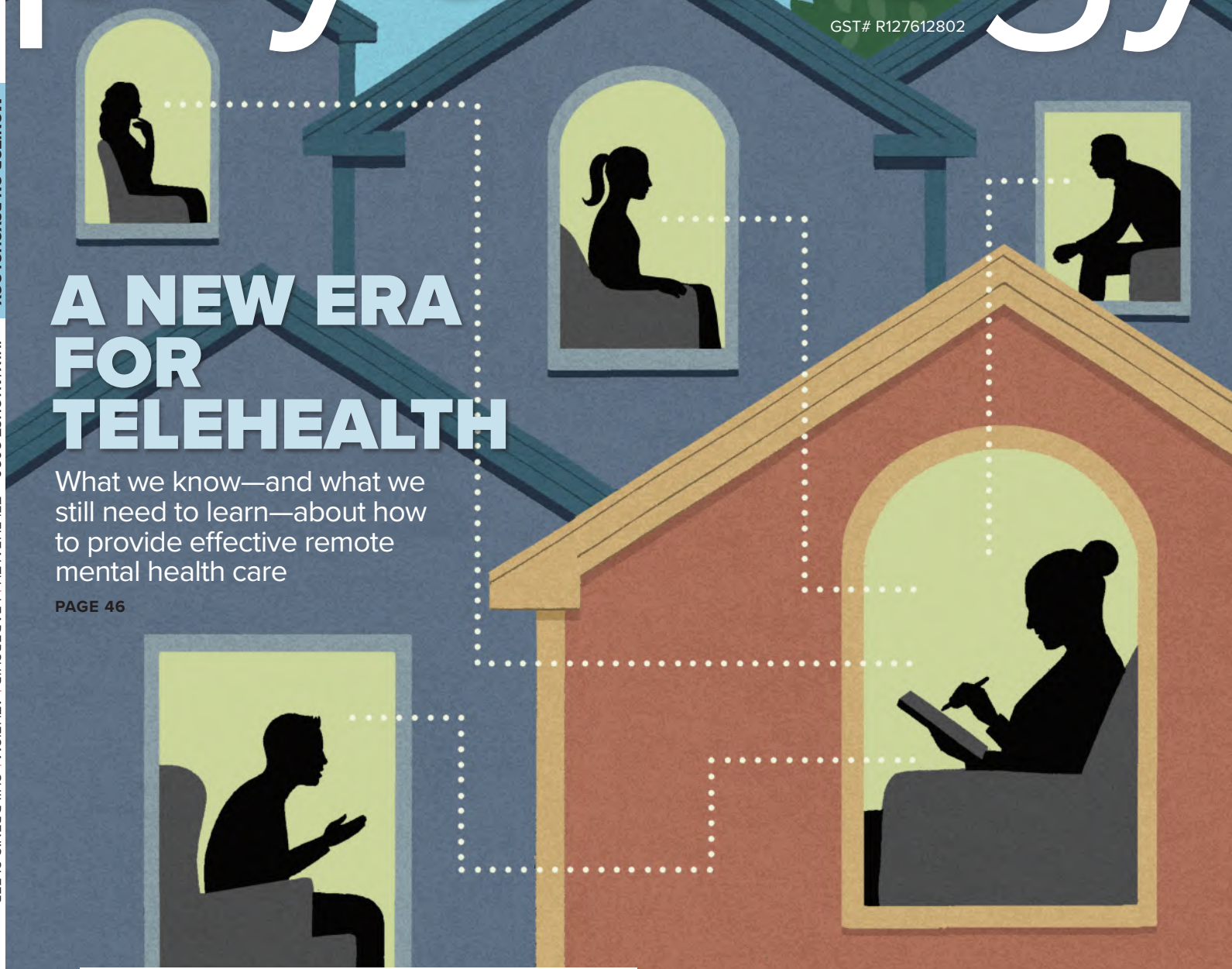
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monitor on psychology

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A NEW ERA FOR TELEHEALTH

What we know—and what we still need to learn—about how to provide effective remote mental health care

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Leadership in Crisis Times

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The Psychology of Atheism

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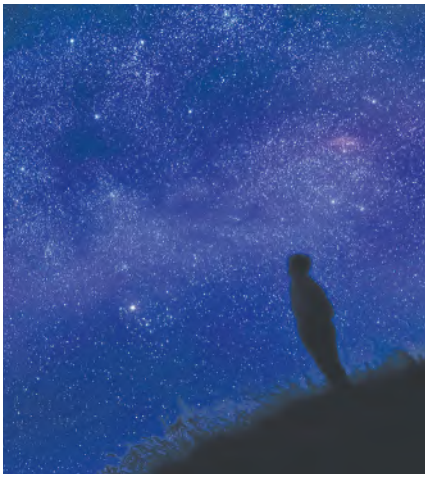
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BPA WORLDWIDE



42 LEADERSHIP IN TIMES OF CRISIS
In the era of COVID-19, some leaders have risen to the challenge while others have floundered and alienated their constituencies. Psychologists' research suggests that clear communication, honesty, empathy and preparation are essential for successfully leading a community through a crisis.

52 WHAT DO YOU BELIEVE?
The number of people who describe themselves as atheists or agnostics is on the rise in the United States. The psychology of unbelief has long been understudied, but researchers have begun to paint a clearer picture of its causes and consequences—and are finding that believers and nonbelievers may have more in common than they realize.



RIGHT: DANIEL MITEV/UNSPLASH

COVER STORY

HOW WELL IS TELEPSYCHOLOGY WORKING?

As the COVID-19 pandemic spread this spring, telepsychology quickly became the sole option for many Americans in need of mental health care—driving both experienced telehealth providers and novices to move their entire caseloads online. Research suggests that telehealth can provide an effective way to treat depression, anxiety and many other disorders. But challenges remain in terms of maintaining that effectiveness as it is rolled out on a large, nationwide scale. *See page 46*

COVER: JAMES STEINBERG



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Self-care in trying times. Page 60

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People do better at a boring task when they know when it will end. Page 18

CE CORNER

HELPING CHILDREN GET A GOOD NIGHT'S SLEEP

Up to 30% of children ages 2 to 5 and 15% of school-age children have trouble falling asleep or sleeping through the night—leading to sleep deprivation that can cause daytime fatigue, decreased health, and problems with mood and emotion regulation. Fortunately, psychologists have many evidence-based interventions that can provide life-changing help. *See page 36*



LAB WORK

"Limiting nicotine drives addicted people to use high-powered vaping devices, which emit more nicotine and more toxicants. It's an example of a regulation that should have been tested in a laboratory first."

Tom Eissenberg, PhD, Virginia Commonwealth University. See page 72

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LEARNING LEADERS: OUR TIME IS NOW

Psychologists' voices and skills are essential for helping our nation and the world through this pandemic

BY SANDRA L. SHULLMAN, PhD, APA PRESIDENT

In earlier columns, I have urged psychologists to step into the role of "learning leaders"—to "up our game" from sideline spectators to leaders in our work and communities. As learning leaders, psychologists can bring curiosity, flexibility, a tolerance for risk and the ability to adapt complex information to make systems better.

A few months ago, these ideas may have seemed abstract, but the COVID-19 crisis has made it clear that we must act now. The pandemic has placed our health-care, educational, economic and other institutions under threat, compelling us to reimagine and rethink those institutions so they are more sustainable for everyone. Psychologists' expertise as learning leaders is particularly needed now in several areas:

■ **Education.** With education now online, psychologists can explore ways to ensure that teachers are connecting and engaging with their students. What new online resources and tools might psychology promote to help people develop the skills we all need to address the challenges of the future? Possibilities include training teachers on best practices for delivering online classes and adding age-appropriate resiliency materials into all classes.



APA President Dr. Sandra L. Shullman

KIRK IRWIN

■ **Health care.** Our health-care system has long failed to equitably serve all Americans, and the COVID-19 crisis has only amplified its shortcomings. How can psychologists work to change this system to better serve all?

■ **Jobs and the economy.** Likewise, the pandemic is shedding light on economic inequality. Psychologist learning leaders can show how poverty and inequality harm individuals, families and communities, and design and deliver workplace interventions that facilitate solutions. One way to help: Join APA's #EquityFlattensTheCurve campaign, where you can help amplify efforts related to the role that inequity plays in COVID-19 response and recovery.

■ **Community.** Quality community programs that bring people together will be vital in an evolving pandemic world. What new, creative thinking can we bring to promote healing and resilience?

The breadth of our field and our potential as learning leaders match the broad challenges of this crisis. Let's be at the tables when the discussions begin. Now is our moment to lead. ■

● **For more on leadership** in times of crisis, see the article on page 42.

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APA'S ACTION PLAN FOR ADDRESSING INEQUALITY

Psychology's expertise is urgently needed to tackle our nation's long-standing injustices

BY ARTHUR C. EVANS JR., PhD

As I write this at *Monitor* press time, our nation is in turmoil over the murder of George Floyd. Americans are outraged by the police brutality that steals the lives of unarmed black men and women, at the same time that people of color are disproportionately contracting COVID-19 and losing their jobs as the pandemic undermines the American economy.

This historic tipping point presents us with an urgent challenge—as an association, as a profession and as individual psychologists—to use our expertise to address the discrimination and racism that have resulted in long-standing social, economic and political inequalities. Working together, we can make an impact. Toward that goal, APA has a three-tiered plan to address these deep inequities:

1. Communicating our vast research. APA will make psychological science and its applications to real-world bias, discrimination and trauma highly visible, communicating the association's position regarding the incident involving George Floyd, as well as our stance on racial bias broadly. This will include articles in public-facing publications, blogs, podcasts and media interviews.



APA CEO
Dr. Arthur C. Evans Jr.

SCOTT SUCHMAN

2. Reducing police violence. We plan to appoint an APA Presidential Task Force to develop science-based recommendations to reduce the incidence of police killings, particularly of unarmed black men.

3. Addressing systemic and institutional racism. With the understanding that racism dates back hundreds of years in this country, APA is making a long-term commitment to use psychological science to reduce racism and discrimination. Because of the immense nature of these issues, we are giving careful thought to the aspects on which APA can have the greatest unique and positive impact.

Across all these levels, APA's ability to form partnerships with other organizations and stakeholders, as well as tap into the broad expertise of our members, is critical. If you have thoughts and recommendations on ways psychology can help ameliorate this crisis, send them to https://on.apa.org/Pandemic-of-Racism.

APA is committed to taking actions that not only garner attention now but also have sustainable and long-lasting effects. It will take all of us to help move our nation forward.

Join us. Our nation's future is at stake. ■

The Hot List

WHAT ARE YOU TALKING ABOUT?

As we continue to face an ever-evolving "new normal," psychologists can stay up to date with **"Six Things Psychologists Are Talking About,"** APA's biweekly e-newsletter offering the latest news in psychology. "Six" offers the best in psychology journalism to help readers stay current on trends in the field, new research and much more between issues of the *Monitor*. If you are not yet a subscriber, sign up at www.apa.org/monitor/six-things/ or on my.apa.org. Share your thoughts, experiences or story ideas at **SixThings@apa.org.**

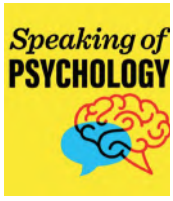


LEARN ABOUT THE APA PRESIDENTIAL CANDIDATES

The candidates for APA's 2022 president are **Steven D. Hollon, PhD, Thomas G. Plante, PhD, Kirk J. Schneider, PhD, Susan Krauss Whitbourne, PhD,** and **Frank C. Worrell, PhD.** They will be answering questions on important topics throughout the summer at **https://on.apa.org/Elections.**

LOSING RITUALS, CREATING NEW ONES

A new episode of APA's "Speaking of Psychology" podcast features **Michael I. Norton, PhD,** of Harvard Business School, on why the loss of graduation and other rituals during the pandemic affects us and how adopting new rituals can reduce our stress. Listen at **https://on.apa.org/sop.**



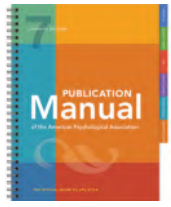


HELP FOR CHILDREN LEARNING FROM HOME

Parents and teachers can help children learn effectively from home using evidence-based research. Find the first of five fact sheets sharing actionable advice, **"8 Tips for Fostering Children's Self-Regulation and Promoting Creativity,"** at **https://on.apa.org/Learn-from-home.**

A NEW TOOL FOR LEARNING APA STYLE

APA has developed a **free tutorial** on the style and grammar essentials of the new seventh edition of the APA Style manual to share with students and others who are learning academic writing. Find it at **https://on.apa.org/StyleTutorial.**



APA 2020 IS GOING VIRTUAL

To protect the health and safety of members and the community, APA 2020 will be a virtual event, held **Aug. 6–8** and accessible to psychologists all over the world. Sign up for registration updates at **https://convention.apa.org.**

DID YOU KNOW? **APA's resources related to COVID-19 for members and the public are at www.apa.org/topics/covid-19.**

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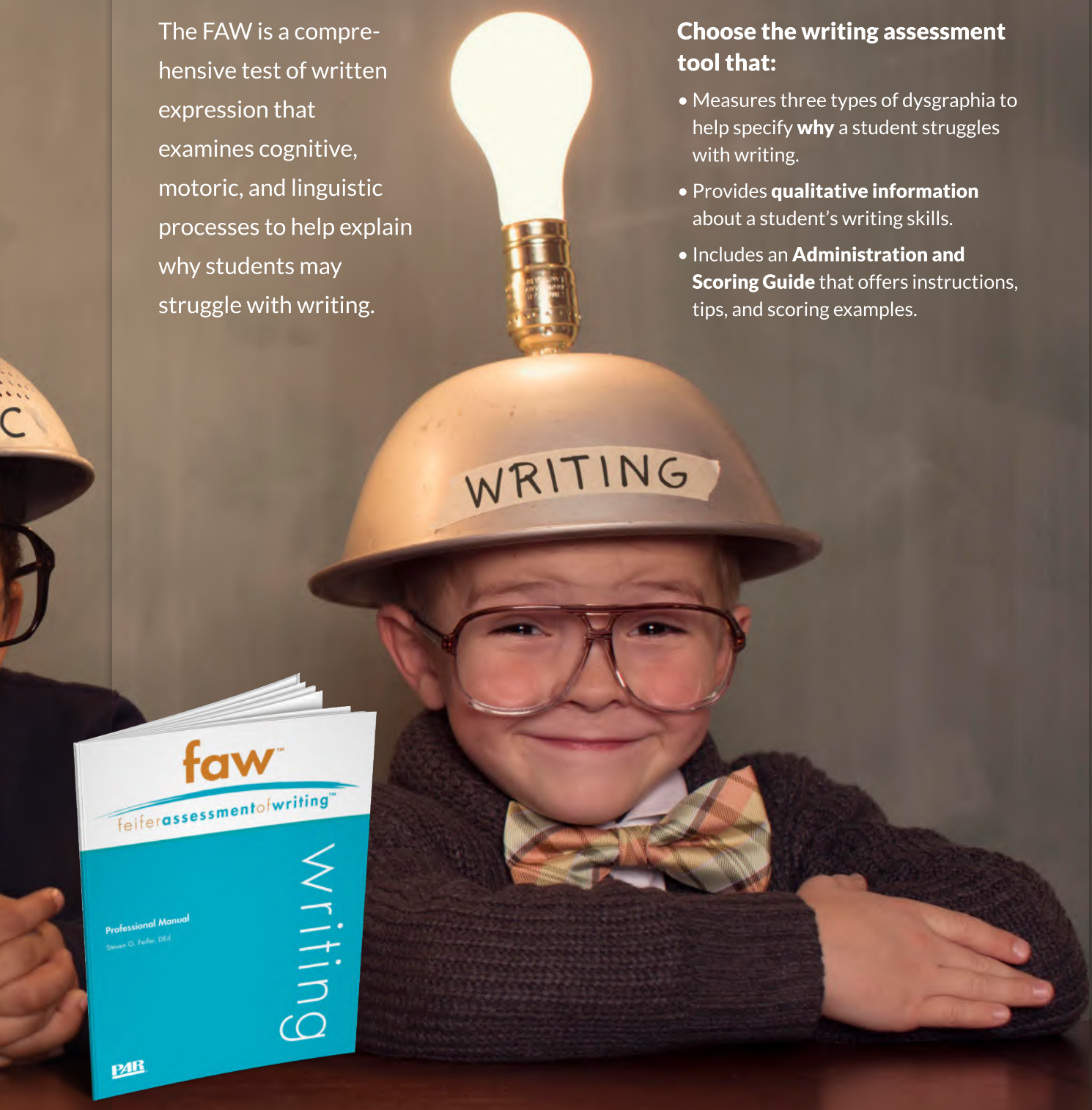
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In Brief

THE LATEST PEER-REVIEWED STUDIES WITHIN PSYCHOLOGY AND RELATED FIELDS



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Back to Work

Contrary to expectations, individuals returning to work during the coronavirus pandemic in China did not suffer increased levels of mental health problems, finds a study in *Brain, Behavior, and Immunity*. The Chinese government imposed a lockdown on one of its largest cities, Chongqing, on Jan. 31, but began allowing some people to return to work in February. Researchers surveyed 673 full-time employees (excluding health-care workers) approved to go back to their jobs in late February. Approximately 11% of respondents met the criteria for a diagnosis of PTSD, 3.8% reported moderate to severe anxiety and 3.7% reported moderate to severe depression. These rates were lower than those reported a month earlier for the general population in China. The researchers suggest the low prevalence of mental health problems among returning workers could be due to confidence instilled by strictly enforced prevention measures.

DOI: 10.1016/j.bbi.2020.04.055

'INFODEMIC'

People with more social media exposure to information about COVID-19 report more anxiety, according to a study in *PLOS ONE*. Researchers used online questionnaires to survey 4,872 adults from 31 regions in China between Jan. 31 and Feb. 2. The researchers asked participants how often they had been exposed to news or information related to COVID-19 through social media in the previous week. The survey also included measures of depression and anxiety. The researchers found that 82% of respondents reported being frequently exposed to information about the pandemic through social media. Nearly half of respondents (48%) reported high levels of depression symptoms, nearly a quarter (23%) reported high levels of anxiety symptoms and about 19% reported high levels of both depression and anxiety symptoms. Exposure to social media was associated with greater odds of reporting anxiety and a combination of depression and anxiety, but not with reports of depression on its own.

DOI: 10.1371/journal.pone.0231924

TEENS AND COVID-19

About 4 in 10 teens in China experienced symptoms of anxiety or depression during the COVID-19 outbreak there, finds a study in *European Child & Adolescent Psychiatry*. Researchers conducted an online survey of 8,079 Chinese adolescents ages 12 to 18 in March, asking about the teens' awareness of COVID-19, as well as whether they experienced depression and anxiety symptoms. Overall, 44% reported depressive symptoms, 37% reported anxiety symptoms and 31% reported both. Girls were more likely than boys, and older teens more likely than younger teens, to report symptoms.

DOI: 10.1007/s00787-020-01541-4

More than 40% of Chinese teens experienced symptoms of depression during the COVID-19 outbreak, one survey found.



GANG ZHOU/GETTY IMAGES

LESS SEX DURING PANDEMIC

During the height of the COVID-19 outbreak, overall sexual activity, frequency, satisfaction and risky sexual behaviors appear to have decreased among young men and women in China, according to a study in *The Journal of Sexual Medicine*. Researchers conducted an online study in March with a convenience sample from China of 459 heterosexual individuals ages 18 to 45. They found that although 25% of participants reported experiencing a reduction in sexual desire related to the coronavirus pandemic, 18% of men and 8% of women said they experienced an increase in sexual desire. In addition, 44% of participants reported a decrease in the number of sexual partners, 37% reported a decrease in frequency of sexual activity and 35% experienced a reduction in sexual satisfaction. Only five participants reported increased engagement in risky sexual behaviors during the COVID-19 outbreak.

DOI: 10.1016/j.jsxm.2020.04.380

ONLINE THERAPY

When added to usual depression care, an online version of mindfulness-based cognitive therapy (MBCT) can help treat patients' depression symptoms, according to a study in *JAMA Psychiatry*. The online version of MBCT, called Mindful Mood Balance (MMB), combines the practice of mindfulness meditation with cognitive therapy to teach patients adaptive ways of regulating their emotions. A randomized clinical trial of 460 U.S. patients found that adding MMB to usual depression care led to greater reductions in depressive and anxious symptoms, higher rates of remission and higher levels of quality of life compared with patients receiving usual depression care alone.

DOI: 10.1001/jamapsychiatry.2019.4693



An online mindfulness-based therapy can boost the effectiveness of depression treatment.

COOPERATING FOR COOKIES

Children are more willing to delay gratification when working with another child to achieve a goal than when working solo, suggests an update of the classic "marshmallow test" published in *Psychological Science*. Working in both Germany and Kenya, researchers created pairs of more than 200 5- and 6-year-olds, put the children in separate rooms and placed a cookie in front of each of them. In one condition, each child had to rely only on their own self-control to earn a second cookie by waiting until the researcher returned, much like the original experiment. In another condition, each child received a second treat only if both children in the pair waited. In both cultures, more children held off on eating the first cookie in the cooperative condition compared with the solo condition.

DOI: 10.1177/0956797619894205

In a twist on the classic marshmallow test, children are more likely to wait to eat a cookie when they are working together with another child.



FAMILY SUPPORT

Psychotherapy appears to help children and adolescents at risk for developing bipolar disorder stay healthy, according to research in *JAMA Psychiatry*. Researchers studied 127 U.S. children and teens ages 9 to 17 to determine which of two types of treatment was more effective at delaying new and recurring bipolar symptoms: four months of a family-focused therapy that teaches patients and families better communication and problem-solving skills or four months of a traditional form of psychoeducation focused on understanding and coping with mood symptoms. Nearly 77% of the adolescents in the family-focused treatment recovered from their initial symptoms during the study, and the average time before new symptoms of depression returned was 87 weeks. The numbers for the psychoeducation group were 65% and 63 weeks.

DOI: 10.1001/jamapsychiatry.2019.4520

WHAT GOD LOOKS LIKE

The same racial and gender biases that people bring to

TOP: ELECTRAVK/GETTY IMAGES; BOTTOM: TURNERVISUAL/GETTY IMAGES



BIM/GETTY IMAGES

religious worship are also present in their work life, suggests research in the *Journal of Personality and Social Psychology*. Researchers showed 444 Christians in the United States 12 pairs of faces that differed in gender and race and asked them which face in the pair looked more God-like. The researchers found that participants were more likely to report that God was male and the same race as themselves. In a second study, 1,012 Christians looked at the faces of 32 job applicants and rated how well each would fit a supervisory position. Christians who conceptualized God as white and male rated white male job applicants more favorably than all other types of applicants. This preference for white male job applicants held for all participants—whether white or black, male or female—that viewed God as a white male.

DOI: 10.1037/pspi0000233

People who live near busy roads are at greater risk for non-Alzheimer's dementia.

