP

It is amazing the lies we tell ourselves over and over again, often unchallenged. Here are a few such lies: "I can't"; "This situation is just too much for me to handle"; "With all that is going on in our country, how can I *not* be rattled, angry, anxious, depressed and overwhelmed?"

We have the ability to make choices in how we think, and choices in how we feel. We give away our power to choose thoughts that create calmer emotional states when we lie to ourselves by focusing on the worst possible scenarios. When life presents a tragedy or a chaotic situation, too often we lie to ourselves saying, for instance, "I can't possibly stop being angry, wrenched with worry, or overwhelmed by grief."

Of course, we need to feel our negative feelings as we process new and tough challenges. But, do not make the mistake of throwing gasoline on a burning fire. Be cautious not to be harsh with yourself when things go wrong. Be aware that lies that keep igniting negative states of mind are self-defeating. Each of us needs to be liberated from the lies we tell ourselves. Liberated, we can be our best in the most difficult of times.

The good news in all of this is the truth: Despite what life has hit you with, you always have something of value in your life. Put your mind to it. It may seem trite, but it truly helps to appreciate what you have. Be grateful for what is precious. Embrace the love you give and receive. Gratitude is a good tool because it helps establish emotional balance. Putting your mind to living and overcoming difficulties starts with tossing out the lies that bring you down. Then honestly identify the good things you have in your life. Importantly,

*be mindfully grateful for all the
good that is in you.*

Try asking yourself this: "What is the next loving thing I can do?" And having answered this question, take action and do it. Most of all, tell yourself the truth: "I can

handle the difficult challenges

and I can allow myself to be at peace each and every day as I change and grow through what I face."

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

Bimonthly Virtual Discussions for Early Career Psychologists



Lisa Vroman, Ph.D.

The MPA Early Career Psychologist Committee is now hosting bimonthly virtual discussion forums over Zoom on topics of particular interest to students and early career psychologists.

Recent virtual discussion forums focused on preparing for the EPPP and work-life balance - both of which were a huge success!

The next discussion forum will be held in October and will be a discussion about how to determine whether pursuing a post-doc position is the best decision for you.

Please stay tuned for more details about this event, as well as future discussion forums to come in early 2021. We would love to see you there!

(To comment or to receive more information, contact Lisa Vroman, Ph.D. at lnvroman@gmail.com)

THE SUSTAINING MPA MEMBERS

These individuals have shown their support of MPA by choosing this dues category.

John Braccio, Ph.D.
East Lansing, MI

Larry Friedberg, Ph.D.
Bingham Farms, MI

Jack P. Haynes, Ph.D.
Bloomfield Hills, MI

Michelle Jesse, Ph.D.
Troy, MI

William Medick II, Ph.D.
Grosse Ile, MI

Elissa Patterson, Ph.D.
Ann Arbor, MI

Thomas Rosenbaum, Ph. D.
Ann Arbor, MI

Kristin Sheridan, Ph.D.
Mt. Pleasant, MI

Raymond Skurda, Ph.D.
Mt. Clemens, MI

Lewis Smith, Ph.D.
Troy, MI

Judy Tant, Ph.D.
East Lansing, MI

Joy Wolfe Ensor, Ph.D.
Ann Arbor, MI

Stacey Gedeon, Psy.D.
Houghton Lake, MI

Thomas Hulbert, Ph.D.
Southfield, MI

Pamela Ludolph, Ph.D.
Ann Arbor, MI

Howard Moore, Ph.D.
Farmington Hills, MI

Cynthia Rodriquez, Ph.D.
Ada, MI

Valerie L. Shebroe, Ph.D.
East Lansing, MI

Jared Skillings, Ph.D.
Washington. DC

Debra Smith, Psy.D.
Marquette, MI

Chris Sterling, Psy.D.
Grosse Pointe, MI

Clinical Child Psychologist, Expert on Children's Media Use and Problematic Media Use in Adolescents. Director of the Family Health Lab, Central Michigan University

Goodnight, Sleep Tight, Don't Let the Cellphones Bite

by Emma Skogseth, undergraduate member of the Family Health Lab

It's no secret: when our kids say goodnight and head for their bedrooms, they may not truly be logging off.

With a rise in cellphone ownership among adolescents comes a rise in usage, and in many households, the glow of these screens under the blanket well past bedtime is becoming a nightly reality.

What may serve as an adolescent's dream-ending to a busy day can be a parent's nightmare, and this begs the question among caregivers and researchers alike: how does excessive use of cellphones impact the physical health of children?

A review of academic literature done by Domoff et al. (2019) has found that while there are either mixed results or too few studies done on the linkage between excessive use of mobile devices and a variety of physical health concerns, there is strong evidence that heavy device use has negative consequences for sleep outcomes; the examined studies support the claim that excessive smartphone use isn't just a nightmare for parents, but can pose problems to children and their sleeping patterns.

What the research says

The literature review looked at 25 studies that dealt with investigating the relationship between excessive usage of mobile devices and sleep health (Domoff et al., 2019). Different studies looked at various aspects of sleep health, examining sleep duration, overall sleep quality, sleep disruption, and delayed onset of sleep after going to bed. Strong evidence emerged from these studies that the excessive usage of mobile devices is associated with shorter sleep duration; additionally, the nighttime use of devices and social media is associated with poorer sleep quality.

What this means: fighting the nightmare of adverse sleep impacts

With strong evidence to support the claim that excessive usage of mobile devices has negative consequences for the sleep health of children and teenagers, actions should be taken to curb these mobile device habits, as quality sleep is essential to our health.

