



The San Francisco Psychologist

A publication of the San Francisco Psychological Association; a chapter of the California Psychological Association

In This Issue

- 1 The Why and How of Therapist Self-Care
ERIC NICELY, PSY.D.
- 2 The President's Column
DAVID G. BULLARD, PH.D.
- 4 California Psychological Association
SUSAN CHANDLER, PH.D.
- 4 Louisiana Grants Psychologists Prescription Privileges: Will California Follow Suit?
CHARLES FALTZ, PH.D.
- 6 Moral Conscience and the War in Iraq: The Virtue of Action
PHILIP G. ZIMBARDO, PH.D.
- 7 Conference Reviews
- 8 Ethics and Issues
- 11 Dr. Margaret Singer Dies at 82
PATRICK O'REILLY, PH.D.
- 12 APA Task Force on Psychological Effects of Efforts to Prevent Terrorism
ILENE SERLIN, PH.D.
- 12 Program Designed to Target Needs of Members
MEGAN LEHMER, PH.D.
- 15 Classified Ads
- 16 Advertising and Publication Information

JULY 2004

The Why and How of Therapist Self-Care

Eric Nicely, Psy.D.

Having an effective self-care plan in place can help ameliorate the hazards of our profession and enhance our therapeutic effectiveness. In this article, we'll explore some of the research findings on impairment and examine a self-care model you can utilize in your own practice.

Hazards of the Profession

Therapy is often a grueling and demanding calling. The literature points to moderate depression, mild anxiety, emotional exhaustion, and disrupted relationships as the common residue of immersing ourselves in the inner worlds of distressed and distressing people. Confidentiality, isolation, shame, and additional considerations lead us to over-personalize our own sources of stress, when in reality they are part and parcel of the common world of psychological work (Norcross, 2000).

The unique hazards of the profession can be grouped into five broad categories according to Kramen-Kahn & Hansen (1998):

- Business-related problems (economic uncertainty, record keeping)
- Client-related issues (suicidal threats)
- Personal challenges of the psychotherapist (constant giving, caring cycle)
- Setting-related stressors (excessive workload)
- Evaluation-related problems (difficulty evaluating client progress)

Alterman (1998) describes difficulties for the therapist in private practice. She noted the emotional demands of the work, the occasional triggering of the therapist's own issues within the therapeutic relationship, the need to maintain hope and faith and instill both in the client, the lack of reinforcement, difficulty leaving work at the office, the constancy of the emotional intensity of the work, and the experience of engaging with others

in the depths of their despair as some of the significant hazards of our work.

Research Findings on Impairment

In a recent study, Mahoney (1997) conducted a survey of 325 mental health professionals attending a conference on brief therapy in San Francisco and found therapists reporting a host of problems, such as:

- 43% irritability or emotional exhaustion
- 44% insufficient or unsatisfactory sleep
- 42% doubts about their own therapeutic effectiveness
- 38% had concerns about the size/severity of their caseload
- 38% problems in their intimate relationships
- 35% episodes of anxiety or depression

Since 1985, research has consistently shown these types of distress among therapists. The top five sources of distress over this period include relationship difficulties (38–82%), depression (25–76%), job stress (33–72%), irritability and exhaustion (33–43%), and doubts about therapeutic effectiveness (42%). Wood, Klein, Cross, Lammers, & Elliott (1985) also found that 40% of psychologists are aware of colleagues whose work is affected by the use of drugs and 60% of psychologists are aware of colleagues whose work is affected by depression or burnout.

Effects of Impairment and Barriers to Treatment

Common behavioral patterns that signify impairment, as identified by Margison (1997), include social isolation, neglecting meal breaks, and putting clients' needs first. Impairment can lead to poor

continued on page 3

Board of Directors

PRESIDENT

David Bullard, Ph.D.
415/239-1584

PRESIDENT-ELECT

Patrick O'Reilly, Ph.D.
415/597-8080

PAST PRESIDENT

Jami Prince, Ph.D.
415/440-8114

TREASURER

Liza Ravitz, Ph.D.
707/72-7828

SECRETARY

Gerald Werckle, Ph.D.
415/421-7951

MEMBERSHIP CHAIR

Eric Nicely, Psy.D.
415/955-1975

ETHICS CHAIR

Bram Fridhandler, Ph.D.
415/600-1499

I & R CHAIR

June Carrin, Ph.D.
415/346-6998

LEGISLATIVE AND POLITICAL AFFAIRS

COORDINATOR
Susan Chandler, Ph.D.
415/252-9576

DISASTER COMMITTEE CHAIR

Loren Krane, Ph.D.
415/563-3540

MEMBERS-AT-LARGE

Rebecca Bauknight, Ph.D.
415/929-2502

Maureen Cook, Ph.D.
415/346-6086

Judith Katz, Ph.D.
415/474-4452

Megan Lehmer, Ph.D.
415/665-8960

HONORARY MEMBERS

Sung Kim
Christina Maslach
Philip G. Zimbardo

NEWSLETTER DESIGN & PRODUCTION

Catherine E. Campaigne
510/527-3907

The San Francisco Psychologist is the official publication of the San Francisco Psychological Association, a not-for-profit association of licensed psychologists in the City and County of San Francisco. Our Information and Referral telephone number is 415/681-3063, and our mailing address is SFPA; P.O. Box 590482; San Francisco, California; 94159. Our web address is www.sfpa.net.

Membership in the SFPA is open to all licensed psychologists, registered psychological assistants, and students of psychology. Annual fees are \$85 for psychologists and \$15 for affiliate and associate members, including students and psychological assistants. The membership fee for a half year is \$50 for psychologists. Membership includes four issues of The San Francisco Psychologist, legislative representation, and reduced fees for social and professional events. Participation in the Information and Referral (I&R) Network is \$195 per year and \$125 for a half year. Due to insurance mandates, membership with the California Psychological Association is required for participation in the I&R Network. Applications for membership are available on line at www.sfpa.net or can be obtained by calling the membership chairperson listed above.

Articles for publication are accepted in any of the following categories: feature articles on current clinical practice and research findings up to 2000 words; workshop, book, and movie reviews up to 1000 words; political and economic news relevant to the professional practice of psychology up to 1000 words. Special topics also will be considered. The editor reserves the right to only to accept articles deemed likely to be of interest to our membership and to edit accepted articles for clarity and length. Please contact the editor in order to discuss any article ideas that you may have at cannonthomas@sbcglobal.net or 415/771-9999.

415/681-3063

The President's Column

David G. Bullard, Ph.D.

Well, it was a quick 5 months, and my interim presidency ended as of June 1, when Dr. Patrick O'Reilly will take over for the unprecedented term of 18 months. This is also an unprecedented time for SFPA, and Patrick has exciting ideas for the financial stability and improvement of our services to our members and to the community. It has been my pleasure to get to know him at the various board meetings and other functions sponsored by your SFPA.

In the past 5 months we have had two, very well-received social gatherings. The most recent was held at Delancey Street Restaurant, where Patrick spoke about his cult research with the late Margaret Singer, Ph.D. Of the 20 psychologists in attendance, quite a few were new members and students. Special guests included William Thomas, Ph.D., a member of the California Board of Psychology. In his talk, Patrick presented extraordinary examples of human susceptibility to undue influence—from a cult waiting for the mother ship, to the cult that Patrick actually joined (i.e., infiltrated) in order to complete his dissertation research, to the effect the charismatic Charles Manson had over displaced youth at Haight-Ashbury. He also clearly laid out the psychological principles that make these extraordinary cases comprehensible. Patrick's talk brought into focus the importance of keeping a clear understanding of undue influence in mind in working with anyone who may be vulnerable to manipulation. He particularly noted that spouses living in abusive relationships are often members of a "cult of one."

For those who missed the evening—and for those who want to hear more—Patrick is presenting a related talk to the Commonwealth Club on July 22nd, entitled "Influence and Persuasion: How Someone Else Can Shape and Control Your Behavior." Of course, we also hope that all of you will join us for upcoming social events later in the year! I encourage all members to participate in at least one event and to support Patrick in moving SFPA forward.

• Many of you will be gratified to know that Dr. Megan Lehmer, program chair, is coordinating a one-day, two-part continuing education workshop that will address both

domestic violence and aging (issues mandatory for re-licensure) . . . one stop learning!