ANOTHER RISK OF POLLUTION

People who live near a major road or highway have a higher risk of developing neurodegenerative disorders, according to a study in *Environmental Health*. Researchers analyzed data for 678,000 adults ages 45 to 84 who lived in the Vancouver area from 1994 to 1998. During a follow-up period from 1999 to 2003, the researchers identified 13,170 cases of non-Alzheimer's dementia, 4,201 cases of Parkinson's disease, 1,277 cases of Alzheimer's disease and 658 cases of multiple sclerosis (MS). For each of the disorders, they found that living within 50 meters of a major road or 150 meters of a highway was associated with increased risk, ranging from 7% to 25% increased risk per disorder. For non-Alzheimer's and Parkinson's, the associations were mediated by levels of air pollution. The numbers of Alzheimer's and MS cases may have been too low to identify linkages of air pollution with those disorders.

DOI: 10.1186/s12940-020-0565-4

YOU'RE GONNA LOVE IT

People overestimate how much others will appreciate, pay for or wait for objects and experiences, suggests research in the *Journal of Experimental Psychology: General*. Researchers surveyed 4,748 people across five online and in-person studies, and in each one they found that people overestimate the value of goods (e.g., a treadmill or a round-trip ticket to Paris) and positive experiences (e.g., attending a screening of the latest *Star Wars*

movie). A similar, but opposite, bias was found in a sixth study with 3,096 participants contemplating negative experiences. The researchers suggest the overestimation bias occurs because people believe that others have less nuanced experiences—that is, they have more purely positive reactions to "good" things and more purely negative reactions to "bad" things—than they do themselves.

DOI: 10.1037/xge0000700

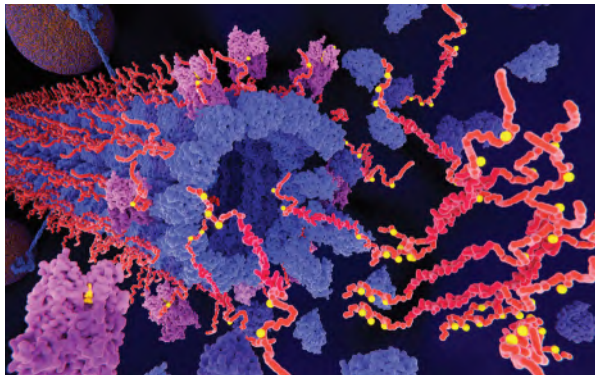
BILINGUAL BABIES

Babies born into bilingual homes change the focus of their visual attention more frequently and more quickly than babies in monolingual homes, according to research in *Royal Society Open Science*. Researchers tracked the gaze of 102 infants ages 7 to 9 months (half of whom were from bilingual homes) while the babies looked at two side-by-side pictures. The researchers found that infants from bilingual homes shifted attention from one picture to the other more frequently than infants from monolingual homes, suggesting these babies were exploring more of their environment, possibly to obtain additional information. The study also found that when a new picture appeared, babies from bilingual homes were 33% faster at redirecting their attention toward it.

DOI: 10.1098/rsos.180191

TAU TANGLES PREDICT ATROPHY

Images of pathological tau protein tangles in the brain can predict future brain atrophy in Alzheimer's disease patients, suggests a study in *Science Translational Medicine*. Researchers recruited 32 patients with early-onset Alzheimer's and used PET scans to measure tau tangles and beta-amyloid plaques, which are both well-known neurological characteristics of Alzheimer's. The researchers found that tau levels detected in participants' brains at the start of the study predicted both the location and degree of atrophy over the next year or two. In contrast, beta-amyloid levels did not predict subsequent brain atrophy.



Tau tangles can predict the location and degree of future brain atrophy in Alzheimer's patients, a study finds.

DOI: 10.1126/scitranslmed.aau5732



Babies in bilingual homes shift their visual focus more often than those in monolingual homes, perhaps because they're seeking out more information.

AUTISM UNDERDIAGNOSIS

One-fourth of children under age 8 with autism spectrum disorder (ASD) have not received a diagnosis, and this underdiagnosis is worse among black and Hispanic children, according to a study in *Autism Research*. Researchers analyzed the school and medical records of 266,000 children in 11 U.S. states who were 8 years old in 2014. They found that of 4,498 children whose records indicated they had symptoms meeting diagnostic criteria for ASD, 25% were not given a formal diagnosis and more than half of those without a diagnosis did not receive ASD services in school. Nonwhite children were less likely to receive a diagnosis, as were those whose symptoms were identified at a later age and those who did not have other developmental issues. The researchers point to the need for children with ASD to be given a formal diagnosis in order to receive appropriate services.

DOI: 10.1002/aur.2255

TO BE HONEST, I'M LYING

People sometimes lie in order to appear honest, suggests research in the *Journal of Experimental Psychology: General*. In an online experiment, researchers asked 115 Israeli lawyers to imagine working on a case that their client expected would take between 60 and 90 billable hours of work. Half of the lawyers were told that the case would take 90 hours; the other half were told

TOP: SELVANEGRA/GETTY IMAGES; BOTTOM: JFAIRONE/GETTY IMAGES

the case would take 60 hours. The participants who "worked" 90 hours billed for only 88 hours, on average, with 18% lying to report fewer hours than they actually worked. Across eight more online experiments with 1,795 participants in Israel, the United Kingdom and the United States, people also underreported exam scores, travel mileage and gambling winnings, all in a similar effort to appear honest.

DOI: 10.1037/xge0000737

HOW MUCH LONGER?

Knowing when a task will end can make people better at it, suggests research in *Cognition*. Researchers asked 64 Israeli undergraduate students to perform a variety of Stroop tasks and spatial tasks while ignoring distracting stimuli. Participants completed 10 blocks of 240 trials in about an hour and a half. Half of the participants were told the experiment was split into blocks and were given information about how many blocks they had completed as they went along, while the other half were not. Neither group received feedback on performance. The informed participants performed better, as measured by speed and accuracy, particularly toward the experiment's end, suggesting that knowing when the task was going to end helped them allocate their effort. A second experiment with 83 students and 12 blocks replicated the finding that feedback on progress has a positive impact on performance and also showed that feedback can lead to less mental fatigue.

DOI: 10.1016/j.cognition.2020.104189

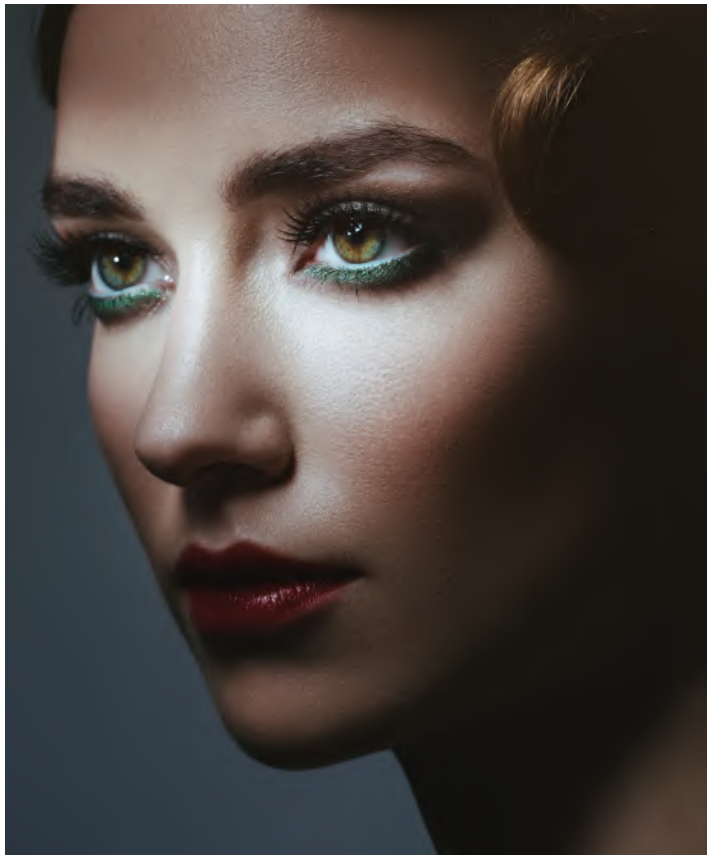


People perform better on a tedious task if they know when the task will end.

PREVENTING PARKINSON'S

People who develop Parkinson's disease before age 50 (young-onset Parkinson's) may have been born with defective brain cells that went undetected for decades, suggests a study in *Nature Medicine*. Using biochemical techniques, researchers generated special stem cells, called induced pluripotent stem cells (iPSCs), from blood cells of patients with young-onset Parkinson's. Like embryonic stem cells, iPSCs can produce any cell type of the human body, including dopamine-producing neurons. The researchers noticed three key abnormalities in the iPSC-derived dopamine-producing neurons from Parkinson's patients: elevated alpha-synuclein, elevated protein kinase C and malfunctioning lysosomes. In experiments with the iPSCs, the researchers also discovered that a compound currently used to treat skin cancer may be able to reverse these abnormalities, suggesting a possible new intervention for preventing the progress of young-onset Parkinson's.

DOI: 10.1038/s41591-019-0739-1



Women who wear heavy makeup are seen as less "humanlike," a study finds.

MAKEUP DEHUMANIZES

Women are perceived as having less humanlike traits when they wear heavy makeup compared with going barefaced, suggests research in *Sex Roles*. Across four studies, researchers asked 981 participants mainly from the United Kingdom and the United States to rate photographs of women's faces, which either showed heavy makeup use or no makeup. The researchers found that both female and male participants rated the women with heavy makeup as having less

LEFT: NEWBIRD/GETTY IMAGES. TOP: LAMBADA/GETTY IMAGES

humanness, agency, experience, competence, warmth and morality compared with the women without makeup. Faces with makeup were also rated as more sexualized than faces without makeup. The researchers speculate that heavy makeup prompts people to perceive women's faces as more objectlike, resulting in a subtle form of dehumanization.

DOI: 10.1007/s11199-019-01115-y

EXERCISE REWARDS

Low-intensity and high-intensity exercise modulate different brain networks, according to a study in *Brain Plasticity*. Researchers assessed 22 male athletes who, on separate days, engaged in low- and high-intensity treadmill exercise for 30 minutes. Before and after the exercise, researchers used resting-state fMRI to examine functional connectivity of brain regions linked to specific behavioral processes. Participants also completed questionnaires measuring their mood before and after exercising. The questionnaire data showed a significant increase in positive mood after both exercise intensities. The fMRI data showed that low-intensity exercise led to increased functional connectivity in networks associated with cognitive and attentional processing while high-intensity exercise led to increased functional connectivity in networks related to emotional processing.

DOI: 10.3233/BPL-190081

A DRUG FOR AUTISM SYMPTOMS

A drug called bumetanide, which has been used to treat edema, improved some symptoms of autism spectrum disorder (ASD) in young children, and with no significant side effects, according to a study in *Translational Psychiatry*. Researchers treated 42 children in China with ASD, ages 3 to 6, with 0.5 milligrams of bumetanide twice a day for three months while a control group of 41 similarly aged children with ASD received no treatment. The researchers assessed behaviors such as imitation, emotional response, and verbal and nonverbal communication. The children who received the drug showed improvements in behavior, while those not receiving the drug showed little change. Also, the drug led to a decrease in the ratio of gamma-aminobutyric acid (GABA) to glutamate in the brain, suggesting that this ratio could serve as a biomarker for the effectiveness of autism treatments.

DOI: 10.1038/s41398-020-0692-2

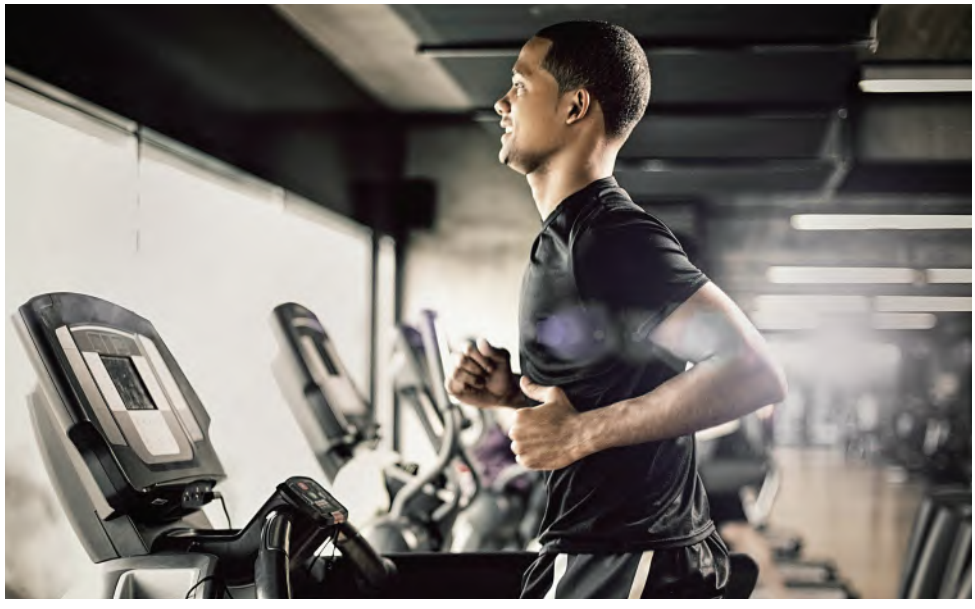


A drug used to treat edema may improve some symptoms of autism spectrum disorder.

Low-intensity exercise activates brain networks related to cognitive processing, while high-intensity exercise activates networks related to emotional processing.

PUBERTY BLOCKERS

Transgender individuals who received puberty blockers during adolescence have fewer suicidal thoughts as adults than those who wanted the medications but could not access them, according to a study in *Pediatrics*. Researchers surveyed 20,619 transgender people in the United States ages 18 to 36 and found that 17% of survey respondents said they had wanted puberty blockers. However, less than 3% who said they wanted puberty suppression during adolescence actually received it. About 90%



TOP: KATARZYNA BIALASIEWICZ/GETTY IMAGES; BOTTOM: FERRANTRAITE/GETTY IMAGES



LUMI NOLA/GETTY IMAGES

After an early pregnancy loss, 1 in 6 women were still experiencing post-traumatic stress and anxiety nine months later.

of survey respondents who wanted but could not access puberty blockers experienced suicidal thoughts as adults. For respondents who had been able to access puberty blockers, 75% reported suicidal thoughts.

DOI: 10.1542/peds.2019-1725

AGEISM SHORTENS LIFE

Ageism can reduce life expectancy in older people, suggests research in *PLOS ONE*. Investigators performed a systematic review of 422 studies from around the world, conducted between 1969 and 2017, that included more than 7 million participants. The research examined ageist attitudes and discrimination at the societal and individual levels, including older persons' own stereotypes about aging. The investigators found that ageism was associated with lower longevity, lower levels of older people's physical and mental health, and worse health behaviors. Ageism was also associated with older patients being less likely to receive medical treatment and with lesser duration, frequency and appropriateness of the treatment provided. Further, ageism was associated with lower rates of inclusion in clinical trials. Older people with less education were more likely to experience adverse health outcomes related to ageism than those with more education.

DOI: 10.1371/journal.pone.0220857

STRESS AND PREGNANCY LOSS

In a study in the *American Journal of Obstetrics & Gynecology,* 1 in 6 women who had early pregnancy loss experienced long-term post-traumatic stress and anxiety. Researchers surveyed 537 women in the United Kingdom who had a miscarriage before 12 weeks and 116 women who had ectopic pregnancies. They found that one month following pregnancy loss, 29% suffered post-traumatic stress, 24% experienced moderate to severe anxiety and 11% had moderate to severe depression. Eight months later, for women who had a miscarriage, 16% had post-traumatic stress, 17% had anxiety and 5% had depression. Among those who had ectopic pregnancies, 21% had post-traumatic stress, 23% had anxiety and 11% had depression.

DOI: 10.1016/j.ajog.2019.10.102

GENETICS OF SCHIZOPHRENIA

Though African populations harbor the greatest genetic diversity because most human evolution occurred in Africa, most genetic studies of schizophrenia have been carried out in people of European and Asian descent. To better understand the genetic variations associated with schizophrenia, researchers examined the genomes of 1,826 Xhosa people from South Africa, half of whom had been diagnosed with schizophrenia. In a study in *Science,* the researchers found genetic patterns linked to schizophrenia that were generally similar to those of Europeans, but they also identified a variety of rare mutations in genes involved in synaptic function and brain plasticity. The results indicate the high degree of genetic heterogeneity associated with schizophrenia. ■

DOI: 10.1126/science.aay8833

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

Datapoint

NEWS ON PSYCHOLOGISTS' EDUCATION AND EMPLOYMENT FROM APA'S CENTER FOR WORKFORCE STUDIES

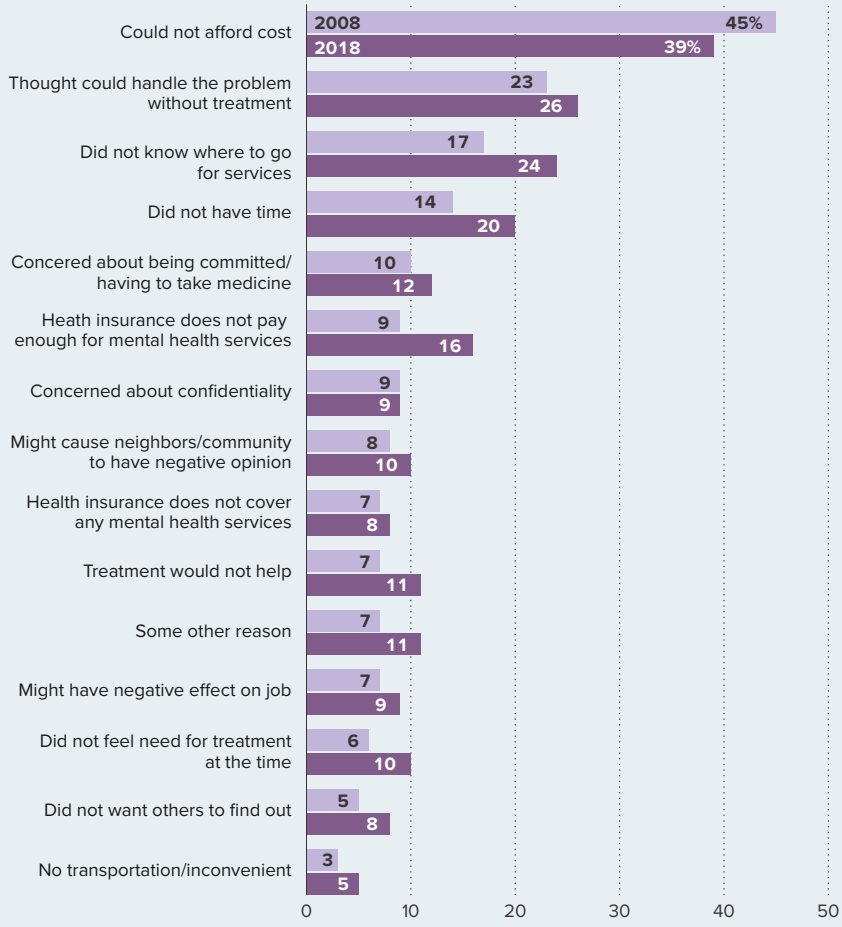
WHY PEOPLE AREN'T GETTING THE CARE THEY NEED

■ More Americans report having unmet mental health needs, but a declining number say it's because they can't afford it, according to data from the Substance Abuse and Mental Health Services Administration. While affordability is still a top barrier to care, other obstacles are increasing.

■ In 2018, about 5.8% of American adults believed they had an unmet need for mental health services during the past year—up from 4.7% in 2015.[1,2] The rise was steepest among young adults ages 18 to 25, 12.7% of whom reported an unmet need for mental health services in 2018, up from 5.1% in 2015.

■ People cited many reasons for not receiving needed services in 2018, including cost (39%), thinking they could handle the problem without treatment (26%), not knowing where to go for services (24%) and not having time (20%). Fewer people cited cost in 2018 than in 2008 (39% vs. 45%).[3] All other reasons have increased since 2008, except concern about confidentiality.

Reasons for Not Receiving Mental Health Services in the Past Year, 2008 vs. 2018



Source: 2008 and 2018 National Survey on Drug Use and Health. Note: Response categories are not mutually exclusive; respondents could indicate multiple reasons for not receiving mental health services.

By Jessica Conroy, BA, Luona Lin, MPP, and Amrita Ghaness, BA
Want more information? See CWS's interactive data tools: www.apa.org/workforce/data-tools/index or contact cws@apa.org.

[1] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (2018). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health.* Data presented in this Datapoint were derived from Table 8.33A, available at www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetTabsSect8pe2018.htm#tab8-28a.
[2] Survey participants were asked to respond to the question: "During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?" If they responded yes, they were then asked: "Which of these statements explain why you did not get the mental health treatment or counseling you needed?" Respondents could select more than one reason. Respondents could respond yes even if they had received services in the previous 12 months.
[3] Source: *Substance Abuse and Mental Health Services Administration public online data analysis system (PDAS)*
Survey: *National Survey on Drug Use and Health, 2008*

BILL WEBSTER

COULD COVID-19 CHANGE OUR ENVIRONMENTAL BEHAVIORS?

Psychologists are exploring how new habits spawned by the pandemic might help us address climate change going forward

BY TORI DEANGELIS

A smog-free Los Angeles skyline. A pristine view of the Himalayas from northern India, not seen for decades. Clear sight of the Eiffel Tower from Paris suburbs, previously obscured by pollution. And with less travel, less burning of fossil fuels, leading to a projected 8% decrease in carbon dioxide in the atmosphere this year—the largest drop ever recorded, according to the International Energy Agency.

Such striking and unexpected environmental consequences of the COVID-19 pandemic are unlikely to continue once the crisis has subsided and life resumes its former pace. But psychologists are using this moment to examine how lessons from COVID-19 might spark long-term improvements in sustainability habits, inform climate change research and communication, and improve community efforts to address climate change.

"We are seeing incredibly rapid shifts in deeply engrained habits that have far-reaching implications for climate change," says APA Div. 34 (Society for Environmental, Population and Conservation Psychology) President Ezra Markowitz, PhD, an associate professor in the department of environmental conservation at the University of Massachusetts Amherst (UMass Amherst). "Psychologists are beginning to study the dynamics of these changes and have an important role to play in identifying what our individual and collective responses to the pandemic portend for the future of climate change action."

SIMILARITIES BETWEEN TWO CRISES

Psychologists are starting by taking a big picture look at the similarities and links between the pandemic and climate change, and how those links might inform their work on climate issues.

In general terms, both COVID-19 and climate change are global phenomena that call on people to consider the well-being of our collective society—not just individual or family safety, says APA Board of Directors member Susan Clayton, PhD, a social and environmental psychologist at The College of Wooster in Ohio and a lead author on the upcoming 2021 report by the United Nations Intergovernmental Panel on Climate Change.

"While most of us are not at immediate risk of personal harm [from either crisis], we're being asked to change our behaviors not primarily to protect ourselves but in order to protect everyone else," she says.



A view of Los Angeles and the San Gabriel Mountains on April 14. COVID-19 shutdowns have led to less pollution in many major cities.