Parents and other caregivers should:

1. Promote a balanced amount of screen time, and set limits on mobile device use, especially at the end of the day.
2. Encourage children to leave their phones in a different room (not in their bedroom) and put devices away one to two hours before bedtime.

In addition to parents' reducing screen media use around bedtime, youth also can work on creating a balance in their life. For example, at Central Michigan University, our Family Health Lab has designed the Developing Healthy Social Media Practices intervention (DHSMP) for use in classrooms and outpatient clinics. An important component of DHSMP is helping youth identify how their phone use impacts their health. If you want your school or clinic to help youth reduce problematic or nighttime phone use, reach out to Dr. Sarah Domoff to learn more about bringing DHSMP to your community.

Reference:

Domoff, S. E., Borgen, A. L., Foley, R. P., & Maffett, A. (2019). Excessive use of mobile devices and children's physical health. *Human Behavior and Emerging Technologies*, 1(2), 169-175.

(To comment on this article, contact Sarah Domoff, Ph.D. at: domofflse@cmich.edu. To read the full article, go to <http://sarahdomoff.com/articles/>)

NOTES OF A PSYCHOLOGY WATCHER

Random Thoughts and Observations

Steven J. Ceresnie, Ph.D.

Danger in Perspective:

Potato salad kills more people every year than do sharks.

A New Word Definition:

All dayer: A day when you don't take a nap.

Sexual Desire:

A Billion Wicked Thoughts: What the World's Largest Experiment Reveals about Human Desire, by Ogi Ogas and Sai Gaddam. 2011. New York: Penguin.

To encounter erotica designed to appeal to the other is to gaze into the psychological abyss that separates the sexes.

- Donald Symons, Ph.D.
Professor Emeritus
Department of Anthropology
University of California, Santa Barbara

Ogi Ogas is an American writer who received his doctoral training as a computational neuroscientist. He is a visiting scholar at the Harvard University School of Education where he serves as Project Head for the Individual Mastery Project. Ogi won \$500,000 on an episode of

Who Wants to be a Millionaire that aired on November 8, 2006, using his cognitive science research to guide his game strategy.

Sai Gaddam earned his doctoral dissertation exploring visual pattern extraction and online learning in dynamic environments. He completed a post-doctoral fellowship at Boston University where he worked with a team developing nanoscale neurons for mechatronic perception and memory. Mechatronics, also called mechatronic engineering, is a multidisciplinary branch of engineering that focuses on the engineering of both electrical and mechanical systems, and also includes a combination of robotics, electronics, computer, telecommunications, systems, control, and product engineering.

This book opens your eyes to the sexual desires of millions of people and it does so in a unique and valuable way. (Stop here if you are already bored, but you really

should read on.)

A Billion Wicked Thoughts provides a refreshing look at the big picture of human sexuality, informed by the unobtrusive source of data, the Internet.

These two bold neuroscientists analyzed a billion web searches, a million Web sites, a million erotic videos, millions of personal ads, and tens of thousands of digitized romance novels. Their groundbreaking findings will profoundly alter the way you think about the sexual relationships of women and men.

I talked to a forensic psychologist, specializing in evaluating sexual predators, who recommended this book to me. I knew there was a reason I went to APA this year.

If you want answers to any questions you have about sexual desire, this is the book for you. Surprised, you will be, I can assure you.

Professional Decline:

Your Professional Decline is Coming (Much) Sooner Than You Think: Here's How to Make the Most of It. Arthur Brooks. (July 29, 2019). *The Atlantic*.

Arthur Brooks spent his early years playing French Horn in the symphony in Barcelona, Spain. Brooks' symphony work was not enough to challenge his active mind. He returned to America, earned a Ph.D. in economics, became President of the American Enterprise Institute for Public Policy for a decade. Then, in July 2019, he joined the faculty of the Harvard Kennedy School and Harvard Business School. Since then, he has researched the junctions between culture, economics and politics. He is the author of 11 books.

Brooks tells the story of overhearing an elderly couple talking in their seats in front of him on the plane. He heard the woman saying to her husband, "It's not true that no one needs you anymore." The husband replied, in a low murmur, "I wish I were dead." As the passengers started to deplane, Brooks was startled when he recognized the man in his 80's in front of him who sounded so depressed. He was world famous, a hero for his patriotism, his courage, and his accomplishments many decades ago. Many passengers recognized him and greeted him with enthusiasm and awe.

Thinking about his encounter with this world-renowned fellow, Brooks began to wonder how many years he could keep up his successful run before starting down a professional decline. In his literature review, he found many studies of happiness, but no studies about what happens to happiness when our professional responsibilities diminish. He asked himself how he could turn his inevitable professional decline into an opportunity for progress. This article from *The Atlantic* is what he found using his social

scientist skills to investigate this question.

This is an exceptionally thoughtful article, with data, life experiences, and wise observations. As a psychologist with 40 years of experience, this article raised key questions for me. Before I read this article, I cherished the comment by comedian Steven Wright: "I'm going to live forever. So far so good." When I look at my own age of 3 score and 10, I know I have a finite number of years on earth, and, after reading Brooks' article, I want to shift my life toward some of the directions discussed in this stunning article.

Rational Compassion

Paul Bloom. *Against Empathy: The Case for Rational Compassion*. Paul Bloom. 2019. New York: HarperCollins Publishers Inc.