- As if we need even more evidence of change in our personal and professional lives—through death and the retirement of revered mentors and friends—it might be time to consider making a Professional Will. The San Diego Psychological Association has researched, written, and refined such an instrument. It is available on line for a contribution fee of only \$5. It is an excellent document with instructions and would be of great value to those taking care of your practice in the event of your incapacity or death. Email your request to sdpa@sdpsych.org, and Sharon Wilson will send you the document by attachment. You can then modify it as you please and print it out.
- My deep thanks to all the members who have made this such a pleasant and stimulating experience over the past five months. Special thanks to Paul Watsky and all the Board members. And, finally, with great pleasure, I can announce that Sung Kim has been made an Honorary Member of SFPA, for having contributed so much to our organization over the years.

The board members of SFPA would like to express their heartfelt thanks to David for his warmth, enthusiasm, sense of humor, and strong leadership over the last 5 months. David took on the role of president with very few days notice due to an unusual set of circumstances, a decision which involved a substantial commitment of time and energy on his part with very little opportunity for preparation. Nevertheless, he has led the organization in that time with clear vision and a spirit that has been inspiring to all of us. Thank you, David!



Therapist Self-care

continued from page 1

clinical judgment, increased risk of ethical breaches, boundary violations, and inappropriate emotional involvement with clients (Sherman, 1996; Faunce, 1990; Porter, 1995).

An unfortunate fact among therapists is the sense of stigma that prevents some from seeking help for their impairment. Carroll, Gilroy, & Murra (1999) found that therapists feel judged and ostracized by colleagues who learned of their depression. Wash, Nichols, & Comack (1991) found that most psychotherapists were reluctant to use their colleagues for personal support at work because they believed they would be stigmatized for their problems and perceived by their colleagues as untrustworthy.

The Importance of Self-Care

Given the specific hazards associated with our profession and our ethical obligations to protect the public, Porter (1995) argues three primary functions are served by having an effective self-care program:

1. Protection of the therapist by reducing occupational hazards such as burnout
2. Enhancement of therapy by modeling healthy behavior
3. Protection of the client by reducing risks of ethical violations

Caring for ourselves helps keep us balanced, flexible, and happy. Being balanced helps us work at our most effective level, and the result is that clients benefit. Carroll, Gilroy, & Murra (1999) argue that self-care fits with our ethical responsibility to protect clients and can be seen as a moral imperative.

A Self-Care Model

A comprehensive self-care model spans several conceptual levels: a broad direction that acknowledges your deeply held values and personal mission, self-care strategies that provide broad guidance across situations, and specific self-care techniques that you use every day.

Your self-care plan should begin with reflection on your personal values and keep you connected to your purpose. These val-

ues guide your life and your work, and culminate in a personal mission statement. For example, the values of freedom, vitality, authenticity, and growth might coincide with a personal mission statement “to practice psychotherapy with compassion, dignity, and skill in order to promote growth in clients.”

Intermediate (between specific techniques and broad vision) strategies serve a guiding role in applying self-care principles across situations, and serve to support your higher mission and values. Some of the strategies, derived from Prochaska’s Transtheoretical Model of Change, you might consider are:

- *Self-awareness*: increasing information about yourself through consciousness-raising activities that facilitate the development of insight, spiritual growth, etc.
- *Counter-conditioning*: consider ways of being different from the ways therapists are conditioned to be in the world. For example, consider a “My Greatest Moments in Therapy” journal to complement the common standard of focusing exclusively on solving client problems and treatment difficulties. Consider exercise to counter the effects of sitting most of the day.
- *Self-liberation*: make the choice to change and take personal responsibility for the self-care program you want. Acknowledge and accept the burden to replenish yourself both professionally and personally.
- *Appreciate the rewards*: refocus on the rewards associated with clinical work that bring you life and vitality. Look for ways to create a greater sense of freedom and independence in your work.

Carroll, Gilroy, & Murra (1999) have proposed a four part model of self-care techniques. Having specific techniques that you utilize in each area of the model provides for a self-care plan that is both comprehensive and rejuvenating.

- *Intrapersonal Work*: The focus of this part of the model is on increasing your self-awareness. Some specific techniques you might utilize could be participating in activities that increase your sense of spirituality, noticing how your values

are reflected in your work and your life, scheduling time to reflect on your self-care plans, understanding where you are developmentally as an adult or as a practitioner, doing personal journaling, or participating in your own therapy.

- *Professional Development*: The focus of this part of the model is to continue to develop and renew as a clinician. Some specific techniques you might utilize could be attending case consultations, completing your continuing education units in classes that are interesting or altogether different from anything you’ve tried before, serving in your local association, connecting or serving in your local community, or developing your own continuing education courses.
- *Physical and Recreational Activities*: The focus of this part of the model is to have some fun with activities that are not work-related. You might enjoy an exercise program, vacations and travel, hobbies or other activities, taking time off for no specific purpose, reading, etc.
- *Interpersonal Support*: The focus of this part of the model is to maintain healthy relationships that support your well-being. Maintaining a healthy relationship with your partner, family, and friends can serve you well in difficult times. You might spend time with family and make time for good friends, including close relationships with peers who support you and your work.

The Joys and Rewards of Practice

Having an effective, personalized self-care plan can help you stay present to the joys and rewards of practice. Skovholt (2001) describes some of the joys of practicing therapy, such as hitting a bulls-eye of success with a client. According to Kramen-Kahn and Hansen (1998), some of the most frequently endorsed occupational rewards were:

- 93% promoting growth in a client
- 79% enjoyment of work
- 76% opportunity to continue to learn
- 73% challenging work
- 71% professional autonomy—independence
- 61% increased self-knowledge

The “Paul Wellstone Mental Health Equitable Treatment Act”: Closing Parity Loopholes for All Mental Illnesses

The Mental Health Equitable Treatment Act (MHETA), originally sponsored by Paul Wellstone and Pete Domenici, would end discrimination against coverage for mental health by insurance plans. This year, the bill is sponsored by Senators Domenici and Kennedy (S. 486) and Representatives Ramstad and Kennedy (H.R. 953). It would close the loopholes that allow employers to avoid the spirit of the Mental Health Parity Act of 1996. MHETA requires full parity for all aspects of a health plan, including dollar limits, day/visit limits, co-payments, co-insurance, deductibles and out-of-pocket maximums.

1996 Parity Bill

Parity was originally passed in 1996, but it only prevented larger health plans from imposing lifetime and annual dollar limits on mental health benefits that are different from those imposed on medical/surgical benefits. The General Accounting Office of Congress found that 87% of those employers that comply with the law have replaced annual or lifetime dollar limits with visit and hospital day limits. This limited parity bill expires on December 31, 2004. The MHETA bill will replace it with comprehensive coverage, closing the loopholes of the 1996 bill.

Many psychologists around the country report the experience of seeing families run up against visit limits at times when the family would most need coverage. Such situations can be heartbreaking for providers and devastating for those who need treatment. While more than 44 million Americans suffer from a mental health disorder, only one third receive treatment. Many states have recognized this and enacted mental health parity laws to ensure that individuals have the same access to both mental and physical health care, but far too many Americans are

still not covered by such state protections and continue to have difficulty in getting the treatment they need. According to a recent poll by the American Psychological Association, 87 percent of Americans say that it's lack of insurance coverage that most keeps them from seeing a mental health professional — not stigma or embarrassment.

Costs Would Be Minimal

The Congressional Budget Office (CBO) projects that the bill would raise average costs

for health coverage just 0.9%. Actuarial analysis by PricewaterhouseCoopers confirms this estimate and shows that MHETA would cost the average employer only four and one half cents per covered person per day.

In addition, the Paul Wellstone Mental Health Equitable Treatment Act can provide parity for all persons with a mental disorder for about the same cost as providing parity only for those with severe mental illness

continued on page 5

Louisiana Grants Psychologists Prescription Privileges: Will California Follow Suit?

by Charles Faltz, Ph.D.

Louisiana Governor Kathleen Blanco has signed a law which grants properly trained psychologists the authority to prescribe psychotropic medications. New Mexico was the first state to enact such a law in 2002. Louisiana House Bill 1426 requires that psychologists who prescribe have completed a post-doctoral master's degree in clinical psychopharmacology from a regionally accredited institution and have passed a national examination approved by the State Board of Examiners of Psychologists. In addition, the trained prescribing psychologist, whom the law defines as a “medical psychologist,” is required to work collaboratively with the patient's physician when prescribing medication. The bill limits the prescriptive authority to medications for nervous and mental health disorders. The law requires that medical psychologists complete coursework that includes anatomy, physiology, neuroscience, biochemistry, clinical medicine, general pharmacology, and clinical psychopharmacology.

