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monitor on psychology

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SPECIAL: COVID-19 AND THE NEW SCHOOL YEAR

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BACK TO SCHOOL DURING COVID | CODING UPDATE | RACISM TOWN HALLS | PRESURGICAL ASSESSMENTS

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Youth mental health was a growing concern pre-COVID. Now, the repercussions of COVID-19 are shining a light on the critical need for school-based services.

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Millions of students ended the last academic year doing distance learning. The unplanned experiment has underscored the disparities in education.

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Even before the pandemic, there weren't enough counseling services to meet the needs on college campuses. What happens now?

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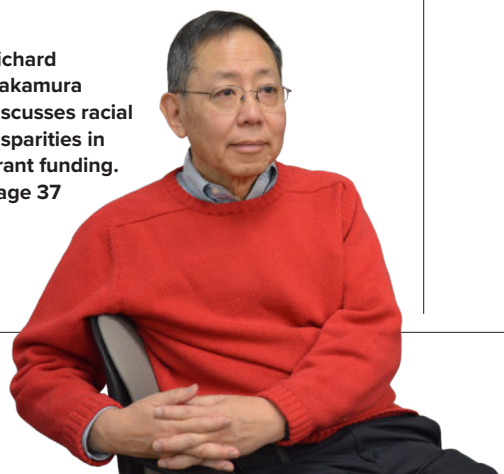
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Richard Nakamura discusses racial disparities in grant funding. Page 37

CAREER

NEW TOOLS FOR CONNECTING WITH PATIENTS OF COLOR

With 86% of practicing psychologists being white, people from underrepresented communities are often unable to find providers who look like them or share their cultural experiences. To address this need, several psychologists have launched innovative platforms that increase the visibility of providers of color. *See page 68*



CE CORNER: PRESURGICAL ASSESSMENTS

"Patients and sometimes practitioners, too, think that our role is a gatekeeping one—saying thumbs-up or thumbs-down. [But] it's exceedingly rare that someone is not deemed to be a good surgical candidate because of psychological reasons."

Leslie Heinberg, PhD, vice chair for psychology in the Cleveland Clinic's department of psychiatry and psychology. See page 40

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EMBRACING UNCERTAINTY

This time of unprecedented upheaval offers psychologists the chance to lead with flexibility, trust, clarity and purpose

BY SANDRA L. SHULLMAN, PhD, APA PRESIDENT

My research passion for the last 15 years has been studying the best ways to lead under uncertain conditions. But the massive disruptions we find ourselves in—the coronavirus pandemic, the Black Lives Matter movement highlighting centuries of racial and social injustices, and a volatile, inequitable economy—have given new meaning to the term "uncertain." In my own case I've learned to be virtual president of a virtual organization and have undergone three surgeries in a highly compromised health-care system. Like every other psychologist, I'm learning to operate in a radically changed context even as others depend on us to find the way forward.

How can psychologists—learning leaders—lead with integrity during these unsettled times? A new book by organizational psychology researchers Richard Plenty and Terri Morrissey, "Uncertainty Rules?," provides insights that I have also found in my own research:



APA President Dr. Sandra L. Shullman

KIRK IRWIN

■ **Take personal responsibility.** Good leaders don't blame others when things go wrong—they figure out creative solutions. Many colleagues have said to me, "I'm sorry you had to be APA president this year." I'm not. I see this time as an unexpected opportunity to further define myself as a leader and APA as a high-impact organization that shares our field's best offerings for the common good.

■ **Focus on what *can* be done.** While I rarely left home this year, I was surprised and pleased to find that I worked more closely with international colleagues than ever before. If we think creatively, canceled trips, events and other opportunities can translate into new ways of collaborating.

■ **Maintain a sense of purpose.** Every day I reflect on how psychology can best help people and society during a time of massive uncertainty. That keeps me focused on positive solutions instead of negative thinking.

■ **Invest in relationships with people you trust.** As APA president, I've seen a deep well of talent in APA members and staff. Our shared commitment to a greater good has deepened my sense of trust. It's more important than ever to nurture collaborative and diverse relationships so we maintain our ideals and find new ways forward. ■

● **Find APA resources** related to COVID-19 at www.apa.org/topics/covid-19.

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



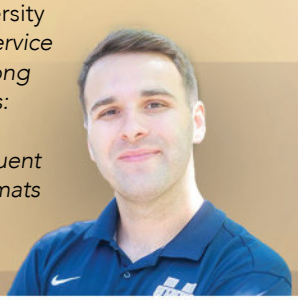


Erika Esposito
Graduate Student, University of Rochester
Suicide Risk Among Transgender Youth: A Multimethod, Multi-informant Examination of Gender Identity



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



AMERICAN PSYCHOLOGICAL FOUNDATION

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

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

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

AMERICA IN CRISIS: PSYCHOLOGY HAS ANSWERS

The multifaceted crises facing the nation highlight the critical need for psychologists' expertise

BY ARTHUR C. EVANS JR., PhD

Psychological research and interventions—and the application of that work to real-world challenges—have never been more critical than now as we face today's complex constellation of crises and the behaviors that underlie them. The COVID-19 pandemic starkly illuminates how much work our nation needs to do to provide better care for its citizens, not only in reducing the spread of the coronavirus, but in easing the extreme stress, trauma and grief that accompany it. Our country must collectively recognize the insidious social and systemic issues that undermine our health, from racist and biased behaviors, to the widening gap between haves and have-nots, to rising rates of stress and much more.

APA's *Stress in America* poll offers us a glimpse of the anxiety and fear people are experiencing around COVID-19 and the resulting uncertainty in our economy and politics. More than 80% of Americans report the nation's future as a significant source of stress.



APA CEO
Dr. Arthur C. Evans Jr.

SCOTT SUCHMAN

In the face of these challenges, psychology offers hope: As experts in human behavior, psychologists have the skills and expertise to address these issues. Guided by the tenets of our strategic plan, APA is harnessing this psychological knowledge, sharing it and applying it in many ways. Examples include:

- **Helping public officials address collective trauma in their communities** through an understanding of additive stress, empathic leadership and clear communication.
- **Addressing racism in new and systematic ways**, including using science on bias, equity, diversity and inclusion to help others make meaningful change and address processes within APA and the field that perpetuate racism.
- **Assisting students and teachers with virtual learning**, with free use of APA learning and teaching resources, access to psychology lesson plans, and information on defending a dissertation virtually.
- **Ensuring access to psychological services for vulnerable populations** through efforts to expand eligibility for telehealth and how it can be provided—during the pandemic and into the future.
- **Tapping into and sharing the expertise and resources of our international colleagues** to address COVID-19's ramifications, including cognitive deficits, increased domestic violence and anxiety.

APA has also developed many other COVID-19 resources for psychologists and the public, many in consultation with other organizations and our member experts.

It has never been more important for psychology to share, translate and apply its expertise, and more heartening to see so many psychologists stepping up to this challenge. In taking on the broad range of issues before us, we have an opportunity for impact at a whole new level. ■

The Hot List

HERE'S HOW YOU CAN CONFRONT RACISM

Psychology has an essential role in ending systemic racism by helping people understand the damage racism, bias and discrimination cause and how to counteract it. Learn how you can play your part with a wealth of resources on **APA's racism prevention hub** at **www.apa.org/topics/racism-bias-discrimination**, offering the latest research findings on bias and racism, including insights on ways to improve policing, and resources to inform the conversations we have on race. Share your thoughts and recommendations on how psychology can help dismantle systemic racism at **https://pages.apa.org/pandemic-of-racism.**



LEARN THE CANDIDATES' GOALS & PRIORITIES

The five candidates for **APA's 2022 president** are answering six questions on important topics for psychology at **https://on.apa.org/President-elect**. Voting begins Sept. 15. Send questions about the election to **elections@apa.org**.

BEST WAYS TO PROMOTE STRENGTH IN YOUTH OF COLOR

APA's **RESilience Initiative** guides parents on how to help children of color develop strong identities and process negative experiences with racism and discrimination. Find dozens of tips, articles and books on race and ethnicity at **www.apa.org/res**.





TECHNOLOGY, MIND & SOCIETY EVENT GOES VIRTUAL

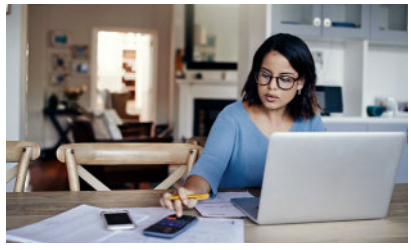
APA's annual showcase for emerging research and innovation on the critical role psychology plays in human and technology interaction **will be held virtually in November.** Learn about keynote speakers and sign up to receive updates at **https://tms.apa.org.**

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Hundreds of presentations on new research and ways to advance your career from **APA 2020 Virtual** are available to stream at **https://convention.apa.org**. Convention registrants can access all presentations until Aug. 1, 2021.

HOW TO STAY ON TRACK DURING A PANDEMIC

APA is hosting webinars for students, postdocs and early career psychologists on pandemic-related career topics such as managing grants and research during COVID-19 and submitting manuscripts in an increasingly competitive environment. Watch at **https://pages.apa.org/staying-on-track**.



STAY INFORMED **APA's COVID-19 resources for psychologists and the public are at www.apa.org/topics/covid-19.**

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In Brief

THE LATEST PEER-REVIEWED STUDIES WITHIN PSYCHOLOGY AND RELATED FIELDS



OLIVIER DOULIERY/AFP VIA GETTY IMAGES

Some Protestor Tactics Work Better Than Others

While extreme protest tactics can bring more attention to a cause than moderate ones, they are more likely to undermine a movement's popular support by alienating both neutral observers and supporters, suggests an article in the *Journal of Personality and Social Psychology*. Researchers conducted six online studies with 3,399 U.S. participants to assess how different types of protest behaviors influenced support for a variety of progressive and conservative social causes, including the Black Lives Matter movement and the anti-abortion movement. The study found that more extreme behaviors—such as the use of inflammatory rhetoric, blocking highways and vandalizing property—were viewed as immoral. This perception weakened social identification with the movement, resulting in reduced support, even among those sympathetic to the cause. DOI: 10.1037/pspi0000230

MORAL CLEANSING

People who publicly misbehave while being privately virtuous are seen as hypocritical, especially when their behaviors are inconsistent, suggests research in the *Journal of Personality and Social Psychology.* Across three studies, researchers presented 783 participants with vignettes about people publicly associated with harmful organizations who then act righteously in private. In some cases, these private acts appeared inconsistent with the individual's public behavior—such as the owner of a factory farm making anonymous donations to improve animal welfare. In other cases, they did not—such as the same owner donating to help students attend college. In both cases, the owner is seen as hypocritical, but more so in the inconsistent scenario. In another study,



409 online participants reading similar vignettes suggested that such inconsistent behavior is likely driven by guilt. A final online study of 1,275 participants found that the more success individuals had in reducing their guilt, the more they were seen as hypocritical.

DOI: 10.1037/pspa0000195

Student loans undermine our happiness more than mortgages or credit card debt, research shows.

Playing video games doesn't lead to long-term mental health problems for most kids, a study finds.



CRUSHING DEBT

Student loans diminish happiness more than mortgages or credit card debt, suggests research published in the *Journal of Experimental Psychology: Applied.* Using survey data from 3,793 adults in the United States, as well as in-person and online studies of 2,015 adults, researchers determined participants' forms of debt and their levels of life satisfaction. The research found a negative correlation between student loans and happiness, but not for mortgages or credit card debt. A separate online study with 1,008 participants revealed that people were more likely to label student loans as "debt" compared with mortgages and credit card loans. Another online study with 608 participants showed that people who were nudged to mentally label their student loan as debt had less life satisfaction than those who were encouraged to think about ways it was *not* a debt, but rather, say, an investment.

DOI: 10.1037/xap0000276

DOES GAMING HURT KIDS?

Most adolescents don't experience negative long-term consequences from playing video games, according to research in *Developmental Psychology.* Researchers asked 385 U.S. adolescents who played video games to complete questionnaires about their emotions and behaviors once a year over a six-year period. The researchers found 72% of the participants had few pathological symptoms—such as excessive gaming

TOP: CHAIRBOY/GETTY IMAGES. BOTTOM: SCREEN POST/UNSPLASH



FIZKES/GETTY IMAGES

and interference of gaming with other activities—across the six years. Further, 18% of participants started with moderate symptoms that did not change over time, and 10% showed increasingly pathological symptoms over time. Predictors of increasing video game pathology included being male and having low levels of prosocial behavior. Participants with increasing symptoms also showed increases in depression, anxiety, aggression, shyness and problematic cell phone use.

DOI: 10.1037/dev0000939

MOM CAN'T HIDE HER STRESS

A mother's stress rubs off on her children, even if she tries to hide it, suggests research in the *Journal of Family Psychology.* U.S. researchers fitted 107 parents and their children ages 7 to 11 with electrocardiogram sensors to measure sympathetic nervous system activation. Parents were separated from their children and asked to complete a stressful task such as public speaking. The stressed parents were then assigned to either a "suppression" condition, in which they were instructed to hide their stress from their children, or a control condition. Upon the parents being reunited with their children, trained observers rated the interactions between them. The researchers found that parents and children in the suppression condition were less warm and less engaged with each other. There was also a significant link between a mother's physiological stress and that of her children—a link that was not seen in the control group. Also, stress wasn't transmitted from fathers to children in the suppression condition, but dads did pick up stress from their kids.

Even when a mom tries to hide her stress, her children see it—and take it on.

DOI: 10.1037/fam0000664

CONTAGIOUS COOPERATION

People are motivated to do good deeds when they see someone else perform a helpful act, according to research in *Psychological Bulletin.* Analyzing 88 studies with 25,354 participants, researchers found that people generally tended to mirror others' generosity, across different types of helping behaviors and different types of people in need of help. People in Asian countries were most likely to emulate others' helping behaviors, followed by European, then North American countries. The researchers also found that people were more



KATE ADE/ONGETTY IMAGES

motivated to help after witnessing other people benefit from an act of kindness than when they themselves benefited, suggesting that adopting others' prosocial goals outweighed other potential self-beneficial motives, such as being helpful as a way to show gratitude.

DOI: 10.1037/bul0000235

STRONGER EGO, FEWER NIGHTMARES

People who are high on the psychoanalytic construct of ego strength are less likely to experience nightmares, according to research in *Dreaming*. Those with high ego strength are better able to tolerate unpleasant emotions and adapt to stressful situations. Researchers administered three surveys to 416 U.S. undergraduate students.

If you have a strong ego, you're less likely to have nightmares, a study finds.

They found that students who scored higher on a measure of ego strength tended to have fewer nightmares compared with students who scored lower. The researchers also found that ego strength was a better predictor of nightmare frequency than neuroticism or general psychological distress.

DOI: 10.1037/drm0000118

YOUNG AND LONELY

Young people, men and people living in societies that prize individualism each report higher levels of loneliness, according to research in *Personality and Individual Differences*. Researchers analyzed the frequency of loneliness reported by 46,054 participants ages 16 to 99 years, living in 237 countries, islands and territories, and representing a broad range of cultures, from more individualistic, such as the United States and the United Kingdom, to more collectivist, such as China and Brazil. Younger men living in individualistic cultures were the most prone to loneliness.

DOI: 10.1016/j.paid.2020.110066

ANXIETY AND TRUST

Anxiety may be associated with a reduced ability to adapt to negative and uncertain social conditions, according to research in *Psychological Science*. Researchers recruited 350 U.S. participants—about a quarter of whom had symptoms of generalized anxiety disorder—to play a trust game in which they exchanged money with another player, whose actions were controlled by an algorithm. Some algorithms were initially generous, then became less generous, while other algorithms started as less generous and then became more generous. The nonanxious participants' playing behaviors shifted accordingly. But the participants who had anxiety symptoms were less likely to shift their behaviors in response to shifts in the algorithm's behavior. To explain the results, the researchers developed a computational model that attributes to people with anxiety a lesser ability to learn from negative social events and in situations of uncertainty.

DOI: 10.1177/0956797620910993

A VIRAL LINK TO ALZHEIMER'S?

A common virus that causes cold sores might also be responsible for Alzheimer's disease,

according to a study in *Science Advances.* Researchers reprogrammed human skin cells into neurons, grew them into three-dimensional structures and infected them with the herpes simplex virus HSV-1. The cells produced clumps of the protein beta-amyloid similar to plaques found in the brains of people with Alzheimer's. The cells also showed other characteristics of the disease, including increased inflammation and reduced electrical signaling. These effects were reduced when the cells were treated with an anti-viral medication. Such observations lend support to the theory that exposure to certain microbes could trigger Alzheimer's disease. But given that HSV-1 infections are very common, it's still unclear why the virus would trigger Alzheimer's in some people but not others.

DOI: 10.1126/sciadv.aay8828



Spirituality helped safeguard people's mental health after the outbreak of the COVID-19 pandemic.

MENTAL HEALTH AND COVID-19

A study in *Brain, Behavior, and Immunity* points to the risk and protective factors for mental health problems linked to the COVID-19 pandemic. Between March 21 and March 28, 2020, 3,480 residents of Spain ages 18 to 80 completed an online survey that screened for various mental health symptoms. Overall, 19% showed a high level of symptoms for depressive disorder, 22% for generalized anxiety disorder and 16% for post-traumatic stress disorder. Women and younger people were more likely to have symptoms of these mental health conditions than men and older people. Loneliness was a strong predictor for these symptoms, while spiritual well-being was a strong protective factor. Also, those who had symptoms of COVID-19 or had relatives with the disease were more likely to have mental health symptoms.

DOI: 10.1016/j.bbi.2020.05.040



Herpes simplex virus may trigger Alzheimer's disease in some people but not others.

TOP: PATRICK FORE/UNSPLASH; BOTTOM: IVANASTAR/GETTY IMAGES





What you *think* you know about COVID-19 is related to better emotional well-being.

KALITA PENHA/UNSPLASH

KNOWLEDGE DURING THE PANDEMIC

A person's self-perceived knowledge about COVID-19—independent of their actual knowledge—can lead to greater emotional well-being, according to a study in *Psychiatry Research*. Researchers compared data about emotional well-being from two nationwide surveys in China, one administered in December 2019 before the pandemic and involving 11,131 adults, and the second conducted in February 2020 during the pandemic and including 3,000 adults. Participants in the second survey were also asked to evaluate their knowledge about how the coronavirus spreads, as well as their sense of control related to the outbreak. Finally, the researchers assessed participants' actual knowledge of methods for preventing infection spread. The researchers found an overall 74% drop in emotional well-being during the pandemic compared with before. In addition, a higher level of self-perceived knowledge about infection spread predicted greater emotional well-being, but level of actual knowledge did not. The researchers found that this link of higher self-perceived knowledge with greater well-being was mediated by a higher sense of control.

DOI: 10.1016/j.psychres.2020.113045

NOT FALLING FOR IT

People believe they are less likely than others to fall for phishing scams, in which users are tricked into providing personal information, according to research in *Comprehensive Results in Social Psychology*. Across three online

studies, researchers presented 1,013 participants with phishing scam emails. Half were asked how likely they would be to take the action the email requested—such as clicking links, updating passwords and downloading files. The other half were asked how likely "someone like them" would be to do so. The researchers also informed the participants of the percentages of people who have been taken in by similar scams. In a related study using eye-tracking technology with 160 participants, the researchers examined how often participants read such information about how often people are taken in. Overall, participants thought they were less likely than others to be duped. They also spent less time looking at the information about how often others have been scammed when considering their own behavior than when considering the behavior of others.

DOI: 10.1080/23743603.2020.1756240



Most of us think we're too savvy to fall prey to phishing scams.

MORE VOICES, MORE INDECISION

Large groups tend to respond more slowly to a crisis than small groups due to misinformation that impedes the sense of urgency, suggests research in the *Proceedings of the Royal Society A.* In an online study, researchers divided 2,480 participants into 108 teams of various sizes, ranging from 10 to 60 individuals. Each team was asked to decide when they needed to "evacuate" during a simulated disaster. Within each team, an informant knew in advance details about the crisis and served as an "expert" on how to effectively deal with it. The researchers monitored communications among participants as the teams weighed their options. The larger groups took longer to respond to the crisis, often in ways that were not appropriate, due to the tendency of some people to discount or discredit the expert's information.

DOI: 10.1098/rspa.2019.0685



When it comes to making a decision during a crisis, the more people involved, the slower the response.

TOP: MICRO STOCK HUB/GETTY IMAGES; BOTTOM: TIMON STUDLER/UNSPLASH

MOTIVATED FORGETFULNESS

Selfish people preserve their moral self-image by misremembering their ethical lapses, according to research in *Nature Communications.* Researchers presented 112 participants in Switzerland with a pot of money and asked them to keep some of the money and give some to strangers. Even with a financial incentive to remember accurately, stingier participants recalled being more generous than they actually were. In another pair of in-person and online studies, 838 participants were asked what they thought was a fair distribution of money before dividing the pot. Only participants who had given less than what they deemed fair recalled giving more money than they actually did. A final pair of online studies with 1,288 participants showed that participants only misremembered their stinginess when they felt responsible for their decisions. When participants were instructed by the researchers to give less, they remembered their giving behavior accurately.

DOI: 10.1038/s41467-020-15602-4

PAIN SUPPRESSION

A small portion of the amygdala blunts pain by dampening the activity of multiple pain-processing regions of the brain, suggests research with mice in *Nature Neuroscience.* Researchers used fluorescent markers to hunt for brain regions activated by surgical anesthetics. This search led to neurons in the central region of the amygdala. Using a technology called optogenetics to activate these neurons in healthy, awake mice, the researchers were able to suppress the rodents' responses to painful stimuli. Silencing the neurons caused mice to react to nonpainful touch as if it were painful. Next, the researchers traced the neurons' connections to more than 20 other brain regions involved in processing sensory and affective aspects of pain. Activating the central amygdala neurons decreased pain-related activity of neurons in many of those areas. The research findings may help identify nonopioid treatments for chronic pain.

DOI: 10.1038/s41593-020-0632-8



Selfish people recall being more generous than they really are, research suggests.

AUTHORITARIAN BELIEFS

The belief that the future is predetermined plays a role in right-wing authoritarianism, suggests a study in the *Journal of Research in Personality.* Across three studies, researchers surveyed 20,929 adults, primarily from the United States, Canada, the United Kingdom and Australia. They found that people who believe their futures are predetermined by fate score higher on measures of right-wing authoritarianism, social dominance orientation and social conservatism. Right-wing authoritarianism is a tendency to submit to political authority, while social dominance orientation reflects a preference for inequality among social groups. The researchers also found that fatalistic beliefs were associated with having aversions to ambiguity. Finally, people who believed that one's genetic makeup determined their future also tended to score higher on measures of right-wing authoritarianism and social dominance orientation—but not economic conservatism.

