

THE NORTH CAROLINA PSYCHOLOGIST

Vol.73 No.2 : Spring-Summer 2021

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Stepping Up to NCPA's Founder Membership



FROM NCPA
PRESIDENT,
NANCY LANEY,
PH.D.

In my first newsletter article as NCPA president, I spoke about increasing NCPA's membership, asking that "EACH ONE BRING ONE." Many of you have reached out to former members and invited them to re-join and passed along information to potential members. This outreach has paid off. I thank you for your efforts and hope we continue to grow the number as well as the diversity of our organization. Another important thank you goes to a person who recently raised his level of membership from Benefactor to Founder. This member has also inspired others to "Step Up."

The NCPA Founder level of membership has not been well publicized. According to Merriam-Webster, a founder is someone who establishes an organization. *NCPA defines a Founder as someone who is willing to invest in our Association and makes a financial contribution of more than \$650.* If you are in a place in your life or career where you can make this commitment, we would welcome you to join our first Founders, Susan C. Arnold, Ph.D., Bill Barley, Ph.D., Elliot Silverstein, J.D., Ph.D., A.B.P.P., and Sandra Wartski, PsyD. Let me introduce Dr. Silverstein.

OUR FIRST FOUNDER

Elliot Silverstein's educational path as a psychologist was atypical. He earned an accounting degree then went to law school. He then pursued his Ph.D. in clinical psychology at the University of North Carolina at Chapel Hill and later earned board certification in forensic psychology. He became the 736th licensed psychologist in North Carolina and has been a licensed psychologist and NCPA member for 40 years. In the past 20 years, he has served as a NCPA board member and most recently as NCPA president from 2019 to 2020. He has a private therapy practice, lectures in the law school at the University of North Carolina at Chapel Hill and teaches students at the

'Why did you join NCPA?'
'I thought it was what you were supposed to do.'

University of North Carolina Medical School.

He has made many other contributions to our field and the profession, but I want to focus on his becoming a psychologist and a force in NCPA. I recently asked Dr. Silverstein about his background as a psychologist, history with NCPA, and decision to step up to the Founder level of membership. In highlighting his service and commitment to the future of psychology in North Carolina, I encourage each of you to reflect on your own answers to these questions.

Who or what influenced you to become a psychologist?

Dr. Silverstein studied accounting with the aim of joining his family's

business. During his junior year of college his career path changed, and he decided that he wanted to become a college professor and teach business law. While in law school, he was influenced by a psychiatrist who taught in the law school. He soon realized that his thinking and interests aligned more with psychology than law or business, and he simultaneously tackled two thirds of a law school course load and three fourths of an undergraduate psychology course load. He also volunteered at McLean Hospital, a psychiatric hospital in Massachusetts. In graduate school, he enjoyed the clinical work much more than writing law-review articles and knew he was on the right path. After 12 years of being a student, he was eager to work and practice psychology.

He accepted his first position as a psychologist at Dorothea Dix Hospital, thinking he would stay a few years then "move on." After five years, he added teaching and a part-time private therapy practice to his professional life. Almost 40 years later, he retired from the state hospital. He mentioned many "kind and brilliant" mentors and colleagues who nurtured his interests and encouraged him while in school and during his career.

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The North Carolina Psychological Association

The North Carolina Psychologist is published three times per year. Items for the newsletter may be sent to:

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Why did you join NCPA 40 years ago, and how has NCPA contributed to your identity, development, and career as a psychologist?

Dr. Silverstein remarked, "I thought that was what you were supposed to do." By becoming a member of his national and state organizations, he was getting information (in print) about the psychology profession. He later joined the NCPA Public Sector Committee to help psychologists who were working in public entities be better compensated. Through his work with NCPA and employment at Dorothea Dix he met colleagues who mentored and joined him in improving psychology's role in North Carolina. Because of his many commitments during his career, he shared that "I never had time to serve as the NCPA president until I retired from the state hospital."

You have made many contributions with your leadership in NCPA. Which leadership role do or did you enjoy the most, and why?

Dr. Silverstein reflected that he really did not have a preference. He noted, though, that he was asked to serve on

the Ethics Committee by its chair, Bill Burlingame, and currently co-chairs the committee with Erica Wise. He described the enjoyment he feels from the immediate effect of helping other psychologists through the process of dealing with ethical dilemmas and potential involvement with the psychology board. He spoke about helping distressed colleagues to walk through the details of their thoughts and actions and take an alternative point of view. Clarifying their situation helps them decide how they want to approach the problem.

What are some meaningful moments for you as an NCPA member?

Dr. Silverstein said, "it's the accumulation of lots of small things over the years." He credited many NCPA colleagues who helped him to manage his career. These were the colleagues he turned to with practice, ethical, and organizational questions. He remarked that "NCPA is filled with wonderfully talented and decent people who work toward common goals."

What would you say to encourage others to make the financial contribution

and "Step-Up" their membership level or become an NCPA Founder?

Dr. Silverstein said that at this time in his life and career he is in a position to increase his financial investment in NCPA's future. But this is not the only reason he decided to step up and raise his membership level from Benefactor to Founder. He emphasized that NCPA works in tandem with APA and is the only organization that "looks out" for psychologists in its advocacy and practice efforts in North Carolina. *He values that "NCPA pays attention."* He enumerated: NCPA follows legislation that affects our practice; it tracks nuances about insurance and reimbursement and develops networks "to have a seat at the table and not be on the menu"; NCPA offers best-practice information for our continuing education; and it consolidates and disseminates information quickly, which is essential for practice during COVID.

Elliot Silverstein knows that as a collective body we have made and can keep making a difference for psychologists and their future in NC. *



ALEXANDER
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Alexander Youth Network is seeking a Licensed Psychologist (FT or PT) for their brand new, state-of-the-art Facility Based Crisis program in Guilford County opening Spring of 2021. The Psychologist provides clinical psychology services including; assessment of medical necessity, restrictive intervention orders, outpatient services, and psychological assessments to clients agency-wide. Services include specialized population skills as well as evidence-based practice skills. We are looking for passionate, skilled, and dedicated direct care staff to become part of our diverse team and provide day-to-day opportunities which support and guide individuals in achieving personal goals for maximum living.

The Facility-Based Crisis program is a 16-bed inpatient service for children and adolescents that provides an alternative to hospitalization for youth presenting

with escalated behavior due to a mental health, intellectual or development disability or substance use disorder who require treatment in a 24-hour residential facility. Facility-Based Crisis is an intensive short term, medically supervised service provided

in a physically secure setting. It is available 24 hours a day, seven days a week, 365 days a year, with an expected length of stay of five to seven days. Master's or Doctorate degree in Psychology required and fully licensed to practice psychology in NC plus minimum of two years' experience in the treatment of children and adolescents with Intellectual/ Developmental Disabilities. Supervision by a licensed psychologist may be provided, if needed. Expertise in standardized cognitive, educational, behavioral and personality assessment required.

Please forward your resume to Sarah Latimer at slatimer@aynkids.org.

To learn more about services or to review our Careers page, please visit www.alexanderyouth.network.org.

Renewal: A Lush and Fertile Association



FROM NCPA
EXECUTIVE
DIRECTOR,
MARTHA
TURNER-QUEST

Renewal can be seen as a grand renaissance or more modestly as a restoring or rejuvenating activity. But instrumentally it simply means to repeat an action after an interval. It is instructive that the opposite of renew is impair, deteriorate, exhaust, or discontinue. When we think of NCPA at a certain moment each year, renewal of membership dues comes to mind. Last year, the NCPA Board of Directors approved a revision of our dues model with fees corresponding to choices of tiers of benefits that suit the needs of each member. Those members who are academics, for example, often do not have the same needs from their Association membership as private practitioners. We should think of our necessities as lush, not in the sense of what may be deluxe or opulent, but of what allows us to thrive and blossom.