Paul Bloom is a Canadian-American psychologist. He is the Brooks and Suzanne Ragen Professor of Psychology and Cognitive Science at Yale University. His research explores how children and adults understand their physical and social world, with special focus on language, morality, religion, fiction, and art.

I enrolled in Professor Bloom's introductory psychology course on YouTube, a course much less expensive than attending Yale. Bloom is an excellent lecturer and helped create the illusion that I was an early career psychologist absorbing some of the best that psychology has to offer.

When I came across Bloom's new book, *Against Empathy*, I experienced an upsurge of cognitive dissonance. Early in my career, I remember reading the groundbreaking work of psychologist Carl Rogers, whose research concluded that a mature psychotherapist has the core qualities of empathy, genuineness and warmth. For Bloom to be against empathy, made no sense - until I read his book and reflected on my own work.

During my first clinical job at an inpatient psychiatric hospital for children and adolescents, I was a member of a team of clinicians who evaluated youngsters to decide whether those youngsters needed to be admitted to the hospital inpatient unit. As a newly minted psychologist, I empathized with the stories of trauma, deprivation and abuse that filled the lives of most of the kids we considered for inpatient treatment. When I told my supervisor I couldn't tell the difference between the children we accepted as inpatients and those we turned away, he offered a suggestion: "After a day of work," he said, "drive to a nearby neighborhood and start knocking on doors, asking each family if they needed psychological help."

At first, I felt angry at this flippant remark, but then I let the idea swirl around in my mind resulting in an epiphany that took several forms. The hospital could not help every child who presented for an evaluation. And, more importantly, my empathy - or

putting myself in the shoes of the patients - was not enough to make informed decisions about the need for inpatient treatment. My empathy was better served mixed with rational compassion and understanding.

Bloom's idea is to explore the act of feeling what you think others are feeling which, he says, is a fundamentally different process from being compassionate, from being kind, and, most of all, from being good. Bloom claims we are better off without pure empathy. My problem as a young psychologist at a psychiatric hospital was not due to a lack of empathy but having too much empathy without the requisite clinical knowledge, understanding, and perspective. Bloom makes the case for the value of conscious, deliberative reasoning in everyday life, making the argument that we should use our heads - and our hearts.

Over the years, I have witnessed a few psychologists stumble into ethical minefields because of leading with their hearts filled with empathy for their patients, blurring doctor/patient boundaries, and helping their patients "too much." An example of helping too much could be seen when a clinician who empathizes with the traumatic plight of her patient sends a letter to the judge in the patient's case, making recommendations regarding this patient she is treating in psychotherapy. A letter from a clinician to a judge must be based on a forensic evaluation, not on the findings from psychological treatment. The clinician would be mixing therapeutic with evaluative professional roles, perhaps based on the personal emotional reaction of the clinician. This ethical confusion could result in negative consequences for the clinician.

In sum, in this provocative book, Bloom argues three things: "First, our moral decisions and actions are powerfully shaped by the force of empathy. Second, this often makes the world worse - the light of empathy is narrow and often biased. And, third, we have the capacity to do better."

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

Executive Director's Report

A pretty busy summer in spite of the COVID-19 pandemic.

MPA introduced a new logo at the end of May, with a tagline that represents what are ambitions are moving forward:





Michigan Psychological Association

SCIENCE • EDUCATION • ADVOCACY

Then in July we launched the new MPA website. The new site is refreshing, easy to navigate, and full of valuable information. A member can update their profile, pay their dues, find archived articles like the MPA Newsletters and Board Minutes, with just a couple of clicks. If you haven't visited the new website, please take a couple of minutes and check it out by [clicking here](#).

MPA has been busy planning a number of CE programs for the end of the year and into 2021. Here are a few of those programs:

Friday, Oct 30, 2020:[3rd Annual MPA Health Psychology Symposium](#)

Wednesday, Nov 18, 2020:[MPA Virtual Grand Rounds - Pain Psychology Competencies](#)

Friday, February 12, 2021:[Ethics Conference](#)

Friday, April 16, 2021:[MPA Annual Spring Conference](#)

Friday, June 18, 2021:[Early Career Psychologist Conference](#)

Membership Update

MPA is committed to being an organization which meets the needs of the next generation of psychologists. As such, we are offering a promotion where

ALL applying graduate students and ECPs (first 10 years post-graduation) who are new to MPA qualify for a free membership for the rest of 2020.

This promotion is only applicable for new members and does not apply to those who have already paid dues for 2020. Free membership offer waives the cost of membership, but potential members still need to meet MPA's minimum requirements of membership (please see <https://www.michiganpsychologicalassociation.org/> for details) and contact our office at office@michiganpsychologicalassociation.org or 517-347-1885 with any questions. We look forward to having you join us!

To take advantage of this offer, click on this link to join:

https://mpsa.memberclicks.net/index.php?option=com_mcform&view=ngforms&id=2046812

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

(I welcome your input, questions and concerns about MPA; you can contact me at lavone.swanson@gmail.com)



Income Protection Insurance

Helps you pay the bills while you get back on your feet.

Becoming disabled during your working years happens more than you might imagine. If you are seriously injured or become ill and cannot work, can your loved ones continue to pay the bills and still live comfortably?

Trust Endorsed Income Protection (Disability Income) Insurance* is the key to providing you and your family with income and financial stability while you get well and get back to what you do best.

Apply for this coverage with rates often lower than similar insurance available to the general public. If you already have disability insurance, compare the rates of The Trust's Income Protection Plans against what you already own at trustinsurance.com. You may achieve substantial savings.

Choose the plan that fits your needs!