Another similarity is that COVID-19 has produced "surprising, abrupt, cascading disruptions to social and economic systems," says Bob Doppelt, PhD, a counseling psychologist and environmental scientist who directs The Resource Innovation Group, a social science sustainability and global climate change organization based in Oregon. Such disruptions are already starting to occur with climate



DAVID MCNEW/GETTY IMAGES

change, he adds, which leads to a higher incidence of natural disasters like flooding and hurricanes.

And as climate change forces both animals and people from their longtime homes and habitats and into closer contact with each other, epidemics and pandemics will likely increase as more disease-carrying animals come in contact with people, according to the World Health Organization.

Finally, COVID-19 is putting a spotlight on issues of social justice that have been of increasing concern to environmental psychologists, as well, Markowitz says. "The interconnections between economic and environmental fragility, the lack of resilience in various parts of the system, the way they disproportionately affect the poor and vulnerable—these are all underlying factors that will shape how and how well we're able to respond both as individuals and as communities to climate change," he says.

HOW PSYCHOLOGY APPLIES

Psychological and social science research already offer knowledge relevant to addressing both climate change and the pandemic.

One long-standing body of research, for example, shows that changing habits and habits of mind, though notoriously difficult, "is easiest in times of transition," notes climate psychologist Beth Karlin, PhD, founder of the Transformational Media Lab at the University of California, Irvine, which studies ways that communications technologies can be used to foster positive social change.

For example, a study in the *Journal of Environmental Psychology* (Vol. 45, 2016) by social psychologists Bas Verplanken, PhD, and Deborah Roy, PhD, of the University of Bath in England, found that people who had just moved residences were more likely to adopt a new sustainable behavior intervention compared with nonmovers who received the same intervention.

In a similar manner, the social, physical and emotional changes wrought by COVID-19 present opportunities to change any number of sustainability behaviors, including travel, transit, shopping, energy choices, volunteer habits and more, Karlin says.

The COVID-19 crisis represents "one of the greatest natural experiments of our lives," she says. As such, it provides an unprecedented opportunity to investigate crisis-related behavior and the potential of behavior change in real time. For example, Markowitz and UMass Amherst associate professor Brian Lickel, PhD, are launching a survey of some 1,000 Massachusetts residents this summer to examine overlap and divergence

in how people are responding to and thinking about COVID-19 and climate change.

Meanwhile, social and environmental psychologist Janet Swim, PhD, a professor at Penn State, and colleagues want to examine the impact of COVID-19 on emotions, particularly among young people who were already angry and anxious about the warming climate. Two hypotheses they plan to test: whether concerns about COVID-19 would override their participants' emotions about climate change, and whether those concerns would reinforce earlier feelings about climate change, especially among young people who see their futures threatened.

And starting in the fall, a new APA task force on climate change will further examine the connection between pandemics and climate change, thanks to a resolution passed by the APA Council of Representatives in February.

MORE APPLICATIONS

Environmental psychologists are also thinking about how climate activists and educators can learn from communications strategies around the pandemic. Current wisdom on how to educate people about climate change, for instance, holds that it's important to use a human touch—images and stories about people—to foster behavior change.

But Karlin sees a potential opportunity for psychologists to adopt media strategies related to the pandemic that communicate hard scientific facts in creative ways. Consider how quickly people picked up new language like "flattening the curve" and "social distancing," for example, or how infographics have effectively shown how the virus spreads from person to person.

"We may need to rethink the advice to avoid the science in these communications," she says. "It's too soon to tell, but it's definitely a phenomenon worthy of attention."



Young people who are already angry about climate change may find those feelings reinforced by their emotions around COVID-19.

RESOURCES

Behavior, Energy and Climate Change (BECC) Conference
Dec. 6–9, 2020, Washington, D.C.
http://becconference.org

Climate Change in the Time of Coronavirus
BECC webinar

The Resource Innovation Group
Resources for building resilience in the face of climate-related and other traumas and emergencies
http://theresourceinnovationgroup.org

Psychology and Climate Change: Human Perceptions, Impacts, and Responses
Clayton, S. & Manning, C. (Eds.)
Academic Press, 2018

Transformational Resilience: How Building Human Resilience to Climate Disruption Can Safeguard Society and Increase Wellbeing
Doppelt, B.
Routledge, 2016

Psychologists' work during the pandemic also provides an opportunity to use and refine some of the techniques and interventions they've developed to help communities cope with climate change. Via a network called the International Transformational Resilience Coalition (ITRC), for example, Doppelt and colleagues are sharing a community-based approach to fostering population-level mental wellness and resilience in the face of climate change trauma with behavioral health organizations in Oregon and California that are dealing with the pandemic.

The ITRC model teaches people two sets of psychological skills, relying on best practices from programs that have dealt successfully with issues like gun violence, adverse childhood experiences and earthquake preparedness. One category is "presencing" (self-regulation skills), which helps people calm their minds and bodies and control their behaviors so that they can make wise and skillful decisions. The other is "purposing" (post-traumatic growth skills), which encourages people to face what is happening, learn from it and clarify how they want to live with ongoing adversity. The model also calls for a diversity of neighborhood and community leaders to help adults learn these skills, supported by those in mental health fields.

"It's important to teach the entire population—all adults, all children—information and skills that help them learn how to foster and sustain their own mental wellness and resilience in the face of these growing emergencies," Doppelt says. ■

LI AN LIM/UNSPLASH

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HELPING PEOPLE WITH AUTISM REACH THEIR FULL POTENTIAL

Psychologists are working from many angles to enhance the lives of people with autism

BY STEPHANIE PAPPAS

People with autism are an extraordinarily diverse group, with a broad range of interests, abilities and experiences. Approximately 1 in 59 children in the United States is diagnosed with autism, and each year, more than 60,000 teenagers with autism age out of the school system and launch into adulthood.

These groups—both children and adults—need support, but that support isn't always available. Though the behavioral symptoms of autism start to emerge at about 18 months of age, children's median age at diagnosis remains stubbornly stuck at around ages 4 to 5. Even after diagnosis, many children don't receive the services they need because of long waitlists for treatment or inadequate insurance. And the service system for adults with autism is particularly sparse, with research showing that people with autism often struggle to live independently, do not receive much-needed services and are disproportionately unemployed.

Psychologists are among those working to address all these gaps, through efforts ranging from conducting basic research on development to designing interventions to engaging in the delicate work of implementing those interventions effectively in the community. And as children diagnosed with autism grow up, this field of study in psychology is poised to expand far beyond its roots in child development.

"Psychologists play a key role in autism research, from defining the earliest symptoms to developing and testing new interventions," says Geraldine Dawson, PhD, a child clinical psychologist and the director of the Duke Center for Autism and Brain Development. "A psychologist's understanding of clinical assessment, development and behavioral principles has greatly informed our understanding of autism and its treatment."

AUTISM IN INFANCY

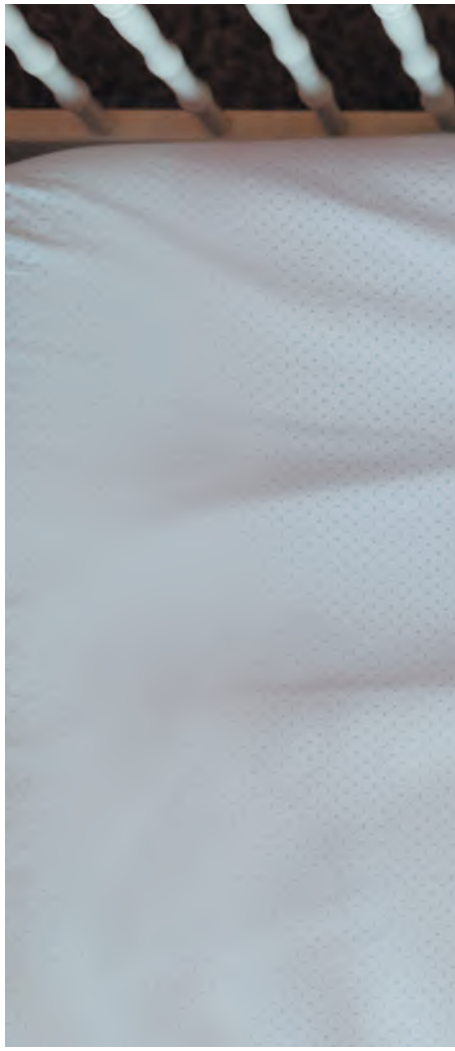
Autism occurs on a spectrum characterized by varying degrees of repetitive behavior, difficulties with verbal and nonverbal communication, and deficits in social-emotional reciprocity. In recent years, self-advocates with autism have pushed back against language centered around finding a "cure" for autism, preferring to focus on describing autism as a difference, not a disorder. Some researchers, too, have stepped away from the notion of "curing" autism.

"Autism is not a disease," says Ami Klin, PhD, a clinical psychologist, director of the Marcus Autism Center in Atlanta and chief of the Division of Autism and Developmental Disabilities at Emory University School of Medicine. "It's more like a trait that may or may not translate into a disability. Whether or not it translates to a disability is within our power to influence."

As this shift in framing has

ABOUT THIS SERIES

In this *Monitor* series, we explore how psychologists address some of society's greatest challenges through their work in distinct—yet interdependent—roles as researchers, practitioners, applied experts, educators, advocates and more.



KIKOVIC/GETTY IMAGES



become more common, autism research has been boosted by major funding pushes by the National Institutes of Health (NIH) and other federal agencies. One focus is on providing extra scaffolding and support for children with autism when they are very young. Infants who develop autism show similar patterns of unusual brain growth, particularly the hyperexpansion of cortical surface area between 6 and 12 months of age, and an overgrowth of brain volume and disruption in functional connectivity between 12 and 24 months of age, according to a review co-authored by Joseph Piven, MD, a psychiatrist and the director of the University of North Carolina's (UNC) Carolina Institute for Developmental Disabilities (*Molecular Psychiatry*, Vol. 22, No. 10, 2017). These observations were made in younger siblings of children with autism—who are at high risk of developing autism themselves—as part of an NIH-funded multisite research project. Researchers like Piven think that the brain differences found in these high-risk children will also be found in children who are the first in their families with a diagnosis. If the results do generalize across the two groups, they could lead to brain imaging–based autism diagnoses before symptoms emerge. Earlier diagnosis, in turn, could lead to more effective interventions.

Infants who go on to develop autism show patterns of unusual brain growth, a finding that could eventually lead to earlier diagnoses.

"Infancy is a period where the brain is maximally malleable," Piven says.

To intervene that early, though, researchers need to find biomarkers for autism that can be reliably detected in the first year of life. This work is in its early stages, but psychologists have found some potential candidates. UNC School of Medicine psychologist Heather Hazlett, PhD, and colleagues found that MRI measurements of cortical surface and brain volume overgrowth at 6 and 12 months of age could predict later autism diagnoses with 94% accuracy (*Nature,* Vol. 542, No. 7641, 2017). Another possible candidate for individual-level predictions of autism is functional connectivity, the correlation in brain activity across brain regions, Piven says. In a study of 56 infants, he and his colleagues found that functional connectivity measured with MRI at 6 months correctly predicted autism diagnoses at 24 months with an overall accuracy of 96% (Emerson, R.W., et al., *Science Translational Medicine*, Vol. 9, No. 393, 2017).

Gaze-tracking technology might be another avenue for

early diagnosis, according to Klin. In 2013, Klin and neuroscientist Warren Jones, PhD, found that infants who would later be diagnosed with autism showed a decline in time spent looking at other people's eyes beginning after 2 months of age (*Nature*, Vol. 504, No. 7480, 2013). The researchers are now testing a device designed to use eye-gaze information to capture autism risk in babies and young toddlers.

Because there aren't any clinical diagnostic tests for autism before 18 months of age, there is little research on interventions in infants and toddlers. But there is good reason to think that malleable infant brains would take well to treatment. Klin and his team are part of the Baby Siblings Research Consortium, a project that prospectively follows the younger siblings of children with autism. So far, Klin says, the research suggests that the baby siblings eventually diagnosed with autism have better outcomes than their older siblings. Their work further suggests that these advantages have something to do with the younger siblings being followed prospectively (Micheletti, M., et al., *Journal of Child Psychology and Psychiatry,* Vol. 61, No. 1, 2020). "This kind of very intensive surveillance of these at-risk children could in fact have a positive effect on these children," Klin says.

Part of the younger siblings' advantage could be due to their parents having already been coached on ways to engage a child with autism. The best way to the brain of a baby with autism is through his or her parents, says Dawson. Typically, developing children absorb information from social interactions with their caregivers, Dawson says, adding that "what we want to do is have strategies for the babies who might be developing autism or at risk for autism, so they're also getting those same learning opportunities."

EXPANDING ACCESS, IMPROVING IMPLEMENTATION

There are numerous existing therapies and supports that have been successful in helping kids with autism reach their potential, but there are also barriers to support at every step from screening to diagnosis to access to services. Pediatricians sometimes fail to use common screening measures according to the standardized instructions, says Diana Robins, PhD, a clinical psychologist and interim director of the A.J. Drexel Autism Institute at Drexel University. Robins helped develop one of the most commonly used tools, the Modified Checklist for Autism in Toddlers (M-CHAT), which includes a round of standardized questions to ask when initial screening raises red flags (*Pediatrics*, Vol. 133, No. 1, 2014). But pediatricians sometimes cherry-pick a few questions from the checklist instead of using the whole scale, Robins says, and often fail to ask the standardized follow-up questions for children who may be on the spectrum.

Research by David Mandell, ScD, a professor of psychiatry at the University of Pennsylvania, has found racial and ethnic disparities in autism diagnosis, suggesting that underserved populations, in particular, aren't getting the screenings and referrals they need (*American Journal of Public Health,* Vol. 99, No. 3, 2009). Mandell's work has also shown that when preschoolers get early intervention in research settings, the resulting improvements in communication, daily functioning, social skills and other developmental domains are often quite large (Nahmias, A.S., et al., *The Journal of Child Psychology and Psychiatry*, Vol. 60, No. 11, 2019). When those same interventions are studied in the community, outside tightly controlled research settings, the effects are still there, but smaller. Part of the problem, Robins says, is access. Most young children "are not getting enough dosage, and certainly not enough high-quality intervention, by people who are trained," she says.

Applied behavior analysis, or ABA, for example, is considered the gold standard for autism intervention. This therapy focuses on reinforcing specific behaviors, such as communication or self-care. Though ABA has its critics, who argue that

"Autism is not a disease. It's more like a trait that may or may not translate to a disability. Whether or not it translates to a disability is within our power to influence."

AMI KLIN, PhD, EMORY UNIVERSITY SCHOOL OF MEDICINE

INTERDEPENDENT ROLES

Psychologists are contributing to the autism field from all areas of the discipline, including:

Researchers
Researchers study the underlying brain basis of autism, which could lead to earlier diagnoses and more effective treatments.

Clinical researchers
Clinician-scientists design evidence-based interventions to improve autism diagnosis and treatment and address racial and ethnic disparities.

Clinicians
Clinicians treat children and adults with autism and develop programs to increase their success in schools and the workforce.

Advocacy and policy
Policy influencers advocate for policies including universal autism screening.



Among people with autism, treatment for comorbid health conditions like depression can fall through the cracks.

reinforcement for behaviors focuses too much on forcing children with autism to act typical without addressing their psychological and mental health needs, behavioral interventions have a substantial amount of research supporting their efficacy. A review co-authored by Dawson found that such behavioral interventions can improve language, cognitive abilities and social communication while reducing aggression and anxiety symptoms (*Current Opinion in Pediatrics*, Vol. 23, No. 6, 2011). But many children end up on years-long waitlists for behavioral interventions, owing to provider shortages and low Medicaid reimbursement rates. For some kids, a shortage of services may delay their diagnoses: Pediatricians sometimes hesitate to screen for autism when they know they have nowhere to refer a child for treatment, Robins says.

While behavioral interventions are effective for those who can access them, there are currently no pharmaceutical treatments specifically for autism. Children are sometimes prescribed atypical antipsychotics, antiepileptic drugs and other pharmaceuticals off-label, but evidence of their efficacy is often mixed or lacking, and side effects can be intolerable, according to an article co-authored by Na Young Ji, MD, a child and adolescent psychiatrist at the Kennedy Krieger Institute in Baltimore (*Current*

POLICY

A PUSH FOR UNIVERSAL SCREENING

Psychological research informs every decision around autism policy—from which interventions are covered by insurance, to how the educational system teaches children with autism, to what systems should be created to support adults. One current policy push centers on **universal screening** for autism. The American Academy of Pediatrics recommends that all children be screened for autism at 9 months, 18 months, and 24 or 30 months, with standardized autism spectrum disorder–specific tools used at the 18- and 24-month screenings. Nevertheless, in 2016, the U.S. Preventive Services Task Force declined to recommend universal autism screening, citing insufficient evidence of the benefit of screening children whose development has not otherwise raised concerns (*Final Recommendation Statement: Autism Spectrum Disorder in Young Children: Screening,* U.S. Preventive Services Task Force, 2016).

The decision has galvanized new research aimed at examining whether **early diagnosis** does lead to better outcomes for children with autism. At Drexel University, clinical psychologist Diana Robins, PhD, is leading a blinded, randomized study in pediatric primary-care settings to determine if different methods of detecting autism risk in primary care yield different outcomes for diagnosed children by the beginning of kindergarten. At Duke University, Geraldine Dawson, PhD, and her colleagues are studying how parents view universal screening and if they find it burdensome. "My hope," Dawson says, "is that this research can influence a policymaking group like the U.S. Preventive Services Task Force to make decisions that would be the best for all families."

FSTOP123/GETTY IMAGES

Opinion in Psychiatry, Vol. 28, No. 2, 2015).

Psychologists are tackling many of these problems. One push is to train pediatricians to implement screening correctly, Robins says. Another top priority is to do research examining whether early diagnosis yields quicker intervention, which in turn is expected to yield better outcomes in children with autism. Such evidence would help make the case that universal early screening should be the national policy in the United States (see sidebar).

Psychologists are also working to overcome the challenges of implementing screenings and diagnoses in diverse racial and socioeconomic environments. The role of socioeconomic status in autism outcomes has been underappreciated, Klin notes. The Mind the Gap project, a multisite study led by Connie Kasari, PhD, at the University of California, Los Angeles (UCLA), focuses on underresourced and underserved populations, probing the barriers to autism diagnosis and services in these groups. Parents often feel isolated and uncertain of how to navigate the medical and service systems, says Melanie Pellecchia, PhD, a psychologist at the University of Pennsylvania who is involved in the research. Many are dealing with concurrent problems, like poverty and inadequate housing. These insights have informed a second project, called Building Better Bridges, which aims to match families with peer mentors, fellow parents who have been through the complicated process of getting their children help. The program is now part of a randomized trial.

AGING OUT

Perhaps the most glaring gap for people with autism is the evaporation of support when they reach adulthood. Though national numbers are hard to come by, regional studies suggest unemployment is high among adults with autism. Cognitive abilities are not protective: One small study by developmental psychologist Julie Taylor, PhD, of Vanderbilt University, found that young adults with autism and no intellectual disabilities were three times more likely than those with autism and an intellectual disability to have no regular daytime activities, likely because there simply aren't many employment or day programs designed for people of average or above-average intelligence with autism (*Journal of Autism and Developmental Disorders*, Vol. 41, No. 5, 2011). Many adults with autism live at home, and research by psychologist Laura Klinger, PhD, of the UNC School of Medicine, and colleagues has found that 54% of the caregivers of these adults report not being able to access enough services for help (Dudley, K.M., et al., *Journal of Autism and Developmental Disorders,* Vol. 49, No. 2, 2019). Meanwhile, people with autism and comorbid mental health conditions can fall through the cracks. "If we have a person who is nonverbal, they could be depressed, but how would they tell us in words?" says Catherine Lord, PhD, a clinical psychologist at the David Geffen School of Medicine at UCLA. "We have to be able to address the different kinds of issues that are going to come up."

To address these gaps, Klinger has spearheaded the creation of a program at North Carolina community colleges called the TEACCH School



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Psychologists are spearheading programs to support young adults with autism so they can succeed in college and the workforce.

FURTHER READING

Cerebrospinal Fluid and the Early Brain Development of Autism
Shen, M.D.
Journal of Neurodevelopmental Disorders
2018

Strategies to Engage Underrepresented Parents in Child Intervention Services: A Review of Effectiveness and Co-occurring Use
Pellecchia, M., et al.
Journal of Child and Family Studies
2018

Transition to Higher Education for Students With Autism: A Systematic Literature Review
Nuske, A., et al.
Journal of Diversity in Higher Education
2019

Transition to Employment and Postsecondary Education program, or T-STEP. This program, administered through a set of long-running outpatient clinics affiliated with UNC called TEACCH, aims to teach young adults with autism who have earned or are earning a high-school equivalency (GED) certificate the emotion regulation, executive function and professional/social skills they'll need to succeed in further education and jobs. Students also practice these skills at a volunteer internship site and receive individual education career counseling. Results from a pilot study of 75 students in the program show improvements in executive function and employment readiness skills, Klinger says, and declines in depression symptoms. Klinger and her team have now secured funding from the National Institute on Disability, Independent Living, and Rehabilitation Research and from the Department of Defense to conduct research on T-STEP using comparison groups. This program isn't the only college-based option for students with autism, but these resources are still fairly rare. At schools where they do exist, they often have limited space and sometimes cost additional tuition dollars.

Aging with autism is another area about which little is known. People with autism may have elevated susceptibility to age-related cognitive decline, according to research by Klinger and psychology doctoral student Patrick Powell at the Georgia Institute of Technology (*Journal of Autism and Developmental Disorders*, Vol. 47, No. 10, 2017). It's not yet clear whether that susceptibility is due to physiological processes related to autism, or whether comorbid mental health conditions and lack of meaningful activities contribute, Klinger says. Another of Klinger's projects is to study older adults with autism. She and her colleagues are now recruiting study participants from the 1960s, 1970s and 1980s who were seen at TEACCH clinics. They plan to survey the participants about their needs as well as measure how symptoms and skills changed from when they were first seen as children into adulthood.

This type of work has barely begun; there is still an "absolute lack" of efficacy data on interventions for adults with autism, Klinger says, and a massive void where research on implementation of interventions should be. "Most of the literature that is there, including my own research, is documenting need," she says. "It isn't documenting the efficacy of interventions. For anybody interested in creating evidence-based interventions or studying the efficacy of current interventions for adults with autism, this is a wide-open field." ■

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5 QUESTIONS FOR JAY VAN BAVEL

The NYU psychologist has amassed and distilled the best social and behavioral research to guide the public and policymakers through the pandemic

BY ZARA GREENBAUM

Psychologist Jay Van Bavel, PhD, became one of the early experts on the social and behavioral response to the COVID-19 pandemic. In just one week, the associate professor of psychology and neural science at New York University (NYU) gathered 41 experts to draft a summary of research findings relevant to how best to handle the COVID-19 response. The paper, quickly published in *Nature Human Behaviour,* unites psychologists, economists, sociologists and others for a review of research on fake news and conspiracy theories, leadership, threat perception, and other issues at play in the ongoing global public health crisis.

Among the report's conclusions: Leaders should highlight bipartisan support for COVID-19-related measures when possible and consider using the term "physical distancing" rather than "social distancing" to encourage people to stay remotely connected.