We sometimes forget that while NCPA can set dues levels for all to meet its bottom line, that can create an arid terrain. For if we do not approach our revenue goals, or if revenues are annually in decline, then our effort, after making all necessary austere cuts to overcome the inflating costs of operation, has been a failure. However, may I suggest we should not think of renewal as a grand renaissance or as simply remembering to pay our dues. But rather let us expand our vision of how we express the needs and meaning of the Association.

Renewal is when participation in our Association is memorable and meaningful. Association professionals and executives have created an ample discourse about how to get members to engage in striking, unforgettable ways. But the truth is, those who direct associations or really facilitate their will cannot view our membership as a flock or herd with the instinct for exercise; we cannot merely lead members to water. NCPA members must take the initiative to pursue their own prosperity and happiness and the Association's success.

May I suggest we should not think of renewal as a grand renaissance or as simply remembering to pay our dues. But rather let us expand our vision of how we express the needs and meaning of the Association.

WHAT WE'VE ACCOMPLISHED IN THE PAST YEAR

It is common for leaders to give yearly addresses that illustrate the state of the union, nation, territory, or institution. In times of crisis, they try to mobilize for reform if not war. In moments when they can pay homage to achievements, they claim victories for their associations or communities. But we cannot declare wins or moral victories where complacency leads to the exhaustion or deterioration of the Association even if as individual members we are satisfied. It is in light of this that I am pleased to report a renewal of self-directed activity among both new and long-time members of NCPA. These are not my victories but your own. "They will be done." I am merely a tribune whose job it is to protect and occasionally advise and articulate the Association's interests and activities.

In this past year, these have been NCPA's and NCPF's accomplishments in supporting and protecting the psychological profession, in advancing

mental health in the public interest, and in ultimately renewing the Association by creating new directions for our own development.

NCPA

- We transitioned to web-based continuing education offerings with dynamic success.
- We kept our membership abreast of the latest COVID-19 information, with an emphasis on our profession's needs in the chaotic and shifting environment.
- We defended and advanced the profession by advocating for state legislation on psychological issues crucial to psychology practice and the interests of the wider community, which included the enactment of the PsyPact law on March 1, 2021.
- We led the effort to reverse the pre-authorization requirement imposed by Blue Cross Blue Shield North Carolina that undermined psychological and neuropsychological testing.
- We instituted the inaugural Leadership Academy Formation.
- We started the NCPA Book Club.

NCPF

- We partnered with the North Carolina Department of Health and Human Services for the creation of the Hope4Healers line.
- We established the Coping with COVID-19 Mental Health Matters Public Education Recorded Webinar Series.
- We successfully sold the Dresser Court office suites, allowing for virtual/remote working opportunities for staff.
- We established the Daniel T. Searcy Fellowship in honor of the late Dr. Searcy, an NCPA past president, as the result of a generous gift given to the Foundation.

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In the aftermath of these exhibitions of vibrant power and self-organization, it should be easy to remember to pay membership dues. They are trending upward, approaching what is required to maintain budgets and profound initiatives. I encourage each member to take ownership of NCPA, creating the new forms of association that foster the fellowship and change you would like to see, and taking the lead. We do not maintain a bureaucracy to serve the ends of a few who cultivate their own garden so it can be falsely represented as the desires of everyone. We do not ask everyone

to participate and offer ideas so we can distill them into something alienating that serves a central authority. What we should recognize and record here is the reverence for renewal of initiative that will grow concurrently as our members pay their dues on time because their enthusiastic and innovative activity or desire to become involved by making their own splash precedes their disbursement. This is what renewal and association can be when we are not watching a subtle deterioration but facilitating lush and fertile inspiration. *

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New Members

MEMBERS

Peter Adams, Ph.D.
Pamela Bird, Psy.D.
Kathleen Brehony, Ph.D.
Courtney Cantrell, Ph.D.
Beth Cerrito, Ph.D.
Margaret Danforth, Ph.D.
Robin Exum-Calhoun, Psy.D.
Susan Funk, Psy.D.
Michael Grandis, Ph.D.
Susan Hazlett, Ph.D.
Keith Hersh, Ph.D.
Andrea Hussong, Ph.D.
Neal Jones, Psy.D.
Martine Jones, Psy.D.
Jennifer Kirby, Ph.D.
Kristin Krippa, M.A.
April Lamanno, Psy.D.
Monica Lawson, Ph.D.
Ashleigh Leuck, M.A.
Jessica Lorenzo, Ph.D.
Melanie McCabe, Ph.D.
Sarah McCreight, Ph.D.
Anne Middaugh, Ph.D.
Jenna Montgomery Armstrong, Ph.D.
Thomas Raney, Ph.D.
Brittany Sherrill, M.S.
David Spano, Ph.D.
Matthew Varley, Ph.D.
Rebecca Webb, Ph.D.

OUT-OF-STATE MEMBERS

Angela Enlow, Ph.D.—Idaho
David Dove, Ph.D.—Rhode Island

STUDENT MEMBERS

Rachel Kantor, M.A.—UNC—Wilmington
Rose Holden, B.S.—Webster University
Haley Goller, M.A.—Western Carolina University
Jan Mooney, M.A.—UNC—Charlotte
Melitza Pressley, B.S.—Grand Canyon University

Update from the Continuing Education Committee

BY CATHERINE A. FORNERIS, PH.D., J.D., COMMITTEE CHAIR

It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair, we had everything before us, we had nothing before us, we were all going direct to Heaven, we were all going direct the other way – in short, the period was so far like the present period, that some of its noisiest authorities insisted on its being received, for good or for evil, in the superlative degree of comparison only.

—Charles Dickens, *A Tale of Two Cities*, 1859.

Kind of sums it up, huh? Yes, now that we have been living with the COVID-19 pandemic for over one year, and all its sequelae, many of which will be with us for years to come, I wanted to share some bright spots and an invitation to NCPA-NCPF's continuing-education efforts.

We did it folks! Our staff and membership pulled together and pivoted—or maybe more aptly, spun like the Looney Tunes Tasmanian devil—and shifted from in-person CE to all virtual, and we did it with very few hiccups. This change, as hard as it was for some of us with respect to technology or the loss of real time with three-dimensional human beings, has also had some benefits.

Modernization of how we offer CE allows for increased participation, flexibility about when we offer it, and great cost effectiveness. Over the past year, attendance increased roughly 50% at the 2020 Spring and Fall Conferences, and that trend seems to be continuing in 2021, the “off year” for CE. (Attendance at CE events is typically higher in the second, even-numbered year of the two-year mandatory CE period for license renewal.)

We have been able to offer more and different CE, too. This year we launched

Modernization of how we offer CE allows for increased participation, flexibility about when we offer it, and great cost effectiveness.

our highly successful Lunchtime Learning series. It meets for one hour from 12 to 1 PM on the third Thursday of the month, and it counts as Category A CE. That series is scheduled to meet through the end of this year. Our other new event is the Timely Topics symposium, which was attended by 178 people, a record for a CE offering.

Virtual offerings are more cost effective in terms of both human and monetary capital. We do not have to pay the costs of a venue; staff time to organize it, set up, and manage it; travel for presenters and attendees; and so on. As you know, NCPA continues to struggle financially, so any efficiencies are a win-win for all of us.

To be sure, we do miss sharing a meal with each other, getting a hug from a friend and colleague, chatting with new members, and spending time with our vendors. As safety permits, we will consider to what degree we can go back to in-person CE, but full-on, all in-person-only CE events are likely a thing of the past.

My invitation to you is as follows:

- Please keep attending NCPA-NCPF-sponsored CE events; your support is so important and vital to our

organization's sustainability.

- If you are interested in presenting CE for NCPA-NCPF, please email me (Catherine_Forneris@med.unc.edu), or Karen Gray (Karen@ncpsychology.org).
- If you have any suggestions for CE or presenters, please send them our way, too, or add it to your post-CE survey feedback.
- If you are interested in joining the CE Committee, contact us. We are always looking for new members.

We look forward to seeing you at future CE events and thank you for your ongoing support. *





The Hypnotic Allure of Pharma Marketing

BY BELINDA R. NOVIK, M.S.C.P., M.D., PH.D.