Prescribing authority was approved by the CPA Board as a continuing legislative priority about 10 years ago. Since that time, CPA has introduced 3 bills on the subject. Each bill had increasing success and served to educate the legislature about psychologists' current comprehensive biopsychosocial training and the options for an expanded practice for psychologists who have had additional training in psychopharmacology. CPA's Governmental Affairs Committee is currently updating the strategy for obtaining a greater role for all psychologists in medication management and prescribing authority for those psychologists who take the appropriate training. Since two states' legislatures have now granted psychologists prescribing privileges, the California legislature can now consider the precedents that already exist for expanding the practice of psychology. All CPA Chapters are encouraged to have a Committee with a psychopharmacology agenda.

Charles Faltz, Ph.D., is the Director of Professional Affairs for the California Psychological Association.

(SMI). Some have suggested that parity be provided only for “biologically-based” severe mental illnesses. The Substance Abuse and Mental Health Services Administration has found that providing parity coverage for SMI costs about 90% of the cost of parity coverage for all diagnoses. Based on the CBO estimate that the bill would increase costs by about 0.9%, ensuring parity coverage for all persons regardless of diagnosis could be accomplished with a cost difference of less than one tenth of one percent (0.09%).

Current Status

Congress is beginning to notice the recent grassroots e-mails on the “Senator Paul Wellstone Mental Health Equitable Treatment Act” (S. 486/H.R. 953), as Senator Judd Gregg has now agreed to waive committee jurisdiction over parity to allow for the bill to go directly to the Senate floor. Media outreach is necessary at this point to ensure that consideration is not delayed any further.

To Do: Action Alert

If the Bill has not passed as of this printing, call or email our Senators Boxer and Feinstein. They are co-sponsors of the bill, S. 486 (Domenici and Kennedy). Please personalize the pre-written letters that are posted in the Legislative Action Center on www.APA-Practice.org. With the recent ricin scare, snail mail is running almost two months behind schedule. Also, the web-server has the proper issue area pre-programmed for each office to ensure that the correct staff member receives these messages.

On April 29, 2002 President Bush appeared at the University of New Mexico with Senator Pete Domenici and pledged to work with Congress to pass parity (that year). The President stated that “We must give all Americans who suffer from mental illness the treatment, and the respect, they deserve.” Let us support and encourage Congress in seeing this promise fulfilled.

Susan Chandler, Ph.D., is the Legislative and Political Affairs Coordinator for SFPA and the Federal Advocacy Coordinator for CPA.

- 56% variety in work and cases
- 56% personal growth
- 51% sense of emotional intimacy
- 39% being a role model and mentor

Staying connected to the rewards of practice, and to your higher purpose, is a wonderful vaccine for the hazards associated with being a psychotherapist. The quality of our life is deeply affected by the degree of purpose and engagement we feel at any given time. People who cope well with stress have a sense of meaning and purpose in their lives.

There is value to periodically considering what we find significant. The process of increasing our sense of meaning and purpose in life involves defining “success” and making very hard choices in light of very real limits of time and energy (Baker, 2003).

Reflective questions (Norcross & Guy, 2003): Can you identify and/or resonate with an abiding mission or sense of spirituality? Consider that good therapy does not provide meaning, but that a life of deep personal meaning creates effective therapy. Does your mission connect you to larger social or societal concerns? If so, how?

Conclusion

A personal self-care plan is integral to effectively coping with the unique hazards associated with our profession. A comprehensive plan, as outlined in this article, can tie specific rejuvenating activities to your higher purpose and personal values. Approaching your work from a deep sense of meaning, expressed in your core values, keeps you in touch with the unique joys and rewards of practicing psychotherapy. For more information on self-care, please consult some of the following helpful resources. Enjoy taking care of yourself!

Eric Nicely, Psy.D., is a licensed psychologist in private practice in San Francisco. He holds an adjunct faculty position with Alliant International University—California School of Professional Psychology and is the current Membership Chair for SFPA. He practices brief, solution-focused therapy for individuals and couples in addition to personal coaching services. He is planning a self-care

retreat and continuing education course, entitled Personal Renaissance, to be held in Italy in spring, 2005.

References

- Alterman, S. R. (1998). Understanding clinician self-care. Unpublished dissertation, The Chicago School of Professional Psychology.
- Baker, E. K. (2003). *Caring for Ourselves: A Therapist's Guide to Personal and Professional Well-Being*. Washington, DC: American Psychological Association Press.
- Carroll, L., Gilroy, P. J., & Murra, J. (1999). The moral imperative: Self-care for women psychotherapists. *Women and Therapy, 22*, 133–143.
- Faunce, P. S. (1990). Self-care and wellness of feminist therapists. In H. Lerman & N. Porter (Eds.), *Feminist Ethics in Psychotherapy* (pp. 123–130). New York: Springer Publishing Company.
- Kramen-Kahn, B. & Hansen, N. D. (1998). Rafting the rapids: Occupational hazards, rewards, and coping strategies of psychotherapists. *Professional Psychology: Research and Practice, 29*, 130–134.
- Mahoney, M. J. (1997). Psychotherapists' personal problems and self-care patterns. *Professional Psychology: Research and Practice, 28*, 14–16.
- Margison, F. (1997). Stress and psychotherapy: An overview. In V. P. Varma (Ed.), *Stress in Psychotherapists* (pp. 210–234). London: Routledge.
- Norcross, J. C. (2000). Psychotherapist self-care: Practitioner-tested, research-informed strategies. *Professional Psychology: Research and Practice, 31*, 710–713.
- Norcross, J. C., & Guy, J. D. (2003). *Leaving it at the office: Psychotherapist self-care*. New York: Guilford Press.
- Sherman, M. D. (1996). Distress and professional impairment due to mental health problems among psychotherapists. *Clinical Psychology Review, 16*, 299–315.
- Sherman, M. D., & Thelen, M. H. (1998). Distress and professional impairment among psychologists in clinical practice. *Professional Psychology: Research and Practice, 29*, 79–85.
- Skovholt, T. M. (2001). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and professionals*. Needham Heights, MA: Allyn & Bacon.
- Walsh, S., Nichols, K., & Cormack, M. (1991). Self-care and clinical psychologists: A threatening obligation? *Clinical Psychology Forum, 37*, 5–7.
- Wood, B. J., Klein, S., Cross, H. J., Lammers, C. J., & Elliott, J. K. (1985). Impaired practitioners: Psychologists' opinions about prevalence, and proposals for intervention. *Professional Psychology: Research and Practice, 16*, 843–850.

Moral Conscience and the War in Iraq: The Virtue of Action¹

by Philip G. Zimbardo, Ph.D.

The only thing necessary for the triumph of evil is for good men to do nothing.

—Edmund Burke

The horrifying images of American soldiers brutalizing Iraqi prisoners must raise three important questions for me as a social psychologist: First, can I understand the conditions under which these men and women were working for the last six months that could have transformed them from good Dr. Jekylls to sadistic Mr. Hydes?; second, would I be equally vulnerable to the situational forces that led them to such cruelty?; and third, had I been a witness to the terrible events inside Abu Ghraib prison, would I have intervened and blown the whistle?

A psychological perspective upon evil focuses on human behavior that demeans, harms or destroys other human beings, or causes others to do so. By this definition the military police reservists, who were to have maintained law and order and to treat prisoners with the same dignity and humanity they would expect to receive in their place, are guilty of committing evil.

The same reasoning, however, would condemn the “guards” I supervised in the Stanford Prison Experiment I conducted more than 30 years ago. The subjects in this experiment were normal, intelligent, psychologically healthy college student volunteers who were randomly assigned to play the role of guards in a simulated prison environment in relation to their peers assigned to play the role of prisoners. Within days the “guards” assaulted the “prisoners,” stripped them naked, hooded them, chained them, deprived them of sleep, locked them in the solitary confinement of a closet for hours and finally began to practice sexually degrading “games” on their victims. The study was scheduled to run for two weeks; I had to terminate it in five days.

Intelligent, morally upright young men had been transformed by the prison setting

into unfeeling, cruel, even sadistic prison guards. Normal, intelligent young men, who had been assigned to be prisoners by the fickle toss of a coin, suffered emotional breakdowns in their powerless, helpless state as prisoners. The dynamic catalyst for these remarkable changes was the prison environment. There were no bad apples in the barrel; it was the barrel itself that created evil.