Sample rates: \$2,500 Monthly Benefit – LifeStyle 65 Plan, 90 Day Waiting Period

Age	Quarterly Premium
35	\$55.25
40	\$70.50
45	\$103.00
50	\$121.25
55	\$141.00

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 Watch the Q&A video *What You Need to Know About Income Protection Insurance* at trustinsurance.com.

* Coverage is individually underwritten. Policies issued by Liberty Life Assurance Company of Boston, a Lincoln Financial Group Company. Plans have limitations and exclusions. For costs and complete details, call The Trust or visit www.trustinsurance.com

Expert legal advice for psychologists.

For over 20 years, Deborah J. Williamson has counseled psychologists and other health care providers and professionals in all aspects of health care law, including:

- *Audit Defense*
- *Health care Contracts*
- *Regulatory and Compliance Advice*
- *HIPAA Compliance*
- *Licensing Cases*
- *Billing and Reimbursement*

For over 15 years, the Michigan Psychological Association has collaborated with Deborah J. Williamson to offer a Complimentary Legal Services Plan to MPA members. Under the Plan, a Deborah J. Williamson, PLLC attorney will provide a free one-hour consultation to individual members of the MPA for review of issues related to the member's professional practice.



Contact Deborah J. Williamson to schedule your complimentary consultation.

Phone: (734) 789-7948
Email: dwilliamson@djwilliamsonlegal.com
www.djwilliamsonlegal.com

Have You Just Published a Book or Article?

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 jwind27961@aol.com to let us know what you have had published.

A Brief History of the Michigan/Metro Detroit Association of Black Psychologists, Black Psychology and MPA

Ellen Keyt, PhD

The author wishes to express her deep gratitude to Dr. Jane Robinson, Dr. Amorie Robinson, and Dr. Josephine Johnson for their lifelong contributions to psychology and for graciously taking the time to be interviewed for this article. Thanks also to Dr. Amorie Robinson for her archival work at the Metro Detroit ABPsi, for sharing the organization's documented timeline and for reviewing this article prior to publication. No one article could completely describe the rich history, accomplishments, and people of the Metro Detroit ABPsi; additional references are included for continued exploration at the end of this piece.

At the height of the Civil Rights Movement and in the midst of the Vietnam War, as early as 1966 a small group of Black psychologists in Michigan began meeting informally once a month at Mr. Mike's, a bar/restaurant at the edge of Wayne State University's campus in Detroit, Michigan. Dr. Jane Robinson, later known as Michigan's Mother of Black Psychologists, was among them.

"We were concerned with the biased testing of Black children," stated Dr. Robinson recently, adding that although there were other issues, biased testing resulted in disproportionate numbers of Black children being "labeled" and then funneled into special education classes, which had damaging long term effects on their lives. Dr. Robinson's description of purpose for these early meetings is consistent with national researcher, author and lecturer Dr. Kevin Cokely's assertion that, "Black psychology was born from the struggle of Black psychologists who were constantly exposed to messages of Black deficiency, pathology, and inferiority," (Cokely, 2020).

In April 1968, the assassination of Dr. Martin Luther King, Jr. happened the day before the group's meeting was scheduled. When the group arrived at Mr. Mike's, they were told that the restaurant was closing for the day, due to fears that riots might begin; businesses all over the U.S. were closing their doors. Galvanized by the indescribable tragedy of Dr. King's murder, the group decided to formalize their organization. They began meeting at Dr. Robinson's home, electing officers, and beginning publication of a newsletter for Black psychologists. Dr. Robinson was a founding member and the first Secretary of the Michigan Association of Black Psychologists (now known as the Metro Detroit ABPsi), and she later served as president.

"We talked about it and we felt we had a role that maybe no other group had," said Dr. Robinson, recalling the early days and the sense of purpose for psychology within the Black community. A few months after they formed, the group attended the August 1968 American Psychological Association (APA) convention and met with other Black psychologists and Black psychology graduate students from around the country. The group of graduate students had previously met in California in late 1967 to address racism and discrimination within psychology. Planning to attend the conference, the graduate students had formulated a ten-point plan of action for APA. At the convention, after a private meeting with Black psychologists who provided encouragement and support, the graduate students suddenly took the main stage during the presidential address. "We were all in the lounge watching them on the monitors," said Dr. Robinson recalling the historic moment. Led by native Detroit and future distinguished psychologist Dr. James Jackson, the graduate students presented their ten-point plan and demanded that APA take definitive action.

The ten-point plan, which included addressing bias issues in test construction and administration, was adopted by the APA council at the convention, with only two dissenting votes. It should be noted that Dr. Jackson later served as President of the national ABPsi (1972-1973). He also served two terms as Director of the University of Michigan's Institute for Social Research, has been on several national research committees, and he is currently a Distinguished Professor of Psychology at the University of Michigan.

In discussing the 1968 APA convention, Dr. Robinson said, "that was really where the National Association for Black Psychologists began, although some feel that it started the previous year in California (when the graduate students had gathered)." She remembered that while the national ABPsi group was forming, national and state associations for Black social workers, Black physicians, Black educators, and other professional groups were also coalescing. "Everyone was getting together and forming these groups trying to help the Black community," she stated. "We could easily get the word out and help each other when we had workshops and conferences. They (other Black professionals) would attend our conferences and we would attend theirs." This was long before the internet, personal computers, and printers. She added that the Association for Black Psychology Students was formed out of ABPsi. From the late 1960's to the early 1990's, the Michigan Association of Black Psychologists was very active; they met monthly, published a newsletter, and provided countless conferences, trainings, and community events. They also hosted the sixth national ABPsi conference in 1973. "We were like family," Dr. Robinson recalled, "all working for the same goals."