DOI: 10.1016/j.jrp.2020.103957

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

SHARON MCCUTCHEON/UNSPLASH

Datapoint

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

HOW LONG IT TAKES FOR PSYCHOLOGY FACULTY TO ADVANCE

■ New collaborative research between APA's Center for Workforce Studies and Academic Analytics suggests that nine years is the median time it takes to become an associate professor after earning a doctoral degree in psychology.[1]

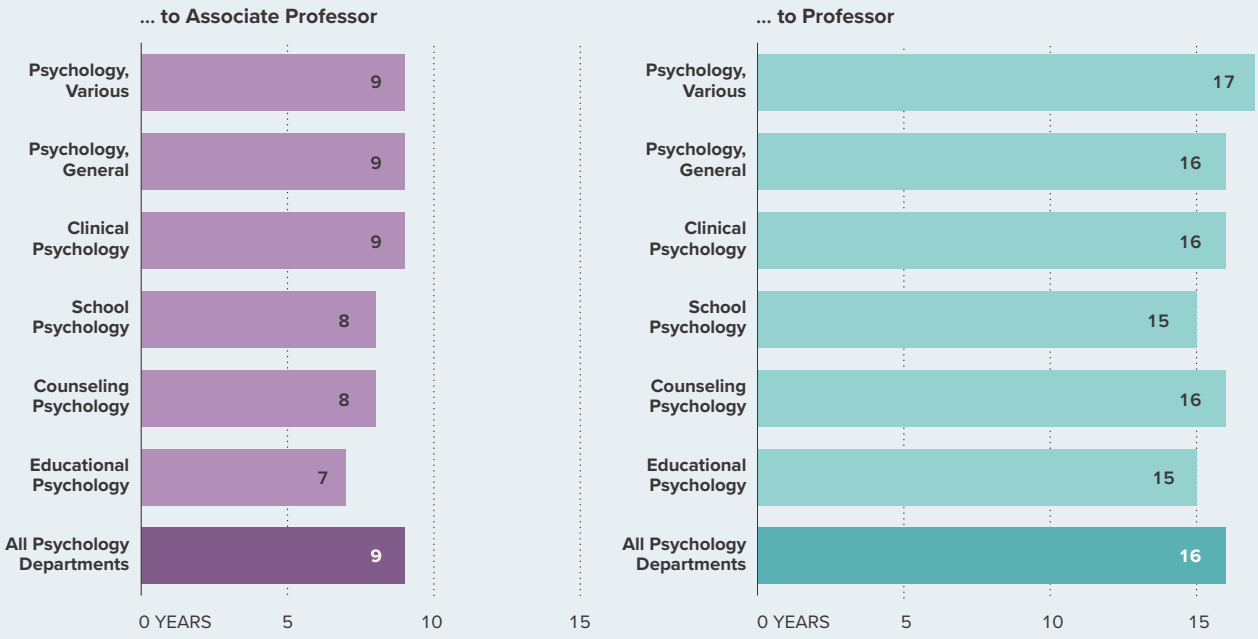
■ It takes an additional seven years, or a median of 16 years total, to become a full professor after completing a psychology doctoral degree.

■ Faculty in general psychology and clinical psychology programs, as well as those in a catchall "various" programs category,[2] took the longest to advance. Those working in school psychology and educational psychology advanced the fastest.

■ The additional one to two years for some programs could be due to postdoctoral training, and the overall patterns likely reflect the structure of the tenure system, which typically requires promotion to associate professor in seven years.

Career Advancement for Psychology Faculty

Median years until promotion ...



By Jessica Conroy, BA, Luona Lin, MPP, Amrita Ghaness, BA, and Karen Stamm, PhD

Want more information? See CWS's interactive data tools: www.apa.org/workforce/data-tools/index or contact us at cws@apa.org.

[1] Source: Academic Analytics, LLC; database version AAD2018-1458

[2] A catchall category for psychology departments that did not fall into another categories.

BILL WEBSTER

APA CALLS FOR TRUE SYSTEMIC CHANGE IN U.S. CULTURE

The association is working to dismantle institutional racism over the long term, including within APA and psychology

BY ZARA ABRAMS

Police brutality may be what sparked a wave of protests across the United States and beyond, but the "racism pandemic"—a term used by APA President Sandra Shullman, PhD, for the ongoing harm caused by racism—runs far deeper. Today's inequities, psychologists say, are deeply rooted in our past, and the status quo is no longer acceptable. "Every institution in America is born from the blood of white supremacist ideology and capitalism—and that's the disease," says Theopia Jackson, PhD, president of the Association of Black Psychologists (ABPsi).

Across the country, there's talk about what it would take to achieve true systemic change. Psychological research, treatment and leadership can and should be a key part of the solution. But that requires taking a hard look at how the field has overlooked—and even perpetuated—racial injustice in the past, psychologists say.

APA is addressing the issue on three levels: by broadly communicating psychological science on bias and racism, including through media interviews, blogs and podcasts; by developing actionable recommendations through an APA Presidential Task Force related to racial disparities in policing and police-citizen encounters, particularly related to the Black community; and by working to dismantle institutional racism over the long term, including within APA and the field of psychology.

That work will rely on extensive input from APA members, a process that started with a series of virtual town halls launched in June. Members' priorities include establishing a racially diverse psychology workforce and more efficiently and effectively translating research insights into action.

Psychologists have a role as activists in their own local communities as well. They can make their voices heard by contacting their lawmakers, volunteering for a cause or candidate, speaking up on social media and more.

"APA has a long history of taking a stand on these issues, but we also know that we have our own issues as an association and as a field," says APA CEO Arthur C. Evans Jr., PhD. "We have to look at our role as a discipline in perpetuating some of the things that are being protested. That has to be a part of our commitment."

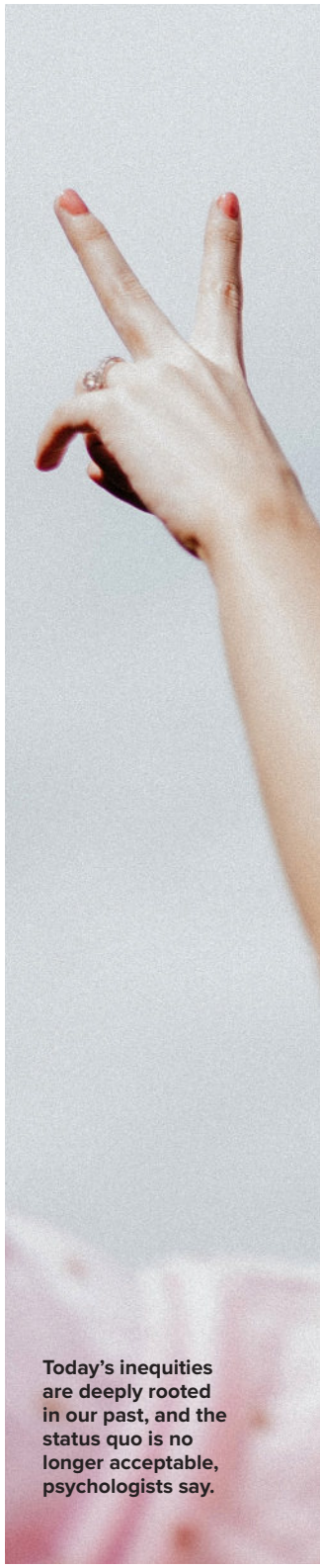
SCIENCE-DRIVEN SOLUTIONS

Among those working to end racial injustice, a source of both hope and frustration is the strong body of research that psychologists have built on racial bias, discrimination and intergroup relations.

"We have the science already, but nobody knows about it," says BraVada Garrett-Akinsanya, PhD, a clinical psychologist based in Minneapolis. "And we're not using it to change the culture around us."

That science includes insights on the culture of policing, such as a study led by Jennifer Eberhardt, PhD, a professor of psychology at Stanford University, that reviewed body camera footage and showed that police officers in Oakland, California, treated Black people with less respect than whites (Voigt, R., et al., *PNAS*, Vol. 114, No. 25, 2017).

Such findings can help shape officer training programs, which should include guidance on how to demonstrate respect in a cultural context, says Garrett-Akinsanya, who contracts with the Minneapolis Police Department on issues of bias, critical incident support and mental health. For example, eye



Today's inequities are deeply rooted in our past, and the status quo is no longer acceptable, psychologists say.



PRICILLA DU PREEZ/UNSPLASH

contact is seen as respectful in some cultures and disrespectful in others.

Other well-established psychological principles, such as the concepts of implicit bias and intergroup relations, should also inform the training and evaluation of law enforcement officers. The Minneapolis Police Department requires its officers to complete 21st Century Policing training, which includes a three-day workshop and annual refresher courses. But there's still room for improvement, says Garrett-Akinsanya, particularly through drawing on psychological research on respect, bias and intergroup relations in a more intentional way. She now works with the department to integrate additional learning, increase accountability and normalize the use of emotional support for officers.

Participants in APA's first virtual town hall to address the racism pandemic also emphasized the importance of using psychological science to define terms such as "racial justice" and to break down the many complex factors at play when a racist act is committed.

Last year, APA's Council of Representatives approved an initiative titled "Hate Hurts: A Public Education Campaign to Address and Eradicate Racism, Discrimination and Hate," introduced by Garrett-Akinsanya; J. Bruce Overmier, PhD, of the University of Minnesota; Dina Birman, PhD, of the University of Miami; and former APA President James Bray, PhD. The campaign's work group is cataloging and distrib-





uting literature and tools on racial bias to psychologists in a variety of roles, including instructors, clinicians and school and organizational psychologists.

"Psychologists in the field need ammunition to fight racism," Garrett-Akinsanya says. "And psychology has those answers."

BRINGING PEOPLE OF COLOR TO PSYCHOLOGY

Though African Americans make up 13% of the U.S. population, they represent just 4% of the psychology workforce, according to 2018 data from APA's Center for Workforce Studies.

"This discouraging statistic tells us that there is a problem in our field in academia of attracting and retaining students of diverse backgrounds, in particular African Americans," says APA President-elect Jennifer F. Kelly, PhD. "What this ultimately results in is an access problem."

For years, Kelly was the only African American psychologist in Georgia who was board certified in clinical health psychology, an especially important area given the documented health disparities among African Americans.

"Everywhere I go, I'm the only African American male psychologist," said Dana Jackson, PsyD, a clinical psychologist who is based in New York City, during APA's virtual town hall, adding that he has never had a supervisor of color.

APA offers a series of grants and fellowships for psychologists from ethnic- and racial-minority groups and convenes the Council of National Psychology Associations for the Advancement of Ethnic Minority Interests, which promotes career development for psychologists of color and addresses other equity issues.

And there are signs of hope as the field is becoming increasingly diverse. In 2019, 38% of psychology graduate students were from racial- or ethnic-minority groups, and 12% were African American ("The State of the Psychology Training Pipeline and Workforce," APA, 2018). However, there's still room for improvement, Theopia Jackson says.

She recommends rewarding psychology training programs for graduating students of color—not just enrolling them—to better incentivize program leaders to provide ongoing material support and mentorship for students in need. In addition, undergraduate and graduate program curricula should be modified to include diverse literature—such as the scholarship of the *Journal of Black Psychology*—and minority psychological associations such as ABPsi should be authorized providers of continuing education on par with APA, she says.

Such changes will elevate the voices of Black scholars,

FURTHER READING

Draft Statement on Hate Incidents in the United States
APA Div. 32 (Society for Humanistic Psychology), 2019

Race and Ethnicity Guidelines in Psychology
APA, 2019

Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality
APA, 2017

White Fragility: Why It's So Hard for White People to Talk About Racism
DiAngelo, R. Beacon Press, 2018

further diversify the psychology workforce and ensure that the field's priorities incorporate multicultural values and perspectives.

Having more diverse voices and experiences in the science, education and practice of psychology adds to the richness of our profession and ultimately will have a more profound impact on our society, notes Kelly.

LISTENING AND TALKING

One of APA's commitments is to facilitate dialogue across the field about racial injustice, both within various racial-minority groups and across racial lines.

"It's important for APA to be an example of how an organization can look at itself internally," said organizational psychologist Catherine Learmonth, PsyD, during the virtual town hall.

That should involve discussions among members about white privilege and white fragility, she said, referring to the discomfort many white people feel when discussing race and racism.

Along the same lines, other members urged APA's new task force to craft guidelines on how organizations can leverage psychological insights to conduct effective anti-racism training, which is likely to be a top priority.

"That should include being very clear about systemic racism and how this system is designed specifically to be invisible to white people," said Shawn Garrison, PhD, an assistant professor and director of counseling services at Morehouse School of Medicine in Atlanta, during the virtual town hall.

In the vein of responses to national emergencies such as 9/11, state, provincial and territorial psychological associations might organize teams of emergency mental health providers to aid communities facing race-related stress around protests and policing, suggested Lori Naughton, PsyD, a clinical psychologist based in Michigan. Psychologists are already providing those services in some areas, but such efforts aren't typically coordinated at the state or national levels.

Finally, psychologists should work to create healing opportunities for people of color that address "the cultural trauma that has been going on for the past several hundred years, the day-to-day racism-related stress and transgenerational trauma within families," said Myra Miller, PhD, an environmental-conservation psychologist based in Santa Barbara, California, during the town hall.

Miller's dissertation documented the overdiagnosis of schizophrenia in African American populations. At this current critical juncture, she says, it's particularly important that psychologists be sure to avoid such diagnostic bias and instead provide services that are culturally relevant for racial and ethnic minorities.

Ultimately, APA's efforts must encompass a range of actions that reflect the complexity of the present moment, Shullman says.

"APA has an evolving plan to contribute to the eradication of racism," she says. "We don't have all the answers, but we're committed to addressing this over the long term. We're creating a plan that puts racism in the context of national and global issues, as well as the ongoing pandemic." ■



BEATA ZAWRZEL/NURPHOTO VIA GETTY IMAGES

APA says it is committed to fostering more discussions about race across the psychology field.

ON THE FRONT LINES OF THE COVID-19 PANDEMIC

A cadre of heroic psychologists are providing critical in-person services for seriously ill patients and their care providers

BY ZARA ABRAMS

When the COVID-19 pandemic hit, the vast majority of psychologists delivering services started doing so remotely. But not all practitioners had that option.

A subset of psychologists has continued to provide in-person care to front-line hospital workers, patients with COVID-19 and patients with severe mental illness or complex medical conditions who cannot easily access telehealth services.

"For some groups of individuals, such as front-line providers, being physically present is really important for accurately identifying need and effectively providing support," says clinical psychologist Joanna Yost, PhD, an assistant professor of psychiatry and neurobehavioral sciences at the University of Virginia (UVA) School of Medicine, who has delivered in-person care to hospital staff throughout the pandemic.

These practitioners, like other front-line workers, are taking safety precautions—donning personal protective equipment such as scrubs, masks and face shields, maintaining six feet of distance from others and sanitizing their workspaces more often. Though the rapid shift in circumstances has been a challenge, psychologists say they value the opportunity to contribute.

"We're witnessing a horrifying time in history—it's a collective trauma that all of us are part of," says Sriya Bhattacharyya, PhD, a postdoctoral psychology fellow at Montefiore Medical Center, a hospital in the Bronx, New York. "It felt so important to me to support those who were trying to help."

SOLIDARITY IN THE TRENCHES

Yost co-directs the UVA School of Medicine's behavioral medicine consultation liaison service with psychologist Casey Cavanagh, PhD, where they treat patients experiencing behavioral and psychological difficulties during medical hospitalization, for instance, those displaying verbal or physical aggression toward hospital staff. That work involves close collaboration with front-line health-care providers—and Yost and Cavanagh used those connections to quickly launch a support program for the UVA Medical Center's special pathogens acute care unit and intensive care unit (ICU) when the pandemic hit the United States in March.

"We're witnessing a horrifying time in history—it's a collective trauma that all of us are part of," says Dr. Sriya Bhattacharyya of the Montefiore Medical Center in the Bronx, New York.

The program consists of daily in-person rounds on the units to provide brief consultation, support and coping strategies. Yost and her colleagues also launched psychoeducation drop-in groups and work with unit leadership on communication strategies, such as balancing the need for transparency with maintaining stability.

That support—and the in-person nature of it—has been met with enthusiasm by the front-line workers she treats.

"I can say that I know some of their struggles because they're mine as well. I worry about bringing this home to my toddler or my husband or getting sick myself," Yost says.

At Montefiore Medical Center, Bhattacharyya, along with a team of about 100 psychologists and psychiatrists, also mobilized to deliver a combination of virtual and on-the-ground support services when the new coronavirus struck. More than 2,200 patients and 21 staff members at Montefiore have died from COVID-19 since March.

Bhattacharyya and her colleagues rolled out four in-person support centers and relaxation rooms staffed with practitioners delivering Psychological First Aid. They also provided an

ROBERT ADAM MAYER



emotional support phone line, psychoeducational resources and in-person group sessions for various hospital departments.

"A lot of providers were incredibly emotionally distressed, angry, anxious and fearful—and on top of all that, grieving over the loss of so many patients," she says.

In the support sessions she leads, Bhattacharyya provides psychoeducation about mental health during crisis, encourages participants to talk about their emotional challenges and pairs up workers for peer check-ins.

"This is a culture that typically has this 'we need to be heroes and help other people' mentality, so it's really new for them to be vulnerable together," she says.

Bhattacharyya is one of about five psychologists at the hospital who deliver in-person care to health-care workers and other staff, including janitors and cafeteria workers.

"These providers and hospital employees don't have the privilege to work remotely," she says. "One of the biggest forms of solidarity just comes from being in the trenches with them."

TREATING COVID-19 CONSEQUENCES

Front-line workers aren't the only group that requires on-the-ground support. Megan Hosey, PhD, a rehabilitation psychologist and assistant professor at the Johns Hopkins School of Medicine, has treated COVID-19 patients in the ICU since March. She specializes in addressing Post Intensive Care Syndrome—which may include problems with learning and memory, depression, anxiety, post-traumatic stress disorder and physical weakness—and ICU delirium, a state of confusion that can involve inattention, disorientation, hallucinations and delusions. (See related article on page 28.)

Hosey helps normalize and explain ICU delirium to patients with COVID-19, provides strategies for managing fear and anxiety while using a ventilator and suggests meaningful activities for patients during their stay in the ICU, such as reading, listening to music or performing relaxation exercises.

"People in the ICU may be very sick, but life can still be meaningful for them," she says.

A key part of Hosey's role during the COVID-19 pandemic is ensuring patients understand their medical condition, including their prognosis and what recovery will look like. She also facilitates video calls between patients and loved ones, since visitors have not been

permitted in the hospital. Those calls allow health-care providers to share updates with family members; they also serve as a psychological intervention for the patient.

"It's really powerful witnessing these conversations," Hosey says. "Until it's happening to you, it's unimaginable to be separated from a loved one at that stage in your life."

She says the hardest part about her work during the pandemic is seeing patients' extreme suffering, especially the disproportionate number from vulnerable populations. Many of her patients are underinsured, for instance, and she worries they won't get adequate care when they leave the ICU.

ENSURING ACCESS TO CARE

Some practitioners have continued their traditional in-person practice during the pandemic because their patients' needs can't be met through telehealth.

Madeline Brodt, a counseling psychology doctoral candidate at the University of Massachusetts Boston, is completing her internship with the U.S. Department of Veterans Affairs (VA) in Washington state. During her second clinical rotation, she worked with veterans suffering from severe mental illness.

"A lot of these folks have delusions about technology, which makes providing care by phone or video very difficult," she says.

Brodt continued delivering in-person psychological services, including individual sessions and group therapy, through the end of her rotation in March. Even as COVID-19 cases approached their peak in Washington, her groups remained full.

"People still wanted services, and they didn't feel they had access to care through other means," even though the VA also offered some virtual sessions, Brodt says.

Rehabilitation psychologist Mayra Sanchez Gonzalez, PhD, based at the Johns Hopkins School of Medicine, has shifted some of the inpatients she treats to a telemedicine framework, but she continues to see others face-to-face. Following a severe stroke, for example, patients may have significant challenges with cognitive functioning that make it hard to use technology.

Those in-person sessions can also be challenging, she says, because clear communication is hindered by the surgical mask, face shield and physical distance required for patient and practitioner safety.

"As psychologists, we are so used to relying on our nonverbals to connect and to communicate empathy," Sanchez Gonzalez says. "Now, with most of our faces covered, it can feel very disconnecting."

Mana Ali, PhD, another rehabilitation psychologist, works in the spinal cord injury unit at MedStar National Rehabilitation Hospital in Washington, D.C. She has continued treating inpatients—for whom she provides supportive therapy, cognitive-behavioral therapy and other interventions—in person throughout the pandemic.

"I had a lot of anxiety initially, especially about bringing the virus home to my family," Ali says. "The pandemic has caused a lot of uncertainty for everyone, and psychologists aren't exempt from that."

"I have had to remind myself that I'm an important player on the team and I'm helping others each day. That has been really grounding for me."

MANA ALI, PHD, MEDSTAR NATIONAL REHABILITATION HOSPITAL, WASHINGTON, D.C.

To manage that uncertainty, Ali has prioritized her self-care and joined several subcommittees at the hospital focused on the organization's pandemic response. She has created psychoeducation handouts for staff and patients and is helping conduct research to better understand the experiences of patients.

"I have had to remind myself that I'm an important player on the team and I'm helping others each day," she says. "That has been really grounding for me."

'A MORE SUSTAINED UNKNOWN'

As the COVID-19 pandemic continues to unfold, front-line psychologists are adapting their services to address changing needs. Bhattacharyya and her team have seen an uptick in requests for in-person support groups to address the psychological toll of the past few months.

"Now, we're entering aftermath mode," she says. "We're seeing people pause and reflect on what just happened."

At UVA, Yost and her colleagues conducted a needs assessment of health-care providers who have treated COVID-19 patients. They are now analyzing more than 340 responses to determine which resources have been most helpful and what hospital workers need moving forward.