We would all like to believe that there is a magic bullet for what ails us, especially unhappiness. There was a magic bullet for bacterial infections in the 1950s, called penicillin. Aspirin was a magic bullet for fever. Opioids a magic bullet for pain. So why wouldn't we want to believe there's a magic bullet for emotional distress? Marketing has had a relatively easy target. Life is often stressful, and one could be on psychotropics for years while still believing they were treating an illness that somehow never got cured.

It's hard to talk about drugs and psychopharmacology because the popular ad-driven narrative has been spread across all media by expert pharmaceutical-company ("Pharma") marketers. It's likely that many of you use psychotropics, and

it's easy to trigger denial or defensiveness around these common substances that can be useful or harmful. It's also complicated and technical. A lot of money and political lobbying have gone into convincing people that pills are what they need and that pills will cure their suffering. My thesis here is that pills will probably not address the causes of suffering and that their short-term allure masks some real disadvantages. As a medical psychologist with a degree in psychopharmacology, I hope to help make sense of psychopharmacology for everyone else.

MY PURPOSE HERE IS EDUCATIONAL AND EMPOWERING

I would bet that many of our readers have tried to get some relief for their pain and

suffering, anxiety, and depression from modern pharmaceuticals. I would also bet that many have experienced some benefit, that some feel they couldn't make it without the drug, that some have been seriously harmed by it, and that most have experienced significant side effects and would suffer from withdrawal effects if they attempted to stop taking the drug. If you've ever tried to stop a psychotropic drug and had withdrawal effects, you can appreciate how hard stopping can be. But withdrawal effects are too often misunderstood by prescribers and patients alike as worsening of the symptoms for which the drug was prescribed. It's important to know that the reduction in dosage or discontinuation of a drug can cause very significant symptoms and sometimes dangerous

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effects which were not part of a non-drug baseline. How did we get here?

PDUFA

In 1997, the Federal Food and Drug Administration eased restrictions on direct-to-consumer advertising of prescription drugs. Both consumers and prescribers were affected, in obvious directions. The 1990s also brought us the Prescription Drug User Fee Act (PDUFA) from a well-lobbied Congress. In the ensuing years, the percentage of funding coming from Pharma to the FDA has steadily increased from 0% before 1992 to 65% of the FDA's budget. This changed the FDA from a government-funded agency at least ostensibly without a commercial agenda to one that in the past three decades has become largely dependent for its funding on the manufacturers of the product it regulates. Pharmaceutical companies paying "user fees" to get their drugs reviewed and to market means that the incentives are certainly there for the FDA reviewers who are supposed to protect the public to protect Pharma's interest instead. PDUFA was approved with the rationale that it would get "much needed and lifesaving drugs" to market faster. The result is that emotions are too often being medicalized and people with emotions medicated.

THE HYPNOTIC ALLURE

I'm impressed with Pharma's marketing. Promises of happiness, destigmatization of mental illness, and correction of chemical imbalance have taken over our good sense. Even the term "evidence based" has been hijacked for marketing purposes. Pharma marketing hit its stride and became the common narrative.

Antidepressants are a case in point. "SSRIs are like insulin for diabetics" (Your serotonin level is low), or "it's a mental illness" (It's not your fault, it's your faulty brain chemistry). You've heard these claims over and over again, which doesn't make them true but does make them common. You know the drugs, Prozac, Effexor, Cymbalta, Lexapro, and their cousins and generic versions. Pharma

has invested enormous resources in lobbying and funding members of Congress and backing legislation that benefits it. Though numerous successful lawsuits have resulted in enormous fines for false advertising, the marketing and the myths continue, and fines are seen simply as the cost of doing business. Pharma profit margins have continued to grow.

BRILLIANT MARKETING STRATEGIES

"Treatment-Resistant Depression"

When the treatment is a pill that has been shown to be no more effective than placebo and doesn't completely clear up depression, doctors might diagnose "treatment-resistant depression," which essentially blames the patient rather than the drug for the failure. Then, another drug may be prescribed as an adjunct treatment for the continuing depression. What a confounding and confusing message!

Hyping a Diagnosis to Fit the Drug

Sometimes, drugs *are* useful. Too often they are a substitute for something better such as human contact and compassion, guidance, understanding, perspective, and emotion-regulation skills. Even useful tools can be overused and misused. For example, the useful drugs for epilepsy have been misused as adjuncts to the antidepressants or as treatments for Pharma-hyped bipolar disorder. Increased rates of its diagnosis have been attributed to several factors, including "unmasking of bipolar illness" by an SSRI or SNRI which itself has activating side effects. These side effects are an opportunity to sell even more drugs. The patient is diagnosed with bipolar disorder and given drugs better used for epilepsy: gabapentin (Neurontin), lamotrigine (Lamictal), sodium valproate (Depakote), or topiramate (Topamax). All of these drugs are used to slow down the firing of particular neurons in the brain to reduce the frequency of seizures. We still know that manic-depression exists as a relatively infrequent problem and is treated successfully with lithium (a cheap

mineral). However, it, too, has some nasty side effects and a narrow therapeutic window. It was used only in those rare cases and was carefully medically monitored.

*Trust your
psychology
training and
experience.*

The Queens of Deception

Benzodiazepines (Valium, Xanax, Ativan) all bind to the Gaba receptor, for varying lengths of time. While bound to receptors, they can inhibit anxiety. But when they wear off the receptor after even short-term use, anxiety rebounds. Benzodiazepines are fine drugs for one-time surgical preparation, but they are terrible drugs for ongoing use because of the inevitable rebound anxiety. From the inside, it's impossible to tell if one's anxiety is caused by circumstances, feelings, or drug effect, and it's very easy to misinterpret rebound anxiety as an intrinsic feeling that requires the next dose to abate it. These are addictive drugs. If stopped abruptly, they can cause life-threatening seizures. These drugs are almost never given with adequate information to the patient and warning about addiction, side effects, or dangers of drinking alcohol or driving, except for the easily disregarded sheet handed out by the pharmacist. These warnings in very small print are there to protect the pharmaceutical company from lawsuits resulting from the use of their product.

Even used as directed, addiction, withdrawal, and increased anxiety are likely. Anxiety is worrisome, and panic attacks are terrifying, and very effective psychotherapies exist for their sufferers. Prescribing can be

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relatively quick, and it can give immediate relief, but without understanding, education, and skill building, the relief turns into a long-time habit with long-term consequences.

INFORMED CONSENT

I understand that the days of well-funded community mental-health centers and high-school and college counseling centers are mostly gone. What are most easily available are pills. But without true informed consent, people in distress can end up believing that their brains lack the right neurochemicals, that they're going to need pills like a person with diabetes needs insulin, or that "You have depression and will likely have it your whole life." This dis-empowerment can itself be disabling and casts human suffering into the realm of "mental illness" subject to medical intervention.

Informed consent requires time to explain how drugs work and how people can safely start *and stop* them. Informed consent requires a partnership between client and provider to work together not just on drugging symptoms but on achieving life goals, improving relationships, and functioning better. Informed consent means admitting that pills can alter feelings, sexuality, appetite, weight, sleep, and driving alertness, and cause a myriad of other side effects. Informed consent requires knowledge that changing doses or mixing other drugs or alcohol with pills can be life threatening. Informed consent means mentioning other modes of treatment and therapy that might be useful, including psychotherapy, exercise, dietary changes, and social changes.

ARE PRESCRIBERS TRAINED IN PSYCHOPHARMACOLOGY?

I'll bet you weren't expecting *this* question.

Psychiatrists are educated in academic departments heavily funded by Pharma, in contested theories about biological aspects of mental illness. At conferences funded by Pharma, with friendly drug reps, free samples of drugs, food, and swag, they're under heavy pressure from the incentives and reinforcers to buy into the alluring

marketing, upgraded with the language of "evidence-based" treatment. But they *are* trained in psychopharmacology, though their training may be significantly biased towards the use of drugs and they may lack training in effective alternatives such as psychotherapy, lifestyle interventions, psychodynamics, group therapy, and so on.

