

An Interview with...

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Q: What led you to become interested in forensic psychology?

A: It was a happy accident. Every first-year doctoral student must apply for a practicum (a supervised practice where you assess and treat patients) that begins in your second year of doctoral work. One of the externship sites on the list that was given to students was a county jail. I thought that sounded interesting, so I applied and got the position, though it wasn't difficult since I would later learn, I was the only person who applied. I

showed up at the jail for the start of my practicum two weeks after my (would-be) supervisor quit. Everyone at the jail thought I was the new psychologist, but I wasn't; I was a student who had never

seen a patient in my life and I had no idea what I was doing. My new (temporary) supervisor was off-site, so I was largely on my own. I was thrown into the fire and was in over my head, but loved every second of it. In a jail setting, the issues come at you fast and every day is different than the one before. After that, I was hooked and spent the rest of my time in my doctoral program focusing on forensic psychology.

Q: What is a popular misconception about forensic psychology?

A: Just one? Many people think I spend my time pouring over detectives' case files helping them

find murderers when the case has gone cold. It's the kind of assumption you would expect given what's on television. I have a standard speech I give to my undergraduate students in my "Introduction to Forensic Psychology" course where I state that I don't carry a gun, I don't deal with Hannibal Lecter on a daily basis, etc. However, forensic psychology is incredibly interesting and dives far deeper into the science of psychology than most people are willing to go. When someone sheds his or her preconceptions about what they think

a forensic psychologist does, they will inevitably find situations and questions that are more interesting, and more difficult, than anything seen on television.

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Q: What do forensic psychological assessments include?

A: Criminal responsibility (whether or not someone is considered legally insane at the time the crime was committed), competency to stand trial, risk of violent recidivism... the list goes on. Forensic psychologists can generally be found trying to answer a specific question for an attorney or the court. For example, whether or not a parent can regain custody of a child that has been taken away, cases involving the possibility of false confessions, personal (psychological) injury cases, and many different types of cases involving children. Most forensic psychologists do not conduct every type

of forensic assessment; it boils down to training and the psychologist's comfort/experience in dealing with each particular type of case.

Q: How do you incorporate victims into your research and work as a professor at George Mason University?

A: My position at Mason is unique and I'm very thankful for that. I'm not a research professor, I'm a teaching professor. I do not have a lab where we conduct experiments and I am not involved in any field studies. My students are generally either psychology majors or criminal justice majors and it's my job to help ensure we are graduating the type of people that are going to make excellent psychologists, social workers, or law enforcement officers. One of the classes I'm most proud of is my "Psychology of the Victim Experience" course. In that class, we learn about the ways individuals react to victimization by actually listening to victims' stories. I've been lucky enough (with the help of the National Center, thank you) to speak with victims who are willing to share their stories. When we cover the varying victim reactions to sexual assault, murder, stalking, elder abuse, robbery, hate crimes, etc., the students listen to the events of victims told by the victims themselves. It's powerful and makes concepts like PTSD, sexual assault induced paralysis, depression, and race issues jump out of a book and stare you in the face in a way you cannot intellectualize or ignore. I also have each student write a fictional story. The students must create a person from scratch—their fictional family, relationships, and job. Then, I randomly assign the student a crime and a perpetrator for his or her lead character. They take what they have learned about victimization and psychological theory and then figure out how that crime impacts the fictional world they have created by finishing the story after the crime has taken place.

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The goal of this is to create rational compassion in the students and to help them get to a place where they can cognitively empathize with victims of crime without being overwhelmed by emotions in a way that makes their work ineffective.

Q: In your work with the Mental Health/Criminal Justice Committee in Arlington, what kinds of topics do you address when training government law enforcement agencies and local police crisis intervention teams?

A: I cover what the law enforcement officers call "mental states." Basically, I teach officers what individuals diagnosed with schizophrenia, bipolar disorder, borderline personality disorder, etc. experience on a daily basis. This is not a training on the finer points of diagnosis—the real point is for the officers to understand the personal experience of being diagnosed with a mental disorder. If the officer can identify the presence of a mental disorder, they can monitor and adjust their own behavior more accurately in order to keep everyone safe and pursue the solutions that are best for all parties involved. For example, if an individual is experiencing auditory hallucinations, they may be a bit slow to answer questions or, answers to questions may seem strange to the officers in terms of content or cadence, and they may appear as though they are taking an illegal drug. So we have the officers wear headphones that simulate auditory hallucinations and interview them as if we are engaging with them in the community. It's pretty enlightening for the officers and does quite a bit to increase empathy.

Q: How does trauma manifest in victims, particularly stalking victims?

A: In many cases, and I'm speaking solely of stalking victims here, it's the proverbial frog in the pot of water that is slowly heating up to a boil. The symptoms can be difficult for the individual to notice when they slowly build up over time. I'm not aware of any specific research,

but I would imagine that there are certain fluid and changeable stages that emerge in stalking victims. It may start with irritation, then anger and frustration as the stalking behavior escalates or continues, then moves to nearly constant fear. At every stage, the individual being stalked is experiencing stress, but individuals differ on what levels of stress they can handle without things falling apart at home or at work. Regardless, there is the possibility of experiencing anxiety, fear, helplessness, frustration, anger, and depression. None of which are healthy, especially in long, drawn-out, doses. In terms of specific disorders, I would put depression and anxiety disorders at the top of the list. Both of which are, generally speaking, treatable. But only if the stressor is removed.

Q: What are best practices for helping stalking victims heal?

A: I don't want to sound like I'm avoiding the question, but everyone is different. First and foremost is the complete removal of the stalking. If you are sitting in a 110-degree desert, I can give you a fan, but taking you out of the desert would probably cool you off much better in the long term. After that, it depends on the victim. If I had a panacea, believe me, I would share it.

Q: How can victim service providers connect victims with therapists who have the best skills to help them? And what are the best ways to assist victims who are reluctant to seek mental health services?

A: The best predictor of success in therapy is the patient's relationship with the therapist. People get discouraged from seeking treatment because they go to a therapist and they don't like them. They may think that their interactions with that therapist are indicative of "therapy" as a practice and then they never go back. Choosing a therapist is like choosing any other service

provider. You have to find the right one for you, but not everyone knows this. There is a lot of psychological research on the relative efficacy of various treatment modalities. Some will say cognitive behavioral therapy is the best for stalking victims, some may make an argument for brief psychodynamic therapy, or acceptance and commitment therapy... take your pick. If you don't like your therapist, your odds of success drop dramatically. If service providers can explain this to victims, they may, because they are willing to try again, find the right therapist and have a better chance at success.

Q: What best practices for victims can you anticipate emerging?

A: As I said before, I think people should focus on the therapist first. That being said, there are a lot of therapists that purportedly have an expertise in "trauma." However, there are fewer that have actual training in things like prolonged exposure therapy and cognitive processing therapy (which have been shown to work well with individuals who have experienced trauma). Finding someone with that kind of knowledge base and experience can help, and locating a therapist who specialize in treating military veterans may be a good place to start.

Q: What is the most important thing a student or service provider should know when serving victims?

A: I go back to the frog in the water- these issues didn't occur overnight and they won't be solved overnight either. First, patience. Second, objectivity. When you are looking at the frog in the pot, it seems so simple to you. But that is not the frog's perspective. So be patient and practice rational compassion to help maintain your objectivity so you can do your job effectively... And please take care of yourself mentally, physically, and emotionally.

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