In addition to serving for many years on the board of Michigan ABPsi, Dr. Robinson was a longtime member of the Michigan Psychological Association (MPA). In 1979, she formed MPA's Minority Affairs Committee, the first committee on the MPA

board to focus on diversity and social justice issues. Dr. Robinson invited Dr. Josephine Johnson to serve on the committee with her. Dr. Johnson was an early career psychologist at the time, but many at MPA now know her as a distinguished longtime member of MPA, an MPA Fellow, and former MPA president.

"Historically, there have been very few members of color at MPA," said Dr. Johnson when interviewed for this article, "In fact, Michigan ABPsi formed because of a lack of representation or voice." Dr. Johnson remembers that, soon after agreeing to serve on the MPA Minority Affairs Committee, she found herself leading it as Dr. Robinson turned her focus elsewhere. In subsequent years and in various roles, Dr. Johnson worked to build awareness and collaboration between MPA and Michigan ABPsi.

Although an ongoing partnership between the two organizations never quite coalesced, Dr. Robinson recalled an important collaboration between Michigan ABPsi and the MPA Insurance Committee. "The Insurance Committee was meeting with Blue Cross Blue Shield trying to get coverage for psychologists," said Dr. Robinson, "and I asked the chairman of the Insurance Committee if they wanted our help, because I knew State Representative Matthew McNeely." With Dr. Robinson's coordination, several Michigan ABPsi members attended a large fundraising event and Dr. Robinson advocated strongly for McNeely's support for psychologists with BCBS. This advocacy led directly to a contract that provided insurance coverage for psychologists, which dramatically expanded the accessibility of affordable mental health services in Michigan. "I was really proud of that," noted Dr. Robinson, "It benefited everybody, and MPA gave us (Michigan ABPsi) the credit."

After almost thirty years, by the mid-90's, the Michigan ABPsi chapter had become somewhat inactive. In 1996, Dr. Robinson's daughter and then-early career psychologist Dr. Amorie Robinson, was one of many Detroit area psychologists invited to attend a December Michigan ABPsi meeting at the Fisher Building to discuss the possible future of the chapter.

"The Elders pulled us together," recalled Dr. A. Robinson, adding that after the meeting, "We all felt a connection and a renewed sense of commitment. The Elders offered us their wisdom and encouragement. They expressed their confidence in us and left us the task of continuing the newer version of Michigan ABPsi."

Dr. Annita Sani became the chapter President from January 1997 through the summer of 1997, followed by lifelong national ABPsi member Dr. Sheila Williams-White. Dr. A. Robinson indicated that with a continued spirit of community, the group held didactic presentations on issues affecting the Black community and attended events such as the Sistas Movin' Up Conference.

Under Dr. Williams-White, the group also decided to change their name to The

Metro Detroit Chapter of the Association of Black Psychologists. Dr. Angela C. May became the chapter President in 1998, serving two terms to 2000. Under her leadership, with Dr. A. Robinson as Secretary and Michelle Dunnell-Rodgers (deceased) as Treasurer, the Metro Detroit ABPsi focused on increasing their visibility and community involvement.

Dr. A. Robinson and Ms. Dunnell-Rodgers later received awards for their service to the chapter. They created an "adopt a school" project and held workshops for teachers, parents, students, and faculty at the historically-Black Lewis College of Business. Topics included stress management, parenting, anger management, and substance abuse.

The Metro Detroit ABPsi also began holding Juneteenth celebrations for the community. In her archival records, Dr. Amorie Robinson noted that the first annual Juneteenth celebration in 1999 had overflow crowds, it was covered by Channel 50 News, and the regional ABPsi student representative from Chicago who attended it brought the inspiration back to her local chapter, who then began their own Juneteenth celebrations the following year. The Metro Detroit ABPsi also held pre-Kwanzaa programs and other cultural events at Marygrove College, and began an informal mentorship program for Black students interested in psychology. In addition to speaking at professional training events, chapter members such as Dr. Cheryl Munday were called to present on various topics at schools and to provide expert statements to the media.

Around the same time that the chapter was becoming active again, Dr. Josephine Johnson, a member in both Metro Detroit ABPsi and MPA, was serving a four year term as MPA Secretary. In 1998, Dr. Johnson became MPA President Elect and attended the APA's State Leadership Conference. "The State Leadership Conference provides advocacy training and access to programs that facilitate leadership development for state, provincial and territory association leaders," stated Dr. Johnson, "but when I first attended, there were hardly any psychologists of color there. The Diversity Initiative was formed to address that, to increase the presence and representation of psychologists of color."

While serving as MPA President, Dr. Johnson petitioned then-Metro Detroit ABPsi President Dr. Angela May to attend the Leadership Conference as a diversity delegate representing MPA. Dr. May currently serves on the board of the Michigan Psychological Association Foundation. After Dr. May attended the conference, Dr. Johnson also invited Dr. A. Robinson to attend as a diversity delegate. Dr. A. Robinson has since been a featured speaker at two MPA Conferences. "There have been a few crossover efforts over the years (between MPA and Metro Detroit ABPsi)," reflected Dr. Johnson, noting that another MPA president-elect and Metro Detroit ABPsi member, Dr. Tamara McCay, also attended the Leadership Conference in the late 2000's, and Dr. Debra Brodie has also been very active in both organizations.

