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POLICE BRUTALITY | JOB LOSS | ACADEMIA DURING COVID | EMOTION RECOGNITION | OPTIMIZING AGING

monitor on psychology

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Reducing Police Brutality

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A New York City
police officer in
riot gear watches
demonstrators during
a May 2020 protest
in Brooklyn.

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WHAT'S BEHIND THAT SMILE?

Psychological researchers are using new evidence to design emotion-recognition technologies for a wide range of possible uses, including cars that can detect a distracted driver and robots that can teach social skills to autistic children. *See page 46*

30 REDUCING POLICE BRUTALITY

COVER STORY Research by psychologists is pinpointing the factors that lead to overly aggressive, biased policing and informing interventions that can prevent violence and racial bias among officers. Psychologists are now promoting these interventions to more police departments at a time when many are open to dramatic reform.



54 THE TOLL OF JOB LOSS

The mental health consequences of the economic upheaval created by the COVID-19 crisis are likely to be significant. A large body of research shows that unemployment is linked to anxiety, depression and loss of life satisfaction and that underemployment and job instability cause additional distress for many others.



COVER: DEMETRIUS FREEMAN/THE NEW YORK TIMES/REDUX



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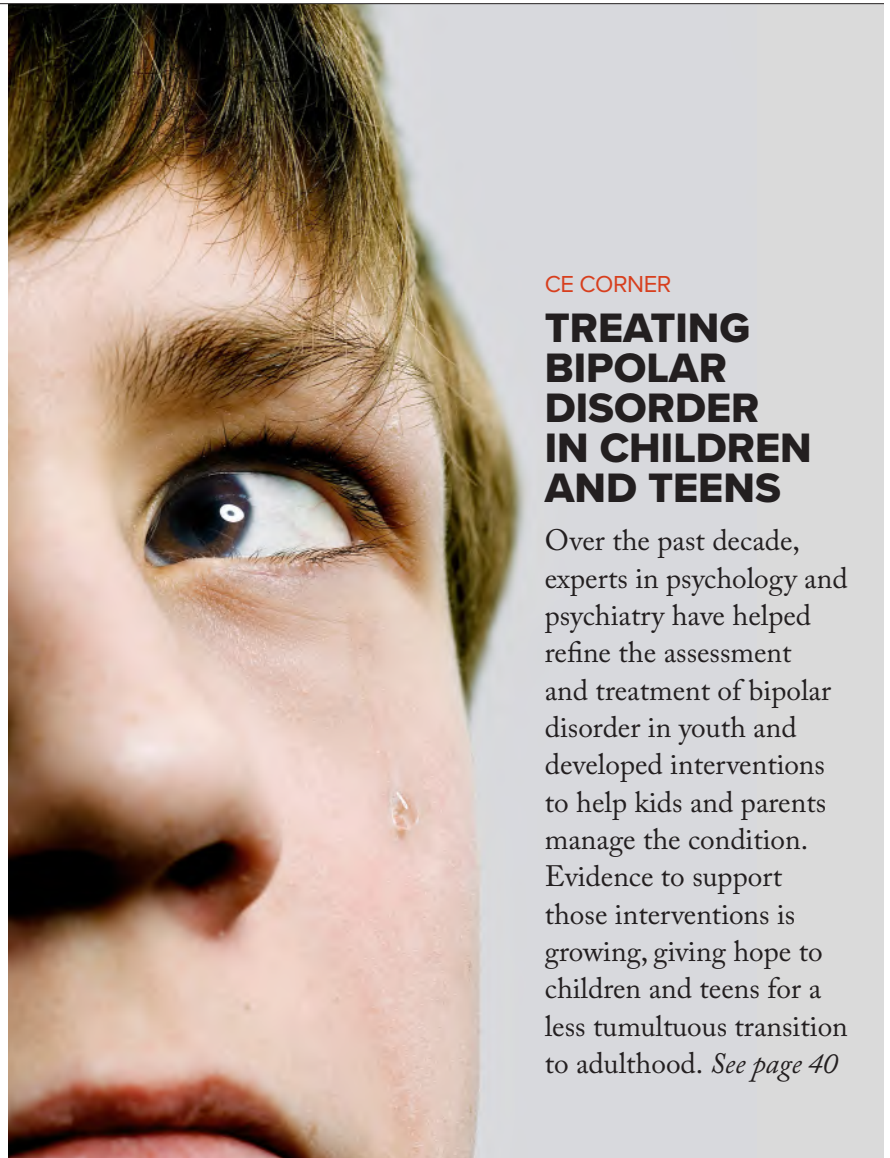
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Shifting the narrative on aging. Page 20