And yet, most psychotropic drugs are prescribed in primary care by nurse practitioners and physicians trained in internal medicine, family medicine, and obstetrics-gynecology, where even less education in psychopharmacology occurs, which is to say, hardly any. These prescribers get information from "paid physician influencers" at Pharma-funded dinners, or from the drug rep who might bring a lovely lunch to the whole staff every week, or from their own patients who were prescribed a drug by someone else for something long ago and have never been encouraged or supported about tapering off of it.

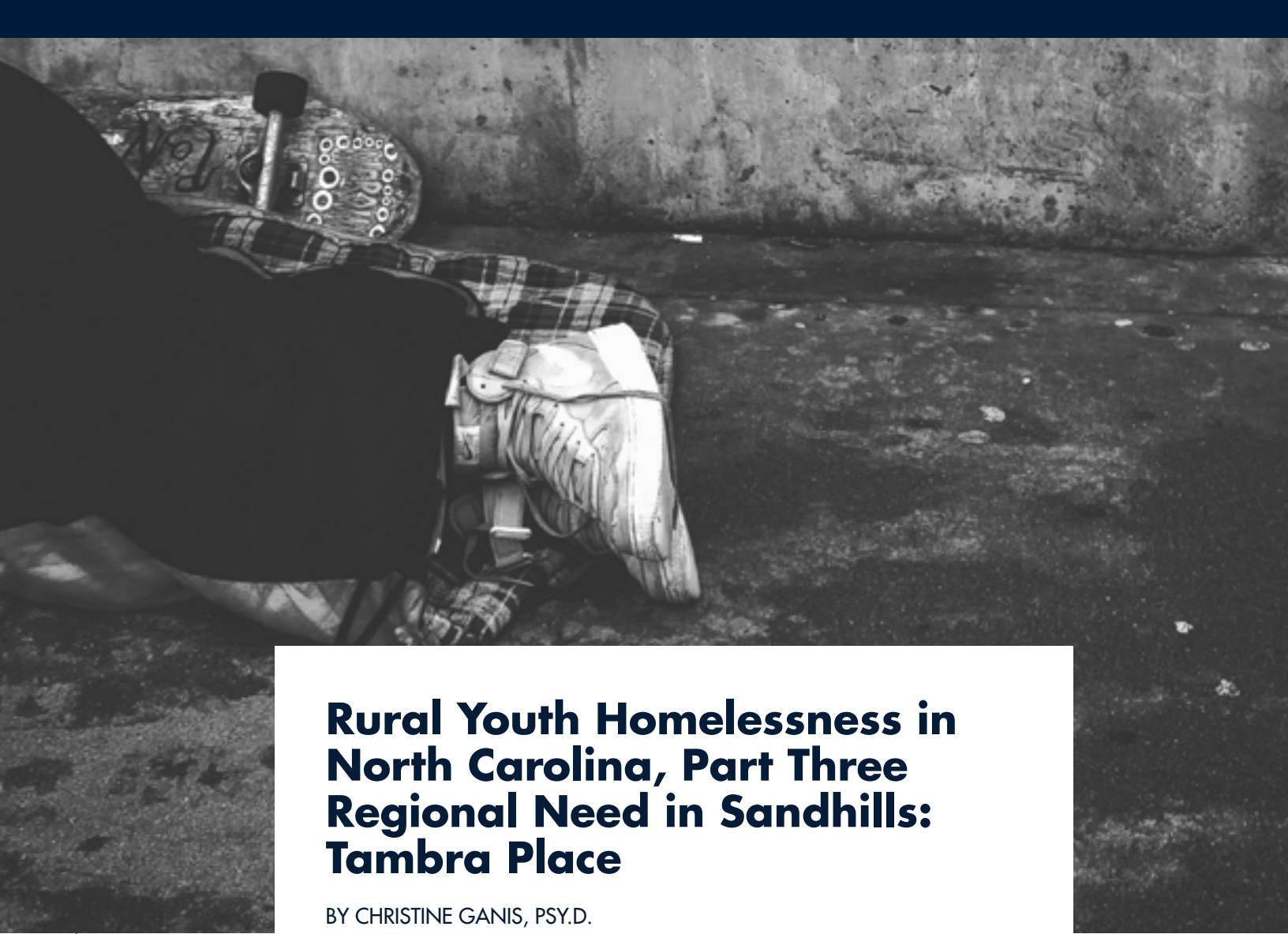
HOW TO BREAK THE HYPNOTIC SPELL, OR HOPE FOR THE WELL INFORMED

1. Understand that the pervasive and brilliant marketing slogans and campaigns are just that, marketing slogans and campaigns designed to make people feel that they have a diagnosis and that there's a pill for it.
2. Every time you see or hear an ad that says, "Ask your doctor about..." know that it is a marketing ploy to get a drug into your body.
3. Don't confuse scientific-sounding marketing ploys for science. Today, the words "evidence based" mean that a large pharmaceutical company has paid for a study that they designed, interpreted, and ghost authored, which sounds like science and too often passes for evidence. Know that in such studies, markers for improvement are often cherry picked from the

data, while problems, side effects, and even deaths are sometimes hidden.

4. Remember your own training in psychology and anchor yourself in it.
5. Over-prescribing happens because it is easier and faster than active listening, than understanding a fellow human being, than empathizing, than understanding the cause of symptoms. You can help by being informed about risks, side effects, withdrawal effects, discontinuation, and duration of use, and by asking questions. Transient stress and feelings do not require lifelong medications. Chronic stress requires skills and possible changes in environment.
6. Insist on informed consent. Know how a drug works and how to start and stop it comfortably. Know its side effects. Read the Black Box Warning and heed it. Be aware of the side effects and dangers of the prescribing cascade in which side effects of one drug are treated with another drug with its own additional side effects. The prescriber might be able to reduce the dose of the first drug or taper off of it.
7. Ask questions and trust your own lived experience. Ask your clients questions about their experience with drugs and be alert to side effects and combined effects of drugs with other substances.

This is the informed opinion of a medical psychologist with extensive training and professional experience with the use of psychotropic medications. Please respond by email to *The North Carolina Psychologist* with your comments about this piece. Your name will not be used without your permission. We will continue a discussion about this topic if you desire. *



Rural Youth Homelessness in North Carolina, Part Three Regional Need in Sandhills: Tambra Place

BY CHRISTINE GANIS, PSY.D.

This final part of my report about the homeless young people in our state will describe what our Sandhills region and specifically what one community in Moore County have been doing to reduce rural homelessness among school-age children and those aging out of the state Department of Health and Human Services Division of Social Services coverage at age 18. It's about "Tambra Place," currently a metaphorical "place" but a real and inspiring community enterprise that has come about in answer to the awful plight of these forgotten citizens.

IN MOORE COUNTY, NORTH CAROLINA

Since 2005, Moore County Schools social workers have been tracking homeless students in their purview. Tambra Chamberlain, a social worker

at Pinecrest High School, has had a special interest in the needs of homeless or "unaccompanied youth," the latter defined by the McKinney–Vento Act of 1987 as those not in the physical custody of a parent or guardian. Working with the state DHHS foster care liaison, Casey Saunders, from Families in Transition, along with others in the private sector, they have tracked hundreds of homeless and unaccompanied students on Moore County Schools rolls during that 15-year period. (Chamberlain, May 2019).

Some are placed with foster families, and others live with "host families" who informally take them in. By 2018, there were 83 adolescents (under age 24) living in Moore County without a parent or guardian. More than half were female, an overrepresentation often noted in national data as well (Morris, 2016). More and more of these young women were

failing to graduate and were unqualified to transition to gainful employment.

In Chamberlain's data, the number-one deleterious factor in youth homelessness was "unstable housing" (97.4%), followed by "lack of affordable housing" (74.4%), "parental abuse" (41%), and "no health insurance" (28.2%).

The task force strongly recommended "cross-agency partnerships" to reach youth in rural communities, as this specific infrastructure often does not exist.