By all accounts, mentoring young professionals, networking with and supporting colleagues, and honoring the Elders have all been enduring characteristics of the Metro Detroit ABPsi throughout its history. In 2003, Metro Detroit ABPsi hosted a reunion to bring in the Elders and Founders to celebrate this rich legacy. The event was attended by approximately 100 Black psychologists, university students, social workers and counselors, supportive community members, and the Honorable Senator Martha G. Scott.

According to Dr. Amorie Robinson, the national organization has grown fairly steadily since the 1960's, and the local chapter of ABPsi has had a few periods of inactivity. Having regained momentum in 1996, it made another jump-start in 2009, when Dr. A. Robinson held a dinner meeting at a restaurant to see if there would be interest in reviving the Metro Detroit ABPsi. The meeting was attended by some of the Elders, including Dr. Paris Finner-Williams, a mentor to many psychologists in the Detroit area and an esteemed Elder within the national ABPsi. Dr. Finner-Williams gently appointed Dr. A. Robinson to take the helm as the group moved forward.

"I wasn't planning on leading," remembered Dr. A. Robinson with a smile, but when Dr. Paris Finner-Williams tells you to do something, you do it. It was an honor to be asked by an Elder like that." As a founding member of the Ruth Ellis Center, a social service agency serving at-risk LGBT+ youth where she now works as a therapist, Dr. A. Robinson expressed high hopes that Black psychologists will begin to pay more attention to the mental health needs of this population. She added that she plans to speak more about this at ABPsi's "Pandemics of Covid 1619 to Covid 19: Healing through Ujima" webinar in September 2020. Raising awareness about intersectional social justice, Dr. A. Robinson has conducted psychoeducational presentations across the country. For example, MPA invited her twice to do a workshop on LGBT+s of color, and the APA invited her as a Thought Leader in 2018.

In 2013, with the help of Dr. Cheryl Munday, Metro Detroit ABPsi meetings were held at the University of Detroit Mercy. They were later moved to the Michigan School of Professional Psychology, thanks to faculty member Dr. Dondi Browner. During this 7-year period, Drs. George Fleming (Vice Pres.), Josephine Johnson (Secretary), and Sheila Williams-White (Treasurer) served as officers. Between 2017-2019, the officers were Dr. Mishelle Rodriguez (President), Joycelynn Glover (Vice President), Juanita Houston (Secretary), and Dr. Sheila Williams-White (Treasurer). In its most recent years, the Metro Detroit ABPsi has co-facilitated multicultural dialogues and Black psychology student seminars, updated their bylaws, held a host of member activities, started a professional email listserv, and established a website and Facebook page.

In 2017, the Metro Detroit chapter hosted the ABPsi Midwest Regional Symposium on Secondary Trauma, facilitated two Emotional Emancipation Circles, held a workshop on serving LGBT+ clients, and successfully applied for their 501(c)(3)

nonprofit status. In 2018, the Metro Detroit ABPsi celebrated its 50th anniversary with an event that brought together generations of Black psychologists, members of the Greater Detroit Association of Black Social Workers, students, and community members. Michigan ABPsi co-founder and one of the original graduate students who protested at the 1968 APA convention, Dr. James Jackson, spoke at the event. "He was the highlight of the celebration and we were thrilled that he offered us his wisdom," stated Dr. Amorie Robinson. Expressing congratulations to the members, Dr. Jane Robinson spoke virtually at this historic event. On April 13, 2019, the chapter co-sponsored with the University of Detroit Mercy Black Studies Department a film screening of "Set Yourself on Fire" by Darnell Lamont Walker along with a panel discussion on Trauma, Healing, and Community Transformation including the filmmaker.

The current officers of Metro Detroit ABPsi are Dr. Julian Bass (President), Tammy McCrory (Vice President), DeAirah Mast (Interim Secretary), Fatimah Muhammad (Member-At-Large), Dr. Sheila Williams-White (Treasurer), and Dr. Jennifer Gomez (Cultural Liaison). On June 27, 2020, they hosted a symposium on "The Talk" and Covid-19: The Influence of Racism and Racial Socialization in a Global Pandemic, featuring Dr. Riana Anderson. The Metro Detroit ABPsi chapter was also set to host the 2020 national ABPsi convention in Detroit for the first time since 1973. Unfortunately, due to the pandemic, the conference has been rescheduled for 2021.

In discussing the history, accomplishments and community of the Metro Detroit ABPsi, Dr. Amorie Robinson notes the contrast between current ways to connect and communicate and the regularly printed newsletters of the earlier years, so diligently and painstakingly compiled by Elder Dr. Jane Robinson. Dr. Amorie Robinson recalls early Michigan ABPsi meetings that occurred in her home while she was growing up; with her mother's collection of memories, newsletters and newspaper articles throughout the years, Dr. Amorie Robinson has become an archivist for Michigan ABPsi and she has written several articles about their history (see reference section).

In 2017, Dr. Amorie Robinson interviewed her mother about the early history of Michigan ABPsi (see video link in the reference section). As she remembered that interview more recently, during worldwide Black Lives Matter demonstrations and the dual pandemics of Covid-19 and racism, Dr. Amorie Robinson recalled that, "I was listening to her answer my questions, and I was nodding and saying, 'yep, that's still happening, it's just a newer version of it. The need for African-centered Black Psychology to be taught at colleges and universities, and cultivating Black youth to go into psychology continues to be strong."

