

The Maine Psychologist

President's Message: MePA goes to Washington DC for SLC

By: Diane Tennes, Ph.D. LADC

Every year in March the American Psychological Association (APA) hosts the State Leadership Conference (SLC) and this year MePA sent an energetic and enthusiastic delegation that was one of our largest in years. I attended along with Elise Magnuson (President-Elect), Diana Prescott (Federal Advocacy Coordinator and Board member of APA), Dave Mills (APA representative), David Prescott (Public Education chair) and our illustrious executive director (Sheila Comerford). What an invigorating yet exhausting four days (it did not help that Daylight Savings time started that Sunday morning and we lost a precious hour of sleep). SLC brings together psychologists from the states, U.S. territories and Canada, along with APA governance and divisions, to advocate for issues important to practicing psychologists. It also provides training to state delegates on leadership and effective governance strategies for participating associations.

For the past two years, APA's focus at SLC has been on the Affordable Care Act (ACA) and State implementation of health care reform. This year, the emphasis included specifics of ACA as well as "Creating Roadmaps for Practice." Five hundred psychologists attended the conference and the culmination of our preparation was a day of advocacy on Capitol Hill. Past Hill visits have brought psychologists face-to-face with legislators to increase the public's access to psychological services — for example, in achieving true mental health parity and advocating for meaningful health care reform and this year was no different. Program sessions during the conference covered a range of topics including alternative practice models, clinical practice guidelines, the shift to ICD-10 and electronic health records. Attendance at the conference was funded by APA, MePA as well as our own personal funds. APA and the Committee of State Leaders develop and facilitate programming that allow state psychological associations, like MePA, to disseminate crucial information to their members, run more effective organizations, and share information among the states. There is also a significant emphasis on federal advocacy as well as public education.

I wanted to write about a few of the highlights during the conference. I attended William Pawlucy's presentation about effective board management and the importance of strategic goals (more on this in a future newsletter article). There were many workshops so we split up to make sure all were covered. The ICD-10 presentation helped to demystify how that process will work for psychologists in coming years (although here in Maine we had a chance to hear directly from Carol Goodheart, Ed.D. about this process just last week for those who attended our conference). Katherine Nordal, Ph.D. (Executive Director for Professional Practice, APA Practice Directorate & Practice Organization) as well as David Barlow, Ph.D. shared the first plenary presentation on recent developments and long term trends that can be used as guideposts for defining the future of professional practice in psychology. I had to smile as this was the second time

continued on page 6



**MePA Newsletter
Summer 2014**

The MePA Newsletter is the official newsletter of the Maine Psychological Association and is published four times a year. **Deadlines are 1/15 for Winter, 4/15 for Spring, 7/15 for Summer and 10/15 for Fall editions.** News items, brief manuscripts of general interest to psychologists, notices of future meetings, research, activities of MePA members and other items may be sent to:

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Psychology's Conflicted Role in the War on Terror: Part II

By Stephen Benson, Ph.D.

This article is a continuation of Dr. Benson's article written in January 2014, the first part of which was presented in the Winter 2014 Maine Psychologist. For further information Dr. Benson encourages those interested to visit the APA "Timeline of APA Policies and Actions Related to Detainee Welfare and Professional Ethics in the Context of Interrogation and National Security" which is on line at <http://www.apa.org/news/press/statements/interrogations.aspx>.

In August of 2007, the APA Council passed a new resolution about the CIA's "enhanced interrogation" program. Some techniques, such as waterboarding, were prohibited outright in this APA resolution, but the CEP argued that others were prohibited only when "used for the purposes of eliciting information in an interrogation process." This suggested that, at any time that prisoners were not directly under interrogation, psychologists might still participate in "hooding, forced nakedness, stress positions, the use of dogs to threaten or intimidate, physical assault including slapping or shaking, exposure to extreme heat or cold, threats of harm or death." A third category of techniques – namely "isolation, sensory deprivation and overstimulation and/or sleep deprivation" – were banned by the resolution only when used "in an interrogation process" and "in a manner that represents significant pain or suffering or in a manner that a reasonable person would judge to cause lasting harm." [<http://www.ethicalpsychology.org/timeline/>] (Reviewing the Council's resolution at <http://www.apa.org/about/policy/torture.aspx>, I do not find the alleged distinction into three categories, and I cannot

explain this discrepancy.)

