

Destructive Trends in Mental Health

APA Convention
Boston, Massachusetts

Thursday, August 14, 2008



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Symposium

Sponsored by Divisions 1, 12 and 50

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Symposium Chair: A. Dean Byrd, Ph.D., MBA, MPH
University of Utah School of Medicine

Presenters: Nicholas A. Cummings, Ph.D., Sc.D.
Former President, American Psychological
Association

Rogers H. Wright, Ph.D.
Former Member, American Psychological Association
Board of Directors

Discussant: Frank H. Farley, Ph.D.
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Abstract

Destructive Trends in Mental Health

The erosion of psychological science is not only attributed to media misrepresentations but to national organizations that issue position statements or offer resolutions where there is inadequate science or demonstrable clinical experience. National organizations do an injustice to both the profession and to the users of psychological services when positions are asserted or resolutions are adopted that essentially represent a capitulation to political correctness.

That political correctness has invaded the mental health professions is no longer questionable but is readily observable in defining what is permissible and what is not, especially in regard to beliefs and speech. Functioning as instant morality, political correctness reflects a kind of institutionalized narcissism which wields significant power through tactics of intimidation. Serving as a distraction, political correctness is hostile to science by viewing scientific questions as settled moral issues rather than issues deserving of empirical investigation.

In this symposium, association leaders will focus on solutions, hopefully rescuing psychological science from an evitable demise as those perpetrators of political correctness continue to lead the profession along the destructive pathway to harm.

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Destructive Trends in Mental Health: A 2008 Progress Report

**Nicholas A. Cummings, Ph.D., Sc.D.
Former President, American Psychological Association**

It has now been three years since I proffered the proposal that the APA be democratized into one-member-one-vote, thus allowing the membership to elect both the Council of Representatives and the Board of Directors. This proposal, now endorsed by a number of prominent psychologists, including APA past presidents Patrick DeLeon and Frank Farley, would remove this authority from the all-powerful divisions and put it into the body membership where it belongs. The proposal would bring an overdue end to the governing oligarchy of 200 that perpetuates itself by moving from one APA office to another in a never-ending game of organizational musical chairs. What has been the fate of this proposal in the Council, was it dead-on-arrival? No, because it never arrived in the Council, much less has it even been whispered there.

While the obstinate oligarchy congratulates itself on having dodged another bullet, it has in reality reaped the consequences of a disconnected and disenfranchised membership. Overcome with malaise that the APA is incapable of making the necessary reforms needed to save languishing practice, and feeling helpless in influencing their national organization, they have voted with the only ballot at their disposal: they have voted with their feet. Most divisions are complaining of a loss of membership, with a surprising number worried whether they will remain viable, or even survive. There are insiders expressing their concern that this heralds a precipitous decline in the future membership of APA itself. This concern is very real as practitioners and other members ask, what are we getting for our rather steep annual dues? Practitioners' incomes have declined even faster than our currently troubled economy, hitting

those in practice with a double whammy. So, before looking at what the APA has or has not done, let's take a peek at what has happened to practice since we met in San Francisco last year.

- After years of doing a marginally adequate, if not totally bureaucratic job of accrediting doctoral programs in professional psychology, the Association for Psychological Science (APS) that broke away from APA twenty years ago is launching a competing system of accreditation of clinical psychologists. In making the announcement, the executive director of the new group stated that "...proven treatments are not reaching the public. That, combined with managed care, has led to a mental-health crisis in the United States." Whereas the APA focuses on which courses and how many hours students have to take, "we want to focus on the results of their training: What kind of jobs are they getting?"

APS broke away from the APA because academic/scientific psychologists felt strongly that the APA was not meeting their needs, pandering instead to practitioners. Now, two decades later, ironically practicing psychologists complain that the APA leadership is academically inclined and not meeting the needs of practitioners during this precipitous decline in practice. Will the APA ever get it right? Not as long as it is in the hands of the elite few.