The social and psychological factors at play in the Stanford Prison Experiment correspond almost exactly with those at play in the Iraqi prison. The dominant factors in both the real and the simulated prison were several:

- extreme power differentials;
- the diffusion of responsibility for immoral deeds and the sense of anonymity that freed the guards from any awareness of personal responsibility for their actions;
- the dehumanization of the “other”;
- the behavioral norms set by the group;
- the absence of enforced sanctions upon unacceptable behavior;
- the individual guards who model abusive behavior for peers; and
- a narrowing of time perspective that trapped both guards and prisoners in an expanded “present.”

Also at work in the Iraqi situation were the cloak of secrecy, the absence of a standard of social acceptability, the inadequate training of the guards and the encouragement of CIA and contract interrogators to “break the will” of detainees.

The only question in this recipe for disaster was not whether, but when chaos would erupt. It is evident from the expressions on the faces of the soldiers that they were oblivious to the moral significance as well as to the consequences of their actions. They were trapped in a moment out of ordinary time immersed in hedonistic mindlessness.

In their place would I have committed the

same crimes? I would, of course, like to think that I would not, could not. But having conducted the Stanford Prison Experiment, I know better. Judgment is easy from a distance when one is comfortably surrounded by the social structures and props that provide us with controls, with a sense of certainty and predictability. But in a totally alien setting where the unusual becomes normative and the self is free from all the checks of traditional morality and future reality, what then?

Dozens of psychological studies that my colleagues and I have conducted reveal that the majority of decent, ordinary people can be easily seduced into crossing the line into perpetrating evil, for the line between good and evil is not an abstract design in cyberspace but lies in the cauldron of the human heart.

I wonder whether I would be able to sound the alarm when my countrymen were violating their allegiance to country and humanity. Pressures to conform are enormous: Be a team player! Don’t rock the boat! You’ll be crushed if you dare to buck the system! I’m just a little guy; they have all the clout!

It was one young Ph.D., Cristina Maslach, who forced me to close down that awful Stanford prison I had constructed by telling me that I was responsible for the horrors she saw. It took one small voice to challenge my authority and bring the system down.

In Abu Ghraib there are such heroes, and we should honor them: William Kimbro, a dog handler who refused to allow his dogs to attack prisoners despite the inducements offered him; David Sutton, who tried to stop the abuses he was witnessing by reporting it to the officers above him in the chain of command; and Joe Darby, average G.I. Joe, who brought visual images of the horrors to the light of day because he would not permit inhumanity to hide itself.

We need to more fully investigate the psychology of resisters. All of us should honor and laud the heroic few. We should hold

1. This editorial was first published in the May 17th, 2004, issue of the *San Francisco Chronicle*. It is reprinted by permission of the author.

continued on page 7

The Society for Psychologists in Management

Valerie Hearn, Ph.D.

The Society of Psychologists in Management Annual Mid-Winter Conference was held in San Francisco from March 4–6, 2004. We are a small, purposely intimate organization (about 200 members) composed of psychologists whose primary professional role is managing people or psychologists who consult to managers. Our annual conferences are a time for us to learn from guest speakers and each other. For all of us, the opportunity to renew friendships with our fellow SPIM members is a vitally important aspect of each conference.

This year the conference theme was “Managing in Challenging Times.” Our keynote speakers were Stephen Mayberg, Ph.D., Director of the California Department of Mental Health, and Robert Sternberg, Ph.D., Professor and Director of the PACE Center at Yale University. Steve talked about his experience as director and Bob told us about his model of leadership and how it can be used to improve one’s leadership skills.

Featured speakers were Mark Ginsberg, Ph.D., executive Director of the National Association for the Education of Young Children, Dennis Jaffe, Ph.D., Professor at the Saybrook Institute, Al Holland, Ph.D., Chief of Operational Psychology at the NASA Johnson Space Center, and Paul Ofman, Ph.D., M.B.A., Senior Consultant at RHR International.

Our conferences also feature lots of SPIM talent. This year members met with small groups and gave presentations on executive coaching, consulting, working as an interim executive, using technology, gender differences as competitive consulting advantages, best practices in leadership development programming, and training in dialogue as a prerequisite to effective collaboration.

Next year we are meeting in Dallas, and we can’t wait!

Valerie Hearn, Ph.D. is a psychologist in private practice and a corporate consultant in San Fran-

cisco. She can be contacted at 415/647-4800. More information on her services is available at www.volantcoaching.com.

The Place of Empirical Research in Depth Psychology

Maureen Cook, Ph.D.

On May 8, 2004, at the C.G. Jung Institute of San Francisco, a workshop addressing empirical research in depth psychology was received with rapt attention, according to Carol Benak, M.F.T.

Seth Rubin, Ph.D., a Jungian analyst, reported that Jung was always interested in research and that the first outcome study at the S.F. Institute, Project I, was started more than four decades ago when punch cards were employed to track and store data. Those cards have yet to be analyzed. Dr. Rubin started Project II in the early nineties and that research is on-going.

Robert Wallerstein, M.D., Past President of the International Psychoanalytic Association, Past President of the American Psychoanalytic Association, and Past Chair of Psychiatry at UCSE, worked at the Menninger Clinic during the golden era of psychotherapy research in the 1950s and 60s. Those outcome studies clearly demonstrated significant treatment efficacy (changes in behaviors, dispositions, and symptoms) and also examined the relationship of these changes to specific therapeutic processes. The results of these studies have suggested that the benefits of supportive aspects of treatment not only were strong but also were similar in their durable impact on personality to changes resulting from insight-based conflict resolution. These findings have reinforced the rising level of respect for supportive aspects of treatment in the psychoanalytic community.

Wolfram Keller, M.D., a German cardiologist and Jungian analyst, presented information on his landmark study of Jungian and Freudian psychotherapy and its effects upon physical well-being. In Germany a person receives 250 to 300 hours of paid psychoanalysis if s/he meets the criteria established

by the government. Dr. Keller wanted to prove the cost-effectiveness of Jungian and Freudian psychotherapy to the government. In three areas, significant changes were demonstrated after 100 hours of psychotherapy, with follow-up six years later. Decreases occurred in: 1) number of medical hospitalizations, 2) number of sick days at work, and 3) number of doctor visits. Carol Benak, M.F.T., is a former nurse-practitioner and was so pleased with the results of Dr. Keller’s studies that she “would like to send an abstract of this workshop to every medical insurance company in the country. The demonstration of the reduction in medical costs is the only way, in this country, to give value to psychotherapy. This workshop confirmed something I already knew about illness and psychotherapy. If people, instead of focusing only on the physical symptoms of their illness, could bring in the psychological component, there would be a benefit both somatically and psychologically. I hope this research is published in many, many journals.”

Maureen Cook, Ph.D., is a psychologist in private practice in San Francisco. She can be contacted at 415/346-6086.

Moral Conscience and Iraq

continued from page 6

them up for models of rectitude for our children to emulate. We should be proud to have such countrymen and women.

Throughout history, it has been the inaction of those who could have acted; the indifference of those who should have known better; the silence of the voice of justice when it mattered most that has made it possible for evil to triumph.

—Haile Selassie,

Emperor of Ethiopia, 1892–1975

Philip G. Zimbardo, Ph.D. is emeritus professor of psychology at Stanford University. Information about the Stanford Prison Experiment can be found online at www.prisonexperiment.org.

Confidentiality, Informed Consent, and the USA Patriot Act

Michael B. Donner, Ph.D., Ethics Chair,
Alameda County Psychological
Association

An FBI agent presented a psychologist with a subpoena. The agent informed the psychologist that s/he had to turn over all records pertaining to a patient immediately. Failure to do so is punishable “by fine or imprisonment, or both” (18 U.S.C.401).” The psychologist was then informed that it is also illegal to notify the patient who is the subject of the subpoena. The patient was a UC Berkeley foreign exchange student with strident anti-war and anti-American activist views. In her next session, the patient described her constant anxiety. She feared she was becoming paranoid, because she believed the FBI was following her. Shortly after the session ended, the agent returned, and demanded to know what the patient had discussed.¹

The above scenario, while hypothetical, is entirely plausible under existing law. Following the tragic events of September 11, 2001, Congress passed the USA Patriot Act. The purpose of the legislation was to make it easier for law enforcement to act to prevent future acts of terrorism. Section 215 of the Patriot Act authorizes certain FBI agents to request a subpoena from a special court. These subpoenas, if approved, require access to any requested records, and the subject of the investigation may not be notified. According to a Department of Justice informational webpage, to do so could result in serious penalties.

