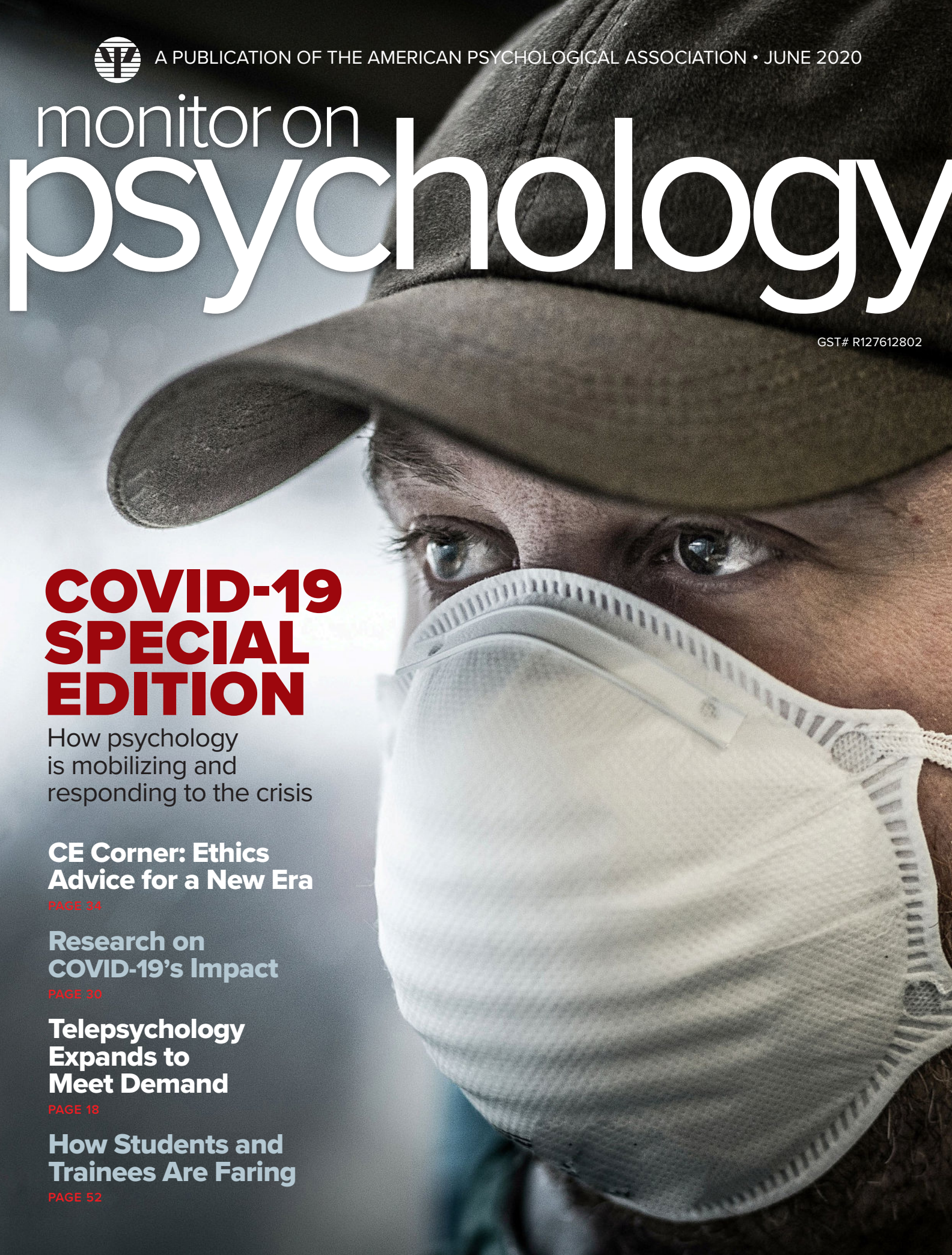
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monitor on psychology

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COVID-19 SPECIAL EDITION

How psychology is mobilizing and responding to the crisis

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A PUBLICATION OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

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COVID-19 SPECIAL EDITION

As the coronavirus pandemic upends life as we knew it, psychologists are responding on several critical fronts. Practitioners are helping health-care providers with stress, researchers are studying the pandemic's mental and behavioral health effects, educators are moving their classes online and more.



JUANMONINO/GETTY IMAGES

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AMERICAN PSYCHOLOGICAL FOUNDATION

The Visionary Grants are APF's flagship program, providing funding to psychology graduate students and early career psychologists to seed innovation through supporting research, education, and intervention projects and programs that use psychology to solve social problems. In 2020, in response to the urgent need, APF added two COVID-19 Rapid Response grants to its portfolio.

Your support is critical to fund these programs. To find out more, go to www.apa.org/apf/funding/visionary or make your gift at www.apa.org/apf/giving

If you have additional questions, contact APF's Interim COO, Miriam Isserow at misserow@apa.org or 202-336-5622.

PSYCHOLOGY'S MOMENT FOR LEADERSHIP

Across the field, APA and psychology are addressing the initial crisis of the COVID-19 pandemic—and strategically preparing for a new normal

BY APA PRESIDENT SANDRA L. SHULLMAN, PhD, AND APA CEO ARTHUR C. EVANS JR., PhD

The COVID-19 pandemic has illustrated in stark terms the intricate complexity of human behavior. Worldwide, people are reacting to highly stressful life and death events, fueled by unknown risks and uncertainty. People are hungry for leadership and social connectedness and too many are coping with deeply rooted inequities that determine the quality of their health and their livelihoods. ¶ As the discipline that best understands human behavior, psychology can have a significant impact on improving life in this age of COVID-19. This work is well underway. ¶ Across the breadth of our field, APA members, governance and staff are speaking out on key issues in the media and with policymakers. We have tapped into the expertise of our members and international colleagues to develop, curate and widely share a wealth of COVID-19-related resources, tools and information for psychologists, policymakers and the public. We are applying psychological science to policies, practices and interventions. Our practitioners are using different technologies to reach those who most need our help. And we are supporting efforts to bring psychological knowledge and tools to our communities as we all work for a better future.

APA is focused on the *here and now*—helping our communities to adjust and heal. But we are also concentrating on *what's coming next*, working to identify the future needs of individuals, families, community members and psychologists. We're exploring such questions as: What will work, education and health care look like? How will we address the increasing wave of mental health needs and loss of wellness among the public and our first responders? How can we help policymakers collect and use data in ways that reduce social inequities and disparate impact?





In short, how do we ensure APA and its members are a resource for our field, our nation and the world?

Over the last several months, the world has experienced great trauma and pain. But we've also seen great resilience and hope. Armed with the power of psychology's collective expertise, we are confident and determined to bring our knowledge to a world that needs our help. APA is dedicated to providing the leadership and support needed to help create a safe and healthy future for us all. ■

TOP: KIRK IRWIN; BOTTOM: SCOTT SUCHMAN

The Hot List

MENTAL HEALTH RESOURCES FOR AN UNPRECEDENTED CRISIS

APA has joined the nation's leading mental health advocacy groups and health insurance companies to launch the **COVID-19 Mental Health Resource Hub,** offering free digital resources to help the public and health-care providers address their mental health needs during the pandemic. Resources include online courses and videos on topics such as how to improve your sleep, how to use guided meditation to manage stress, how to help children manage their anxiety and how organizations can best support remote workers. Visit **https://psychhub.com/covid-19.**

Many of the resources come from APA's COVID-19 public information center at **www.apa.org/topics/covid-19.** It includes dozens of evidence-based articles for the public on **ways to cope with the pandemic,** on how to manage stress, how to do physical distancing while maintaining social connections and tips for quarantined parents. For psychologists, the APA page offers guidance on continuing research, supervising students from afar, offering telepsychology, teaching online and practicing self-care. APA will add resources as the crisis continues. Tell us what else you need at **SixThings@apa.org.**



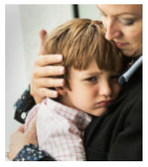


SUPPORT FOR STUDENTS & ECPS

APA is hosting regular webinars for students, postdocs and early career psychologists on **pandemic-related career topics** including navigating the new job market, getting licensed and completing research from afar. Watch at **https://pages.apa.org/staying-on-track.**

HELP KIDS AND TEENS MANAGE THEIR FEELINGS

Magination Press Family has new resources designed for children and teens to help them cope with the uncertainty of the COVID-19 pandemic and new **guidance for caregivers** on how to foster a sense of security during this challenging time. Go to **www.magination pressfamily.org.**



FREE MATERIALS FOR YOUR SUMMER CLASSES

Educators can use APA's **PsycLearn digital resources** in research methods and social psychology in summer semester courses. To gain access, email **psyclearn@apa.org.** Find a full list of free resources from APA Publishing at **www.apa.org/pubs/covid-19-resources.**

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DID YOU KNOW? **APA is offering free membership to new psychology doctorates at https://pages.apa.org/newdoctorates.**

APA SECURES KEY PROVISIONS FOR PSYCHOLOGY

Thanks in part to APA advocacy, the $2.2 trillion pandemic relief package will **expand access to telehealth services,** including **telepsychology.** The legislation will also benefit psychologists who provide services in universities, state and local governments, and community health centers, as well as students and early career psychologists. Learn more at **https://on.apa.org/CARESAct.**

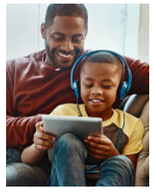


FUNDING OPPORTUNITIES FOR COVID-19 RESEARCH

APA is tracking the new **federal funding** opportunities available for psychologists to explore the immediate and long-term impacts the pandemic will have on mental and behavioral health related to COVID-19. Find a list of opportunities at **www.apa.org/topics/covid-19/funding-research-opportunities.**

STORY TIME WITH MAGINATION PRESS

APA's children's book authors are taking turns reading timely Magination Press titles such as "A Feel Better Book for Little Worriers" online to help children manage stress and anxiety brought on by the pandemic. Each reading is followed by an online activity. Tune in at **www.magination-pressfamily.org.**



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PRACTICE RESOURCES YOU NEED

APA has created a hub for all its **business-of-practice information** related to the COVID-19 pandemic. Psychology practitioners can find all the latest advocacy updates; telepsychology and tele-assessment tips and tools; billing, reimbursement and licensing guidance; self-care advice and much more at **www.apaservices.org/practice/clinic.**



TAKE A BREAK TO MEDITATE

APA is hosting **free wellness webinars** to help people avoid burnout, stay healthy and manage their stress during the pandemic. This month's offerings include a mix of meditation, yoga and Pilates. Find them at **https://pages.apa.org/wellness-webinars.**

HOW WE CAN MITIGATE COVID-19 INEQUITIES

A new episode of APA's "Speaking of Psychology" podcast features APA Chief of Psychology in the Public Interest **Brian Smedley, PhD,** talking about why COVID-19 is disproportionately affecting African Americans and Latinos and what can be done to mitigate these disparities. Listen to this episode and others that are related to the COVID-19 pandemic at **www.apa.org/research/action/speaking-of-psychology.**

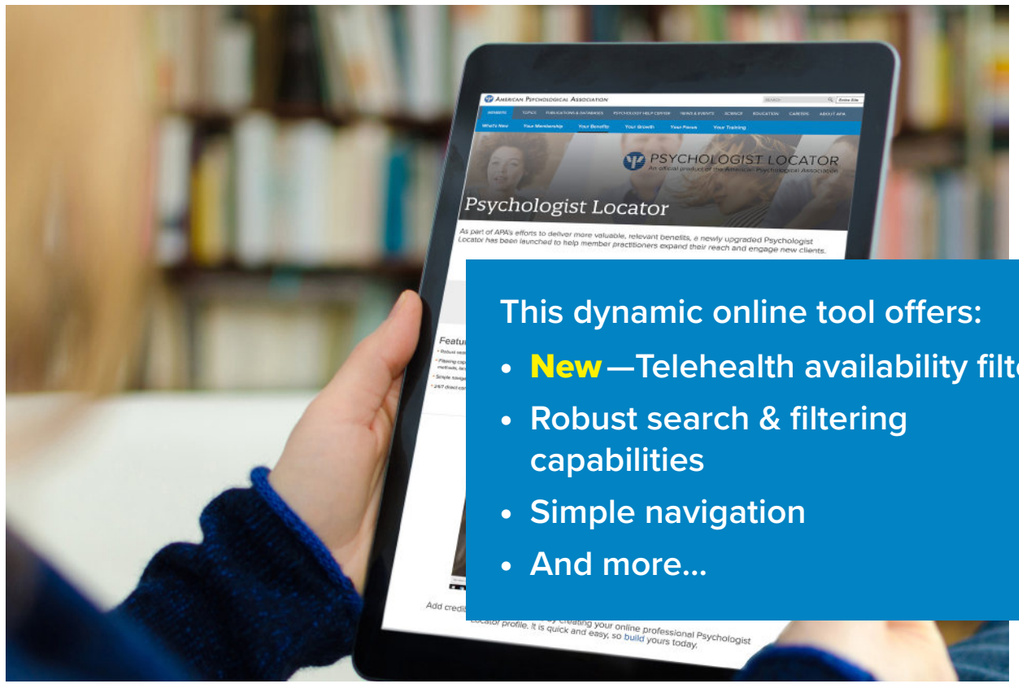


> **"Our country is facing a potentially historic mental health crisis. The psychological impact of this pandemic is just as great as the epidemiological gravity to human lives."**
>
> **Dr. Arthur C. Evans Jr., APA CEO, calling for all sectors of business, nonprofits and health care to work together**

PSYCHOLOGIST LOCATOR
An official product of the American Psychological Association

Help Those We Serve Find You

COVID-19 has impacted everyone and the demand for licensed psychologists is greater than ever. APA's Psychologist Locator is a trusted, practical tool for those searching for psychological telehealth services.



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COMPILED BY CHRIS PALMER

In Brief

THE LATEST PEER-REVIEWED STUDIES WITHIN PSYCHOLOGY AND RELATED FIELDS



USCHOOLS/GETTY IMAGES

COVID-19's Impact on Children

About one in five children in the Chinese cities of Wuhan and Huangshi showed signs of depression and anxiety while their schools were closed and they were restricted to home because of the COVID-19 pandemic, according to a study in *JAMA Pediatrics*. Researchers surveyed 1,784 students in grades two through six. Schools in both cities were closed in late January, and the students were surveyed about a month later. The researchers found that 23% of the students reported depressive symptoms and 19% reported anxiety symptoms. Students in Wuhan, the epicenter of the outbreak, were more likely to report depressive symptoms than those in Huangshi, about 60 miles away. Further studies are needed to determine whether the pandemic's mental health effects on children are temporary or will persist long term, according to the researchers.

DOI: 10.1001/jamapediatrics.2020.1619



FRACTURED FRONT LINE

Depression, anxiety and insomnia are common in the high-stress environments faced by health-care workers amid the COVID-19 pandemic, according to research in *JAMA Network Open.* Researchers surveyed 1,297 health-care workers from 34 hospitals in China about their mental health in late January 2020. Distress was widely reported (72%), followed by depression (50%), anxiety (45%) and insomnia (34%). Women, front-line health-care workers and health-care providers in Wuhan reported more severe mental health symptoms across all measurements compared with men, health-care workers not directly treating COVID-19 patients and those outside of Wuhan, respectively. These findings suggest that health-care workers exposed to the coronavirus should immediately receive interventions to promote their mental health, with particular attention to those groups at greatest risk.

DOI: 10.1001/jamanetworkopen.2020.3976

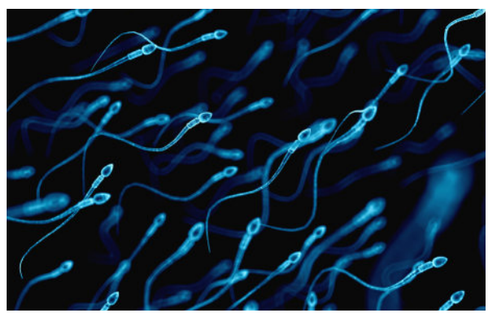
Women and front-line health-care workers in Wuhan reported more severe mental health symptoms compared with other groups.

STRESSED SPERM

Stress-inducing events may lead to changes in a male's sperm that could impact future offspring, according to a study in *Nature Communications.* Researchers examined extracellular vesicles—structures that deliver molecules between cells—in mouse tissue exposed to the stress hormone corticosterone. After stress treatment, the vesicles showed changes in overall size, protein content and small noncoding RNA content. When sperm were incubated with these "stressed" vesicles prior to egg fertilization, the resulting mouse pups showed significant changes in early brain development, and as adults they responded differently to stress than control animals. The researchers also asked 15 men, ages 19 to 25, to donate sperm each month for six months and complete questionnaires about their perceived stress. They found that men who had previously experienced elevated stress showed changes in their sperm's small RNA content, in patterns similar to those observed in the mice.

DOI: 10.1038/s41467-020-15305-w

Stressful events may impact a male's sperm and future offspring, finds research in mice and humans.



TOP: NATHAPHAT/GETTY IMAGES; BOTTOM: FOTOTOCAM/GETTY IMAGES

FALSE HOPE

Internet searches for unproven COVID-19 remedies spiked after President Trump and other high-profile people touted them online and in the press, finds research in *JAMA Internal Medicine.* Researchers analyzed Google Trends data on internet searches for chloroquine and hydroxychloroquine from Feb. 1 to March 29, 2020, which includes the period before and after Trump and entrepreneur Elon Musk hailed the unproven drugs as potential cures. Searches for the drugs jumped 442% for chloroquine and 1,389% for hydroxychloroquine. Searches remained elevated even after news reports came out that the drugs could be poisonous and even fatal if not taken under a doctor's supervision.

DOI: 10.1001/jamainternmed.2020.1764

WORK OUT NEGATIVE FEELINGS

Among healthy but sedentary adults in their 20s, 30s and 40s, exercise can lower levels of depression and hostility, according to research in *Health Psychology.* Researchers asked 119 sedentary men and women in the United States, ages 20 to 45, about their current levels of depression, anxiety, hostility and anger. The researchers then randomly assigned half of the volunteers to begin exercising four times a week for three months—35 minutes at 75% maximum heart rate—and the other half to a control group. The group that exercised for three months saw scores on a depression scale fall by 35%, while scores for the control group remained unchanged. Hostility levels also decreased in the exercise group, but no changes were observed in anxiety and anger. The researchers also found that the mood benefits of working out can linger for weeks after people stop their exercise routines.

DOI: 10.1037/hea0000836

STRUCTURAL INEQUITIES

Black, Native American and lower-income Americans are more likely to have risk factors that increase the chances of severe illness or death due to COVID-19, finds a paper in the *American Journal of Preventive Medicine.* Researchers analyzed 2018 data on about 330,000 people from the nationally representative *Behavioral Risk Factor Surveillance System* study. They found that among people under age 65, 33% of blacks and 42% of Native Americans had at least one risk factor, such as heart disease, diabetes or chronic lung disease, compared with 27% of white respondents under 65. Among those age 65 and older, 61% of blacks and 69% of Native Americans had at least one risk factor in addition to age, compared with 54% of white respondents. Lower-income respondents were also at higher risk: Among those younger than 65, they were almost twice as likely to have one or more risk factors compared with higher-income respondents.

DOI: 10.1016/j.amepre.2020.04.003



TOP: ERAXION/GETTY IMAGES; BOTTOM: MARJAN_APOSTOLOVIC/GETTY IMAGES

Adding exercise to their routines helps sedentary people feel less depression and hostility.

Social isolation and loneliness could lead to inflammation and its associated health risks, research suggests.