"This pandemic continues to evolve," Yost says. "We're moving out of immediate crisis and panic into a more sustained unknown." ■

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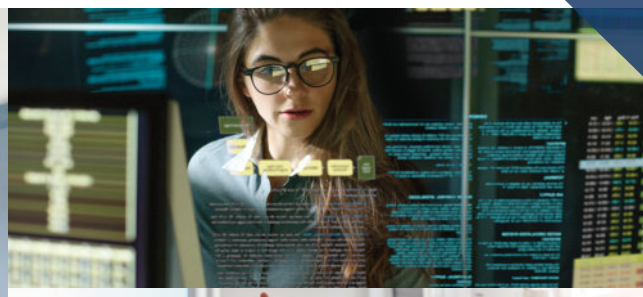
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Stanford University



LISA FELDMAN BARRETT, PHD
Northeastern University



MAJA MATARÍC, PHD
University of Southern California



ROSALIND PICARD, SCD
Massachusetts Institute of Technology

THE AFTERMATH OF SURVIVING COVID-19

Psychologists are tapping their knowledge of respiratory conditions to help patients heal from COVID-19 effects

BY CHARLOTTE HUFF



For patients who become seriously ill with COVID-19, survival may only mark the start of a complex recovery path.

Along with potentially coping with cardiac, pulmonary and other physical effects, psychologists report that patients may have to sort through cognitive changes, such as difficulties with attention and memory, as well as mental health symptoms for months to come. Some difficulties, such as post-traumatic stress disorder, may be rooted in their experiences with hospital care and intensive care treatments. Psychologists fear that other challenges, such as survivor guilt, may flare once patients are discharged into a world still reeling from the virus.

But even though COVID-19 is a new disease, rehabilitation and health psychologists benefit from existing knowledge as they strive to help these patients, says Megan Hosey, PhD, an inpatient rehabilitation psychologist at the Johns Hopkins Hospital in Baltimore. Prior research into Post Intensive Care Syndrome and Acute Respiratory Distress Syndrome can guide psychologists in their treatment, which may incorporate various strategies, from cognitive-behavioral therapy to exposure therapy to breathing techniques, Hosey says.

"Breathlessness won't be the only symptom," says Hosey, who also works with clinicians on the hospital's Post-Acute COVID team. "A lot of our survivors, even those who had what we would have considered mild to moderate symptoms [of the virus], are describing things like fatigue, brain fog, sleep disturbance."

"If we are going to effectively treat survivors, we need a comprehensive model for management," Hosey says. That includes "teaching our patients early on in their recovery that there's not going to be a medication fix," she says, but that they can learn to adapt their approach to life to help overcome symptoms.

Psychologists also can assist patients with processing what they've been through, which may involve reconstructing gaps in their recollection, says Nancy Merbitz, PhD, a rehabilitation psychologist at the Lake County VA Outpatient Clinic in Ohio. Ask open-ended questions and really listen as patients try to move beyond their scary encounter with the virus, she suggests.

FURTHER READING

After Critical Care: Challenges in the Transition to Inpatient Rehabilitation
Merbitz, N.H., et al. *Rehabilitation Psychology,* 2016

Cognitive Therapy for Post-Traumatic Stress Disorder Following Critical Illness and Intensive Care Unit Admission
Murray H., et al. *The Cognitive Behaviour Therapist*, 2020

COVID-19: The Challenge of Patient Rehabilitation After Intensive Care
Thornton, J. *The BMJ*, 2020

Stress and Psychological Distress Among SARS Survivors 1 Year After the Outbreak
Lee, A.M., et al. *The Canadian Journal of Psychiatry*, 2007

"Their world has been turned upside down," Merbitz says. "There is inherent tragedy with this experience. And people are going to have to put together a sense of meaning and security as best they can. There is no hopping over that."

VIRAL AFTEREFFECTS

Intensive care unit (ICU) patients already face a higher risk of delirium, with 20% to 40% of critically ill patients overall developing it and as many as 80% of those who required a mechanical ventilator, according to a review of delirium research (Pandharipande, P.P.,



DRAGANA991/GETTY IMAGES

Survivor guilt and post-traumatic stress disorder are among the challenges facing many patients who recover from COVID-19.

et al., *Intensive Care Medicine*, Vol. 43, No. 9, 2017). A bundle of preventive measures to guard against delirium—an acute and fluctuating change in cognition and awareness—has been promoted for critically ill patients in recent years, with strategies that include less reliance on sedating drugs, earlier mobility and family engagement, among others.

Patients treated for COVID-19 appear to be particularly vulnerable to delirium, likely because in large part prevention measures are less feasible amid the focus on reducing spread of the virus, says Abigail Hardin, PhD, a rehabilitation psychologist at Rush University Medical Center in Chicago. With clinicians wearing masks and other protective gear, it's more difficult for them to connect with patients, she says. Since family members aren't typically allowed to visit, they can't practice the sort of family engagement that can be helpful, such as telling stories or reminding the patient that their favorite show is about to start, Hardin says.

While there's been a trend in critical care medicine moving away from using large doses of sedating drugs with patients on ventilators, in an effort to reduce delirium, that's also proven more difficult for several reasons, including that staffs are stretched thin with the influx of COVID-19 patients, Merbitz says. Another contributor, she says, is a treatment strategy called "proning" in which patients are positioned on their stomachs; to assist breathing and possibly prevent the need for a ventilator.

"But people apparently are more likely to get agitated that way," Merbitz says. "Most people don't sleep on their stomachs, a lot of people aren't comfortable on their stomachs. They are using sedation to keep them there without fighting it."

When Rush University Medical Center established a separate inpatient rehabilitation unit to treat patients recovering from COVID-19, they screened for hallmarks of Post Intensive Care Syndrome, Hardin says. The syndrome describes a mix of potential aftereffects from intensive care treatments, ranging from mental health challenges, such as anxiety and post-traumatic stress disorder, to cognitive issues and physical changes, such as muscle weakness, severe fatigue and neuropathies. Numerous factors may place patients at higher risk, such as prior delirium, the length of the ICU stay, sedation and mechanical ventilation, among other factors (Stam, H.J., et al., *Journal of Rehabilitation Medicine*, Vol. 52, No. 4, 2020).

At Rush, they had anticipated reports of delirium as they began screening patients, Hardin says. "But what surprised me after seeing some of these patients was really how delirious they had been, and how long it was

taking for that delirium to clear," she says.

Even after they recovered enough to start rehabilitation, some patients continued to experience hallucinations or delusions, she says.

For insights into what assistance these patients may require moving forward, Hosey points to data from survivors of Severe Acute Respiratory Syndrome (SARS) during the 2003 epidemic. In one analysis, which followed 117 Canadian SARS survivors for their first year, one-third still reported a decrement in mental health after 12 months, according to the findings (Tansey, C.M., et al., *JAMA Internal Medicine*, Vol. 167, No. 12, 2007). Nearly half of the survivors continued to mention shortness of breath over the course of the first year, though their pulmonary function results were largely normal.

"They were still reporting severe breathlessness that was related to anxiety and other things that got in the way of their quality of life," Hosey says. "It gives us a little bit of a heads-up of what we might see for some of our COVID patients."

COPING WITH THE FALLOUT

How sick a patient was in the hospital won't necessarily indicate how much support they'll need later, Hosey says. "The person's perception of their symptoms will dictate a lot more about their recovery than their actual symptom load, no matter how severe the disease was."

For instance, perceived difficulties with breathing can become intertwined with anxiety, Hosey says. "The brain is wired to become anxious as soon as we become breathless." And medication for anxiety will likely not be very beneficial if that's how the breathlessness is being triggered, she says.

Instead, psychologists can work with the patient on relaxation strategies and breathing exercises, such as the pursed lip breathing technique that's sometimes taught to individuals with chronic obstructive pulmonary disease, Hosey says. Also, practice exposure therapy with patients, encouraging them to slowly boost their activity level by working with a physical therapist, in essence teaching them that they can feel breathless without dying. "It's helping that person feel like they have a sense of mastery over that breathlessness symptom," she says.

Cognitive-behavioral techniques also can be used, such as helping patients to reframe their thoughts about breathlessness and other physical symptoms, Hosey says. For instance, rather than thinking about passing out or dying once they become breathless, patients can identify an alternative mantra, such as "This is scary, but won't kill me." Or, "This hurts me, but won't harm me."

To gain a sense of whether patients may have gaps in their memory of their hospital stay, Merbitz suggests asking open-ended questions. Among them: What do you remember about the ICU? Is there a stretch that you can't recall? "Or, 'Do you feel like strange things happened to you in the ICU?'" she suggests, to initiate a discussion about delirium.

With patients who did experience delusions or hallucinations, reassure them that



Psychologists teach COVID-19 patients relaxation strategies and breathing exercises that help reframe their anxiety about breathlessness.

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delirium is a medical phenomenon related to their stay, Merbitz says. Sometimes, she says, "people will tend to think that they've somehow lost their minds and they were psychologically vulnerable. They can be very ashamed."

As part of the clinical interview, psychologists should get a picture of the individual's life and functioning before the virus, to understand how much the illness has altered it, says Renee Madathil, PhD, a rehabilitation neuropsychologist who works on the inpatient rehabilitation unit at the University of Rochester Medical Center in New York. As they recover, survivors reenter a world where the reminders of what they endured are infinite.

"The triggers are everywhere; it's on the news all the time," Madathil says, adding that some struggle with survivor's guilt. "They don't understand, 'Why did this person die and I lived?'"

REBUILDING THEIR LIVES

Depending on the extent of the physiological and psychological effects, psychologists may have a lot of issues to unravel and address, Hosey says. One way to frame the treatment approach is to talk to the patient, finding out which aspects of their life they are most eager to regain.

If the patient wants to get back to work, cognitive testing can determine if there are any attention or other cognitive changes before developing potential accommodations to request from an employer, Hosey says. If fatigue threatens to sabotage a return to employment, the psychologist can focus on what may be underlying that, as well as emphasizing other healthy habits, such as nutrition and sleep hygiene.

Keep in mind that patients may not be ready to share much at first, Hosey says. "What's really clear is to follow the patient's lead and readiness in talking about the traumatic symptoms of hospitalization," she says.

For some patients it can be helpful to reconstruct a narrative of what they've been through, says Hardin. They can talk to family members who were updated by clinicians during their hospital stay, or even request their medical records to fill in the gaps in their memory, she says.

Patients in intensive care may experience hallucinations and delusions that can last days or even weeks.

By constructing the arc of a personal narrative, the patient can recognize that they've moved beyond the most acute crisis and are improving, no matter how bumpy the road may seem at that moment, Hardin says. "Because otherwise you're just left with this gap in your memory and then a whole bunch of physical deficits and cognitive deficits, and that can feel really, really demoralizing."

Like others who have survived medical trauma, patients who survive COVID-19 should be equipped with tools to navigate the questions and curiosity of well-meaning loved ones and bystanders, Madathil says. The answer is not for survivors to self-isolate, she says.

But psychologists can help survivors think through what they are comfortable with sharing, and how to keep their "circle of contacts small and safe," so as not to keep revisiting the trauma, Madathil says.

Part of creating those boundaries is to develop a script that discourages further delving, Madathil says. Such as, she suggests: "Yes, I had COVID. I'm recovered now and I'm doing what I need to do to move forward."

"Give your clients permission," she adds, "that they are not obliged to be 'poster children,' for the lack of a better term, for this pandemic." ■

RAISING REIMBURSEMENT

APA is boosting its efforts to ensure psychologists are better reimbursed for their services

BY DEBORAH BAILEY



When psychologists are reimbursed fairly, they are better able to expand care to underserved populations.

In an effort to expand care and secure more reimbursement for psychologists, APA is stepping up its work with the key players who define and set values for the Current Procedural Terminology (CPT) codes that psychologists rely on for reimbursement. The enhanced work is focused not only on advocating for higher reimbursement rates but also on identifying new opportunities for psychologists to be paid for their services and ensuring that psychologists understand the codes that are currently available to them.

"Psychologists typically bill a handful of codes," says Stephen Gillaspy, PhD, senior director of APA's Office of Health Care Financing. "We want to make sure they not only have access to these bread-and-butter codes but also to other options."

By ensuring that psychologists are better reimbursed for their work, APA can help increase the number of practitioners who can provide services, whether through Medicare, Medicaid or private health insurance.

"Expanding access to reimbursement codes helps make sure psychologists can provide their patients and clients with the services they really need," says Gillaspy.

EXPLORING NEW STRUCTURES

A multilayered process determines which codes psychologists can bill for and their value. An American Medical Association (AMA) group, the CPT Editorial Panel, defines CPT codes, rules and guidelines. Its guidance and the specific placement of codes within the CPT manual influence whether psychologists can use certain codes.

Then, a second AMA body, the Specialty Society Relative Value Scale Update Committee (RUC), recommends reimbursement values to the Centers for Medicare and Medicaid Services (CMS). CMS decides whether to accept or amend those values and determines the rates for Medicare for the next calendar year. Medicare's reimbursement rates often influence how private health insurers reimburse psychologists and other healthcare providers, but ultimately private health insurers and state Medicaid programs make their own decisions on which CPT codes to cover and at what values.

As a professional association, APA doesn't have direct control over any of these bodies' decisions, but it proactively works with all of them to advocate for the role of psychologists in patient health and mental health. The association is increasing its efforts to monitor this landscape, provide input during public comment periods, and proactively push for reimbursement structures that benefit patients and psychologists.

For example, last fall APA sent a letter to CMS highlighting a number of concerns and recommendations for the 2020 Physician Fee Schedule, which is the annual list of CPT codes and their values for Medicare. Among them: a recommenda-



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tion that CMS adopt the RUC's recommended values for the revised Health Behavior Assessment & Intervention (HBAI) codes, which allow psychologists and other providers to bill for services that help patients cope with or manage physical health conditions. The revised codes include increases in value, putting them in line with payments for psychotherapy services.

APA also formed an advisory group to develop specific guidance for payers as they developed their payment policies for the new HBAI codes. This group also informed the association's work to support psychologists on how the new codes should be used—because the rollout of any new code typically includes some bumps in the road.

"APA helped to create changes with the new codes that improved reimbursement for individual treatment," says advisory group member Ravi Prasad, PhD, clinical professor and director of behavioral health for the Division of Pain Medicine at the University of California, Davis. "It's also done a great job of putting out materials to help people understand what those new billing practices should look like."

Other changes for 2020: The CPT manual added new online assessment and management services codes—G2061, G2062 and G2063 (see page 34). These codes cover specific non-face-to-face services that require professional patient assessment and decision-making when an existing patient contacts the provider through an online patient portal that meets certain standards, including HIPAA compliance. For example, a mother contacts her child's psychologist with concerns that her child's anxiety is worsening, the psychologist replies requesting more information to assess, the psychologist reviews the mother's response and then replies to the mother with treatment recommendations, saving the clinical documentation in the electronic medical record.

"Psychologists are already providing this service, but they usually eat that cost," says Gillaspy. "These codes offer a way to capture that work, especially for those in large health systems."

The CPT manual added two sets of these codes—one for physicians and one for nonphysician health-care providers. During Medicare's public comment period, APA advocated for psychologists to be able to use the nonphysician codes, giving concrete examples of how psychologists interact with patients between visits. Ultimately, Medicare decided in psychologists' favor. Now, APA is closely monitoring the rollout of these codes in Medicare and beyond. It's not yet clear whether Medicaid and private carriers will add them. If payers reimburse for the physician codes, then APA will advocate for reimbursement for

psychologists using the nonphysician health-care provider codes.

Additionally, psychologists can now bill for time spent on audio-only telephone services if a Medicare beneficiary calls because they are experiencing mental health issues or symptoms. During these calls, the psychologist engages in assessment of the problem (not formal testing) and then provides an intervention service.

These services, and their accompanying CPT codes, do not replace traditional psychotherapy and reimburse at a lower rate because they were built for brief and directed services.

To bill for assessment and management services, psychologists would use the following codes: 98966, 98967 and 98968 (see sidebar).

This change is unrelated to the temporary regulation changes that allow psychologists to bill for audio-only telehealth, including psychotherapy services, during the COVID-19 public health emergency. For more on that and other temporary telehealth regulation changes, see the July/August *Monitor*.

APA is also increasing its efforts to educate members about codes that psychologists might not have been aware they have access to. For example, the Screening, Brief Intervention, and Referral to Treatment (SBIRT) codes are used to identify, reduce and prevent problematic alcohol or substance use, and psychologists can bill for SBIRT services in conjunction with psychotherapy by using CPT codes G2011, G0396 and G0397 (see sidebar).

"If you think about the opioid epidemic, these services are critical to help patients before the person may need more extensive or specialized treatment," says Gillaspy. "It's clearly within psychologists' scope to screen for substance use and intervene."

Psychologists should talk with their carriers and billing department before billing a new code, advises Kevin Arnold, PhD, ABPP, director of the Center for Cognitive and Behav-

NEW AND REVISED

11 CODES TO KNOW

Cognitive function intervention services. New for 2020, these therapeutic services, often provided to older adults, include interventions that focus on cognitive function and compensatory strategies, such as managing time or schedules, or initiating, organizing and sequencing tasks:

- **97129** for the initial 15 minutes
- **97130** for each additional 15 minutes

Online assessment and management services. Also new for 2020, these codes reimburse nonphysician health-care providers for professional patient assessment when an existing patient initiates contact through a patient portal that meets certain standards, including HIPAA compliance:

- **G2061** for 5–10 minutes
- **G2062** for 11–20 minutes
- **G2063** for 21 minutes or more

Telephone assessment and management services. When a patient calls because they are experiencing mental health issues or symptoms and a brief intervention is performed on the spot, psychologists should use the following codes:

- **98966** for 5–10 minutes
- **98967** for 11–20 minutes
- **98968** for 21–30 minutes

Screening, Brief Intervention, and Referral to Treatment (SBIRT) services. Psychologists who assess and identify individuals with, or at risk for, substance use–related issues and furnish limited interventions or treatment in conjunction with psychotherapy should familiarize themselves with this set of codes:

- **G2011** for 5–14 minutes
- **G0396** for 15–30 minutes
- **G0397** for 31 minutes or more

Find detailed guidance on all four code sets at **www.apaservices.org/practice/reimbursement/health-codes,** plus guidance for health behavior, psychotherapy, and psychological and neuropsychological testing codes.

APA HEALTH-CARE FINANCING ADVISORY GROUP

In March, APA appointed 15 psychologists to a new group that will help APA to develop its long-term strategies to prepare the profession for the future.

The association will draw on the group's expertise to align APA's efforts with clinical, operational and business models; health-care systems; and marketplace economics.

Their input will also inform APA's communication and guidance for members.

For more, visit www.apaservices.org/practice/reimbursement/health-care-financing-advisory-group.

ioral Therapy in Columbus, Ohio. Arnold also advises psychologists to pick up a new copy of the CPT manual each year.

"Read the descriptions of the codes and the APA advisories that have been published," says Arnold, "so you understand the codes you are billing and what those descriptions mean."

EXPANDING OPPORTUNITY

Meanwhile, APA is advocating to expand psychologists' access to other CPT codes for services they're well trained to provide. Two areas in particular are codes for time spent assessing and addressing social determinants of health and in assessing and monitoring treatment outcomes.

APA is working with other nonphysician professional groups to advocate for access to codes for these services. "As physicians and other health-care providers develop codes for new ways to deliver services, we want to make sure psychologists can also receive reimbursement," explains Gillaspy.

At the same time, APA is tracking how shifts in the marketplace are affecting patients and providers. For example, APA staff recently talked with Jennifer Birdsall, PhD, clinical director of CHE Behavioral Health Services in California, and her team to hear their concerns about shifts in long-term care.

Enrollment in Medicare Advantage plans has doubled over the last decade, and the number of available plans has also increased, according to the Kaiser Family Foundation. The result is that Birdsall's billing department tracks hundreds of commercial plans and product lines with differing co-pays and coverage limits.

"Older adults need access to behavioral health and psychologist services," says Birdsall, pointing to the host of difficult life transitions, losses, and mental and physical health challenges that this fast-growing and underserved population faces. "We have to figure out a way to make the reimbursement fair for psychologists so that they continue to select to be Medicare providers."

This spring, APA formed a health-care financing advisory group to help the association develop long-term strategies that take into account such marketplace realities and to plan a long-term strategy for financing psychology practice. The group's work will include exploring how alternative payment models, such as value- and outcomes-based reimbursement, will affect psychologists' financial framework.

"We still have to pay attention to fee-for-service and individual CPT codes, even as we work with other health-care providers on alternative payment models," notes Gillaspy. "We need to live in both worlds." ■

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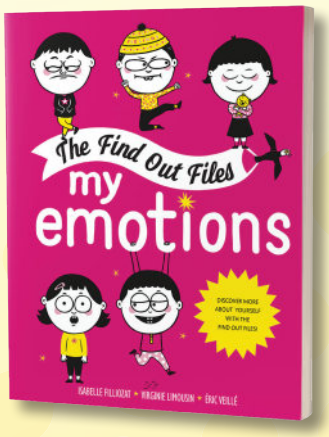
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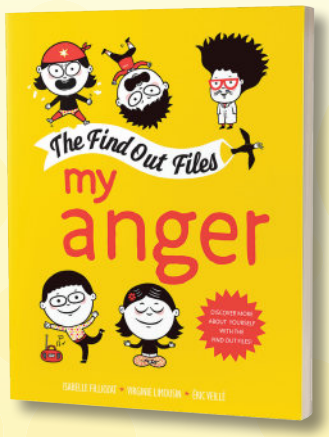
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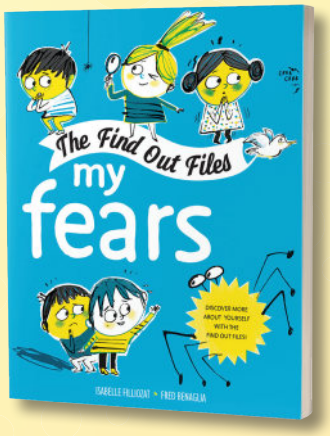
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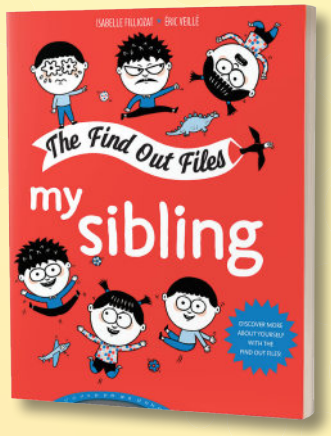
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4 QUESTIONS FOR RICHARD NAKAMURA

The former head of the NIH Center for Scientific Review discusses new findings on racial disparities in grant funding and offers ideas for closing the gap

BY KIRSTEN WEIR

In 2020, the National Institutes of Health (NIH) has invested $41.7 billion in research. And many Black scientists appear to be missing out on those awards.