- In March 2008 *U.S. News and World Report* published an article denoting the nation's most over-rated and least satisfying occupations. Clinical psychology easily made the list. Contrast this with the surveys of the 1970s and 1980s in which clinical psychology was not only highly prized as a career, but annual polls revealed year after year that clinical

psychologists were number one on the list of desirable spouses.

- The most devastating event of the year was the release of the American Medical Association's (AMA) Report on Medicare Reform. Noting that medication has supplanted much of psychotherapy as the latter declines another 15%, the AMA boasted "psychotherapy is going out of favor like luxury ice cream."

Anyone of these events would cause most national societies to spring into action, aggressively defending its profession and proffering solutions to the dilemmas. Let us now turn to the APA's highlighted accomplishments for the past year.

At long last, Guidelines for the Psychological Practice with Girls and Women.

After waiting several years while it was in preparation, I eagerly turned to the Report of the Guidelines for the Psychological Practice with Girls and Women in the December 2007 issue of the *American Psychologist*. Just as there are differences between women and men in medicine (e.g., the more severe effects on women of both alcohol abuse and smoking) there certainly will be gender differences psychologically as well. Over a year ago I had commended the APA on disseminating its concerns with the negative effects of the early sexualization of girls, and I looked forward to a similar *clinical* aid to practice.

Guideline 1 states: Psychologists strive to be aware of the effects of socialization, stereotyping, and unique life events on the development of girls and women across diverse cultural groups. Well and good.

Guideline 2 adds: Psychologists are encouraged to recognize and utilize information about oppression, privilege, and identity development as they may effect girls and women.

Guidelines 3 and 4 stress the importance of bias and the need for gender sensitivity. Guideline 5 has the psychologist looking at the therapist's own gender development and possible resulting bias.

Psychologists are encouraged to use only effective approaches (Guideline 6), foster therapeutic relationships (Guideline 7), provide unbiased assessments and diagnoses (Guideline 8), and strive to consider the problems of girls and women in their sociopolitical context (Guideline 9).

Guideline 10 encourages psychologists to acquaint themselves with, and utilize community resources for girls and women, while Guideline 11 exhorts psychologists to work toward changing institutional and systemic bias.

Inundated with repetition and left with a hunger for *clinical* interventions, I realized these Guidelines merely made political correctness and victim hood more explicit. Totally absent are therapeutic techniques designed to address any number of psychological conditions that are gender specific, and are ubiquitous in every culture, even among those that are far less oppressive of women than ours (e.g., Denmark, the Netherlands, and Sweden). The implication that cultural biases predispose women to depression, for example, neglects such facts that men suffer depression as much as women but are more silent about it, and that the greatest incidence of depression and suicide is among elderly men.

The Parity solution: Economics trumps legislation.

By 2008 forty-four states had enacted parity laws which mandate mental health treatment must be comparable to that accorded physical health. This makes parity one of the most successful legislative campaigns in APA history, yet it is meaningless inasmuch as expenditures for mental health continue to decline. Measured by percentage of the total healthcare budget, we spend less on mental health today (4.5%) than we did before parity (8%), as medication continues to replace psychotherapy as the modal intervention.

Why does APA continue to spend members' dues money on legislation that does nothing to curtail the precipitous decline of practice? Because having no viable solution, the success of the legislative campaign impresses the membership and provides a smokescreen for failure, making it one of the many APA endeavors that have been termed "hobby projects." From this perspective, the Guidelines discussed above, along with a host of other politically correct initiatives, can also be referred to as hobby projects.

"God-sent" crises.

The last year has seen the escalation of what euphemistically might be called welcomed crises inasmuch as they distract the membership from the fact that the APA has no solution to practice decline, is hapless in the face of psychology itself losing the confidence of the American public, finds itself called into question on accreditation, and that it may be sliding into irrelevancy. These are (1) the issue of torture and (2) the controversy over the treatment of those who want to overcome same sex attraction (SSA), both of which are important, but controversial enough to galvanize the general feeling of dissatisfaction that exists among the rank-and-file members outside the ruling oligarchy,

itself. The first has resulted in protests and the resignation of several prominent members, while the second led to the creation of two special committees or task forces whose deliberations are so far shrouded in secrecy, and guarded by militancy.