As Congress was debating the Patriot Act, psychologists were anxiously discussing the impact of HIPAA, and the new requirements for informed consent. There were concerns about the privacy implications for patients, and whether HIPAA adequately preserved

the confidentiality of psychotherapy notes. Despite the abundance of articles, workshops and discussion regarding HIPAA, Section 215 of the USA Patriot Act became law.

Although most psychologists are aware that their records can be subpoenaed, professional psychology has well-established procedures for how to respond in such an event (APA, 1996, Fridhandler and Caudill, 2004). Typically, the psychologist is expected to assert the privilege on behalf of the client, and to contact the patient to determine if the patient agrees to the disclosure of the record, or has the opportunity to resist the subpoena in court. Under Section 215 of the USA Patriot Act, these options would not be permitted. In fact, none of the options typically available to psychologists is legal. Section 215 requires disclosure of the documents. Anything else is apparently punishable by sanctions.

Section 215 of the Patriot Act could potentially affect any psychologist treating any patient. There is a substantial body of work that discusses the impact of third party intrusions into the therapeutic relationship (Langs, 1973, Freud, 1968, Sundelson and Bollas, 1995, Garvey, 2003). I have previously discussed the collapse of the “analytic space” (Ogden, 1989) that occurs when therapists face intrusions from outside of treatment, such as subpoenas, child abuse reporting, or responding to suicidal or dangerous patients (Donner, 2003). Not all such intrusions will lead to the destruction of the treatment. When faced with intrusions into the treatment, psychologists can use the treatment itself as a means of addressing the impact of the intrusion. When a traditional subpoena is served, or a child abuse report is made, psychologists are permitted, if not encouraged, to speak to the patient about what has occurred between them. However, if a psychologist were to receive a subpoena authorized by Section 215 of the USA Patriot Act, the therapist would be gagged, unable to speak to the patient about this impact on the

treatment. It is unclear as to whether it would be legal to discuss the issue in supervision.

Were the treatment to continue, the goal and purpose of the treatment would have become perverted. The therapist would have become an informant, not a psychotherapist. It is difficult to imagine that continuation of the treatment would be in the best interest of the patient, and it is easy to see how continuing would be harmful and exploitive. According to the American Psychological Association’s *Ethical Principles of Psychologists and Code of Conduct*, 2002, Principle 3.04, psychologists are expected to “take reasonable steps to avoid harming their clients/patients . . . and to minimize harm where it is foreseeable and unavoidable.” Although psychologists in most states are required to make child abuse reports, they are not required to become an ongoing source of information. In fact, in California, a case against an admitted child molester was overturned because a psychologist had disclosed information to a sheriff’s deputy after making an initial child abuse report (People v Stritzinger, 1983). This case clarified that when making child abuse reports, psychologists are to provide only the amount of information necessary to investigate the alleged abuse, and should not become an ongoing source of information.

It is difficult to imagine how a psychologist could minimize the harm inherent in becoming a secret conduit of information for a law enforcement investigation. Continuing to provide treatment under such circumstances would constitute a substantive conflict of interest. The treatment under such circumstances would appear to be more harmful to the patient than helpful, and psychologists are expected to “refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists

1. I am indebted to Milton Kalish, LCSW, for bringing this matter to my attention.

continued on page 9

or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.” (3.06).

Section 1.02 of the Ethics Code of the American Psychological Association (APA, 2002), attempts to help psychologist in such conflicts by permitting psychologists to obey the law, without fear of violating the Ethics Code. However, the situation described above would place the psychologist in the midst of irreconcilable and untenable ethical dilemmas. While it is hard to imagine that compliance with a subpoena issued under the authority of Section 215 would result in the psychologist being disciplined by the APA Ethics Committee, to continue the work with the patient would violate the spirit and intent of a wide range of ethical standards. “If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation” (1.01). A psychologist who permitted the therapy to continue would be permitting the treatment to be misused, and would be misrepresenting his/her role to the patient.

It seems likely that the only resolution to the dilemmas posed by the hypothetical example would be for the psychologist to terminate the treatment. The Ethics Code requires that psychologists terminate therapy when it becomes reasonably clear that the “client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service” (10.10). While terminating the treatment may be the most appropriate step to take, the psychologist would be unable to facilitate alternative treatment as required in 10.10(c), because the psychologist would be unable to explain the reason for terminating the treatment, and would be referring the patient into a treatment knowing that the problem was simply being passed on to the next provider. Thus, the provider would be in the position of continuing with a harmful treatment, or terminating the treatment without providing adequate referrals.



Informed Consent is not a Solution

It may appear that the solution to the problems described above would be to inform the patient in advance of the potential intrusion into the therapy. While many therapist's now use standard informed consent documents to describe to patients the various rules, guidelines, and limitations of psychotherapy, simply adding a statement about the USA Patriot Act may not be sufficient to address the myriad complications involved in responding to a Patriot Act subpoena. Section 10.01 of the Ethics Code requires that “psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality.” If we believe that termination of the therapy without explanation or referral is the appropriate response to a Patriot Act subpoena, it may also be necessary to state that the psychologist may terminate the treatment without explanation or referral in the event of the receipt of such a subpoena. The conundrum is that this course of action might indicate to the patient that they were the subject of an investigation, and thus may also be illegal.

Adapting our informed consent process to include a discussion of the limitations and risks imposed by Section 215 of the USA Patriot Act may be all that we can do at this point. Nevertheless, this seems to be another in a long line of intrusions into the therapeutic relationship. Protecting our country and our citizens from terrorist attacks is a laudable goal. However psychologists have a long history of protecting the public from dangerous patients, and have many options available to them, including notification of the police. However, Tarasoff-type warnings do not require psychologists to become “confidential informants” (Bollas and Sundelsen, 1995). The purpose of such disclosures is to protect the public, not to provide information for an investigation. The USA Patriot Act offers no such limitations or protections to our patients.

Of great concern is that this section of the Patriot Act passed without input from our professional associations. In 1957, J. Edgar Hoover wrote an editorial in the Journal of

the American Medical Association encouraging physicians to report evidence of disloyalty. At that time in American history, many of the leaders in our government believed the United States was locked in a battle with communists, intent on destroying the American way of life. Although the AMA code of ethics was changed to permit physicians to inform on their patients to protect the welfare of the community (Mosher, 2000), the medical community was included in the discussion of the importance of confidentiality, and where privacy should give way to societal concerns. Although this provision has long since given way to an increased emphasis on privacy, at least the medical community was involved. Most psychologists are unaware of the implications of this section of Patriot Act, and have not been involved in debating the legislation or considering how to implement the law into their practices.

As this article was being written, Congress was debating a renewal of the USA Patriot Act. Despite the potential for a substantial impact on the practice of psychologists, organized psychology continues to be silent on the subject. Whether or not such a rule is ultimately in the best interest of our patients or our society, psychologists must be informed so that we may be a part of the debate. We have an obligation under our Ethics Code to do more than to simply inform our patients of the limitation of our ability to protect their privacy. “If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict” (1.02). The first step in acknowledging our commitment to the Ethics Code is to enter the discussion, to stand up for our commitment to the Ethics Code, and to make known our responsibilities to all of our patients as well as to our country.

In *Jaffee v. Redmond* (1996), the United States Supreme Court decided to protect the psychotherapist patient privilege in the federal courts. Justice Stevens, in the majority opinion, based his opinion on long estab-

continued on page 10

lished principles. He cited numerous precedents, and spoke to the importance of the need for privacy in psychotherapy. "Reason tells us that psychotherapists and patients share a unique relationship, in which the ability to communicate freely without the fear of public disclosure is the key to successful treatment."

Justice Stevens also knew something that many psychologists ignore. Confidentiality is more important than informed consent. We must strive to protect the privacy of our patients, not simply inform them that there is no privacy. As Justice Stevens wrote, "The participants in the confidential conversation must be able to predict with some degree of certainty whether particular discussions will be protected. An uncertain privilege, or one which purports to be certain but results in widely varying applications by the courts, is little better than no privilege at all."