ISOLATION AND INFLAMMATION

Social isolation and loneliness may be associated with inflammation in the body, suggests research in *Neuroscience & Biobehavioral Reviews.* Analyzing 30 previous studies, 16 centered on social isolation and 14 on loneliness, researchers found social isolation was associated with higher levels of the inflammation markers C-reactive protein and fibrinogen. Some analyses also indicated a link between loneliness and levels of Interleukin-6. The researchers note that the studies varied in design and quality and





Experiencing job insecurity may make people more neurotic and less agreeable and conscientious.

DEAN MITCHELL/GETTY IMAGES

point to the need for further research to demonstrate these associations and their underlying mechanisms.

DOI: 10.1016/j.neubiorev.2020.02.002

JOB INSECURITY CHANGES PERSONALITY

Experiencing chronic job insecurity can lead to changes in personality, suggests a study in the *Journal of Applied Psychology*. Researchers analyzed survey responses from 1,046 workers in Australia collected over nine years. Using the Big Five personality trait framework, they found that job insecurity that lasted four or five years was associated with a small increase in neuroticism and small decreases in agreeableness and conscientiousness, but they found no links with changes in extraversion or openness. The researchers suggest that job insecurity affects traits that reflect the ability to achieve goals and maintain stability but not traits that reflect plasticity and adaptiveness.

DOI: 10.1037/apl0000488

DISTANCING WORKS

Physical distancing measures were effective in stopping the transmission of COVID-19 in Wuhan and Shanghai, China, finds a study in *Science*. Researchers surveyed 636 people in Wuhan and 557 people in Shanghai about their daily contacts—in-person conversations or physical contacts such as handshakes—before and after stringent physical distancing orders were put in place in late January 2020. The average number of daily contacts dropped from 14.6 to 2.0 in Wuhan and from 18.8 to 2.3 in Shanghai, and after distancing measures, the vast majority of contacts were among members of the same household. Using a mathematical model, the researchers concluded that the physical distancing measures were enough to curb the spread of the virus in those cities. According to the model, school closures alone reduced the peak incidence of infections by 40% to 60%.

DOI: 10.1126/science.abb8001

HIGHER SUICIDE RISK FOR NURSES

Nurses in the United States are at higher risk of suicide than the general population, according to a study in *Worldviews on Evidence-Based Nursing*. Researchers analyzed Centers for Disease Control and Prevention data from 1,824 nurses and 152,495 non-nurses in the United States who completed suicide from 2005 to 2016. They found that suicide rates from 2005 to 2016 were higher in female nurses (10 per 100,000 person-years) than in the general female population (7 per 100,000 person-years). Similarly, suicide rates were higher in male nurses (33 per 100,000 person-years) than in the general male population (27 per 100,000 person-years) for the same time period. The researchers also found that nurses who completed suicide were more likely to have had job problems and a history of mental health problems than non-nurses who completed suicide. ■

DOI: 10.1111/wvn.12419

● **For direct links** to the research cited in this section, visit our online edition at www.apa.org/monitor.

4 QUESTIONS FOR STEVEN TAYLOR

The author of the timely book "The Psychology of Pandemics" explains where we have gone wrong with preparing for COVID-19—and what we can still get right

BY LINDSEY ALLEN

Although some aspects of the novel coronavirus remain unknown, research on past pandemics and other outbreaks, such as influenza, SARS and Ebola, provides valuable insights into how health experts can help contain the spread of COVID-19 and encourage people to get vaccinations once they are available, says Steven Taylor, PhD, a professor and clinical psychologist at the University of British Columbia in Canada and author of "The Psychology of Pandemics," published in October 2019—just two months before the novel coronavirus was first reported in China.

Taylor's 30 years of research on health anxiety pointed him to the psychological phenomenon of pandemics, which are caused and contained by the way people behave and react to the threat of infection. He has found that health experts can take critical steps in containment, including clearly communicating risk levels, encouraging vaccination adherence, providing stress management advice for the general public and learning from our mistakes.

He believes we should be treating COVID-19 as preparation for the next pandemic or disaster. "With climate change increasingly impacting people's lives, we can expect further disasters down the road," says Taylor. "We can take the lessons from COVID-19 as they unfold and start preparing without panicking."



COURTESY OF DR. STEPHEN TAYLOR

What can we expect to see in terms of long-term impacts on mental health?

There will be a significant minority of people severely impacted by COVID-19—particularly people who had pre-existing psychological problems and who experience a disruption in access to their mental health-care providers. People with a high level of intolerance for uncertainty, for example as you see in generalized anxiety disorder, are at a higher risk for experiencing long-term impacts.

But long-term impacts will not be limited to those with pre-existing issues. People will lose their marriages, their jobs, their houses and their finances. The upheaval and stress of being in close confines can have lasting impacts on people's mental health and well-being. A seemingly unrelated situation provides a point of comparison: In the case of wildfires, people are cramped up together in temporary accommodation, experiencing stress and financial hardship, and it leads to an increase in fights, marital discord and domestic violence. We should expect to see some of the same issues in this pandemic.

However, people as a whole are highly resilient. As a species, we have survived countless pandemics—and while it can be stressful during the unfolding of a disaster, people do go on to adapt and recover.

Would the spread of the novel coronavirus be different if people had been paying closer attention to past research on pandemics?

Unfortunately, probably not. We, as humans, tend to be myopic and forget the things of the past.

The World Health Organization (WHO) has learned lessons from past pandemics, but those lessons can be hard to put into practice with the public. For example, they've learned the potential harm in naming pandemics or diseases after people, places or things. Imagine if this virus had formally been called the Wuhan Bat Flu. These kinds of labels can cause rampant racism and needless

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AMERICAN PSYCHOLOGICAL ASSOCIATION

calling of names—labels, words and names count a lot.

The WHO has also learned the importance of risk communication. It was important to sound the alarm early to get the public's attention, but not at a level that people are terrified because that can be socially disruptive in itself. They've presented people with information early and described uncertainties, which is essential in earning the public's trust.

But officials could have been much more proactive about addressing behaviors seen in previous pandemics. For example, many countries did not prepare as well as they could have for the predictable rise in racism, the surge of the worried well into hospitals and the panic buying. For example, with panic buying, officials could have worked with major grocery stores and food distributors ahead of any messaging to the public and asked them to put limits on purchasing. Then when messaging went out to the public, it could have been framed appropriately to let people know that they should stock up with a two-week supply of groceries but that purchases would be limited to prevent panic buying.

How can we encourage people to get vaccinated once a vaccine becomes available?

We should expect to see vaccine nonadherence, which has been a problem in previous pandemics such as the 2009 H1N1 pandemic, and it will be a problem for COVID-19. Many people will not get vaccinated because of the uncertainty around COVID-19, which will transfer to uncertainty concerning the vaccine. People are going to wonder about how extensively it has been tested and whether it's safe. This vaccination hesitancy is going to make it even more difficult to manage this sort of infection.

Repetition of messaging is going to be critical. We need to get people used to the idea now that a vaccine is coming and that they should get vaccinated. Many people are unaware of the importance of herd immunity, which is the indirect protection that a population experiences when a large enough proportion is immune to infection, and getting out this message has the potential to increase vaccination. Interventions based on motivational interviewing can be successful in individual or small group settings, with providers addressing people's underlying worldviews. Cognitive-behavioral therapy can be effective for people with injection phobia.

One of the big failures in this pandemic is that most countries have not been proactive in dealing with this. This is one area where we still have the opportunity to be proactive.

What are the important research questions for this pandemic?

My team is collecting data online, looking at how people are coping with self-isolation, among other topics related to this pandemic. We're also investigating people's varying coping strategies, both adaptive behaviors such as finding creative ways to connect with friends and maladaptive strategies such as substance use.

Looking ahead, we will be studying how this unfolds. As we've seen already, pandemics are not static—they're dynamic situations in which certain anxieties might spike early on, but as things change, different anxieties arise. We will study the long-term impacts of the pandemic, such as the adaptive behaviors and effects of isolation. We also would like to get a better handle on how people cope with uncertainty—not just for COVID-19 but also for the upcoming impacts of climate change. How can we boost people's resilience and reduce mob-mentality behaviors, like panic buying, and help people tolerate uncertainty?

It's very difficult to predict how this pandemic will unfold, but cross-cutting issues in coping and stress tolerance will apply to disasters beyond COVID-19. ■

PRIVACY VERSUS PUBLIC HEALTH

As governments and corporations use smartphone data and facial recognition software to track and curtail the spread of COVID-19, psychologists can help policymakers understand the public's expectations around digital privacy

BY JENNIFER K. ROBBENNOLT, JD, PhD, UNIVERSITY OF ILLINOIS COLLEGE OF LAW

The COVID-19 global pandemic has raised many issues at the intersection of law and psychology. One that is becoming a focus of debate is the tension between privacy and public health. Already, companies are using aggregate smartphone location data to assess whether residents are following stay-at-home orders. In some countries, like South Korea, smartphone apps alert authorities when quarantined residents leave their homes. Other countries, including Australia and several European nations, are developing apps that use location data to facilitate contact tracing. Singapore has already deployed such an app, called TraceTogether. Commercial products that could enable employers to track workers' health or locations are also available. Employers and schools are considering using facial recognition software to implement new timekeeping practices, security protocols and exam-proctoring methods.

Issues related to digital privacy have been brewing for some time, and these COVID-19-related developments will only accelerate that trend. In *Carpenter v. United States* (2018), the U.S. Supreme Court held that, given the privacy interest individuals have in information about their physical location, authorities needed to obtain a warrant before seeking a week's worth of location data from a cellular service provider as part of a criminal investigation. The court noted that cellphones have become "almost a 'feature of human anatomy'" and that location data "provides an intimate window into a person's life, revealing not only his particular movements, but through them his 'familial, political, professional, religious, and sexual associations.'" But how these concerns will play out in the public health and surveillance context remains to be seen.

State privacy laws will play a role as well. The Illinois Biometric Information Privacy Act (BIPA), for example, restricts the ability of private entities to collect biometric information without notice and consent. In January, Facebook agreed to a $550 million class action settlement for using facial recognition technology without users' consent. In April, parents sued Google under BIPA and the federal Children's Online Privacy Protection Act, alleging that Google collected, stored and used children's biometrics without parental consent by providing access to laptop computers with preinstalled apps that required voiceprints and faceprints.

Claims like these are likely to proliferate in the wake of the pandemic, and the decisions made are likely to outlast it. Psychologists have much to contribute by helping policymakers understand whether people appreciate how much digital and biometric information they are transmitting and how (and by whom) it will be used. Psychologists can add to discussions of what informed consent might look like in these contexts, the differences between opt-in and opt-out participation and the role of (often fine-print) privacy policies. Research might explore how the use of digital data might affect trust between individuals and public health workers responsible for contact tracing interviews, or how digital contact tracing might interact with poverty and the technology divide. Psychologists can contribute to solutions for helping people protect themselves against counterfeit contact-tracing apps and other forms of cybercrime. More broadly, psychologists can continue to study people's expectations of privacy, an important concept under the Fourth Amendment to the U.S. Constitution. ■

AT ISSUE

What are people's rights and expectations around digital privacy when digital data could help fight a global pandemic?

ROMZICON/THE NOUN PROJECT

● **"Judicial Notebook"** is a project of APA Div. 9 (Society for the Psychological Study of Social Issues).

REMOTE WORK

AS THE U.S. STAYS HOME, PSYCHOLOGY MOVES ONLINE

The rapid switch to telehealth, online data-gathering and distance teaching requires flexibility and creativity, experts say

BY KIRK WALDROFF

Prior to 2020, Nina Shiffrin, PhD, a psychologist in Rockville, Maryland, conducted about 10% of her therapy sessions with patients online. Teletherapy was a flexible solution she used to accommodate the occasional adult patient unable to leave work at midday or children who couldn't get to Shiffrin's office on their own. But in March, when a state of emergency was announced in the United States because of the coronavirus and state governments began issuing stay-at-home orders, she quickly pivoted to move 100% of her patients to telehealth services. ¶ Thousands of psychologists have made the same pivot. Many, like Shiffrin, are practitioners who are rapidly getting themselves—and their patients—up to speed on telehealth. Others are scientists who are rushing to adopt new data-gathering methodologies or to protect animal subjects, and educators who are becoming more versed in distance learning software and building online connections with students.

The common thread for all psychologists dealing with the new reality ushered in by the pandemic has been the need for flexibility and creativity. "We're finding new ways to help, mostly small, but we're doing what we can. Across my university faculty, staff and students have really pulled together," says Jeff Zacks, PhD, head of the Dynamic Cognition Laboratory at Washington University in St. Louis.

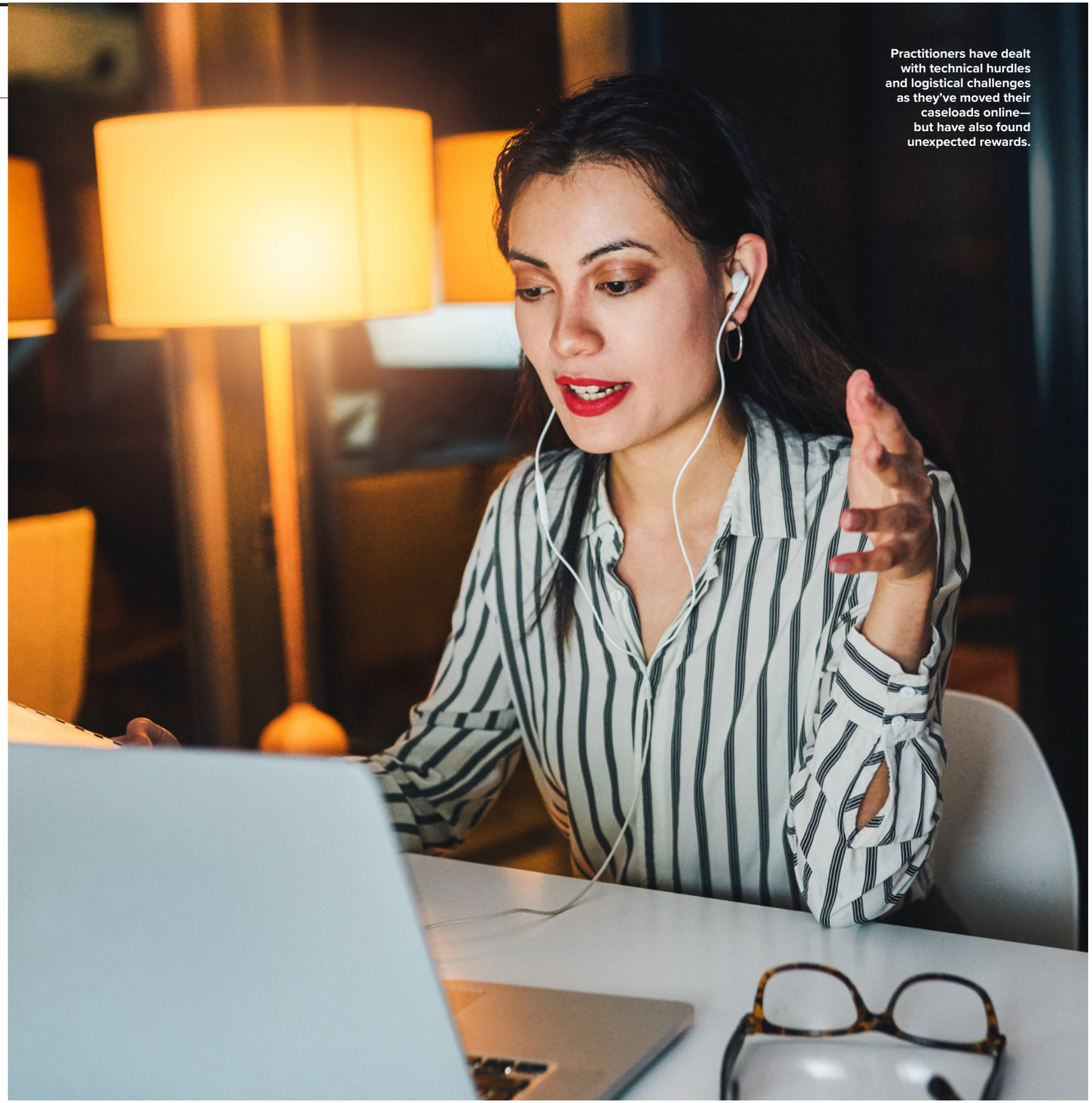
Here's a sample of what some psychologists have been experiencing and lessons they've learned.

TELEHEALTH HASSLES AND REWARDS

While many practitioners had some experience using telehealth platforms prior to the onset of the pandemic, few were using them as their exclusive means for conducting therapy sessions. In just a few weeks, that changed dramatically. Like Shiffrin, many practitioners moved their entire caseloads online as federal and state regulations changed to encourage expanded access to telehealth (see article on page 18).

For some psychologists, issues with logistics, such as having a spotty internet connection or not having a laptop with a built-in camera, have proven challenging. And since patients may be dealing with the same issues, practitioners have, at times, had to play the dual role of health-care and IT service provider. There are also case-specific challenges that have forced psychologists to get creative. For example, practitioners have reported advising patients who live in close quarters with others to get in a car and drive to a parking lot for their telehealth sessions. "While not ideal, joining a session from the privacy of a car is preferable to potential eavesdropping by a roommate or partner," says Kristi K. Phillips, PsyD, chair of APA's Committee on Rural Health and a psychologist in Litchfield, Minnesota.

Meanwhile, providing online care to children comes with its own set of challenges. According to an APA fact sheet, without the control of the clinical setting, practitioners must pay close attention to the space on the other side of the screen as children may become more easily distracted or may require more room for hands-on activities. And psychologists working with vulnerable children must also be more vigilant about looking for warning signs of abuse and neglect during



Practitioners have dealt with technical hurdles and logistical challenges as they've moved their caseloads online—but have also found unexpected rewards.

MOYO STUDIO/GETTY IMAGES

this time. Staying at home means these children aren't regularly in contact with teachers or counselors, who are typically relied upon to spot such signs and are mandated to report them.

Despite such challenges, some practitioners are also experiencing pleasant surprises while shifting to telehealth. Several of Phillips's patients, for example, have told her that learning to use Zoom during their telehealth sessions empowered them to use the platform to better connect with friends and family as well—for Phillips, an unexpected and rewarding side effect.

Others note that having a glimpse into where their patients live offers them insights that they previously wouldn't have had access to. They're getting to meet pets and siblings and are better able to see how a patient may behave in a less clinical setting. "It's fun to get to see patients in their natural settings—I get to meet pets … children can show off their artwork or favorite toys," says Shiffrin.

STUDIES ON HOLD

Psychological scientists are also confronting major challenges as the COVID-19 crisis unfolds (see article on page 30). Even labs that were already conducting a significant amount of online research are feeling the effects. Zacks's Dynamic Cognition Laboratory, for example, has been conducting both small- and large-scale online studies for several years now, and it launched two new online studies in April, which likely won't be severely affected by the pandemic. But Zacks has had to place fMRI and eye-tracking studies on hold because they rely on face-to-face interaction.



Psychology teachers have been quick to share resources and online lesson plans.

G-STOCKSTUDIO/GETTY IMAGES

Besides the research studies that are taking a hit, Zacks and his colleagues are concerned about students who were assigned to participate in experiments as part of their learning coursework. "At my university, instructors have altered the assignments, and we're making more experiments available online; these seem to be helping," he says.

Many researchers and students question whether they'll be able to continue to use funding for studies that now require altered (from in-person to online) data-gathering methodologies. Natalie Hong, a doctoral student in the clinical science program at Florida International University, had already secured funding from the National Institute of Mental Health for her dissertation project, which was designed to include an in-person group-based treatment beginning later this year.

"I am worrying about my options and the consequences for adjusting the in-person aspects of the study, if needed," she says.

Meanwhile, other researchers simply have no online options. Researchers working with animals, for instance, are not able to interact with their subjects online. The setbacks go well beyond forfeiting data collection. Animal lineages that were created over months and even years—while being kept physically safe by essential staff—are now missing the meticulous level of attention provided by research staff and, as a result, may fall outside the parameters of experiments and be rendered unusable.