However, in rural communities broader youth-directed organizations such as faith-based ones, child-welfare systems, and of course schools and sometimes colleges do exist. A 2018 study by a group at the University of Chicago called for the development of a more robust safety net for these young people as they transition from youth to adulthood (Morton, Samuels, Dworsky, et al., 2018).

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TAMBRA PLACE: A WORK IN PROGRESS

In establishing the idea of Tambra Place (named to honor and further Ms. Chamberlain's work), we in the task force are particularly interested in interrupting and remedying the sequence of homelessness early, whether in bonafide homeless or in "unaccompanied" youth at risk. Their unstable living environments, of course, increase the risk of criminal behavior such as shoplifting food and the danger of victimization by older, more street-wise youth, in interpersonal violence or exploitative relationships. We have noticed the acute need for financial literacy among the youth we have helped so far. We all know of the higher costs of secondary and tertiary intervention, whereas primary prevention and early intervention not only reduce societal cost but are more protective of the youth themselves.

So, in 2016 three local churches started helping to supply a clothing and toiletries closet, survival foods, and a "rainy day" account for each of the three Moore County high schools. (Gerard, 2019).

People from these churches and others from the community formed an Initial Operating Committee (IOC) to study how best to develop a transitional living facility for those youth aging out of DHHS services including foster care. Committees were formed to define inclusion/exclusion criteria, apply for grants, hire staff, and program for youth with [high ACES \(Adverse Childhood Experiences\) scores](#) and at least some with histories of trauma.

A safety net requires many stitches, so we have obtained 501(c)3 charitable tax status and are securing liability insurance for our board of directors. We have bought a rural property suitable for two modest homes and have blueprints for them, one for young women (the higher priority due to their higher risk for bad outcomes) and the other for young men. We are on social media for community PR and fundraising, and we have a nascent bank account, thanks to donations from the community. We are trying to rent a property nearby to sell consignment

items in a store staffed by our volunteers and youth, so that they will learn retail job skills, as well as confidence. We made two visits to the highly regarded Methodist Home for Children North Hills Transitional Living facility in Raleigh. It has served as a model for much of what we envision for our youth. We owe many thanks to Ben Sanders, its Vice President for Programs, who has advised us through this point.

In 2016 three local churches started helping to supply a clothing and toiletries closet, survival foods, and a "rainy day" account for each of the three Moore County high schools.

Our society seems to have turned a blind eye to the needs of children preparing but not quite ready to leave the nest, and to the sparse resources available for their family members who need health care, including mental health care, so that the children and youth don't become homeless. Add to that the complications of COVID-19 with its high youth unemployment, unpredictable work hours, lack of job-related benefits such as health insurance and sick time, and the need for social distancing, extra sanitizing, etc. For the most part, these homeless and at-risk young people are trying to make ends meet and attend school, and many have aspirations to attend college or technical school to escape their desperate plight. Some are trying to provide for the needs of younger siblings, too. Some are secretive about their plight, out of shame or in service to what David Elkind referred to as "[the personal fable](#)"—"Nothing bad will ever happen to me"—a teen version

of whistling past the graveyard. Some fear the real risk of losing their autonomy if detected, however precarious their grip on it. What is called for is a sensible ameliorative and, above all, preventive community approach.

Thus, we formed our organization called "Tambra Place." Ms. Chamberlain recently stepped into the position of McKinney-Vento liaison and so remains active in this effort.

Three kinds of programs exist in our small rural county for youth in circumstances similar to Tambra Place's, but for which our youth are not eligible:

Private programs exist for youthful offenders and those with mental-health or substance-abuse issues (e.g. Methodist Home for Children in Raleigh, and Youth Villages, with services across North Carolina). Our youth have not yet offended and do not have frank mental-health or substance-abuse issues.

Another local program exists for females with children, called "Family Promise." Our youth fortunately do not have their own children.

Finally, our youth have not been identified as victims of domestic violence or human trafficking in crisis, for which we have another program in our county called "Friend to Friend."

Societal and family stressors, compounded by lack of access to reliable health and mental-health services, and punitive social and treatment policies, are not helpful to young people trying to grow up practically on their own. Homelessness or housing insecurity is often the best that happens to children and youth perhaps a block or two away from where we live. As psychologists we are duty bound to work toward societal good. If you live in a rural area, please consider getting involved with your local schools and other agencies charged with delivering services to this deserving but often unseen, population representing our collective futures. Tambra Place clearly has a place in Moore County and elsewhere in rural North Carolina. *

**REFERENCES AND RESOURCES
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Getting to Know the Right Brain Book Review:

Allan Schore's *The Development of the Unconscious Mind*

BY MARY GAIL FRAWLEY-O'DEA, PH.D.

Allan Schore (1994, 2016, 2003a, 2003b, 2011, 2015, 2019a [the subject of this article], 2019b) has been a pioneer in integration of psychoanalytic theory, neurobiology, developmental studies, and clinical practice. A clinician-scientist, Dr. Schore is past editor of the Norton Series on Interpersonal Neurobiology and is on the clinical faculty of UCLA's department of psychiatry and biobehavioral studies and the David Geffen School of Medicine. (See [his website](#) for additional biographical information.) His books are richly clinical and just as richly steeped in his own and others' research. He presents the intricate ideas again and again but slightly differently, which I appreciated because of their complexity. Schore is not shy about citing himself, but he has the accomplishments to warrant some self-assertion. I found this book exciting and important and highly recommend it.

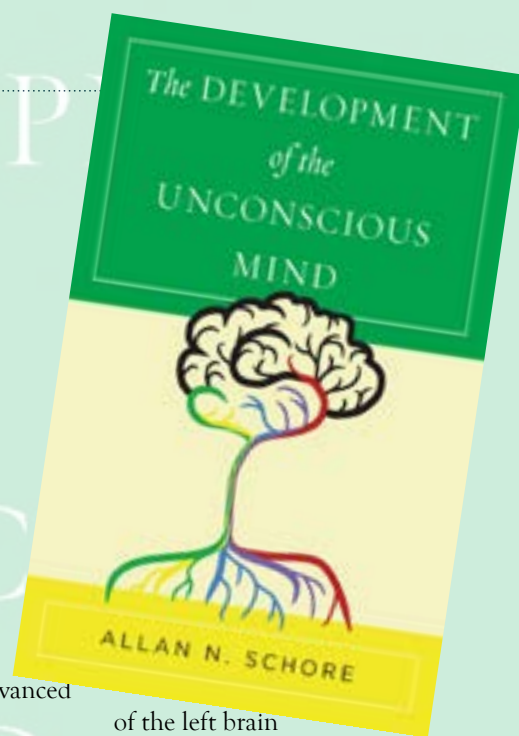
THE DEVELOPMENT OF THE UNCONSCIOUS IN THE RIGHT BRAIN

Schore topographically locates the unconscious in the right brain, stating, "The construct of the unconscious has thus shifted from an intangible, immaterial, metapsychological abstraction of the mind to a psychoneurobiological heuristic function of a tangible brain that has material form" (p.2). Its development begins in the prenatal, perinatal, and postnatal stages, mediated by the right brain-to-right brain communication between the mother and the child, and it is influenced by other, similar communicative modalities throughout life,

including psychotherapy.

The right brain, according to Schore, is more developmentally advanced than the left from about the 25th gestational week until the left brain has a growth spurt starting in the second year of life. Similar to Bowlby's conceptualization of the internalized working model of attachment, Schore claims that "the early maturing, visuospatial, emotional right cortex (as opposed to the later developing lexical-semantic left cortex), which stores and processes self-and-object images," is responsible for the manifestations of unconscious processes (p.7). Key here is Schore's determination that the quality of the mother-child attachment relationship is formed not so much through cognitive or behavioral influences, but much more through non-verbal affect and regulatory processes facilitated by the parent's gaze and facial expression, prosody, and tactile engagement. Schore says, "...for better or worse, the maternal-infant attachment relationship structuralizes the developing right brain unconscious via an implicit intergenerational transmission of resilience against or vulnerability to later psychiatric, personality, and developmental disorders" (p. 23). The right-brain unconscious, then, is a relational and affective unconscious, not the Freudian or Kleinian unconscious of intrapsychically constructed fantasy and feelings.

