As the newest elected member of the Mental Health Professional Group (MHPG) Membership Committee, I had the terrific opportunity to spotlight one of our MHPG members. To encourage new members to connect and get involved, I chose to highlight the background and experiences of Julie Bindeman, Psy.D, a member of ASRM and the MHPG for one year. Although Julie has recently joined our organization, she is an experienced and professionally active clinician and teacher, and is likely to be an active and engaged participant in this professional community.

Julie currently works in her own practice in Rockville, Maryland where she focuses on reproductive health issues, including infertility and pregnancy loss. Her area of particular expertise and interest is in pregnancy loss through terminations for medical reasons. Julie has taught at both the undergraduate and graduate levels, and currently supervises doctoral students through an agency she consults with, The Family Support Center.

Julie was able to pursue her initial love of theatre in college by majoring in it, but soon concluded that she would not be able to make a living doing so, and switched her focus to psychology. She enjoyed working with children, and for a while liked the idea of studying psychodrama after graduate school. While pursuing this interest, she became more interested in exploring issues of identity throughout the lifespan and completed her major area paper on this topic. Particularly interested in adolescents, she completed her internship at Loyola College’s Counseling Center. To accumulate hours for licensure, she worked as an elementary school counselor, at an outpatient mental health clinic, and taught psychology to undergraduate students at Marymount University. Following that, she worked counseling high school students at a Catholic high school, where Julie found she was interested in working with pregnant girls—a clinical experience she also had during graduate school. She notes that she learned a great deal about how different school systems work with teenage pregnancies, with some school systems offering greater support than others. As a point of professional development, she learned to work with the strong feelings and closely-held beliefs that can be activated by the topic of pregnancy terminations.

Once Julie was licensed, she moved to a group practice in Rockville and worked mostly with children and teens, providing individual and group psychotherapy. In this setting, she developed relationships with her colleagues and was struck by the knowledge that “everyone had a fertility journey” to relate. Considering starting a family herself, she was interested in hearing about others’ experiences, and heard a number of stories of loss, infertility and pregnancy complications. Although she was becoming more aware that achieving and keeping a pregnancy is not easy for many, this of course did not entirely prepare her for her own fertility journey.

Julie relayed her personal story, which ultimately has influenced the direction of her career, as is the case with many of us in this field. When Julie learned she was pregnant for the first time, she was also starting her own private practice. Following a relatively uncomplicated pregnancy and the birth of her son, Julie returned to her practice with a renewed interest in reproductive health, postpartum adjustment, and a deeper interest in maternal identity development. She focused on building her knowledge base in this area and expanding her practice. Julie’s second pregnancy ended in miscarriage at six weeks, but this news wasn’t revealed until eight weeks. Although she became pregnant again relatively quickly, she experienced a normal heightening of anxiety with a pregnancy soon following a loss. At this point, Julie’s journey became even more challenging. After learning about serious medical complications with her pregnancy that included an extremely poor prenatal diagnosis if her pregnancy continued to term, she and her husband had to make the very painful decision to interrupt the pregnancy in the second trimester. They had to make this difficult decision quickly, and found that the support of her family was invaluable during this time. When she looks back on this difficult personal experience and examines how it
contributed to her professional growth, she points to her appreciation for having safe, supportive people available when making difficult decisions, and her appreciation for medical professionals who could respect her choices about how to mourn her loss. When she encountered some who were not able to “meet her where she was” and encouraged her to mourn in ways that felt unsuitable for her, this appreciation for those who understood what she needed deepened. After working through this loss and then becoming pregnant again, Julie and her husband had the very sad experience of having to end their next pregnancy when the same medical findings were identified. Throughout this particular experience, Julie felt well-supported by medical staff, and respected for the decisions she was making. She learned again the great value of providing non-judgmental, compassionate support when patients are faced with deciding whether to terminate a pregnancy for medical reasons. The happy news for Julie is that she has since had another healthy child.

In large part because of her own pregnancy losses, Julie became interested in helping individuals and couples cope with pregnancy loss and infertility, and refocused her practice on reproductive health issues. Recognizing that infertility counseling is a highly specialized field, she joined the Mental Health Professional Group of the ASRM, and began to learn from all of our experienced members by participating in the MHPG listserv. She pursued formal educational opportunities including joining an infertility study group led by Sharon Covington, M.S.W. and Nancy Hafkin, Ph.D. With a small group of like-minded mental health professionals, Julie participated in this in-depth study of all aspects of infertility, reproductive trauma and loss, infertility treatment, and evaluations for third-party reproduction. She has continued her professional development by participating in an infertility-focused supervision group, also led by Ms. Covington and Dr. Hafkin. With her mentors’ encouragement, she is offering more third-party reproduction evaluations.

Julie is becoming known in our area for the consultations she provides to individuals and couples who are considering terminating pregnancies for medical reasons. She and a close colleague also offer a psychotherapy group for those who have made this decision. Julie describes what she enjoys about her work as “helping clients find meaning in their loss”. She particularly enjoys helping women with recurrent losses cope through their subsequent pregnancies. She loves facilitating women’s growth and identity development through these experiences, as women integrate their loss experiences into the narrative of their lives. It seems in the work she is doing, Julie has found meaning in her own losses.

Another way that Julie has found meaning is by making advocacy an important part of her personal and professional life. On a personal note, she reached out to the National Abortion Federation and shared the story of her pregnancy terminations. During the recent presidential election, a brief version of her story was depicted in advertisements for Planned Parenthood in Virginia and Ohio. Recently, she was asked by NARAL Maryland and Physicians for Reproductive Choice to share her story as testimony for a bill that is moving through the Maryland legislature.

Julie’s professional advocacy has thus far been channeled though the Maryland Psychological Association (MPA). She was the inaugural chair of the Early Career Psychologists’ Committee. She next ran for the MPA board and was elected to the representative-at-large position, a position she held for two years. She also currently functions as the MPA Professional Practice Committee Chair, and as a member of the Public Education and Legislative committees. In her MPA capacity, she has testified on behalf of psychologists before the Maryland House and Senate.

Although Julie is a new member to ASRM and MHPG, she is, like many of us, motivated to become more involved in the field of reproductive health, both by her personal experiences and the passion she has for the clients with whom she works. What makes Julie someone to keep an eye on in the MHPG is her ability to translate her personal motivation and professional passion into advocacy and greater involvement in her professional communities, which, I think, means we are going to be seeing more of her.