Also in August 2007, Mary Pipher, psychologist and author of *Reviving Ophelia* and other highly regarded books, returned an award she had received from the APA in 2006. Her open letter to the APA President found its compromise "anti-torture" resolution seriously inadequate: "I do not want an award from an organization that sanctions its members' participation in the enhanced interrogations at CIA black sites and at Guantanamo. . . . The presence of psychologists has both educated the interrogation teams in more skillful methods of breaking people down and legitimized the process of torture in defiance of the Geneva Conventions." [http://www.opednews.com/articles/opedne_mary_pip_070824_why_i_ve_returned_my.htm]

Six months later, Ken Pope, former chair of the organization's Ethics Committee, publicly resigned from the APA over disagreements with its interrogation policies, stating that "decisive changes that APA has made in its ethical stance during the past 6+ years . . . [have] moved APA far from its ethical foundation, historic traditions, and basic values, and beyond what I can in good conscience support with my membership. . . . APA has stressed psychologists' 'vital role' regarding 'the use of ethical interrogations to safeguard the welfare of detainees' and ways that psychologists 'help advance the cause of detainee welfare and humane treatment.' Yet in its ethics code, APA chose not to recognize any humane treatment requirements governing psychologists' work with detainees as en-

continued on next page

forceable standards." [<http://kspe.com/apa/index.php>]

In June 2008, Physicians for Human Rights issued a report [http://brokenlives.info/?page_id=69] confirming first-hand accounts of men never charged with any crime who had, on the basis of medical evidence, endured torture by US personnel in Iraq, Afghanistan, and Guantánamo Bay.

In September 2008, 59% of voting APA members endorsed a referendum petitioned for by membership insisting "that psychologists may not work in settings where persons are held outside of, or in violation of, either International Law (e.g., the UN Convention Against Torture and the Geneva Conventions) or the US Constitution (where appropriate), unless they are working directly for the persons being detained or for an independent third party working to protect human rights." [<http://www.apa.org/news/press/statements/work-settings.aspx>] The APA soon claimed that its rules and bylaws would not allow the resolution to become official APA policy until the next annual meeting in August 2009, almost a year later.

Following membership protests to that delay, in its February 2009 winter meeting the APA's Council of Representatives made the petition resolution an official APA policy. However, APA leaders explicitly declined to enforce or implement the new policy, refusing to issue a statement that service at Guantanamo violated the referendum and was therefore against APA policy [<http://www.ethicalpsychology.org/timeline/>].

In October 2009, four APA members filed a Formal Complaint with APA President James Bray objecting to the 2005 PENS

Task Force. Exercising their rights under APA's Rule 90-1 to seek redress in the form of a grievance hearing before an ad hoc Committee on Constitutional Issues (CCI), the Formal Complaint made 20 specific allegations about how the APA Board, Ethics Office/Committee, and other APA officials violated APA rules for making a new policy and then fought reversal efforts despite overwhelming evidence that the policy was deeply flawed and disastrous in its consequences. The Formal Complaint called for nullification of the PENS decision, full implementation of the member-initiated Referendum, and an investigation into the role of the Board, Ethics and Public Affairs Office, Practice and Science Directorates, and senior staff of the APA. Six weeks later, in December, Bray refused to appoint a committee to adjudicate the complaint.

Meanwhile, a controversy within and around the APA over interpretation of Ethical Standard 1.02 [of which a textual history of drafts and revisions may be found at <http://www.apa.org/ethics/code/evolution-revision.pdf>] concerned whether a loophole had been written into the APA Ethics Code in its 2002 edition. It appeared to sanction psychologists' compliance with orders and expectations of superiors in any legitimized system of governance (such as the CIA or the U.S. Army) even when orders conflict with the Ethics Code and discussion of differences does not lead to resolution, "psychologists may adhere to the requirements of the law, regulations, or other governing legal authority." (In the 2010 edition of the Code, this sen-

tence was replaced by one stating that "Under no circumstances may this standard be used to justify or defend violating human rights." [<http://www.apa.org/ethics/code/index.aspx?item=4> and <http://www.apa.org/monitor/2010/04/council-action.aspx>)]

In that same document, Standard 1.05 authorized psychologists discovering ethical violations by fellow psychologists that have "substantially harmed or is likely to substantially harm a person or organization," they should make "referral to state or national committees on professional ethics, to state licensing boards or to the appropriate institutional authorities" for investigation and evaluation of their complaint. The consistent lack of effective action of the APA and state licensing boards on complaints regarding ethical violations by psychologists working at GTMO are indexed in a detailed timeline on events related to this present essay [<http://www.ethicalpsychology.org/timeline/>], where details obtainable at each point of reference indicate how investigation was declined by a board or failed to penetrate classified information.