Whatever the APA decides will not quell the dissatisfaction inasmuch as it will be the decision of an oligarchy that has steadfastly ignored any thought of democratization. A vote of the membership in a democratized APA with one-member-one-vote may not eliminate differences of opinion, but it does garner the respect accorded the democratic will of the majority.

The clock is ticking: What can psychology learn from dentistry?

Dentistry, twenty years ago, was an economically depressed profession. Fluoridation of water had so impacted dentistry's mainstay, the filling of cavities especially with children, that dentistry was languishing. Few young people were going into dentistry, and many dentists were taking early retirement. Those who remained experienced precipitously declining incomes. Then the American Dental Association (ADA) mounted an intensive program to teach dentists how to develop practices and services that patients want and need. This training was combined with courses in marketing, customer service (including painless dentistry and less clinically austere surroundings), quality assurance, and simple, desirable and affordable cosmetic dentistry. And now dentistry is flourishing, and in many respects dentists are doing better than primary care physicians. Managed care confronts dentistry as it does psychology, but dentists have developed products so desirable that patients are willing to pay out of pocket.

In the meantime physician referrals for psychotherapy have declined by 40 to 50% as patients are given a medication regimen instead,

session fees are being slashed by Medicare and Medicaid, followed closely by managed care, and while inflation is rising, practicing psychologists' incomes have declined by 15% in real dollars. Many have left practice for salaried jobs, while others have left the field altogether. And what is the APA doing? It has spent millions in passing parity in 44 states, during which time the mental health portion of the nation's healthcare budget has declined from 8% before parity to 4.5% and it is continuing to decline. What can the APA learn from the ADA? The obstinate oligarchy that runs APA needs to learn, as did the ADA twenty years ago, that economics will always trump legislation. The APA desperately needs the kind of innovative leadership that characterized the ADA's rescuing dentistry from its economic malaise.

In a democratic organization such leadership invariably rises from the ranks. In a moribund oligarchy, however, such potential solutions are lost, for those who would proffer these are likely ignored by those who would perpetuate themselves. Such is the case at APA, and as one long-time Council-watcher put it, "Council members spend 20% of the Council's time on political correctness, 60% on perpetuating themselves, and only 20% on psychology's business."

Note: This series of presentations at the APA conventions of 2006, 2007 and now 2008 was inspired by the publication of Wright, R.H. & Cummings, N.A. (Eds.) (2005), *Destructive Trends in Mental Health: The Well-Intentioned Path to Harm*, New York: Routledge (Taylor and Francis). It has been chaired by first Frank Farley and then A. Dean Byrd and has variously featured APA past-presidents Frank Farley, Bonnie Strickland, Patrick DeLeon, and Nicholas Cummings, along with Rogers Wright, the founder of AAP, in absentia.

Some Destructive Trends in Psychology A Few Hits, Some Runs, Many Errors

Rogers H. Wright, Ph.D.

Former Member, American Psychological Association Board of Directors

Concern about the dysfunctionality of the American Psychological Association's corporate structure and many of the APA's activities in the field of advocacy ARE NOT "come-lately" to the history of the organization. Having been privileged to be a participant member of the activist group known as "The Dirty Dozen" credited by some as "...having for all time changed the face of the American Psychological Association" I can personally attest to innumerable, largely unsuccessful, efforts to change both APA's corporate structure and efforts in the field of advocacy.

At last year's Annual meeting, (2007) Dr. Nicholas Cummings and I presented papers detailing many aspect of the problem, and offering recommendations for productive change in both APA's corporate structure and advocational efforts: an exercise which seemingly can best be described as "...shouting into the wind." In light of that history, I will limit today's presentation to a consideration of some specific behaviors and/or activities in the field of advocacy, not addressed in those earlier papers, exercises in advocacy which can be considered as highly problematic.

A major area of abuse is in the issuance of public "statements," i.e. the promulgation of "policy statements" issued in the name of the APA, ostensibly to share psychology's "knowledge." All too frequently, the "policy statement" turns out to reflect points of view and or a philosophic position of some segment of APA's council or governance BASED, at best, on partial and/or manipulated data. Time

limits the consideration of these unfortunate exercises, but the chosen examples can “say it all.”