"Our goal here was to distill some of the best findings from thousands and thousands of articles across the social and behavioral sciences," says Van Bavel, who also directs the Social Identity and Morality Lab at NYU. "We think these insights should be considered in complement with the recommendations of public officials, epidemiologists and virologists."

Along with one of his co-authors, Robb Willer, PhD, a professor of sociology at Stanford University, Van Bavel has testified virtually before congressional staff to highlight those insights. He has also written about the scientific consensus for the public in *The Washington Post* and other outlets. The *Monitor* spoke with Van Bavel in May about his efforts and how psychological insights can improve messaging and outreach during a pandemic.

What are some of the key takeaways from your research review?

We're trying to solve a massive problem, maybe the biggest threat to humanity in 100 years. Social and behavioral insights can help make public health and safety messaging more effective and resonate with a broader audience.

For example, research finds that messages that emphasize benefits to the recipient, focus on protecting others and align with the recipient's moral values tend to be particularly persuasive. And if we're asking people to behave in an altruistic or prosocial way, it helps to show a respected member of their social in-group modeling that behavior—and to highlight the prospect of receiving approval from others in their social group.

What have you been telling congressional staff about how they can best respond to this crisis?

About half of the conversation covers what research found from past crises, such as the Ebola pandemic—things like the way public health messages can be adapted to resonate better with economically and racially marginalized people. For example, religious or community leaders seen as credible among various groups can be recruited to encourage adherence to COVID-related measures.

The other half of the conversation is usually about what kind of support we need in order to learn more—not only about this pandemic but for future pandemics and other public health emergencies. One of the issues is that we have very little published psychological research on the COVID-19 pandemic because our publication systems and granting agencies are not well suited for rapid peer review. We're using these talks to advocate for open access to data and new funding mechanisms to help us make even more robust conclusions and recommendations in a timely fashion.



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In a response to your paper, another team of researchers suggested that psychology is not yet a "crisis-ready" discipline and that the evidence base is not robust enough to make such recommendations. What is your response to that critique?

We brought together experts from across the social and behavioral sciences to put together a summary based on multiple fields. But our paper is merely a snapshot of the studies we think are rigorous enough to act on. What you don't see in the final version of the paper are the countless research areas, ideas and citations that we decided to exclude from our review because we didn't trust them enough to put them in the paper.

Many of our authors are now running studies with large international samples and measures that are more relevant to the current pandemic—and we will continue to update our thinking as we obtain new and better data on these topics. For now, our goal as scientists is to communicate the best information we have as accurately and transparently as possible—and not to let the perfect be the enemy of the good.

How are you taking your messages to the broader public?

We live in an age of misinformation, so I'm a huge advocate of experts weighing in on various topics and helping the public access high-quality information. Part of my general philosophy as a scientist is to give back to society and the people who support our work.

I study politics, misinformation and polarization, and I noticed very early on that there was an enormous partisan split in attitudes toward public health behaviors like hand-washing and physical distancing, which led me to write an op-ed for *The Washington Post* about the dangers of political polarization in this moment.

One positive development is that while many polls still show a partisan gap, it continues to shrink over time. Both Democrats and Republicans have dramatically increased their belief that COVID-19 is serious and that the measures to slow its spread are reasonable.

What else are you focused on now?

After the review paper was finished, it became clear that the groups in society at greatest risk during this pandemic—older adults and people who are economically and racially marginalized—are not the ones we study in most of our psychology experiments. We tend to study 18- and 19-year-old university students who are more educated and wealthier than the average person. As a result, the database we've built up over the years bears very little resemblance to these at-risk populations.

To address that, I launched a collaboration with 200 social scientists around the world to collect surveys from samples that are representative of the populations in 61 countries. We're asking questions about health behaviors related to COVID and people's willingness to engage in altruistic actions such as donating money to help others in need. We're also collecting data on self-esteem, political ideology, self-control and other factors that may ultimately help us predict who will voluntarily engage in healthy, prosocial behaviors and who may need additional messaging in order to do so.

It's unlike most existing databases we have—but it's the type of data we'll need going forward if we want the best understanding of issues facing at-risk populations.

Psychology as a field should be thinking about pivoting toward more international and representative samples and massive levels of operational coordination because that's what we need to tackle global issues like a pandemic. ■

RACIAL STEREOTYPING AND MISDIAGNOSIS OF CHILD ABUSE

Stereotypes that link race and child abuse may cause medical practitioners to suspect abuse when it hasn't occurred, and to miss it when it has

BY KIMBERLY M. BERNSTEIN, MA, CYNTHIA J. NAJDOWSKI, PhD, AND KATHERINE S. WAHRER, MA, UNIVERSITY AT ALBANY, STATE UNIVERSITY OF NEW YORK

On Sept. 21, 2008, Adrian Thomas, a 26-year-old African American man, awoke to find his four-month-old son Matthew limp and unresponsive. At the hospital, the case garnered the interest of police investigators. While still treating Matthew, the pediatric critical care doctor told detectives, "Somebody murdered this child." The detectives took Thomas in for 10 grueling hours of interrogation, leading Thomas to falsely confess to repeatedly slamming Matthew down on a bed. Meanwhile, Matthew passed away. Thomas was charged with the murder of his son, and after a trial jury watched his videotaped confession, he was convicted. However, the New York Court of Appeals determined Thomas's confession was involuntary and overturned his conviction. Without the incriminating false confession, Thomas was acquitted at his retrial.

At both the original trial and the retrial, Thomas's defense included expert witnesses who presented evidence that his son's death was a result of an overwhelming bacterial infection and sepsis—not abuse. Why, then, did the doctor conclude that the infant had been murdered? We don't know, but cases like this one are not unprecedented. The National Registry of Exonerations reports that 17 individuals have been wrongfully convicted of crimes involving shaken baby syndrome based on misleading or false forensic evidence supporting a mistaken diagnosis. And these cases likely reflect only a fraction of wrongful convictions related to misdiagnoses of abuse.

It is important to consider whether stereotyping and bias might contribute to such misdiagnoses. Research has shown that a child's injuries are as much as nine times more likely to be reported as resulting from abuse when the child is black rather than white (Lane, W.G., et al., *JAMA,* Vol. 288, No. 13, 2002). Moreover, though there is no racial or ethnic difference in the frequency with which children are confirmed as abuse victims, children from minority backgrounds are more likely to be reported and evaluated but ultimately determined not to have experienced abuse (Hymel, K.P., et al., *The Journal of Pediatrics,* Vol. 198, 2018).

Najdowski and Bernstein documented the existence, content and strength of stereotypes that could contribute to these patterns (*Child Abuse & Neglect,* Vol. 86, 2018). In particular, the stereotype linking race to child abuse leads medical professionals to think of black parents as poor, uneducated, stressed and drug-involved, and to view battering and neglect as part of an intergenerational cycle in black families. Medical decision-making frequently occurs in situations characterized by complexity, extreme time constraints and stress. These are the very conditions that increase the likelihood that practitioners will rely on these stereotypes—knowingly or unknowingly—to disambiguate situations and increase their certainty in a diagnosis. Such reliance may be especially problematic when they are considering diagnoses for which medical experts lack consensus regarding symptomatology, like shaken baby syndrome.

Disparities in misdiagnosis of abuse may lead not only to unnecessary involvement of minority families in the child welfare and criminal justice systems but also to physicians missing actual cases of abuse experienced by white children. Psychologists must devote more attention to identifying factors that contribute to injustice and developing interventions to improve medical decision-making in ambiguous cases. ■



AT ISSUE

Does stereotyping by medical professionals contribute to systemic discrimination against racial minorities in the child welfare and criminal justice systems?

ROMZICON/THE NOUN PROJECT

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Between 15% and 30% of children regularly have trouble falling asleep or sleeping through the night.

CE

CONTINUING EDUCATION HELPING CHILDREN GET A GOOD NIGHT'S SLEEP

BY ZARA GREENBAUM

In adults, sleep is key for memory consolidation, mood regulation and general well-being. In children, it's also critical for developing healthy cognitive, behavioral and physical functioning.

But up to 30% of children ages 2 to 5 and 15% of school-age children have trouble falling asleep or sleeping through the night on a regular basis ("Children and Sleep," National Sleep Foundation, 2004). And fewer than one-third of adolescents are getting enough sleep, according to a Centers for Disease Control and Prevention survey (Wheaton, A.G., et al., *Morbidity and Mortality Weekly Report,* Vol. 67, No. 3, 2018).

"Sleep is so important for children, but parents are often not aware of the amount of sleep their child needs and may not even recognize it as a problem," says behavioral sleep psychologist Kate Lyn Walsh, PsyD, an assistant professor of clinical pediatrics at Riley Hospital for Children in Indianapolis.

Among older children and teens, packed school and extracurricular activity schedules and early school start times often contribute to the sleep deficit. But among younger children, behavioral challenges that crop up around bedtime, such as "curtain calls"—when a child repeatedly gets out of bed—are often part of the problem, and can be so distressing for families that they seek advice from a psychologist. Fortunately, psychologists have a number of evidence-based interventions that can help.

"We have behavioral interventions that are effective for addressing these sleep challenges and can make a great difference in a child and family's overall functioning," says Terese Amble, PsyD, a pediatric sleep psychologist at Children's Minnesota Hospital in St. Paul.

THE TOLL OF SLEEP DEPRIVATION

The ideal amount of sleep for healthy functioning differs from one child to the next (see page 39). But research shows that maintaining a regular sleep-wake schedule is a part of good sleep hygiene regardless of age. Everything from light exposure to mealtimes can influence circadian rhythms and the release of hormones such as melatonin, and ultimately affect sleep.

Insufficient sleep can severely impair a child's functioning, causing daytime fatigue, poor health and weaker immune function. Sleep-deprived children can also suffer from mood disturbances and problems with emotion regulation.

"When adults are tired, it's pretty obvious—we're yawning all day, we want to sleep, we're dragging," Walsh says. "With kids, you tend to see more irritability, grouchiness and emotional dysregulation."

In school-age children, lack of sleep can mimic symptoms of attention-deficit hyperactivity disorder (ADHD). These kids often struggle to settle down, concentrate and listen to directions. Like children with ADHD, those who are consistently sleep deprived may show cognitive deficits such as poor memory and problem-solving abilities, as well as lowered academic performance. And a prospective study of more than 1,000 children found that those who lacked sufficient sleep during early childhood had more social and behavioral problems at age 7 (Taveras, E.M., et al., *Academic Pediatrics*, Vol. 17, No. 6, 2017).

Research has also found that children prone to parasomnias—a group of disorders that includes sleepwalking and sleep terrors—are more likely to experience these disturbances when sleep deprived

CE credits: 1

Learning objectives: After reading this article, CE candidates will be able to:

1. Describe normal sleep in children across development, consequences of poor sleep and common sleep disorders in pediatric populations.

2. List several objective and self-report methods to assess pediatric sleep.

3. Understand how behavioral treatment strategies can be used to improve bedtime problems and night wakings in young children and address insomnia and delayed sleep-wake phase disorder in school-age children and adolescents.

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(Bollu, P.C., et al., *Missouri Medicine*, Vol. 115, No. 2, 2018). More severe consequences of sleep deprivation include increased risk-taking behavior and a higher risk of accidental injuries. Some researchers have also suggested that chronic sleep deprivation during childhood can increase a person's risk of developing anxiety and depressive disorders later in life (Palmer, C.A., & Alfano, C.A., *Sleep Medicine Reviews*, Vol. 31, 2017).

In adolescents, insufficient sleep has been linked to internalizing problems such as depressive symptoms, irritability and even suicidal thoughts and actions (Peltz, J.S., et al., *Sleep*, Vol. 43, No. 5, 2019).

On top of the emotional, cognitive, behavioral and physical toll of sleep deprivation, a child's sleep problems can disrupt family life and daily routines and prove difficult for parents to manage, sometimes resulting in marital conflict and strained parent-child interactions, Amble says.

PSYCHOLOGISTS' TOOL KIT

Pediatric sleep psychologists have several validated tools for assessing sleep problems. When screening for insufficient sleep, most providers begin with a clinical interview, which includes questions such as: Does the child wake on their own or need to be woken each morning? Does the child struggle for more than 15 minutes to get going each morning? Is the child sleeping several more hours per night on weekends or when on vacation? Does the child fall asleep during sedentary activities, such as sitting in class or watching television?

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"We take into account the number of hours of sleep a child is getting—but what we really look for are daytime signs of insufficient sleep," Amble says. "If a child is falling asleep during the day or has significant weekend oversleep, these can be indicators that the child needs more sleep and that his or her functioning may be suffering."

Clinicians may rely on tools such as the Epworth Sleepiness Scale, an eight-question evaluation that provides a "sleepiness score" (Janssen, K.C., et al., *Sleep Medicine*, Vol. 33, 2017). It's also standard to review risk factors, including a family history of sleep problems, child temperament, lifestyle factors and comorbid conditions such as ADHD or anxiety.

Such comorbidities can contribute to insomnia. For example, children who take stimulant medication for ADHD may struggle to settle their bodies and minds at bedtime (Owens, J.A., *Current Psychiatry*, Vol. 5, No. 3, 2006). Another psychological problem that children may present is post-traumatic stress disorder, which can trigger nightmares and other nighttime fears.

In many cases, behavioral sleep psychologists will ask children or parents to complete a sleep diary, logging what time the child goes to bed, falls asleep and wakes up in the morning, as well as any night awakenings or naps.

"Sleep diaries allow us to see patterns in sleep that parents may not be aware of," says Sarah Honaker, PhD, assistant professor of pediatrics at Indiana University's School of Medicine.

Some providers may also use an actigraph—a device typically attached to a wristband that measures motor activity, which is correlated with sleep-wake cycles—over a period of several weeks to obtain additional data. Medical sleep disorders with no behavioral component, such as sleep apnea, narcolepsy and restless-legs syndrome, are typically treated by a physician but may be discovered during a psychological evaluation. Snoring, for instance, is not typical in children and could be a sign of obstructive sleep apnea or allergies.

INSOMNIA INTERVENTIONS

Insomnia is the most common problem pediatric sleep psychologists treat, but its presentation differs dramatically across age groups. For infants and toddlers up to age 3, insomnia usually occurs because children learn to rely on particular stimuli (such as a parent rocking them to sleep) to fall asleep and then can't fall asleep on their own—a problem known as "sleep-onset association."

Psychologists consider a sleep-onset association "positive" if it doesn't require a parent to be present, such as a pacifier or a white noise machine. A "negative" sleep-onset association, on the other hand—though not necessarily harmful—involves parent-child interaction, including feeding, rocking or pushing the child in a stroller.

One role of behavioral sleep psychologists is to help parents understand the connection between sleep-onset associations and night wakings. Clinicians explain to parents that each night, people complete four to six sleep cycles—during which the brain



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Insomnia among young children is usually caused by an inability to fall asleep without stimuli they've learned to rely on.

and body progress through a series of discrete sleep stages—and that a partial waking or brief arousal is typical after each cycle.

"When a child has one of these normal wakings at night and can reach around in bed and grab their pacifier or start sucking their thumb to soothe, then they can easily return to sleep on their own and start the next sleep cycle," Amble says. "But when kids have a sleep-onset association that is not present following a night waking, they signal to a parent because they have trouble falling back asleep without help."

The first line of defense for insomnia is to establish consistent schedules and routines. Children should have appropriate and consistent bedtimes and wake times, a regular bedtime routine and a comfortable environment for sleep. When infants are at least 6 months old, psychologists can also help parents navigate the various forms of sleep training that lead children to self-soothe at bedtime and upon waking during the night—though most families rely on a pediatrician, books or online resources to guide them through the sleep training process, says Honaker.

In the standard extinction approach, also known as the "cry it out" method, a parent leads the child through a healthy bedtime routine using positive sleep-onset associations, such as playing soothing music or providing a pacifier. The parent then places the child in the crib drowsy but awake, then leaves the room and does not respond to crying or protests until morning unless there is a concern for health or safety. This routine is followed nightly until the child can fall and stay asleep—which generally happens within three to five days.

The graduated extinction approach, while somewhat slower, is more popular because it allows more parent-child interaction. After completing the bedtime routine and placing the child in the crib, the parent leaves the room and checks in at set intervals until the child falls asleep, each time voicing a brief standard phrase such as "I love you, it's time to sleep." Each night, parents lengthen the time between check-ins—for instance, from five to 10 minutes.

"There's no magic number for check-in intervals. The pace of sleep training depends on what each family is comfortable with," Honaker says.

Parents who use graduated extinction are generally encouraged to respond to night wakings in whatever way they ordinarily would, for instance, by rocking or feeding the child. Once infants and toddlers learn to self-soothe at the beginning of the night, they may be able to apply that behavior to night wakings. If not, parents may choose to implement a second round of sleep training to target night wakings.

Though sleep training is highly effective, it can be controversial, Honaker says, because parents worry about potential negative consequences of prolonged crying. But two randomized trials found no significant differences in emotional or behavioral problems or attachment styles either one year (Gradisar, M., et al., *Pediatrics*, Vol. 137, No. 6, 2016) or five years following a sleep training intervention (Price, A.M.H., et al., *Pediatrics*, Vol. 130, No. 4, 2012).

"The evidence suggests that sleep training is safe, but ultimately it's the family's decision," Honaker says. "Parents who are not comfortable with the approach may choose to simply wait and see if the child grows out of their sleep-onset associations."

HOW MUCH SHOULD A CHILD SLEEP?

Sleep needs differ from one child to the next. Here are some guidelines on the number of hours per day:

Infants 4 months to 1 year
12 to 16

Ages 1 to 2
11 to 14

Ages 3 to 5
10 to 13

Ages 6 to 12
9 to 12

Adolescents
8 to 10

Source: American Academy of Pediatrics, 2016

BEDTIME RESISTANCE

When children transition from a crib to a bed, behavioral insomnia can start to manifest as bedtime resistance. The child may refuse to get into bed, leave the bed frequently or throw tantrums. In other cases, a child may want to sleep and try to do so but can't easily settle his or her mind and body.

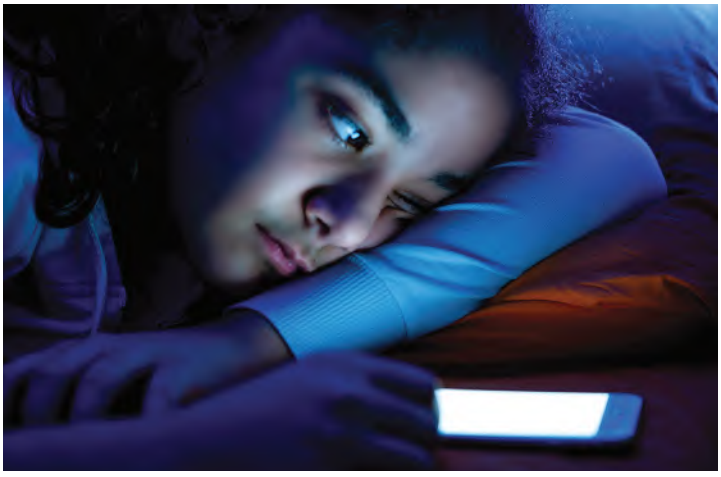
"This makes life really stressful for families in the evenings. And all of that disruptive behavior also results in the child not getting enough sleep," Amble says.

A simple and effective intervention is to help families create a healthy bedtime routine of three to five quiet activities that take a total of 20 to 45 minutes (Mindell, J.A., & Williamson, A.A., *Sleep Medicine Reviews*, Vol. 40, 2018). Amble says the routine should start at the same time each night and should flow in one direction—for example, from the kitchen to the bathroom to the bedroom—and that the activities should occur in the same order each night.

Another approach, known as the bedtime pass program, is highly effective for reducing curtain calls (Moore, B.A., et al., *Journal of Pediatric Psychology*, Vol. 32, No. 3, 2007). A child receives one to three laminated passes permitting them to get out of bed for pre-approved activities such as a hug from a parent or a drink of water. When the passes are gone, the child is no longer permitted to leave the bedroom. The child is then rewarded in the morning for any unused passes.

"Kids respond really well to concrete limits, and the passes can help reduce anxiety at bedtime if they know they won't get in trouble for getting up," says Walsh. "It's also helpful for parents because they know when to put their foot down."

For example, one 4-year-old boy treated by Amble frequently left his room at bedtime and throughout the night and required a sippy cup of iced tea in order to fall asleep. By implementing the bedtime pass program and a structured bedtime routine—and removing the sippy cup of iced tea—Amble helped the child learn to soothe himself to sleep within 15 minutes and to sleep through the night after just a few weeks.



Many teens struggle to fall asleep early enough to wake up early for school.

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KEY POINTS

1. **Insufficient sleep can severely impair a child's functioning, causing daytime fatigue and physical and mental health problems.**
2. **Psychologists have several validated tools for assessing sleep problems and interventions that can help children and teens develop healthier sleep schedules.**
3. **Interventions include behavioral treatments for insomnia and bedtime resistance in young children, and insomnia and delayed sleep-wake phase disorder in older children and adolescents.**

Some children also experience fears before bed, such as fear of the dark. Psychologists use cognitive strategies—such as teaching kids brave self-talk and coping statements—to address such worries. They can also teach parents creative games to play before bed, such as a flashlight treasure hunt, to help break a child's negative associations with a dark bedroom. For one 7-year-old who experienced nighttime fears and bedtime resistance after a tree fell through her bedroom window, Honaker promoted independent sleep by using cognitive strategies, implementing a reward system and gradually weaning the child from requiring her parents at her bedside.

For children with special needs, such as those with autism spectrum disorder, studies suggest that traditional behavioral sleep interventions tend to be effective (Papadopoulos, N., et al., *Journal of Attention Disorders*, Vol. 23, No. 4, 2019). Modifications may be necessary, says Danielle Graef, PhD, assistant professor and pediatric psychologist at Cincinnati Children's Hospital Medical Center, and typically include a slower pace or increased use of visual cues—for instance, a chart that depicts the steps in a child's bedtime routine as cars on a train.

TEENS AND SLEEP

The most common sleep problems seen in adolescents are delayed sleep-wake phase disorder and insomnia. Teenagers with a delayed circadian rhythm can sleep well on a delayed

schedule—for instance, from 2 a.m. to 11 a.m.—but struggle to sleep on a more traditional schedule that allows them to wake early enough to attend school.

When treating delayed sleep-wake phase disorder, Graef uses a two-week sleep diary and clinical interview to assess sleep-wake patterns. Then, using an approach called phase advance therapy, she instructs patients to go to bed at the time they would typically fall asleep, and then gradually shift their bedtimes earlier in 15-minute increments. One 17-year-old Graef treated had a 50% reduction in sleep problems after just three visits, thanks to a combination of phase advance therapy, improved sleep hygiene and relaxation strategies.

Cognitive-behavioral therapy for insomnia (CBTI) can also help adolescents and older children who have trouble settling their minds and bodies to fall asleep or return to sleep, says Graef.