"This loss means much more to me than deficits of time and resources and is something animal researchers in particular will have to bear moving forward," says Siara Rouzer, a behavioral neuroscience graduate student at Binghamton University in New York who uses rat models to study fetal alcohol disorders.

EMPTY CLASSROOMS

Psychology teachers and students have experienced massive changes as well. Fortunately, most academic institutions had e-learning capabilities in place prior to the COVID-19 pandemic. In these institutions, teachers have been able to draw heavily on support from their institutional technology office or instructional design team (see article on page 56).

Regan Gurung, PhD, director of the general psychology program at Oregon State University and executive director of the Center for Teaching and Learning (CTL), says his university's eCampus unit and CTL have been working long hours to help faculty get up and running with remote teaching.

Yet even with tools and tech support in place, there are formidable challenges for teachers. Helping students who have never used online learning resources and figuring out effective ways to keep track of students who are not participating are particular challenges, Gurung says. Other concerns include helping remote students learn from one another and promoting a sense of community among remote students.

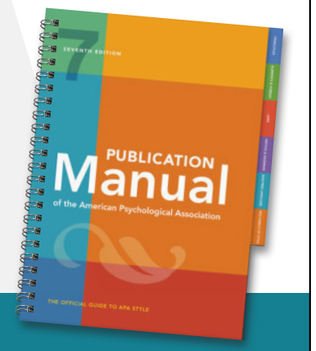
Susan Nolan, PhD, a psychology professor at Seton Hall University, has gone from zero online teaching to 100% online teaching. She's found that her students are adapting to the switch.

"Some have become anxious about making the technology work, but many of them seem to be adjusting well—using the chat function to comment on the course content, downloading the recorded lectures after the fact, even introducing their pets on video," she says.

Teachers have been quick to assist fellow teachers, as well, including by sharing resources such as online lesson plans and lectures to use during the pandemic. On March 13, for example, the day the United States declared a state of emergency, David Kenny, PhD, of Wesleyan University, immediately took to Twitter: "During this health crisis, I am waiving all charges for the 40 webinars and 70 PowerPoints that I have posted. Feel free to use as needed. Most are on Dyadic Analyses & SEM."

Overall, the rapid shift to working online has touched every corner of society, and psychology. While some psychologists were already familiar with working online before the pandemic, most are now fully embracing online platforms in a more comprehensive way out of necessity. "We're all being creative to make sure everything we do is in the best interest of our patients, subjects and students," Phillips says. ■

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TELEHEALTH CHANGES

TELEPSYCHOLOGY EXPANDS TO MEET DEMAND

APA advocacy convinced regulators to change telehealth rules to increase access to care during the pandemic

BY NICOLE OWINGS-FONNER, MA



ALEJO VAZQUEZ/GETTY IMAGES

The COVID-19 public health emergency has increased demand for mental and behavioral health services at the very time it has driven most of those services to telehealth platforms. In response, APA has led a successful advocacy and education campaign to maximize the availability of telepsychology services for vulnerable populations and to ensure that psychologists are prepared to provide these services and are properly reimbursed for them.

¶ APA's campaign began in full force on March 10, as part of its annual Practice Leadership Conference. APA members and staff conducted 250 congressional visits by phone and in-person, lobbying for support of telehealth services.

"Three weeks later, in the thick of a public health emergency, a group of APA staff and leaders in the field delivered a method and payment policy that allows for the provision of telepsychology services," says Antonio E. Puente, PhD, co-chair of APA's Advocacy Coordinating Committee and a former APA president. "From an idea to a reality in three weeks is a miracle, and it is a bright light that interfaced practice, policy and advocacy."

Several key changes resulted from APA's advocacy. They include changes to:

MEDICARE

On March 19, the federal government designated psychologists as critical, essential workers in the U.S. response to COVID-19. As such, the Centers for Medicare & Medicaid Services (CMS) improved access to care for Medicare beneficiaries by:

- Setting up advanced and accelerated payments to help with cash flow challenges.
- Easing the enrollment procedures for new providers by waiving certain requirements and expediting new applications.
- Granting exceptions and giving providers extra time to meet Medicare's quality reporting requirements, such as the Merit-based Incentive Payment System (MIPS), during the public health emergency.

In addition, under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, CMS issued further guidance based on APA recommendations to waive key telehealth requirements and allow psychologists to provide most of their typical services via **audio-only telephones.** Both new and existing Medicare beneficiaries can receive expanded telehealth services from their homes.

■ **The ability to work from home.** Psychologists can provide an expanded portfolio of services from their own homes using either audio-only telephones or through traditional telehealth with audio and video functions that provide two-way, real-time interactive communication. "To curb the spread of the coronavirus and help our communities heal, we cannot leave any of our neighbors without access to videoconferencing technologies behind," says Arthur C. Evans Jr., PhD, APA's CEO. "Psychologists can now use their specialty skills to improve the health of all the communities we serve."

The U.S. Department of Health and Human Services (HHS) is also waiving potential penalties for violations of the Health Insurance Portability and Accountability Act (HIPAA) for providers who use telehealth to treat patients during the crisis. HHS specifically referenced Skype, FaceTime and other non-compliant telehealth platforms as reasonable options to provide care. "While penalties are being waived at the federal level for non-HIPAA compliant telehealth platforms, it is still best practice to choose one that is compliant," notes Deborah C. Baker, JD, APA's director of legal and regulatory policy. "Preferably one that offers a business associate agreement and that you can use beyond the public health emergency."

■ **Billing.** Psychologists should bill Medicare for telehealth services in the same way that they would have for face-to-face services—and they should expect to be reimbursed for the same dollar amounts. During the crisis, psychological and neuropsychological testing, health behavior assessment and intervention, and group psychotherapy can now be billed through telehealth. Additional restrictions have been waived regarding visits to inpatient units, skilled nursing facilities and nursing homes. The telehealth services covered by Medicare during COVID-19 fall into two categories:

The federal Coronavirus Preparedness and Response Supplemental Appropriations (CARES) Act paved the way to expand access to mental health care by making telehealth services more accessible to Medicare beneficiaries.

Services Allowed via Phone and Traditional Telehealth

- Psychiatric diagnostic interview (90791, -92)
- Psychotherapy, including individual (90832, -34, -37), group (90853), family (90846, -47) and psychotherapy for crisis (90839, -40)
- Psychological and neuropsychological testing (96130–96133 and 96136–96139)
- Health behavior assessment and intervention services, individual and group (96156, -58, -59, -64, -65, -67, -68, -70, -71)
- Psychoanalysis (90845)
- Neurobehavioral status examination (96116, -21)
- Interactive complexity (90785)
- Behavioral Screening (96127)
- Screening, Brief Intervention, and Referral to Treatment (G0396, G0397)

Services Allowed via Traditional Telehealth Only

- Developmental Screening and Testing (96110, -12, -13)
- Adaptive Behavior Assessment (97151, 97152, 0362T)
- Adaptive Behavior Treatment (97153-97158, 0373T)

■ **New ways of communicating.** CMS has expanded the types of communication available to Medicare beneficiaries during this time period by activating reimbursement for two sets of additional Current Procedural Terminology (CPT) codes: (1) **telephone assessment and management services** and (2) **e-visits.**

- Telephone assessment and management services are provided by a psychologist when a patient calls and the psychologist assesses the patient, then provides an intervention service on the spot. These services, and their accompanying codes, do not replace traditional psychotherapy and reimburse at

a lower rate because they were built for brief and directed services.
- E-visits are patient-initiated digital communications conducted through electronic health record portal messages or other HIPAA-compliant, secure platforms that require professional patient assessment and decision-making to direct subsequent management of the patient.

For additional specifics on how to bill telehealth services, telephone assessment and management services and the new e-visit coverage for Medicare, see the expanded coverage on the APA Services website.

STATE REGULATIONS

Unfortunately, the new federal legislation applies only to Medicare beneficiaries and cannot supersede state licensing laws. For example, licensed psychologists are typically prohibited from using telehealth to provide services across state lines. To encourage states to adopt more telehealth-friendly legislation, APA drafted letters to private insurers, state regulators and governors in all 50 states to be delivered in partnership with state psychological associations. The letters urge state officials to temporarily suspend state licensing laws and regulations regarding telepsychological services to ensure continuity of care and to avoid spreading the virus. This would include approving videoconferencing for all providers without limitation, as well as telephone-only services, interprofessional consultation and the elimination of barriers for existing telehealth coverage.

Many state governors quickly responded to the APA/state psychological association letters by issuing emergency orders to increase access to telehealth services and to increase the pool of available health-care providers. Within weeks:
- 12 states issued executive orders calling for expansion of telehealth service rates to be comparable to in-person service rates.
- 14 states issued executive orders allowing patients to receive telehealth services in their own homes.
- 16 states temporarily lifted licensing requirements.
- 22 states either expanded their policies for out-of-state providers to temporarily practice in their states or instituted emergency expedited registration for out-of-state providers.

"We continue to urge each jurisdiction to reimburse the full range of psychological services via telehealth and are following up with additional efforts in those states where expanded coverage is still needed," says Baker.

Find out where your state stands on telehealth by reading APA's resource summarizing the current state emergency orders.

RESOURCES FOR PSYCHOLOGISTS

In tandem with its advocacy work, APA has ramped up education and communications efforts to ensure that the telehealth services psychologists are providing are of the highest possible quality.

"While some psychologists have experience providing psychotherapy services via telehealth, for many this may be the first time they are attempting to serve their patients in this way," says Jared L. Skillings, PhD, ABPP, APA's chief of professional practice. "By partnering with leaders in the field and other organizations, we have worked to quickly provide resources to educate psychologists on how to best provide a wide variety of psychological services via telehealth."

Psychologists who are new to telehealth can build their competence by studying APA's *Guidelines for the Practice of Telepsychology* or taking a relevant course. APA has also developed an office and technology checklist for telepsychological services to help psychologists and their patients prepare for telehealth sessions, including by using an informed consent document.

APA has also developed guidance for psychologists who work remotely in specific settings or with patient populations including:
- In nursing homes
- With children and adolescents, for testing
- With those experiencing pain, preparing for surgery or with obsessive-compulsive disorder
- When conducting psychological assessment or neuropsychological assessment
- In group therapy

With all these changes, it is expected that psychologists might have questions like what to do if they might be infected or under what circumstances should one provide in-person services.

Finally, here are concrete strategies for psychologists to use to manage their stress during this challenging time. ■

ADDITIONAL RESOURCES

www.apaservices.org/practice/clinic
The latest advocacy updates, reimbursement and licensing/regulatory guidance and other information to help navigate the public health emergency

www.apa.org/topics/covid-19
Information and resources organized by topic for psychologists, health-care workers and the public

APA psycCareers



We're Here for You

The APA psycCareers team is committed to providing you with the information and support you need most during this time. Check out our COVID-19 resources as they relate to your career in psychology.

www.apa.org/careers

IN THE NEWS

REACHING THE PUBLIC AT A CRITICAL TIME

Mass media coverage of psychologists' research and interventions has been essential to helping people cope with the COVID-19 crisis

BY JAMIE CHAMBERLIN

Journalists have turned to psychologists during the COVID-19 pandemic to help make sense of this unprecedented crisis, seeking expertise on stress and anxiety, resilience, the psychological effects of isolation, xenophobia, navigating financial change, fear and uncertainty, and myriad other topics. ¶ From homes or empty offices across the country, psychologists have written op-eds translating their research and have spoken to national and local reporters, news anchors, and radio and podcast hosts with the goal of helping people understand and cope with the dramatic changes brought on by the pandemic. Here are just a few of the many examples of how psychologists have brought their science and expertise to the public.

■ Throughout the crisis, **Lisa Damour, PhD,** has been offering parents tips on how to help teens in quarantine cope with anxiety and grieve the loss of rites of passage such as graduation in her regular "Adolescence" column in **The New York Times.** "Though we can't replace what's been lost, adults should not underestimate the power of offering outright empathy to disheartened adolescents," wrote Damour. "When it comes to navigating painful feelings, the only way out is through, and offering our teenagers the compassion they deserve paves their way toward feeling better."

■ Psychologist **Renee Schneider, PhD,** of Lyra Health, a corporate benefits provider, wrote a piece for **Fast Company** magazine encouraging businesses to make employee mental health a priority during the pandemic. "Taking care of ourselves and each other—including our families, friends, and co-workers—should be the first order of business right now," she wrote. "Employers who are proactive, considerate and flexible will be better positioned to weather this storm."

■ University of Houston psychologist **Rheeda Walker, PhD,** joined celebrities including Idris Elba, Tiffany Haddish and Alicia Keyes for the **BET** network's **"Saving Our Selves"** COVID-19 relief broadcast in April, offering research-based tips on how to maintain mental health during the pandemic. "Given how coronavirus has disproportionately impacted African Americans who are on the front lines of essential services and subject to chronic health conditions, it's important to see the community come together to increase awareness and much needed support," she said.

■ Sport psychologist **John Tauer, PhD,** spoke to the Associated Press for an article that appeared in **The New York Times** about the stress that quarantined athletes are experiencing and how they can stay mentally fit. Tauer, the men's basketball coach and a psychology professor at the University of St. Thomas in Minnesota, has encouraged his and other athletes to apply their knowledge of being team players to this new reality. "Let's do what a great teammate does, and that means think about the greater good as opposed to what my immediate wants might be right now," he said.

■ University of Pennsylvania psychologist **Angela Duckworth, PhD,** is collaborating with **Education Week** magazine to answer questions from teachers several times a week to help them support their students as they learn from home. Now more than ever, she said, teachers are looking for advice on how to keep students engaged and how to assist kids who may have little educational support at home. "The questions that have always occupied teachers are even more urgent during the coronavirus crisis," she wrote.



VERTIGO3D/GETTY IMAGES

Psychologists are talking to the media about how people can cope with isolation, financial stress, distance learning challenges and more during the pandemic.

■ In an essay for **Business Insider,** New York clinical and forensic psychologist **Paula Madrid, PsyD,** wrote about the ongoing emotional fatigue and extreme stress health-care workers are experiencing during this crisis. "The gravity of this moment cannot be overstated, nor can its toll on our health-care professionals be overestimated," wrote Madrid, who has been treating these front-line workers remotely over the past few months. "All resources must be pooled to serve those who, in this time of unparalleled devastation, serve us so devotedly."

■ In an article for **Today.com** on coping with COVID-19-related financial stress, psychologists **Brad Klontz, PsyD,** and **Moira Somers, PhD,** warned people against making rash decisions about their finances that they might regret later. "When you become emotionally charged, you become rationally challenged," said Klontz. Added Somers: "Don't touch your face, don't touch your 401k."

■ Duke University psychologist **Robin Gurwitch, PhD,** shared tips with **HuffPost** on how to keep children and teens socially connected with friends and family. "We all do better when we are connected with others," said Gurwitch. "Finding ways for children to connect with friends via Skype, FaceTime, etc. is important. Texting, Instagram and phone or even old-fashioned letters keep us connected. Have a virtual playdate. Play a multiplayer video game together. Connections matter."

■ Drawing on his research on virtual communication, Stanford University psychologist **Jeremy Bailenson, PhD,** told **NPR** why Zoom calls can feel awkward and exhausting for some people. "People have very dedicated personal norms about the proper space one should leave between themselves and others," he said. "When we're actually face to face, we don't stare at each other's eyes for that long, but the default setting on a lot of these videoconference technologies is a Brady Brunch grid, where everybody's close by and staring at you right in the face."

■ **Vaile Wright, PhD,** APA's senior director of health care innovation, encouraged people to resist the pressure to be productive every moment during quarantine in an article in **USA Today.** "Try to not judge yourself by a standard set by someone else about how you should be spending your time," said Wright. "It's OK to not be OK right now and to just do your best to get through this truly unprecedented time." ■

LESSONS LEARNED

SEVEN FINDINGS THAT CAN HELP PEOPLE DEAL WITH COVID-19

Psychological research on past crises can help people cope with the daily—sometimes hourly—news flashes about the coronavirus

BY KIRSTEN WEIR

The COVID-19 pandemic has delivered the world into uncharted waters, and researchers, health-care workers and public health authorities are scrambling to keep up. "It's a rapidly changing landscape," says University of California, Irvine, psychologist Roxane Cohen Silver, PhD. ¶ While the COVID-19 pandemic is unique in many ways, there are lessons to be learned from a significant body of literature on the psychological and behavioral health responses and consequences of disaster events. Those lessons include:

1 SOCIAL MEDIA MAY ESCALATE ANXIETY MORE THAN TRADITIONAL MEDIA Following the emergence of the Zika virus in 2016, Man-pui Sally Chan, PhD, assistant professor at the University of Illinois at Urbana-Champaign, and colleagues investigated risk perception of the disease in the United States. They found that as people read more about the virus on social media, their perception of risk increased. When the volume of information about Zika increased on traditional media, on the other hand, people were more likely to engage in protective behaviors.

The authors suggested that public health agencies might rely on social media to quickly raise awareness about new threats, but should work with traditional media to avoid confusion when sharing later developments and updates (*Social Science & Medicine,* Vol. 212, No. 1, 2018). In the current pandemic, however, the constant barrage of information on traditional media is distinct from the situation with Zika, says University of Oregon psychologist Paul Slovic, PhD. And that volume of news can be a problem.

2 TOO MUCH MEDIA OF ANY KIND CAN UNDERMINE MENTAL HEALTH Silver and colleagues reviewed research from past public health crises and described how media attention can amplify distress (*Health Psychology*, advanced online publication, 2020).

After the Boston Marathon bombings in 2013, for instance, she and her colleagues found a strong association between exposure to media coverage of the attack and symptoms of acute stress. People with the highest exposure to media coverage of the bombings had even more acute stress than people who were directly exposed to the bombings (*PNAS,* Vol. 111, No. 1, 2014).

During the 2014 Ebola virus crisis in Africa, there was a flurry of media coverage in the United States. Silver and colleagues found Ebola-related worry was associated with both a history of mental health diagnoses and with increased exposure to media reports about the virus. They also found people who had acute stress responses to the Boston Marathon bombings the year before were more worried about Ebola, despite the very low risk of transmission in the United States (Thompson, R.R., et al., *Clinical Psychological Science,* Vol. 5, No. 3, 2017). That suggests people who have experienced more distress during past disasters might be at increased risk of negative psychological outcomes during the current pandemic.

"When risk information is communicated in a consistent and authoritative way, people learn and benefit from it. But stress and anxiety can be exacerbated by too much media," Silver says. "Our message is to stay informed by authoritative sources, but to be mindful of the amount of time you're immersed in the news."



FERTNIG/GETTY IMAGES

During a crisis, it's important to stay informed but not immersed in the news, research finds—too much exposure to media can exacerbate stress.

3 TRUSTWORTHY INFORMATION SINKS IN Most people are pretty good at assessing risk when information is communicated accurately and effectively, as psychologist Baruch Fischhoff, PhD, at Carnegie Mellon University, and colleagues found in a survey of the U.S. public's understanding of Ebola following the 2014 outbreak in West Africa. People also have clear preferences about how they like to receive information (*Risk Analysis,* Vol. 38, No. 1, 2018).

"We found people can develop well-informed risk perceptions—if they get good information from trustworthy sources. They very strongly endorsed the statement 'Officials should provide Americans with honest, accurate information about the situation (even if that information worries people),'" Fischhoff says.

4 A LACK OF CONTROL FUELS STRESS As psychological research has shown for decades, our sense of risk is driven by our emotions, says Slovic. "We judge risk by our feelings more than by looking at data and statistics and evidence."