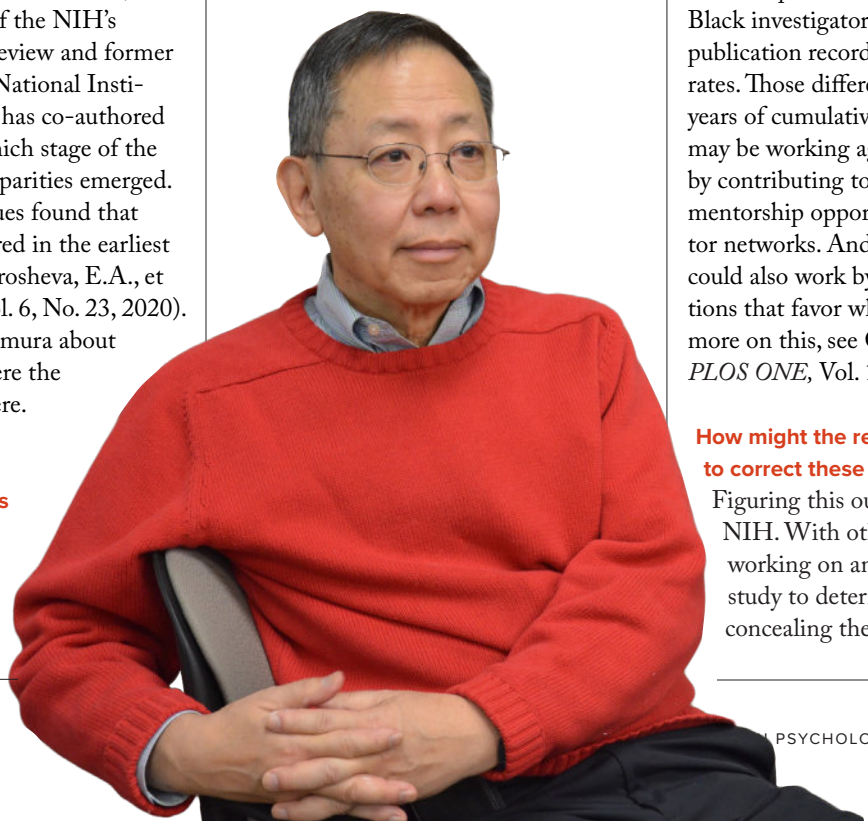
More than 80% of that budget is handed out through almost 50,000 grants to researchers at universities and other institutions. But as research by economist Donna Ginther, PhD, and colleagues found, Black scientists were 10 percentage points less likely than white applicants to be awarded NIH research funding from 2000–06. In other words, the award probability for Black applicants was roughly 55% of that found for white applicants (*Science,* Vol. 333, No. 6045, 2011). In the latest analyses to find out why, Richard Nakamura, PhD, former director of the NIH's Center for Scientific Review and former deputy director of the National Institute of Mental Health, has co-authored a paper exploring at which stage of the peer-review process disparities emerged. Nakamura and colleagues found that racial disparities appeared in the earliest stage of peer review (Erosheva, E.A., et al., *Science Advances,* Vol. 6, No. 23, 2020).

APA spoke to Nakamura about these findings, and where the NIH might go from here.

What does your paper reveal about the causes for the funding gap?

With colleagues including Carole J. Lee, PhD, and Elena Erosheva, PhD, both of the University of Washington, we assessed data from 2014 to 2016 and found the funding gap identified in Ginther's 2011 paper remains, despite changes to the peer-review process instituted in 2009. The disparities arise at the earliest stage of peer review, when reviewers give grant applications preliminary criterion scores in five areas: significance, investigator, innovation, approach and environment.

Importantly, this paper suggests that later stages of the review process, such as when reviewers discuss the application or assign a final score, do not change the racial disparities in scores. That doesn't mean we couldn't compensate or correct for bias at later stages. But in our search for the source of the bias, we can focus on what happens at or before the first stage of peer review.



DON LUCKETT

What might be happening to disadvantage Black scientists?

The causes are complex, and there are almost certainly multiple factors. Implicit bias among reviewers is one possibility. Reviewers aren't given the identity of the investigator. But because reviewers are usually acquainted with others in their domain of expertise, they may know an applicant's race.

Another possibility is that there is some qualitative difference between applications from Black scientists and white scientists. Research has shown that compared with white investigators, Black investigators tend to have smaller publication records and lower citation rates. Those differences may be due to years of cumulative discrimination that may be working against Black applicants by contributing to differences in career mentorship opportunities or collaborator networks. And that cumulative bias could also work by creating the conditions that favor white applicants (for more on this, see Ginther, D.K., et al., *PLOS ONE,* Vol. 13, No. 11, 2018).

How might the review process change to correct these disparities?

Figuring this out is a priority for the NIH. With others at NIH, we're working on an anonymization study to determine whether further concealing the identity and demo-

graphics of the principal investigator would eliminate or change the scoring disparities. Obviously, a scientist's track record is an important indicator of their future productivity. Yet if it turned out that such a step eliminated the difference in scoring, we might consider making changes to the peer-review process. One idea that has been suggested is a two-stage review: First, reviewers would assess the research idea without any information about the investigator. Additional information, like the scientist's track record, could be considered during a second level of review.

What more can the research community do to address racial disparities in science?

We have to take a look at the environment to make science feel welcoming to diverse perspectives and personalities and lifestyles. Diverse teams are more creative; they bring different ideas to the table. But the scientific subculture can be unwelcoming to a lot of people, including women and transgender and gender-nonconforming individuals, as well as Black scientists. That may be why Black scientists' professional networks are smaller, or why they have less citation activity.

"Improving diversity isn't just good for individual scientists, it's good for science and for society."

To make it more welcoming, scientists need to look deeply to figure out how and why the culture may be toxic to people from different backgrounds.

Institutions should certainly be paying attention to this and working to increase diversity. We should also encourage senior scientists to improve the diversity of their labs and better assist their minority students. Senior scientists with strong track records are the ones who get their students into the best graduate programs or postdoctoral positions. Those senior scientists help steer their students and put them in touch with more collaborators, so their efforts can snowball.

Disparities have been built into the structure of this country for centuries. Our recent struggles remind us how little progress we've made as a nation. We need to dig deep to make it possible for Black Americans of every kind to succeed in our society. Improving diversity isn't just good for individual scientists, it's good for science and for society. ■



VICARIOUS TRAUMA AMONG THE NATION'S PRISON STAFF

What interventions are in place for staff who have to help carry out death sentences?

BY KATHRYN A. LAFORTUNE, JD, PHD, TULSA COUNTY FAMILY CENTER FOR JUVENILE JUSTICE

The 2019 movie "Clemency" illustrates the story of a state prison warden who is tasked with planning and attending an execution. She meets with the prisoner to arrange details such as his last meal and burial wishes. She assembles a team of corrections employees to carry out the court's death sentence. This portrayal accurately depicts the difficult sequence of events in which corrections officials must participate when complying with court-sanctioned methods of execution. The emotional burden on staff before and after executions can be overwhelming, as some officers interact with these inmates for years and come to know them as nonthreatening, and that burden only intensifies if the execution process goes awry for any reason. This stress also raises a variety of issues pertaining to the need for post-execution therapeutic interventions when prison staff participate in or are otherwise affected by the events of these state-sanctioned homicides.

One example of an outlier in the typical execution process is the 2014 Oklahoma case of death row inmate Clayton Lockett. According to accounts, Lockett refused to be restrained, prompting use of a Taser, and the phlebotomist had a difficult time finding a vein to administer the lethal cocktail. Midway through the execution, Lockett regained consciousness and started to speak. A doctor observing the execution remarked that Lockett's vein had ruptured. The team made several more attempts to find a vein to complete the administration of drugs but was unsuccessful. Lockett died of a heart attack 43 minutes after beginning the execution. Following this debacle, another Oklahoma inmate, Charles Warner, was executed using the wrong drug. These events resulted in a stay of executions in Oklahoma that has lasted for more than four years.

How may corrections' staff, from wardens to correctional officers, be affected emotionally when facing the reality of killing another human being?

Studies have explored the emotionally damaging effects experienced by correctional officers who establish emotional connections with these prisoners. While officials routinely enlist multiple officers to participate in an attempt to separate ultimate responsibility for the killing, research shows that the aftereffects can be devastating and lead to symptoms of post-traumatic stress disorder among all staff involved with the execution.

Such findings suggest that it is incumbent on states to provide mental health counseling and support to corrections employees for potential vicarious trauma they may experience before, during and after executions. Yet most staff are not even allowed to talk about executions in order to maintain confidentiality. As detailed in the Oklahoma protocol, "The identity of all persons who participate in or administer the execution process and persons who supply the drugs, medical supplies or medical equipment for the execution shall be confidential," and "team members serve on a strictly voluntary basis."

Moving forward, research should focus on the level of perceived or actual coercion staff may experience for their voluntary participation in executions. Administrators should address specific ways to debrief and provide correctional staff with trauma services. And states need to fully recognize the unacknowledged stress that may accompany participation in these "judicial homicides," as documents discovered from the 1900s in an old Massachusetts prison describe executions. Finding meaningful solutions will be an important contribution to the mental health of all staff involved in the execution process. ■



AT ISSUE

The stress that accompanies "judicial homicide."

ROMZICON/THE NOUN PROJECT

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

CE

CONTINUING EDUCATION HOW PSYCHOLOGISTS PREPARE PATIENTS FOR SURGERY

BY REBECCA A. CLAY

A patient at the Medical University of South Carolina (MUSC) needed a liver transplant. Two barriers stood in his way: his alcoholism and other substance use and his undermanaged bipolar disorder. "At his initial behavioral medicine evaluation, he had many psychosocial contraindications for a transplant," says psychologist Wendy Balliet, PhD, an associate professor of psychiatry and behavioral sciences at MUSC.

Balliet began working with the man to help manage his bipolar disorder, teaching him skills to cope with his depressive symptoms. They also met weekly to focus on relapse prevention. "We did a lot of work on the front end to help him be a better candidate for a transplant from a mental health standpoint," says Balliet. And because he had already connected with her, the patient was better able to weather some unanticipated complications that arose post-surgery. Without that relationship, she says, he might have responded by not taking critical medications or by starting to drink and take drugs again. Instead, he's doing well.

Uncovering and addressing such problems before surgery is the primary reason for presurgical psychological assessment, says Andrew Block, PhD, a clinical health psychologist at the Texas Back Institute in Plano and a pioneer in presurgical assessment.

"The point is to identify both patients' strengths and vulnerabilities and then let the surgeon take those things into account and make the decision about whether to proceed," says Block. "With patients with a lot of risk factors, you want to do what you can to mitigate those and build the strength factors."

Presurgical psychological assessments began in the mid-1980s, when researchers started to analyze the factors that could predict why patients "failed" their surgeries, Block explains. Some patients might continue overeating after gastric bypass or other weight-loss surgeries, for example, or feel too depressed to participate in physical therapy or exercise regimens after spinal surgeries.

While there are still some "traditional physicians and surgeons who think that a surgical indication is all you need," Block says, presurgical psychological assessment is increasingly common. In fact, insurers now typically require such assessments before approving spinal cord stimulator implants, other spinal surgeries and bariatric surgeries. And while presurgical assessment has historically focused on those surgeries as well as transplantation—all surgeries where a patient's own behavior plays a major role in affecting outcomes, for better or worse—it's now spreading into new areas. Such assessments are now being used in more than a dozen types of surgeries around the country, says Block, including surgeries for carpal tunnel syndrome and temporomandibular disorder, deep brain stimulation for Parkinson's disease and cosmetic surgery.

IMPROVING OUTCOMES

While presurgical psychological assessments will vary depending on the type of surgery, the patient's characteristics and the psychologist's own preferences, the assessments typically share some common elements.

The process begins with a clinical interview to start uncovering both risk factors and areas of resilience that may affect how well the patient will do after surgery. A battery of tests can provide additional information about such areas as mood, pain, cognitive capacity, personality traits, substance use and other psychosocial factors that can affect both medical treatment and recovery. For example, psychologists might use the Millon Behavioral Medicine Diagnostic to assess coping

CE credits: 1

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

1. Describe how presurgical evaluations work.

2. Discuss the research on ways presurgical evaluations improve outcomes for patients undergoing surgery.

3. Describe efforts to improve the accuracy of surgical assessments.

For more information on earning CE credit for this article, go to **www.apa.org/ed/ce/resources/ce-corner.**

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strategies and other factors that might predict how well patients will do afterward. They might use the Beck Depression Inventory to check patients' mood and the Quality of Life Inventory to look at how satisfied patients are with their health and other areas.

No matter what assessment instruments are used, the goal is the same: to improve surgical outcomes. It's not to find reasons to deny surgery, as some patients mistakenly believe.

"Unfortunately, patients and sometimes practitioners, too, think that our role is a gatekeeping one—saying thumbs-up or thumbs-down," says Leslie Heinberg, PhD, vice chair for psychology in the Cleveland Clinic's department of psychiatry and psychology, who provides presurgical assessments for patients planning bariatric surgery. "At least in our field, it's exceedingly rare that someone is not deemed to be a good surgical candidate because of psychological reasons."

Instead, Heinberg explains, the goal of assessment is to gather information to help patients prepare for surgery, make it through their hospitalization without problems and optimize their long-term outcomes. The assessment findings help Heinberg identify the factors that led to weight gain in the first place and help patients plan ways to overcome those challenges, for example. "Oftentimes, people will say they did really well with weight loss until they went through a stressful period at work or lost someone close to them or got sick and went on medication," she explains. "I help patients understand that those risk factors will still be there after surgery and find ways to work through those challenges."

Identifying and treating any mental illness is also key, says Heinberg, noting that bariatric surgery patients have a higher prevalence of psychiatric diagnoses than the general public (Sarwer, D.B., & Heinberg, L.J., *American Psychologist,* Vol. 75, No. 2, 2020). Treating psychiatric illnesses is important for any patient about to undergo the rigors of surgery, but it is even more critical for bariatric patients, says Heinberg. Some studies suggest that patients who undergo bariatric surgery are at greater risk of self-harm and suicidality post-surgery (Castaneda, D., et al., *Obesity Surgery,* Vol. 29, 2019). An assessment may also uncover other conditions that require treatment prior to surgery, such as disordered eating and alcohol and other substance use disorders.

For spinal surgery patients, mental health issues such as depression, anxiety and malaise can keep patients from recognizing reductions in pain and improvements in functioning post-surgery, even when their surgeries are medically successful, adds Block. "Patients with malaise, for example, tend to focus more on the physical symptoms that remain rather than the reduction in symptoms," he says. Patients with mental health issues may also lack the energy they need to start exercising or participate in rehabilitation. Armed with that information, psychologists can begin treating the mental health conditions that may affect outcomes.

The information uncovered by assessments can also help psychologists assist patients in preparing for the long list of behavioral changes needed to optimize outcomes post-surgery. For bariatric surgery patients, that includes exercising, avoiding carbonated beverages, reducing caffeine intake and taking vitamin supplements for the rest of their lives. Heinberg and colleagues have found, for example, that high scores on the behavioral/externalizing dysfunction scale of the Minnesota Multiphasic Personality Inventory-2-Restructured (MMPI-2-RF) are associated with increased risk of bariatric surgery candidates failing to use a continuous positive airway pressure (CPAP) machine to treat sleep apnea (Martin-Fernandez, K.W., et al., *Surgery for Obesity and Related Diseases,* in press). Given that information, psychologists can help patients identify psychosocial obstacles to using the machine and come up with ways to ensure their adherence even before they have surgery.

IMPROVING ASSESSMENTS

As presurgical psychological assessment is becoming more common, psychologists are looking for ways to make these assessments more accurate and less taxing for both psychologists and patients. Heinberg and colleagues, for example, are researching ways to make the assessment process less burdensome. They have found that a more streamlined approach to administering the MMPI-2-RF worked as well as full administration for bariatric patients, making assessment easier for both clinicians and patients (Tarescavage, A.M., et al., *Surgery for Obesity and Related*

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SHAPECHARGE/GETTY IMAGES

Depression and anxiety can keep spinal surgery patients from seeing improvements in functioning or pain after surgery.

Diseases, Vol. 15, No. 5, 2019).

Block is hoping to make assessments more accurate by measuring patients' protective factors as well as risk factors. He has found, for example, that patients who are actively involved in seeking information and making decisions about their own health care—a trait called "patient activation"—do better after surgery. The trait, Block and his colleagues found, helped explain why some patients don't experience poor outcomes despite having psychosocial risk factors (*Journal of Clinical Psychology in Medical Settings,* Vol. 26, 2019).

Block and co-author Ryan J. Marek, PhD, an assistant professor of health service psychology at the University of Houston–Clear Lake, used such findings to develop a five-step model of assessment that can be used before any type of surgery.

The first step of the model calls on psychologists to use a validated and standardized instrument like the MMPI-2-RF to identify psychological risk factors. In the second step, the psychologist corroborates those findings via a chart review, clinical interview and/or other psychometric tests. For example, if the initial screening suggests the patient is demoralized, the psychologist can confirm that finding with a more specialized tool, such as the Demoralization Scale. Or if the patient seems depressed or anxious, the psychologist can turn to the Beck Depression Inventory or the Beck Anxiety Inventory for confirmation. In step three, the psychologist identifies protective factors, such as patient activation, that could help reduce the patient's risk of a bad surgical outcome. In step four, the psychologist integrates all that information and identifies the patient's overall level of risk. The final step is to develop a treatment plan that takes into account all of these factors (*Journal of Clinical Psychology in Medical Settings,* Vol. 27, 2020).

"We developed this model to be generic, to be used with any medical condition where presurgical screening is being utilized," says Block. "It isn't about specific tests that should be used or specific things to look at; it's more about the approach we need to take."

Validating the instruments used in presurgical evaluation is another priority. "We really need to have research that demonstrates the relationship of psychological measures to the outcomes of surgery," says Block. "In most cases, the research is not very well developed." Instead, he says, psychologists mostly rely on existing tests that measure traits or capacities that are presumed to be related to surgical outcomes but lack research to show that the results really do predict surgical outcomes.

There are some exceptions, he says. When the MMPI-2-RF was released, for example, Block and colleagues determined that it was a reliable and valid instrument to assess patients before spinal surgery and spinal cord stimulator implantation and identify those who may be at greater risk of poor outcomes (*Journal of Personality Assessment*, Vol. 102, No. 1, 2020). "Every time a new test or instrument comes out, we have to go through a validation process to make sure it's appropriate in that setting," says Marek, a co-author of the study.

Such validation studies are especially needed for certain types of patients. Take transplant candidates, says Balliet, noting that there is a dearth of standardized measures normed on

KEY POINTS

1. **Presurgical assessments seek to uncover both risk factors and areas of resilience that may affect how well a patient will do after surgery.**
2. **Psychologists are exploring ways to make presurgical assessments more accurate and less taxing for patients.**
3. **Now, presurgical assessments are being used in new areas, such as prophylactic mastectomies and pelvic exenteration for treatment of certain cancers.**

transplant populations. Given the high stakes—patients' lives—and issues of supply and demand in organ transplantation, transplant candidates will often minimize or deny emotional distress or a history of addiction on measures because they believe that the psychological evaluation serves a gatekeeping function.

"Most transplant centers, however, use all members of a transplant team to make a decision that is in the best interest of the candidate, including planning for pre- or postoperative psychological interventions that will optimize the success of the transplanted graft and ultimately the quality of life of the transplant recipient," says Balliet. "Like bariatric surgery, very few patients—if any—are denied solely as a result of psychological variables."

Transplant patients have other issues, too, such as guilt. "People who have lung disease from smoking or liver disease from alcohol use often feel they're unworthy of this gift," Balliet says, explaining that therapy can help patients believe that change is possible and give them the tools to follow through with cognitive and behavioral changes that will help them be well positioned for transplant surgery. "And one of the most common things I hear is, 'Someone had to die for me to live.'" Ironically, she adds, guilt can be a protective factor because patients want to do right by their new organs. "They internalize the importance of lifelong positive health changes," she says.

Gender transition surgery is another area where more research is needed, says psychologist lore m. dickey, PhD, a behavioral health consultant at North Country HealthCare in Bullhead City, Arizona. Although the World Professional Association for Transgender Health's standards of care call for one letter of approval from a mental health or medical provider for chest surgery and two for genital surgery, and most surgeons and insurers require them, there are no empirically based guidelines for assessment, says dickey (Budge, S.L., & dickey, l.m., *Psychiatric Clinics,* Vol. 40, No. 1, 2017).

"There's no assessment I can give someone that says, 'Yep, they're trans and need surgery,'" says dickey, explaining that surgeons often worry patients will regret their surgeries. Historically, dickey says, psychologists have used the MMPI's masculine/feminine scales to determine whether someone is transgender. "But that's not what the MMPI was designed for," he says. And interpreting scores can be challenging. A trans person who scores high on violent behavior, for example, may have been defending themselves against attack. And while the standards call for mental health concerns to be "reasonably well controlled" before surgery, what that means isn't clarified, says dickey, who believes "well controlled" should be defined as the absence of clinically significant symptoms, adherence to a medication treatment regimen, ability to manage activities of daily living and ability to self-regulate emotional changes.

NEW DIRECTIONS

Now, presurgical assessments are being used in new areas. In some cases, those assessments don't focus on whether patients need treatment for psychiatric disorders or other interventions to become good candidates for surgery because the surgery is a matter of life or death and patients don't have time to make behavioral changes that might optimize their outcomes. In these cases, the focus of presurgical assessment is to ensure that patients understand what to expect and how to prepare.



KATARZYNA BIALASIEWICZ/GETTY IMAGES

Assessments also help psychologists prepare patients for the behavioral changes they need to make to optimize outcomes post-surgery.

FURTHER READING

A Review of the Psychosocial Aspects of Clinically Severe Obesity and Bariatric Surgery
Sarwer, D.B., & Heinberg, L.J.
American Psychologist, 2020

A Ventricular Assist Device Recipient and Suicidality: Multidisciplinary Collaboration With a Psychiatrically Distressed Patient
Balliet, W.E., et al.
Journal of Cardiovascular Nursing, 2017

Validation of a Psychological Screening Algorithm for Predicting Spine Surgery Outcomes
Marek, R.J., et al.
Assessment, 2019

One example is a radical surgery called pelvic exenteration. Typically used to treat more aggressive or high-grade cervical, uterine or ovarian cancers, this operation removes the reproductive organs and other organs in the pelvic cavity, such as the bladder, colon and rectum. "The purpose of the assessment is not in any way to affect the surgeon's decision-making about whether to proceed," explains psychologist Andrea Bradford, PhD, an assistant professor of medicine at Baylor College of Medicine in Houston.