CE CORNER

TREATING BIPOLAR DISORDER IN CHILDREN AND TEENS

Over the past decade, experts in psychology and psychiatry have helped refine the assessment and treatment of bipolar disorder in youth and developed interventions to help kids and parents manage the condition. Evidence to support those interventions is growing, giving hope to children and teens for a less tumultuous transition to adulthood. *See page 40*

NEW CHALLENGES IN PSYCHOLOGY TRAINING

“There has always been a shortage of psychologists, but the need is even more so now with the COVID-19 pandemic and also the racial reckoning that is occurring across the U.S. and globally. There’s a need for psychologists of color especially.”

Francine Conway, PhD, Graduate School of Applied and Professional Psychology at Rutgers University–New Brunswick. See page 64

UPCOMING LIVE WEBINAR LINEUP

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Ester Cole, PhD

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THRIVING FROM THE EDGE

Viewing our field from the outside can produce broader, more inclusive and more creative responses

BY SANDRA L. SHULLMAN, PhD, APA PRESIDENT

As many of you know, I'm a big fan of win-win and collaborative approaches. But as I observe our nation's COVID-19 response, our heightened reactions to systemic racism and other forms of inequality, and some of the conflicts within psychology, I am struck by the zero-sum ways that we have learned to tackle challenges and conflicts, where one side's victory means the other's loss.

In some ways it reminds me of growing up as an only child in the Philadelphia housing projects. Blood was thicker than anything else, so I often found myself on the edge or outside of many groups. I had to learn to build alliances, intersect with places and people I might not easily fit with and become an astute observer of what was happening and what was not.

I've experienced some of that same sense of being on the edge in our field. Despite psychology's breadth and our mission to generate knowl-

edge and serve others, constituencies are often focused almost exclusively on their own agendas and ways of doing things. Given that, the fact that I don't fit squarely into any one camp has led some to perceive that I'm not science enough, lesbian enough, Jewish enough, feminist enough or clinical enough. While this tendency has its drawbacks—it can be solitary and seen as lacking depth—it has also allowed me to view things with a broader lens, to learn from people who don't always fit neatly into existing boxes and to see the potential in celebrating each other's differences and in working together.

And, I believe that a perspective that comes from being on the edge, whether by choice or not, can be especially useful during these turbulent times. The pandemic and our country's heightened focus on systemic racism provide psychology with a golden opportunity to step out of our niches and work more fully with those from other disciplines, with collaborative population health models and with communities and people outside our typical comfort zones.

In short, seeing things from the edge and embracing intersectional space at all levels can help free us from historic structures, systems and approaches that have kept us from reaching our full potential. Can we tap these abilities and make psychology a broader, more inclusive discipline with greater impact? ■



APA President
Dr. Sandra L. Shullman

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

KIRK IRWIN



EnVISION

ENDING RACISM

“Racial prejudices are indication of a disturbed and potentially unstable society”

—Dr. Kenneth Clark

In light of the urgent need to do even more to eliminate racism, the American Psychological Foundation (APF) seeks to increase its Visionary Grants directed to this area. To do so, APF has launched a campaign beginning immediately called **EnVISION Ending Racism**. Our goal for this campaign is to raise \$100,000 which would allow APF to add at least 4 new Visionary Grants in 2021 dedicated to APF’s Visionary priority of *understanding and ending stigma and prejudice*.

By increasing the number of grants focused on understanding and ending prejudice through the **EnVISION Ending Racism** Campaign, APF will be able to fund more psychologists to explore cognitive and behavioral parameters that motivate racist feelings and behaviors; these findings may identify solutions to this key societal problem.

EXAMPLES OF PAST AND CURRENT APF GRANTS THAT ADDRESS RACISM

Past APF grants have addressed racism and prejudice within schools, public services, and routine aspects of daily life. These grants include:

The Neurocognitive and Psychosocial Outcomes of Coronavirus Disease 2019 (COVID-19)
Dr. Tanisha Hill-Jarrett
University of South Florida

The Impact of Gendered Racism on the Health of African American Women
Jioni Lewis, PhD
University of Tennessee

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

HOW CAN YOU SUPPORT THE ENVISION ENDING RACISM CAMPAIGN?