CBTI involves stimulus control or sleep restriction, which reduces the time an individual can spend in bed, limits the activities that occur in bed and teaches basic relaxation techniques such as learning to manage ruminative thoughts. Psychologists also use cognitive restructuring to help their patients shift negative thoughts around sleep such as "I'll never fall asleep" or "Tomorrow's going to be miserable."

Nightmare disorder, which can affect school-age children, teens and adults, involves frequent and disturbing nightmares and is typically treated with imagery rehearsal therapy (Krakow, B., in Perlis, M., et al., Eds.,"Behavioral Treatments for Sleep Disorders," Academic Press, 2011). In this treatment, the patient generates a new ending for the dream and repeatedly discusses and thinks about it. For example, an adolescent patient of Honaker's who frequently dreamed she was being chased imagined that the person chasing her was in fact her mother coming to tell her she had won the lottery. Her nightmares soon became less frequent and less distressing.

"The idea is to remove some of the negative emotions associated with those thoughts and images and replace them with neutral or positive emotions," Honaker says. ■

FURTHER READING

Diversity in Pediatric Behavioral Sleep Intervention Studies
Schwichtenberg, A.J., et al.
Sleep Medicine Reviews, 2019

Pediatric Sleep Problems: A Clinician's Guide to Behavioral Interventions
Meltzer, L.J., & Crabtree, V.M.
APA, 2015

Real-World Implementation of Infant Behavioral Sleep Interventions: Results of a Parental Survey
Honaker, S.M., et al.
The Journal of Pediatrics, 2018

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LEADERSHIP IN TIMES OF CRISIS

Psychologists' research and expertise can help leaders communicate clearly and support their communities through the pandemic

BY ZARA GREENBAUM

Disasters can make or break a leader. In the era of COVID-19, some leaders have risen to the challenge—keeping their communities, employees and students informed, pausing and restarting daily life, and managing the secondary effects of social and economic disruption. ¶ Other leaders, meanwhile, are floundering—communicating poorly, not providing trustworthy information and failing to follow through on promises. ¶ Although the pandemic differs from other crises in our lifetime, psychologists' research and expertise, developed in past crises, can still inform our responses, say those who have studied crisis leadership. Overall, their work has shown that leaders who communicate effectively and learn from their mistakes are poised for success. Those who dissemble and vacillate can harm and alienate their constituencies. ¶ "What leaders have to

ROBERT NEUBECKER

realize is that when a crisis hits, you can't just rest on your laurels and think that everything will move along normally," says Ronald Riggio, PhD, a professor of leadership and organizational psychology at Claremont McKenna College in California. "You need to train, prepare and execute."

CLEAR COMMUNICATION

Perhaps the most essential element of crisis leadership is clear and trustworthy communication. Best practices for crisis communication, established through years of psychological and organizational research, include transparency, honesty and empathy.

Communicating well starts with understanding the questions your audience has, and then talking to experts and reviewing data to answer them accurately. Leaders then need to develop and test messages to ensure they don't confuse people, says psychologist Baruch Fischhoff, PhD, a professor in the department of engineering and public policy at Carnegie Mellon University.

For instance, California Gov. Gavin Newsom has relied heavily on the expertise of physicians and public health professionals in crafting his messages to constituents, including by featuring these experts during his press briefings.

Throughout the coronavirus crisis, leaders have had to relay a lot of bad news—extensions of stay-at-home orders, large-scale furloughs and layoffs, sickness and death. But leadership scholars agree that even in such dire circumstances, honesty is the best policy.

"Total transparency is essential," says psychologist Jeremy Hunter, PhD, an associate professor of practice and founding director of the Executive Mind Leadership Institute at the Drucker School of Management at Claremont Graduate University in California. "Leaders who withhold information essentially shoot themselves in the foot because that breeds mistrust and uncertainty."

Research by Fischhoff and Roxane Cohen Silver, PhD, a professor in the department of psychological science at the University of California, Irvine, shows that the public prefers honest answers, even when the news is bad—and that it's tough for leaders who lose trust to gain it back (*Risk Analysis,* Vol. 38, No. 1, 2018). In this moment, that includes admitting that much about the coronavirus—and how it will impact our lives in the coming months—remains unknown.

"Minimizing the uncertainty of what we're going through is disingenuous," Silver says. "What we can do is acknowledge that uncertainty is associated with anxiety—so the anxiety that many people are feeling right now is an appropriate reaction."

Even in the face of ambiguity, there are actions leaders can take to reassure their constituents. One is communicating empathically, which can include acknowledging the personal hardship many are facing during a time of crisis. New York Gov. Andrew Cuomo, for example, has made a habit of sharing anecdotes about his family and other New Yorkers during his daily coronavirus press briefings.

"He's speaking to the emotional reality of people, to their lived experience," says Hunter. "In doing so, he's encouraging people to move in a more generative direction rather than a despairing one."

Finally, in communicating data to their followers, leaders should keep in mind that some people have trouble understanding numbers or performing mental math. That doesn't mean leaders should avoid sharing numeric information, says Ellen Peters, PhD, a psychologist and



"TOTAL TRANSPARENCY IS ESSENTIAL. LEADERS WHO WITHHOLD INFORMATION ESSENTIALLY SHOOT THEMSELVES IN THE FOOT BECAUSE THAT BREEDS MISTRUST AND UNCERTAINTY."

JEREMY HUNTER, PhD, CLAREMONT GRADUATE UNIVERSITY

director of the Center for Science Communication Research in the University of Oregon's School of Journalism and Communication.

"Providing numbers corrects misperceptions," she says. "People are far more likely to overestimate certain risks if you don't give them numbers" (*Medical Decision Making,* Vol. 34, No. 4, 2013).

That said, leaders sharing numeric information should do what they can to reduce the cognitive effort required of their audiences. That means providing only necessary information and doing calculations ahead of time to make data more relevant and digestible, says Peters. It can also include visual representations of numeric information and structured lists that outline what readers can expect in a longer piece of written communication "Health Literacy and Numeracy: Workshop Summary," National Academies Press, 2014).

READINESS IS KEY

Though crises are almost by definition unexpected, effective leaders can and should still prepare for them, says Fischhoff. "You'll often hear leaders say they didn't have time to respond effectively in an emergency," he says. "But if you didn't have time, you didn't do your job. Your job is to be ready, know your audience and get them clear and accurate information about what's going on."

Public officials and leaders of large organizations should ideally complete training in crisis leadership—which typically teaches leaders to manage emotions, assemble emergency task forces and maximize technology and communication channels, says Riggio. At a minimum, he says, other leaders, such as small business owners, should have action plans in place for various potential emergencies, including an economic crisis, major lawsuit or natural disaster.

When a crisis hits, leaders should focus on managing their internal experience first before providing direction to their teams and communities, Hunter says. "Leaders should think about themselves as islands of coherence in a sea of chaos," he says. "Your ability to manage yourself in this process—to stay grounded and clear in a situation that's totally disorienting—is really what will make or break you."

One way to do that is to manage your own attention, including by engaging with media in a "Goldilocks way"—not too little, not too much, Hunter says. Too little information will leave leaders uninformed; too much can be overwhelming.

But managing also involves tuning in to your own internal emotional responses and understanding how those responses can influence decision-making, Hunter says. "What's happening in your body during a crisis? And how is that influencing the way you make sense of a situation and make decisions about it?" he asks. "If you can't see that consciously, then you've got one arm tied behind your back in terms of your capacity to think clearly about your options. If you're locked in fear, your ability to develop creative solutions is limited."

RESOURCES

How Leaders Can Maximize Trust and Minimize Stress During the COVID-19 Pandemic
APA, 2020

Using the Psychological Science of Crisis Leadership and Communications to Navigate the Coronavirus: A Webinar for Public Officials
APA, 2020

Crisis and Emergency Risk Communication: Psychology of a Crisis
Centers for Disease Control and Prevention, 2019

TAKEAWAY LESSONS

Following a crisis, Riggio recommends conducting an after-action review (AAR), a structured debrief pioneered by the U.S. Army that involves analyzing an incident, the response and lessons learned. "When it comes to leadership development, leaders tend to learn more from their mistakes than from their successes," he says.

An AAR should include steps to prevent a future crisis—but also strategies for responding in the inevitable event that one occurs. This focused discussion should take place as soon as possible following a crisis and outline concrete guidelines for preventing or managing similar incidents moving forward, says Riggio.

For example, the Federal Emergency Management Agency and several other organizations conducted AARs following Hurricanes Katrina, Rita and Harvey to assess preparedness and response operations, recommending improvements in staffing, housing solutions and other areas (ASPR TRACIE Technical Assistance Request, U.S. Department of Health and Human Services, 2018).

A crisis can leave leaders and their communities shaken, but it can also present an opportunity for growth.

"Crises are places where we find our greatness because they push us in ways that, in times of normalcy, we don't get pushed. We find strengths and abilities that are latent inside us," Hunter says. "As a leader, this kind of crisis is an opportunity to find your greatness and to activate that in other people around you." ■



HOW WELL IS **TELEPSYCHOLOGY** WORKING?

In response to the COVID-19 pandemic, mental health providers turned to telepsychology. Now, researchers are pinpointing what we know—and what we need to learn—about these treatment options.

BY ZARA GREENBAUM



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With more than 90% of the U.S. population under stay-at-home orders this spring, telepsychology quickly became the sole option for many Americans in need of mental health care. To facilitate that care, Medicare, Medicaid, private insurance companies, and state and federal regulatory agencies temporarily relaxed rules on telehealth. ¶ "The pandemic has accelerated the shift toward telehealth," says clinical psychologist Adam Haim, PhD, who heads the Treatment and Preventive Intervention Research Branch at the National Institute of Mental Health (NIMH). "The whole paradigm of sitting in a room with a clinician and receiving an intervention in a 45-minute session has essentially been flipped on its head." ¶ Even in non-pandemic times, delivering care remotely allows mental health providers to reach more people, including

those who are geographically isolated or lack access to child care or transportation. It can also help address stigma for patients seeking psychological services for the first time, says Dhara Meghani, PhD, an assistant professor of clinical psychology at the University of San Francisco. "For patients who have never before sought care from a therapist due to various barriers —including concern about being seen at a physical clinic—the option to obtain services online can be a port of entry into mental health care," she says.

And research to date shows mental health care delivered remotely—also known as telepsychology or teletherapy—is effective. Psychologists—along with psychiatrists, social workers and others—have built a substantial literature base on telehealth interventions that work for a variety of problems and populations. But experts say the COVID-19 crisis has revealed areas where the literature can be strengthened. More important, the attempt to rapidly roll out remote care has exposed the field's lack of readiness to broadly transition to the new modality.

"There's a lot of good that can come from this sudden uptake of telehealth," says Tim Heckman, PhD, senior associate dean for research and faculty affairs at the University of Georgia's College of Public Health, who has studied telehealth for decades. "But while we've spent a lot of time looking at what works, we got completely caught off guard in terms of disseminating and implementing telehealth on a large scale."

RESEARCH TO DATE

Research on telepsychology—which includes care delivered via phone, video or both—began around 1960. It grew out of a need to treat hard-to-reach populations, for instance when a forensic psychologist assessed a person in jail and referred them to a geographically distant provider for specialized care.

Since then, psychiatry research has tested remote care among veterans (Godleski, L., et al., *Psychiatric Services,* Vol. 63, No. 4, 2012) and a range of age groups and conditions (Hilty, D.M., et al., *Telemedicine and e-Health,* Vol. 19, No. 6, 2013), showing that the modality can be effective and increase access to care. Psychologists have also studied a range of populations to determine whether telehealth works, who it best serves and how to deliver it most effectively—with promising results. The U.S. Department of Veterans Affairs, for example, has conducted numerous trials comparing PTSD interventions delivered in person versus by videoconference, finding that



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the two methods are equally effective in the majority of cases (Turgoose, D., et al., *Journal of Telemedicine and Telecare,* Vol. 24, No. 9, 2018). Systematic reviews have also found that telepsychology delivered by video and phone is effective for depression, anxiety and adjustment disorder (Varker, T., et al., *Psychological Services,* Vol. 16, No. 4, 2019), as well as for substance use, eating disorders and other problems in children and adolescents (Slone, N.C., et al., *Psychological Services,* Vol. 9, No. 3, 2012).

"What we've seen is that telehealth is essentially just as effective as face-to-face psychotherapy—and retention rates are higher," says David Mohr, PhD, director of the Center for Behavioral Intervention Technologies at Northwestern University's Feinberg School of Medicine, who has spent his career studying telepsychology and digital mental health.

One question is whether audio-only care delivered over the phone is as effective as videoconferencing. Audio-only interventions have rarely been reimbursed by insurers, but received temporary approval from Medicare, as well as Medicaid and private insurers at the state level, during the pandemic. They are particularly useful for reaching lower-resource populations who may not have access to a smartphone or reliable internet connection, says Lynn Bufka, PhD, senior director for practice transformation and quality at APA.

"We don't have sufficient head-to-head comparisons to know exactly how audio-only compares to video, but we do know that treatment conducted over the phone has shown positive benefits across a range of studies," she says.

Telehealth can be effective in treating depression, anxiety, post-traumatic stress disorder, substance use and other problems, research has found.

In one randomized controlled trial Mohr conducted comparing cognitive-behavioral therapy (CBT) delivered face-to-face versus over the telephone to 325 patients with major depressive disorder, he found equivalent outcomes at the end of treatment (*JAMA,* Vol. 307, No. 21, 2012). In fact, though treatment effects were slightly more lasting in the face-to-face population, those patients were also more likely to drop out of therapy.

Audio-only telepsychology was also found to reduce depression symptoms among geographically isolated HIV-positive adults with depression (*Behavioral Medicine,* Vol. 43, No. 4, 2017). In that study, Heckman looked at the effectiveness of eight phone-based psychotherapy sessions. About a third of the patients treated experienced clinically meaningful reductions in their depressive symptoms.

"When you don't have the person in front of you, you pay attention to different things—the tone of their voice, the tempo of words and the breaths they're taking," says Colleen Stiles-Shields, PhD, a clinical psychologist and assistant professor at Rush University Medical Center in Chicago.

A study she conducted with Mohr and other colleagues found that therapeutic alliance did not suffer when CBT for depression was delivered by telephone as opposed to in person (*Journal of Consulting and Clinical Psychology,* Vol. 82, No. 2, 2014).

Still, some psychologists point to challenges with phone-based care. Clinical psychologist Marlene Maheu, PhD, founder

and executive director of the Telebehavioral Health Institute, says both patients and providers can easily become distracted by emails, text messages or the desire to multitask.

Platforms that offer text-based telepsychology services are even more problematic, Maheu says, and may actually prevent clinicians from fulfilling their legal and ethical obligations. For one, clinicians delivering text-based care through programs such as Talkspace and BetterHelp have very little information about a patient's surroundings, including where the person is located and who might be reading or influencing written exchanges. Clinicians also face the challenge of conducting assessments, establishing informed consent and fulfilling other professional obligations without visual and audio cues. And robust research supporting such platforms is limited—a study sponsored by Talkspace found its interventions were effective for 46% of participants but did not compare the platform with other ways of delivering care (Hull, T.D., & Mahan, K., *Telemedicine and e-Health,* Vol. 23, No. 3, 2017).

Meghani says such platforms, which are not reimbursed by health insurers, may hold value for some consumers, such as patients with subthreshold symptoms or those contemplating entering therapy, "because they may provide adequate mental health maintenance or demystify 'talk therapy,'" but that stronger evidence is needed to support their widespread use.

Whether care is delivered by phone, video or otherwise, best practices start with ensuring that the client is in a safe and private location. Therapists should know the exact address where a patient is located so that they can notify the authorities if the person reports suicidal intention or another emergency occurs. To ensure confidentiality, therapists should work with their clients to find a quiet space where they won't be overheard, Maheu says.

Persistence is also key for reaching certain populations through telehealth, says Meghani, who founded Parentline, a free telepsychology service based at the University of San Francisco for expectant and new parents.

"We offer flexibility with length and frequency of sessions and let them know that it's okay if they need to stop midway, which is an unconventional way of thinking about therapy," she says.

FURTHER RESEARCH NEEDED

Even before the pandemic put telehealth center stage, there were unanswered questions in the literature. For one, more studies are needed to determine whether remote care is sufficient to treat serious mental illnesses such as schizophrenia and psychotic disorder, Meghani says. In addition, Heckman says more randomized controlled trials comparing the same treatment delivered in person versus remotely could further strengthen the evidence base for telehealth, specifically in the areas of group therapy and for individuals with comorbidities.

But when COVID-19 hit, a whole new set of questions arose. "We've established the efficacy of telehealth and we've shown in trials that it's safe," Mohr says. "We know a lot less about what's going to happen now that we're rolling it out systemwide."

Practitioners are now facing decisions about which teleconferencing platform to use, how to accommodate clients with older devices and unreliable internet connections, how to minimize security risks, and how to supervise trainees and interns remotely, says Heckman.

New questions are also surfacing around patient engagement with teletherapy. While research so far has shown high levels of patient satisfaction with remote care (Jenkins-Guarnieri, M.A., et al., *Telemedicine and e-Health,* Vol. 21, No. 8, 2015), those switching over abruptly from in-person sessions may express concerns about adjusting to the new technology and mode of interaction, Meghani says. Future research should explore best practices for transitioning existing patients to teletherapy, as well as onboarding new patients.

The pandemic has also revealed gaps in provider competencies. Training that providers received to deliver in-person care may not translate to confidence—or competence—with telepsychology, says Maheu.

"It's as if the entire workforce was trained to drive automobiles and switched to 18-wheelers overnight," she says. "You may understand the rules of the road, but you don't know how that applies to the technology you're now using."

Clinicians must master the technology itself, including how to troubleshoot quality and con-

FURTHER READING

Guidelines for the Practice of Telepsychology
APA, 2013

COVID-19 Information and Resources on Telepsychology
APA, 2020

Survey of Psychologists' Telebehavioral Health Practices: Technology Use, Ethical Issues, and Training Needs
Glueckauf, R.L., et al. *Professional Psychology: Research and Practice*, 2018



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Medicare, Medicaid and many private insurers are reimbursing mental health providers for delivering services via telephone during the COVID-19 public health emergency.

nectivity issues. They may also need to adjust their workflow and ergonomic setup to accommodate the recent changes.

On top of that, navigating the psychotherapeutic process remotely requires specialized skills. For example, it can be difficult or impossible to pick up nonverbal cues such as fidgeting, or an odor that could indicate a patient is intoxicated, when delivering services via phone or video, Meghani says. Additional training, such as the 36-hour program provided by Maheu's Telebehavioral Health Institute, can teach psychologists to conduct hygiene checks and gait analyses virtually to assess a patient's physical well-being.

Psychologists may also need to seek supplemental training on how to comply with legal and ethical obligations when delivering services by phone or video, as well as federal and state rules on interjurisdictional practice and mandated reporting.

But in the COVID-19 era, even those rules are in flux. The federal Centers for Medicare & Medicaid Services is now reimbursing mental health providers for delivering services via videoconferencing and phone. Many states are requiring private insurers to allow the same. The Office for Civil Rights in the U.S. Department of Health and Human Services is temporarily relaxing its enforcement of the Health Insurance Portability and Accountability Act, allowing providers to use less-secure platforms such as Skype and FaceTime. Some states are even temporarily suspending licensing requirements so that practitioners can treat patients across state lines.

While most federal agencies, state governments and private insurers may revert to their pre-pandemic policies once stay-at-home orders are lifted, Deborah Baker, JD, the director of legal and regulatory policy in APA's Office of Legal and Regulatory Affairs, predicts that we could see lasting effects from some of these shifts.

"States and private insurers may find that telehealth works pretty smoothly, which could open up an opportunity for advocacy to make some of those changes permanent," she says.

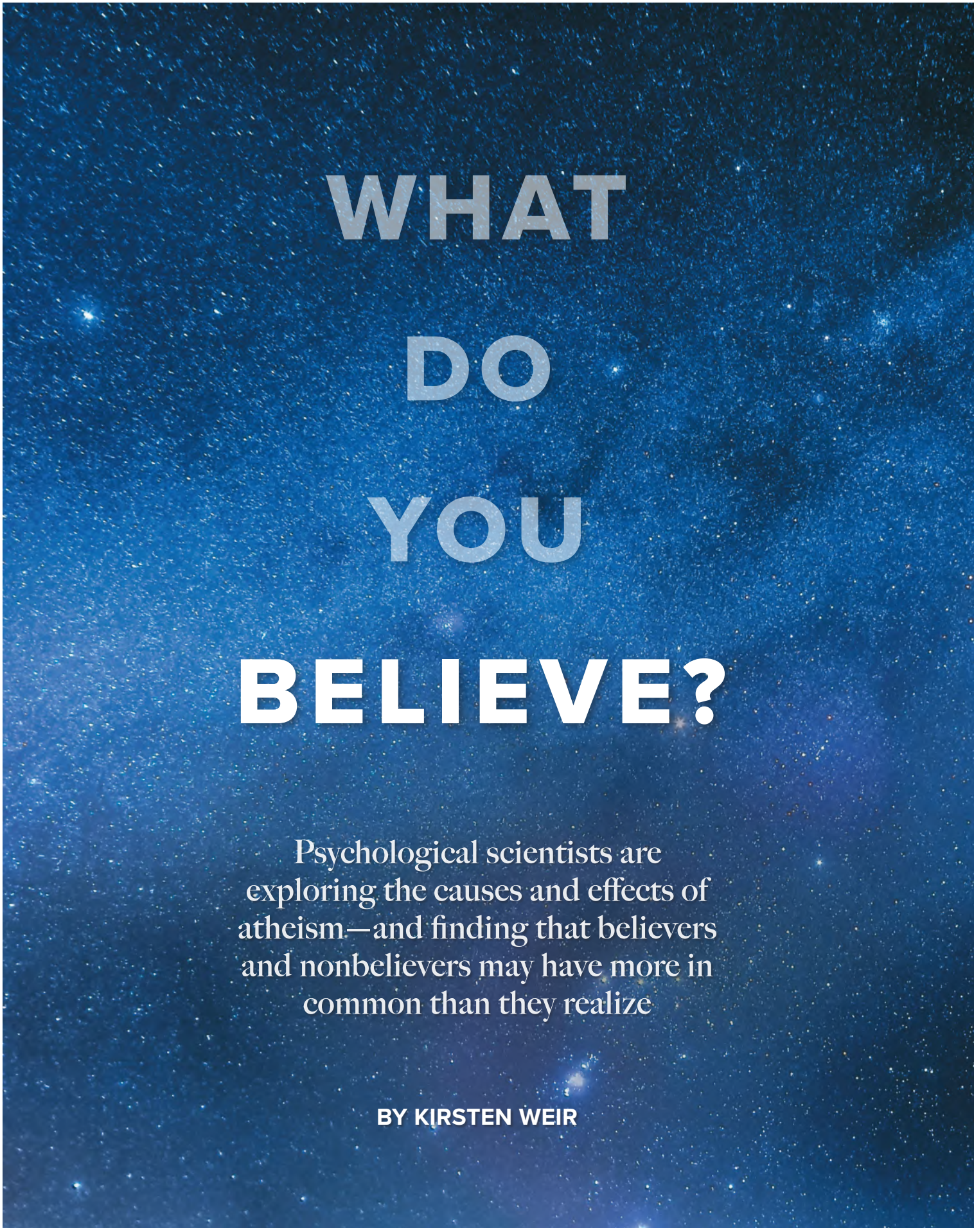
APA has partnered with state psychological associations and other organizations to advocate for extended coverage of telehealth at both the state and national levels.