While anger can lower one's perception of risk, fear ratchets it up (*Current Directions in Psychological Science,* Vol. 15, No. 6, 2006). And Slovic's research has found certain factors are likely to increase fear (and perceptions of peril): when a threat is new and unfamiliar, when people feel little sense of control over the threat and when they experience a sense of dread—such as by being exposed to alarming stories about illness and death.

In other words, the new coronavirus has all the major elements to make people's alarm bells go off.

That doesn't mean they're overreacting. "We have to take it seriously," Slovic says. "It's uncertain how this is going to play out, and it is appropriate to be concerned."

5 MANAGING STRESS NOW CAN PREVENT LONG-TERM TROUBLES A review by psychologist Dana Rose Garfin, PhD, at the University of California, Irvine, and colleagues found people who experienced acute stress in the weeks after a traumatic event were more likely to have negative long-term mental and physical health outcomes, including poor general health; increased pain, disability and mortality; increased depression, anxiety and psychiatric disorders; and

more family conflict (*Journal of Psychosomatic Research,* Vol. 112, No. 1, 2018). This suggests that addressing people's stress and trauma symptoms early on may help to prevent future health problems.

6 DON'T FORGET THE NEEDS OF HEALTH-CARE WORKERS The severe acute respiratory syndrome (SARS) outbreak in 2003 was associated with significant long-term stress in health-care workers, reported psychiatrist Robert Maunder, MD, at the University of Toronto's Mount Sinai Hospital, and colleagues (*Canadian Journal of Public Health,* Vol. 99, No. 6, 2008). To improve resilience in health-care workers on the front lines of a disease outbreak, they recommended the stress appraisal and coping framework described by Susan Folkman, PhD, and Steven Greer, PhD (*Psychooncology,* Vol. 9, No. 1, 2000), as well as principles of psychological first aid (*Psychological First Aid Field Operations Guide: 2nd Edition*, 2006).

7 QUARANTINES AND ISOLATION MAY INCREASE THE ODDS OF NEGATIVE OUTCOMES Psychologist Samantha Brooks, PhD, at King's College London, and colleagues published a rapid review of the research on the psychological impacts of quarantine, primarily in adults (*The Lancet*, published online, 2020). They found negative psychological effects including post-traumatic stress symptoms, confusion and anger. To minimize the psychological fallout, the authors recommend that officials should take steps to keep quarantines as short as possible, provide clear rationale and information about quarantine protocols and make sure people in isolation have access to sufficient supplies.



RIDOFRANZ/GETTY IMAGES

The isolation of a quarantine can lead to post-traumatic stress symptoms, confusion and anger.

Research can also tell us how to support children and families when schools close or families are quarantined, as Guanghai Wang, PhD, of Shanghai Children's Medical Center, and colleagues described (*The Lancet*, published online, 2020). To reduce the risk of negative mental health outcomes for children during confinement, the authors recommended efforts such as close and open communication between children and parents, web-based educational videos to promote a healthy lifestyle at home and online services by psychologists to help children cope with the tension and anxiety. ■

RESOURCES

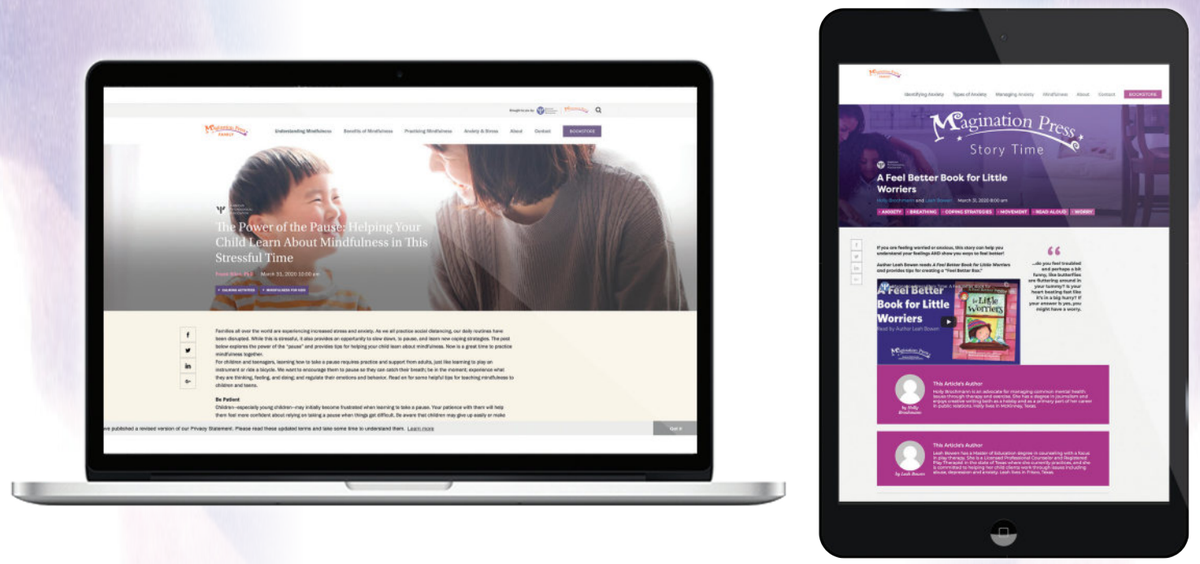
Mental Health and Coping During COVID-19
Centers for Disease Control and Prevention
www.cdc.gov/coronavirus/2019-ncov/about/coping.html

COVID-19 Pandemic Response Resources
Center for the Study of Traumatic Stress
www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response

Tips for Social Distancing, Quarantine, and Isolation During an Infectious Disease Outbreak
Substance Abuse and Mental Health Services Administration
www.samhsa.gov/sites/default/files/tips-social-distancing-quarantine-isolation-031620.pdf

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Books for Kids From the American Psychological Association

ECONOMY

HOW WILL PEOPLE REACT TO THE NEW FINANCIAL CRISIS?

Psychological research on past financial disasters offers guidance on how people respond to sudden economic calamity

BY STEPHANIE PAPPAS

The COVID-19 crisis has shuttered businesses and led to massive numbers of layoffs nearly overnight. Americans have filed a record-breaking number of unemployment claims, according to the Department of Labor. The U.S. Federal Reserve estimated that 47 million people might lose their jobs in the second quarter of 2020, translating to a 32.1% unemployment rate. That would far overshoot the peak unemployment rate of the Great Recession (10.2% in October 2009, according to the Bureau of Labor Statistics) and even of the Great Depression (24.9% in 1933). ¶ Despite differences between this economic crisis and previous recessions, psychological research can provide some insight into the behavioral and mental health impacts of financial loss. Key findings include:

■ **Mental health impacts can be long-lasting.** An analysis of mental health data from the national, longitudinal Midlife in the United States (MIDUS) study found an overall population trend for improved mental health after the Great Recession compared with before (*Clinical Psychological Science,* Vol. 7, No. 5, 2019). But this broad trend disguised inequities: Those who experienced personal hardships during the recession—whether financial, housing-related or job-related—showed an increase in panic attacks, excessive worry, depression and problematic substance use. These mental health affects persisted into 2013, well into the economic recovery.

"The COVID-19 pandemic is having rapid effects on the economy, with indications that we are entering another global recession," says Miriam Forbes, PhD, a senior research fellow in psychology at the Centre for Emotional Health at Macquarie University, who co-authored the research. "Many people are losing their jobs, experiencing financial strain and housing insecurity in the current climate. Our research suggests that all of these experiences increase risk for long-lasting declines in mental health."

■ **Those mental health impacts will be uneven.** Another look at MIDUS data comparing the mid-1990s to the post-recession years of 2011 to 2014 revealed that mental health, and physical health, declined along socioeconomic lines (Goldman, N., et al., *PNAS,* Vol. 115, No. 28, 2018). The study focused on non-Latino whites, a group of interest due to an increasing rate of suicides, drug overdoses and other so-called "deaths of despair."

The study found that white Americans in the 75th percentile or above in socioeconomic status showed almost no declines, and even some modest improvements, in life satisfaction, well-being, positive and negative affect and major depression. The lower a person's socioeconomic status, the more likely a drop in these measures. Those in the 10th percentile, for example, saw the greatest increases in negative affect and the greatest declines in positive affect, life satisfaction and psychological well-being.

■ **Health inequalities may deepen.** The Great Recession also widened the health gap between the haves and have-nots. When comparing adults from timepoints before (1995 to 1996) and after (2011 to 2014) the recession, psychologist Carol Ryff, PhD, and colleagues found poorer outcomes in general health, chronic conditions, body mass index, functional limitations and physical health symptoms for the population as a whole, despite population-wide gains in educational attainment post-recession (Kirsch, J.A., et al., *American Psychologist,* Vol. 74, No. 7, 2019).

As with mental health, the data also showed that the hardships of the Great Recession were disproportionately borne by those with lower educational status. "These big national shocks hit the disadvantaged segment of society the hardest," Ryff says.



DAVID L. RYAN/THE BOSTON GLOBE VIA GETTY IMAGES

A worker in Boston tapes up paper in the windows of a closed restaurant. The economic crisis caused by the COVID-19 pandemic may have long-lasting effects on people's mental and physical health.

■ **Unemployment and suicide are linked, especially for men.** A population-level study of suicide in 54 countries before and after the Great Recession found there were 4,884 more suicides in 2009 than what would have been expected based on trends between 2000 and 2007. (Around 800,000 people die by suicide each year, according to the World Health Organization.) European and North and South American countries were particular drivers of the trend, as were men. In the 27 European countries studied, the suicide rate for men increased by 4.2%, while there was no increase for women. In the 18 countries in the Americas included in the analysis, suicide rates for men increased by 6.4%, compared with 2.3% for women (*The British Medical Journal,* Vol. 347, 2013).

The study found correlations between suicide and unemployment in men, especially in countries that had relatively low unemployment before the Great Recession.

"The rise in the number of suicides is only a small part of the emotional distress caused by the economic downturn," the authors, led by University of Bristol epidemiologist David Gunnell, PhD, wrote in the conclusions of the paper. "Non-fatal suicide attempts could be 40 times more common than completed suicides, and for every suicide attempt about 10 people experience suicidal thoughts."

■ **Purpose in life may combat financial miseries.** Combating the mental health effects of a pandemic-induced financial crisis is no minor challenge. But the psychological literature does indicate sources of resilience. For example, eudaimonic well-being (purposeful life engagement and personal growth) is a protective buffer against elevated levels of inflammation among those with low educational attainment, Ryff and her colleagues have found (*Health Psychology,* Vol. 29, No. 6, 2010).

The coronavirus crisis, paradoxically, may be an opportunity to find new sources of meaning, Ryff says. "It's going to be incredibly important to follow profiles of social responsibility through this experience," she says. ■

RESEARCH

RESEARCHERS MOBILIZE TO STUDY IMPACT OF COVID-19

Psychologists are shifting focus and obtaining funding to study the mental health and behavioral science aspects of the pandemic

BY CHRIS PALMER

The COVID-19 pandemic is disrupting psychological research around the world, forcing researchers to delay many laboratory studies. But as some research avenues temporarily shut down, others are opening. Psychologists and other behavioral scientists are studying the immediate and long-term effects the pandemic is having on mental health as well as using this unplanned "natural experiment" to explore difficult-to-study psychological and social phenomena such as quarantine and forced telework on a mass scale. ¶ Since early March, the National Science Foundation (NSF) has funded several dozen pandemic-related research proposals through its Rapid Response Research grant program. The Agency for Healthcare Research and Quality and government agencies in half a dozen countries around the world have also released grants solicitations of their own. In addition, the National Institutes of Health (NIH) has solicited COVID-19-related supplements to existing grants. And some private entities, including the American Psychological Foundation, have also announced funding for COVID-19-related psychology research.

"Psychology and social science research are more important today than ever," says Arthur Lupia, PhD, NSF assistant director and head of the agency's directorate for social, behavioral and economic sciences. "It is critical to national resilience and it is essential in understanding and protecting the safety of health-care workers and first responders. This type of research empowers the nation to take the fight to COVID-19."

SOMETHING TO 'SINK OUR TEETH INTO'

The new research has come together quickly. During the initial days of the COVID-19 lab shutdowns, "we went through what can only be described as total paralysis," Micah Allen, PhD, an associate professor of psychology at Aarhus University in Denmark, wrote in a long Twitter thread. "I initially played videogames until my eyes bled… But then I needed—we needed—something to sink our teeth into."



LISEGAGNE/GETTY IMAGES

Workers across the United States are adjusting to an abrupt shift to mass telework and no child care —now researchers are looking at how couples with children are coping with the change.

After brainstorming with his colleagues, Allen put together a self-report study to investigate whether people self-isolating at home during the pandemic shutdown would experience distress as a result of paying more attention to bodily signals from their lungs, heart, stomach and throat. The project gave him new motivation. "As soon as we had that collective goal, the change was clear," Allen continued. "We were all energized, excited to work."

Labs around the world have followed a similar trajectory—after shelter-in-place orders sent them home, research teams regrouped online to see what they could learn from the pandemic. So many new projects launched in such a short time that it was hard to keep up with them all. To help amass a list, on March 19, Cornell University professor of psychology J. Nathan Matias, PhD, tweeted out a call for psychologists and social scientists to add their COVID-19-related studies to a crowdsourced list of projects that he put together with Alex Leavitt, PhD, a computational social scientist at Facebook.

"At critical moments like this, it's especially valuable to coordinate resources, ideas and data," Matias says.

As of late April, descriptions of more than 260 projects have been added to the tracker, along with links to research and analysis plans. About half of these studies are in the data collection stage, while a couple dozen have already been uploaded to preprint servers such as PsyArXiv—which, as of late April, is hosting nearly 100 COVID-19-related reports. In addition, peer-reviewed journals, including *Nature Human Behaviour, Royal Society Open Science* and the *European Journal of Personality,* as well as a number of APA journals including *American Psychologist,* have committed to accelerated review of COVID-19-related research in order to publish findings quicker.

Meanwhile, the Psychological Science Accelerator (PSA), a global network of researchers collaborating to conduct rigorous, large-scale psychology research, is fielding three studies focused on framing social distancing recommendations and regulating negative emotions. "Our hope is that results of these studies will contribute to our understanding of how people around the world are feeling and thinking in the midst of this pandemic," says PSA Associate Director Heather Urry, PhD.

NEW RESEARCH QUESTIONS

Among the studies conducted so far, many have addressed one of the most difficult aspects of the outbreak—the physical distancing measures required to slow the spread of the pandemic. Researchers have been trying to understand why some

people are willing to engage in this protective measure while others are not, and they have found evidence that many factors play a role: empathy, whether a celebrity has endorsed the idea, knowledge of science and trust in medicine, and whether public health messaging focuses on individual or collective benefits.

In that last study, for example, researchers led by David Rand, PhD, of the Massachusetts Institute of Technology, presented 2,176 Americans with basic information about the pandemic—including the number of confirmed cases, projections of the number of deaths and the fact that there is no vaccine—and messages about keeping safe that focused on benefits to individual health, community health or both. They found that messages that emphasized the benefits of preventative behaviors for other people's health were more effective at increasing prevention intentions than messaging that focused on the benefits for individual health.

Another topic that has attracted considerable attention is mass forced telework. Kristen Shockley, PhD, an associate professor of psychology at the University of Georgia, for example, has received an NSF Rapid Response Research award to determine pre-COVID-19 factors that predict a more successful adjustment to telecommuting, including characteristics of the job, the organization and the employee. Shockley has also obtained internal funding from her university to investigate how couples with children are coping when both adults are working remotely full time. "What will give? How will spouses compromise during this time? Whose career productivity takes a hit? These are the questions we're interested in," she says.

Like Shockley's telework studies and the physical distancing studies mentioned above, the vast majority of psychological studies about the pandemic are being done via online surveys, in-depth phone interviews and daily diaries. In addition, researchers are deploying creative research methods, including digital ethnography, online games, Google Trends analysis, observation of CCTV footage, and analysis of social media, news stories and governmental policies.

A good example of creatively using existing data to try to learn something new from the pandemic is a study, now posted on PsyArXiv, led by Shinobu Kitayama, PhD, a professor of psychology at the University of Michigan. Kitayama and his team hypothesized that relational mobility—a community-level tendency to engage with strangers and freely choose friends—might be associated with the faster spread of infectious viruses, including COVID-19. Using daily confirmed cases and deaths for 37 countries compiled by Johns Hopkins University, and relation mobility metrics for those countries published in 2018, the researchers found a strong correlation between the rate of increase of confirmed cases and relational mobility. "Virus infection and propagation are biological at one level, but they are related to our behavior and our culture," Kitayama says. "They are greatly influenced by social psychological dynamics."



Researchers are using online surveys and telephone and videoconferencing interviews to study how the pandemic is shaping teens' development and mental health.

SIMONAPILOLLA/GETTY IMAGES

MENTAL HEALTH IMPACTS

Another major question on many psychologists' minds is the long-term mental health implications of the pandemic. One team of researchers at the University of British Columbia—led by health psychologists Nancy Sin, PhD, and Anita DeLongis, PhD—launched a study in March that will follow people over time to understand their fears and anxieties about the outbreak and identify psychological and social factors that promote better coping and adjustment during the crisis.

"Before the pandemic, I was doing a longitudinal study focused on daily stress and positive experiences, particularly related to aging. We recruited older adults from the community centers and had them do some intensive health assessments, wear health monitors and collect saliva across multiple days," Sin says. "We obviously had to put that work on hold."

With the team's new online study, Sin hopes to still focus on older adults and their experiences. But she faces new barriers as well. "The truth, though, is that we can't really get the same sort of sample online, especially of older adults, because many may not use mobile technology or have an internet connection," says Sin, who notes that researchers also struggle with recruiting people from a wide range of ethnic backgrounds and socioeconomic statuses for online studies.

While these new studies take shape, researchers who had been leading large ongoing projects have had to decide either to hit the pause button, like Sin, or to shift their project's focus to pandemic-related questions. One researcher who is doing the latter is Susan Tapert, PhD, a professor of psychiatry at the University of California, San Diego. She leads one of several projects that are part of the Adolescent Brain Cognitive Development (ABCD) study, a massive effort funded by the NIH in which 12,000 children and their families have been enrolled in 21 sites across the United States. Tapert and her group had been using brain imaging, neuropsychological testing, bioassays and other methods to identify predictors and consequences of substance use in children and adolescents. With COVID-19 making it impossible to collect their normal stream of data, Tapert and the directors of ABCD projects at the other sites have modified their ABCD research to include videoconferencing and phone interviews to explore how the pandemic may affect children's development.

"We have kids in New York City who we know will be very heavily affected, and we have kids in less impacted cities, such as here in San Diego," Tapert says. Her team plans to track such local differences and their impacts over time.

"The COVID-19 pandemic is touching on every part of our lives," Matias says. "There are political psychology angles to explore, as well as public health behaviors, impacts on relationships and general questions about mental health and stress."

There are so many ways researchers can contribute, he adds. "If we can do it in a careful, evidence-based way, then I think psychologists can be doing a lot of good right now." ■

RESOURCES

COVID-19 Social Science Research Tracker

Don't Get It or Don't Spread It? Comparing Self-Interested Versus Prosocially Framed COVID-19 Prevention Messaging
Jordon, J., et al.
PsyArXiv
2020

Science Knowledge and Trust in Medicine Affect Individuals' Behavior in Pandemic Crises
Sailer, M., et al.
PsyArXiv
2020



Psychologists working from home for the first time may have to navigate new ethical concerns around maintaining patient confidentiality when everyone is living and working in tight quarters.

PORTRA/GETTY IMAGES

CE

CONTINUING EDUCATION
ETHICAL GUIDANCE FOR THE COVID-19 ERA

BY ZARA GREENBAUM

The rapid spread of COVID-19 and physical distancing measures are changing the way psychologists work across the breadth of the field. And in the transition from face-to-face to remote communication, new ethical challenges are cropping up.