Asked about an APA cited U.S. census report that, as of 2015, only four percent of psychologists in the United States are Black, Dr. Amorie Robinson said, "That sounds about right. My mom said there were only a handful of them back then. That's why they got together." When also asked about the same statistic however, Dr. Jane Robinson did

express some surprise. She explained that, compared to her earlier experiences in the 1960's, "there seem to be so many more of us now when we all get together."

Dr. Jane Robinson wondered about a cyclic lack of representation. "My father, Dr. C.A. Alexander, was Kalamazoo, Michigan's first black physician," she said, "so I had no difficulty seeing myself as a black psychologist in private practice." She then mused about the complexity of the issue and how it is experienced within the Black community.

Dr. Jane Robinson recommended an article by her second cousin, Dr. Dionne R. Powell, who is a psychiatrist and a psychoanalyst; "Race, African Americans, and Psychoanalysis: Collective Silence in the Therapeutic Conversation," (Powell, 2018). The article is an excellent and intentionally unvarnished historic overview as well as a detailed reflection on this topic (see references).

At the end of her interview for this article, Dr. Jane Robinson was asked if, in the early years of ABPsi, she and the other Elders had suspected what they were forming would have such an impact. She replied, "We felt that it would, but never to the degree that it has." Dr. Jane Robinson paused and added thoughtfully, "I am so thrilled that I was a part of something that produced so many Black psychologists doing such excellent work. To hear the competence of the young people in the field today speaking about what they are working on, it is more than what I had imagined."

When informed about the recent announcement that Michigan would be requiring implicit bias training for all licensed health care providers, Dr. Jane Robinson responded, "That is wonderful." She spoke about how important it is for psychologists who are not part of the Black community to continue educating themselves about the issues, and to effect positive change within the field. Dr. Amorje Robinson and Dr. Johnson echoed her sentiment, and Dr. Powell's article emphasizes this as well: "Racism affects us all, particularly when we are least reflective on our privilege, distancing ourselves from those who are oppressed" (p. 1040). She continues, "Silence regarding otherness, particularly regarding race and culture, threatens every facet of our field. It is not enough to wait until others bring up these topics to engage with them. We are charged to make contact" (p.1044).

"Our history (at MPA) is narrower than it should be," stated Dr. Johnson, "What can you do to expand it? What is your impact? Find the skills you need and do the advocacy you need to do regardless. It's like people who don't wear masks; even if you don't need it yourself, you need to wear it for someone else who needs it. Stay engaged; this is ongoing. The tendency is to cover this up because it's painful. I don't want to see this window closing! How will you use your new insight? Will you use it? Or will you let it go dim?"

Postscript: With a willingness of MPA to support the work of the Metro Detroit

ABPsi chapter, the Diversity, Inclusion, and Social Responsibility Committee of MPA is currently exploring opportunities to partner with the Metro Detroit ABPsi. Watch for upcoming announcements and programs. To learn more about Metro Detroit ABPsi and National ABPsi, and to listen to ABPsi Elder Dr. Jane Robinson's 2017 interview with her daughter, Dr. Amorie Robinson, please explore the additional links below.

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(To comment on this article, contact Ellen Keyt, Ph.D. at ellenkeyt@gmail.com)



Also for Psychologists

Movie Review of *Anatomy of a Murder* (1959)

Review by Jack P. Haynes, Ph.D.

Some film experts consider *Anatomy of a Murder* starring James Stewart (as defense attorney), George C. Scott (as Michigan Assistant Attorney General), Ben Gazzara (defendant), and Lee Remick (wife of defendant) to be the first and arguably the

best trial movie ever made. The film has been selected for the National Film Registry by the Library of Congress.

Directed and produced by Otto Preminger, the film garnered seven Academy Award nominations, with Stewart winning ultimately for Best Actor and Scott winning for Best Supporting Actor. The movie music was written and played in a cameo appearance by jazz great Duke Ellington. The movie score won three Grammys. The film won other awards such as the New York Film Critics Circle Awards for Best Screenplay, and Stewart for Best Actor.

The trial judge in the film was portrayed by Joseph Welch, the notable lawyer (but not professional actor) and lead attorney in the Army-McCarthy hearings who inquired famously of Joseph McCarthy "Have you no sense of decency, sir?" That dramatic and historic inquiry reportedly began the immediate, dramatic, downward spiral of McCarthy and his Communist witch hunt, which also targeted "rooting out" homosexuals in government. It led to censure of McCarthy by the Senate.

The film was based on a 1952 case in which Lieutenant Coleman A. Peterson shot and killed Maurice Chenoweth. In the actual case, the Marquette County Prosecutor was assisted by a Michigan Assistant Attorney General. The case defense attorney, John Voelker, used the "irresistible impulse" defense in an insanity plea which had not been used since 1886. (The current actual Michigan insanity statute has changed and bears only partial resemblance to the pivot point of the story, the current statute no longer dealing with temporary insanity.)

Voelker went on to serve as a Michigan Supreme Court Justice. Also an author, Voelker's pen name was Robert Traver, author of the 1958 novel, *Anatomy of a Murder*, on which this movie was fairly closely based.

The film was located in Upper Michigan and was shot in several U.P. locations. The gist of the film storyline is that U.S. Army Lieutenant Frederick Manion had been arrested for first degree murder of Barney Quill. Manion claimed that Quill had raped his wife earlier that same night. The shooting was not denied, but Manion claimed no memory of the act itself. The defense of insanity was posited, a difficult and challenging path in actuality. The defense argument was that Manion was not guilty by reason of insanity, specifically "irresistible impulse."