Though widespread evidence-based telehealth is still a work in progress, psychologists agree that the current crisis is likely to accelerate the paradigm shift.

"If I had a crystal ball, I'd say that once the pandemic is over, delivery of care will not just return to the way it was before," Haim says. "Individuals now have an appetite for receiving care remotely, and that's likely to fundamentally change our care environment." ■

"WHAT WE'VE SEEN IS THAT TELEHEALTH IS ESSENTIALLY JUST AS EFFECTIVE AS FACE-TO-FACE PSYCHOTHERAPY—AND RETENTION RATES ARE HIGHER."

DAVID MOHR, PhD, NORTHWESTERN UNIVERSITY



WHAT DO YOU BELIEVE?

Psychological scientists are exploring the causes and effects of atheism—and finding that believers and nonbelievers may have more in common than they realize

BY KIRSTEN WEIR



MATTEO VIVIANI/GETTY IMAGES

"In God We Trust" may be the official motto of the United States, but religious belief in the country appears to be on the decline. ¶ The Pew Research Center found that 4% of American adults identified as atheists and 5% as agnostics in 2018 and 2019, compared with 2% atheists and 3% agnostics in 2009. Another 17% of Americans described their religion as "nothing in particular" in the survey, up from 12% in 2009 (Pew Research Center, 2019). ¶ Polls may underestimate the true number of nonbelievers, since atheists often face stigma and may be reluctant to identify themselves, says Will Gervais, PhD, an evolutionary and cultural psychologist at the University of Kentucky. His analysis suggests the true prevalence of atheism may be closer to 26%, and is almost certainly greater than 11% (*Social Psychological and Personality Science,* Vol. 9, No. 1, 2018). ¶ Despite the rising numbers, atheists and agnostics aren't well understood. For all the research on religion and spirituality, the systematic study of nonbelievers has only taken off in the last 10 or 15 years. "For a hundred years, [psychologists] have been looking at belief mostly through the lens of Protestant Christianity," says Miguel Farias, PhD, a professor of psychology and head of the Brain, Belief and Behaviour group at Coventry University in England. "It's only recently that we realized there are all these people we haven't really looked at. To actually look at belief, we must take into account all the variety of things that atheists or agnostics might believe."

With that shift, researchers have begun painting a clearer picture of the psychology of nonbelief. And though atheists still encounter prejudice in religious nations such as the United States, much of the evidence suggests that nonbelievers and believers might not be so different after all.

ANALYTIC ATHEISTS?

Nonbelief comes in many varieties. Technically, an atheist is someone who doesn't believe in a god, while an agnostic is someone who doesn't believe it's possible to know for sure that a god exists. It's possible to be both—an agnostic atheist doesn't believe but also doesn't think we can ever know whether a god exists. A gnostic atheist, on the other hand, believes with certainty that a god does not exist.

Yet nonbelievers often use these terms imprecisely—and many people who lack belief in a god don't favor labels at all. Farias co-authored a report of the interdisciplinary, multi-institutional Understanding Unbelief research program, a three-year project to explore nonbelief in Brazil, China, Denmark, Japan, the United Kingdom and the United States. The team found only a fraction of nonbelievers used the terms "atheist" or "agnostic," often preferring terms like "nonreligious," "spiritual but not religious," "secular," "humanist" or "free-thinker." In the United States, for example, just 39% of people who said they don't believe in God described themselves as atheists (*Understanding Unbelief,* University of Kent, 2019).

Despite the fuzzy definitions, researchers are beginning to home in on the factors that influence whether someone believes. Some prominent and outspoken atheists, such as the evolutionary biologist Richard Dawkins, PhD, have famously argued that anyone with keen critical thinking skills should reject religion. According to this line of thinking, people with stronger



analytical abilities are more likely to be nonbelievers, since belief in a higher power requires having faith in something that can't be proven. The flip side of that argument is that believers may be more inclined toward intuitive thinking—trusting their guts that a god exists, even in the absence of hard evidence.

Back in 2012, Gervais was one of several researchers who published results suggesting analytic thinking was associated with atheism (*Science,* Vol. 336, No. 6080, 2012). However, newer research casts doubt on the idea that analytical thinking leads people to reject religion. "The current picture is a lot more nuanced," Gervais says.

Farias, for example, looked at analytic versus intuitive thinking in two different populations: a culturally and religiously diverse group of people on a spiritual pilgrimage route in Spain, and adults from the general population in the United Kingdom. In both groups, the researchers found no association between intuitive thinking and religious belief. In a related experiment, Farias used neurostimulation to enhance participants' cognitive inhibition, or their ability to stop intuitive thoughts and impulsive behaviors. If belief is associated with intuitive thinking, ramping up cognitive inhibition should make people more skeptical of supernatural belief. But the researchers found that reducing cognitive inhibition had no effect on religious or spiritual beliefs (*Nature Scientific Reports,* Vol. 7, Article 15100, 2017).

"These experiments suggest there is no association between analytical thinking and atheism or agnosticism," Farias says.

Other findings have bolstered that conclusion. Looking beyond the United States, Gervais and colleagues drew on a global sample from more than 13 diverse societies to explore the connection between belief and cognitive reflection, the tendency to override gut reactions and reflect on problems. They found that cognitive reflection was associated with atheism in only three countries: Australia, Singapore and the United States. And even in those countries where the association held up, the relationship was modest (*Judgment and Decision Making*, Vol. 13, No. 3, 2018). "Popular [modern] atheist discourse trumpets how rational and analytical they are, [but that's] not really supported by our best science," Gervais says.

Though atheists might not be inherently analytical, there's evidence that some might embrace a scientific worldview. Since religious people often turn to their beliefs to cope with stress and anxiety, Farias wondered if, during times of stress, nonbelievers might put their faith in science instead. He compared two groups of competitive rowers, one group about to engage in a high-stress

New research has cast doubt on the idea that atheists are more analytic thinkers than religious believers are.

"PEOPLE ASSUME THAT [NONBELIEVERS] HAVE VERY DIFFERENT SETS OF VALUES AND IDEAS ABOUT THE WORLD, BUT IT LOOKS LIKE THEY PROBABLY DON'T."

MIGUEL FARIAS, PhD, COVENTRY UNIVERSITY

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competition and the other in a low-stress training session. Both groups tested low in religiosity, but rowers in the high-stress group reported a stronger belief in science than rowers in the low-stress group. In a second experiment, Farias primed people to think about their own mortality—a scenario that often prompts people to defend their belief systems. The primed group, too, reported greater belief in science than a control group.

Together, these findings suggest that science, like religion, can provide a source of personal meaning (*Journal of Experimental Social Psychology*, Vol. 49, No. 6, 2013). "In some countries, including the U.S. and the U.K., science has become godlike in a way," Farias says.

Other research also suggests nonbelievers may find meaning in science and nature. A study led by Jesse L. Preston, PhD, at the University of Warwick in England, found that while religious people were likely to cite religious events as a source of spirituality, nonbelievers reported spiritual experiences related to nature, science, meditation or so-called "peak" experiences (such as riding a motorcycle or using psychedelic drugs). Though the sources of spirituality differed, both religious and nonreligious people derived feelings of awe from the experiences (*Journal of Experimental Social Psychology,* Vol. 70, No. 1, 2017).

RELIGION AND HEALTH

Atheists may find moments of spirituality on a mountain hike or a roller coaster ride, but are those experiences as beneficial as religion? A large body of research indicates that belonging to religious organizations and attending religious services are associated with better health.

"The logical implication of that research is that if religion is good, then atheists should be less healthy—but we don't find that," says David Speed, PhD, an assistant professor of psychology at the University of New Brunswick in Canada. Using data from the 2008 General Social Survey, a large survey of a representative sample of U.S. adults, Speed compared people who did and didn't believe in God and found both groups had similar levels of self-reported health. Notably, though, staunch atheists experienced religiosity more negatively than believers. When people who said they did not believe in God reported atypically high participation in religious events (such as people who participated because of family or social pressure), they reported worse health overall (*Journal of Religion and Health,* Vol. 55, No. 1, 2016).

"This suggests that there's not an intrinsic benefit to religious attendance or prayer. You have to have the right mindset to be getting the benefits," Speed says.

When it comes to health benefits, belief might be less important than all the things that go along with participating in organized religion, say Speed and Luke Galen, PhD, a professor of psychology at Grand Valley State University in Michigan. Reviewing the literature on the benefits of religious belief, Galen found that most benefits of religiosity can be ascribed to factors such as social engagement and being a member of a supportive social network. Just as religious people benefit from affiliating with a religious group, atheists who participate in like-minded groups, such as humanist organizations or atheist alliances, experience greater well-being (*Science, Religion & Culture,* Vol. 2, No. 3, 2015).

"It's not the religious belief that's the special sauce. It's simply being a member in a supportive group of like-minded people," he says.

Some of Galen's other work suggests that having strong convictions about your worldview may be more important than what you believe. He found that both religious believers and atheists who were confident in their beliefs reported greater overall well-being than those who were unsure or confused about their belief in God (*Mental Health, Religion & Culture,* Vol. 14, No. 7, 2011).

"The people in the middle of the curve might have a certain amount of distress or anxiety related to the lack of coherence in their worldview," he says.

MEANING WITHIN

Good health isn't the only positive outcome attributed to religion. Research also suggests that religious belief is linked to prosocial behaviors such as volunteering and donating to charity.

But as with health benefits, Galen's work suggests such prosocial benefits have more to do with general group membership than with religious belief or belonging to a specific religious

KEY POINTS

1. **Surveys suggest atheism and agnosticism are growing in the United States, though nonbelievers remain an understudied group.**
2. **Despite earlier research suggesting evidence to the contrary, studies across cultures and countries now find no strong link between analytical thinking and a tendency toward atheism.**
3. **Atheists face stigma and prejudice, though research indicates they share similar values with religious people and that a majority believe that life has a greater meaning or purpose.**



Nonbelievers may find meaning and spirituality and derive a sense of awe through spending time in nature, research suggests.

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group (*Social Indicators Research,* Vol. 122, No. 2, 2015). In fact, he says, while religious people are more likely to volunteer or give to charitable causes related to their beliefs, atheists appear to be more generous to a wider range of causes and dissimilar groups.

Nevertheless, atheists and other nonbelievers still face considerable stigma, and are often perceived as less moral than their religious counterparts. In a study across 13 countries, Gervais and colleagues found that people in most countries intuitively believed that extreme moral violations (such as murder and mutilation) were more likely to be committed by atheists than by religious believers. This anti-atheist prejudice also held true among people who identified as atheists, suggesting that religious culture exerts a powerful influence on moral judgments, even among nonbelievers (*Nature Human Behaviour,* Vol. 1, Article 0151, 2017).

Yet nonreligious people are similar to religious people in a number of ways. In the Understanding Unbelief project, Farias and colleagues found that across all six countries they studied, both believers and nonbelievers cited family and freedom as the most important values in their own lives and in the world more broadly. The team also found evidence to counter a common assumption that atheists believe life has no purpose. They found the belief that the universe is "ultimately meaningless" was a minority view among nonbelievers in each country.

"People assume that [nonbelievers] have very different sets of values and ideas about the world, but it looks like they probably don't," Farias says.

For the nonreligious, however, meaning may be more likely to come from within than from above. Again drawing on data from the General Social Survey, Speed and colleagues found that in the United States, atheists and the religiously unaffiliated were no more likely to believe that life is meaningless than were people who were religious or raised with a religious affiliation. However, atheists and the religiously unaffiliated were more likely to believe that meaning is self-produced (*SAGE Open,* Vol. 8, No. 1, 2018).

"There's no [higher power] telling them to love their families or to work hard or to be a good person, but they seem to arrive at very similar conclusions," Speed says.

Neither believers nor nonbelievers can claim the moral high ground, Gervais adds. "If you zoom out, religions might have been instrumental in cementing large-scale cooperation [over the course of human history]. Zooming in, it's actually the most secular countries on Earth right now that are doing the best job taking care of their most vulnerable, not being violent and doing other things that seem moral," he says. "So, it's messy, but we can say quite confidently that the intuitive association between religion and morality is a lot stronger than any actual relationship."

In the United States, a nation where religious traditions run deep, there's a lot left to learn about nonbelievers. And there's good reason to try, given that belief exists at "the intersection of culture, evolution and cognition," Gervais says. "Religion is a core aspect of human nature, and any scientific explanation of religion needs to understand atheism." ■

FURTHER READING

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2018

Atheists
Schiavone, S.R., & Gervais, W.M.
Social & Personality Psychology Compass
2017

Understanding Unbelief: Atheists and Agnostics Around the World
Bullivant, S., et al.
University of Kent
2019

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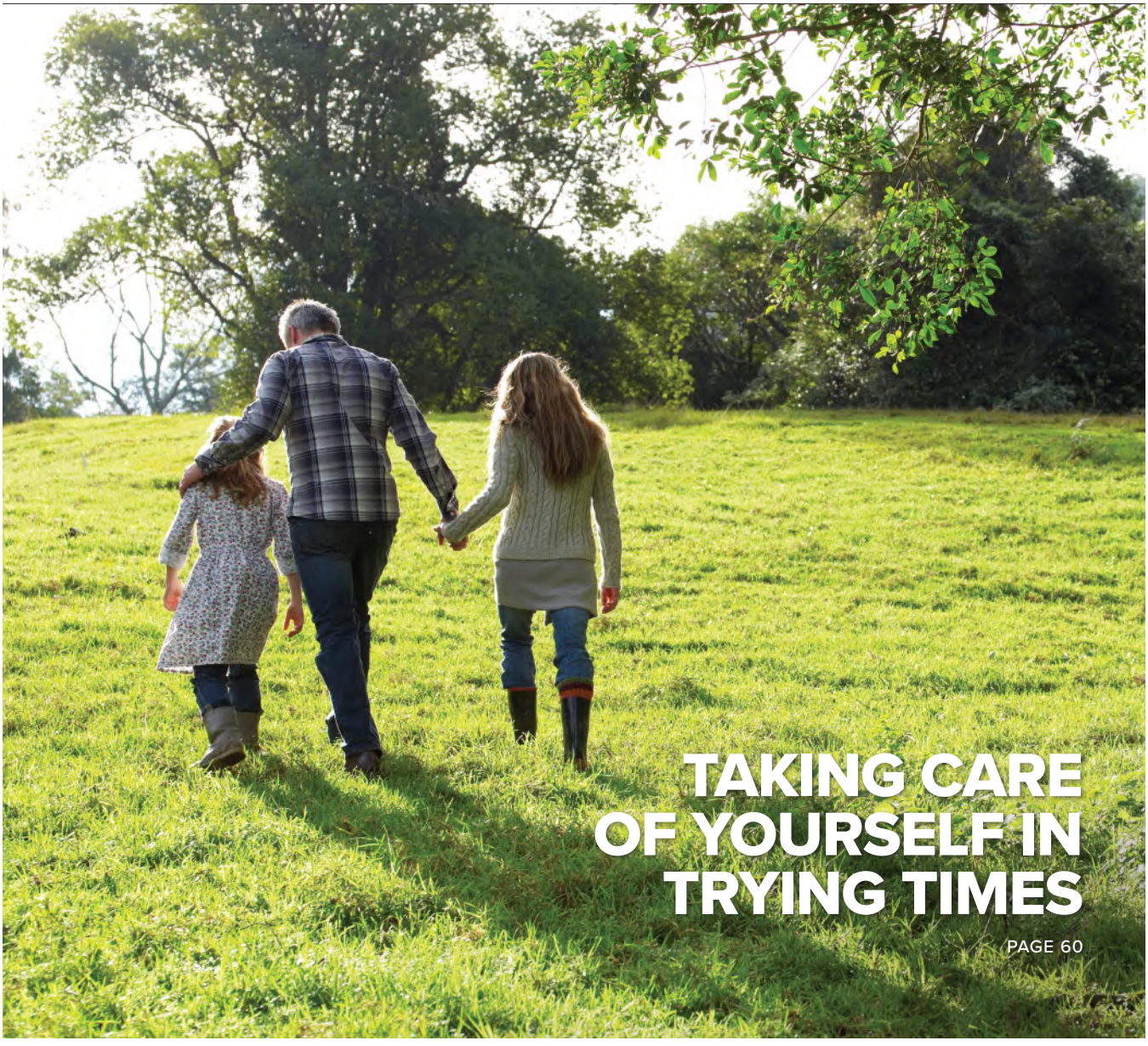
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Career

NEW IDEAS FOR PSYCHOLOGISTS WHO WANT TO ENHANCE THEIR SKILLS AND ADVANCE THEIR CAREERS



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TAKING CARE OF YOURSELF IN TRYING TIMES

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How to Look for a Job Now

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Lab Work: Studying Vaping Behavior

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SELF-CARE HAS NEVER BEEN MORE IMPORTANT

Clinicians, researchers, professors and other psychologists need to continue to prioritize self-care

BY REBECCA A. CLAY

Even with the first few months of the COVID-19 pandemic behind us, psychologists, like the rest of the world, are still adjusting to a new normal: working from home, managing child care, worrying about older family members and wondering what comes next. "We have all of these concerns ourselves, and then we have to also provide support as our patients struggle with them, too," says Heather Gebhardt, PhD, of the Veterans Affairs (VA) Puget Sound Health Care System in Seattle.

Whether you're a clinician, a researcher or an educator, how can you care for yourself during this stressful time? "By doing all the things we recommend to our patients," says Gebhardt. She and other psychologists offer this advice:

■ **Prioritize.** Make a plan of action by listing your work and personal priorities and then deciding what can be delegated and what can be postponed, says Laura Boxley, PhD, of The Ohio State University. Be sure to add self-care to your schedule, she adds. "In stressful times, self-care can seem frivolous or selfish," she says. "But committing to self-care will preserve your ability to rise to the challenge of this time."

■ **Pivot, if necessary.** For researchers, university shutdowns don't have to mean that work grinds to a halt. "Lots of labs are nimble," says Jeff Zacks, PhD, of Washington University in St. Louis. "If we can't collect data face-to-face, we can work on other things that are often pushed to the back burner, such as data analysis and writing."

■ **Stick to a routine.** "I still pack my lunch every day and put on work clothes even if I'm not going into the office," says Gebhardt. "Still doing those routines gives a sense of normalcy to the otherwise abnormal situation we're in."

■ **Create a separate workspace.** "Working from home can blur the boundaries between work and your personal life so that you feel you're working all the time," says Nathaly Shoua-Desmarais, PsyD, of Florida International University. "I could be on the computer 24/7 now." Create a separate workspace if possible, even if that means setting up a desk in a corner of your living room with your back to the larger space, she suggests. Keep your sleeping area as personal space, she adds.

Self-care can seem frivolous in challenging times, but it's necessary to preserve our ability to meet the challenges.

■ **Don't skimp on the basics.** Eating healthy food, getting enough sleep and being active are foundations of good self-care, says Vaile Wright, PhD, APA's senior director of health care innovation. If you can get outside, take a walk or go for a run. But there's plenty you can do inside. "People are posting workouts on social media and hosting exercise classes on Zoom or FaceTime," says Gebhardt. Ask your gym or yoga studio if they're offering virtual sessions or look for workouts on YouTube.

■ **Stay connected.** While psychologists often worry about excessive screen time, online technologies like Zoom, Skype and Google Hangouts are helping people stay connected despite being physically isolated. "It's such a breath of fresh air to be able to see people and laugh with them," says Gebhardt, who recently enjoyed a "family Zoom date" with relatives from around the world. "I've been blown away by how social distancing can make a community come together."



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■ **Limit news consumption.** Checking the news or social media constantly or having the news on in the background only causes unnecessary distress, says Shoua-Desmarais. Decide how much time you're going to devote to checking reliable sources and then stick to that limit, even if you have to ask a friend to serve as an accountability partner and check up on whether you followed through with your commitment. For Shoua-Desmarais, that means spending five minutes scanning the news in the morning and another five minutes before doing pre-bedtime relaxation exercises.

■ **Be mindful of substance use.** You may be using alcohol or other substances to temporarily relieve boredom or stress, says Wright. "Be mindful of the slippery slope," she says. "And obviously avoid it if you've had any problems in the past." The same holds true for eating, she adds. "A little ice cream feels good," she points out. "A whole pint usually doesn't."

■ **Practice mindfulness and other relaxation techniques.** "Mindfulness activities can be helpful for dealing with anxiety," says Richelle Concepcion, PsyD, MPH, of Tripler Army Medical Center in Honolulu. "Meditation, yoga, even mindful breathing are ways to slow things down." And there are plenty of free resources, including autogenic training on YouTube, the apps Breathe2Relax and Tactical Breather from PsyberGuide, and Mindfulness Coach and other resources available from the VA App Store. Headspace and Ten Percent Happier, two apps that normally charge a fee, are offering free access to health-care providers during the pandemic.

■ **Learn something new.** Now is a good time to burnish your



Some mindfulness and relaxation apps are offering free access to health-care providers during the pandemic.

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professional skills, says Bethany A. Teachman, PhD, a professor of clinical psychology at the University of Virginia. "This is a good opportunity to build your skill set virtually," she says, citing as one example taking an online statistics course. Use this time for continuing-education courses or other professional development, suggests Concepcion. If you've had to go virtual professionally, for instance, check out the offerings on APA's telepsychology resources page. Or just engage in self-enrichment. Another free resource is Coursera's "The Science of Well-Being," a course created by Yale psychology professor Laurie Santos, PhD, and touted as "Yale's most popular class ever." These online resources are a good way to distract yourself from the news and keep yourself engaged in learning, says Concepcion.

■ **Cut yourself some slack.** "It's important to be kind to others—and to ourselves," says Teachman. Keep in mind that in abnormal times like these, you're not going to be as productive as you were before and that's OK, she says.

■ **Watch for signs of trouble in yourself.** Even after the crisis eases, you may be at risk of burnout or even post-traumatic stress disorder, says Wright. "Stay attuned to your body," she suggests, explaining that many people first experience mental health symptoms as physical symptoms, such as muscle tension, a clenched jaw, increased heart rate or chest pressure. "Your body is trying to tell you something's up." Other signs of burnout include irritability, a lack of empathy or an inability to connect with patients, students, research participants or others.

If you're experiencing warning signs or finding yourself unable to work or take care of yourself or your family, it may be time to seek help from another psychologist, says Wright. She advises reaching out as soon as you feel yourself slipping. "Don't wait until you're in a crisis," she says.