In May 2011, a feature-length film written and directed by psychologist Martha Davis called *Doctors of the Dark Side* was first screened, offering a documentary overview of the debate over psychologists' role in interrogations and the APA's handling of ethical questions and challenges, as well as dramatizations of

continued on page 9

Stepping Up to the Plate:

Opportunities and Challenges for Women in Leadership

By: Susan H. McDaniel PhD ABPP & Nadine Kaslow PhD ABPP

"As we look ahead into the next century, leaders will be those who empower others." Bill Gates

The two of us have traveled similar paths, having met in Houston when Susan was a postdoc in family therapy and Nadine was a practicum student in child psychology. Since then, we've both: taken on leadership roles in academic health centers (Susan as a Division Chief in Psychiatry and an Associate Chair of Family Medicine, Nadine as Vice Chair of Psychiatry and Behavioral Sciences and Chief Psychologist at Grady Hospital). We both did national leadership training: Nadine following Susan in the HHS Primary Care Policy Fellowship, and Susan following Nadine in the Executive Leadership program for women in Academic Medicine (ELAM). We have both been active for years in APA governance: Nadine is now the President of APA, Susan is on the Board of Directors and running for President. Susan has built a career developing primary care psychology, Nadine has focused on suicide and family violence research, psychology education and training, and family psychology. Both are experienced journal editors. Both have much experience with the internal and external barriers to women in leadership roles of all kinds.

Answering the phone: "This is Dr McDaniel."
"Can I leave a message for Dr. McDaniel?"
"No, this is SHE. How can I help you?"

How many of us have had this experience? When we started working in our respective academic health centers in the 80s, there were few women, and we were almost always assumed to be secretaries. How do we move from there to here—an era when many women want to "lean in," step up to the plate, and provide leadership to their organizations?

Women often have good interpersonal skills and high emotional intelligence. That's how we were raised. These are VERY helpful in leadership roles. However, there are plenty of other skills we must learn to be good leaders. Many women can come to the work world expecting that, like in their childhood, they will be rewarded for being good girls and not causing trouble. Unfortunately, at least in academic health centers, this behavior often results in taking the woman's skills for granted rather than developing her abilities and maximizing her contributions.

We will address some of these challenges in this article, starting with assessing the alignment of the system with the woman's goals, then reviewing issues of power and dependency in leadership, and concluding with conflict management skills. This treatment is only an appetizer in a very rich meal; we hope you will consider some of the references for more in-depth treatment of these subjects.

Alignment

Opportunities for leadership can arise in planful or unexpected ways. One key consideration is the alignment of the mission, values, and culture of the institution with your own. We find it very useful, as a

first task, to write a personal mission statement. Most of us have participated in writing mission statements for our department or organization. Spend 20-30 minutes writing one for yourself. Whenever we're making difficult decisions about priorities, we return to our personal mission statements and ask what is most important in achieving our personal goals. Not who will we please, or will we be good for the job, but is it in line with what we care about most? Is it how we want to spend our energy, our precious time? Personal mission statements are also useful to read just before going into a difficult meeting. They ground us in our commitments, and help to quell the reactivity so common to our species. They also evolve over time, and are worthy of rewriting annually.

After writing a personal mission statement, the next step is to assess the psychological health of the organization for which you may become a leader (McDaniel, Bogdewic, Holloway, & Hepworth, 2008). Does it have a clear mission and identified goals? How do these match with your own?

More generally, do its leaders communicate clear expectations for its workers? Does it have a mentoring system and foster career success? Are its resources aligned with its stated priorities? Does it conduct formative reviews? Does it acknowledge employee value and contributions? Do leaders have strategies to help individuals having difficulty? Does it afford latitude for employees with changing life events? Does it have fair and systematic mechanisms for dealing with disruptive behavior?