This contentious legal contest unfolds before a jury in what is actually the Marquette County Courthouse. One legal combatant was the folksy but very sharp, dramatic, local defense attorney played by Stewart. He begins the trial paired against the somewhat lackluster District Attorney who, however, has beaten Stewart in a recent election. As the trial progresses, the D.A. was assisted by Scott, the high powered, smooth, bold, cocky Assistant Attorney General who then takes the prosecutorial lead in

the trial. Both the D.A. and A.G. speak in Court as the Prosecution, but eventually only the A.G. examines the witnesses. Defense attorney Stewart refers to Scott when he states "I'm just a humble country lawyer doing the best I can against the brilliant prosecutor from the big city of Lansing."

The trial judge is tolerant but firm and persistent in maintaining courtroom decorum. The supporting cast is interesting and strong, including Lee Remick as Laura, the defendant's overtly flirtatious wife. Eve Arden is the snide, capable, and observant office person for Stewart, and Arthur O'Connell is Stewart's brilliant but alcoholic research partner. The two testifying psychiatrists give conflicting testimony about the defendant's state of mind at the time of the crime.

This well-plotted, engaging, thoroughly Michigan-based film is of particular interest to the writer, a forensic psychologist, but the movie involves a broad variety of topics interesting to all psychologists. Events unfold involving issues of memory, impulse control, accuracy of eyewitness testimony, credibility of witnesses, the coaching of witnesses, motives, right and wrong, and the nature of truth. The ending also involves the prediction of behavior - no spoiler provided here, though.

If you do view the film, please let me know what you think at

jackphaynesphd@comcast.net

BOOK REVIEW

Delbanco, A. (2018). **The War before the War: Fugitive Slaves and the Struggle for America's Soul from the Revolution to the Civil War**. New York: Penguin Press.

Jim Windell

This is the story of how the façade of a more perfect union - the harmonious living together of several states - unraveled and came apart at the seams. What was revealed by this unravelling was a fractured and fragile United States that was unable to reconcile the matter of slave-owning in southern states with the often-fervid abolitionism of the northern states.

Ironically, the one great event that began ripping the union of states into two separate camps took place exactly midway through the 19th century; and that event was Congress passing the Fugitive Slave Act of 1850.

The Fugitive Slave Act was intended to protect the property - specifically slaves - of southern farmers and plantation owners. If a slave ran away - as they frequently did - to

another state, the master - or his or her surrogates - could pursue them, capture them and return them to their owner. And no matter what other state the fugitive slave ended up in when run down, and no matter who might want to help them escape, they - whether state official or private citizen - was obligated to make sure the slave were returned.

But that did not sit well with northerners. Nor did it stop any slaves from trying to escape the stultifying conditions of their lives in bondage. With slaves fleeing north to cities like Cincinnati, New York, Boston and Philadelphia, the Fugitive Slave Act set up clashes between slave catchers and northern abolitionists who refused to obey the law as passed by Congress.

So, while the Fugitive Slave Act was meant to solve the problems of runaway slaves, it instead ignited a fire that ultimately led to the Civil War.

Delbanco goes into exquisite detail in providing the context and history of the Fugitive Slave Act and the consequences of the attempts to implement the law. Certainly, it led to the war between the Union and the Confederacy; but between 1850 and the start of the war a decade later, the conflict over fugitive slaves pulled almost everyone - slave owners, abolitionists, and ordinary citizens who lived both in the north and in the south - into the maelstrom of ambiguities and contradictions. Ultimately, everyone was compelled to take a stand in some way - whether they wanted to or not - either to abide by the law by at least passively acquiescing to it or to oppose it and actively harbor or resort to physical violence to protect fugitive slaves and resist the law that many found reprehensible.

Even the future president, Abraham Lincoln, was confronted by his own inconsistencies and contradictions over the law and the basic issue of slavery. For Lincoln, he felt a keen responsibility to obey the law, but he also viewed with revulsion southerners' greedy demands that slaves be returned to their owners. Most importantly, he was devoted to the preservation of the United States as a union of states.

Delbanco constantly reminds us that if the Fugitive Slave Act sowed the bitter seeds for a devastating war, but at the same time shows us the problems related to slavery and fugitive slaves were problems that always affected people. He tells us about the human beings - often freedom-desiring slaves - who ran away pursuing an elusive dream but so often caught in the cross fire of a law that was anathema to many Americans and the courts that usually upheld that law.

Delbanco also reminds us that James Madison clearly saw that it was the ownership of slaves that was a major obstacle to nationhood in the first place. Once slavery was written into the Constitution, it became a complex obstacle. For example, the reader is compelled to consider that it was complicity in the north that helped to support slavery. Northerners could blithely call for an end to the dehumanizing buying, selling

and over-working of slaves while at the same time enjoying the benefits of slavery-produced items - sugar, molasses, tobacco, and cotton clothes.

Throughout this masterfully researched book, Delbanco tells stories of heroes and heroines, people who stood up for what was right and others who attempted in one way or another to help slaves escape from brutal masters. In the end, though, the people who brought down slavery were the courageous slaves themselves who fled in growing numbers to attempt to find a better life. It was their ongoing perseverance that forced Lincoln to issue the Emancipation Proclamation and - after his assassination - forced the country to accept the 13th Amendment outlawing slavery.

There are many parallels in the story that Delbanco tells with our own times. Anyone who wishes to better understand what this country faces in 2020 should read Andrew Delbanco's history of the Fugitive Slave Act of 1850.

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

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Editor: James Windell, M.A.

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