Practitioners migrating to telepsychology are striving to maintain confidentiality and boundaries with clients, while researchers are weighing whether they can continue to pay staff who can no longer collect data. Professors and supervisors are working to deliver quality education to students and trainees even though most courses cannot proceed according to plan.

"The landscape of research and teaching and practice and training has changed—and it will be changed for quite a while now," says Rebecca Schwartz-Mette, PhD, an assistant professor of clinical psychology at the University of Maine and chair of APA's Ethics Committee. "It's a crucial time for ethics to be salient and central because they really are the cornerstone of critical thinking and flexible decision-making."

Here are some considerations and preliminary guidance from psychologists on how to ethically practice, research, teach and do applied work in the era of COVID-19.

PRACTICE

■ **Competence.** Before starting telepsychology sessions with clients, practitioners should develop a baseline competency in the use of telepsychology software itself and of other logistics involved in delivering remote services, says clinical psychologist Janet T. Thomas, PsyD, a counseling psychologist in private practice in St. Paul, Minnesota, and a former Ethics Committee member. That includes knowing how to troubleshoot software, hardware and network-related problems that clients may face.

■ **Informed consent.** Discuss the risks and benefits of providing services through videoconferencing with your clients. Risks include the possibility of a session being hacked or overheard on either end; benefits include limiting potential exposure to the coronavirus for both therapist and client, as well as the convenience of staying home.

■ **Confidentiality.** With children, partners and roommates spending more time at home, it can be difficult to maintain the confidential space key to the therapeutic relationship.

"The ideal we're shooting for is that everything is hermetically sealed on both ends, but that may not be realistic," Thomas says.

Encourage clients to prioritize privacy by finding a soundproof place to talk and keeping children sequestered and occupied—but have some flexibility in enforcing those standards given the extenuating circumstances many clients currently face. On your end, ensure that you are in a private room. If there are other people in the area, consider using a white noise machine outside the door and a headset.

■ **Boundaries.** Thomas notes that in this unprecedented situation, it can feel tempting to give up on trying to maintain your usual boundaries as soon as they are breached. But it's still important to maintain professionalism, including dressing for work, sticking with regular start and stop times and staying in role.

When conducting video

CE credits: 1
Learning objectives: After reading this article, CE candidates will be able to:
1. Describe the ethical considerations psychologists should consider in light of the COVID-19 pandemic.
2. List several ways COVID-19 could affect practitioners, including competence, informed consent, confidentiality and boundary issues.
3. Describe several ways COVID-19 could affect researchers, including data collection, institutional review boards and public health messaging issues.
4. List several ways COVID-19 could affect educators, including instruction, evaluation and equity issues.
5. Describe several ways COVID-19 could affect applied psychologists, including forensic psychology and industrial and organizational psychology issues.
For more information on earning CE credit for this article, go to **www.apa.org/ed/ce/resources/ce-corner.**

sessions from home, practitioners risk making unintentional disclosures to clients. Aim to use a backdrop devoid of personal items. Some videoconferencing platforms even allow users to upload their own background image.

Of course, some interruptions may be inevitable; if a client hears a dog barking in your home during the session, that could trigger questions. They're also likely to express concern about you and your family, so Thomas recommends preparing some reassuring statements in advance to validate a client's concerns while shifting the conversation back to their experience.

"It might be tempting to commiserate with clients in a way we don't normally do, but your focus should remain on what's most beneficial for them," she says.

Part of maintaining appropriate boundaries involves adequate self-care—for instance seeking the emotional support you need and getting regular physical activity.

"When we're all this vulnerable, the risk of us turning to our clients for care or sympathy is high," Thomas says. "It's extra important for us to get our own needs met to reduce the chance of inadvertently leaning on them."

■ **Resources**

- Telepsychology Resources, APA
- Telehealth Continuing Education Resources, APA
- Temporary Interjurisdictional Telepsychological Practice & COVID-19, Association of State and Provincial Psychology Boards
- Self-Care for Psychologists During the COVID-19 Outbreak, APA

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RESEARCH

■ **Data collection.** Some studies that rely on face-to-face contact with vulnerable populations—for instance, a psychological intervention delivered in a hospital setting—must be paused or shut down completely during the COVID-19 pandemic. In such cases, researchers may have an ethical duty to provide pre-termination counseling to participants, perhaps via phone or video, says Celia B. Fisher, PhD, a psychology professor and director of the Fordham University Center for Ethics Education.

Other research projects, such as surveys that were previously administered in person, can be modified for delivery via phone, video or web browser. In choosing whether or how to modify an experimental protocol, investigators should consider their own resources, the resources of study participants and the rules of their institutional review board (IRB).

■ **Funders and IRBs.** "When we move from in-person to online studies, different confidentiality protections, such as data encryption, are required," Fisher says. But studies approved by an IRB without those protections will need to be modified and reviewed before data collection can continue ethically.

The National Institutes of Health, the National Science Foundation and other granting agencies are working to ensure the continuation of funding—for example by extending grant periods and reporting deadlines. As a result, investigators may need to modify contracts with their research staff. For instance, researchers who can no longer collect data may be moved into part-time data-analysis roles.

"We have ethical and legal responsibilities to our funders—we cannot pay hourly research assistants if they are not working," Fisher says. "Our job is to get creative and determine what assignments within those limits meet our financial obligations to both the funders and employees."

■ **Public health messaging.** Psychologists conducting clinical trials may be working with some of the populations at greatest risk for severe illness or death if they contract the coronavirus, including people with substance use disorders or other mental health issues that make it difficult to protect themselves during the crisis.

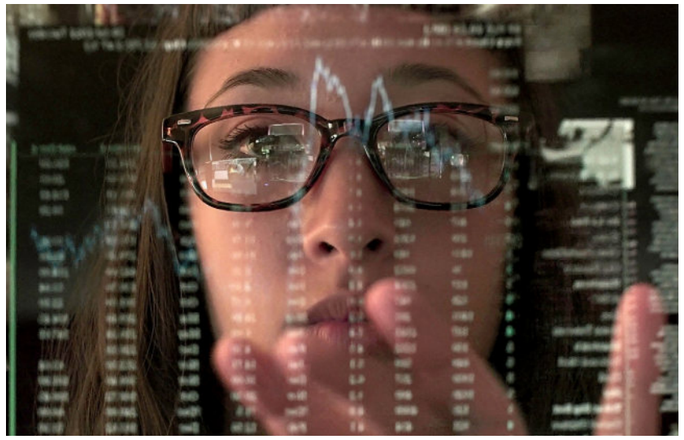
"As psychology researchers, we are in a unique position to provide these vulnerable populations with the information they need regarding the coronavirus," Fisher says. "Given our knowledge and our relationship with participants, I would argue that we have a responsibility to convey these public health messages."

■ **Resources**

- Conducting Research During the COVID-19 Pandemic, APA
- Message to Applicants and Recipients of NIH Funds on Flexibilities Needed for COVID-19 Public Health Emergency, NIH

TEACHING AND TRAINING

■ **Instruction and evaluation.** As colleges and universities rapidly transition to online instruction, educators remain ethically bound to provide students with a valuable learning experience and to require that students meet minimal levels of achievement in order to receive a passing grade, says Erica H. Wise, PhD, a clinical professor in the department of psychology and neuroscience at the University of North Carolina at Chapel Hill and director of the department's adult community clinic.



LAURENCE DUTTON/GETTY IMAGES

Some research may be modified from in-person to online data collection.

"At the same time, students may have many competing responsibilities at the moment, so be mindful of what you're expecting them to do," says Wise, who is a former chair of the Ethics Committee.

Many universities are offering the option to grade courses on a pass-fail basis for the spring 2020 semester—because the precision required for accurate grading may have been compromised in the sudden and unexpected move to remote teaching.

That said, Wise emphasizes that teachers are still responsible for covering the material laid out in their syllabus and for assigning grades that reflect a student's level of mastery of that information.

■ **Equity and access.** "Educators should also be aware of social justice issues around the shift to online instruction," Schwartz-Mette says. "Every student should be included regardless of their level of basic access to hardware, software and a reliable internet connection."

One way instructors can accommodate students with limited resources is by recording and uploading video lectures for asynchronous viewing, to provide flexibility for those who may be working to offset lost family income. Some institutions are also purchasing laptops for those in need or setting up secure Wi-Fi networks in campus parking lots for students to access from their cars.

Students with disabilities are often left out of the conversation, but there are simple ways for educators to accommodate them, too, says Richard Harnish, PhD, a professor of psychology at Penn State New Kensington and co-editor of "The Use of Technology in Teaching and Learning," an e-book released by APA's Div. 2 (Society for the Teaching of Psychology). For example, instructors can provide captions or transcripts of video lectures—or share detailed lecture notes and slides—for hearing-impaired students and can use a software platform with chat or speech-to-text options so all students can participate in group discussions.

KEY POINTS

1. **Practitioners transitioning to telehealth face new challenges in learning technology platforms and navigating patient confidentiality and boundary issues.**
2. **Researchers must figure out how to keep their projects running and balance their responsibilities to funders and staff during research disruptions.**
3. **Amid the transition to remote learning, educators should consider equity and access issues and how they can serve all students.**
4. **Applied psychologists such as forensic psychologists must weigh the risks and benefits of online versus in-person work.**

■ **Interns.** Several considerations should guide supervisors' decisions about the activity of psychology interns and trainees, says Schwartz-Mette. One priority is to care for their welfare, as well as the health and safety of their clients.

"We should be balancing these mandates with our duty to continue training interns and the fact that there's an extremely high demand for psychological services in the current moment," she says.

In many cases, the best option is moving to telehealth, which also allows interns to develop competence with that technology and mode of practice. If interns are placed in external practicum settings that are not using telehealth, program directors may choose to withdraw trainees from the internship to protect their well-being.

That could require programs to negotiate with internship sponsors and make arrangements for other work. To support such shifts, the Association of Psychology Postdoctoral and Internship Centers (APPIC) released a

statement in March on increased flexibility for meeting internship requirements.

■ **Resources**
- Advice for Psychology Supervisors and Trainees on Caring for Patients During the COVID-19 Crisis, APA
- Electronic Resources Available for Distance Learning, APA
- Psychology Training and Education Joint Statement—COVID-19, APPIC
- "The Use of Technology in Teaching and Learning," APA Div. 2 (Society for the Teaching of Psychology)

APPLIED WORK

■ **Forensic psychology.** Psychologists engaged in forensic work, such as matters of family law and custody, are facing their own set of ethical challenges as a result of COVID-19. Robin Deutsch, PhD, a professor of clinical psychology at William James College in Boston and a practitioner at Comprehensive Forensic Associates in Wellesley, Massachusetts, warns that psychologists who have decision-making authority on child custody matters may face difficult questions from clients.

"If one parent is a medical professional on the front lines treating COVID-19, the other might request temporary physical custody over concerns of exposing their children to the virus," says Deutsch, also a former Ethics Committee chair.

In such cases, she emphasizes the importance of staying in role; therapists should focus on mediating disagreements within the family rather than making



recommendations. You can also help families make informed decisions around the coronavirus by sharing information from authorities such as the U.S. Centers for Disease Control and Prevention or the World Health Organization.

Forensic psychologists conducting child custody evaluations must weigh the competing demands of court deadlines and rules, the standards laid out in APA's Ethics Code, and the risks and benefits of interviewing parents and children in person versus remotely. For instance, interviewing parents remotely can reduce exposure to the coronavirus but may increase the likelihood that a child overhears a session.

Forensic psychologists involved with civil and criminal work may also face ethical dilemmas around physical distancing orders. For instance, interviewing an inmate at a local prison without personal protective equipment could put a practitioner or the inmate at risk of contracting the coronavirus.

"Each psychologist has to weigh the orders of their jurisdiction, the exceptions in case of emergency and how to protect themselves in those circumstances," Deutsch says.

Amid physical distancing orders, forensic psychologists working on issues like custody arrangements and criminal cases must weigh the risks and benefits of in-person versus online evaluations.

■ **Industrial and organizational psychology.** In industrial and organizational and other applied consulting settings, standard ethical considerations—such as informed consent, confidentiality and evidence-based practice—still apply. But an extra layer of complexity exists because applied psychologists often work at the individual, group and organizational levels, says Stewart Cooper, PhD, ABPP, the director of counseling services at Valparaiso University in Indiana.

The shift to telepractice presents an added challenge around how to ethically and effectively administer assessments and deliver interventions when many team members are now working from home. For example, it may be difficult to preserve confidentiality and maintain the security of proprietary company information when employees' personal lives unexpectedly intrude into the work environment.

■ **Resources**
- Ethics Resources on the Coronavirus, Hastings Center
- COVID-19: Resources for Addressing Key Ethical Areas, Johns Hopkins Berman Institute of Bioethics
- Seven Guidelines for Parents Who Are Divorced/Separated and Sharing Custody of Children During the COVID-19 Pandemic, Association of Family and Conciliation Courts
- Ethics Guidance for ABA Providers During COVID-19 Pandemic, Behavior Analyst Certification Board ■

PIERRE DESROSIERS/GETTY IMAGES

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ESSENTIAL WORKERS

PSYCHOLOGISTS RUSH TO HELP HEALTH-CARE PROFESSIONALS

The field is stepping up to provide counseling, training and other types of peer support to health-care providers on the front lines of the COVID-19 pandemic

BY BRYAN GOODMAN

Bridget Boeckman remembers the sinking sensation she felt in early March as she sat in her living room watching the television coverage coming out of Italy. COVID-19 was overwhelming the Italian health-care system and racking up an alarming death toll. As a nurse practitioner and the supervisor of the critical care advanced practice providers at Nebraska Medicine in Omaha, she knew she had to prepare her 32-member team for the virus's impact on their medical facility. ¶ "My team is used to dealing with emergencies, but I was concerned that they could become completely overwhelmed by the magnitude of the pandemic and prolonged duration of our response," Boeckman says. "I knew our caseload would increase exponentially and we could potentially face ethical situations, including having to triage scarce resources like ventilators. I decided to seek support for my staff early on."

Boeckman did not have to look far. Psychologists and other behavioral health professionals at her hospital, part of the University of Nebraska Medical Center, had already developed peer-support and resilience workshop programs to help all 8,000 employees deal with mental health issues during a crisis, such as a pandemic. Peer support is provided by telephone or audio-visual connection.

"We have 120 behavioral health professionals trained in providing one-on-one peer support using a psychological first aid model," says David Cates, PhD, the director of behavioral health at Nebraska Medicine, who helped implement the peer-support program. "We are not providing therapy sessions. Rather, we are letting our medical professionals know that we are here to listen to them, provide guidance and support, and teach evidence-based ways to cope with stress during a crisis."

IDENTIFYING SYMPTOMS

Boeckman, who is now treating patients diagnosed with COVID-19, says the resilience workshop taught her how to identify when she or her colleagues are stressed. These signs can include flashes of anger, sadness and anxiety. Cates provided Boeckman and her team with techniques to help cope with the stress of the crisis.

"The training is also part consciousness raising," Boeckman says. "It's good to know other people are struggling with feelings like self-doubt, anticipatory anxiety and depression. At the same time, we must remember that chronic stress can manifest itself in a variety of ways. One person might get angry and another might start crying."

The resilience workshop includes a "resilience road map" that front-line providers complete during the workshop to spot potential stressors and identify techniques to cope with them. The team's peer-support and resilience workshop programs were developed to be quickly implemented by psychologists at other institutions.

An ambulance driver pauses outside of Mount Sinai Hospital in New York City. Across the country, psychologists are counseling medical professionals under enormous pressure as a result of the coronavirus pandemic.

AT THE EPICENTER

Nebraska Medicine is not alone in its outreach to medical professionals. Across the country, psychologists are employing similar techniques as they counsel health-care professionals.

At the Icahn School of Medicine at Mount Sinai in New York City, Gregory Hinrichsen,

PhD, ABPP, is working with some of the most vulnerable patients and their caregivers in a city that has been hit hard by the virus. As a psychologist working in geriatrics and palliative care, many of his patients are in their 80s. Hinrichsen says the medical professionals working with these patients are under enormous pressure, so he launched a program to provide them with emotional support.

As part of the plan, he has established a standing Zoom meeting with staff each week. He also sent an email to all geriatrics medical staff inviting them to schedule an individual peer-support conversation with him via phone or Zoom. These conversations give people the opportunity to share their concerns about providing care to patients during the COVID-19 pandemic. Hinrichsen says his colleagues are responding favorably to the emotional support.

"I recently asked a doctor how she was doing," he notes. "She turned to me with this smile on her face and told me that she asks that question of people all day, and it was so nice to finally have someone ask her how she's doing. Our health-care workers have to keep up a brave front, but underneath it all, they suffer, too."

CARING FOR MEDICAL RESIDENTS

While Hinrichsen is working with medical personnel serving older adults in New York City, in Michigan, Molly Gabriel-Champine, PhD, joined forces with six of her colleagues at McLaren Health Care system to provide emotional support to another group of health-care workers: medical residents. "Our residents face unique pressures," she says. "They are colleagues, but they are also trainees who have to maintain a rigorous schedule, serve on the front line of patient care, and continue to perform at a certain level in order to finish their programs. That could certainly lead to a feeling of helplessness, so we wanted them to have access to the behavioral health resources they need."

Gabriel-Champine's group launched an online platform with videos providing relaxation techniques, advice on how to improve sleep and information on how to deal with emotions, among other topics. The site is partially open to the public, with a section dedicated exclusively to staff within the McLaren system.

The online platform includes a psychological questionnaire that allows medical professionals to determine whether they should seek additional help. The questionnaire asks people about their experiences with anxiety, depression, post-traumatic stress disorder (PTSD) and substance use.

Support is also offered through webinars that occur three times a day, three days a week. Psychologists take turns hosting Zoom sessions, with the host choosing topics to explore. Those needing additional support can meet with mental health professionals inside or outside the McLaren system.

SERVING AS A BRIDGE

It is important that the leaders at medical centers have the help they need to support their staff, say Susan McDaniel, PhD, and Lauren DeCaporale-Ryan, PhD, both of whom work as psychologists in the University of Rochester Medical Center (URMC) system helping hospital administrators as they communicate with staff during the crisis.

"Our administrators have a lot of balls in the air right now, so it is important for psychologists to help them provide a supportive and nurturing atmosphere for clinicians serving on the front lines," says McDaniel. "That means sending kind notes of appreciation to staff or providing treats, such as cookies, to help everyone feel appreciated for their incredible contributions."

The URMC system has embedded psychologists in eight departments, and psychologists regularly attend departmental and leadership meetings.

"Attending these meetings allows us to take the pulse of our health-care staff," says DeCaporale-Ryan. "That gives us a sense of how to address any symptoms of stress, anxiety or depression." McDaniel and DeCaporale-Ryan both emphasize that communications to health-care professionals should be short and to the point to accommodate their busy schedules. McDaniel created a newsletter called "Breath of Fresh Air," which is distributed regularly and has brief inspirational stories, links to music and comedy, and quick tips for self-care.

The URMC system has also set up regular Zoom check-ins with health-care staff as well as attending physicians, and ones for residents in each clinical department. There is also a URMC call line staffed primarily by psychologists for those who need additional counseling.

PREPARING FOR THE AFTERMATH OF COVID-19

Psychologists are also emphasizing that the mental health issues they are seeing now will continue and that the health-care field should plan to work with many people dealing with sympathy fatigue, PTSD and other mental health issues.

"Clinicians need to start preparing now for the onslaught of mental health issues that will arise once this crisis is over," says Jennifer Todd, DrPH, APA's assistant director of interprofessional continuing education. "We need to make sure that clinicians have the latest information on treating PTSD, depression and trauma."