Power and Dependency

Leadership, by definition, means confronting issues of power and de-

continued on next page

pendency. The American Heritage Dictionary lists four definitions of power, the first being “the ability or capacity to act or perform effectively.” Not until the 4th definition do we get to “the ability or official capacity to exercise control or authority.” It is this definition that implies domination, and can be problematic for clinicians in relation to patients and other team members. The antidote to power as domination is shared power, or caring. Caring consists of being present, listening, demonstrating a willingness to help, and an ability to understand--people talking *with* each other rather than *to* each other, interactions based on a foundation of respect and empowerment (McDaniel & Hepworth, 2003). Sometimes that means finding out the behaviors that the other person experiences as respectful or empowering, or reporting on behaviors we appreciate.

The sociology of superordinates tells us that there are predictable feelings and behaviors experienced by those higher in the hierarchy, as well as by those perceived as lower (Goode, 1980). In particular, those higher tend to experience their position in terms of feeling burdened and responsible rather than powerful, blessed or lucky. Those lower can feel that their talents or accomplishments go unrecognized. They can be vulnerable to feeling invisible, unappreciated, disrespected, and eventually, resentful. Understanding these dynamics can help to provide appropriate support to leaders or followers, and move the culture towards one of collaborative respect.

Conflict Management

Effectively managed conflict promotes cooperation and builds healthier and more positive relationships (Coleman, Deutsch, &

Marcus, 2014). Conflict management refers to using strategies that moves the conflict toward resolution without escalation or destruction of relationships. A strong overall approach to conflict management includes an appreciation that conflicts are complex and thus require differential tactics of management based upon the people involved, the situation, and the style of the parties. It entails thoughtful consideration of the myriad sources of conflict (e.g., misunderstandings and miscommunications, fear, failure to establish boundaries, negligence, need to be right, mishandling differences in the past, hidden agendas, and the intention to harm or retaliate). Conflict management efforts must involve a detailed analysis (i.e., scientific approach) of the facts of the situation and attention to the feelings and perceptions of the parties.

The first step to managing a conflict is identifying the critical issues related to the situation, as well as associated organizational, personal, and cultural factors. Encourage each party to ask him/herself a series of questions, such as “how does my behavior contribute to the dynamics? What elements of the situation am I able and willing to change? What matters most to me/to the other party in the situation?”. If you are a party to the conflict ask yourself these questions.

Finally, take a clear and direct, but respectful and caring approach to addressing a conflict. It is critical that you define the situation in terms of a problem that calls for a solution (Fisher, Ury, & Patton, 2011). All parties must acknowledge their feelings and acknowledge the feelings of the other(s). Then ask for specific behavior change and hear the behavior change requests of the other party(ies). This involves being clear about the outcome you want, accepting what you can get, giving up on

having to be right, and demonstrating your willingness to hear the other party’s perspective and to work collaboratively. Following this, share what you are willing to do to improve the situation and strive to do your best to make these changes.

In conclusion, women bring many talents to leadership. Like other important decisions in life, it takes courage to “step up to the plate” but it is also a rewarding opportunity to serve. We all need ongoing coaching and feedback regarding challenges related to defining our personal mission; ensuring its alignment with the institution, agency or organization; and managing issues of power, dependency, and conflict. We need your talents in this time of transition!

*This piece was first published in the California Psychological Assn magazine in the summer of 2014.

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Publication Report!

Dr. Jonathan Borkum, Ph.D. has added a new publication on disability issues as they relate to chronic migraine to his many contributions in the areas of headache and chronic pain. A list of other publications by Dr. Borkum can be found at this link: http://www.hpmaine.com/Dr_Jonathan_Borkum.htm. Here is the citation for his latest article.

Borkum, J. & Evans, R. (2014). Disability and chronic migraine. *Headache*, 54, 719-725.

Geoffrey Thorpe, Ph.D. ABPP and his colleagues have been busy! Here's the latest update from this productive crew. Dr. Thorpe notes that the peer-reviewed article by Lindsay Owings et al. and the unpublished manuscript by Dr. Thorpe and Andrej Favia, a doctoral student in physics at University of Maine, are freely available online and may be of interest to psychometrics enthusiasts. He invites interested colleagues would like to collaborate on some of this research? Dr. Thorpe can be reached at the Psychology Department of the University of Maine.