Schore's model offers a dual system of mind, each with its own affects, memories, self- and other-representations, and relationship with the body and with reality. He places repression as a function



of the left brain and dissociation as a right-brain defense. Likewise, the left brain is the site of explicit, verbally encoded experiences and memories, while the right brain contains implicit, procedural, non-verbally encoded experiences and memories. He says, "...I have suggested that just as the left brain communicates its states to other left brains via conscious linguistic behaviors, so the right nonverbally communicates its unconscious states to other right brains that are tuned to receive these communications" (p. 23). It is the right brain's images of self and other, combined with an affective tone and body reactions that provide "a background state of wellbeing" (Meares, 2012, in Schore, 2019, p. 163).

Addressing regression, Schore differentiates two types. The first is a horizontal, topographical, interhemispheric regression from the linguistically organized left brain to the right, imagistically organized brain. The second, a vertical, structural, intrahemispheric regression, involves a movement from the right cortex to the limbic system and even to the brain stem. We often witness the latter in trauma survivors who, when stimulated by memories, feelings or reactions to stimuli in some way reminiscent of the trauma, move from consciously regulated, mature speech and behavior to cognitively, affectively, and behaviorally dysregulated presentations consistent

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with limbic-located flight-or-fight behaviors, or to stony presentations characteristic of freeze responses located in the brain stem. In accordance with Schore's theory, it is not surprising that adult patients who are survivors of "adverse childhood experiences" often lurch from states of hyperarousal to deadened states of psychic numbing. In Schore's terms, "...Early sundering of right-brain-to-right-brain attachment bonds is critical to the genesis of an enduring predisposition to a variety of early forming severe psychopathologies that characteristically access the autoregulating, affect-deadening defense of pathological dissociation" (p. 34).

NEW UNDERSTANDINGS ABOUT BRAIN DEVELOPMENT

According to Schore, early brain development results both from genetic loading and experience. Epigenetic expression of that encoding is mediated by experiences in the social environment. He says, "Mother Nature and Mother Nurture combine to shape human nature" (p. 155). He goes on to identify three paradigm shifts in our understanding of early development:

First, a growing trend in psychiatry, psychology, and neuroscience to emphasize the primacy of emotions over cognition in human experience. He says, "...updated models of human psychological well-being are now grounded in not cognitive, but emotional well-being" (p. 157).

Second, increasing attention to the centrality of self-regulation in assuring emotional well-being. Attachment, he says, promotes self-regulation, which in turn, facilitates ever more "complex and resilient relationships between the individual and the social environment" (p. 158).

Third, rapid changes in the field of developmental affective neuroscience and the impact of attachment on the developing brain.

Later, Schore addresses the impact of trauma on the developing brain, saying, "...relational trauma in early critical periods of brain development imprints a permanent reactivity of the right brain, a

The right-brain unconscious, then, is a relational and affective unconscious, not the Freudian or Kleinian unconscious of intrapsychically constructed fantasy and feelings.

predisposition for the characterological use of pathological dissociation, and a susceptibility of affect regulation expressed in a deficit in coping with socioemotional stressors" (p. 166).

PSYCHOTHERAPY AND THE RIGHT BRAIN

Finally, Schore presages his companion book, *Right Brain Psychotherapy*, by describing the role of right-brain-to-right-brain communication in the psychotherapeutic setting. In much the same way as good early attachment figures, the therapist engages with the patient through gaze, the prosody of their voice, and symbolic touching through empathic, non-verbal connections. Quoting Ogden and colleagues (2005), Schore writes, "...the psychotherapy change mechanism is not in verbal language exchanges, but in the empathic clinician's background (1) implicit, psychologically attuned, interactive affect regulation and a (2) a relational context that allows patients to safely contact, describe, and regulate his or her inner subjective experience" (p. 167).

MY REACTIONS TO THE BOOK

As a psychoanalyst and trauma specialist, I found this volume reassuring and exciting. It validated the importance of the affectively mediated attachment relationship between the clinician and the patient and was particularly helpful to me in understanding why some of what I have been doing for going on 40 years actually has worked. His discussion of the prenatal social environment also comports with

what we know about the transgenerational transmission of trauma.

Schore, like most developmentalists, focuses on the prenatal and postnatal stages and the first two years of life. Trauma specialists studying resilience indeed point to the vital importance of a reliable, good-enough early attachment for building resilience to later adversities. If trauma occurs later, however, the individual still can become dysregulated, begin to rely on dissociation to survive, lose the confident internalized images of self and other that were formed earlier, and develop the physical, cognitive, affective, behavioral, and I would add, spiritual disorders common in trauma survivors. Schore does not directly address this phenomenon, but it is implicit in his understanding of psychotherapy as a potentially reparative new attachment relationship and in his emphasis on the importance of the non-verbal, right-brain-to-right-brain unconscious communication happening in the consulting room.

The most jarring aspect of Schore's book is his insistence that the mother-child bond is the most important one in brain and emotional development. I suspect this reflects, at least in part, the reality that much empirical attachment research has been conducted with mother-child dyads. Ed Tronick's (2020) "still face" experiments did include dads as well as moms, and the infant's reaction to either parent suddenly going still and unreactive was the same. It would be helpful to see more from Schore and others on the complex attachment patterns many children today have with dads, in two-mom or two-dad homes, in multi-generational living situations, and with non-familial, but important caregivers.

I have just begun reading his companion book, *Right Brain Psychotherapy*, and am finding it to be a valuable clinical application of the theory and research presented in *The Development of The Unconscious Mind*. I guess I am getting attached to Dr. Schore! *

REFERENCES ON PAGE 21.



Rituals and Traditions in These Pandemic Times

BY CHRISTINE GANIS, PSY.D.

I was inspired to write this piece by a book, *Rituals for Our Times: Celebrating, Healing, and Changing Our Lives and Our Relationships*, by Evan Imber-Black and Janine Roberts.

First published in 1998 and in its seventh printing, it has great utility for the helping professions. While I'd intended to write a book review, my family holiday obligations and other events consumed the energy needed to do that inspiration justice. Unavoidably though, I did think about my family's and our friends' holiday traditions and rituals when I was a child, and I asked family members and friends about their memories of them, too. I also did a hurried survey of published information, and I merged parts of the book with my observations.

You will be richly rewarded for

reflecting on your own experiences as you read about what I discovered, I promise. I found [this New York Times piece](#) particularly useful, and perhaps you will too.

RITUALS AND TRADITIONS

Let's start with definitions. [My dictionary defines tradition](#) in a variety of ways—ranging from customs and rules to folklore and myth. Perhaps rituals collectively become tradition over the course of time, but I will largely use the terms interchangeably for now, if the anthropologists don't mind.

All cultures create rituals and traditions. They help to celebrate, welcome, honor, and mourn. They are part and parcel of our socialization into what it means to be human and into

our particular group. Some of them are performed and participated in automatically, while others carry deep meaning and great emotion. Some of the family members and friends I spoke with felt separated from family religious rituals they had performed annually as children, such as attending midnight or dawn church services, fasting uncomfortably, and being subjected to fire-and-brimstone exhortations about sins they hadn't understood.

But of course religious and other rituals were recalled with great fondness and reverence by many, who have created and observe similar traditions in their own families now, with tweaks and updates to keep them relevant. (For example by using electric musical instruments or more current ritual language). ...cont'd next page

These rituals are powerful ways to honor deeply held values, heal the past, or deepen relationships.

The Imber-Black and Roberts book has now been used by a generation of therapists to craft relevant new rituals for nuclear, extended, single-parent, and blended families, as well as single adults and childless couples. Its use is endorsed by respected teaching entities such as the Family Process Institute and the Ackerman Institute for the Family. It contains guidance on changing gender roles and first-person anecdotes for honoring life's human ties and milestones, apropos a myriad of personal events: birthdays; anniversaries; personal changes; vacations; reunions; seasonal events; holidays; events of merriment, memory, and meaning; divorce; healing; sobriety; and re-imagining and re-creating a happier ending.