Here are some steps clinicians can take to prepare:

- Read APA's *Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder.*
- Access APA's arsenal of information related to providing treatment during this time of crisis.
- Seek resources through a state, provincial or territorial psychological association.
- Check out APA's Office of Continuing Education in Psychology, which is providing information to help psychologists prepare for engaging in telehealth.

"It is also important for psychologists to monitor their own mental health needs," Cates says. "To truly help others, we must first follow our own advice." ■

RESOURCES

Mental Health Care for Medical Staff in China During the COVID-19 Outbreak
Chen, Q., et al.
The Lancet Psychiatry, 2020

The Psychological Needs of Healthcare Staff as a Result of the Coronavirus Pandemic
British Psychological Society, 2020

Self-Care Advice for Health-Care Providers During COVID-19
Coons, H.L., et al.
APA Services, Inc.
2020

Guidance for Planners of the Psychological Response to Stress Experienced by Hospital Staff Associated With COVID: Early Interventions
COVID Trauma Response Working Group, 2020



SPENCER PLATT/GETTY IMAGES

Medical workers bring patients into a coronavirus intake tent at Maimonides Medical Center in Brooklyn, New York.

COMMUNITIES AT RISK

FIGHTING INEQUITY IN THE FACE OF COVID-19

Psychologists are working to combat the systemic disparities that have led the virus to disproportionately affect people of color and other groups

BY STEPHANIE PAPPAS

"Magnification." That's the word that surfaces again and again when psychologists who specialize in health inequalities discuss the coronavirus epidemic. The virus and the resulting economic shutdown are exacerbating long-standing inequities in American society, widening economic gaps and health disparities. And the impacts—both physical and psychological—are likely to be long-lasting. ¶ Still-limited state data on infections by race and ethnicity show that the coronavirus has so far disproportionately infected and killed black and Hispanic Americans. Native American communities are also facing outbreaks, without the benefit of nearby medical capacity. People with disabilities and older adults report shortages of critical medications and struggles accessing care. Meanwhile, people who live on limited incomes can't afford to stockpile food and supplies, and many in service industries have lost their jobs. Working from home is a privilege afforded to only a segment of society.

And of course, these groups overlap: People with disabilities are disproportionately represented in communities of color, and long-standing economic inequalities affect people of color disproportionately as well. Unemployment and underemployment are also high among people with disabilities, creating systemic challenges for them from several directions. And membership in any of these groups is compounded by age when it comes to COVID-19 impacts, with older adults most likely to lack resources and to need health care and community services.

Psychologists alone can't solve these problems, but they can help bring attention to, address and ameliorate the virus's disproportionate impacts. "It is so structural," says Sherry Wang, PhD, a psychologist at Santa Clara University who researches cultural factors behind ethnic-minority health disparities. "This isn't an individual-level thing that one person or two people can fix. But do I think there is agency in . . . us coming together and speaking up? I really think we need to."

FEAR AND DISCRIMINATION

With the president and other politicians repeatedly referring to SARS-CoV-2 as the "Chinese virus," Asian Americans are facing a surge in xenophobia and violence, reporting discrimination and physical attacks around the country. According to the Wall Street Journal, there were 248 reports of coronavirus discrimination to New York's Commission on Human Rights between Feb. 1 and mid-April, and 42% of those incidents were anti-Asian. Between March 19 and April 23, the Asian Pacific Policy & Planning Council's Stop AAPI Hate website recorded 1,497 reports of shaming, assault and harassment against Asian Americans.

"For Asian Americans, it's a very, very lonely time right now, and it's a time of being very scared," Wang says. The Asian community itself may not feel safe or united, she adds, as discrimination against people of Chinese descent can also come from people with other national origins within Asia.

Wang and her colleagues are pushing back through outreach such as webinars and speaking to media about the problem of anti-Asian xenophobia. They are also making plans to implement bystander interventions so that the burden of speaking out doesn't fall to Asian Americans alone.



ROBYN BECK/AFP VIA GETTY IMAGES

A woman watches the U.S. Navy hospital ship Mercy arrive in Los Angeles. Across the United States, African Americans make up a disproportionate number of those hospitalized and killed by COVID-19.

At the same time, other minority groups are facing their own burdens. Data suggest that black and Hispanic Americans are being disproportionately infected and killed by the coronavirus. This is true in urban areas like New York City, where health department data as of April 21 showed that Hispanics accounted for 34% of deaths despite making up 29% of the population, and black people accounted for 28% of deaths but just 22% of the population. The disparities also hold true in more rural states like Utah, where Hispanics make up more than a third of cases but only 14% of the population.

Long-standing disparities in health, owing to socioeconomic factors and racism, are contributing to those disproportionate numbers, says community health psychologist Jameta Barlow, PhD, MPH, of The George Washington University. Hispanic and black Americans are more likely than whites to live in food deserts, face discrimination and lack access to regular health care, Barlow says. These factors, in turn, lead to higher rates of cardiometabolic symptoms, including heart disease, hypertension and diabetes—all risk factors for hospitalization and death if infected with the coronavirus.

"The narrative we're typically hearing is people blaming black people for their problems, and that is an old narrative we have to eliminate," Barlow says. "We can't dismiss the role of institutionalized racism that's created the circumstances for these diseases to flourish."

Black and Hispanic people in America are also overrepresented in high-risk front-line jobs. For example, severe outbreaks have hit meatpacking plants such as the Smithfield Foods pork plant in Sioux Falls, South Dakota, and the JBS USA facility in Greeley, Colorado. Workers—predominately Hispanic and earning low pay—labored in close quarters and were given little leeway on staying home when sick even as the pandemic spread, according to state public health departments and media investigations.

Outbreaks in prisons and jails represent another danger to minorities, who are overrepresented in incarcerated populations. Ohio is a striking example. According to the Prison Policy Initiative, the rate of incarceration for black people in the state is 2,336 per 100,000, and the rate of incarceration for Hispanic Ohioans is 1,072 per 100,000, compared with 422 per 100,000 for whites. In mid-April, at least two of Ohio's correctional facilities experienced

major COVID-19 outbreaks, with 1,950 inmates testing positive as of April 20 at the Marion Correctional Institution and 1,163 testing positive at the Pickaway Correctional Institution.

NATIVE COMMUNITIES

Race and socioeconomic status further intersect among American Indian and Alaska Native communities. The Navajo Nation, which sprawls across Arizona, Utah and New Mexico, had 1,540 coronavirus cases and 58 deaths as of late April. That's 10 times the rate of Arizona per capita. American Indians have high rates of pre-existing conditions that put them at an elevated risk of COVID-19 complications, says Iva GreyWolf, PhD, a clinical psychologist who works in Oregon and Alaska. Meanwhile, remote villages in Alaska are seeing supply flights cut, she says. Many villages have passed council resolutions to avoid outbreaks, banning travel and limiting commerce in and out, because local village health-care systems lack doctors, nurses or hospitals. That means continued food insecurity for residents and difficulty accessing medical care—but less risk of the decimation of the population, as happened in the 1918 flu pandemic. Most villages rely on paraprofessional community health aides, who are now under extreme pressure, GreyWolf says. "I have colleagues talking about how they are stressed about their own families, and they are exhausted," she says.

The Society of Indian Psychologists runs a weekly virtual circle of support to try to bolster the mental health of these Native providers. Virtual support has also become a source of resilience among Native communities, GreyWolf says. Kyle Hill, PhD, a clinical psychologist of Ojibwe, Dakota and Lakota origin, has started an indigenous storytelling Facebook page where elders from around the country share videos of themselves telling stories. The Social Distance Powwow Facebook group, which is public, allows for the sharing of dances, drumming and prayers. On TikTok, people are expanding on the "Pass the Brush" challenge, making videos showing themselves first in plain sweats and tees, then decked out in traditional attire. "I'm just in awe of the resilience of people in spite of all the odds," GreyWolf says.

A SOCIOECONOMIC DIVIDE

The pandemic has also magnified socioeconomic gaps, often putting out of work the people who can least afford it, such as those in the service industry. Evidence from the 2008 Great Recession suggests that those hit hardest financially will suffer mental health effects the longest. A study led by Miriam Forbes, PhD, of the Centre for Emotional Health at Macquarie University in Sydney, Australia, found that people who experienced financial, job or housing loss during the recession had elevated rates of panic attacks, excessive worry, depression and problematic substance use as late as 2013 (*Clinical Psychological Science*, Vol. 7, No. 5, 2019).

But going back to work can be physically and mentally dangerous as well. People with jobs deemed necessary, such as grocery store workers, risk infection daily. As state economies gradually reopen, sending some people back into offices and stores, health disparities between those who can work safely at home and those who cannot may widen.

Avoiding contact is a particular concern for people with disabilities and older adults, many of whom may be at high risk of complications from coronavirus infection and rely on direct-care workers. For those who need assistance with daily living, interactions with these caregivers have become suddenly fraught, says Anjali Forber-Pratt, PhD, an assistant professor of human and organizational development at Vanderbilt University. Meanwhile, the nondisabled population is availing itself of the adaptions people with disabilities have long depended on. "Now that everyone else is using grocery home delivery, there have been cancellations and delays in orders," Forber-Pratt says.

People with disabilities and older adults are also likely to feel the impacts of state stay-at-home orders more intensely than younger and nondisabled groups. As some states begin to reopen businesses and relax social distancing, most plans call for at-risk groups and adults over the age of 60 to continue to stay home and avoid contact.

People with chronic conditions are also having difficulty accessing medical care. For example, a run on hydroxychloroquine, a medication that President Donald Trump repeatedly touted as a potential treatment for COVID-19, has left patients with lupus and rheumatic arthritis scrambling to get their regular doses. (Hydroxychloroquine is being studied as a COVID-19 treatment, but there is not yet evidence to show that it works, and some studies suggest it may be harmful.)

People with disabilities may also be particularly nervous about contracting the coronavirus since triage policies in several states have suggested that they may be discriminated against if doctors must allocate a limited supply of ventilators or other medical care. The U.S. Department of Health and Human Services Office for Civil Rights announced in late March that it would open investigations in several states after disability advocates filed complaints, but the psychological impact is damaging to the disability community regardless of legal outcomes. "When I think about history and other things that have impacted marginalized segments of our community over time, those have lasting effects," Forber-Pratt says. "I think we're going to see the same here."

Along with Kathleen Bogart, PhD, a psychologist at Oregon State University specializing in ableism, Forber-Pratt is working on a grant proposal to study outcomes of the COVID-19 crisis in people with disabilities. The plan is to document experiences such as increased social isolation or lack of access to health care and then study the psychological and health outcomes of those impacts, says Bogart.

It's an effort that will need to be repeated for other groups for whom the coronavirus is magnifying disparity and inequality.

"The most important thing I think I can do as a psychology researcher is identify the challenges and the points of resilience and be sure these challenges are addressed in future policy and these resiliencies are capitalized on," Bogart says. ■

FURTHER RESOURCES

Stress and Health Disparities Report
APA Working Group on Stress and Health Disparities
2017

Socioeconomic Disparities in Health in the United States: What the Patterns Tell Us
Braveman, P.A., et al.
American Journal of Public Health
2010

Persons With Disabilities as an Unrecognized Health Disparity Population
Krahn, G.L., et al.
American Journal of Public Health
2015



JUSTIN SULLIVAN/GETTY IMAGES

Pedestrians wear surgical masks in San Francisco's Chinatown. Asian Americans are facing elevated discrimination as politicians and others continue to refer to COVID-19 as the "Chinese virus."

PREVENTION

COVID-19 AND SUICIDE

How the pandemic will affect suicide rates is still unknown, but there's much psychologists can do to mitigate its impact

BY REBECCA A. CLAY

COVID-19 has brought a raft of intense new stressors while removing many of the resources people have traditionally used to cope with stress. Millions of people have lost their jobs; some have lost their homes or businesses. Families cooped up together because of stay-at-home orders are chafing under the stress, which may increase the risk of intimate partner violence and child abuse. Disrupted routines and the potential for contracting a life-threatening disease may be exacerbating preexisting problems such as mental illness or substance use. At the same time, physical distancing is endangering mental health even as it protects physical health. People in crisis may avoid hospitals, whether for fear of adding to the burden of already overwhelmed facilities or of catching the virus. Gun sales are up.

The result could be a "perfect storm" when it comes to risk of suicide, says Mark Reger, PhD, chief of psychology services at the VA Puget Sound Health Care System in Seattle and an associate professor of psychiatry and behavioral sciences at the University of Washington School of Medicine. But despite those concerns, COVID-19's impact on suicide is still unknown. And there's much that practicing psychologists can do to make sure that people weather the storm without resorting to suicide, including screening all of their patients, coming up with safety plans appropriate for the pandemic and advocating for improved mental health services.

"Suicide is preventable," says Reger. "We must use what we know can work to mitigate the risk in this time."

INCREASED RISK?

The media has reported on several heart-wrenching suicides believed to be linked to the toll COVID-19 is taking on individuals. High-profile suicides include a state finance minister in Germany who despaired over the virus's economic impact in March and a Manhattan emergency room physician on the front line of treating coronavirus patients in April.

But it will be a while before COVID-19's actual impact on the nation's suicide rate is known, says psychologist Jill Harkavy-Friedman, PhD, vice president of research at the American Foundation for Suicide Prevention. "We're two years away from having data," she says. And it's not a given that the pandemic will cause suicide rates to increase, emphasizes Harkavy-Friedman, who is also an associate professor of clinical psychology, in psychiatry, at Columbia University.

"One event can bring stress, but it's not going to make someone suicidal out of the blue," she says, explaining that it is typically a combination of biological, psychological, environmental and other factors that renders people vulnerable to suicide. Take the Great Recession of 2008, she points out. "About 4.8 million people lost their jobs, and the suicide rate didn't skyrocket," she says. "We're much more resilient than we give people credit for."

Plus, she says, the media and the mental health field have done a good job getting out the message that stress is a normal reaction to the current crisis and that routines, healthy habits, social connections and relaxation techniques can help ease that stress.



KATHERINE FREY/THE WASHINGTON POST VIA GETTY IMAGES

A suicide prevention hotline worker takes a call from her home in Chevy Chase, Maryland. The pandemic has led to a spike in calls to mental health and suicide prevention hotlines.

For some, the fight against the virus may even result in a sense of solidarity that protects them from thoughts of suicide. "Sometimes in periods of stress, people find strengths in themselves they didn't know they had," says Joan Asarnow, PhD, a professor of psychiatry and biobehavioral sciences at the David Geffen School of Medicine at the University of California, Los Angeles. "In World War II, for example, they were anticipating all kinds of problems during the Blitz, but it turned out people for the most part didn't have any additional mental health symptoms."

And for some populations, being stuck at home may even be a plus. Children, for example, are being more closely monitored by their parents, which can help prevent suicide. "We've actually seen quite a number of kids doing well without school and at home with their parents," says Asarnow. "It's not always a negative story."

HOW CLINICIANS CAN HELP

Practicing psychologists can help ensure that the suicide rate doesn't exhibit a COVID-19-related bump. Harkavy-Friedman and other experts suggest several steps psychologists can take to achieve that goal:

■ **Learn more about suicide and suicide prevention techniques.** "Suicides are a pretty rare occurrence, thankfully," says Lynn Bufka, PhD, associate executive director for practice research and policy at APA. But the result of that lack of familiarity, she says, can be anxiety among psychologists and other mental health practitioners about whether they are prepared to assess and address suicidal ideation, suicidal behaviors or suicide attempts. The shift to what may be the unfamiliar medium of telehealth can exacerbate those worries, adds Bufka. To boost their understanding of suicide, psychologists can review the suicide prevention literature and clinical resources. Practitioners should make sure they are up to date on newer approaches to preventing and treating suicide, says Harkavy-Friedman, citing as examples specific interventions such as the Safety Planning Intervention and the Collaborative Assessment and Management of Suicidality as well as more general approaches like crisis response planning and dialectical behavior therapy. Psychologists might also want to identify apps that can provide supplemental support to patients between therapy sessions. In addition to apps offering help with mindfulness, relaxation and

coping, there are resources specifically focused on suicide, such as the MY3 and Safety Plan apps and NowMattersNow.org, an online repository of videos. "It is best if someone searches and tests them out to see which apps work for them," says Harkavy-Friedman.

■ **Screen every patient.** "This is a time when we really need to be hypervigilant about suicidal thoughts and behaviors," says Mitch Prinstein, PhD, ABPP, a professor of psychology and neuroscience at the University of North Carolina at Chapel Hill. "Of course, our most serious attention should be on those with prior emotional or behavioral difficulties," he says. "But even people who may never have thought about suicide before could also be at greater risk because of the level of stress we're all experiencing." One way to normalize such screening is for psychologists to ask patients at the beginning of every session how they're feeling physically, then segue into checking on their emotional states.

Providers also need to be on the lookout for another risk factor that has become more of an issue during the pandemic: discrimination against Asian Americans. "There has been an uptick in discriminatory events," says Joyce Chu, PhD, a psychology professor at Palo Alto University in California. "Those can be culturally specific risk factors for suicide."

■ **Develop an action plan.** If a psychologist suspects that a patient is experiencing suicidal ideation, he or she should work with the patient to create or update a safety plan (see box) that includes a list of warning signs, coping strategies like exercise or relaxation techniques, and contact information for the psychologist, other professionals and friends they can ask for help. "Help them write down and print out some sheets they can put in places in their house they are very likely to see with the phone number for their therapist and someone else they can call if they experience difficulties," says Prinstein. "You want anything that creates a reminder, a barrier, a moment to stop and make a call before they engage in self-injury impulsively." Be sure the plan is appropriate for use during the pandemic. Going to a gym or dining at a restaurant are no longer appropriate coping strategies, for example. Psychologists should also persuade patients to get guns, pills and other potentially lethal objects out of their homes if they can do so while practicing physical distancing and should get permission to contact someone else in a patient's home if the patient doesn't show up for a virtual session.

TOOL KIT

SUICIDE SAFETY PLAN

A suicide safety plan should include the following elements:

- **Warning signs** or triggers of a developing crisis
- **Coping strategies,** such as hobbies or relaxation techniques
- **People** who can offer distraction
- **People** you can ask for help
- **Professionals** or agencies to contact in a crisis, including the Suicide Prevention Lifeline
- **Steps** for making the physical environment safer
- **Things** worth living for

Thanks to Erin Cornelius, PhD, a private practitioner in Orchard Park, New York, for sharing her template.

RESOURCES

Crisis Text Line
Text "Home" to 741741

National Suicide Prevention Lifeline
1-800-273-TALK

Mental Health and COVID-19
American Foundation for Suicide Prevention

Crisis Response Planning for Preventing Suicidal Behaviors
APA continuing-education course

Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians
American Association of Suicidology continuing-education course

Suicide Prevention: An Ethically and Scientifically Informed Approach
Knapp, S.J.
APA, 2019

■ **Follow telehealth guidelines.** Some practitioners are leery of using telehealth with patients who may be suicidal. For one, they worry that they won't be able to pick up on nonverbal cues as easily, says Bufka. "On the phone, I'm not going to see a person avert their eyes when I'm asking about thoughts of suicide. On video, I might. In the room, I will see it," she says. Another concern is the physical distance from the patient. "If someone is in my office and tells me they are actively thinking about suicide, I don't have to let them leave until we have a plan figured out for a more intensive level of care," she says. "Over video or a cellphone, the person can just hang up."