You can make your gift online today by going to www.apa.org/apf/giving or by mailing it to the American Psychological Foundation, 750 First Street, NE Third Floor, Washington, DC 20002.

If you have further questions or would like to discuss your support, please contact Miriam Isserow at misserow@apa.org.



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PARTNERSHIPS FOR COLLECTIVE IMPACT

Bringing psychology to city and county leaders—and their communities—nationwide

BY ARTHUR C. EVANS JR., PhD

During many nights in college, my roommate Clarence and I would stay up late, hashing out the world's problems and batting around ideas to address them. Issues like homelessness, community violence and deep poverty seemed intractable—but were they? We were young, driven and perhaps a bit naïve, but our passion for using what we had to help others has never faltered. ¶ Decades later, we continue to exchange our ideas, but now as leaders of national organizations who have partnered to improve lives across the nation. ¶ My former roommate is Clarence E. Anthony, CEO and executive director of the National League of Cities (NLC), which advocates for the nation's cities and their leaders—a voice representing more than 200 million people. Given all the problems cities face that are grounded in human behavior, the alliance between APA and NLC is a natural fit. The COVID-19 pandemic and all its related behavioral challenges has made this partnership even more critical.

Together, we are helping city and county leaders cope with the unparalleled stress of the COVID-19 pandemic. Over the past few months, we've hosted a series of webinars on such topics as why self-care is important for effective leadership, how leaders can better communicate the psychological toll of the coronavirus and racism pandemics, and how they can decrease collective trauma being experienced in their communities. Now, we are exploring ways to align our organizations' advocacy efforts on the 988 suicide-prevention hotline and to improve access to behavioral health services.

The APA/NLC alliance is just one example of how we are building partnerships to advance APA's mission, get key messages out to broader audiences, and elevate others' understanding and use of psychology during this challenging time. Teachers, parents

and children are navigating the world of virtual learning and rethinking what "school" might look like. Employers are developing guidelines around returning to the workplace and often not considering the psychological safety of their employees. Rural communities are seeing more deaths of despair and searching for ways to increase access to culturally competent services.

Psychology is needed now more than ever. By forming a wide network of partnerships, APA can better reach those who would benefit most from our expertise.

Back in college, I knew that psychology could help solve problems that the world viewed as intractable but could not do it alone. The collective impact being generated through APA's partnerships affirms this belief and provides bright hope for the future. ■

APA CEO
Dr. Arthur C. Evans Jr.



SCOTT SUCHMAN

The Hot List

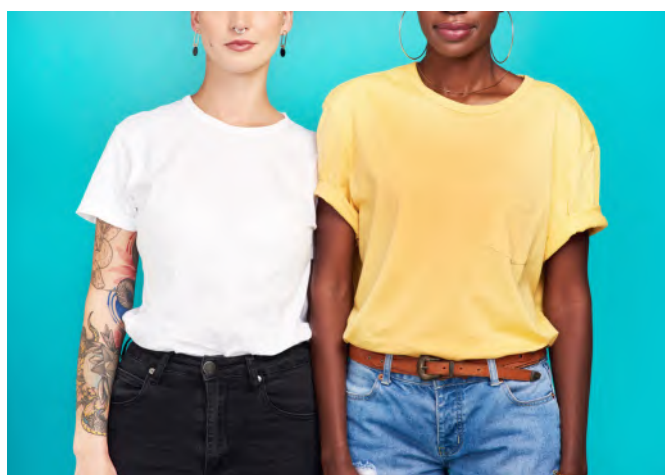


MAKE YOUR VOICE HEARD

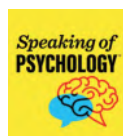
Cast your ballot now for APA's 2022 president. The five candidates are **Frank C. Worrell, PhD, Steven D. Hollon, PhD, Susan Krauss Whitbourne, PhD, Kirk J. Schneider, PhD, and Thomas G. Plante PhD** (above, left to right). Video interviews with each candidate as well as details on their expertise and priorities for APA are posted at <https://on.apa.org/President-elect> along with videos and statements from the candidates for APA's Board of Directors. You can access your ballot on your member profile page at [my.APA.org](https://my.apa.org) until Oct. 29. APA also emailed ballots to members on Sept. 15; members who do not have an email address on file were mailed a postcard with instructions on how to vote. Send questions to elections@apa.org.