Over time, psychological study and research have consistently indicated that human intelligence reaches full maturity at chronological ages in the mid twenties. Apparently using this finding and other data, the American Psychological Association promulgated a “friend of the Court position statement” advocating that criminal proceedings 17 and 18 years olds should not be tried as “ADULTS” due to intellectual immaturity.). Taken at its best, the validity of the concepts underlying the “position statement” is arguable in that it is yet to be demonstrated that the exercise of judgment and/or appreciation of the consequences of one’s actions require the full “maturation” of intellectual capacity.

Moreover the problem of “content validity” of the “position statement” was made additionally troubling by subsequent events; namely Supreme Court Justice Scalia’s revelation that in a prior “friend of the court” position statement the APA had maintained that a 14 year old female had sufficient “mental maturity” to make a decision to have an abortion absent parental knowledge or involvement. As a former psychological consultant to an abortion clinic, and on the basis of personal clinical experience/data, this writer can state unequivocally that the basic content of the “statement” is rarely valid: e.g. data gathered over several years indicate that over 60 percent of patients undergoing abortion will repeat the process.

Even if one accepts the premise that some 14 year olds, absent parental support, are competent to handle a decision to terminate pregnancy, the inconsistency between the two “friend of the court” statements is glaringly apparent. Unfortunately whereas the damage to psychology’s credibility with the justice system and the consuming public is not easily appraised. Psychology’s willingness to give political

correctness precedence over principle is all too visible. Wonder if anyone in the APA's governance structure has ever evaluated our extant position statements' content, for validity, consistence and/or adherence to the "Tyler Principle?"

Of equal interest might be a study of adherence to the "Tyler Principle" by individual psychologists prominent in and/or agencies of APA's governance in public statements addressing issues of public policy. Examples are readily apparent such as the oft heard proposition-offered as fact-that poverty causes psychological problems absent the equally arguable proposition that psychopathology may—and demonstrably is frequently causative of poverty.

Another, and major, destructive trend in organized psychology is the misuse and abuse of ethics and the ethics process. Psychology, as with all professions, is troubled by those who through ignorance, inadvertency, accident and yes, at times, malfeasance, behave in ways inimical to consumer welfare and/or sound professional practice. To address such possible occurrences, psychology's has codified appropriate professional behavior: a Code of Ethical Conduct governing the professional functioning of all APA members. This ethical code has been widely adopted by many, if not most state psychology licensing boards. Thus penalties for infractions of the "ethical code" can be severe, including loss of the privilege of functioning as a psychologist. Whereas the appropriate use of ethics "codes" and sanctioning is indicative of professional responsibility, attempts to apply and/or amend the ethical code to conform/apply/advance philosophic views, social concerns and politically correct standards are extremely problematic.

A quick review of relatively recent history of our APA Council of Representatives provides numerous examples. One of the most dramatic examples occurred during the early days of the HIV panic when

an APA Board of Directors member and spokesperson for the Council's gay contingent attempted to persuade Council to amend APA's Code of Ethics so as to proscribe psychologists revealing patient HIV infection data. This effort was with the sponsoring group's full knowledge of and intent to contravene the "duties to protect" imposed on all mental health practitioners by the widespread adoptions into state law of court decisions in Tarasoff and Hedlund. The adoption of the proposed change would have confronted many psychologists with the impossible choice of violating the law or the APA ethical code. Only after a major effort to inform Council Members that the choice was NOT about cherished (and politically correct) CONFIDENTIALITY but rather was about BREAKING THE LAW, was the proposed amendment narrowly defeated.