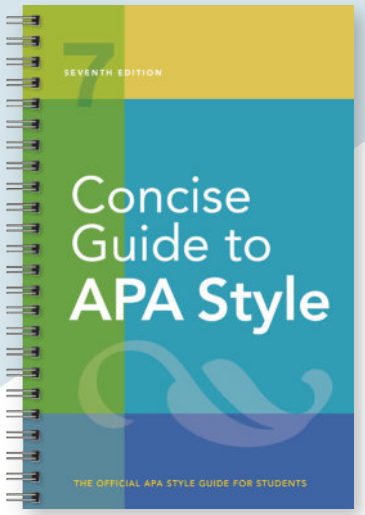
Instead, says Bradford, the assessment focuses on ensuring that patients understand what the surgery will entail and how their lifestyle may change. "If someone has an overly ambitious plan to return to employment a month after surgery, that's pretty unrealistic," says Bradford. A psychologist can help a patient identify postsurgical social support and ways to manage their work and family responsibilities, for example.

Another new area for presurgical psychological assessments is prophylactic mastectomies, an elective surgery in which healthy breasts are removed. While this surgery reduces the risk of breast cancer, it can also result in medical complications and psychological distress related to body image and sexual functioning.

Together with psychologists, surgeons and other specialists in Australia, a research team from the University of Sydney has developed an assessment template psychologists can use before these surgeries (Braude, L., et al., *Psycho-Oncology,* Vol. 27, No. 10, 2018). The evidence-based template includes items assessing patients' understanding of their cancer risk and the surgery, and the surgery's potential impact on their physical and emotional well-being, informed decision-making and any previous or current psychological issues, especially those related to anxiety and body image.

Women who are considering contralateral prophylactic mastectomy—removal of a healthy breast in a patient who has or has had breast cancer in the other breast—have a lot of information to process at a time when they may already feel tremendous stress, says study lead Ilona Juraskova, PhD, an associate professor of health psychology at the University of Sydney. "Sometimes women are having surgery after their chemotherapy, and they're tired, overwhelmed, insecure and uncertain about what to do," she says. For women who don't have cancer but do have a family history of disease, the decision can be even more difficult. "Open discussion with women about the extent to which breasts form a part of their femininity and sexual relationships are key to managing postsurgical expectations and reality," says Juraskova. ■

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SAFEGUARDING STUDENT MENTAL HEALTH

COVID-19 and its repercussions are shining a light on the critical need for school-based mental health services

BY KIRSTEN WEIR

For years, untreated mental and behavioral health disorders have been a simmering problem in our nation's schools. Each year, an estimated 1 in 5 U.S. children experience a mental, emotional or behavioral disorder, including anxiety, depression, attention-deficit hyperactivity disorder and disruptive behavioral disorders. Yet only about 20% of them receive care from a specialized mental health provider, according to the U.S. Centers for Disease Control and Prevention (CDC). ¶ And that was before COVID-19. ¶ "If you look at the prevalence of kids who have school adjustment difficulties and mental health problems, it was too high before the pandemic—and it's going to be higher now," says Roger Weissberg, PhD, a distinguished professor emeritus of psychology at the University of Illinois at Chicago and chief knowledge officer of the Collaborative for Academic, Social, and Emotional Learning (CASEL). ¶ School closures and emergency distance-learning plans have turned young people's routines and peer interactions upside down. At the same time, many families are facing new or worsening financial hardship in the wake of the pandemic. "Based on prior community crises, we can reasonably anticipate increases in anxiety, depression and trauma, and it goes without saying there will be signif-

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YOUTH MENTAL HEALTH

8.7%
Percentage of U.S. adolescents with major depressive disorder in in 2005 (12-month prevalence)

11.3%
Percentage in 2014

6.8/100,000
Suicide rate among U.S. residents ages 10 to 24 in 2007

10.6/100,000
Rate in 2017

icant grief and loss issues," says Sharon Hoover, PhD, co-director of the National Center for School Mental Health at the University of Maryland School of Medicine. "Given the increased economic stress facing families, we can also anticipate increases in child abuse and neglect."

As schools begin to reopen brick-and-mortar spaces, even kids without mental health challenges will face a tough readjustment period. "Kids and teachers have been out of school for months, and some may be emotionally dysregulated. We'll need to figure out how to instill a sense of hope and optimism and wellness as they return," Hoover says.

Of course, while the scale of the problems may have changed in the past six months, schools have been facing such challenges for a long time. "Schools are actually the place where most young people receive mental health care, if they receive it at all," Hoover says. In the last decade or so, many states and school districts have gotten more serious about investing in students' (and teachers') mental health.

Now, those investments may point the way toward increasing support for students and school staff reeling from the effects of the coronavirus pandemic. Indeed, one silver lining of this global crisis may be that schools and policymakers can no longer ignore students' mental health, some experts say. "The pandemic is definitely going to be a game changer," says Weissberg. "The question now is, what kind of game are we going to change to?"

STAVING OFF FUTURE PROBLEMS

Pre-2020, there was already evidence that mental health problems in young people were on the rise. The 12-month prevalence of major depressive disorder in U.S. adolescents increased from 8.7% in 2005 to 11.3% in 2014 (Mojtabai, R., et al., *Pediatrics,* Vol. 138, No. 6, 2016). Suicide rates have also increased among people ages 10 to 24, from 6.8 per 100,000 people in 2007 to 10.6 per 100,000 in 2017, according to the CDC.

In light of such trends, more than half of U.S. states have passed laws or enacted policies requiring schools to have a mental health curriculum or include mental health in their health or education standards. Many such frameworks have been developed just within the last five years, says Hoover. "We're seeing increased awareness of the value of bringing mental health into schools, which is step one."

Supporting children now will have big payoffs later, adds Enedina Vázquez, PhD, a professor of school psychology at New Mexico State University and president of APA's Div. 16 (School Psychology). "If we don't attend to children's mental health problems when they're young, those problems are going to follow them as adults. It will make for an even worse situation later on."

With more than 50 million U.S. children receiving public education, schools are the obvious place to reach at-risk youth. But there is no consistency in how schools take action. "We have around 100,000 public schools and 14,000 districts. Part of what's so difficult is that there is such variability district by district," says Olga Acosta Price, PhD, director of the Center for Health and Health Care in Schools at the Milken Institute School of Public Health at The George Washington University.

School psychologists are part of the puzzle, but their duties vary widely. In many schools, their primary role is in psychological assessment and testing and administering individual education programs (IEPs) for students in need of special education. In some places, they provide mental health support, along with other in-school professionals such as school counselors and social workers.

Yet public schools are notoriously underfunded, and many districts have only a handful of such professionals for the entire student body. To meet the need for mental health treatment, models such as the multitiered system of support framework are growing in popularity. In this tiered system, all students receive academic and behavioral instruction and support, which includes learning about wellness and coping skills that can prevent mental health problems. Students with mild or emerging mental health problems receive targeted second-tier intervention, often from school-based counselors or school psychologists in small-group settings. With parents' permission, children with more serious mental and behavioral health problems receive more intensive third-tier interventions, which can be provided by school-based practitioners or



JUANMONINO/GETTY IMAGES

community-based mental health providers.

The tiered approach appears to be an effective way to address a variety of problems. One review found that more than three-quarters of the programs were effective at preventing and treating depression in students at each of the three tiers (Arora, P.G., et al., *School Mental Health,* Vol. 11, No. 2, 2019).

Partnering with community mental health providers, including psychologists, social workers and licensed counselors, helps prevent children from falling through the cracks. "Schools are seeing that they don't have to bear the burden of student mental health alone," Hoover says. "And increasingly, these services are based right there in the school building."

A school-based mental health project in Texas, launched by clinical psychologist Elizabeth Minne, PhD, is a shining example of how such collaborative solutions can work. Known as Vida Clinic, the program is offered in more than 50 Texas schools, where onsite mental health providers offer year-round services to students as well as teachers, administrators and any other adult school staff. Unlike school-employed psychologists, Minne and her team are community providers funded through a combination of grants and billing to students' Medicaid or private insurance.

Even before the COVID-19 pandemic, there was evidence that mental health problems in young people were on the rise.

"We try to fit seamlessly into the other tiered supports schools have in place," she says. "We coordinate our care with the goal of working as a team with the school and family in order to surround the child with a whole system of support."

SOCIAL AND EMOTIONAL LEARNING

Minne isn't alone in taking a big-picture approach to student mental health. Across the nation, school administrators have been focusing on the importance of infusing mental health literacy and social and emotional well-being into schools at every level, from students to superintendents.

"The most important thing that's happened in this field in the last five or 10 years is the recognition that to build competencies of the kids, you also have to build the strengths and capacities of the adults, including parents, teachers and school mental health providers," says CASEL's Weissberg. His group works with schools in all 50 states, and 38 states are partnering with CASEL in the Collaborating States Initiative, which works on systemic approaches to integrate social and emotional learning not just into classroom curricula but into a school's overall philosophy.

> "THE PANDEMIC IS DEFINITELY GOING TO BE A GAME CHANGER. THE QUESTION NOW IS, WHAT KIND OF GAME ARE WE GOING TO CHANGE TO?"
>
> ROGER WEISSBERG, PHD, UNIVERSITY OF ILLINOIS AT CHICAGO

In action, that means lessons on setting goals, managing feelings, social interactions and coping skills are intertwined with academics. Language arts teachers model and discuss emotional intelligence when they read stories aloud, and math teachers go beyond algebra and geometry to help students manage math anxiety, says research psychologist Marc Brackett, PhD, director of the Yale Center for Emotional Intelligence at Yale University and a CASEL board member. His evidence-based approach to social and emotional learning, called RULER, is used in 2,500 pre-K–12 schools in the United States (*Educational Psychologist,* Vol. 54, No. 3, 2019).

"Social and emotional learning is about infusing these principles into the immune system of the school," he says. "To do the best possible work, we have to think systemically."

Such efforts benefit all children, not only those with mental health problems, Brackett adds. In a meta-analysis of 213 school-based social and emotional learning programs, Weissberg and colleagues found the programs improved students' social and emotional skills, attitudes, and behavior. What's more, participants showed improvements in academic performance, reflecting an overall 11-percentile-point gain in achievement (Durlak, J.A., et al., *Child Development*, Vol. 82, No. 1, 2011).

The social and emotional benefits are likely to be especially valuable in times of crisis such as the coronavirus pandemic, Brackett says. In a survey that he and colleagues conducted in the first months of the pandemic, the team found that parents, educators and school leaders were struggling to manage their anxiety (see sidebar, page 52). Social and emotional learning tools can help them cope, Brackett says.



The pandemic could help schools recognize the importance of social and emotional learning.

"We must create learning environments that give adults and children permission to feel their anxiety, stress and fear, and also teach them evidence-based strategies to regulate those emotions," he says.

COVID CHALLENGES

Yet as U.S. schools hastily

"HOW DO WE BEST EQUIP EDUCATORS, NOT ONLY TO SUPPORT THEIR OWN WELL-BEING BUT ALSO SO THEY'LL HAVE THE SKILLS THEY NEED TO IDENTIFY AND SUPPORT STUDENTS WITH MENTAL HEALTH CONCERNS?"

SHARON HOOVER, PHD, CO-DIRECTOR, NATIONAL CENTER FOR SCHOOL MENTAL HEALTH, UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE



DOBRILA VIGNJEVIC/GETTY IMAGES

launched distance-learning plans in response to the coronavirus, even some who previously embraced social and emotional learning let those efforts fall by the wayside. "I've seen a lot of reverting back to a singular focus on academics, rather than figuring out how to connect with kids emotionally," Price says. "It suggests to me that we still have work to do in considering how we're addressing the whole child and the whole family."

Understandably, schools have had major hurdles to jump as they figure out how to operate in crisis mode. In many districts, large numbers of students were without internet access or reliable devices. Students who receive free and reduced-price meals at school were at risk of going hungry. "It's reasonable that districts and leaders were first concerned with identifying basic needs and taking care of the most vulnerable," Price says.

But now as schools start a new school year, administrators won't be able to ignore mental health, Price adds. "We need to think about the opportunities for prevention and early intervention because everyone is impacted by this."

CASEL has published guidance for schools to draw on social and emotional learning as they dust off their desks and reopen their doors (*An Initial Guide to Leveraging the Power of Social and Emotional Learning as You Prepare to Reopen and Renew Your School Community,* 2020). That plan includes providing equitable learning opportunities for teachers and other adults, as well as students, to reconnect, heal and develop their own social and emotional capacities.

Indeed, a key question for school districts should be how they will support educators' mental health in the months to come, Hoover says. "How do we best equip educators, not only to support their own well-being but also so they'll have the skills they need to identify and support students with mental health concerns?" she says.

Meanwhile, services for students with existing and emerging mental and behavioral health problems will be more important than ever. When schools shut down suddenly in the spring, they had to find ways to quickly pivot to provide teletherapy and other remote services to students and staff. In some places, there have been benefits to doing business remotely, says Vida Clinic's Minne. "We've been able to cast our net a bit wider and serve more people," than they could serve in face-to-face settings before the pandemic, she says.

Of course, not everything translates so easily to the digital world. Although many schools have made an effort to provide children with laptops or tablets, many children still lack reliable access to devices and internet access. And children who are abused or neglected may be more likely to fall through the cracks without the watchful eyes of their teachers, Vázquez says. Schools must find better ways to remotely identify kids at risk and screen them for mental health problems, she adds. While companies that create clinical and classroom assessments have begun modifying their products to allow more testing to be done remotely, a number of assessments—such as testing for autism—have traditionally relied on in-person tasks.

Still, Vázquez says she is optimistic that school psychologists will be able to adapt. "This pandemic is teaching us to move faster into providing these services with technology. This is a place for school psychologists to step up," she says.

REIMAGINING THE FUTURE

In fact, several educational psychologists say they're hopeful that the pandemic could bring about

FURTHER READING

Promoting Positive Youth Development Through School-Based Social and Emotional Learning Interventions: A Meta-Analysis of Follow-up Effects
Taylor, R.D., et al. *Child Development,* 2017

Educational Outcomes Associated With School Behavioral Health Interventions: A Review of the Literature
Kase, C., et al. *Journal of School Health,* 2017

Embedding Mental Health as Schools Change
Adelman, H., & Taylor, L., 2020

positive change in our schools.

"A hopeful outcome of this pandemic may be that our nation's education system realizes that social and emotional learning is the foundation for learning and well-being, and that our nation creates the system to ensure every child gets the education they deserve," Brackett says.

One silver lining might be the increased awareness of how much teachers do for their students every day. "When school is disrupted, it becomes apparent how critical school really is," says Hoover. "Maybe this crisis will lead to the recognition that educators are part of the front-line mental health workforce."

Similarly, says Price, this experience may highlight the importance of school-based mental health providers. Schools often invest too little in professionals such as school psychologists, social workers and school counselors. And when there's a budget shortfall, those positions are often among the most vulnerable to cutbacks. "Maybe this will be a turning point and the light bulb will go off that these are essential personnel," Price says.

Whatever new normal emerges in the months and years to come, psychologists of all stripes—school psychologists, community psychologists, research psychologists and more—should be part of the solution, Minne adds. "The whole world is adapting right now, and we're equipped to take the psychological science and apply it," she says. "We're trained to be leaders in this way, and we as psychologists should encourage each other to step up and lean in to improve our society." ■

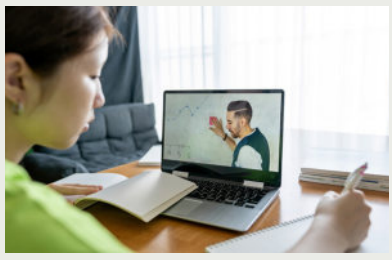
CLASSROOM CONNECTIONS

THE BENEFITS OF SOCIAL-EMOTIONAL LEARNING

At the end of March when most schools moved to distance learning, researchers at the Yale Center for Emotional Intelligence, surveyed more than 5,000 U.S. teachers and asked them to list the most frequent emotions they felt each day. The top five responses were *anxious*, *fearful*, *worried*, *overwhelmed* and *sad*.

Anxiety was by far the most frequent response. "The uncertainty and unpredictability about what the future of school will be is taking a toll on their wellness," says Yale researcher Marc Brackett, PhD, who conducted the survey with colleague Christina Cipriano, PhD, and the Collaborative for Academic, Social, and Emotional Learning (CASEL).

In early May, the researchers sent the same survey questions to special education teachers. In addition to the anxiety and fear other teachers had mentioned a few weeks earlier,



SETSUKON/GETTY IMAGES

special educators shared that they felt exhausted, frustrated and confused. "The requirements for distance learning kept evolving, and they were having trouble keeping up with those expectations," Cipriano says.

Despite the unknowns, research points toward ways to help educators cope—benefits that trickle down to students. For example, teachers are less likely to experience burnout, and more likely to report healthy functioning, when they have autonomy to plan lessons and make decisions, feel connected to peer networks, and have sufficient guidance and training, Cipriano says.

The research also suggests that teachers with better social emotional learning (SEL) skills are more likely to have good relationships with students, and those students in turn are more engaged in learning.

SEL works best when implemented systematically, providing students and faculty a common language and set of skills to draw from. "It's about infusing these principles into the immune system of the school," Brackett says.

That calls for administrators to seek out professional development trainings in SEL and set aside adequate time to invest in teacher health and well-being, Cipriano. "If schools have SEL programs already, they should lean into them," she says. If they don't, there's a wealth of tools available to help them get started at CASEL Cares at https://casel.org/covid-resources.



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Anjali Gowd Ferguson, PhD
THURSDAY, OCTOBER 15, 2020
1:00-3:30 pm, ET

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Elena Cherepanov, PhD
THURSDAY, OCTOBER 29, 2020
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WHAT DID DISTANCE LEARNING ACCOMPLISH?

Millions of U.S. school children ended their academic year via remote learning. How did this unplanned experiment measure up?

BY KIRSTEN WEIR

More than 56 million students attend public and private elementary, middle and high schools in the United States. Last March, the vast majority of them took part in an impromptu experiment when most schools locked their doors to protect against the novel coronavirus. Overnight, teachers were forced to figure out how to translate face-to-face lessons into remote-learning lesson plans.

As schools kick off the 2020–21 school year, there are many unknowns. Some form of distance learning remains likely—either entirely remote, in combination with scaled-back in-person instruction or as a future possibility if new waves of COVID-19 outbreaks emerge.

As educators and administrators plan for that uncertain future, they must also assess how students fared. The pandemic has presented many new challenges in addition to school closures, including the death of loved ones and economic hardship. "Students have been exposed to a tremendous range of experiences, ranging from traumatic to enriched," says educational psychologist Sara Rimm-Kaufman, PhD, a professor of education at the University of Virginia.

ROBERT NEUBECKER

"I DON'T BELIEVE FOR A SECOND THIS GENERATION OF STUDENTS WON'T CATCH UP. BUT WE CAN'T ALLOW EVERYTHING TO REST ON TEACHERS. POLICIES MUST CHANGE TO ENSURE EQUITY." FRANCESCA LÓPEZ, PHD, PENN STATE UNIVERSITY



ONLINE INEQUITIES

How many children weren't engaging with remote learning (logging in once a week or less)?

3.7%
of children in families making more than $100,000 per year

38%
of children in families making less than $25,000 per year

Source: ParentsTogether

While some students have thrived and learned during the pandemic, others are likely to have fallen behind. Regardless of ZIP code or family background, schools are, in theory, places where all students can receive education and support. But the coronavirus shutdown has emphasized (and widened) existing disparities in education.

"When kids come to a classroom, it's easy to imagine they're all the same. But we can't expect the same outcomes from a kid learning on his own computer at his family's vacation home and a child who doesn't even have a table to sit at," says Avi Kaplan, PhD, a professor of educational psychology at Temple University.

But the experience may yet have a silver lining, he adds. "We have a tendency to go back to what we thought was normal. But there's an opportunity here to unlearn things that people knew were not working."

THE DIGITAL DIVIDE

When schools closed abruptly, teachers were forced to design remote-learning plans quickly. The plans they created were all over the map, says Helenrose Fives, PhD, a professor of educational foundations at Montclair State University and president of APA's Div. 15 (Educational Psychology). In late March, Fives and colleagues began surveying teachers about their experiences with distance learning in New Jersey—a state with a staggering 584 school districts.

"It seems like every district is doing something different. The variability in how districts are approaching this is shocking," she says.

Even within a single district, student experiences are wide-ranging. Teachers and parents have reported that some kids are thriving with fewer social distractions, or have been energized by their newfound independence. Yet many other children lack devices or reliable access to the internet. And while some families have parents who can oversee their children's remote learning, many youths are caring for younger siblings while their parents work in essential jobs or living with the chaos of unemployment or homelessness.

"It's a question of privilege," says Michele Gregoire Gill, PhD, a professor of educational psychology at the University of Central Florida. "Some families are just in survival mode."

The inequities are hard to overstate, Gill and other experts say. A survey of 1,500 U.S. families by advocacy group ParentsTogether released in late May found 83% of children in families in the highest income quartile were logging in to distance learning every day. Just 3.7% of those families reported their children were participating in distance learning once a week or less, compared with 38% of students from families in the lowest income quartile.

That missed instructional time is likely to be a serious setback for low-income students. Previous research has found that chronic absenteeism—usually defined as missing at least 10% of school days—affects reading levels, grade retention, graduation rates and dropout rates (Allison, M.A., et al., *Pediatrics*, Vol. 143, No. 2, 2019). Chronic absenteeism disproportionately affects kids living in poverty in the best of times, as Children's National Hospital pediatrician Danielle Dooley, MD, and colleagues describe in an opinion piece on the effects of COVID-19 on low-income children (*JAMA Pediatrics*, published online, 2020). Remote learning during COVID-19 is likely to widen that disparity, they say.

Students from low-income homes aren't the only ones at risk of slipping through the cracks. Families who speak other languages, undocumented immigrants and students with special needs are also at risk of missing out on the services to which they're entitled. Children with disabilities or special needs are legally entitled to special education services, including

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speech-language therapy, autism interventions, occupational therapy and psychological services. But many of those don't translate easily to the remote platforms available. The ParentsTogether survey painted a grim picture for special education students, with 40% of parents reporting they weren't receiving any support, and just 20% reporting their children were receiving all of the special education services they typically received in school.

DOES REMOTE LEARNING WORK?

Students from disadvantaged backgrounds and those with special needs may face the biggest educational challenges. But some research indicates that all students could start the year far behind. Megan Kuhfeld, PhD, and Beth Tarasawa, PhD, of the Collaborative for Student Growth at the educational nonprofit organization NWEA, published a white paper analyzing past research on learning loss over summer break. They predict that overall, students in grades three through eight will return to school with roughly 70% of the learning gains in reading and less than 50% of the learning gains in math compared with a typical year (*The COVID-19 Slide: What Summer Learning Loss Can Tell Us About the Potential Impact of School Closures on Student Academic Achievement,* Collaborative for Student Growth, 2020).