TOOLS FOR REMOTE LEARNING

As families and teachers continue to help students learn from home, they need evidence-based tools to measure learning. Find APA's **"10 Tips for Assessing and Monitoring Students' Academic Progress During COVID-19"** fact sheet at <https://on.apa.org/Monitoring-Progress>.



THE INVISIBILITY OF WHITE PRIVILEGE



A new episode of APA's **"Speaking of Psychology"** podcast features Brian Lowery, PhD, of Stanford University's Graduate School of Business discussing what factors make people ignore racial privilege and what must be done to combat racial injustice.

Listen at <https://on.apa.org/Brian-Lowery>.

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VOTE ON BYLAWS AMENDMENTS

APA's Council of Representatives is asking members to vote on two proposed bylaws amendments in November: one to add voting seats for ethnic-minority psychological associations on the council and one to give voting privileges to graduate student members. Ballots will be sent by email to those with an address on file and by postcard to those without. Learn more at <https://on.apa.org/2020-Bylaws>.

DID YOU KNOW?

APA has a new hotline to assist you with the challenges brought on by the pandemic. Call 1-855-682-8302.

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In Brief

THE LATEST PEER-REVIEWED STUDIES WITHIN PSYCHOLOGY AND RELATED FIELDS



Some Teachers Mislabeled Black Children as Angry

Prospective teachers are more likely to misperceive Black children as angry compared with white children, according to research in *Emotion*. Researchers asked 178 prospective teachers, enrolled in education programs at U.S. universities and primarily white and female, to watch videos of the faces of 72 Black and white children ages 9 to 13. Each child expressed one of six emotions: happiness, sadness, anger, fear, surprise or disgust. While the prospective teachers were generally accurate at

detecting the children's emotions, they incorrectly labeled both Black boys and girls as angry more often than they did white boys and girls. The researchers also measured the prospective teachers' levels of explicit and implicit bias against Black people. Higher levels of explicit and implicit bias did not affect the probability of labeling Black children as angry but were associated with a lower probability of labeling white children as angry.

DOI: 10.1037/emo0000756



JOB AUTONOMY

The level of autonomy employees feel at work, their workload and job demands, and the cognitive skills they have in dealing with those demands have strong links to their mental health, physical health, and mortality, suggests research in the *Journal of Applied Psychology*. Researchers analyzed data from 3,148 adults who participated in a nationally representative, 20-year-long study. They found that job demands were associated with an increase in the likelihood of death via poor mental health when job control or cognitive ability were low and a decrease in the likelihood of death via poor mental health when job control was high.

DOI: 10.1037/apl0000501

SHARING SECRETS

School-age children, but not preschoolers, understand that

not keeping a friend's secret can harm their friendship, according to research in *Developmental Psychology*. In one study, 51 preschoolers (ages 3 to 6) and 67 school-age children (ages 6 to 10) were introduced to three gender-matched cartoon character children: a main character, their friend and their classmate. The participants learned that the main character told a secret to either the friend or the classmate. The school-age group, but not the preschoolers, understood that the friend was likely to keep the secret, while the classmate might not, and that divulging the secret could damage the friendship. Similar results were found in two more studies with 203 preschoolers and 308 school-age children, which also showed that school-age children recognized that sharing a surprise or a fact (rather than a secret) would

Workers have better mental health when they have more autonomy and stronger cognitive skills, a study finds.

not have a negative impact on the friendship.

DOI: 10.1037/dev0000960

COVID-19'S MENTAL HEALTH TOLL

The pandemic has strained the mental health of those infected, the health-care professionals treating them and the population as a whole, according to research in *Brain, Behavior, and Immunity*. A systematic review identified 43 studies, mainly conducted in Asian countries, that measured mental health symptoms associated with COVID-19. Researchers found high levels of symptoms of post-traumatic stress disorder and depression among patients, with those who had preexisting disorders showing a worsening of symptoms. Health-care professionals experienced greater symptoms of anxiety and depression as well as poor sleep quality compared with before COVID-19, while members of the general public experienced greater anxiety and depression. However, the researchers noted that larger,

A systematic review shows that the pandemic has triggered anxiety, depression and sleep problems among health-care providers.



TOP: VITRANCE/GETTY IMAGES; BOTTOM: WILPUNT/GETTY IMAGES

more carefully designed studies were needed to fully understand the mental health impacts of the pandemic.