■ **Check in with colleagues, too.** Keep an eye on struggling colleagues and let them know you're also struggling as a way of normalizing their reactions. And find meaning in helping others. "There's not enough yoga in the world to deal with the magnitude of what we're coping with right now," says Boxley. "We have to think flexibly about self-care: It's not just about taking care of ourselves but about taking care of others." ■

RESOURCES

APA Services, Inc. Self-Care Resources
www.apaservices.org/practice/ce/self-care/index

APA's Self-Care Resource Center
www.apa.org/helpcenter/self-care

Coping in the Era of Coronavirus: A Webinar for Students
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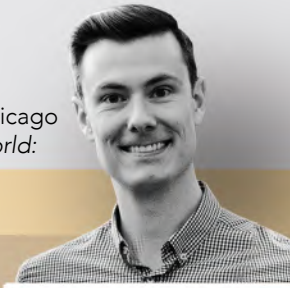
Staying In and Staying Healthy: Insights for Positive Mental Health in Graduate School
James, B.T.
The Behavioral Neuroscientist and Comparative Psychologist, 2019

APF'S 2019 VISIONARY GRANTS

Dr. Ashley Batastini
University of Southern Mississippi
Reaching the Restricted: Examining the Feasibility and Effectiveness of a Novel Psychosocial Intervention for Female Inmates in Administrative Segregation



Dr. Jonathan Stange
University of Illinois at Chicago
Regulation in the Real World: Real-Time Assessment of Suicide Risk in Context



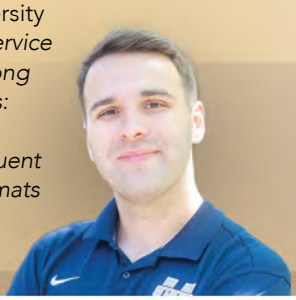


Erika Esposito
Graduate Student, University of Rochester
Suicide Risk Among Transgender Youth: A Multimethod, Multi-informant Examination of Gender Identity



Dr. Luz Garcini
UT Health San Antonio
How Does Contextual Stress Get Under the Skin of Young Undocumented Immigrants?: Identifying Mechanisms of Risk and Resilience

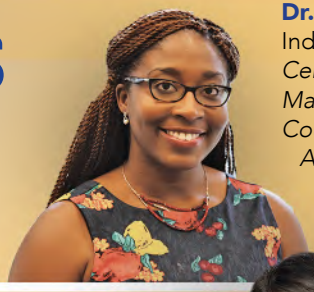
Alejandro Vazquez
Graduate Student,
Utah State University
Mental Health Service Preferences Among Latinx Caregivers: A Step Towards Culturally Congruent Intervention Formats for Children and Adolescents



Ha (Milkie) Vu
Graduate Student,
Emory University
An Examination of Multi-level Factors Influencing Vietnamese-American Parents' HPV Vaccine Uptake for Their Adolescent Children



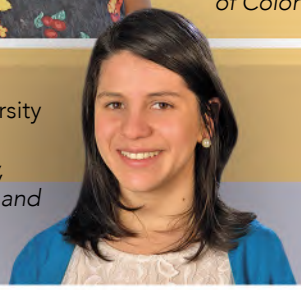
Dr. Kerrie Wilkins-Yel
Indiana University
Centering Those at The Margins: Understanding Counterspaces as an Avenue to Advance STEM Persistence Among Women of Color



Susan Murray and Naoise Mac Giollabhui
Graduate Students, Temple University
Examining the Roles of Socioeconomic Status and Relevant Health Correlates (Body Mass Index, Diet Quality, and Inflammation) for Neuropsychological Function in Young Adults



Melek Yildiz Spinel
Graduate Student, University of South Carolina
Gender Role Discrepancy, Relationship Satisfaction, and Intimate Partner Violence Risk for Latina Women



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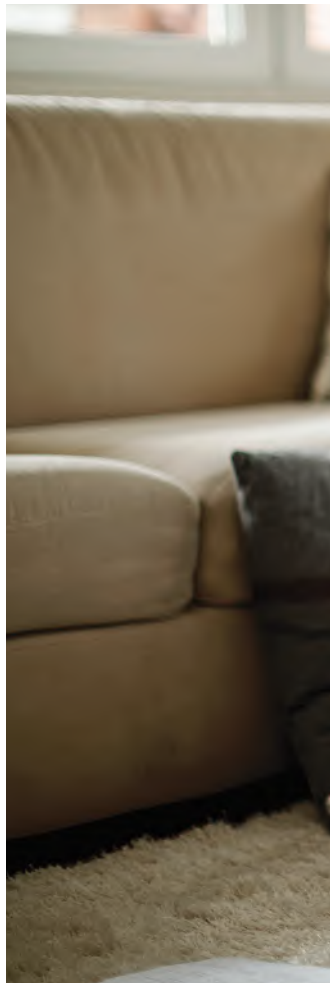
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HOW TO ENCOURAGE STUDENT SELF-CARE

Psychology graduate students do better when they prioritize caring for themselves, but too few do. Here's how faculty can change that.

BY STEPHANIE PAPPAS



Between taking classes, teaching classes, working at clinical placements, handling research assistantships, writing theses or dissertations, and juggling family responsibilities, psychology graduate students are under a mound of pressure. And the COVID-19 pandemic has only increased that stress for most (see June *Monitor*).

Yet graduate programs don't usually teach their students how to make time for self-care, despite evidence that self-care behaviors make for happier, healthier trainees. A meta-analysis of 17 studies led by Joshua K. Swift, PhD, a clinical psychologist at Idaho State University, found that self-care behaviors were linked with increased self-compassion and life satisfaction and decreased psychological distress among grad students in professional psychology (*Training and Education in Professional Psychology*, Vol. 10, No. 4, 2016). And a survey of 358 psychology doctoral students led by Evan Zahniser, PhD, a postdoctoral fellow in neuropsychology at the Veterans Affairs Puget Sound Health Care System, found that higher levels of self-care were associated with better self-reported progress in respondents' graduate programs (*Training and Educational in Professional Psychology*, Vol. 11, No. 4, 2017).

Fortunately, encouraging self-care need not be a stressful project. Faculty and recent graduate students say that simple changes can make a big impact. Here is their advice for encouraging students to take care of themselves:

■ **Know the stressors and barriers.** Financial stressors and time pressures repeatedly top the list of challenges that psychology graduate students face. In a 2012 APA survey, 68% of respondents reported that academic pressures were a significant challenge, and 64% cited finances or debt among their significant stressors. These stressors also stand in the way of stress relief, the research found, with 47% of respondents saying that money was a barrier to self-care and more than 70% blaming lack of time.

"Increasingly, there is this pressure to really excel and stand out in all of the different aspects of one's professional identity," Zahniser says. Trying to fit self-care into the schedule can be very challenging.

First-generation students and those whose sexual, racial or ethnic identities are marginalized may face struggles unique from those of their peers, says Nicholas Grant, PhD, a clinical psychologist in the U.S. Navy and the president-elect of GLMA: Health Professionals Advancing LGBTQ Equality. These students may lack family support or face discrimination and have feelings of not fitting into the dominant culture of a grad program.

Program culture can be a barrier to self-care, too. Karen Saules, PhD, a professor of psychology at Eastern Michigan University, remembers the wake-up call she got when her students voiced concerns over whether it was safe for them to admit they'd had fun over the weekend or gone on a vacation over a school break. "We began to get worried that there was this climate that it's not OK to have work-life balance," Saules says.

■ **Check in.** The first step toward combating that kind of environment is to make self-care a welcome topic of conversation. Self-care is built into the ethical codes of mental health organizations—including APA's—but



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students and trainees don't get explicit instruction on what self-care is or how to do it, says Arianne Miller, PhD, an assistant professor of counseling and school psychology at San Diego State University.

Miller brings up the topic with students with this question: "When was the last time you felt good in mind, body and spirit?" (Most, she says, report that this last happened before graduate school.) Carolyn Allard, PhD, an associate professor of clinical psychology at Alliant International University and president of APA Div. 56 (Trauma), makes sure to ask her students about their moods and physical wellness, looking for red flags that they need to take more time for themselves. Anxiety, tension, headaches, lack of empathy for others and irritability are all signs that someone's mental health might be slipping, she says.

Any acknowledgment that graduate school is challenging can combat the stigma of stress, says Melanie Arenson, a graduate student in psychology at the University of Maryland.

"The cultural piece ends up trickling down to create a systemic kind of space to have those conversations," Arenson says. "It puts it on faculty members' radar, so faculty members may be more likely to check in with their students."

Incorporating self-care into students' coursework can make it seem more achievable and less like yet another task on a long to-do list.

■ **Incorporate self-care in class.** One danger of emphasizing self-care is that it can become one more task on a seemingly endless to-do list. To avoid that, incorporate self-care into coursework that students are already doing, suggests Robyn Gobin, PhD, an assistant professor of clinical psychology at the University of Illinois at Urbana-Champaign. "During class time, they're invested in learning, they're invested in getting good grades," Gobin says. "So, I make it part of their grade."

Gobin asks her students to fill out a self-care assessment and identify areas where they can improve their self-care. Miller incorporates self-care lessons into her clinical classes when discussing self-reflection. She also encourages self-care through extra-credit assignments such as asking students to reflect on their own self-care practices.

■ **Encourage small steps.** Another key strategy is to encourage students to start small. "If you Google self-care, it's like a picture of Oprah in a bathtub with bubbles and champagne," Miller says. "But self-care is just very basic, small things: Going to bed a little bit earlier. Going to the dentist. Spending time with friends. Experiencing joy and having fun."

Encourage students not to



Grad students who make time to care for themselves report better progress in school, research finds.

make the perfect the enemy of the good. Graduate students are usually high achievers who want to excel at whatever they're doing, even self-care. It's important to encourage students not to be perfectionists about taking care of themselves, she says: "My logic is that 15 minutes is better than zero minutes."

Gobin encourages her students to pick one domain, such as social, physical or mental, and work on self-care in just that one area for a semester. "That makes it much more manageable, identifying one act of self-care they can consistently pursue," she says.

Part of helping students identify small steps they can make involves identifying how self-care fits into their values systems, Grant says. Focusing on what a student most wants to get out of self-care—an energy boost? A mental break?—can help them identify activities that will get them what they need.

■ **Sponsor a wellness committee.** After Saules and her colleagues noticed that their program's graduate students were afraid to admit to enjoying weekends, they launched a graduate student wellness committee to work on changing the culture.

The committee is student run, usually by first-year students, who typically have more time than more senior students, and meets twice a month for an hour, Saules says. The group plans inexpensive camaraderie-building activities, such as hiking or kayaking, and arranges a weekend writing retreat for students to stay for around $15 a night. The committee sends care packages to students on internship (faculty pays postage) and tracks students' milestones, such as passing qualifying exams, and acknowledges that progress with a note. The group also arranges lunchtime seminars where faculty or older students lead discussions on such topics as writing a thesis or the pros and cons of having children during graduate school versus after.

■ **Model self-care.** The most important way to encourage self-care is to take care of yourself—and let your students know you're doing it.

When Allard asks her students to self-reflect and check in about self-care, she'll join the discussion alongside them. When Grant talks to students, he talks about his running and how he fits it into his schedule.

It's also crucial to model boundaries for students, Gobin says. Let them know that you don't check email late at night or on weekends, for example, and encourage them to take those breaks from work as well. If working at odd hours is productive for you, communicate to students that they don't need to respond to your emails as they arrive, but rather at a time they are working.

"The kind of culture where people are encouraged to set some boundaries is important, whatever those boundaries are," Zahniser says.

Of course, faculty are under a great deal of pressure, too, and they may feel that their own self-care practice leaves something to be desired. That doesn't make it any less important to make the effort and share strategies with students, Miller says.

"Modeling the imperfection is just as important," she says, "if not more important." ■

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Nature Biotechnology
2018

The Self-Care Prescription
Gobin, R.
Althea Press
2019

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NEW DOCTORATES



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AMERICAN PSYCHOLOGICAL ASSOCIATION

HOW TO LOOK FOR A JOB DURING A GLOBAL CRISIS

Five ways psychologists can enhance their chances of securing a new job

BY CHARLOTTE HUFF



Among the many effects wreaked by COVID-19 is widespread unemployment. With even typically resilient fields such as health care and education showing signs of vulnerability, trying to land a job during a pandemic may seem impossible.

But the shifting landscape also brings with it new opportunities, particularly as the strain of the pandemic has put mental health higher on everyone's radar, says Russ Riendeau, PhD, chief behavioral scientist at New Frontier Search Company, an executive search firm near Chicago. For instance, business and other organizational leaders may not previously have thought much about employee morale, building a resilient workforce and other skills that psychologists can foster, Riendeau says.

Yet it's up to psychologists to do the research to show how their skills can pay off for potential employers, he says, whether that's by proposing to implement telemedicine mental health support for employees or pitching how behavioral-based interview techniques can identify talented employees that the competition may overlook.

"Psychologists are going to be able to literally invent themselves and invent jobs," says Riendeau, who co-authored an article about job hunting in a post-pandemic world. It's more important than ever, he says, to focus on your strengths as a psychologist and "then leverage those strengths and your value."

Jing Feng, PhD, agrees that emerging shifts in how Americans live and learn will open up new job realms. As more classes rapidly move online, psychologists who are knowledgeable about human factors can play a key role in maximizing virtual education, says Feng, associate professor in the Human Factors and Applied Cognition Program at North Carolina State University in Raleigh.

"For example, it could be a usability researcher or a human factors psychologist that helps to ensure that the interface design of these online education platforms would allow the material that's being delivered through such platforms to be effective," she says.

Here are some strategies that Feng, Riendeau and other psychologists suggest:

Any job search, even in the best economy, involves disappointments. What matters is how you handle the loss of a coveted job or tenure-track position.

1 EXPAND YOUR NETWORK

It has never been a more important time to expand your contacts in your field through informational interviewing, says Paul Yost, PhD, an associate professor of industrial and organizational psychology at Seattle Pacific University in Washington state. To start expanding your network, reach out to three people, either with a cold email or through an introduction from someone else, he says. Ask for no more than 30 minutes of their time.

With many people teleworking and some having a bit more downtime, you're more likely to connect with these contacts, he says, "People are just looking to help others, and it feels so good to be able to do that."

Resist the urge to ask about job opportunities directly, as



Physical distancing measures have made today's job hunt more virtual than ever, so interviewees should be sure to look and talk professionally on video calls.

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people will feel used, Yost says. Instead use that half an hour to gain insights into what types of skills are valued—skills that you can feature on your résumé—as well as emerging opportunities in that field, he says. Before wrapping up the call, ask for names of two other people you should speak with. Always send a thank you note or email and mention a part of the conversation that you found particularly helpful, Yost says.

2 HIGHLIGHT YOUR CRISIS SKILLS Look for ways to illustrate your innate resilience—in conversations and on your résumé—with examples of how you've handled other pre-pandemic crises, Riendeau says. It may be something personal, such as the death of a loved one or a fire that destroyed the family home.

Explain what steps you took in the wake of that crisis, whether it was seeking therapy or going back to school or volunteering for the Red Cross. "Show the activities that led to the accomplishment of overcoming that adversity," Riendeau says.

3 GET SAVVY ABOUT VIRTUAL PROMOTION Physical distancing has made today's job hunt more virtual than ever, Riendeau says. Be sure to maximize those interviews: Set the screen so the camera is at eye level. Check that the light is in front of you rather than from behind, which will darken your image on the screen. Men and women should wear a bit of makeup; some powder or bronzer will brighten up your screen image.

Also, speak at a conversational level, Riendeau says. "People have a tendency to yell into the microphone—these mics are very sensitive." As an icebreaker, just as the interview gets started, ask the person you're speaking with if the volume and image are clear.

Most of all, practice with someone you trust in the days ahead, so you get comfortable with seeing your face reflected back from the screen as you talk, Riendeau says. "Even within 10 minutes you can improve your interview skills by easily 50%, just by practicing."

4 LEARN FROM SETBACKS Any job search, even in the best economy, involves disappointments. What matters is how you handle the loss of a coveted job or tenure-track position, says Patrick Carroll, PhD, an associate professor of psychology at The Ohio State University at Lima. "It's a problem if you really don't attempt to learn from that failure, if there is something you could have done better," he says.

You could adopt a defensive strategy, dismissing the failure to what Carroll describes as a situational cause, such as the fault of a biased hiring committee or a terrible job market. But the risk then is that you may miss out on learning opportunities to improve upon a skill deficiency that, unless corrected, may lead to later failures if you

continue to pursue your original goal, Carroll says.

Instead, Carroll recommends a learning-based response. That approach may involve maintaining an optimistic causal outlook of one's competence while, at the same time, considering negative feedback to extract critical self-improvement information, he says.

Although this process may still lead you to conclude that the hiring committee was stacked against you, it may also lead you to figure out that you need to boost your knowledge in some areas or update your interviewing style, he says.

Once you work through what went wrong, you'll not only boost your odds of overcoming job hunt failure but also improve your self-esteem, says Carroll, who has published related research (*Self and Identity*, Vol. 14, No. 4, 2015). In fact, people who learned from failures not only exhibited higher self-esteem and lower doubt than those who had used defensive strategies, he says, "but their self-esteem and their doubt were on par with those who had never failed."

5 THINK MORE FLEXIBLY

While there may be fewer tenure-track positions open in the near term, Feng suggests that you can still look for research opportunities and, in some cases, even a short-term job outside of academia. For those with human factors and applied cognition expertise, landing a consulting or IT company job for a few years can burnish your application skills and that may help you later land an academic position, as long as you've continued to research and publish, she says.

If you're interested in launching a practice this year, you may find it more difficult to recruit patients given that so many people are short on cash, Yost says. But you may be able to market your psychological knowledge and skills to organizations and start building a business that way, he says.

As one example, Yost points to how assisted-living and other retirement communities have been hit hard by the pandemic. Perhaps some of those facilities may be interested in contracting with a psychologist to provide guidance and support for patients and staff, he suggests.

"We have an opportunity to impact a society that's reeling right now," Yost says. "So, where can your skills best support others?" ■



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PSYCHOLOGISTS IN THE NEWS

Jeremy Grabbe, PhD, a psychology professor at the State University of New York (SUNY) Plattsburgh, found a unique way to engage his 7-year-old triplets during stay-at-home orders: co-authoring a research paper. "Trustworthiness of Online COVID-19 Preventative Messages." The paper—which is not for peer review, only posted on his website—explores how a source of COVID-19 information influences whether people find that information trustworthy. His children—Regina, Alexander and Daniella—helped design the study and graphed the results (in crayon). "It was a fun little study that showed how people view messages of preventing COVID-19, and the triplets and I were able to do something together," Grabbe told the SUNY Plattsburgh news office.

Texas A&M University and its Association of Former Students has awarded **Krystal T. Simmons, PhD,** a Distinguished Achievement Award for her work in student engagement. Simmons, a clinical professor of educational psychology, studies ethnic/minority consideration in crisis prevention and intervention, disruptive behavior disorders, and parent involvement in education.

Five researchers have won Early Career Impact Awards from the Federation of Associations in Behavioral and Brain Sciences: **Neil Cohn, PhD,** of Tilburg University, for research on how readers conceptualize drawings and understand comics; **Lisa K. Fazio, PhD,** of Vanderbilt University, for research on how to mitigate the effects of reading false information and how to increase classroom learning; **Adam Gerstenecker, PhD,** of the University of Alabama–Birmingham, for research on the effects of inflammation on hippocampal internal architecture, cognition and daily functioning in neurodegenerative disorders; **Bridget L. Callaghan, PhD,** of the University of California, Los Angeles, for research on how early life experiences influence interactions between physical and mental health across the life span; and **David G. Rand, PhD,** of the Massachusetts Institute of Technology, for research on why people believe misinformation and how to motivate people to cooperate with each other.

Erika H. James, PhD, is the new dean of the Wharton School of the University of Pennsylvania as of July 1, the first black and first female dean in the school's history. She had been dean of the Goizueta Business School at Emory University, and is known for her commitment to cross-disciplinary collaboration.

The American Academy of Arts & Sciences has named 10 psychologists to its newest class of members in honor of their exceptional scholarship, innovation and leadership. The new members are: **Ana Mari Cauce, PhD,** University of Washington; **Edith Chen, PhD,** Northwestern University; **Geraldine Dawson, PhD,** Duke University; **Dacher Keltner, PhD,** University of California, Berkeley; **Sarah Mangelsdorf, PhD,** University of Rochester; **Gregory L. Murphy, PhD,** New York University; **Seth D. Pollak, PhD,** University of Wisconsin–Madison; **Suparna Rajaram, PhD,** Stony Brook University; **Jennifer A. Richeson, PhD,** Yale University; and **Joshua B. Tenenbaum, PhD,** Massachusetts Institute of Technology.

Five psychology researchers are among the new members elected to the National Academy of Sciences, recognized for their achievements in original research. They are: **Randall Engle, PhD,** Georgia Institute of Technology; **Susan Goldin-Meadow, PhD,** University of Chicago; **Elke U. Weber, PhD,** Princeton University; **Janet F. Werker, PhD,** University of British Columbia; and **Timothy Wilson, PhD,** University of Virginia. ■

STUDYING VAPING BEHAVIOR TO IMPROVE PUBLIC HEALTH

At the Center for the Study of Tobacco Products, psychologists partner with chemists, engineers and other researchers to understand how e-cigarettes work—insights that will inform future regulation

BY KIRSTEN WEIR

How much nicotine is in an electronic cigarette? That depends on your address. In the European Union, regulations require e-cigarette liquids to contain no more than 20 mg per mL. In the United States, the liquid might contain two or even three times as much nicotine. Now, American legislators are considering similar regulations limiting the nicotine in vaping liquid in an effort to protect public health.

That would be a big mistake, says Tom Eissenberg, PhD, a professor of psychology at Virginia Commonwealth University (VCU) and co-principal investigator at VCU's Center for the Study of Tobacco Products (CSTP). "On its surface, it makes sense. But such regulation won't achieve its intended goal, and will probably harm people," he says.

The reasons have to do with the way e-cigarettes are designed. The devices use a heating element to aerosolize an inhalable liquid containing nicotine, solvents and, often, flavorings. But the devices are available in different wattages, and some devices allow users to turn up the power settings, which results in more vapor and a bigger hit of nicotine. "Users can get around the restrictions on nicotine by increasing the power," explains Alison Breland, PhD, an assistant research professor of health psychology at VCU and co-principal investigator at the CSTP.

Research from the CSTP team suggests that when nicotine levels in e-cigarette liquid are low, users are likely to ramp up a device's power to compensate. In the process, the overheated liquids break down into harmful by-products such as the carcinogen formaldehyde. In other words, limiting nicotine levels without understanding how that might affect user behavior could backfire in a dangerous way.

"Limiting nicotine drives addicted people to use high-powered vaping devices, which emit more nicotine and more toxicants," Eissenberg says. "It's an example of a regulation that should have been tested in a laboratory first."

That's where the CSTP comes in. The multidisciplinary center's central mission: to test the likely outcomes of potential regulations and provide the U.S. Food and Drug Administration (FDA) with data to inform future regulatory action. It's a collaborative effort, with more than three dozen faculty and staff from psychology, engineering, chemistry, public health and other fields.

"We want to understand what these products do, how much nicotine and other toxicants they deliver, and how users' behavior influences what they're exposed to," Breland says. "The FDA can put regulations in place to protect public health, but they're looking for scientific evidence to back them up. Our goal is to give the FDA information to help them make the right regulations."