Craner, J. R., Thorpe, G. L., Yoon, K. L., & Sigmon, S. T. (2013). Panic disorder with agoraphobia: A case illustration with treatment decisions informed by clinical science. In W. O'Donohue & S. O. Lilienfeld (Eds.), *Case studies in clinical science: Bridging the gap from science to practice* (pp. 137-156). New York: Oxford University Press.

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beliefs in the General Attitude and Belief Scale: An analysis using item response theory methodology. *SAGE Open*, April-June 2013 vol. 3 no. 2 DOI: 0.1177/2158244013484156

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Please contact Dr. Laura Slap-Shelton, Psy.D. at laura@slapsheltonneuro.org with your publication updates for the next issue! Ψ

President's Column

Continued from page 1

in a year I had a chance to see a presentation by Dr. Barlow as he came to Maine last fall (see what trend setters our CEU presentations have been?)

There were also plenty of networking opportunities. I talked in depth with leaders from other New England States as well as mid-western states such as Arkansas and Iowa. I learned there are vast differences in each state leadership organization and structure. Our delegation agreed that the sense of collegiality among the participants was one of things we appreciated the most. I walked away with a renewed sense of optimism after meeting leaders who were so passionate and committed to our profession. I am proud to say the percentage of psychologists in Maine who are MePA members is much higher than in most states (we are at about 40%).

We took our message of advocacy 'to the Hill' and met with legislative aides for all four of our national representatives to advocate for current legislative issues such as passing the SGR (sustainable growth rate) legislation as well as expanding the physician definition to include psychologists and passing legislation that allows psychologists to receive incentive payments for implementing an EMR. The next week we learned Senator Collins had agreed to sign on as a co-sponsor on the legislation for expanding the Medicare definition of physicians to include psychologists. Pretty exciting to see advocacy at work.

Continued on next page

This month's Monitor on Psychology (May 2014 Vol. 45 No. 5) features many more details about SLC (pages 30 – 41) for those wanting to learn more.

Overall, SLC was a fantastic and rich experience and an excellent opportunity to meet other state association and APA leaders, represent Maine and share our experiences, and learn ways that psychology as a profession can flourish during these challenging times. This was my first SLC and I left motivated (and exhausted), optimistic (yet realizing just how much work needs to be done), and proud of the MePA contingent. I am already looking forward to next year's conference and hope we can send another strong delegation. Finally, thank you to Diana, Elise, David, Dave and Sheila who gave up time with their families and from their work to participate in this important conference. Ψ

Welcome New Members!

Members

Jennifer Blanchette, PsyD Freeport ME

Susan Penza-Clyve, PhD Portland ME

Martin Morthland, PhD Augusta ME

Sarah Miller, PhD S. Gardiner, ME

Robert Baskett, PhD Auburn, ME

Brian Ablitz, PsyD Bath, ME

Sandra Sigmon, PhD Bangor, ME

Julie Angiola, PhD Augusta, ME

Douglas Nangle, PhD Bangor, ME

Affiliates

Jean Fahey, PsyD Burlington, MA

Trish Knight Portland, ME

Sara Masland, MA Brighton, MA

Jayne Boulos, MS Cape Elizabeth, ME

Retired

Robert Kamman, PhD Falmouth, ME

An Opportunity to Meet/Discuss Issues with an APA President-Elect Candidate

Meet **Dr. Susan McDaniel**, who will be in the Portland area presenting at the USM Health Psychology Institute. She has offered to make herself available to meet with MePA/APA constituents during her brief visit to Maine.



When: Thursday, 6/19/2014 from 5:30 to 7:30 pm

Where: 4 Catherine Street, Portland, Maine 04102
co-hosts: *Deborah Taylor, PhD and Christine Gray, PsyD*

What: Wine and Cheese Reception/Gathering

Why: A great opportunity to have an up close and personal interaction with a leader in our field and learn more about her presidential platform and her passion for leading APA in this era of great opportunity and challenge.