DOI: 10.1016/j.jbbs.2020.05.048

EXPERTISE VERSUS ENTHUSIASM

Advisers with experience and expertise may sound good on paper, but in high-pressure moments people are more likely to choose advisers who are enthusiastic about them and their goals, suggests research in the *Journal of Experimental Psychology: General*. Researchers conducted five online and in-person studies with 755 participants, including two studies in which participants either were applying to be contestants on the reality television singing competition “The Voice” or imagined they were on the show. They found that people picked advisers (or coaches) based on their expertise rather than the level of positivity they expressed for their potential advisees—even when the variance in the advisers’ expertise was small. But upon analyzing the actual decisions made by contestants on four seasons of “The Voice” and participants in other studies, the researchers found that they were more likely to select advisers who were highly enthusiastic toward them.

DOI: 10.1037/xge0000756

BLACK IDENTITY MATTERS

Racial identity moderates the relationship between depressive symptoms and marital satisfaction in Black couples, according to research in the *Journal of Family Psychology*. Researchers

analyzed longitudinal data about depressive symptoms, marital satisfaction and racial identity collected from 168 heterosexual U.S. Black couples between 2002 and 2004. Overall, depressive symptoms in either spouse predicted declines in marital satisfaction for both spouses one year later. However, wives’ depressive symptoms predicted

Expectant fathers’ role-playing with a doll predicted the dads’ later parenting behaviors.

declines in husbands’ marital satisfaction only when wives reported that their Black identity was more central to their self-concept. Husbands’ marital satisfaction was highest when wives did not have depressive symptoms and reported their Black identity was of central importance.

DOI: 10.1037/fam0000573

PLAYING PARENT

A five-minute role-play session with a doll shortly before the birth of a couple’s first child predicted the quality of fathers’ later parenting skills, reports a study in the *Journal of Family Psychology*. Researchers videotaped 182 expectant U.S. fathers during the third trimester of their partners’ pregnancies as the men interacted with a doll they were told represented their baby. Trained observers rated the fathers’ parenting skills—including talking directly to their baby’s face, using baby talk and smiling and showing concern for the baby’s well-being. These ratings accurately predicted ratings of the fathers’ behaviors toward their babies at age 9 months, even after taking into account the baby’s temperament, the father’s personality traits and the quality of the father’s co-parenting relationship with the mother.

DOI: 10.1037/fam0000753



WORKPLACE DEMOCRACY

Attitudes about authority can be changed by experiences with participatory practices in the workplace, suggests research in *Nature Communications*. Researchers recruited 65 groups of Chinese factory workers (1,752 total workers) and asked half of them to attend six weekly 20-minute “participatory” meetings, where they freely discussed work experiences and weekly work goals. Control groups attended meetings run by supervisors, with no worker participation. Surveys conducted four weeks after the meetings ended indicated that workers in the participatory discussion groups had, overall, a less positive attitude toward authority than those in the control groups. Workers in the participatory groups were also less likely to believe in the just nature of the world, perceived more conflict between managers and workers in Chinese society and were more likely to participate in both politics and family life. A second study with 32 groups of U.S. academic administration staff (172 total staff members) largely replicated the first study’s findings.

DOI: 10.1038/s41467-020-16383-6

NEGATIVITY AND DEMENTIA RISK

Persistently engaging in negative thinking may raise the risk of Alzheimer’s disease, suggests research in *Alzheimer’s & Dementia*. Researchers surveyed 360 adults in Canada and France over age 55 about how they typically think about negative experiences. The participants also completed measures of

LIVES OF THE RICH AND ARROGANT

People with wealth or higher status are more likely to think that those who disagree with them are incompetent or biased, even when their high status is the result of chance, suggests research in *Personality and Social Psychology Bulletin*. Researchers analyzed the political opinions of 2,374 U.S. adults participating in a nationally representative survey. They found that people of higher socioeconomic status were more likely than those of lower status to describe members of the opposing political party as uninformed, irrational or biased. In a pair of follow-up studies with 775 participants, the researchers manipulated people’s sense of status through an investment game. Participants who were told their performances were above average were more likely to say that people who disagreed with their investment advice were incompetent or biased. The results held whether or not the participants were told that the game’s outcomes were entirely random.