THOUGHTS AND EXPERIENCES ABOUT RITUALS IN AN UNUSUAL TIME

We have been in the throes of a pandemic, many of our families live some distance from us, and we often travel to them or have them go “over the river and through the woods” as the old song goes, to travel to us. Since there was no reunion in our family plans at Thanksgiving, I challenged my own family to participate in [the challenge popularized by Larry Smith in *The New York Times*](#)—to sum up their experiences about the pandemic in six words—either collectively as a family or individually.

Take the trouble to read about the challenge, even now you will be amply rewarded. It's guaranteed to bring a smile, a nod of recognition, or raised eyebrows, with an “I never thought of that” reaction. The way it goes is to sum up your experience of the pandemic in six simple words. Some examples are, “the crinkling eye above the mask,” and “my choir still meets on Zoom.” (While my family humored me about my suggestion, would it surprise you to know I was the only one to meet the challenge? Did I mention that new rituals are often met with resistance?)

Some I asked told me of other rituals I'd never heard of, such as “dry January,” a month of abstinence. Others had just passed up writing the family holiday letters. Some communities held “reverse parades,” where the floats were stationary and the spectators passed by in their cars for safety.

*My new holiday ritual:
Since there was no
reunion in our family
plans at Thanksgiving,
I challenged my own
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The New York
Times—to sum up
their experiences about
the pandemic in six
simple words—either
collectively as a family
or individually.*

New Year's resolutions are rituals of renewal. With every new year, it's time for new habits, new attitudes, or new approaches. [The most common](#) are vows to exercise more, get organized, learn a new skill, save more money, and the like. Those of us in the profession of change are not surprised by reports that the vast number of New Year's resolutions are abandoned in short order. Recall Prochaska and DiClemente's Transtheoretical Model, the overcoming of inertia using decisional balance, pros and cons, one's self-talk, and addressing of stages of change, and the getting of “motivation” to a critical mass so that the balance shifts in the desired direction. In short, increasing the likelihood that this kind of ritual or tradition will be honored

in the observance is a bit complicated.

It's decidedly not like flipping a switch. Especially not now, when behavior is constricted in the interest of public safety. No, plenty of preparation, self-coaching, and “atta-boys,” “almost theres,” and “that's it, keep going” are involved. It's clear that perfectionism is the nemesis of New Year's resolutions and that training wheels are useful.

Consider a few other ways the pandemic has changed our everyday life rituals. Children's educational habits have been upended by the switch to online learning. That had a knock-on effect for parents of younger children. A parent often has to stay at home, forfeiting a job and income. Many parents can't work from home. Broadband is not universally available. I have heard of families driving their children to parking lots with hotspots. This year broadband access became a necessity for students' educations. What about parents and children who have to share one computer? In many cases professional childcare closed or was no longer affordable. Some of us can navigate these problems, but what about the family who can't? Important rituals and traditions are threatened.

The rituals we customarily practice around saying our last goodbyes have had to be put away, too, and sometimes enacted by someone else. Funerals for our terrible loss of life, as many as 4,500 everyday at this point, have been delayed. Singing was a risk, so we couldn't sing together. Instead, we have needed to rely on cards and letters, phone and Facetime contact, and visiting through closed windows, with hands pressed against glass.

We are developing new rituals, sometimes kicking and screaming, but we are coping, and the pandemic will be over at some point. Oh, and I almost forgot to share my six-word Covid-19 poem—our new ritual, at least for this year. I have two sons and families far away, and a 90-year-old Mom close by, so I did a couplet. “I hope you know you're loved. We know you love us too. XOXOXO.” And same to you, my colleagues, as we approach our next holidays and other milestones. *

Parental Alienation, Parent-Child Contact Problems, and Gatekeeping, Part Two

BY JULIANNE LUDLAM, PH.D., NCPA MEMBER

Parental alienation is a controversial concept in mental-health and legal fields, despite its continued use in high-conflict family-court disputes. New research and several alternative terms have now been applied to situations in which children resist contact with a parent, and these cases continue to be challenging for courts, clinicians, and attorneys.

This series of articles describes the current research on parental alienation (PA) and parent-child contact problems. The first installment, in our Winter-Spring issue, described the overlapping terms and concepts related to PA, such as gatekeeping and parental alienating behaviors (PABs), as well as some of the models used to assess and describe the problem. This second article describes some of the major conceptual and theoretical issues surrounding alienation, based on recent reviews of the literature.

CURRENT ISSUES

The Utility of PA as a Concept

Due to the lack of consensus around definition, etiology, and prevalence, many researchers have expressed concern about the continuing use of the term or concept of PA, particularly in court proceedings (Fidler & Bala, 2020). There are no valid empirical assessment protocols or tools that can reliably measure or establish the presence of alienation or distinguish it from other types of parent-child problems, such as estrangement or justified rejection (Fidler & Bala, 2020).

For this reason, some researchers have suggested alternative terms, such as parent-child contact problems (PCCPs) and resist-refuse dynamics (Fidler & Bala, 2020). However, others have argued that changing the terms does not resolve the issue, as PA concepts may still be applied loosely and without standards (Johnston & Sullivan, 2020). Fidler and Bala (2020) noted that most professionals involved in these cases are dedicated to the best

outcomes for children and families and agree that the goal is to determine if rejection of a parent is justified (realistic estrangement) or unjustified (alienation). In spite of disagreement about the concept of PA, there is general agreement that there are different types of PCCPs, with multiple contributing factors, and that resisting or rejecting a parent may occur for either justifiable or unjustifiable reasons.

Another area of disagreement among professionals and researchers is about whether family courts are currently responding adequately to concerns about intimate-partner violence or child abuse when claims of parental alienation have been made.

Glossary

This is an acronym- and terminology-dense area of research and discussion. Note that the following terms have substantial overlap, as they are all essentially attempts to describe the same problem: children who appear to be resisting contact with a parent.

Parental alienation (PA): a poorly defined but frequently used term usually intended

to describe the adverse effects of one parent interfering with the other parent's relationship with a child.

Parental alienating behaviors (PABs): an alternative (and preferred) term intended to aid in the reliable measurement and assessment of PA; it refers to a pattern of negative attitudes or behaviors communicated by one parent about the other parent to their child, resulting in that child resisting the maligned parent.

Parent-child contact problems (PCCPs) and resist-refuse dynamics: alternative terms suggested in the research to describe cases in which a child resists contact with a parent; these broader terms are preferred in the research, as they shift the focus from one parent's negative attitudes or behaviors to the many possible reasons a child might resist a parent in a high-conflict divorce.

Gatekeeping: Behaviors and attitudes by one parent that either facilitate or restrict contact between the other parent and the child; gatekeeping is a well-researched concept thought to occur on a continuum and to vary in degree and quality as well as across behavioral domains.

PA and Abuse

Another area of disagreement among professionals and researchers is about whether family courts are currently responding adequately to concerns about intimate-partner violence or child abuse when claims of PA have been made (Fidler & Bala, 2020). Johnston and Sullivan (2020, p. 283) argued that the early question posed in such cases—"Is it abuse, or is it parental alienation?"—was framed in simplistic, binary terms. That framing can lead to the exclusion of physical abuse, trauma, poor parenting, and ongoing parental conflict as contributing factors if PA is found to be present. PA and child abuse are not mutually exclusive, and unfortunately, "...no bright line exists between abuse and non-abuse in custody-disputing cases in family ...cont'd next page

courts” (Johnston & Sullivan, 2020, p. 273).