Michael Donner, Ph.D., is the Ethics Chair for the Alameda County Psychological Association. This article was first published in the April issue of *The Alameda County Psychologist* and is reprinted by permission of the author and of the ACPA.

This document is educational in nature and is not intended to replace the advice of an attorney. In addition, although the information in this document was accurate at the time of publication, psychologists using this information should bear in mind that laws and regulations change over time and that the interpretation of laws and regulations by courts and the Board of Psychology may change from time to time. This information does not reflect the official position of the American Psychological Association or the California Psychological Association.

References

- American Psychological Association. (2002). *Ethical Principles of Psychologists and Code of Conduct*. Washington, DC: American Psychological Association.
- American Psychological Association Committee on Legal Issues. American Psychological Assn, Washington, DC Washington DC US (1996).

Strategies for private practitioners coping with subpoenas or compelled testimony for client records or test data. *Professional Psychology: Research & Practice*, 27, 245-251.

American Psychological Association *Ethical Principles of Psychologists and Code of Conduct* (2002) American Psychological Assn American Psychological Assn, Washington, DC Washington DC US

Bollas, C., Sundelson, D. (1995). The New Informants: The Betrayal of Confidentiality In *Psychoanalysis and Psychotherapy*, Northbrook, NJ: Aronson, Inc.

Jaffee v. Redmond (518 U.S.) (1996).

Donner, M. (2003). The Confidential Relationship: A Re-conceptualization. An unpublished paper, presented for a training on Legal and Ethical Issues sponsored by the Northern California Society for Psychoanalytic Psychology, October 18, 2003.

Eastern District Counter-Terrorism Webpage. Questions and Answers about Section 215 of the USA PATRIOT ACT. Retrieved April 20, 2004 at http://www.usdoj.gov/usao/mie/ctu/Section_215.htm.

Freud, A., *The Writings of Anna Freud* 417 (1968)

Fridhandler, B., and Caudill, O. (2004). Responding to Subpoenas. CPA Briefings. In Press.

Garvey, P. (2003). Whose Notes Are They Anyway? In Levin, C, Furlong, A, & O'Neil, M.K. (2003) *Confidentiality. Ethical Perspectives and Clinical Dilemmas*. The Analytic Press.

Langs, R. The Technique of Psychoanalytic Psychotherapy 193 (1973).

Mosher, P. (2000) We Have Met the Enemy and It Is Us. A Discussion of "The Disclosure Industry" by Christopher Bollas. Document no longer available.

Ogden, T. (1989). *The Primitive Edge of Experience*. New Jersey: Aronson. Chapter 7. The Initial Analytic Meeting.

People v. Stritzinger (1983) 34 Cal.3d 505, 194 Cal.Rptr. 431; 668 P.2d 738.

Commentary on "Confidentiality, Informed Consent, and the USA Patriot Act" by Michael B. Donner, Ph.D. Bram Fridhandler, Ph.D.

I am pleased to have the chance to add comments to Dr. Donner's excellent article. The issues he raises, and the cogency with which he raises them, are remarkable. We are in his debt.

If his reading of the USA Patriot Act is correct, the Act empowers the Federal government to turn any psychotherapist in the country into an involuntary, secret informant on his or her patient, while the patient continues to trust that the therapist is not sharing what he or she reveals with anyone, let alone someone who is investigating him or her as a possible terrorist. Dr. Donner is surely right to describe this as a perversion of psychotherapy.

This situation raises a question for us: Should we, indeed must we, oppose this aspect of the Act? Most of us, reading Dr. Donner's presentation, are likely, I think, to oppose this law and to want it changed. But if so, do we oppose it *as psychologists*, or as citizens who believe in civil liberties and favor limitations on secret police power? We may be tempted to misrepresent our personal beliefs as expert opinions deserving of special consideration because of our status as psychologists. We would do well to distinguish our personal and professional beliefs, and to pursue them vigorously, but separately.

Let me illustrate how these two sets of beliefs can diverge with a clinical scenario. Dr. Donner writes of a fictional foreign student with anti-American, activist views. Suppose this student is a man from Saudi Arabia and that his anti-Americanism is intertwined with his commitment to Islam and to Arab autonomy. Suppose further that his mental state has worsened significantly and that, seeking comfort and guidance, he has been spending much more time at his mosque, where his political views are often shared. In his increasing depression and hopelessness, his anti-American statements have grown bitter, even shocking at times. There are references to a need for decisive action. Then the FBI subpoena arrives.

As private individuals, many of us would be uncertain whether the patient's confidentiality should take precedence over an investigation that, conceivably, may prevent serious violence. Do our *professional* ethics obligate us to favor confidentiality in such situations, regardless of our private views?

Arguably, yes. The APA Code, of course, is the preeminent statement of the ethics of our profession. When the Code speaks clearly, the

continued on page 11

Dr. Margaret Singer Dies at 82

by Patrick O'Reilly, Ph.D.

Esteemed clinical psychologist Margaret Singer died on November 23rd, 2003, in Berkeley, California at the age of 82. Dr. Singer was the author of two books and over one hundred journal articles. Dr. Singer first attracted national attention in the 1950s and early 1960s with her groundbreaking clinical work on schizophrenia, but she is best known for her research on thought reform and undue influence. While a clinical psychologist at Walter Reed Institute of Research in Washington D.C. in the 1950s, Dr. Singer studied and counseled American Korean War veterans who had been prisoners of war and who had been subjected to what was then known as "brain washing." She and Dr. Robert Jay Lifton were literally pioneers in this research.

As a U.C. Berkeley professor in the 1960s, she continued to study schizophrenia but was intrigued by cults that were actively recruiting on the U.C. campus. She realized that the recruitment techniques used by these cults were remarkably similar to the methods of thought reform used on the American POWs she had worked with. As her clinical interest in this phenomenon grew, the primary focus of her research gradually

centered on the subject of thought reform. She defined thought reform, or undue influence, as the conscious act of employing trickery, deceit and coercion to get someone to act against her or his best interests. As the proliferation of cults spread in the 1970s, she became an unofficial spokesperson for the rational examination of the techniques of undue influence. She testified in the bank robbery trial of Patricia Hearst and numerous times in the defense of cult victims. Her book *Cults In Our Midst*, published in 1995 and co-authored with Janja Lalich, was the culmination of her four decades of research on the subject.

Dr. Singer was an outspoken critic of quack psychotherapy and frequently lectured on this subject on university campuses. Her research on pseudoscience was painstakingly accurate, and she remained throughout her life a strong believer in the scientific process. Her research and lectures on nonscientific psychotherapy resulted in her final book, *Crazy Therapies*, published in 1996 and also co-authored with Janja Lalich.

In the 1990s, her intellectual curiosity shifted to the subject of elder abuse. Her

court testimony and writings on elder abuse were extensive. Dr. Singer presented her research to police departments, district attorney offices and psychological associations. She was a tireless advocate of the rights of the elderly and testified in court cases on elder abuse throughout the country. She was at work on a book on elder abuse when she died.

Dr. Singer was frequently the target of verbal abuse, harassment, vandalism and threats of physical harm by those who considered her an adversary, specifically cults she had testified against in legal proceedings. Despite this, she never lost her good humor and she never lost her temper. She remained unfailingly polite to absolutely everyone who wanted to talk to her or who contacted her for help. Her telephone number was listed in the phone book, and she answered the telephone herself. She never backed down in matters of principle or in matters of science, and she found as much joy and professional satisfaction in talking to groups of high school students as she did to prestigious professional organizations. She was an outstanding teacher and an outstanding scientist. We will miss her.



Ethics and Issues

continued from page 10

question of a psychologist's ethical obligation is settled as indisputably as it can ever be. Of course, no code, legal or ethical, can speak unambiguously on all points. The APA Code, like other codes, is compatible with divergent interpretations. With this in mind, we can ask, does the APA Code instruct us to defend a psychotherapy patient's confidentiality, even if the Federal government, and perhaps sometimes our own consciences, value the safety of the public even more highly?

I agree with Dr. Donner's interpretation of the Code. Even the most conservative interpretation of the prohibition on multi-

ple roles that are likely to impair effectiveness or expose the patient to harm would require a psychologist to avoid the role of secret informant. Moreover, that role would involve deliberate and gross misrepresentation of the psychologist's work, adding another reason we are required to avoid it. Returning to the issue of exposure of the patient to harm, we may be confronted with situations in which information we have would increase the likelihood of a patient's arrest, detention, and prosecution. The uncomfortable fact is that the APA Code's prohibition on exposing patients to harm contains no exception for situations in which such exposure is possibly outweighed by the

broader public interest. We are instructed to avoid exposing our patients to harm. Period.