DOI: 10.1177/0146167220921043



Wealthy or higher status people are more likely to think that people who disagree with them are incompetent or biased.

depression and anxiety symptoms and were assessed on their memory, attention, spatial cognition and language functions. The researchers had access to brain PET scans for 113 participants. The researchers found that more repetitive negative thinking was linked to greater declines in cognitive function and memory over four years, as well as increased amyloid and tau deposits. Depression and anxiety by themselves were associated with subsequent cognitive decline but not with amyloid or tau deposition. The researchers suggest that repetitive negative thinking may lead to increases in physiological stress, which in turn can facilitate amyloid and tau deposition.

DOI: 10.1002/alz.12116

WARNINGS MAY NOT WORK

Trigger warnings have little or no benefit in diminishing the impact of potentially disturbing material, according to research in *Clinical Psychological Science*. Researchers asked U.S. trauma survivors, including those with diagnoses of post-traumatic stress disorder, to read a series of potentially disturbing literary passages. Prior to reading, about half received trigger warnings, while the other half did not. The researchers found that the trigger warnings had little effect on participants’ self-reported anxiety after reading each passage, even when the passages were similar to the survivor’s trauma. However, results indicated that trigger warnings reinforced survivors’ ideas that their trauma was central to their lives.

DOI: 10.1177/2167702620921341

THE BRAIN 'FILLS IN' PERIPHERAL VISION

People have less awareness of color in their peripheral vision than they think, according to a study in the *Proceedings of the National Academy of Sciences*. Researchers outfitted 178 participants with head-mounted virtual reality (VR) displays. Using an eye-tracking tool in the VR headset, the researchers pinpointed where the participants were looking and changed the visual environment so that only areas where the person was looking were in color. When the researchers removed color in the periphery, most people did not notice, suggesting that color awareness is limited to a small area around the center of their visual field and that the brain “fills in” color in the periphery.

DOI: 10.1073/pnas.1922294117

Our brains “fill in” color in our vision’s periphery, research suggests.



Fear, not selfishness, drove people to hoard toilet paper in the early days of the COVID-19 pandemic.

WHO HOARDS?

Fear, not selfishness, appeared to drive the hoarding of toilet paper during the early stages of the COVID-19 pandemic, according to research in *PLOS ONE*. Researchers recruited 996 adults from Germany, the United States and 20 other countries to complete an online personality inventory from March 23 to 29. The inventory tapped six personality domains: emotionality, conscientiousness, honesty-humility, extraversion, agreeableness and openness to experience. Participants

also reported on their quarantine behaviors, perceptions of COVID-19 as a threat and how often they shopped for toilet paper. The results indicate that people who felt more threatened by COVID-19 stockpiled more toilet paper. In addition, higher emotionality was associated with greater perceived threat of COVID-19, thereby indirectly increasing stockpiling behavior. Higher degrees of conscientiousness were also associated with greater toilet paper stockpiling.

DOI: 10.1371/journal.pone.0234232



Traumatic brain injury and repetitive head impacts appear to be associated with later depression and cognitive limitations.

HEAD INJURIES AND DEPRESSION

People who've had traumatic brain injury (TBI) or repetitive head impacts can have difficulties with depression and cognitive function years or decades later, suggests research in *Neurology*. Researchers analyzed data from 13,323 people ages 40 and older who participated in an online neurological health registry. About 55% reported having had a previous TBI, and about 5% reported having previous repetitive head impacts through sports, abuse or military service. TBI and repetitive head impacts were each associated with later depression and cognitive limitations, with the greatest effects observed in participants with a history of both TBI and repetitive

head impacts. TBI that had involved a loss of consciousness was associated with more severe effects than TBI without such loss.

DOI: 10.1212 WNL.00000000000010040

LOWERING THE BAR

The more options people consider over time, the lower their standards become, suggests research in the *Proceedings of the National Academy of Sciences*. Researchers examined online participants' decision-making strategies across three studies. In the first two, 301 participants were instructed to try to buy the least expensive airline ticket. They were shown sequences of 10 offers, in which prices fluctuated while the departure date got closer

The price people were willing to pay for an airline ticket increased with the number of options they were given, a study finds.

and closer. In the third study, 95 participants were asked to select the best price on products such as groceries or kitchen appliances. Across the three studies, participants' behavior followed a "linear threshold model," such that the price they were willing to pay increased linearly with the number of options they had seen. Their behavior was inconsistent with other proposed models, including those that predict optimal decision-making.