Single-Factor vs. Multifactor Models

Theories developed around concepts of PA have moved from a single-factor explanatory model to a multifactorial predictive model, but beliefs and assumptions based on the single-factor model persist. Johnston and Sullivan (2020) explained that the single-factor model—that the alienating parent is primarily the source of a child’s rejection of the other, alienated parent—continues to be widely followed despite the actual complexity of the problem. A single-factor model assumes a child is either a victim of abuse or a victim of PA, precluding the possibility of both. It also assumes that any alienation present must be the fault of the parent who is favored by the child, and that the alienated parent is without parenting deficits if no abuse is found (Johnston & Sullivan 2020).

In contrast, the multifactorial model (initially developed by Kelly and Johnston in 2001) is based on substantial social-science research and considers an array of factors that can create a child-parent alliance with one parent, against the other parent (Deutsch, Drozd, & Ajoku, 2020; Fidler & Bala, 2020; Johnston & Sullivan, 2020). Resistance to contact with a parent may involve, for example, a history of inadequate parenting by the alienated parent, an overanxious and protective favored parent, and/or a child’s discomfort with the custody schedule (Johnston & Sullivan, 2020).

In the multifactorial model, parental alienating behaviors (PABs) are viewed as one factor on the part of a parent that may account for a child’s resistance or refusal of contact with the other. There are many other potentially explanatory factors to be considered. Fidler and Bala (2020) stated that although some cases of parent-child contact problems may be the fault of one parent, both parents often bear some responsibility, and “focusing on a single cause is rarely helpful” (p. 576). They listed eight broad contributing factors to PCCPs:

- Child factors (age, cognitive capacity, temperament, vulnerability, special needs, and resilience);
- Parental conflict before and after the separation;
- Sibling relationships;
- Favored-parent factors (parenting style and capacity, negative beliefs and behaviors, mental health, and personality including responsiveness and willingness to change);
- Rejected-parent/alienated-parent factors (parenting style and capacity, negative reactions, beliefs and behaviors, mental health, and personality including willingness to change);
- The adversarial process and litigation;
- Third parties (involved professionals and extended family); and
- Lack of functional co-parenting and poor or conflictual parental communication.

REUNIFICATION IN CASES OF PCCPs AND ABUSE

Another issue related to PA, PCCPs, and gatekeeping is the goal of family reunification or of the child’s maintenance of contact with both parents, even in situations involving abuse or intimate-partner violence. Several authors have noted the substantial research support for the idea that children benefit from good relationships with both parents when safety is not an issue, and the law generally follows that presumption (Austin, Fieldstone, & Pruett, 2013; Fidler & Bala, 2020). Some researchers suggest it is in a child’s best interest to repair and maintain a relationship with a rejected parent even in cases of abuse, neglect, or other grossly poor parenting, and “even when the child has good reasons to be fearful or feel stressed, uncomfortable, hurt or angry with a parent,” as long as the child is safe (Fidler & Bala, 2020, p. 590; Deutsch, Drozd, & Ajoku, 2020). Fidler and Bala (2020) stated:

Developmental research and legal policy in child protection, as well as in custody and access contexts, support children having healthy and

safe relationships with both parents; this applies to children who may have been abused and those who may have been alienated (p. 585).

Deutsch, Drozd, and Ajoku (2020) stated that each case should be evaluated individually to determine the best approach. Both reviews warned that some children who experience abuse do not resist an abusive parent and may seek out contact with that parent. Both also agreed that there are cases in which a relationship between a parent and child should not be supported, such as when risk of harm continues despite interventions or when children who have experienced abuse are resisting the parent who abused them.

CONCLUSIONS SO FAR: CURRENT ISSUES RELATED TO PARENTAL ALIENATION AND GATEKEEPING

The concept of PA is heavily criticized in the research due to problems with clarity, validity, and reliable measurement. Less ambiguous alternatives, such as parent-child contact problems or resist-refuse dynamics, have been suggested. PCCPs are now believed to have multiple contributing factors, and resisting or rejecting a parent can be considered either justifiable or unjustifiable. Current issues involve cases in which both PCCPs and child abuse are present. Despite significant research indicating that a child’s rejection of a parent is likely complex and multifactorial in origin, family courts tend to frame such problems as either abuse or alienation. Finally, although research generally supports reunification with resisted or even formerly abusive parents, there are cases in which such relationships should not be supported.

COMING NEXT

The third article in this series will describe interventions for PCCPs and offer recommendations for attorneys and evaluators. *

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The Book Corner

BY KATRINA KUZYSHYN-JONES, PsyD

We've decided to begin a book corner: options for good reading. Some will be psychological in nature and some just for fun. We would love to hear from our members to add to this list. We will either provide lists or reviews of books here, and we welcome suggestions. I'll get the ball rolling.

KATRINA'S FEMINISM LIST

I was an undergraduate at the University of Washington in Seattle during the '90s. The grunge scene was in full swing, and it was a time of enlightenment, or so it seemed at the time. UW had one of the first step groups formed by an African American fraternity and sorority in that area (yes, one of each for the campus). Ellen DeGeneres came out on her television show, which we all sat around in the dorm and watched in celebration. And I became a women's studies minor. Here are a number of books that influenced me then and over time.

The Yellow Wallpaper by Charlotte Perkins Gillman

The Awakening by Kate Chopin

Kabul Beauty School by Deborah Rodriguez and Kristin Ohlson

Eat Pray Love by Elizabeth Gilbert

Tales of a Female Nomad by Rita Golden Gelman

Becoming by Michelle Obama

Educated by Tara Westover

Save the Dates

FALL CONFERENCE

September 17 and 18, 2021

TIMELY TOPICS SYMPOSIUM

February 19, 2022

SPRING CONFERENCE

April 8 and 9, 2022

FALL CONFERENCE

September 23 and 24, 2022

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Methodist Home
for CHILDREN

Methodist Home for Children is seeking a licensed Assessment Psychologist to provide clinical oversight at our Western Area Crisis & Assessment Center in Asheville, NC.

This position requires:*

- a doctorate degree*
- a current license with the NC Psychology Board*
- at least two years of full-time, direct experience diagnosing, treating, and evaluating treatment effectiveness for our client population

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Resources

[Fact Sheet on Homeless Teens/Youth](#)

[Homeless Every Student Succeeds Act \(ESSA\) Fact Sheet](#)

[Child Welfare System Forced to Adapt During COVID-19 Pandemic](#)

[North Carolina's Rural Health Systems Are in Crisis](#)

NC Care360 is North Carolina's first statewide network that unites healthcare and human services organizations with shared technology for care delivery in a community-oriented, person-centered approach. It is a public-private partnership for all 100 counties for care delivery established by NC DHHS and the Foundation for Health Leadership and Innovation (FHLI). To learn more email connect@nccare360.org.

[Point Source Youth—501©3 Regional nonprofit serving marginalized youth through advocacy, research, evaluation, quarterly webinars, and a national symposium.](#)

[National Center for Homeless Education](#)

State coordinators: [a list of state coordinators for the McKinney-Vento Homeless Assistance Act](#).

These videos give brief introductions to key issues covered in the McKinney-Vento Homeless Assistance Act. Most presentations offer a downloadable summary of main points and certificate of completion, upon completing a brief quiz on the material presented. The quiz and certificate of completion are optional. Videos [available here](#).

[Frequently Asked Questions](#). This document was compiled by the National Association for the Education of

Homeless Children and Youth and provides answers to the most frequently asked questions on the McKinney-Vento Homeless Assistance Act.

[Blog post from therapist Esther Perel:](#)

"The unprecedented crisis caused by the novel coronavirus has left us with a set of unfamiliar emotions. Read more to learn about these new emotions you may be experiencing and what to do about them."

[Free 5 hour online course](#) provided by the National Childhood Traumatic Stress Network: "Skills for Psychological Recovery (SPR) is an evidence-informed modular intervention that aims to help survivors gain skills to manage distress and cope with post-disaster stress and adversity."

[A traumatic stress inventory that agencies can use for self-evaluation](#). "The STSI-OA is an assessment tool that can be used by organizational representatives at any level to evaluate the degree to which their organization is informed and able to respond to the impact of secondary traumatic stress in the workplace."

[Info from the CDC on coping with disaster-related stress for individuals and families with children.](#)

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