As Dr. Donner makes clear, Section 1.02 of the Code permits us to obey the law even when it conflicts with the Code. But that same section requires us to take steps to resolve such conflicts between the Code and the law. As long as the Code prohibits exposure of our patients to harm and misrepresentation of our work, the only way the current conflict can be resolved is through change in the law.

As citizens, we may write our congress-people. As psychologists, we must.

Bram Fridhandler, Ph.D., is the Ethics Chair of the San Francisco Psychological Association.

APA Task Force on Psychological Effects of Efforts to Prevent Terrorism

by *Ilene Serlin, Ph.D.*

Terrorism continues to be a concern for US citizens. Psychology can contribute to the prevention of terrorism and the concerns that it causes. The APA Task Force on the Psychological Effects of Efforts to Prevent Terrorism is a 16 member Task Force initiated in 2003 by Council on a new business item co-sponsored by Division 48 (Peace Psychology) Division 32 (Humanistic Psychology) Division 9 (Society for the Psychological Study of Social Issues), Division 27 (community Psychology), Division 35 (Society for the Psychology of Women), and Division 39 (Psychoanalysis) of the APA and the New Jersey Psychological Association. The report of the Task Force is currently under review by the Board of Directors. The Task Force has been charged with assessing the emotional and behavioral effects of processes initiated in the U.S. to safeguard American lives and property and prevent future acts of terrorism.

Major themes and findings of the Task Force's investigations include:

- the recurring mental health problems experienced by individuals, such as veterans and refugees, who had previously suffered traumas;
- the effects of the framing of our response to terrorism as a "war" rather than as "criminal justice";
- the stress and fear instilled in particular ethnic, racial, and interest groups by law enforcement procedures such as "profiling";
- the effects of increased patriotism on ingroup-outgroup tensions;
- the increased stress and fear engendered by media accounts and pictures of violent anti-terrorist activities;
- the mistreatment of citizens by untrained security personnel in surveillance situations; and the radicalization

of youth who feel they have been unfairly targeted by U.S. anti-terrorist activities.

Recommendations in light of these findings have been developed. The symposium presenting the Task Force findings will be on July 28, from 10 a.m. to noon in room 316C of the Conference Center at the APA Convention in Honolulu, Hawaii. The first hour will include brief presentations from Task Force members Dan Christie, Steve Fabick, Bernice Lott, Ilene Serlin, Chris Stout, and Mike Wessells. Paul Kimmel will Chair. The second hour is for written questions from the audience and discussion. Dick Wagner will moderate.

Ilene Serlin, Ph.D., is a psychologist in private practice in San Francisco. She can be contacted at 415/931-3819. More information on her services is available at www.ileneserlin.com.

Programs Designed to Target Needs of Members

Megan Lehmer, Ph.D.

The San Francisco Psychological Association offers continuing education courses to help members meet licensing requirements, with two classes co-sponsored with Alliant University for the coming fall. The Association has also been addressing the needs of Child Custody Evaluators by offering their annual required Domestic Violence (D.V.) update training and a peer consultation group with continuing education credit.

1. **Child Custody Evaluations** can be some of the most difficult and complex work that psychologists perform. SFPA sponsors a peer consultation group to support members who are doing this work. The group is open to SFPA members who are experienced evaluators. Meetings include formal presentations

which have been approved for continuing education (C.E.) credit by the courts to meet their 8 hour annual C.E. requirement. SFPA is planning a D.V. update training for Child Custody Evaluators in early 2005, as we did in 2004. Anyone interested in joining the peer consultation group should contact Megan Lehmer at (415) 665-8960.

2. Michael Donner, Ph.D. will be offering a three-hour training on **Domestic Violence** on October 16 from 9 AM to noon. This training is now required for all psychologists to renew their licenses. Dr. Donner taught our D.V. update training for child custody evaluators last January. This group found Dr. Donner to be a highly informative and entertaining speaker. Dr. Donner is a special mas-

ter, consultant to the courts, and the ethics chair for Alameda County Psychological Association.

3. An expert on aging, Abraham Nievod, Ph.D., J.D. will be offering a half-day training in **Gerontology** on October 16 from 1 to 5 PM. This course will meet the requirement for all 2005 license renewals. Dr. Nievod is a neuropsychologist and highly experienced speaker who consults with federal and local courts on issues such as undue influence, dementia, and elder abuse.

Watch your mailbox for announcements about the October 16 trainings from Alliant University. There will be a discount for anyone taking both Domestic Violence and Geriatric training on that day.

New Member Profile

Introducing new member Diane Kern, Dr. Crim., MFT, 415/409-1597.

I attended UC Berkeley in the 1960s, an extraordinary time characterized by critical thinking brought to bear upon everything. My own graduate school experience included training in psychoanalytic psychotherapy by an analyst-mentor who required us to read Thomas Szasz and R. D. Laing right along side Freud.

I am grateful for this experience and happy to announce the opening of San Francisco Bay Psychotherapy Center. Services at SFBPC will include day treatment in an Integrated Milieu and an afternoon group for adolescents also in the Integrated Milieu.

That a well designed therapeutic milieu can create the conditions for self re-organization following serious mental and emotional breakdown is entirely compatible with emerging concepts in cognitive science and neurology. The Milieu represents a haven for clients with serious mental difficulties (schizophrenia, bipolar and major depression) and is tailored to assist those who are medication intolerant or prefer med-free treatment. (www.medsfree.com)

If you are a new member of the San Francisco Psychological Association in 2004 and would like to introduce yourself to our community, please submit a profile of approximately 150 words to the editor, Cannon Thomas, at cannonthomas@sbcglobal.net

New Mini-Mentor Program for Grad Students

Norman Zukowsky, Ph.D.

Starting this fall, student members of the San Francisco Psychological Association will be able to use a new resource to learn what their future will be like as licensed psychologists. And they will get it straight from the horse's mouth, from psychologists in practice. SFPA members will volunteer to mentor grad students who will be matched with them by interest. So, for example, if a student is interested in CBT, or autism, or employment in the public sector, or how a private practice is organized, the SFPA will match that interest with an available volunteer SFPA member. With over 125 diverse members, most of them in private practice, even esoteric interests should be matchable. The pair can phone, email, or meet in person at the office. The idea is a one-to-one collaboration that will enable the veteran to share information with and mentor the student. The level of activity, how many contacts and what kind, and the duration of the relationship will be determined by the pair. We anticipate some collaborations may be brief—question asked and answered—and others may develop into long-term mentorships and friendships, a wonderful entry into the profession.

International Center for the Study of Psychiatry and Psychology

Mental Health Treatment in a Pluralistic Society:

Bioethical Considerations

Speaker ~ Diane Kern, MFT, Clinical Director
San Francisco Bay Psychotherapy Center

- Bioethical debates are informed by the application of particular theoretical constructs and principles.
- Issues of value that arise in the course of mental health treatment are greatly informed with application of these tools.

August 14th 10:00 am - 1:00 pm

Presidio Public Library

3150 Sacramento Street • San Francisco

*Psychologist, MFTs and LCSWs earn 2 CEU credits**

*CEU credits issued through San Joaquin Psychotherapy Center, Inc.

CEU Provider Number SANJ135

(Fee for members filing for credits is \$7.00)

For more information call 415-409-1597

~ New Members and Visitors Welcome ~

Co-Sponsored by



Affiliates of
Psychotherapy Centers International
Founded by Kevin F. McCready, Ph.D.
(PSY9295)



**...not all answers are found
in a prescription pad.**

Name: _____ Date: _____

Address: _____

R *Heal without prescription drugs*



San Francisco Bay Psychotherapy Center

507 Polk Street • Suite 330 • San Francisco • CA • 94102

www.MedsFree.com

- ✓ *Integrated Milieu Treatment*
- ✓ *Art Therapy*
- ✓ *Recreation Therapy*
- ✓ *Psychodynamic Group Therapy*
- ✓ *Day Services for Adults ~ Afternoon Group for Adolescents*
- ✓ *Drug Free Services since 1989*

Adolescents • Adults • Families • Couples

415-409-1597

Label
Refill - 0 - 2 - 3 - 4

Dr. Kevin F. McCready

Dr. Kevin F. McCready
CLINICAL CONSULTANT
licensed psychologist (PSY9295)

Diane Kern

Diane Kern
CLINICAL DIRECTOR
marriage & family therapist (MFT3935)

- An affiliate of Psychotherapy Centers International -

This man is smiling because:



- A) He just received his CE credits.
- B) He networked with colleagues over an appetizing lunch.
- C) He was engaged in an informative seminar.
- D) All of the above.