DOI: 10.1073/pnas.2002312117

NUDGING BETTER BEHAVIORS

The more people understand how and why "nudges" are put in place, the more they accept their use, according to research in *Behavioural Public Policy*. Researchers presented 1,715 participants with examples of behavioral interventions used by the government and the private sector and asked them to assess their acceptability on several dimensions, including their effectiveness, how easy it was to identify how the intervention



TOP: GAWRAV/GETTY IMAGES; BOTTOM: PROSTOCKSTUDIO/GETTY IMAGES

works and the party implementing the intervention. They found that in judging whether a nudge is acceptable, people weigh effectiveness and knowing how an intervention works as more important than who is implementing it. Further, participants found nudges related to health to be more acceptable than those related to personal finance.

DOI: 10.1017/bpp.2020.6

WHO SHOULD INTERVENE?

Older children and adults think authorities should step in to thwart negative social behavior, while younger children think that that's everyone's duty, according to research in *Cognition*.

In two studies involving 232 4- to 7-year-olds and 76 adults, researchers presented participants with a scenario in which an authority figure (a parent or teacher) and another person witnessed teasing. Both groups were then asked how obligated and how likely each witness was to intervene. Children and adults thought the authority figure was obligated to stop the teasing, but only younger children thought ordinary people also shared that obligation. Both older and younger children and the adults also *expected* authority figures to intervene, but only younger children expected that those not in positions of authority would do so.

DOI: 10.1016/j.cognition.2020.104215

Younger children think that it's everyone's duty to step in to thwart bad behaviors.

FMRI ISN'T RELIABLE

While fMRI methods provide insights into the functioning of the average human brain, they lack sufficient reliability to be used to identify stable individual differences or diagnose mental disorders, according to a paper in *Psychological Science*. Researchers analyzed results from 90 studies—involving 1,008 participants—and other ongoing projects in which participants performed a task while their brain activity was measured with fMRI and then were retested weeks to years later on the same task. Overall test-retest reliability was poor, such that individual participants frequently did not show the same pattern of brain activation at both points in time.



TOM WANG T2/GETTY IMAGES

This was the case across a variety of tasks and even when the tests were separated by only a short time. The researchers point to the need to develop new approaches to collecting and interpreting fMRI data.

DOI: 10.1177/0956797620916786

THE IDEAL PARTNER

Women and men can have unrealistic beliefs about the types of bodies members of the opposite sex prefer, suggests research in the *British Journal of Psychology*. Researchers surveyed 99 female and 70 male white heterosexuals in the United Kingdom, ages 17 to 26, using an interactive mobile phone app that depicted different bodies varying in fat percentage and body mass index (faces were not shown). Participants were presented with same-sex body images and asked to adjust the images to reflect what a heterosexual opposite-sex individual would find most attractive.



A study finds that women overestimate men's preferences for thinness and men overestimate women's preferences for muscularity.



They were also presented with opposite-sex body images and adjusted the images to reflect their own preference in partners. In this sample, women overestimated men's preferences for thinness and men overestimated women's preferences for muscularity. These discrepancies were more exaggerated for imagined short-term relationships than long-term relationships.

DOI: 10.1111/bjop.12451

DEFINED BY RACE OR GENDER?

Black women as a group are more often lumped in with Black men than with women as a whole, suggests research in *Translational Issues in Psychological Science*. In an online study, researchers asked 1,063 people whether 41 positive or negative stereotypical characteristics described different races

People's lack of distinction between Black men and women may undermine efforts to advocate for Black women, researchers suggest.

or genders. Some participants were asked about stereotypes regarding just men and women or just Black people and white people, while others were asked about a combination of race and gender. The typical Black woman was found to be more similar to the typical Black man than the typical white woman was to the typical white man. On the other hand, the typical Black woman was found to be quite distinct from the typical woman, whereas the typical white woman was found to be incredibly similar to the typical woman. The researchers suggest this lack of distinction from Black men may result in antiracist and feminist movements failing to sufficiently advocate for Black women.