However, the evidence shows that mental health professionals can follow best practices for assessing and managing suicide risk, even if they're doing so by way of a laptop or telephone (McGinn, M.M., et al., *Psychiatric Clinics*, Vol. 42, No. 4, 2019). And psychologists can prevent problems by being sure to follow APA's *Guidelines for the Practice of Telepsychology*. Psychologists should always know the patient's location and how to call for emergency help, for example. Of particular concern at this time of stay-at-home orders is ensuring patient privacy so that family members or roommates can't overhear therapy sessions, says Cheryl King, PhD, a professor of psychiatry and psychology at the University of Michigan. Patients may need a few minutes to get to someplace private—even a car—before a therapy session begins. Some may need reassurance about the technology itself and how privacy is ensured, King adds.



FOTOMAXIMUM/GETTY IMAGES

■ **Educate patients, their families and the public.** Psychologists should do their best to educate patients and everyone else on ways to recognize warning signs of suicide and how to keep those at heightened risk safe and make sure they get the care they need. "During a pandemic or other national crisis, one of the most important things is for folks in the community to be eyes and ears," says Chu. "They need to reach out often, especially if they think someone is more isolated or if they see some of the warning signs of suicide." Chu offers advice on how to do this in a webinar, which she originally presented to more than 500 community members and health-care professionals in April.

Psychologists can help by screening all of their patients for suicidal ideation and by helping those who need it develop safety plans that will work during the pandemic.

■ **Prioritize self-care.** The COVID-19 pandemic is just as stressful for practitioners, who must also spend their days hearing about other people's worries. "We have to do the same things we're telling everyone else," says Harkavy-Friedman, citing breathing exercises, time off and the basics of sufficient sleep, healthy food and regular exercise. "If we want to have the stamina and capacity to help other people, we have to take care of ourselves."

■ **Be an advocate.** Psychologists can help push for increased mental health services, especially for the underserved populations disproportionately affected by the pandemic and for patients and families who have experienced illness, says Prinstein.

For example, psychologists successfully advocated for the Centers for Medicare and Medicaid Services to allow audio-only telehealth for Medicare beneficiaries—a priority during the pandemic since many older adults don't have smartphones or broadband for telehealth (see article on page 18). To learn more about APA's suicide-related advocacy priorities, sign up for legislative alerts and learn how to make your advocacy with Congress more effective, visit www.apa.org/advocacy/suicide-prevention.

Advocacy will have to continue even after the initial crisis passes, adds Prinstein. "Flattening the curve on physical health is only the first half of the story," he says. "The second curve will be the national rise in mental health concerns that will follow very soon after." ■

EDUCATION

GRAD STUDENTS NAVIGATE THE UNKNOWN

The coronavirus pandemic is undermining education and training for thousands of psychology students. Here's how they are coping.

BY TORI DEANGELIS

As the novel coronavirus sweeps the country, graduate students are facing challenges they never could have anticipated. And as the academic year closes, many still have no certainty about the future of their coursework, research, practica and internships, graduation, and more. ¶ "It's scary to come this far and to think that something like this—something so unexpected and uncontrollable—can get in the way of attaining my dreams," says Zarina Giannone, a fourth-year PhD candidate in the University of British Columbia (UBC) counseling psychology program. During the first month of the pandemic, she faced the possibility of not being able to meet her internship requirements in time to graduate (a worry eventually addressed by her internship site). Now, she wonders how her job prospects will be affected by the fallout.

At the same time, she wants to view the crisis as a learning experience—an opportunity to build her personal and professional strength instead of succumbing to fear. "I want to be someone who is adapting well, who is thinking about all of the people who are in more vulnerable positions than I am," Giannone says. "And I want to grow. So I'm focusing not only on getting through it but growing because of it."

UNCERTAINTY AND ADAPTATION

Completion of internships, practicum experiences and postdoc research top the list of many grad student worries. "As a school psychology student, one of the most important experiences we receive in training is practicum in the schools," says Kristen H. Erps, a second-year student in the University of Houston's school psychology program. "For those of us who are counting on a practicum or training program starting in the fall, that has become another unknown and point of concern." (See box for the latest developments in internship guidance.)

Research students, too, are finding it difficult to continue their work. Siara Rouzer, a fifth-year PhD candidate at Binghamton University in New York, was investigating fetal alcohol syndrome using rat models when the university closed its doors because of the virus. That meant having to abandon animals she had spent two months breeding for the study, a loss she projects will take an additional six months to repair once she can return to the lab. That work is a centerpiece of her dissertation.

"For preclinical investigators, all of our research and data collection has been put on pause," Rouzer says.

Amid these uncertainties, students have been devising creative ways to continue their coursework, research and clinical work from home. Besides pivoting to platforms like Zoom to help them meet their course requirements and connect with faculty and research associates, many have learned the importance of developing daily routines and carving out chunks of time for schooling, research or clinical work, as well as family and household obligations.

For Nick Vignati, a third-year PsyD candidate at Immaculata College in Chester County, Pennsylvania, that meant scheduling time for tangible goals as well. "I noticed early on that if my goal was just to do research for a paper or to work on a paper, it didn't end up happening," he says. "But if I made a goal like 'Find five articles for this paper'—concrete things that I could check off a list—it was easier to accomplish."



One way students are coping with uncertainty is by developing daily routines with chunks of time dedicated for schooling, research or clinical work, as well as family and household chores.

GRADY REESE/GETTY IMAGES

Rouzer is using her time at home to tackle writing projects that are possible to do off-site, including writing the methodology, introduction and background sections of her thesis. "[Before the crisis], we might have planned to write our theses once all the data collection was done," she says. "But under these circumstances, it makes sense to compose certain sections now to save us time down the line."

Some students are teaming up with peers to keep each other on task with work goals or to chug through virtual exercise classes together. Clinical students are using coping strategies that they've learned in training. Julia Maietta, a fourth-year clinical psychology student at the University of Nevada, Las Vegas, for instance, is using the mindfulness and cognitive restructuring techniques she's learned to keep negative thoughts in check and honor the positive parts of life, "even if it's small things like a great cup of coffee," she says.

Giannone—who was planning to be married in the fall but is postponing her wedding—says she uses perspective-taking to look at her situation through fresh eyes. Recognizing her own fears about the pandemic helps her better empathize with clients, she says. She also likes to think about how the new normal is affecting her dog, a miniature dachshund named Piccolo.

"We're home with him and he gets so much attention—there's something comforting about thinking about what it must be like through his eyes," she says.

Perhaps the most popular coping technique graduate students have been using is connecting with peers, faculty and other resources via listservs, Twitter, Zoom and other online modalities (see "Resources" for more).

"Before this, I almost never read mass emails from professional or career psychology listservs," admits Justine Stewart, a second-year PsyD student at Wheaton College in Illinois. "Now, I'm reading most of them." While much of the communication focuses on encouragement, Stewart has also gleaned practical information, such as how to get reimbursed for telehealth.

"It's been really helpful to stay informed about what professionals in our field are thinking, and just to connect with others," she says.

PROJECTING AHEAD

Besides eliciting concerns about their academic and career trajectories, the pandemic has prompted some students to think about how they can help future trainees, the field and the public when the next crisis occurs.

Among them is Madeline Brodt, who emerged from a difficult and confusing experience as an intern in Tacoma, Washington—including experiencing COVID-like symptoms, running out of paid time off, and subsequently being told she needed to return to her site to start working in person again. As a result, the fifth-year University of Massachusetts Boston counseling student has been considering how she can help trainees better advocate for themselves. For one, she wants to gather trainees' stories about their internship sites to help the field better understand trainee challenges during a time of crisis and how to strike a thoughtful balance between practice demands and trainees' relatively vulnerable position. She is a member of an APA Div. 17 (Society of Counseling Psychology) group that's working on creating new training models, including how to expand the scope of advocacy.



ALDOMURILLO/GETTY IMAGES

Students are relying on listservs, Twitter, Zoom and other online resources to connect with peers and faculty and share advice and experiences.

"I want to discuss with the task group members how we can ensure that students feel more comfortable advocating for themselves, and how should we outline that in our model," she says.

Ashley Ramclam, a fourth-year school psychology PhD candidate at the University of Houston, says she's already thinking about how to apply crisis-management tools that she learned on a practicum in the wake of Hurricane Harvey in 2017. "It was six months to a year after the hurricane, and we were still seeing adolescents and families coming in and sharing their stories," she says. "So we had to go back in time with them and say, 'Hey, what happened during Harvey? Tell us about that progression.' I think this current crisis is going to be similar, where we will be seeing its aftermath for a while."

To bring doctoral students and trainees into emergency telepsychology services, Giannone is spearheading a program set up by the British Columbia Psychological Association and UBC's Okanagan campus to provide free psychological services to front-line health-care workers.

"Getting involved to help alleviate the psychological burden that has arisen due to the COVID-19 pandemic has been an effective way of coping," says Giannone, who adds that the effort has met with huge success: Forty students signed up within the first 48 hours of recruitment.

Ramclam says she sees the crisis as an opportunity for psychology to put its best foot forward.

"We need to be strategic and continue to put ourselves out there to provide support for others," she says. "The need for psychologists is going to continue to grow as we're in the midst of this," she adds, "and then coming out of it as well." ■

RESOURCES

APAGS COVID-19 Discussion Forum
Facebook platform for student, trainee and postdoc discussion, resources and information

APA "Staying on Track During a Pandemic"
Weekly webinars for graduate students, postdocs, and early career psychologists during the public health emergency

APPIC COVID-19 Resources for the Training Community
FAQs on issues affecting graduate students, postdocs, interns and faculty with supervision and training responsibilities

Council of Chairs of Training Councils recommendations
Advice on protecting trainee health and facilitating their ability to meet training requirements

INSIGHTS FOR TRAINEES

GUIDANCE ON INTERNSHIPS

As of late April, psychology's training organizations and the APA Commission on Accreditation (CoA) were developing guidance for training sites, training directors and graduate students on how to best address the needs of a given site while protecting trainees' health and best interests, including their ability to meet training requirements.

The Council of Chairs of Training Councils (CTCC) and the Association of Psychology Postdoctoral and Internship Centers (APPIC) recommended that training sites and programs **limit trainees' in-person contact; minimize adverse impact on trainee finances and program completion; and minimize disparities in trainees' access to resources,** among other points. They also called for accrediting bodies and licensing boards to adjust their education and training requirements as needed while still focusing on **trainee competence** (see "Resources" for links to these and other recommendations).

Likewise, APA's CoA issued a statement acknowledging that trainees may need to move temporarily to **telehealth** to meet various requirements. In April, APPIC was also starting to address an emerging problem of sites that were beginning to **furlough psychology postdocs.**

As of mid May, psychology's training organizations and the APA Commission on Accreditation (CoA) are also developing **guidance** on what sites should consider as they weigh resuming **in-person services**—including legal and regulatory considerations, health and safety precautions and other factors.

"Balancing continuity of training, patient-care needs and the safety of psychology trainees is complex and challenging given all the unknowns associated with COVID-19," says APA Chief Education Officer Catherine L. Grus, PhD. "The training community is mobilizing to work together to ensure that decisions are made that are in the best interest of our trainees."

EDUCATION

ENHANCING ONLINE LEARNING

The COVID-19 pandemic has moved education online for most students. Psychologists are offering ways to maximize that shift.

BY ASHLEY ABRAMSON

Many instructors were on spring break when they learned their schools were closing to stop the spread of the coronavirus—and they had less than a week to move all their course content online. Remote learning during a pandemic isn't your typical online-learning scenario. In a more traditional, planned online course, students and instructors agree on the online learning environment and make necessary arrangements for it to work. "Now, we have millions of students who have never taken an online class and suddenly they have to learn with computers," says psychologist Regan A.R. Gurung, PhD, interim executive director of the Center for Teaching and Learning and director of the general psychology program at Oregon State University. "It's a totally different world."

For many students, the resources that would normally be available for online learning—reliable Wi-Fi, access to a computer and even a basic understanding of digital platforms—are not always readily available for emergency remote learning.

"It's the difference between hosting a dinner party you've planned for months versus having 20 people over with almost no notice," says Viji Sathy, PhD, a teaching professor of psychology and neuroscience and administrator in the Office of Undergraduate Education at the University of North Carolina at Chapel Hill.

As instructors and school officials balance moving traditional courses online with planning potential distance learning courses for the fall and summer, they are gleaning principles from educational psychology to create a positive experience for students. Among those are:

■ **Make lessons engaging and positive.** Richard E. Mayer, PhD, a distinguished professor of psychology at the University of California, Santa Barbara, has found that personalization is important when students and instructors are separated by screens. He encourages teachers to use first-person language in online lectures, along with friendly gestures, facial expressions and eye contact.

The instructor's emotional tone also plays a significant part in helping students learn online. In one study, Mayer and his colleagues hired an actor to deliver the same lecture twice, once with positive affect and once with negative affect. Students learned better from the lecture when the actor appeared happy and content, so Mayer says it's important to exhibit positivity whenever possible.

■ **Be flexible and build connections.** Sathy says since remote emergency instruction often brings inequity issues to the surface, such as lack of reliable internet access, it's important for instructors to be flexible with students. Practically, this may mean being more accommodating about when and how students submit assignments.

"Unfortunately, some students might experience difficulty maintaining their academic standing: They may get sick, a family member may get sick or they may have to work," says Sathy. "I want all my students to know we can make it work."

Aaron Richmond, PhD, a professor at Metropolitan State University of Denver, says that moving online doesn't change a key factor of teaching and learning: the importance of a positive teacher-student relationship. He encourages instructors to support stressed-out students. "Now more than ever, we as instructors need to do what we can to increase rapport," he says.



JACOB LUND/GETTY IMAGES

Students learn better when online instructors appear happy and engaged, some research finds.

■ **Learn from other instructors.** Since research on online learning may be difficult for faculty to navigate with so much else going on, some instructors are pooling resources to share best practices. Gurung has been aggregating research on Twitter, on his blog, Pedagogical Pundit, and on a corresponding Facebook group. "We're trying to direct people to what might be most useful," he says.

Amy Fineburg, PhD, president of APA Div. 2 (Society for the Teaching of Psychology), heads up a Facebook group for psychology teachers that has more than 5,000 active members who share teaching ideas and resources. Now, she says, during the pandemic, teachers are actively sharing resources for everything from pedagogy to psychological well-being.

■ **Rethink how you assess learning.** When primary and secondary students are learning remotely, it may be important to consider alternative ways of ensuring they are on track to move on to the next grade. Barbara Means, PhD, an executive director at Digital Promise, says psychologists working with school systems can help them think about the best ways to see where students are with respect to grade-level expectations and how to work in more learning time after the immediate crisis has ended.

"There's a need for a more flexible, individualized approach to instruction, so there are going to have to be changes to the way school systems think about accountability and how they respond to individual student needs," she says.

■ **Pick the right technology.** Successful distance learning often requires having the right platforms, says Sue Frantz, MA, a professor of psychology at Highline College in Des Moines, Washington, and a leader in the fields of instructional design and technology. To start, she asks how instructors teach face-to-face, then translates that style to a digital environment. "For example, if an instructor has a lot of student interaction and small group work, we'd recommend using a service like Zoom," she says.

It's also important for teachers to consider the specific needs of their students while planning online courses, she says. Highline, which has a higher concentration of English language learners, has created online resources in other languages. And since many students only access the internet on their phones, Frantz encourages faculty to implement apps that also work well on mobile phones, like Zoom or Slack.

Even more important, says Frantz, instructors should keep the changes to coursework manageable, for teacher and student alike. "While there are all kinds of great tech and best practices in online teaching, now is not the time to try to do everything," she says. "Be kind to yourself and to your students." ■

RESOURCES

Resources for Teachers of Psychology
Society for the Teaching of Psychology

Best Practices for Teaching Online
Salcido, A., & Cole, J.
Arizona State University, 2018

8 Ways to Be More Inclusive in Your Zoom Teaching
Hogan, K.A., & Sathy, V.
The Chronicle of Higher Education, 2020

Highline's Rule of Twos
Online course design document
Highline College

Alternatives to Traditional Testing
University of California, Berkeley, Center for Teaching and Learning
2020

COLLECTIVE SORROW

GRIEVING LIFE AND LOSS

The pandemic has led to a series of losses, from financial security to the lives of loved ones. How can we heal?

BY KIRSTEN WEIR



MARTIN DIMITROV/GETTY IMAGES

Even people who haven't experienced personal loss may be feeling "communal grief" at the toll the pandemic has taken on our society.

The COVID-19 pandemic is an epidemiological crisis, but also a psychological one. While the situation provokes anxiety, stress and sadness, it is also a time of collective sorrow, says Sherry Cormier, PhD, a psychologist retired from private practice who now focuses on grief training and mentoring. "It's important that we start recognizing that we're in the middle of this collective grief. We are all losing something now." ¶ Many people are confronting the loss of a loved one to the novel coronavirus —a challenge made even more difficult by physical distancing orders that prevent them from saying goodbye in person or gathering with others to mourn. Deaths aren't the only losses that people are reckoning with, however. Millions of people are facing loss of employment and financial upheaval as a result of the pandemic. Yet even people who haven't lost anything so concrete as a job or a loved one are grieving, Cormier says. "There is a communal grief as we watch our work, healthcare, education and economic systems—all of these systems we depend on—destabilize," she says.

The crisis isn't just shaking our faith in those systems. It's upending our understanding of the world around us, says Robert Neimeyer, PhD, director of the Portland Institute for Loss and Transition and professor emeritus of psychology at the University of Memphis. "The losses include our sense of predictability, control, justice, and the belief that we can protect our children or elderly loved ones," he says.

In the wake of the COVID-19 pandemic, psychologists will play a key role in helping people manage the many losses they're mourning, Neimeyer adds. "We'll have an immense challenge as a profession, but also a vast opportunity to help people address these elements of suffering."

GRIEVING A LIVING LOSS

Research from the bereavement literature shows that the nature of a person's attachments has an effect on their grief reactions. Of course, we aren't only attached to other humans, Neimeyer says. "We're capable of losing places, projects, possessions, professions and protections, all of which we may be powerfully attached to," he says. "This pandemic forces us to confront the frailty of such attachments, whether it's to our local bookstore or the routines that sustain us through our days."

Many of the losses we're experiencing now are so-called ambiguous losses. "These lack the clarity and definition of a single point like a death," Neimeyer explains. That fuzziness can make it hard to move forward. As the pandemic has evolved, people have had to confront a series of losses: the loss of a sense of safety, of social connections and personal freedoms, of jobs and financial security. Going forward, people will experience new losses we can't yet predict. "We're talking about grieving a living loss—one that keeps going and going," he says.

We don't only grieve for what's missing, but also for the ways in which those losses affect our senses of self, says George Bonanno, PhD, a psychologist who heads the Loss, Trauma, and Emotion Lab at Teachers College, Columbia University. "You can experience grief over anything that feels like a loss of identity." Research shows, for instance, that losing a job can trigger a period of prolonged grief distinct from anxiety or depression. That prolonged grief seems to be related to the impacts of job loss on self-esteem and belief in a just world (Papa, A., & Maitoza, R., *Journal of Loss and Trauma*, Vol. 18, No. 2, 2013).

Though grief is difficult, it helps to recognize that it's natural and useful, Bonanno says. "Grief is really about turning inward and recalibrating, and thinking: 'This is not the way the world is anymore, and I need to adapt,'" he says. "It's okay to feel grief over what we're losing. When we do that, it allows us to let grief do its job, so that we can move on."

His research suggests that once a crisis has passed, most people are able to bounce back and move on with their lives. Grief is also transient, even when we're in the midst of its clutches. People should expect to fluctuate between moments of sadness and mourning, and moments of acceptance or even happiness, he says. "People who cope well with loss usually move in and out of those states. It's OK to allow yourself to be distracted and entertained, and even to laugh."