Check out her website for more information:
<http://www.susanmcdanielforapa.com/>

In order to assure adequate food and drink, **an RSVP** is requested.

Please email Deborah at deborahataylor1956@gmail.com by 6/16/2014 if you plan to come and she will provide you with directions.. Please come for some or all the time – this is a wonderful opportunity!



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Psychologists' Conflicted Role...contd from page 3

authorized interrogation techniques at GTMO. Robert Jay Lifton has called this “an extraordinarily valuable film.”

[<http://www.doctorsofthedarkside.com/>]; streaming in full at [<http://www.youtube.com/watch?v=ZNpxrDM2b0UJ>].

In 2012 the APA assembled a task force commonly known as PENS II to consolidate changes in its ethics code since the PENS report was accepted seven years earlier. Again critics saw the membership of the task force as skewed toward psychologists with interests in the national security and military establishment, and leaders of Psychologists for an Ethical APA declined an invitation to offer a representative. Their position was that “Any constructive attempt to consolidate national security policies must . . . begin with annulment of the PENS Report in order to remove its corrosive influence on the profession of psychology and on the unexamined proliferation of operational psychology in coercive contexts.” [http://www.ethicalpsychology.org/pens/Coalition_Dedines_PENS_II_Invitation.pdf]

In summer 2013, at the APA annual convention in Hawaii, the Council received the resultant PENS II report and on its advice worked to create a final draft and statement rescinding the original PENS Report and restating policy regarding psychologists' position on torture and abuse of prisoners. Although the newly asserted policy strongly condemned psychologists' violation of internationally de-

fining human rights, a CEP statement condemned the APA's action on the grounds that the constitution of the panel that designed the new policy text was ethically compromised and that its text was vague and unenforceable as ethical policy. The CEP argued that a failure to repudiate the original PENS report and the process by which it had been composed and passed into policy perpetuated ethical shallowness and compromise in the APA, along with debilitating weakness, internal contradiction, and lack of credibility in its ethical codes and policies. This CEP discussion saw the resulting policy as a whitewash of the APA and a national record of ethical compromises and betrayals in practices of detention, interrogation, abuse and torture over the previous decade; the CEP alleged that the Council's policy accepted the original PENS report as in effect ethically acceptable in its process of development, even if no longer acceptable in its recommendations. [<http://ethicalpsychology.org/materials/Coalition-Responds-to-New-APA-Policy-Proposal.pdf>]

By late 2013 hunger strikes among GTMO detainees and systematic force-feeding implemented in response to them became a major news story. (A short animated video based on reports from five detainees can be viewed on *The Guardian's* website at [http://www.theguardian.com/world/video/2013/oct/11/quantanamo-bay-hunger-strikes-video-animation?CMP=tw_t_gu].) Before year's end, the Pentagon publicly announced a media blackout on hunger-striking at GTMO, promising to reject all media requests for information on current and coming strikers. [<http://dissenter.firedoglake.com/2013/12/05/quantanamo-bay-prison-now-keeping-all>

[-information-on-hunger-striking-prisoners-secret/](#)] Current insider accounts of recent conditions at GTMO can be accessed at [<http://www.counterpunch.org/2013/12/06/where-the-torture-never-stops/>] and at [<http://codepink.org/blog/2014/01/statement-issued-by-shaker-aamer-on-the-occasion-of-the-12th-anniversary-of-quantanamo-bay-january-11-2014/>].

In November 2013, a major Task Force supported by the Institute on Medicine as a Profession and the Open Society Foundations attracted media attention with a report titled *Ethics Abandoned* [https://www.google.com/search?q=%22ethics+abandoned%22&aq=chrome..69i57j0.4713j0i4&sourceid=chrome&espv=210&es_sm=91&ie=UTF-8] calling on the Department of Defense and the CIA to follow professional standards of conduct to enable doctors and psychologists to adhere to their ethical principles, so that in the future they be used to heal, not injure, detainees they encounter. The Task Force also urged professional medical associations and the APA to strengthen ethical standards related to interrogation and detention of detainees. Among the interventions objected to were clinicians' involvement in abusive interrogation; consulting on conditions of confinement to increase the disorientation and anxiety of detainees; use of medical information for interrogation purposes; and force-feeding of hunger strikers. In addition, the report argued that DOD policies and practices impeded

continued on page 12

Editorial: How Do We Respond to Growing Acceptance of Cannabis?