More recently, there have been repeated efforts to amend the APA "Code" so as to proscribe the offering of psychotherapeutic services in the interest of "sexual identity change." These repeated (and narrowly defeated) misguided efforts have occurred in what appears to this "Curbstone Blackstone" to be extremely challenging circumstances: (1) the causative factors in homosexuality and any successful amelioration thereof have yet to be objectively demonstrated; (2) our APA has already, after great expenditures, been forced into a consent decree after having been found in restraint of trade by the Federal Trade Commission (for prior amendments to the "Code" proscribing the offering of certain therapeutic interventions which APA's Council found to be "lacking in merit"). After years of litigation, the FTC emphatically disagreed, and APA was not only forced to delete the offending material from the "Code," but to publicly acknowledge its error in the original formulation. Yet despite this history no apparent effort was made by APA governance to deny access to the agenda, nor to rule these manifestly politically correct efforts to proscribe sexual identity change

therapy “out of order.” Current information suggests that APA governance has been notified that further efforts along this line will be challenged.

Finally I note the all too frequent abuse of the ethics process itself by members of Associations ethics committees. Examples documented in professional liability files include: ethics committee members developing very lucrative practices by promoting relationships with the plaintiff bar in order to provide consultation, “expert testimony,” etc. while serving on the ethics committee. Additional abuses documented in Association professional liability files include legal actions against the Association for over zealous application and/or politically correct application of code content, and over sanctimonious efforts to “get the bad guy.” The latter activities frequently result in expensive legal actions/settlements for the sponsoring agency and ‘SOOPRIZE-SOOPRIZE” increases in malpractice premiums for individual psychologists.

I close by asking, “Is there a psychologist in the house who specializes in the treatment of sanctimonious, self righteous political correctness?” If so, your organizations desperately need your services.

Reforming Psychology

Frank H. Farley, Ph.D.
Former President, American Psychological Association

I am delighted to be here as the discussant on one of the most important topics confronting our discipline—reforming psychology. I want to broaden the discussion beyond issues in APA to the whole field. I feel in the previous sessions we have had at earlier APA meetings, and this one, we may have the nub of a Reform Movement in our discipline. Reform is a topic I have been concerned with for many years, as have Drs. Cummings and Wright.

I am firstly going to discuss in brief the topic of reform from my perspective, then consider specifically the presentations of Nick and Rogers. I will try to be brief to allow for open discussion.

I will break my own concerns and perspectives into two broad categories, which are not entirely unconnected.

1. Issues Internal to APA
 - A) The Unrepresentative Council of Representatives.
James Madison's Madness
 - B) The APA Poll Tax
 - C) Opportunity Costs
 - D) The Concept of Psychological Malpractice
 - E) The Ethics Code and the Council of Representatives
2. External to APA
 - A) Psychology's Contribution to the "Better World"
 - B) Science Issues: The Monks in the Monastery, Street Science, External/Ecological Validity, The Citizen's Citation Index
 - C) Giving Psychology Away, Taking Psychology Back

Let me now turn to Nick and Rogers presentations, Nick first.

Comments on Nick Cummings' Presentation:

1. What solutions is APA offering to the decline in practice, etc.? Nick says almost none! This is a serious indictment.

He says political correctness reigns and he makes a case for its important influence.

Eg. Guidelines for Psychological Practice with Girls and Women.

Such Guidelines could be helpful BUT as Nick asks, where in these Guidelines are the therapeutic techniques directed at gender-specific conditions? They are not there he says! Also, when can we expect something like this for men? I trust it's in the works, and does respond to Nick's question. Men have a much shorter lifespan than women (about 10%), have depression as frequently, commit suicide more frequently, and Nick tells us the highest incidence of depression and suicide is in elderly men.

2. Parity between mental health treatment and physical health treatment. Now mandated in 44 States, and APA helped mightily. But as Nick argues, this may not matter much anymore given his analysis of the decline in practice.
3. Distracting crises. Nick touches on two crises in APA's recent history that he feels have distracted the Association from dealing with the 900 pound gorilla—the decline in professional practice.

The two issues are that of (1) torture, and (2) treatment for those who want to alter their same-sex attraction.

I think he's right that the huge amount of time and effort put into these two issues, especially the torture issue, and there are other such issues also, distracted APA from other important matters. Both of these two issues have relatively simple answers but the Council just couldn't seem to get there, beclouding the issues with a barrage of blather, an endless escher of convoluted considerations, preventing the organization from getting on with such profound red-flag issues for the majority of our members as the precarious situation with practice.