That's not to say online learning itself isn't effective. "Research generally shows that online learning can be as effective as in-person instruction, if you have a good setup," Gill says. But what most schools were doing in the spring wasn't true online learning, she adds. "Teachers didn't have prepared online content, so they were trying to convert what they normally do to an online platform. It was emergency triage."

Connecting lessons to children's interests is especially important in remote settings where students don't have the classroom structure to guide them.



"Remote learning is not the same as online learning," agrees Aroutis Foster, PhD, a professor of learning technologies at Drexel University. True online learning happens on digital platforms designed for that purpose, often with personalized content for each student and options to use their choice of digital tools. "Online learning facilitates different types of learning preferences, provides learner flexibility and uses online quality metrics," Foster says. But for many students, distance learning during COVID-19 included none of those features, and instead involved tuning in at a set time to listen to teachers lecture on Zoom or Google Meet.

What's more, online learning programs that were working before coronavirus might not be as effective without teacher support and the structure of in-person learning. In a data tool called the Opportunity Insights Economic Tracker, economists at Brown University and Harvard University looked at how U.S. students were performing in an online math program before and after the coronavirus shutdown. As of May 31, total student progress in online math coursework decreased by 64.2% compared with January. In low-income ZIP codes, math progress fell 74.8%, compared with 36.1% in high-income ZIP codes.

SUCCESSFUL LEARNING ENVIRONMENTS

With continued remote learning a distinct possibility, educators will be considering what went well during the spring of 2020, and what they can improve on. Educational psychology offers clues about what factors are important to creating successful learning environments. To stay motivated when learning at home, students need to feel competence, relatedness (a sense of belonging and connection with others) and autonomy, says Kaplan. According to self-determination theory (Ryan, R.M., & Deci, E.L., *American Psychologist,* Vol. 55, No. 1, 2000), those needs are vital for self-motivation and well-being in many domains, including education. In a practice brief for parents who are homeschooling during quarantine (Homeschooling Under Quarantine, APA Div. 15, 2020), Kaplan and Debra A. Bell, PhD, describe how parents can support a child's competence (emphasize improvement with realistic expectations), relatedness (consider a child's needs, listen empathetically and provide emotional support) and autonomy (provide meaningful choices and allow a child to incorporate personal interests).

Tying lessons into children's own interests may be especially important in remote settings, Foster says, when students don't have the classroom structure and classmates' behaviors to guide them. "Online settings require a lot of self-regulation, and we know novice learners don't have a lot of that," he says. "Peer influence is a huge deal in terms of learning, and there's a lot of socially shared regulation happening in classrooms."

The lack of social connections during the pandemic is significant, says Rimm-Kaufman. "One of the things that this shift has underscored is how much personal relationships matter for kids, including relationships with other students and with teachers."

Feeling connected to a teacher can make a big difference in educational outcomes. The quality of teacher-student relationships has a significant effect on student engagement and, to a slightly lesser degree, on student achievement, according to a meta-analysis of 99 studies (Roorda, D.L., et al., *Review of Educational Research,* Vol. 81, No. 4, 2011). The influence of those relationships was particularly important for students from disadvantaged backgrounds and those with learning difficulties.

But meaningful teacher relationships may be harder to develop over the internet, says Fives. "So much of the motivation in a classroom comes from those quick interactions students have with teachers in the moment," she says. "In a remote-learning setting, kids often have to wait for that feedback."

What's more, digital interactions can be highly taxing, Kaplan says. In person, teachers and students learn a lot from the mood of the classroom and subtle body language. In a video, it's harder to discern those details. "Online, much of that information is missing, so our brains try to fill in the gaps. And that takes working memory," Kaplan says. "At the same time, students might see their own image, which can raise their self-consciousness and is an added burden while trying to focus on learning."

Learning new technology has also presented a challenge, Fives adds. "It's not just writing an essay. It's figuring out how to post it to the platform, how to log in to get the feedback from the teacher," she says. Older students might have to learn different platforms for different classes, she adds. "Every teacher might be using different tools, and that puts a heavy cognitive load on students."

LEARNING LOSSES AND TEACHER BURNOUT

Given so many hurdles—known and unknown—educators will have to be flexible as the new academic year begins, Foster says. "It will be an atypical year, and there will absolutely be a lot of catching up."

An important next step will be to figure out how best to assess students' knowledge as they start the new year, Rimm-Kaufman says. "Some kids will come in having lost months of instruction, so educators will have to make broader assessments than they usually would, and find ways to adjust their instruction accordingly."

That is a daunting task, though not an insurmountable one, says Francesca López, PhD, an educational psychologist and the Waterbury Chair of Secondary Education at Penn State University's College of Education. "Teachers do remarkable

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work, and I don't believe for a second this generation of students won't catch up," she says. "But we can't allow everything to rest on teachers. Policies must change to ensure equity."

In the short term, López adds, educators will have to attend to students' emotional well-being to help them learn. Millions of families have experienced unemployment and financial hardship, and many children have lost loved ones to COVID-19. "This is a traumatic event, and we need to prioritize mental health," López says. "We can't focus on academics without considering the whole child." (See companion article, "Safeguarding Student Mental Health," on page 50.)

Teacher mental health, too, is a top priority, experts say. At the end of March, Marc Brackett, PhD, founder of the Yale Center for Emotional Intelligence at Yale University, and colleagues surveyed more than 5,000 U.S. teachers, asking them to list the most frequent emotions they felt each day. The top three: anxiety, fear and worry. "We found [educators] are more anxious than ever before, and they're struggling to manage their anxiety," Brackett says. "The uncertainty and unpredictability about what the future of school will be is taking a toll on their wellness."

Teachers aren't just learning new platforms. They're also worrying about student well-being more than ever before and having to figure out how to reach out to them from their own homes. Plus, says Rimm-Kaufman, "many schools emphasize teacher collaboration, and those efforts are strained when teachers aren't in the same building with one another." It's unsurprising that many teachers experienced stress, burnout and self-doubt as they taught in such unprecedented circumstances in the spring, Fives adds. "Many really good teachers don't feel like good teachers anymore. Their identity as a teacher is affected, and their self-efficacy is crashing."

Student well-being is a top concern for teachers now more than ever, with many struggling to find ways to keep students engaged from a distance.

INVESTING AND INNOVATING

Administrators face an uphill battle as they find ways to support teachers and get students back on track. School budgets are vulnerable to shrinking state revenues due to the pandemic, and some school districts have already laid off employees. In May, school superintendents from 62 cities sent a letter to Congress asking for new federal education assistance. "Significant revenue shortfalls are looming for local school districts that will exacerbate the disruption students have already faced," the letter warned.

Still, some experts are hopeful that this experience could be the shake-up that schools needed to improve education for all children. Educational disparities will be hard to ignore in the wake of the pandemic, Kaplan says. "Crises often sharpen our gaze and reveal aspects of our lives that were masked or ignored. This highlights the need for prioritizing equity at the policy level."

"We're shifting into the unknown," López says. "Educational psychology has a robust history of learning theories. As this unfolds, we need to look to the research to see what we can learn, and how we can incorporate it into high-quality education." ■


UNIVERSITY

A CRUNCH AT COLLEGE COUNSELING CENTERS

These mental health centers were overloaded even before COVID-19. What happens now as students return to school as budgets are cut?

BY ZARA ABRAMS

Demand for mental health services at college counseling centers in the United States has been on the rise for years. In 2019, nearly 90% of counseling center directors reported an increase in students seeking services, according to the Association for University and College Counseling Center Directors (AUCCCD) Annual Survey.

In particular, data from more than 200,000 college students at 163 institutions show, there's been a steady uptick in threats to self—including suicidal ideation, suicide attempts and non-suicidal self-injury—as well as depression, anxiety, social anxiety and traumatic experiences (*2019 Annual Report,* Center for Collegiate Mental Health [CCMH], Penn State University).

"Prior to the pandemic, most centers had two- to three-week waitlists for students seeking care," says Claytie Davis III, PhD, ABPP, chair of the Association of Psychology Postdoctoral and Internship Centers (APPIC) board of directors. "All of us, with just a few exceptions, have been trying to figure out how can we meet student demand when it continues to increase every year."

ROBERT NEUBECKER



To meet a growing demand for services, about 44% of college counseling centers added staff last year. But that isn't likely to continue because of budget cuts.

The growing need can be attributed in part to more people with mental health issues attending college. Better medications and psychological interventions are enabling students with issues such as depression, schizophrenia, attention-deficit hyperactivity disorder and more to attend college—but most still require specialized support.

In an effort to meet those needs, about 44% of college counseling centers added staff last year, according to AUCCCD. But that trend is likely to halt—or even reverse—in the face of COVID-19-related financial deficits tied to lower enrollment in higher education. Experts say subsequent budget cuts could leave student mental health issues unaddressed.

"The pandemic is a real recipe for concern because we're going to see increased levels of need from students. At the same time, universities are experiencing significant financial downturns," including hiring freezes and budget cuts, says Catherine Grus, PhD, APA's chief education officer. "I really worry about the ability of universities to adequately provide for the mental health needs of their students."

DISCONNECTED AND LONELY

College counselors, like many other mental health-care providers, largely saw a decrease in service utilization at the start of the pandemic as students dealt with immediate concerns, such as retrieving belongings from university housing and readjusting to family life.

"People were shocked, scared, surviving," says Carmen Cruz, PsyD, president of the Association of Counseling Center Training Agencies. "They were focused on crisis management in their own lives, so seeking psychological services may not have been the top priority."

As students settled into their new normal, many centers saw an uptick in demand in April, says Cruz, also the associate director and director of training at the counseling center at Texas Woman's University in Denton.

Early data indicate that much of that increase was tied to the pandemic. CCMH reports that about 47% of students seeking help from Penn State's Counseling and Psychological Services during the second half of the spring semester did so because of concerns related to the coronavirus. Specifically, reports of academic distress, family distress and social anxiety have increased at the school.

"Shelter-at-home orders have definitely led to students feeling disconnected and lonely," says Davis, who also directs training for counseling and psychological services at the University of California, Berkeley (UC Berkeley). "And those with problematic family situations may also face trauma or challenging dynamics at home, which can exacerbate existing mental health concerns."

Others have experienced financial and career uncertainty, difficulty adjusting to online learning or the loss of a loved one to COVID-19, says Sharon Mitchell, PhD, president of AUCCCD and the senior director of student wellness at the University at Buffalo. Students also face a high degree of what Mitchell calls "ambiguous loss," less tangible losses such as missing graduation or the final season on a sports team.

Before COVID-19, the most frequent concerns students reported were anxiety, depression and relationship issues—which Davis says are likely to hold, just at a higher rate.

TELEHEALTH AND TRAINING

As college counseling centers work to support students through these challenging times, they've faced a crisis of their own: the rapid transition to telehealth.

"In a matter of weeks, nearly every counseling center in the country had to convert from in-person services to exclusively telehealth," says Ben Locke, PhD, executive director of



"COLLEGE WILL JUST FEEL DIFFERENT—SO WE EXPECT TO BE HEARING A LOT ABOUT THAT FROM STUDENTS THROUGHOUT THE SCHOOL YEAR."

CLAYTIE DAVIS III, PHD, ABPP, ASSOCIATION OF PSYCHOLOGY POSTDOCTORAL AND INTERNSHIP CENTERS



TOP: CONTSTANTINIS/GETTY IMAGES; BOTTOM: KZENON/GETTY IMAGES

CCMH. "That was an absolutely unprecedented level of change."

One to two years of policy, technology and operations work was squeezed into just a few weeks, Locke says. For example, counseling center directors needed new protocols for informed consent, crisis management, training and more.

In particular, training psychology interns and fellows is a key role of many campus counseling centers.

"We carry a lot of responsibility for the training of psychologists and we're very serious about maintaining high standards," says Cruz. "But conducting training and supervision remotely is a new challenge."

For one, trainees need to exhibit proficiency with teletherapy before they can provide services to clients via phone or video. They also need to understand the ethical, legal and regulatory concerns involved in delivering care remotely.

In light of those difficulties and anticipated budget cuts across academia, some centers are wary of accepting new interns in the fall, but Davis says training new providers is more important than ever.

"APPIC can be a voice and champion to make sure that our interns and fellows are being supported," he says. "We're working with training directors and administrators to ensure that sites are abiding by their match agreements and meeting their obligations to trainees."

Schools with large out-of-state student populations have also faced regulatory challenges around treating clients across

state lines. Temporary suspensions of licensing requirements have allowed some practitioners to deliver teletherapy to students in other states, but many of those orders have already expired or will soon. As institutions launch plans for extended distance learning through the fall semester, campus counseling centers are looking for creative ways to meet student need.

PRIORITIZING PATIENTS

Many counseling center directors have used the summer recess to refine their telehealth protocols and prepare for another surge in demand when the fall semester of school begins.

"It looks like COVID is here to stay until there's a vaccine, so from an operational perspective, psychological services in higher education will need to be extremely flexible," Locke says. "We will probably exist in a new space moving forward: a hybrid teleservice and in-person model."

Psychologists are recognizing both the power of teletherapy to continue serving students while minimizing the risk of coronavirus transmission—as well as its limitations. Early data from several counseling centers, including those at Penn State and UC Berkeley, indicate that students generally prefer in-person care over telehealth.

"If you already knew your therapist in the room, the transition tends to be smoother," says Cruz. "But a lot of people who are newer to therapy aren't sure what to expect from telehealth."

One problem is that many students, whether based at home or on campus, lack a private space from which to engage in phone or video sessions, says Brett Scofield, PhD, CCMH's associate director. Colleges and universities are working to address that by designating private spaces for students on campus or finding ways to safely deliver in-person care.



Shelter-at-home orders have left students feeling disconnected and lonely, psychologists report.

Crisis care, for instance emergency services for an individual experiencing suicidal ideation, may need to be delivered in person, Davis says. That will require therapists and students to wear personal protective equipment and to maintain six feet of distance, which may also feel strange at first.

"Most of us question how effective therapy is going to be if we're both wearing masks," says Davis.

Both AUCCCD and the Council of Chairs of Training Councils have released guidelines for resuming such in-person services, including comprehensive cleaning protocols, COVID-19 symptom

> "IN A WAY, WE'RE FACING A PERFECT STORM. HIGHER-EDUCATION INSTITUTIONS ARE IN A FINANCIAL CRISIS—AND AT THE SAME TIME WE'RE ANTICIPATING A SURGE IN DEMAND FROM STUDENTS."
>
> BEN LOCKE, PHD, EXECUTIVE DIRECTOR, CENTER FOR COLLEGIATE MENTAL HEALTH, PENN STATE UNIVERSITY



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management, and suggestions for prioritizing which patients should receive in-person care—such as those with severe or clinically complex conditions or disabilities that make it hard to access teletherapy.

For cases where remote care is deemed the safest option, directors are finding creative ways to keep sessions engaging for both parties. After observing "Zoom fatigue" among therapists conducting back-to-back video sessions with clients, Davis' team at UC Berkeley is shortening some sessions from 45 to 30 minutes in length. They've also launched a series of virtual drop-in groups—covering themes such as self-compassion, grief, anxiety, depression and academic stress—to enhance feelings of connectedness between students.

Davis says campus counseling centers are increasingly moving toward a stepped-care model, where students can access a menu of service options—a single one-on-one session, weekly therapy, support groups, mindfulness classes and more. In 2019, about 37% of the centers surveyed by AUCCCD were using a stepped-care model.

Schools are also attuned to the needs of students from racial- and ethnic-minority groups, who may be facing both outsized effects from the COVID-19 pandemic and nationwide protests against police brutality and racial injustice. UC Berkeley recently added virtual drop-in groups for African American, Asian American and Indigenous students, as well as a support group aimed at healing racial trauma.

"Individually, psychologists have a lot of power in our own spaces," says Cruz. "We can use our voices to share our knowledge at our institutions about the intersections of race, trauma and COVID—and the importance of supporting students of color who are disproportionately affected by all three."

PREPARING TO TREAT TRAUMA

As they gear up for students' return to campus, psychologists across the country are embracing a trauma-informed approach to care.

"Data on community-wide catastrophes—mass shootings and natural disasters, for instance—tells us that the first year following an event can be pretty traumatic for people, once they've gotten their basic needs met," Mitchell says.

On-campus providers should prepare to treat trauma, grief and loss, depression, general anxiety and the loss of motivation and focus, she says.

They should also expect the college experience to look very different from the way it did before. Many students may remain off campus; even those who return won't be able to experience athletics, clubs or social gatherings in a traditional sense.

"College will just feel different—so we expect to be hearing a lot about that from students throughout the school year," Davis says.

He also warns of "anticipatory anxiety" around a resurgence of COVID-19. Like many Americans, students may struggle to get comfortable for fear of increased coronavirus transmission or the return of shelter-in-place orders.

To manage all this, experts agree that schools should beef up counseling center resources—or at least avoid making cuts where mental health is concerned. CCMH data indicate that when providers at college counseling centers are overloaded with patients, student outcomes—including symptoms of depression, anxiety and general distress—suffer.

"In a way, we're facing a perfect storm," says Locke. "Higher-education institutions are in a financial crisis—and at the same time we're anticipating a surge in demand from students. I worry that we're in for some difficult times in terms of service provision." ■

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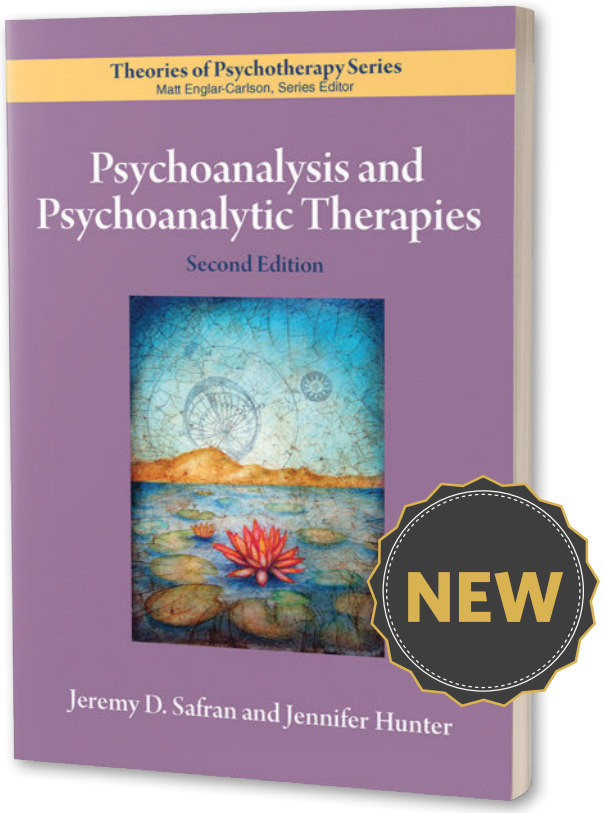
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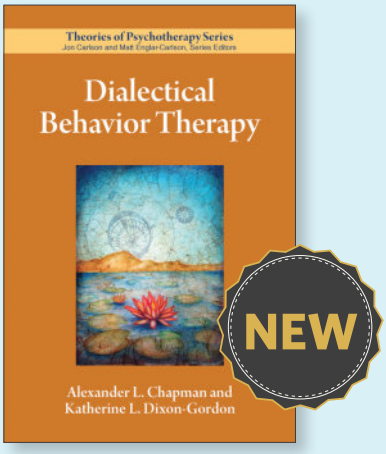
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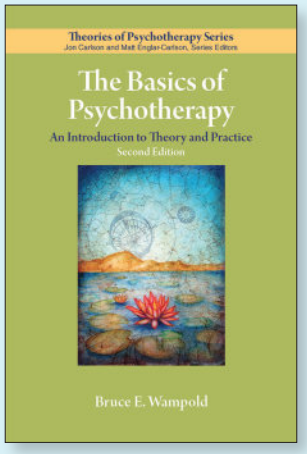




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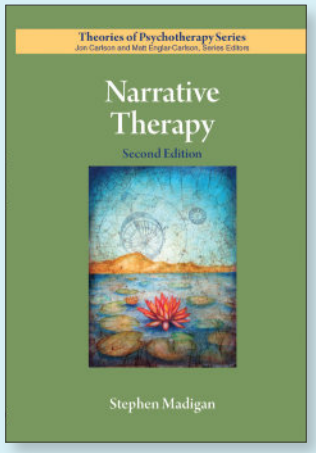


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How One Lab Studies Our Secrets PAGE 74

INCREASING THE VISIBILITY OF PROVIDERS OF COLOR

Several new tools are connecting psychologists from diverse backgrounds to the people who need their services

BY HANNAH CALKINS



Charmain Jackman, PhD, was looking for a psychotherapist. As a practicing psychologist in the Boston area, Jackman was well equipped to find someone to meet her own mental health needs. She had connections. She had resources. She lived in a city with no shortage of providers. But there was a problem.

"It took me a year to find a therapist who was a woman of color, and who also took my insurance," Jackman says.

As Jackman experienced so keenly, the mental health workforce does not reflect the diversity of the United States. According to APA's Center for Workforce Studies, 86% of psychologists are white, and other mental health professions are similarly homogeneous. Already at a disadvantage owing to structural disparities, people from underrepresented communities are often unable to find providers who look like them or share their cultural experiences.

"It can be a burden to feel like you need to explain your culture, or explain your experience as a person of color, to a therapist," says Jackman. "With our history of experiencing racism and oppression, it's very difficult to enter therapy and wonder, is this person going to harm me or alienate me in this vulnerable space?"

Melanie Domenech Rodríguez, PhD, a professor of psychology at Utah State University, shares Jackman's concerns.

"The reality is that people don't need to share the same identities to work together," she says. "But another reality is that a lot of people of color and folx with diverse gender identities and sexual orientations have had negative experiences in a mental health context because their therapist did not understand the importance or the relevance of their identities to their presenting concerns."

In light of this pervasive need, several psychologists have launched or helped create innovative new platforms that increase the visibility of providers of color, and APA's recently relaunched Psychologist Locator now allows users to search for providers by ethnicity. By bridging the gaps left by conventional therapist directories, these new tools connect providers of color with the people who need them.

These new platforms are particularly important during the COVID-19 pandemic since communities of color are experiencing more infection and a higher death rate.

FOSTERING CONNECTION, COMMUNITY AND HEALING

In January, Jackman founded InnoPsych, a national directory of therapists and professional development platform that aims to change cultural narratives about who therapists are—and who therapy is for.

Its tagline is "Changing the face of therapy."

"There are cultural narratives



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within historically marginalized communities, and also messages from larger society, that in subtle and explicit ways communicate that therapy is not for people of color," Jackman says.

Within communities of color, in which people have historically faced unethical or poor treatment from the medical establishment, these messages might include attitudes and mindsets about mental health problems being a sign of weakness, or therapy being for rich white people, Jackman explains.