By Dr. Ron Feintech, Ph.D.

It is with mixed feelings that I read of a nationwide growing acceptance of cannabis, including Portland's legalization bill. Today's headlines talk of an increasing percentage of adolescents who believe that pot is "harmless", "safer than alcohol" as asserted by the pro-cannabis forces.

My clinical experience as a couples' therapist is that daily pot makes for a poor prognosis in therapy and can create significant marital problems, a belief consistent with my training.

I recall reading many articles about studies which indicate that pot is devastating to the developing adolescent brain, but don't have the references handy. A recent study conducted by investigators at Northwestern University Feinberg School of Medicine in Chicago, Illinois, showed that teens who smoked marijuana daily for about 3 years performed poorly on tests of working memory and had abnormal changes in brain structures akin to those seen in patients with schizophrenia.

http://www.medscape.com/viewarticle/818082?nlid=42564_1882&src=wnl_edit_dail&uac=106971CZ

Other studies find no linkage between adolescent cannabis use and schizophrenia.

<http://www.ewsp.com/latest-news/health-and-fitness/48972-study-cannabis-use-unlikely-to-cause-schizophrenia.html>

I confess I am an unreformed hippie at heart and know pot from the inside out. I confess to personal confusion about the proper societal and professional response to the growing acceptance of today's "high octane" cannabis. I do not think criminal penalties are the answer and the war on drugs is, in my humble opinion, a failed policy. So decriminalization is in order, but when I hear that pot is harmless, and I hear that a growing percentage of adolescents believe that it is harmless...that assertion flies in the face of my personal experience of four decades ago, my clinical experience, and my understanding of the preponderance of research, particularly on developing brains.

So here is where this rant is going...

Do we as psychologists have a responsibility to speak the truth? What is the truth we should be speaking? To whom and how do we need to speak it? Should MePA become involved in bringing the benefit of science to the ongoing debate? Should we be having a conversation about these matters? Is the *Maine Psychologist* a place to begin that conversation?

I invite your comments and wisdom.

Committee Reports

Reimbursement Oversight Committee

On May 9, ROC members (Sheila, John O'Brien, Chris Gray, and I) met with a group from Maine Community Health Options at their offices in Lewiston. Present were Kevin Lewis, MMP, CEO, Bill Schultz, Director of Provider Network Operations, and John Yindra, M.D. CMO. Alyssa Rose, JD, MSW, Provider Relations Manager was on vacation.

The meeting was mutually beneficial; we learned about their frustration with Beacon's behavioral health management and they heard our appreciation of their openness to dialogue and their problem-solving help for our members. MCHO expected to enroll about 20,000 members and now have about 40,000 subscribers. Although they are scrambling to catch up, they would like to engage more people in the behavioral health process earlier.

Since the first three sessions are completely subsidized by MCHO, it is expected that there would be positive health consequences if people took advantage of this benefit.

In October 2014, MCHO will merge behavioral health management with their medical vendor, eliminating Beacon. We were encouraged to hear that they would like to continue to meet with us, perhaps in the fall, after some of their changes have been finalized. It's possible that they may attend a Policy Council meeting and/or become a sponsor at one of our fall conferences.

Continued on next page

ROC will try to meet with Anthem and Harvard Pilgrim to learn about their offerings on the Exchange.

Linda Monahan, Chair, ROC
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Technology Committee

We have been working to explore options for rebuilding the website with enhanced functionality and resources. To this end, we are exploring options for website development, design, and hosting through full-service providers as well as independent contractors. We are in the process of preparing a formal request for proposals to elicit developer feedback, scope of work, and estimates of cost. We have been gathering information from our peers by navigating their websites and having discussions of their experiences with their service providers.

All the while, we have been working to refine our vision for the website based on member input and experiences with previous iterations of the website in order to facilitate this next endeavor as best we can.

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Legislative Committee

The Legislative Committee has had an active and productive season with the outstanding leadership of our Executive Director, Sheila Comerford, and

our Legislative Liaison, Bob Howe of Howe & Cahill, and Committee members Tom Cooper, PhD, Elise Magnuson, PhD, Lucy Quimby, PhD, and Nick Rehagan, PhD.