IT HELPS TO 'NAME AND CLAIM' OUR GRIEF

With almost the whole world confronting losses large and small, how can people cope as they mourn their pre-pandemic lives? For starters, mental health providers can help patients "name it and claim it," Neimeyer says. "People often have a vague sense of anxiety or wordless suffering. We can help them wrap language around that," he explains. "We can ask people to consider what they're losing in the context of this pandemic, what they can do to strengthen those ties." It's not a fatalistic view, he says. Rather, it's an organized way of taking action to help people cope with their losses, from jobs and relationships to sources of self-worth and self-efficacy.

Cormier suggests people keep journals to put words to losses and to help identify ways to move forward. As the work of psychologist James Pennebaker, PhD, at the University of Texas at Austin, has shown, writing about emotional upheavals can improve both physical and mental health (*Perspectives on Psychological Science*, Vol. 13, No. 2, 2018). "Name what you're losing, individually and collectively, and write about your personal strengths and coping skills," Cormier suggests. "Most of us have never been through anything like this, but we've been through other challenging tran-

sitions. It can help to write about how you got through a divorce, or losing your job, or other challenging transitions. How did you heal and recover?"

Social support is another well-established tool that can be critical in helping move on from grief, instead of getting stuck in it. That poses a problem in an age of physical distancing, when people are isolated in their homes away from loved ones. "During this time, there may be an erosion of social support and the meaningful social roles that buttress our identities," Neimeyer says.

Psychologists can encourage people to stay connected with their social support networks through phone calls, text messages, video chat and social media. And those reminders should continue even after we emerge from isolation, says Erika Felix, PhD, a psychologist at the University of California, Santa Barbara, who treats and studies survivors of trauma and disasters. "One thing we've learned from disasters is the ongoing importance of social supports. The lesson is to keep checking in on people, and keep the support going even after this period of lockdown ends," she says. "For some people, the stress will continue after quarantine ends, especially if their jobs or relationships are affected."

SAYING GOODBYE IN THE AGE OF PHYSICAL DISTANCING

While we're mourning the loss of our pre-pandemic lives, many people will also face the grim task of mourning the deaths of friends or family members. Whether it's sitting shiva, lining up for a New Orleans–style jazz procession or sharing a meal with loved ones after a secular memorial service, cultures and customs around the world share a key element of mourning: social connection. In the age of COVID-19, physical distancing is driving a wedge in those moments of connection.

"One of the most time-tested ways of coping with grief is to practice social connection, to be with other mourners. Now, we may be having to cope with grief and sorrow alone, socially isolated, where we don't get the physical comfort we need from friends and family," says Cormier. "We're having to figure out new systems and new rituals for trying to honor death when everything else around us is shifting."

The act of saying goodbye to a loved one often begins well before a funeral or burial. For many people, the days and hours at the end of a loved one's life are especially poignant. "Normally, we can hold a loved one's hand, have meaningful conversations, affirm the bond, make amends," says Neimeyer. "When we are able to practice these things, it softens the blow of loss."

With strict isolation measures in place in most hospitals, people are missing out on those final farewells. That's true when people die from COVID-19, but also from more familiar causes such as heart attacks or cancer. While critical to slowing the spread of the disease, those measures also make it hard for mourners to come together to grieve. Some people have begun filling that void with virtual shiva and funerals, but technology is an imperfect substitute for an in-person embrace. "Being in close physical proximity with friends or other mourners helps us produce feel-good hormones like oxytocin, dopamine and serotonin," Cormier says.

When people aren't physically present to say goodbye and grieve with other mourners, they may be more likely to experience a sense of ambiguous loss, she adds. "With an ambiguous loss, it's very hard to get closure. There's often a lot of frustration and helplessness, because people feel disempowered," she says. "The question becomes, how can we construct new rituals to help us cope with death and dying for this situation that we're in right now? We're facing the question of needing to find some new way for honoring the dying process and also coping with our grief. And we might have to look to psychologists, along with faith leaders and others, to find those new mechanisms."

FURTHER READING

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2016

Techniques of Grief Therapy: Assessment and Intervention
Neimeyer, R.A. (Ed.)
Routledge, 2016

The Other Side of Sadness: What the New Science of Bereavement Tells Us About Life After Loss
(2nd edition)
Bonanno, G.A.
Basic Books, 2019

Sweet Sorrow: Finding Enduring Wholeness After Loss and Grief
Cormier, S.
Rowman & Littlefield, 2018

CE Corner: New Paths for People With Prolonged Grief Disorder
Weir, K.
Monitor on Psychology, 2018

PROLONGED GRIEF DISORDER

Such difficult circumstances may increase the odds that a bereaved person will develop complicated grief, also known as prolonged grief disorder, says Neimeyer. Prolonged grief is an intense grief that is distinct from depression. The DSM-5 favors the term "persistent complex bereavement disorder," defined as prolonged grief lasting at least 12 months. A proposed addition to the forthcoming ICD-11 defines prolonged grief as lasting at least six months. Though those diagnostic criteria disagree on the timepoint at which grief becomes prolonged, they agree on the key feature of the condition: grief that endures and interferes with normal functioning. "It keeps going and going like the old Energizer bunny," Neimeyer says.



MOTORTION/GETTY IMAGES

Prolonged grief is marked by persistent longing and sadness for the deceased, and a sense of disbelief or inability to accept the loss, as M. Katherine Shear, MD, at Columbia University, has described. Without treatment, prolonged grief increases the risk of substance use, sleep disorders, impaired immune functioning and suicidal thinking (*New England Journal of Medicine*, Vol. 372, No. 2, 2015).

Over the past decade, researchers have learned a lot about prolonged or complicated grief, Neimeyer says. Risk factors include social isolation, attachment insecurity, anxiety and experiencing a loss that is sudden and inexplicable. "The circumstances under which deaths are now occurring, with plenty of unresolved relational issues, represent a perfect storm for producing complicated grief," he says.

Depression and anxiety can coexist with prolonged grief, and pharmacological treatments can sometimes help address those co-occurring symptoms. But for prolonged grief disorder itself, psychotherapy is the gold standard. Shear, for instance, found that adding an antidepressant to her complicated grief treatment did not improve symptoms of prolonged grief (*JAMA Psychiatry*, Vol. 73, No. 7, 2016). "The core of complicated grief is unaffected by pharmacotherapies. The only evidence-based treatment is psychological," Neimeyer says.

When people cannot be physically present to say goodbye to a loved one, they may be less likely to get closure about their loss.

PSYCHOLOGY CAN EMBRACE ITS PURPOSE

Even after the COVID-19 crisis has subsided, many people will continue to struggle with grief and trauma for some time, says Felix. "As things return to normal, most of us will also return to a kind of normal, albeit changed by going through this experience. But there is a subset of people who will be chronically disrupted and will need support," she says.

Psychologists may have to build their expertise on grief and trauma to meet that need, through continuing education in areas such as disaster mental health, psychological first aid and trauma-focused therapies, Felix adds. "When working with people who have experienced trauma, it's important to know your strengths and to know what you can and can't do."

Unfortunately, grief and loss are given cursory attention in many psychology training programs, Neimeyer says. "Few of us have any serious training for dealing with grief and loss. Deepening competencies around treating grief will need to be a priority of many psychologists for years to come."

But the field is up to the challenge, he adds. "One thing about crisis is that it can galvanize creativity and commitment," he says. "Psychology has a purpose and direction in this crisis that is quite clear. We can retreat from it, or we can embrace that moment." ■

● **This article** is a compilation of two reports from APA's e-newsletter "Six Things Psychologists Are Talking About." To subscribe, go to www.apa.org/monitor/six-things.

STRENGTH AFTER TRAUMA

LIFE AFTER COVID-19: MAKING SPACE FOR GROWTH

In this time of grief, the theory of post-traumatic growth suggests people can emerge from trauma even stronger

BY KIRSTEN WEIR

In the traditional Japanese art of kintsugi, artisans fill the cracks in broken pottery with gold or silver, transforming damaged pieces into something more beautiful than they were when new. Post-traumatic growth is like kintsugi for the mind. ¶ Developed in the 1990s by psychologists Richard Tedeschi, PhD, and Lawrence Calhoun, PhD, the theory of post-traumatic growth suggests that people can emerge from trauma or adversity having achieved positive personal growth. It's a comforting idea in the best of times. But it holds particular appeal as we live through a pandemic that's upending lives for people around the globe.

Growing from trauma isn't unusual, says Tedeschi, now a professor emeritus at the University of North Carolina Charlotte and chair of the Boulder Crest Institute for Posttraumatic Growth in Bluemont, Virginia. "Studies support the notion that post-traumatic growth is common and universal across cultures," he says. "We're talking about a transformation—a challenge to people's core beliefs that causes them to become different than they were before."

And the COVID-19 pandemic may have the ingredients to foster such growth. "We're still in the middle of this situation, and we don't know yet what might happen—but there will be serious challenges to people's lives," Tedeschi says. While those effects may be devastating, it's possible to emerge from such adversity for the better, he adds. "For some people, this event may be a shock to their core belief system. When that's the case, it has the potential to result in significant positive changes."

RESILIENCE VS. POST-TRAUMATIC GROWTH

Research across a variety of disasters has shown that there are different trajectories for recovery, says Erika Felix, PhD, a psychologist at the University of California, Santa Barbara, who treats and studies trauma survivors. Some people need time to recover from a trauma before returning to normal functioning. A portion of people experience negative mental health impacts that become chronic, but the majority of people bounce back from a trauma pretty quickly, she says. "Most people will be resilient and return to their previous level of functioning."

Resilience and post-traumatic growth are not the same thing, however. In fact, people who bounce back quickly from a setback aren't the ones likely to experience positive growth, Tedeschi explains. Rather, people who experience post-traumatic growth are those who endure some cognitive and emotional struggle and then emerge changed on the other side.

This experience is measured by Tedeschi and Calhoun's Posttraumatic Growth Inventory (PTGI) (*Journal of Traumatic Stress,* Vol. 9, No. 3, 1996), which evaluates growth in five areas: appreciation of life, relating to others, personal strength, recognizing new possibilities and spiritual change. It's not necessary or even typical to show change in all five areas, Tedeschi says. But growth in even one or two of those realms "can have a profound effect on a person's life," he says.

Some psychologists say the evidence for post-traumatic growth isn't yet as robust as it could be. For example, Patricia Frazier, PhD, at the University of Minnesota, and colleagues followed undergraduates before and after a trauma. They found that participants' self-reported perceived growth didn't align with actual growth as measured by the PTGI. And while actual growth was related to positive coping, perceived growth was not, suggesting the construct may not fully reflect the way people are transformed by trauma (*Psychological Science,* Vol. 20, No. 7, 2009).



PAMELA JOE MCFARLANE/GETTY IMAGES

After trauma, psychologists can help plant seeds of hope that may later sprout into positive changes for survivors.

But other evidence suggests that people do grow from trauma. A 2018 book by Tedeschi and colleagues summarizes more than 700 studies related to post-traumatic growth, including Tedeschi's own research and work from other scientists ("Posttraumatic Growth: Theory, Research, and Applications," Routledge, 2018). "When you look at how people respond to traumatic events, post-traumatic growth seems to be fairly common," he says.

PLANTING THE SEEDS FOR POSITIVE CHANGE

Post-traumatic growth isn't something psychologists can prescribe or create, Tedeschi says. But they can facilitate it. "We see it as a natural tendency that we can watch for and encourage, without trying to make people feel pressured or that they're failures if they don't achieve this growth," Tedeschi explains.

Most evidence-based trauma treatments provide a "manualized approach" to alleviating stress and symptoms such as anxiety, Tedeschi says. The post-traumatic growth framework he uses is an integrated approach that includes elements of cognitive-behavioral therapy, along with other aspects that emphasize personal growth. "It has elements of narrative and existential aspects, too, because traumas often present people with existential questions about what's important in life."

One way to help clients see the possibilities for growth is to be an "expert companion" during their struggle, he says. "That's someone who accompanies their trauma, listens carefully to their story and learns from them about what has happened in their lives. By being that kind of expert, people start to open up and look at the possibilities in their lives more thoroughly."

Yet post-traumatic growth isn't something that can be rushed, and it often takes a long time to come to fruition. "As a clinician, you can plant the seeds that may germinate later," Tedeschi says.

As we emerge from the COVID-19 crisis, clinicians and their clients may have opportunities to help those seeds begin to sprout. "This situation presents a challenge to people's lives, and some people will be able to emerge from this for the better," Tedeschi says.

One doesn't necessarily need to experience trauma and existential struggle to learn from this crisis, however. For many people, the pandemic is shining a light on the things that are most important. "We might be making more time for things we find meaningful, simplifying our lives and making time for being connected in our relationships," Felix says. "A stressor like this makes all of us think: What does this slowdown mean for our lives? We might be fundamentally changed in some ways that are beneficial." ■

FURTHER READING

The Posttraumatic Growth Workbook
Tedeschi, R.G., & Moore, B.A.
New Harbinger Publications, 2016

The Posttraumatic Growth Inventory: A Revision Integrating Existential and Spiritual Change
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Do Levels of Posttraumatic Growth Vary by Type of Traumatic Event Experienced? An Analysis of the Nurses' Health Study II
Lowe, S.R., et al.
Psychological Trauma, 2020

Resiliency and Posttraumatic Growth
Despotes, A.M., et al.
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John Wiley & Sons 2017

BY TORI DEANGELIS



FOR SOME, MORE FEAR OF COVID-19

Americans with money and health worries were more concerned by the threat of the new coronavirus, according to a Pew Research Center survey

1 in 5

Number of U.S. adults who, during the early days of the COVID-19 outbreak, said they experienced a **physical reaction**—such as sweating, trouble breathing, nausea or a pounding heart—at least some or a little of the time when thinking about the pandemic. Also, **18%** said they felt nervous or **anxious** most of the time.

33%

Percentage of **lower-income** Americans who reported high levels of psychological distress, compared with **17%** of people in **upper-income** households.

32%

Percentage of Americans who saw the outbreak as a major threat to their **personal health** and who reported high levels of psychological distress. Among those who said the outbreak was not a threat to their physical health, **16%** reported high levels of psychological distress.

30%

Percentage of Americans who saw the outbreak as a threat to their **financial health** and reported high levels of distress, compared with **18%** of people who did not report financial worries.

Source: "People financially affected by COVID-19 outbreak are experiencing more psychological distress than others." Survey of a representative sample of 11,537 U.S. adults conducted March 19–24, 2020, by the Pew Research Center, drawn from its American Trends Panel. Available at www.pewresearch.org/fact-tank/2020/03/30/people-financially-affected-by-covid-19-outbreak-are-experiencing-more-psychological-distress-than-others/.

SEFA KART/GETTY IMAGES

GUIDELINES FOR THE CONDUCT OF PRESIDENT-ELECT NOMINATIONS AND ELECTIONS

A. ELIGIBILITY, PUBLISHED STATEMENTS, CAMPAIGN RESTRICTIONS

1. Eligibility and appropriateness of members of the board of directors to stand for the APA presidency. Members of the board of directors are eligible to stand for and accept nominations for the APA presidency.

2. Eligibility and appropriateness of standing for the APA presidency while standing for another APA office. Individuals serving in the APA presidency cycle shall not hold offices within the association other than the ex-officio positions that accompany that office. A person elected to the APA Presidency shall, during the term of president-elect, president and past president, be restricted from holding any other APA office, including divisional offices, that is not an ex-officio extension of the Presidential office.

3. Call to membership of potential presidential nominees. An annual announcement in the December issue of the *APA Monitor on Psychology* will inform potential presidential nominees of the opportunity to speak at the February council meeting and invite them to submit a brief statement (50 words or less) to accompany the president-elect nomination ballot. The deadline for submission of such statements is close of business on Jan. 15.

4. Statement on the issues facing psychology. After the slate of candidates is announced, each one will be invited to provide a statement regarding their candidacy. The candidates' statement accompanying the election ballot should be confined to discussion of issues facing psychology and the APA and should not exceed 1,000 words. The *APA Monitor on Psychology* will provide coverage of the candidates in a question and answer format in issues published between their nomination and the election. Each board and committee reporting to Council or the Board of Directors will be invited to develop questions, which will be reviewed by the Election Committee. Taking into consideration input from the various constituencies, six (6) final questions reflecting important issues to APA's overall mission and strategic plan will be selected by the Election Committee and presented to each candidate. Their written responses will be edited for APA style by *APA Monitor on Psychology* editors and returned to the candidates for approval before appearing, in tabular format, over three subsequent issues of the *APA Monitor on Psychology*. The answers to each question will be limited to 100 words. Each candidate will also be given the opportunity to write a short statement, not to exceed 300 words, as a lead into their questions and answers. The Past President, as chair of the Election Committee, is responsible for enforcing these limitations.

5. Appropriateness of a member of the board of directors endorsing a particular candidate. Since the board of directors is the executive committee of the association as a whole, it should be viewed as being nonpartisan, and, as a matter of protocol, board members should not endorse candidates for the office of president-elect.

6. Reporting of campaign funds. APA presidential candidates are required to report any financial support greater than $200 that they received while seeking nomination or election from Aug. 1 of the preceding year of the election through two weeks prior to the start of the president-elect election balloting period. Financial support includes direct money payments, in kind services, advertising on behalf of the candidate, etc. Cash contributions to candidates must be documented with the source of the contribution. This will include support from any individual, group, organization, society, APA division, state association or caucus of APA council. Any honorarium and expenses for travel to present or speak to a group specifically regarding the candidate's nomination or election also must be reported. If there is a question about whether financial support is reportable, it should be reported.

Candidates will report all contribution sources and amounts on a form approved by the election committee. Candidates must sign verifying that the report is complete and submit it to the APA election office no later than Sept. 1. Candidates may not accept contributions after this date. The data will be made available to the membership on the APA Election website.

7. Selling or providing APA mailing labels and email address lists. APA will not sell or provide mailing labels or email address lists for campaign purposes.

8. Use of listservs (electronic lists). APA Central Office will not establish or provide listservs or other electronic communities for campaign purposes. However, list members may discuss APA elections and APA candidates on established lists to which they subscribe.

B. STATEMENT OF COMPLIANCE WITH GUIDELINES

After the election committee announces the candidates, each one will receive a copy of these guidelines. Each candidate must agree to and sign a statement acknowledging that he or she has received the guidelines, pledge to adhere to them, and will report to the election committee immediately any deviations from the guidelines of which he or she becomes aware.

C. PROMULGATION OF THESE GUIDELINES

The guidelines in their entirety shall appear in the December or January and the May issues of the *APA Monitor on Psychology*. Each January the election committee will send the guidelines to divisions, state/provincial/territorial psychological associations, coalitions and newsletter editors.

D. COMPLIANCE

Member complaints regarding violations of these guidelines will be addressed by the election committee. Upon receipt of a complaint, the election committee will provide the candidate with notice and an opportunity to respond to the allegations and/or to correct his or her report regarding campaign funds required by 110-7.1. A6. Recognizing that the goal of reporting requirements is to achieve transparency for the benefit of the voters, based on information it receives regarding a complaint, the election committee may also modify the APA election website to supplement or correct any information about candidate financial support.

The American Psychological Association's Board of Directors and Council of Representatives have established these election guidelines for election to the office of President-elect. They are printed in the Monitor twice a year. It is the intent of these guidelines to keep the amount of campaigning and electioneering for the office of president-elect within reasonable limits and to assist in the maintenance of a spirit of collegiality and essential fairness in such elections. These guidelines shall apply to the nomination and election process for the office of APA president-elect. Revised: August 2011

For more information please write or call APA's Election Office, 750 First St., N.E., Washington, DC 20002-4242; (202) 336-6087; (202) 336-6123 TDD

How has COVID-19 affected you?

The APA *Monitor on Psychology* team wants to hear your stories on how the pandemic has affected your practice, research, teaching or studies, as well as your home life and future plans.

If you are willing to share your stories, email Barb Fischer at bfischer@apa.org.

We look forward to hearing from you.

Be well,
The *Monitor* team