Externally, Jackman says that the lack of representation of people of color in research studies, in images of therapists and in the mental health workforce just reinforces the idea that therapy was not designed for them.

"InnoPsych aims to change these cultural narratives by providing education about mental health and access to culturally responsive therapists," she says. "We also are working to increase the pipeline by bringing more people of color into the field and providing the necessary tools for practitioners of color to start their own businesses in mental health."

Jackman describes InnoPsych as a "visual platform" that features high-impact headshots in its provider profiles. Users can search by ethnicity, location, area of specialty, insurance type and desired service. In addition to psychologists, the directory lists social workers, counselors and psychiatrists.

With 86% of psychologists being white, people of color are often unable to find providers who look like them or share their cultural experiences.

"The goal is to provide education on the importance and value of mental health and make it accessible for people to find therapists of color who come from their culture," Jackman says.

Ayana, an app created by entrepreneur Eric Coly, operates with a similar ethos—with a twist. Rather than facilitating in-person services, Ayana matches its users with licensed therapists who provide teletherapy by phone, video call or text through the app.

According to Coly, Ayana users fill out questionnaires about their backgrounds, identities and needs, and an algorithm matches them with a provider. Ayana's advisory board, which includes three psychologists, ensures that the service is aligned with the Health Insurance Portability and Accountability Act and other regulations, he says.

Board member Wei-Chin Hwang, PhD, a professor of clinical psychology at Claremont McKenna College in California, says Ayana stands out because it's intersectional: It's cognizant of the ways each individual's race, class, gender and other identities overlap.

"We provide access to therapists who are culturally competent, and who have expertise in diversity issues and intersectional identities," says Hwang.

This increases the client's comfort and engagement with therapy, which translates to better outcomes, he says.

Also, Ayana's telehealth component addresses some of the limitations and barriers that many people face when trying to access in-person services, such as problems with transportation or child care, Hwang says.

"This online platform gives clients unprecedented privacy and flexibility," agrees board member Domenech Rodríguez. She immediately recognized the utility of Ayana in her small community in Utah when she first learned about it.

"As far as I know, I'm the only Spanish-speaking Latinx licensed psychologist in the area," though there are many Latinx people living there, she says. She mentors several of them, which precludes them from accessing her services.

"This kind of situation is common, where people with minoritized identities are also members of small communities of people that share identities," she says. "Even if a provider is accessible, that provider may not be accessible to *them*."

Ayana's telehealth component is especially useful during the COVID-19 pandemic, which has highlighted the extant racial health disparities and barriers in access to quality treatment that have plagued communities of color for years, says Hwang.

"Teletherapy can help meet some mental health needs during this stressful time in which people are physically isolating and yet still in need of treatment," he says. "This is especially important for communities of color, where we have seen that there is a higher proportion of infection, as well as a higher death rate."

Coly says that demand from users seeking therapy has been intense from the beginning. "We want to modernize traditional counseling," he says. "We're asking our users to trust us for a chance to heal through our product. From us, that requires a great deal of integrity, cultural humility and respect."

BENEFITS FOR PROVIDERS

Tools like InnoPsych and Ayana—as well as similarly minded platforms such as Therapy for Black Girls, Therapy for Latinx and the BEAM (Black Emotional and Mental Health) Collective—offer providers of color a chance to boost their professional profiles and increase their caseloads. But these tools may have other benefits for them, too.

For instance, through InnoPsych, Jackman offers business coaching, workshops and other professional resources for providers interested in starting a private practice.

"Launching a practice can be a mysterious process, particularly for people of color who may not have many role models for it. We don't learn these skills in graduate school, and there aren't many mentors who look like us," says Jackman. "InnoPsych helps practitioners of color see private practice as a viable option."

In addition, providers may find working with clients from their own cultural background especially fulfilling, says Ayana board member Cheryl Grills, PhD.

"I'm not saying that it's impossible to connect with someone who doesn't share your identity," says Grills, who is a professor of psychology and director of the Psychology Applied Research Center at Loyola Marymount University in Los Angeles. "But when a clinician gets an opportunity to actually engage their cultural worldview and experiences as part of the healing process, that can enrich their professional experience."

Experienced providers who are interested in joining the InnoPsych directory or applying to work with Ayana should visit the website of each group for requirements, instructions and other details. ■

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COMMUNITY, MARKETING AND MORE FOR PRACTITIONERS

APA has relaunched its Psychologist Locator, a referral source, marketing tool and online community available to members at no cost.

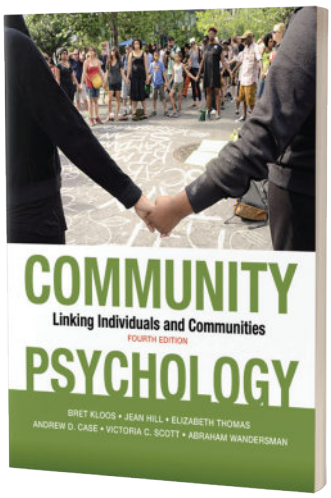
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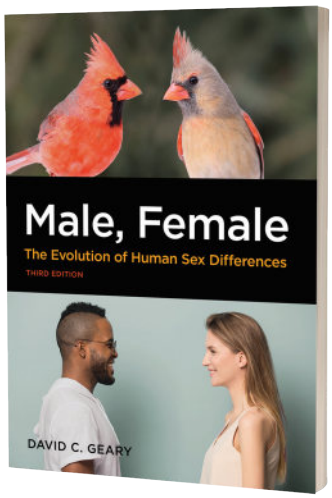
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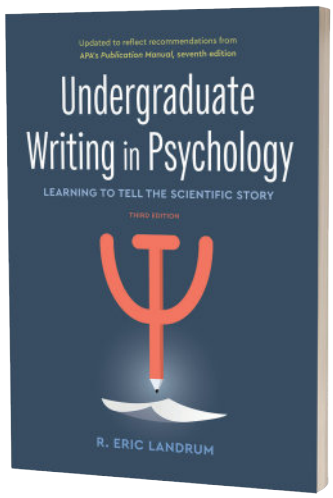
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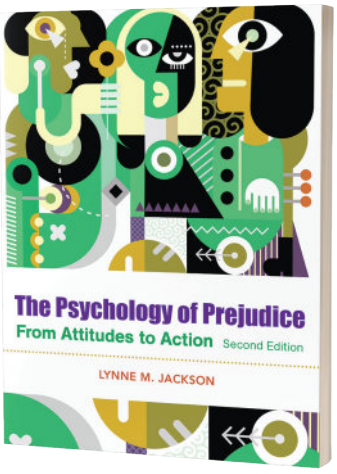
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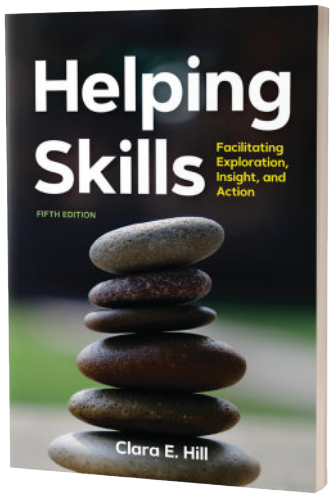
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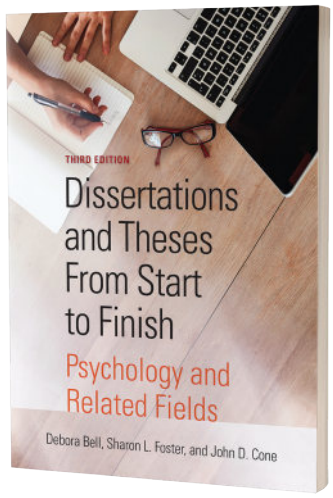
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NEW GUIDANCE FOR PROTECTING RESEARCH PARTICIPANTS

Ensuring safety during the COVID-19 pandemic means reducing building occupancy, spreading out in labs and more

BY REBECCA A. CLAY

As the nation's psychology labs begin to reboot their research, physical distancing, masks and disinfecting are just the beginning of the safeguards psychologists are putting in place to keep research participants—and themselves—safe.

We spoke with five researchers who conduct research with both human and nonhuman animals. They recommend that researchers:

1 **SEEK INSTITUTIONAL GUIDANCE ON NEW PROTOCOLS.** Individual institutions are issuing guidance for researchers that takes into account local infection rates and other factors. Your institution may require COVID-19 tests or temperature checks before researchers and participants are allowed to enter a building or may require a self-assessment questionnaire that asks about symptoms and potential exposure, for example. Ask your institution for such guidance; also inquire about protocols for disinfecting labs and shared spaces, including who will perform these tasks and how often. And be sure to check with your institutional review board to see if it has issued guidance on how to modify protocols.

2 **THINK THROUGH EVERY STEP.** Researchers must also think about how to reduce risks at every point of their own research process, says Barbara Stanley, PhD, a professor of medical psychology in psychiatry at Columbia University Vagelos College of Physicians and Surgeons, who conducts research on suicidal behavior and related topics. If the room where you usually meet with participants is too small to allow distancing, for example, you will have to seek out a bigger space. You might also assign a staff member to meet participants at the door of the building to prevent overcrowding in elevators and limit exposure by bringing participants straight to the lab.

Even something as basic as how you greet participants will have to change, says Marguerita Lightfoot, PhD, a professor of medicine at the University of California, San Francisco, School of Medicine. Ordinarily, Lightfoot would welcome participants with a handshake and smile; now handshakes are taboo and smiles are hidden by masks. "We've been talking about things like virtual fist bumps or good old-fashioned waves as a way to make a connection," she says. "And we'll have to make nonverbal communication verbal, saying things like, 'We're glad you're here' and 'Your contribution is valuable.'"

3 **CONSIDER RISKS OUTSIDE THE LAB, TOO.** In hard-hit urban areas like Houston or New York City, the biggest challenge is not safety in the lab but safety in getting to and from it, says Stanley. To avoid the risks of riding public transportation, Stanley is arranging car service for research participants. Another option is to find out what buses are least crowded and educate participants about where to sit and other measures to take to reduce exposure.

4 **REDUCE DENSITY.** Making sure there are never a lot of people—whether researchers, participants, students or administrative staff—in one place at one time is key. Sharing Google calendars to reserve time slots is one option. At the University of California, San Francisco, researchers and other staff will



Psychologists must assess risk at every step of their research process.



STEFANAMER/GETTY IMAGES

contact an administrative staffer before they plan to head to the lab, says Lightfoot. If too many people want to come in at the same time—with "too many" defined as more than 25% of normal occupancy—the staffer asks people to adjust their schedules. If no one can shift, a supervisor will decide whose work should be prioritized. Another option is to consider stretching participant appointments out to seven days a week to minimize the number of people in the building at one time.

5 **REVISE YOUR CONSENT FORMS, IF NEEDED.** Make sure that participants can make informed choices about what they're comfortable doing by reworking your informed consent documents, says Bethany A. Teachman, PhD, a psychology professor at the University of Virginia. Detail the potential risks as well as the measures you are taking to protect participants. And make sure participants understand they can withdraw from the study at any point. "We know there's a white lab coat effect," she says. "We need to reduce the likelihood that people feel any sense of coercion."

6 **PROTECT NONHUMAN RESEARCH SUBJECTS.** To protect any animals involved in the research as well as the staff who interact with them, psychologist James Rowlett, PhD, a professor of psychiatry and human behavior at the University of Mississippi Medical Center, requires masks and other personal protective equipment, limits who has access to the animals and restricts the number of people going into the colonies of rhesus macaques he studies. Because lab situations can be very different, he also recommends that researchers be sure to be in contact with the university's Institutional Animal Care and Use Committee and the attending veterinarian.

7 **GET CREATIVE.** Think about new ways you could achieve your goals while still protecting participants' safety, says Teachman. You could conduct testing or other research protocols outside rather than in a lab, for instance. You could use a one-way mirror that lets you still see and communicate with participants in another room. Teachman, who studies social anxiety, plans to deliver sensors and other equipment to participants' homes, then interact with them over Zoom. And, of course, many topics could continue to be studied at a distance via the internet instead of face-to-face, says Leah Light, PhD, a professor emerita of psychology at Pitzer College who chairs APA's Committee on Human Research. ■

RESOURCES

Institutional Resources on Ramping Up and Reopening
Council on Governmental Relations

Guidance on COVID-19
Office for Human Research Protections, U.S. Department of Health and Human Services

EXPOSING THE HIDDEN WORLD OF SECRETS

At Columbia Business School, psychologist Michael Slepian reveals the psychology of secrecy

BY KIRSTEN WEIR

"Can I tell you a secret?" The next time someone asks you that question, you may not want to say yes. Being confided in is a double-edged sword, says social psychologist Michael Slepian, PhD, an associate professor of leadership and ethics at Columbia Business School who studies the psychology of secrets.

"The bad news is that when people share their secrets with us, we feel like we have to guard them. The more people are preoccupied by that secret, or feel they have to hide it on behalf of the confidant, the more burdensome it is," he says.

On the bright side, those shared confidences can be a boon to bonding, he's found (*Journal of Experimental Social Psychology*, Vol. 78, 2018). "When people confide in us, we take it as an act of intimacy that can bring us closer," he adds.

Secrets are a universal human phenomenon. Almost everyone has something to hide (though, of course, not all secrets are of the deep, dark variety). Yet until recently, psychological scientists hadn't spent much time exploring how keeping secrets affects us. Slepian got his start studying secrets indirectly. He had been researching metaphor—looking at the ways people use language about physical experiences to describe abstract concepts—and he became intrigued by the metaphor of being "weighed down" by a secret. "I wondered if it was just a linguistic thing that people do, or if it reflected something deeper," he says.

Digging into the secrecy literature, he found that most existing research focused on the effort involved in keeping a secret. Typical studies looked at interactions between two people while one of them tried to hide something from the other. But he couldn't find much research on how people thought about secrets outside those conversations.

"For decades, secrecy research focused on the effects of concealment. But I couldn't find any studies that systematically looked at what secrets people keep, how they keep them or how they experience secrets on a day-to-day basis," he says. "So, we started at the beginning, with the most basic questions we could ask."

SECRECY BASICS

Slepian and his colleagues started with a series of studies to sketch the basic outlines of secrecy, focusing first on secrets people keep from others (versus secrets that others confide in them) (*Journal of Personality and Social Psychology,* Vol. 113, No. 1, 2017). They took a broad view, defining secrecy not just as the moment of actively withholding information, but also having the intention to keep something secret from another person—even when that other person isn't physically present. They identified 38 common categories of secrets that people keep about themselves, ranging from infidelity and illegal behavior to pregnancy and planned surprises for others. And those categories held up across study populations, which included participants drawn from Amazon's Mechanical Turk and random picnickers recruited from New York City's Central Park.

"We all keep the same kinds of secrets," Slepian says. "About 97% of people have a secret in at least one of those categories, and the average person is currently keeping secrets in 13 of those categories."

It's hard for people to get those secrets off their minds. The same paper showed that people's minds wander to their secrets far more often than they actively try to conceal their secrets from

RESEARCH FOCI

The secrecy lab at Columbia Business School is:

1. **Studying how concealing a secret affects well-being**
2. **Examining who keeps secrets, and what they keep secrets about**
3. **Investigating how divulging a secret can improve well-being and build trust**
4. **Studying the pros and cons of keeping other people's secrets**



FZANT/GETTY IMAGES

others. And although the frequency of concealment didn't seem to have much effect on well-being, the more people's minds wandered to their secrets, the worse off they were.

"It's not how much you hide a secret that's harmful, but how often you find yourself thinking about it," Slepian says.

Some secrets are harder to put out of our minds than others. Slepian and his colleagues James Kirby, PhD, at the University of Queensland, and Elise Kalokerinos, PhD, now at the University of Melbourne, explored the negative emotions that often surround secrecy. They surveyed a diverse sample of 1,000 people on Mechanical Turk about more than 6,000 of their secrets and found that people dwelled more on secrets that made them feel ashamed than on those that made them feel guilty (*Emotion*, Vol. 20, No. 2, 2020). "Shame, but not guilt, is associated with ruminating on secrets," Slepian says.

While shame and guilt are both negative emotions, they have important differences, he says. "Guilt is more adaptive. When you feel guilty, you can make amends or decide to do something differently next time," he explains. "Shame is more about feeling like a bad person. It can make you feel helpless or powerless." And those feelings of helplessness can lead a person to revisit their shameful secrets over and over.

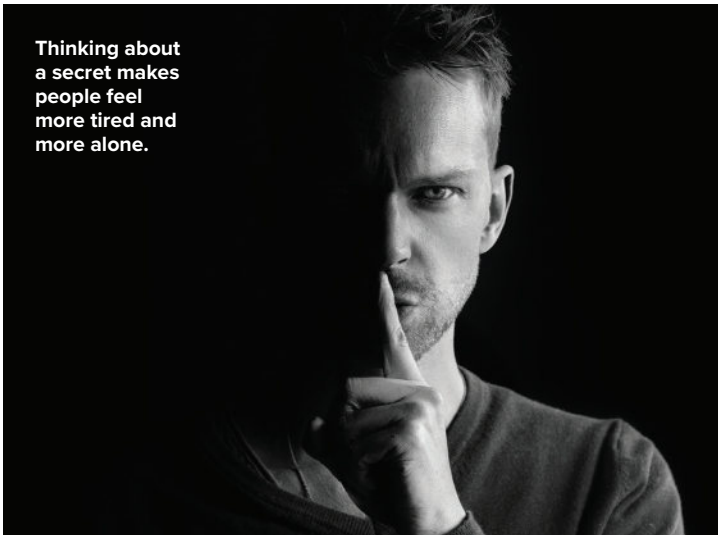
People are more likely to ruminate on shameful secrets than guilty ones.

In an extension of that work, he's beginning to explore how to reduce shame around secrets. "We know the secrets people feel ashamed of hurt them the most. So how can we reduce the shame? Talking to another person might make all the difference," he says.

THE BURDEN OF SECRECY

Having a secret can feel exhausting. In fact, it is exhausting. With Nir Halevy, PhD, at the Stanford Graduate School of Business, and Adam Galinsky, PhD, also at Columbia Business School, Slepian performed a

● **"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."



Thinking about a secret makes people feel more tired and more alone.

series of experiments asking participants to recall either personal information they intended to keep secret or personal information they hadn't shared but would be willing to discuss if it came up in conversation. The researchers found that people felt both more fatigued and more alone when they recalled their secrets than when they recalled the undisclosed information. One explanation, Slepian says, is that thinking about a secret can create a motivational conflict in which a person's need to connect with others directly clashes with their desire to keep their secret to themselves (*Personality and Social Psychology Bulletin*, Vol. 45, No. 7, 2019). "We want to confide and get the secret off our chests, but we also want to protect ourselves and our relationships. That conflict is what wears us down," he says.

There's evidence, too, that divulging the secret can lighten the load. With Edy Moulton-Tetlock, a doctoral student in management studying organizational behavior, Slepian looked at the ways confiding a secret might influence well-being. They asked more than 800 online participants to describe their personal secrets, using Slepian's list of 38 common categories of secrets as their guide. The participants described more than 10,000 secrets, including some they had spilled ("confided secrets") and some they had kept confidential ("total secrets"). Slepian and Moulton-Tetlock found that confiding a secret predicted improved well-being, both because the participant received social support and because the act of revealing the secret seemed to minimize the amount of time the person spent thinking about it (*Social Psychological and Personality Science*, Vol. 10, No. 4, 2019).

"You confide, you receive social support from the confidant, you feel more capable of dealing with the secret and you ruminate less about it. It's the lowering of rumination that makes you feel better," Moulton-Tetlock says.

Not everyone is inclined to confide in others. Slepian and postdoctoral researcher Sarah Ward, PhD, are studying how personality differences might make people more or less likely to share secrets. "Sharing secrets is often a way to build trust or closeness. Knowing which people tend to share can help to identify who is likely to build close relationships, and who might be missing opportunities to foster closeness and trust," Ward says.

Preliminary results from the research hint that people who score high on neuroticism, for instance, are less likely to confess to immoral activities they've engaged in. Ward and Slepian are also finding that particularly polite people may be more reticent to divulge the skeletons in their closets. By holding on to secrets, Ward says, such people "might be missing out on an opportunity to get comfort or relief from other people, which could alleviate their negative emotions."

Slepian and his collaborators are exploring other aspects of secrecy as well. In a project with doctoral student Katherine Sun, he's studying how people respond when someone brings up a topic they'd rather keep under wraps. Sun and Slepian found that people tend to avoid such topics for one of two major reasons: for privacy's sake or to avoid conflict (*Organizational Behavior and Human Decision Processes*, Vol. 160, 2020).

What's more, people seem to respond differently in each case. When people avoid talking about a topic because of privacy, such as family or financial issues, they tend to feel more anxious and

VITABELLO/PIXABAY

FURTHER READING

Thinking Through Secrets: Rethinking the Role of Thought Suppression in Secrecy
Slepian, M.L., et al. *Personality and Social Psychology Bulletin,* 2020

Motivated Secrecy: Politics, Relationships, and Regrets
McDonald, R.I., et al. *Motivation Science* 2020

Secrecy: Unshared Realities
Liu, Z., & Slepian, M.L. *Current Opinion in Psychology,* 2018

To Whom Do We Confide Our Secrets?
Slepian, M.L., & Kirby, J.N. *Personality and Social Psychology Bulletin,* 2018

stay quiet, Sun says. "On the other hand, some people don't want to talk about something because it could create a conflict—for example, talking about politics with someone of a different ideology," she explains. "In that case, they're more likely to feel angry and to leave the conversation."

PRACTICAL APPLICATIONS

Slepian's lab is housed in the management division of Columbia University's business school, where researchers in fields such as psychology, sociology, economics and political science explore various ways that individual, interpersonal and institutional forces drive behavior.

Being situated in a business school has practical perks: For one, the school fully funds his lab, so he doesn't have to seek outside grants. He advises one primary graduate student, but he also co-advises graduate students and mentors postdoctoral fellows across the division. The multidisciplinary business perspective also means that Slepian keeps one eye turned toward the practical applications of his research.

Some of his ongoing research, for example, is exploring the effects of having to keep secrets on behalf of an employer. Early results suggest that work secrets, like personal secrets, can be both good and bad. On the one hand, it can feel good to be entrusted with important information about one's company. On the other, keeping that secret can feel like a burden.

Slepian's next goals include using his research to design possible interventions to help people unburden themselves to improve their well-being.