At Professional Psych Seminars the answer is always “D.” When it comes to continuing education, we pride ourselves on delivering first-class treatment. Along with generous seating space, we offer a continental breakfast, delicious catered lunch, afternoon snacks and, of course, stimulating presentations by our expert faculty.

For the leader in continuing education, *the answer is clear.*

CLASSES OFFERED:

Understand the Aging Mind*

Treating Domestic Violence**

Law and Ethics Update***

Clinical Supervision****

Bipolar Spectrum Disorders

Advances in Sex Therapy

Adolescent Psychotherapy

Choose from the following locations:

- NEW Bel Air / West Los Angeles location!
- Los Angeles (LAX)
- Pasadena
- Orange County
- Emeryville (East Bay)
- San Rafael

* Required for license renewals after January 1, 2005

** Required for license renewals after January 1, 2004

*** Required each license renewal cycle. Includes new information on HIPAA

**** Required each license renewal cycle for supervisors of MFT trainees/interns and psychological assistants/interns



PROFESSIONAL
PSYCH
SEMINARS 

Request our free brochure with information on multi-course and early registration discounts, along with dates for each class.

Call Toll Free 877.777.0668
or register on-line at: www.psychsem.com

PPS is approved by the American Psychological Association (APA) to offer continuing education for psychologists. BBS Provider #PCE5. CE credit available for Psychologists, MFTs, LCSWs, Nurses, and Drug and Alcohol Counselors.

Classified Ads

PSYCHOTHERAPY OFFICES

SAN FRANCISCO: PSYCHOTHERAPY OFFICE across from Mt. Zion. Three office suite, elegantly remodeled with hardwood floor in waiting room, extensive soundproofing, natural light, south facing, in medical building with elevator. ADA accessible, parking, private patient exit, kitchen, storage, private bathroom. 2299 Post Suite 211/Divisadero. Contact Maria Pease, M.D. at 415/921-1398 or mpease@itsa.ucsf.edu.

LOVELY OFFICE SPACE to sublet. Financial district, prestige address, congenial colleagues. Available immediately. June Carrin, 415/733-2033.

OFFICE TO SUBLET in Presidio Heights. Smallish but beautifully furnished and well located. Please call Dr. Judith Wilson at 415/221-4584. Rate \$160/day.

OFFICE TO SUBLET. T, TH, F and M morning and evening. Beautiful Victorian on Fillmore St. near California Pacific Medical Ctr. Call Liza Ravitz, Ph.D. 415/931-6135

REFERRALS AND GROUPS

YOUR CLIENT NEED MEDS? Psychiatrist accepting medication referrals in SF. Board-certified specializing in pharmacological evaluation / management of adults with mood, anxiety, ADHD, other disorders. All major managed care insurance panels accepted. Also accepting cash. Not accepting MediCal. Appropriate referrals typically seen with minimal wait time. Jeffrey Schwartz MD, 1255 Post Street, Suite 415, San Francisco 94109. 415/673-7700 day; 415/339-7400 voice mail.

THE FOLLOWING GROUPS are led by Art Raisman, Ph.D., Licensed Psychologist (PSY7795); Assistant Clinical Professor, Psychiatry Dept., UCSF; Past President, Northern California Group Psychotherapy Society, 415/453-4271:

1. THERAPY GROUP FOR THERAPISTS—Open to mental health professionals and trainees. Mornings, San Francisco and San Rafael.
2. ADULT PSYCHOTHERAPY GROUPS—Long-term, psychodynamic, for men and women. Evenings, San Francisco.

JOB OPPORTUNITIES

ADJUNCT FACULTY POSITIONS: CSPP at Alliant International University, which is moving its Bay Area campus to San Francisco in August 2004, seeks adjunct faculty to teach courses in all areas of clinical psychology and psychological foundations (bio, cognitive, social, developmental, stats). For more info on these and other CSPP faculty positions, click on the appropriate link at www.alliant.edu/hr/jobs/ or contact Robert-Jay Green at e-mail: rjgreen@alliant.edu

POSTDOCTORAL INTERNSHIP POSITION AVAILABLE September 1, 2004, 20 hours per week, divided equally between individual psychotherapy with adults and adolescents and psychological testing of children 6–17 years of age. Assessment of younger children may also be available. Requires doctoral degree from CAPIC-approved program, two years psychotherapy experience, completion of six test batteries, including four with children. For more information, contact Diane A. Suffridge, Ph.D., Clinical Director, Family Service Agency of Marin, 415/491-5708, dsuffridge@fsamarin.org.

Dialectical Behavior Therapy Skills Group for Managing Extreme Emotions and Impulsive Behavior

Adjunct treatment for clients in individual therapy who would benefit from skills in managing their emotions, destructive impulses, and relationship difficulties.

**Group for Women Only
Wednesday Nights
7 PM
California Pacific Health Care Center
California Campus**

**Leaders: Deborah Mitchell, PhD
Cannon Thomas, PhD**

Contact: Cannon Thomas 415/771-9999

**Affiliated with
The Center for DBT Integration
Kenneth Meyer, PsyD, Founder
www.dbtintegration.com**

For East Bay group, contact Michelle Silver, MFT 510/841-2417

Paula A. Sitelman, Psy.D.

Licensed Psychologist PSY 9569
3628 Sacramento Street, #2
San Francisco, CA 94118
415/346-6636

Long Term Psychotherapy Groups since 1990 in San Francisco for Adult Children of Alcoholics & Dysfunctional Families

Women

Ages 30–60
Mondays 5:45–7:15 pm

Men & Women

Ages 30–60
Thursdays 6–7:30 pm

In-depth, process-oriented groups to improve self-esteem, capacity for intimate relationships, healthy expression of feelings, needs, and empathy.

Openings in both groups \$40/session

Submitting Articles and Advertisements to *The San Francisco Psychologist*

ADVERTISEMENTS

We invite advertising submissions from anyone with services that would be of interest to our membership. The per-issue cost of advertisements is as follows:

DISPLAY ADS	MEMBER	NON-MEMBER
Eighth Page (3 ³ / ₄ " x 2 ¹ / ₂ ")	\$35	\$50
Quarter Page (4 ³ / ₄ " x 3 ³ / ₄ ")	\$50	\$65
Half Page (4 ³ / ₄ " x 7 ¹ / ₂ ")	\$75	\$90
Full Page (9 ¹ / ₂ " x 7 ¹ / ₂ ")	\$135	\$150

Display ads must be submitted camera-ready or as QuarkX-Press format, EPS or a TIFF file. If you submit an electronic file, be sure to include all needed artwork and fonts. Business Cards can be submitted as a camera-ready ad at a rate of \$15 for members and \$20 for non-members.

Prices for classified ads are computed on a per word basis.

CLASSIFIED ADS	MEMBER	NON-MEMBER
	\$.60/word, (\$25 minimum)	\$.75/word, (\$30 minimum)

ARTICLE SUBMISSIONS

Please let us know if there is a contribution that you would like to make to the newsletter this year. It is after all the expertise, creativity, and knowledge of our membership that will make

the bulletin as interesting and useful as it can be! We welcome a range of submissions, including letters to the editor, announcements, opinion pieces, research findings, book and movie reviews, reports on conferences attended, as well as articles about topics of professional interest. We do reserve the right only to accept articles deemed to be of particular interest to our members, so please do contact the editor as you are developing your ideas.

If you would like to submit an article, place an advertisement, or just have comments or ideas to share, please contact Cannon Thomas at cannonthomas@sbcglobal.net or 415/771-9999.

Publication Schedule and Deadlines for 2004

March issue	March 1
July issue	June 1
September issue	September 1
December issue	December 1

Please note: The San Francisco Psychological Association does not recommend or endorse any of the services, products or information represented in the ads or articles published by *The San Francisco Psychologist*.



The San Francisco Psychologist
San Francisco Psychological Association
P.O. Box 590482
San Francisco, CA 94159