RESEARCH FOCI

The Center for the Study of Tobacco Products is:

1. **Studying how e-cigarette emissions of nicotine and toxicants will be influenced by various regulatory actions.**
2. **Collecting behavioral data to test hypotheses about e-cigarette use to predict how potential regulatory action might affect user behavior.**
3. **Predicting how various regulatory actions will affect the potential for people to misuse or become dependent on e-cigarettes.**

THREADING THE NEEDLE

The popularity of e-cigarettes in the U.S. marketplace is soaring—especially among young people. The number of high school students who reported vaping nicotine in the past month rose sharply between 2017 and 2019, according to preliminary data from the University of Michigan's long-running Monitoring the Future survey (Miech, R., et al., *The New England Journal of Medicine*, Vol. 381, No. 15, 2019). That report found, for instance, that more than a quarter of 12th graders reported past-month vaping in 2019, compared with 11% two



DIEGO_CERVO/GETTY IMAGES

years earlier. Another 2019 study found 27.5% of high school students and 10.5% of middle schoolers reported they had used e-cigarettes (Cullen, K.A., et al., *JAMA,* Vol. 322, No. 21, 2019).

At the same time, a spate of lung injuries and deaths associated with vaping has brought increased public attention to these products and highlighted how little researchers still know about their potential impact on users' health, and how they should be regulated.

Proponents maintain that e-cigarettes are a less harmful alternative to traditional cigarettes since they can contain fewer dangerous contaminants than tobacco smoke and may serve as a transitional product to help smokers eventually quit nicotine altogether. But others raise concerns that e-cigarettes could be harmful if they undermine people's attempts to quit smoking, or encourage nonsmokers to start using nicotine.

"We are all trying to thread this needle of having products on the market that are hopefully lower harm than combustible cigarettes, [but not] enticing to naive users," says Andrew Barnes, PhD, an associate professor of health behavior and policy at VCU and a member of the research team.

Hoping to help regulators strike that balance, the team is tackling a broad set of questions about how e-cigarettes work, how much nicotine and toxicants they deliver, and how people are using them. To answer those questions, the VCU team has partnered with researchers at institutions including the American University of Beirut in Lebanon, Johns Hopkins University, the University of Arkansas for Medical Sciences, the University of Southern California and the University of Oklahoma Health Sciences Center.

Regulations that limit nicotine levels without taking into account how people use e-cigarettes can backfire, exposing people to even more harmful toxicants.

The collaboration developed in the aftermath of a 2009 law granting the FDA authority to regulate tobacco. Realizing the agency needed science to guide its regulatory efforts, the FDA joined with the National Institutes of Health (NIH) to create the Tobacco Centers of Regulatory Science (TCORS) at

● **"Lab Work"** illuminates the work of psychologists in research labs. To read previous installments, go to www.apa.org/monitor/digital and search for "Lab Work."

research institutions throughout the country. Eissenberg had been studying tobacco products since 1999, and he jumped at the chance to get involved. In 2013, the CSTP was launched with a five-year, $18.3 million TCORS grant.

In its first five years, the center focused on studying how e-cigarettes and tobacco products function and how people use them. With its second round of funding—a five-year, $19.7 million TCORS grant awarded in 2018—the researchers are building on that earlier work to predict the effects of potential regulations, such as those limiting e-cigarette nicotine levels or power settings.

Predicting the outcomes of e-cigarette regulations is tricky, because the devices and their users vary so much. The amount of nicotine and toxicants that an e-cigarette delivers depends on a combination of the device design, the content of the liquid, and user behaviors such as the rate at which users puff and how long they inhale. Putting together all of those pieces requires a transdisciplinary effort, and the CSTP has embraced the team approach. In 2018, the center won the APA Prize for Interdisciplinary Team Research, which included $5,000 to put toward their continuing research efforts.

While engineers and analytical chemists have examined the designs of different kinds of e-cigarettes and developed specialized equipment to measure the exact length, volume and rate of people's puffs, psychologists focus on factors that influence individual behavior, as Breland, Eissenberg and colleagues described in a 2019 article about their multidisciplinary model (Breland, A., et al., *American Psychologist*, Vol. 74, No. 3, 2019).

Psychology is no more important than other disciplines in the partnership, Eissenberg stresses, but it does bring an essential perspective to the research. "Addiction is a disease of behavior, and psychologists should be on any team that is involved with trying to understand and regulate an addictive behavior," he says.

POTENTIAL FOR ABUSE

In one key example of the importance of behavioral research, the team found that experienced e-cigarette users are able to get more nicotine from a puff of an advanced-generation e-cigarette than they'd typically get from a tobacco cigarette (Hiler, M., et al., *Experimental and Clinical Psychopharmacology*, Vol. 25, No. 5, 2017). The earliest e-cigarettes had previously been found to emit little if any nicotine, Breland says, but this study showed that newer devices are a different story. "That was a key finding, showing that these later-generation devices have the ability to deliver quite a lot of nicotine."



Drs. Alison Breland (seated), Caroline Cobb, Andrew Barnes and Thomas Eissenberg study e-cigarettes at the Center for the Study of Tobacco Products at Virginia Commonwealth University.

THOMAS KOJCSICH

The nicotine delivery rate is known as "nicotine flux," and it's something the research team is very interested in, Breland says. As far as public health is concerned, it's what ends up in a user's body that counts. For that reason, regulating nicotine flux could be more effective than regulating the amount of nicotine that can go into the device, as the European Union has done.

The team is now undertaking lab studies to see what happens when nicotine flux is limited. They're studying physical responses, such as the frequency and volume of puffs and how much nicotine is delivered to the bloodstream, as well as emotional and behavioral factors, such as how well different products relieve cravings and how pleasant they are to use.

"Those things end up being more important than you might imagine. If a product doesn't reduce cravings, people won't use it. On the other hand, if you have a product people love, you're looking at the potential for abuse," Breland says.

Some team members are taking other approaches to studying "abuse liability," or the potential for people to become dependent on e-cigarettes. In one study, Barnes and Caroline Cobb, PhD, an assistant professor of psychology at VCU, have recruited smokers and e-cigarette users to vape various products in their lab. As one indicator of abuse liability, the researchers will measure how hard participants are willing to work—by



More than a quarter of 12th grade students reported vaping in the past month in 2019, up from 11% in 2017.

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pressing a space bar key—to earn puffs from a given e-cigarette condition. The premise is that participants will work harder (press the key more often) to access more desirable conditions.

"Our preliminary data show people are working harder for the low-nicotine and high-watt condition," Barnes says, suggesting that such a combination—in which higher wattage results in higher nicotine flux—may present a greater risk of addiction.

Ultimately, the researchers hope to identify a nicotine flux range that would deliver nicotine fast enough to satisfy smokers (so that they would be more inclined to switch from tobacco to less harmful e-cigarettes), but not so satisfying that it would increase their nicotine cravings or hook new users. The goal, Eissenberg adds, is that the FDA could require e-cigarettes to operate within that range. "We're trying to find the sweet spot for nicotine delivery," he says.

Another CSTP team member, Joanna Cohen, PhD, of the Bloomberg School of Public Health at Johns Hopkins University, has launched a survey of 1,200 e-cigarette users. Participants will be surveyed every three months about their use of e-cigarettes and other tobacco products to understand how their behaviors are changing as regulatory changes occur.

The survey will ask how users are reacting to the federal ban on fruit and mint flavors in e-cigarettes that use cartridges (like the JUUL vaping device). Will users vape less? Or will they switch to potentially more harmful combustible cigarettes or open-system e-cigarettes that allow them to add their own flavors?

Understanding such responses is critical for ensuring regulations benefit public health without creating unintended consequences, Cohen says. "That allows regulators to close policy loopholes, maximize the individual and public health benefits from their policies and minimize the harms."

The CSTP researchers aren't privy to the FDA's future regulatory plans, Breland says, but the team has made some recommendations based on their findings so far. One is the recommendation to restrict open-system vaping devices. In open systems, people can pour in any liquid they like, meaning it can contain any amount of nicotine, additives or flavor compounds. The power settings in such devices also vary widely, some reaching as high as 200 watts. Closed systems use premeasured pods of nicotine liquid, and operate at about 8 watts—meaning users can't turn up the power to levels that will overheat the liquid and produce dangerous by-products.

"In closed systems, users pop in a pod of liquid that ideally has some quality control and could be regulated in a way that users know what's going into it. People can't modify the liquid, and their ability to modify the power settings is very limited," Breland says. Those limits mean it's much more practical to regulate nicotine flux within a closed system.

For now, though, e-cigarettes and their nicotine liquids vary dramatically in design, power and nicotine flux, making the industry a bit like the Wild West, Eissenberg says. "I see that continuing unless someone gets ahold of it and reins it in." But he's buoyed by the fact that the FDA is looking to the research to guide its decisions. "Data will drive effective regulation," he adds. ■

FURTHER READING

Reasons for Transition From Electronic Cigarette Use to Cigarette Smoking Among Young Adult College Students
Hiler, M., et al.
Journal of Adolescent Health
2020

What Factors Reliably Predict Electronic Cigarette Nicotine Delivery?
Blank, M.D., et al.
Tobacco Control
2019

Electronic Cigarettes: What Are They and What Do They Do?
Breland, A., et al.
Annals of the New York Academy of Sciences
2017

Joanna Broder contributed to this report.

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ILLINOIS

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In addition to an application letter, enclose a curriculum vitae and arrange to have three letters of recommendation sent to the search committee. Send applications to: Search Committee, Attention: Sandra Maislen, Division Director, Division of Developmental Medicine, Fegan 10, Boston Children's Hospital, 300 Longwood Ave., Boston, MA 02115.

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FORENSIC PSYCHOLOGIST/FACULTY: The Department of Psychiatry and Behavioral Sciences at University of New Mexico Health Sciences is accepting applications for an academic faculty forensic psychologist, suitable for appointment at the rank of Assistant or Associate Professor. Broad-based forensic skills to include knowledge of the law in relation to clinical practice are central to this position. The position will work extensively with criminal justice agencies and the New Mexico Human Services Division, delivering forensic behavioral health assessments, and be responsible for a range of duties related to legal proceedings, including analysis of legal issues and how they stand within the legal jurisdiction in question, and using a research-based approach to answer legal questions or problems. This position will include a combination of research/scholarly activities, educational activities to include the management of the existing forensic post-doctoral program and the ability to participate in direct forensic services in the community. For complete details about this position and to apply, access https://unm.csod.com/ux/ats/careersite/18/home/requisition/11886?c=unm.

NEW YORK

CLINICAL PSYCHOLOGIST, PHD/PSYD, NYS OR CT LICENSED: Become a Geropsychologist. Rewarding population, collegial atmosphere, flexible schedule, supportive supervision (as needed). Now hiring in the Bronx, Brooklyn, Westchester, New York and Fairfield County, Connecticut. Contact Dr. Pat Tomasso: ptomasso@agingmattersny.com.

RHODE ISLAND

PROFESSOR RESEARCH: Psychology Position is full-time calendar year, non-tenure-track, limited to 4-30-2021 with anticipated renewal. Direct federally funded projects in public health, health services and clinical outcome studies with focus on substance use, mental health and health broadly defined in high-risk social service, forensic and intensive outpatient settings serving adults and youth. Visit the URI jobs website at https://jobs.uri.edu to apply and view complete details for posting (F00197). Attach the following three (PDF) documents to your online Faculty Employment Application: (#1) Cover Letter, (#2) Resume, and (#3) "Other Document" – names and contact information of three professional references. Application deadline: The search will remain open until the position has been filled. First consideration will be given to applications received by July 1, 2020. Second consideration may be given to applications received by September 30, 2020. Applications received subsequent to second consideration date (September 30, 2020) may not be given full consideration. Applications must be submitted online only. The University of Rhode Island is an Affirmative Action/Equal Opportunity Employer. Women, persons of color, protected veterans, individuals with disabilities, and members of other protected groups are encouraged to apply.

POST-DOCTORAL FELLOW: Psychology University of Rhode Island announces the availability of a Postdoctoral Fellowship in health sciences research. Gain training in NIH-funded research with experienced faculty. Training available in grant-writing, manuscript preparation, implementation science, treatment development, data analysis. Mentorship to become an independent investigator with skills for collaborative, multidisciplinary research. Participate in NIH proposal development and execution. This is a productive addictions research lab with continuous federal funding for over 20 years. Collaborate in dynamic research environments and with fabulous community partners (e.g., corrections, school, and community health settings). Opportunities for clinical work and teaching. Areas of focus: Underserved settings and diverse populations, health behaviors (especially substance use), treatment outcomes, implementation science and systems-change, assessment development, use of technology and more. Most recent funding is under JCOIN, which is part of the NIH HEAL initiative. This is an exciting multi-site study with academic partners from around the country (Yale, Temple, Brown, Indiana and George Mason Universities, to name a few). Excellent opportunity for networking, growth and more. Position is full-time

calendar year, limited to 6-19-2021 with anticipated renewal. Visit the URI jobs website at https://jobs.uri.edu to apply and view complete details for posting (SF00944). Attach only the following three (PDF) documents to your online Employment Application: (#1) Cover letter/Letter of Application, (#2) Resume and (#3) "Other Document" – the names and contact information of three professional references. Application deadline: The search will remain open until the position is filled. First consideration will be given to applications received by July 30, 2020. Second consideration may be given to applications received by October 1, 2020. Applications received subsequent to the second consideration date (October 1, 2020) may not be given full consideration. Applications must be submitted online only. The University of Rhode Island is an Affirmative Action/Equal Opportunity Employer. Women, persons of color, protected veterans, individuals with disabilities, and member of other protected groups are encouraged to apply.

TEXAS

PRIVATE PRACTICE NEUROPSYCHOLOGIST, PSYCHOLOGIST, PROVISIONALLY LICENSED PSYCHOLOGIST: Providers needed in Dallas, Texas, to provide services in nursing homes, memory care, skilled nursing, and assisted living. Additional locations available for nursing home work. Opportunities are available in our outpatient private practice offices if desired, including Brief Mental Status Exams. The Ludden Group, P. C., is a Christian private practice group including psychologists, a psychiatrist, LPCs, an LCSW, and Externs, outpatient practice located in Rockwall, Texas, 25 miles east of the Dallas Metroplex. Additional locations include Ennis, Terrell, and Greenville. The Ludden Group is seeking psychologists for a long-term position, Full or Part-Time. Duties will include diagnostic assessments, testing, and weekly psychotherapy with the Geriatric population. Services also available in the Ludden Group's outpatient private practice where we treat patients throughout the life span. Areas served: Rockwall, Farmersville, Greenville, Terrell, Dallas, and Ennis. The Ludden Group, P.C. is well established with over 35 years' experience. Send your curriculum vitae and any questions to Dr. Linda Ludden, Ed.D, Texas Licensed Psychologist, lindaluddensivils@gmail.com., (214) 403-7266. Our website is www.theluddengroup.com.

VIRGINIA

CLINICAL PSYCHOLOGIST: Cape Fox Facilities Services (CFFS) is seeking Top Notch Clinical Psychologist for an awesome opportunity. We have: 1. Regional Psychologist based out of Fort Belvoir, Virginia, with travel requirement (international and domestic) depending on the region. 2. Clinical Psychologist Location Buckley AFB, CO 3. Clinical Psychologist Location Fort Made, Maryland. Requirements: Degree: Doctor of Philosophy (PhD) or Doctor of Psychology (PsyD). Education: Graduate from an American Psychology Association–accredited college or university with a doctoral degree in clinical or counseling psychology. Internship: Successful completion from an internship in psychology accredited by the American Psychological Association. Minimum of six (6) years full-time counseling experience post-licensure. Core Duties: Conduct psychological evaluations utilizing information from clinical interviews, psychological testing, and collateral sources, as appropriate. Provide psychological treatment for individuals and groups; help medical and surgical patients deal with illnesses or injuries. Establish psychiatric diagnoses according to the American Psychiatric Association Diagnostic and Statistical Manual of Disorders. Assist in rehabilitation of patients Experience Minimum of six (6) years full-time counseling experience post-licensure; documented counseling supervision, oversight, and management experience. Experience in behavioral interventions, critical incident event management, public speaking, and case management. Security Clearance: Top Secret with SCI eligibility. Knowledge/Skills: Ability to practice at the independent level without requiring state-mandated clinical supervision and demonstrate a working knowledge of professional standard and ethics requiring delivery of psychological services. Ability to effectively communicate with individuals and groups of diverse backgrounds, including enlisted personnel, officers, senior military and civilian leadership, spouses and other family members. Well versed in crisis debriefing, traumatic event counseling, individual and family counseling, case management, and training. Ability to develop, prepare, and present formal briefings and speeches to leadership. Understanding of the military lifestyle and culture is highly desirable. Clinical Psychologist 1 (Region 1) – Travel to: Ft. Meade, Maryland, Washington, D.C., and Denver, Colorado. Clinical Psychologist 2 (Region 2) – Travel to: Fort Gordon, Georgia, Ft. Sam Houston, Texas, San Antonio, Texas, and NSA Georgia. Clinical Psychologist 3 (Region 3) – Travel to: Schofield Bks, Hawaii, Camp Zama, Japan, Wiesbaden, Germany, Vicenza, Italy, and Seoul-Yongsan, South Korea. Clinical Psychologist 4 (Region 4) – Travel to: Provide support to other psychologists. Travel Time: The Regional Psychologists shall be required to visit each designated location within their area of responsibility for the purpose of providing supportive services, briefings and/or data collection. For domestic travel, the Psychologist shall spend three days at each location per trip and for international travel, the Psychologist shall spend five days at each location per trip. This travel schedule does not include special travel for critical incident events, requested training, or attendance at leadership conferences specified by leadership. Cape Fox Corporation, its subsidiaries and affiliates provide equal employment opportunities to all persons and prohibit employment decisions on the basis of race, religion, color, creed, national origin, sex, age, disability, political affiliation, protected veteran status, or sexual orientation. Cape Fox Corporation, its subsidiaries and affiliates offer preference to Cape Fox Corporation shareholders, descendants and other Native Americans pursuant to Public Law 100-241. Contact: mukuku@capefoxss.com.

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BY TORI DEANGELIS



TINA FIELDS/GETTY IMAGES

SEXUAL MINORITY TEENS AND SUICIDE

High school students were almost twice as likely to identify as lesbian, gay, bisexual or questioning in 2017 as they were in 2009. Among those students, the rate of suicide attempts declined—but still remains high.

14.3%

The percentage of high school students who identified as **sexual minorities** in 2017, compared with **7.3%** in 2009. The data are from the only six states that collected sexual orientation data on high school students throughout that time frame—Delaware, Illinois, Massachusetts, Maine, North Dakota and Rhode Island—resulting in information on 110,243 adolescents.

2.8%

The percentage of teens who identified as **gay or lesbian** in 2017, compared with **1.4%** in 2009. More teens also identified as **bisexual** (7.2% in 2017 versus 3.9% in 2009) and being **unsure** of their sexual orientation (4.3% in 2017 versus 2.0% in 2009). Meanwhile, **teen girls** in 2017 were more than twice as likely to identify as sexual minorities as teen boys—19.6% compared with 8.9%.

20.1%

The percentage of sexual minority teens who reported **attempting suicide** in 2017, compared with **26.7%** in 2009. Suicide attempts among heterosexual teens remained the same over that time, at **6%.** In other words, sexual minority students were **3.8 times** more likely to report attempting suicide in 2017 than were heterosexual teens, compared with **5.2 times** more in 2009.

Source: Raifman, J., et al. (2020). Sexual orientation and suicide attempt disparities among U.S. adolescents: 2009–17. *Pediatrics.* Available at https://doi.org/10.1542/peds.2019-1658.

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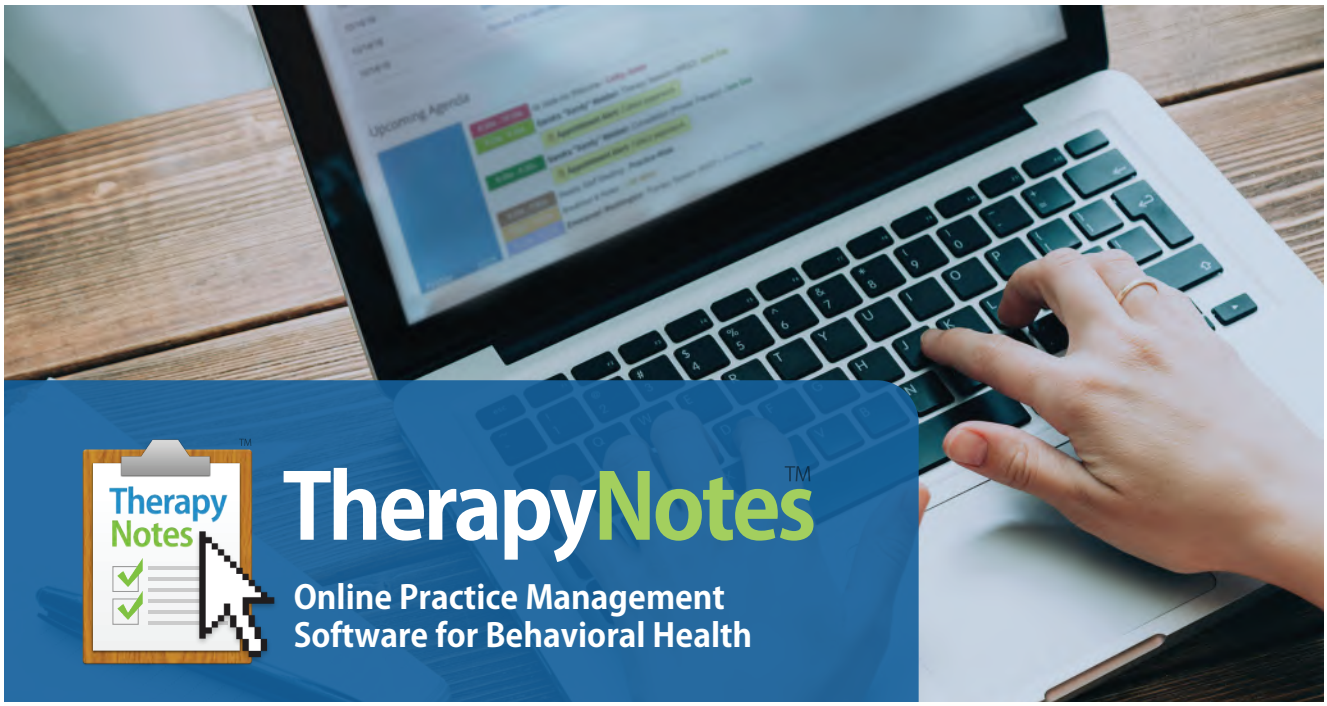
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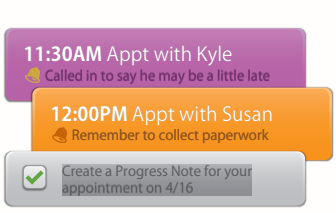
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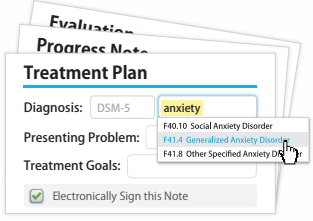
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