Some of the bills we supported or influenced were:

LD 1642 -- Healthcare Prices -- must maintain, but no longer have to hand out.

LD 1738 -- Involuntary Commitment -- converted to a resolve for committee study and report recommendations.

LD 1676 -- Narrow Networks (Insurances) -- insurers must inform enrollees if there are hospitals or professionals who are not covered by the plan, and must inform professionals of any reasons for not including them in the insurance plan. (Can't keep a secret blacklist.)

LD 1353 -- Meals for students in summer -- schools that provide federal lunch programs during the school year, must also provide lunch if they operate a summer school or recreation program.

LD 1740 -- Healthcare data -- loosens restrictions in Maine law on sharing protected health information to more closely align with HIPAA. Maine Health Data Organization is charged with writing rules for implementation. Aims to protect privacy of mental health information.

The Committee also initiated the development of and presented a proposal for action by the Policy Committee of a statement of core values and principles to be used by the Legislative Committee to help guide but not con-

strain the consideration of proposed legislation. The intention is to simplify committee deliberations.

Keith Cook, Ed.D.
 Chair, Legislative Committee

Continuing Education Committee

The Committee was pleased to host former APA President, Dr. Carol Goodheart, on April 18th. Her presentation entitled, "ICD diagnosis and DSM changes: A new horizon" was attended by over 70 psychologists and was very well received. Dr. Goodheart encouraged attendees to remain aware of the upcoming release of the ICD-11 (in 2017) as it will offer an alternative diagnostic approach to that of the DSM-V.

The CE Committee will be meeting to begin to develop plans for conference options for Fall 2014. Please keep your eyes on the listserv and/or your mailbox for information about upcoming events.

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Early Career Psychologist (ECP) Committee

President Diane Tennes has named Tom Cooper, PsyD of Portland as the new Chair of the ECP Committee.

If you would like to get involved, or have ideas for the group contact tcooper@coopercounselingllc.com.

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Psychologists Conflicted Role...

Continued from page 9

appropriate medical care of detainees and reporting of abuses against detainees under recognized international standards. The report explained that agencies facilitated these practices by adopting rules for military health personnel substantially different from ethical standards traditionally applied to civilian medical personnel, such that U.S. military and intelligence agency health professionals collaborate in means of intelligence gathering and security management that inflict severe harm on detainees in U.S. custody.

Since that report, pressure has mounted on the Obama administration to release a Senate Intelligence Committee report completed in December 2012 that, according to the *New York Times*, "is

broadly critical of the C.I.A.'s detention and interrogation program but was withheld from congressional oversight committees. . . . According to people who have read the study, it is unsparing in its criticism of the now-defunct interrogation program and presents a chronicle of C.I.A. officials' repeatedly misleading the White House, Congress and the public about the value of brutal methods that, in the end, produced little valuable intelligence." [http://www.nytimes.com/2013/12/18/us/politics/senators-ask-to-see-intelligence-review-of-interrogation-program.html?_r=0]

According to my correspondence this January with U.S. Senator Carl Levin, Chairman of the Senate Committee on Armed Services, he agrees with President Obama, former Defense Secretary Robert Gates, and General Colin Powell, former chairperson of the Joint Chief of Staff Mike Mullen, that GTMO needs to be closed because it has harmed and continues to harm American interests as a result of

its reputation for unethical practices. Closing the detention site would, he said, "strengthen our position in objecting to the use of abusive tactics on our own troops when they are captured and strengthen our standing to object to violations of human rights in other countries." In mid-December 2013, the retired Major General who had originally opened GTMO in 2002 also called for its closure. [<http://www.reuters.com/article/2013/12/12/us-usa-quantanamo-idUSBRE9BB0QM20131212>]

The Center for Constitutional Rights' website [<http://www.ccrjustice.org/learn-more/faqs/GTMObyTheNumbers>] currently provides a short set of statistical points regarding GTMO which make the APA's and Congress's continuing hope of GTMO's utility all the more perplexing. This page reports that one detainee's hunger strike is still on after eight full years; that no government official has ever been held accountable for wrongful detention and torture there; and that 86% of GTMO prisoners were initially sold to the U.S., captured for bounties, typically around \$5,000. Ψ