APA must deal with the ossification of action and the paralysis of analysis that often infects the Council. Down the street, the Association for Psychological Science (APS) is a lean fast-moving machine that is hard on APA's heels, and is pushing into territory once thought to be APA's alone, such as accreditation as Nick notes.

What solutions does Nick have for the situation in APA as he sees it?

He uses the example of innovative leadership in the American Dental Association when dental practice was in decline for a host of reasons, and through that type of leadership, the downward trend was reversed. Can APA accomplish this? Not in Nick's view as long as a self-perpetuating self-absorbed APA leadership, a "moribund oligarchy" as he calls it, continues. This leads one to muse about the nature of turnover and perpetuation of leadership that might characterize the American Dental Association, an organization Nick rates highly.

Nick many times advances the idea that APA is controlled by a small group, an elite oligarchy of perhaps 200 people who keep cycling through leadership positions, year after year, decade after decade. This point has often been heard in APA circles. It's really a simple empirical question and easy to answer. One can track names of Council Reps and

members of major Boards and Committees over several decades and see what turn-over there actually is. There is certainly some re-cycling going on, but its time to put this recurrent idea to empirical test. One can argue that some stability and consistency in leadership can be positive, but that new blood is also needed.

Why should we listen to Nick Cummings' recurrent warnings about the decline in practice and the disengagement of APA from that profound issue, and the pre-occupation of APA with a host of tangential and/or politically correct issues? Is APA fiddling while Rome burns? For thousands of our members the opportunity costs of ignoring any decline of practice could be astronomical, if Nick is right. It could mean doing nothing, collecting the high dues and assessments, while an entire profession dies. We should give Nick the widest possible hearing, which he has earned as one of the most visionary practitioners in our history. I say we ignore him at our peril. Practitioners need to arise and fully debate the points Nick is making and determine what they should, if anything, be doing about them. I hope that the new Task Force on the Future of Practice of APA President-Elect James Bray will take Nick's perspectives into account.

Comments on Rogers Wright's Presentation:

Rogers focuses on APA's advocacy efforts, or at least some of them, ones he considers as "highly problematic". He is concerned about some of APA's "policy statements" and "public statements" made by the Association to public forums. He decries the bias he sees in some of them and their basis in weak or no scientific evidence.

One such example, he says, involves APA testifying in court or providing an amicus brief on aspects of intellectual maturity or cognitive development useable as a basis for court decisions on teenagers' decision

making and culpability. In a gotcha moment, he shows the APA arguing for immaturity of 17-18 year-olds in one case and maturity of 14 year-olds in another case. If all this is true, then gotcha may be the right word. I'm not familiar with the second case, but am somewhat aware of the first case, the 17-18 year-olds., and believe it was based substantially on laboratory studies, simulation studies, correlational studies, with questions about applicability to a 17 year-old out in the real world who might kill, harm, drive drunk, etc.

Rogers also with Nick argues that political correctness infuses too much of APA. He discusses what he calls the “misuse and abuse of ethics” and the intersection of political correctness and the APA Ethics Code. He uses the recent example of attempts to make the offering of psychotherapeutic services for “sexual identity change” an ethical issue, to be embodied in and proscribed by the Ethics Code. Political correctness has no place in the Ethics Code, certainly. The Ethics Code to some seems to have become something of a growth industry, and we must all be vigilant that it not expand into issues and areas for which it is inappropriate. We must always keep in mind that our Ethics Code is ultimately based on a vote count of an unrepresentative APA body, the Council of Representatives, which may or may not be wise in all its deliberations. Representative, democratic and much larger bodies, like the U.S. House of Representatives, has voted to do things that turned out to be wrong and/or disastrous! Our Ethics Code governs the lives and livelihood of tens of thousands of psychologists, and is accepted as controlling for psychologist’s ethical behavior by every U.S. court. One take-home message from Rogers is eternal vigilance, questioning and skepticism over APA deliberations.