"We're thinking about what kinds of interventions might help people confide in others—or otherwise give people the beneficial things that they might get from talking to others," he says. "I want to take these things we've learned and turn them around to help people cope with their secrets." ■



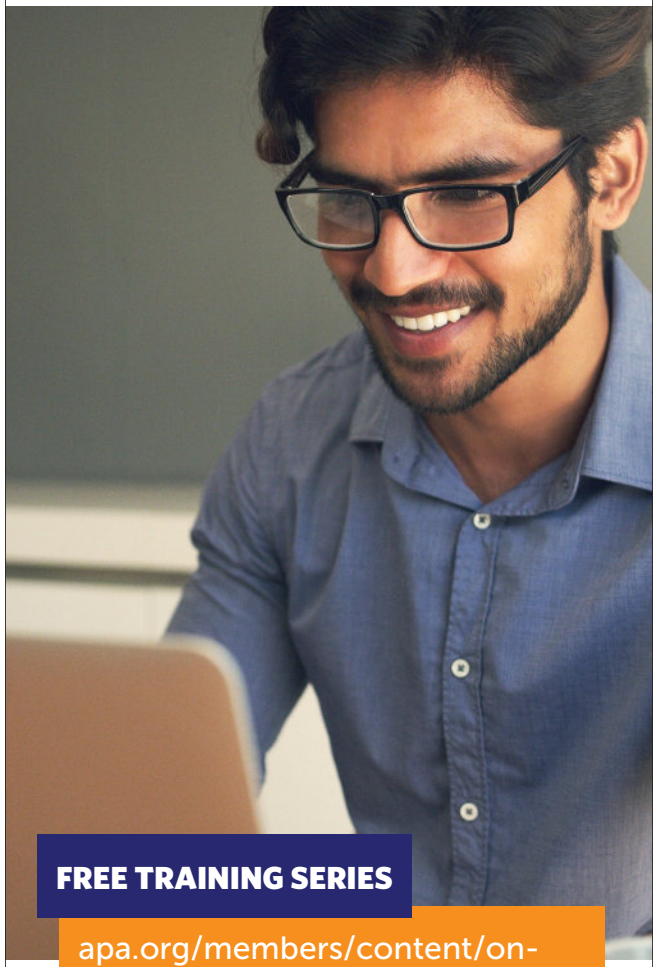
COURTESY OF DR. MICHAEL SLEPIAN

Dr. Michael Slepian (far right) with members of his lab on secrecy.

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PSYCHOLOGISTS IN THE NEWS

The Centers for Medicare and Medicaid Services has appointed **Lisa Brown, PhD,** to its Commission on Safety and Quality in Nursing Homes, a new 25-member group that is examining how nursing homes have responded to the COVID-19 pandemic and recommending ways to protect residents' health. Brown is a professor and director of the trauma program at Palo Alto University. She is the lead author of "Psychological First Aid: Field Operations Guide for Nursing Homes, 2nd Ed.," a free online resource that has been downloaded by hundreds of nursing homes since the start of the pandemic.

The University of California, Los Angeles, has named psychology professor **Adriana Galván, PhD,** as its new dean of undergraduate education. Galván has taught at the university since 2008. She is the Wendell Jeffrey and Bernice Wenzel Term Chair in Behavioral Neuroscience and directs the Developmental Neuroscience Lab dedicated to research on adolescent brain development and behavior.

The College of the Holy Cross has presented the Mary Louise Marfuggi Faculty Award for Outstanding Scholarship to **Florencia Anggoro, PhD,** in honor of her original research on supporting children's learning in STEM. Anggoro is a cognitive developmental scientist and an associate professor of psychology at the College of the Holy Cross. Her recent work has examined cognitive supports for children's learning of fundamental space science concepts such as the day-night cycle.

Stanford University emeritus psychology professor **Gordon H. Bower, PhD,** died on June 17 at age 87. One of the field's most influential experimental psychologists, Bower was known internationally for his research on memory. Among his many achievements, Bower won the National Medal of Science in 2005, the nation's highest scientific honor. He mentored more than 50 PhD students during his 49 years at Stanford.

Tulane University's School of Science and Engineering has presented **Julie Alvarez, PhD,** with a Dean's Hero Award, a new award for faculty who have shown exceptional leadership and service amid the challenges of COVID-19. Alvarez, a senior professor of practice in the school, was honored for her positivity, support and outstanding communication skills as she and her fellow teachers shifted from onsite to remote learning.

Professional basketball player **Kevin Love** of the Cleveland Cavaliers has donated $500,000 to his alma mater, the University of California, Los Angeles, to establish the Kevin Love Fund Centennial Chair in the psychology department to fund teaching and research that will advance treatments for anxiety and depression. Love has publicly shared that he has struggled with anxiety and depression and was honored by the National Basketball Association this summer for his commitment to growing mental health awareness.

The University of Wyoming at Casper has presented **Maria Kuznetsova, PhD,** with the Hollon Family Award for Teaching Excellence in Off-Campus Programs. Kuznetsova is an associate lecturer of psychology known for her effective and engaging teaching in both remote learning and in-person classes. ■

BRAVO, APA WINNERS

APA and the American Psychological Foundation presented awards to 28 outstanding psychologists last month during APA 2020 Virtual. For a list of winners, see the April 2020 issue of *American Psychologist*.

SHARON ANN BOWER

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CALIFORNIA

TENURE TRACK FACULTY CLINICAL PSYCHOLOGY PSYD PROGRAM SCHOOL OF NURSING AND HEALTH PROFESSIONS UNIVERSITY OF SAN FRANCISCO: The University of San Francisco (USF) is searching for a tenure-track faculty member to join the School of Nursing and Health Professions in the Clinical Psychology PsyD Program: https://www.usfca.edu/nursing/programs/graduate/doctoral/clinical-psychology. The faculty position carries with it an expectation for excellence in teaching, scholarly productivity, and academic and professional service. Candidates with expertise in African Centered/Black Psychology and/or psychological assessment (i.e., administration and integrated reports) and whose area of scholarship adds to the breadth of the existing faculty's research areas are strongly encouraged to apply. The PsyD program is a five-year, year-round doctoral training program that admitted its first cohort of students in Fall 2013 and was accreditation, on contingency from the American Psychological Association, in Summer 2018. The mission of the USF Clinical Psychology PsyD Program is to offer a rigorous program of study that emphasizes clinical and scholarly work with underserved populations and focuses on training culturally responsive health service psychologists to work in interprofessional, integrated behavioral health settings. Graduates are proficient in the empirical and theoretical underpinnings of integrated, behavioral health interventions while sensitive to contextual, cultural, spiritual, and socio-economic environments of individuals and communities. Advancing the Mission of the University of San Francisco, the primary focus is to address disparities in the delivery of physical and mental health services to people who are underserved and marginalized. The PsyD program is committed to the recruitment and retention of diverse faculty, staff, and students. Faculty retention efforts include mentoring, scholarship focus, clinical opportunities, networking and professional development, and university-level initiatives. Job Responsibilities: The successful candidate will be expected to engage in teaching, develop or continue an independent and ongoing program of scholarship, and perform service that will contribute to the Program, the School of Nursing and Health Professions, the University and the profession. Appointment will be made at the Assistant Professor level. Minimum requirements include: a Doctorate in Clinical Psychology or related field, PsyD preferred; licensed (or license eligible) Psychologist in California; graduate from an APA-accredited program is preferred. Successful candidates will be expected to demonstrate 1) a strong commitment to teaching, 2) clinical and research expertise with Black-identified and other underserved populations, and 3) an understanding of and commitment to racial equity to support the social justice mission of the University. The University of San Francisco is located in the heart of one of the world's most innovative and diverse cities and is home to a vibrant academic community of students and faculty who achieve excellence in their fields. Its diverse student body enjoys direct access to faculty, small classes and outstanding opportunities in the city itself. USF is San Francisco's first university, and its Jesuit Catholic mission helps ignite a student's passion for social justice and a desire to "Change the World From Here." For more information, visit www.usfca.edu. Contact: cordaz@usfca.edu.

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NEUROPSYCHOLOGIST: Columbus Memory Center (ColumbusMemoryCenter.com) is seeking a Neuropsychologist to play an active role in its very busy research department and clinical practice. Responsibilities will include clinical and research evaluations, and oversight of clinical rating staff. Columbus, Georgia, is located ninety miles south of Atlanta. A population of approximately 250,000 supports a thriving arts community and large tourism industry. Downtown boasts the world's longest urban whitewater excursion that runs along a gorgeous ten mile Riverwalk, along with a world-class concert center that is home to the Schwob School of Music/Conservatory. The Conservatory currently enrolls students from twenty-nine countries that are under the tutelage of many famed faculty musicians. A zip line allows visitors to visit Alabama and return to Georgia, as a bird in flight. Of the many beautiful parks and areas for recreation, the greater Columbus area is home to the world-renowned gardens and resort of Callaway, that sits within three miles of the Wild Animal Park. Columbus is also home to a large number of eateries, and includes one of only a few Four Star restaurants in the entire state/region. This is a family-oriented community with a low crime rate, good schools, State University and a wonderful public-private partnership that has helped Columbus soar to the top of the list of progressive cities. Compensation: Competitive salary; health benefits; pension; relocation allowance. Interested Applicants: Email your resume and cover letter to: Jliss@lissmd.com. Dr. Liss can also be reached through the office: (706) 327-4000.

ILLINOIS

CLINICAL PSYCHOLOGIST AND POST-DOCTORAL POSITIONS IN PREMIER CHICAGO GROUP PRACTICE - UP TO $100,000: Gersten Center for Behavioral Health, a premier group practice in the Chicagoland area, currently has eight amazing psychology opportunities available: three Licensed Psychologist positions and five Postdoctoral positions. Interested candidates should have a broad range of experience. Specialization with children, adolescents, and families is a plus. 1) Licensed Psychologist Positions: Salary: $90,000 – $100,000 (eligible for an increase over time). Start Date: Immediate openings. Outpatient individual, child, adolescent, couples, and family therapy; opportunities to work with patients of all ages and clinical needs, and to provide psychological testing if interested; weekly individual and group consultation; additional training opportunities. 2) Postdoctoral Positions: Salary: $40,000. Start Date: five positions to start September 2020. Outpatient individual, child, adolescent, couples, and family therapy; opportunities to work with patients of all ages and clinical needs, and to provide psychological testing if interested; weekly individual and group supervision; additional training opportunities; time will be allocated to study for licensure exam. Benefits: For full-time eligible candidates, the position offers excellent benefits such as: W-2 employment status; medical, dental, and vision coverage; flexible spending account (FSA); 401(k) retirement plan with a company match [only available for full-time licensed psychologists]; short-term disability (STD) including a maternity benefit; life insurance; liability/malpractice insurance coverage; sick pay; in-house continuing education; highest reimbursement rates and pay in the industry; over 300 practice referrals per month, allowing for quickly developing and easily maintaining a stable practice; outstanding billing and administrative support; a warm, supportive, and collegial environment with a beautiful work space; flexible work hours conducive to work-life balance; no weekends required; four weeks of vacation for postdoctoral positions; unlimited vacation [only available for full-time licensed psychologists]; 24/7 emergency call back up. Gersten Center for Behavioral Health is a thriving and well-established group practice with six locations in: Chicago, Evanston, Skokie, Melrose Park, and Northfield. Gersten Center for Behavioral Health is proud to be a setting that promotes workplace longevity and long-term stability. We encourage you to visit us at www.gerstencenter.com to learn more about our practice and the reasons for our success. If interested, submit your curriculum vitae to Dr. Deborah Liebling at dliebling@gerstencenter.com.

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MISSOURI

PSYCHOLOGY PROFESSIONALS: We have opportunities for Psychologists, Psychiatrists, Licensed Professional

Counselors, and Licensed Clinical Social Workers, to join our innovative treatment teams at Southeast Missouri Mental Health Center located in Farmington, Missouri. Southeast Missouri Mental Health Center currently has an approximate bed capacity of 350, and offers forensic/long-term services within a long-term care psychiatric hospital. Job duties and qualifications can be located at the following website: https://oa.mo.gov/personnel/classification-specifications. Other employment benefits include: health insurance, dental insurance, vision insurance, twelve paid holidays, excellent retirement benefits, generous annual and sick leave. Interested applicants should send/email a letter of interest and a curriculum vitae to: Southeast Missouri Mental Health Center, Attn: Human Resources, 1010 W. Columbia Street, Farmington, MO 63640. (573) 218-6800. An Equal Opportunity/ Affirmative Action Employer.

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TEXAS

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- **Additional opportunities available to join our Haitian team and RISE program**
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Qualified candidates may submit their CV through our website at www.CHAproviders.org, or by email to Melissa Kelley at ProviderRecruitment@challiance.org. The Department of Provider Recruitment may be reached by phone at (617) 665-3555 or by fax (617) 665-3553.

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rholloway@wellpath.us

The VA Northeast Ohio Healthcare System (VANEOHS), a major teaching affiliate of Case Western Reserve University, is seeking an exceptional, senior mental health clinician to serve as the full-time **Associate Chief of Staff - Mental Health.** Under the broad supervision of the Chief of Staff, and working closely with the mental health Service Chiefs, Program Leaders, and professional staff, the Associate Chief of Staff -Mental Health (ACOS-MH) maintains responsibility for the overall direction of a large, high complexity mental health care system to ensure fully integrated approaches to mental health care across multiple geographic settings.

The ideal candidate will demonstrate extensive and progressive leadership experience, both as a clinician and an an administrator. The candidate will possess the ability to promote innovation, inspire organizational excellence, and to build and sustain multidisciplinary teams devoted to the development and promotion of behavioral health programs and services that are evidence-based, cost-effective and veteran-centric. In order to care for the mental health needs of a large, complex and geographically-dispersed Veteran population, the VANEOHS provides a diverse array of inpatient and outpatient programs to form a comprehensive continuum of care for the treatment of Mental Health conditions including Depression, Readjustment Problems, Substance Use Disorders, Post Traumatic Stress and other Serious Mental Illnesses. This care is delivered to Veterans across 24 counties in Northeastern Ohio. The VANEOHS is an academic medical center providing a full range of patient care services, with state-of-the-art technology, medical education and research.

Ideal candidates will be board-certified physicians (in Psychiatry or any specialty recognized by the American Board of Medical Specialties), VA Senior/Supervisory Psychologists, or meet the qualification standards for Social Work Program Manager (GS-0185-15) as defined in VA Handbook 5005, Part II Appendix G39. S/he must have significant mentoring and executive-level management experience in clinical/administrative settings and demonstrated operations and planning experience in a tertiary care environment. A strong working knowledge of VHA and other accrediting standards and regulations as they pertain to Mental Health Care is essential.

Interested individuals should submit a Curriculum Vitae to Amanda Wiard, Human Resource Specialist at AmandaWiard@va.gov .

View job posting and apply on line: https://www.usajobs.gov/GetJob/ViewDetails/571593200

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To purchase a recruitment ad or to view pricing and a complete list of upcoming deadlines, visit www.psyccareers.com/employer-offers.

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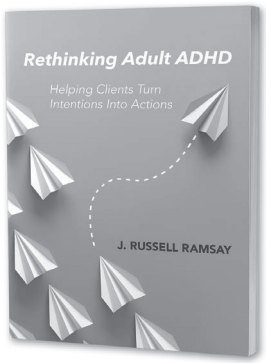
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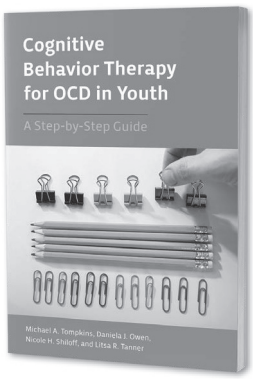
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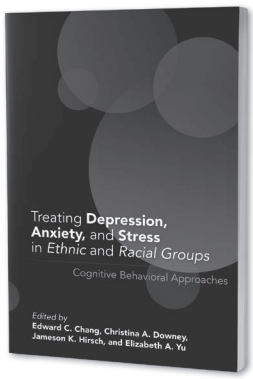
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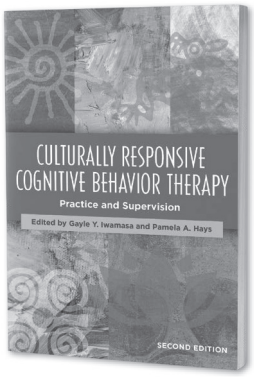
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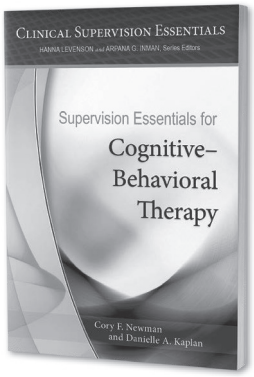


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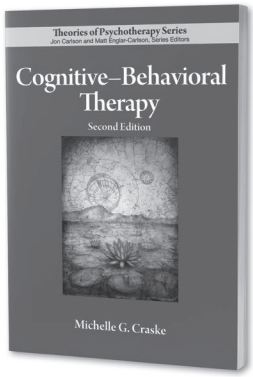
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TO.APA.ORG/MONITOR

BY TORI DEANGELIS

AMERICA IN TURMOIL

A new *Stress in America* survey from APA shows a nation anxious about its future



OKEY PHOTOS/GETTY IMAGES

Source: *Stress in America™ 2020: Stress in the Time of COVID-19, Volume Two.*

83%

Following the death of George Floyd, **more than 8 in 10 Americans (83%) say the future of our nation** is a significant source of stress. The previous high was reported in the 2018 *Stress in America* annual survey, when 69% reported the same.

72%

The percentage of Americans who say that this era of COVID-19 and racial protests **is the lowest point in the country's history** that they can remember.

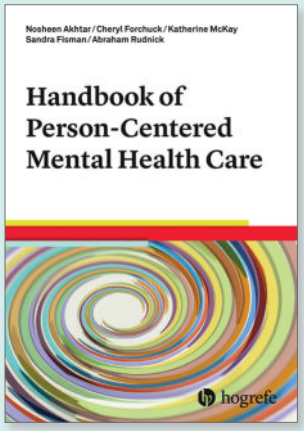
55%

The percentage of Black Americans who say **discrimination is a significant source of stress**. That percentage increased significantly, from 42% at the beginning of May to 55% at the beginning of June.

67%

The percentage of Americans who say **the movement against systemic racism and police brutality** is going to lead to meaningful change in America.

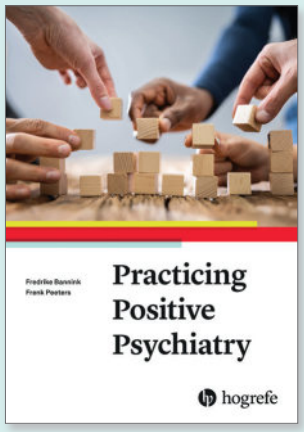
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Fredrike Bannink /
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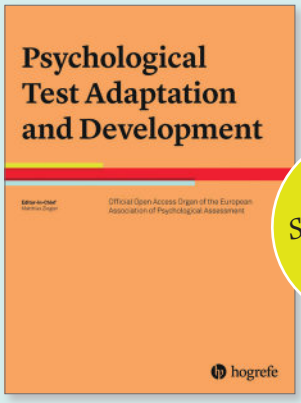
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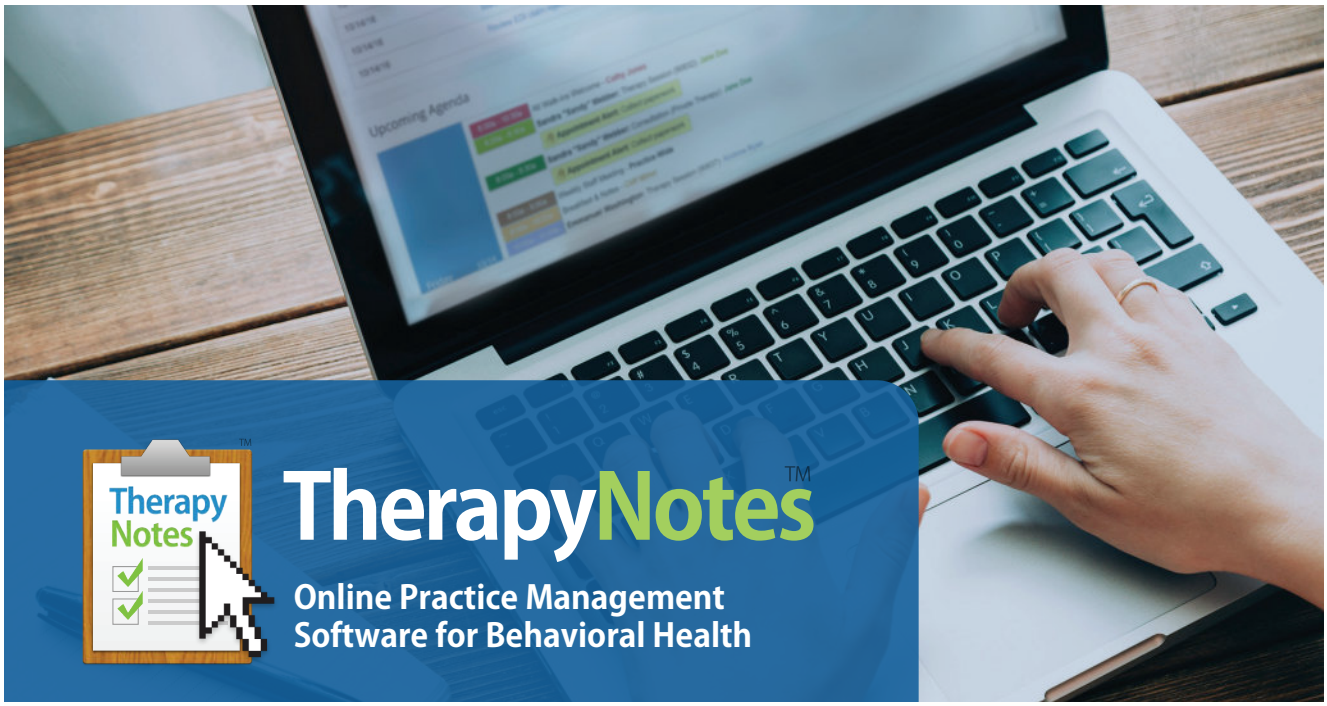
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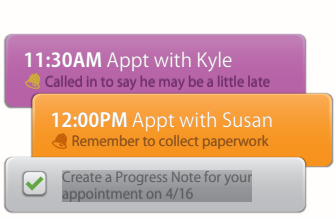
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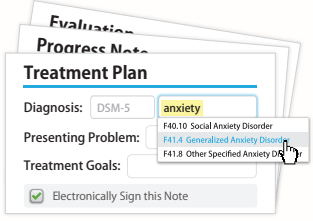
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