DOI: 10.1037/tps0000256

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

Datapoint

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

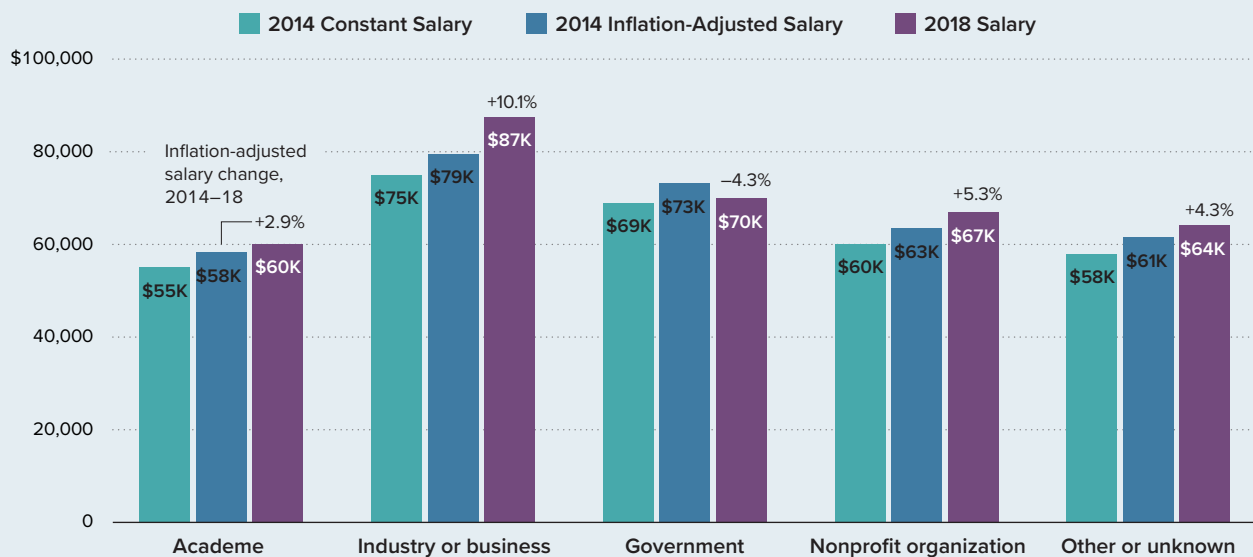
GROWTH IN POSTGRADUATE SALARIES FOR PSYCHOLOGY DOCTORATES OUTPACED INFLATION

■ In 2018, the median salary for new psychology research doctorates who graduated with employment plans was \$66,000.¹ That figure was \$14,000 less than the median expected salary for recent doctorate recipients across all fields (\$80,000).

■ Among psychology doctorate degree earners, median expected salaries were highest for those working in industry or business (\$87,000) and lowest for those in academia (\$60,000).²

■ Between 2014 and 2018, postgraduate salary growth outpaced inflation³ in most sectors. When adjusted for inflation, the largest median salary increase was for psychology doctorate recipients who expected to work in industry or business (an increase of \$8,000). By contrast, the median salary for those expected to work for the government decreased by \$3,000, from \$73,000 to \$70,000. The remaining sectors all showed moderate increases in median salaries.

Median Salary for Psychology Doctorate Recipients with Definite Employment Plans, 2014–18



By Amrita Ghaness, BA, Luona Lin, MPP, and Jessica Conroy, BA

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

Source: National Science Foundation, Survey of Earned Doctorates (2018).

¹National Science Foundation, National Center for Science and Engineering Statistics. (2014–18). Doctorate Recipients From U.S. Universities. Retrieved from www.nsf.gov/statistics/doctorates. This report included 1,017 individuals earning psychology research doctorates from U.S. institutions in the 2017–18 academic year who had definite employment plans at the time they applied for graduation. A research doctorate requires the completion of a dissertation or equivalent project and is not primarily intended for the practice of a profession. Respondents were asked "What best describes the status of your postgraduate plans?" and those selected "I accepted or am employed in a position other than a postdoc or training position" were coded as having definite postgraduate employment plans. Median salaries were based on the basic annual salary from the position they accepted or were employed at and were rounded to the nearest thousand.

²Academe included employment in four-year colleges or universities, medical schools, university-affiliated research institutes or other educational institutions. Business and industry includes employment in non-educational institutions, in business or industry (for profit), and self-employment.

³2014 median salaries were adjusted for inflation to 2018 dollars using the Consumer Price Index inflation calculator: www.bls.gov/data/inflation_calculator.htm. The rate of inflation was 5.8% between 2014 and 2018.

OLDER ADULTS HAVE MORE CONTROL OVER THEIR AGING THAN THEY THINK

Psychologists are tackling negative stereotypes about aging and helping older adults embrace healthy attitudes and behaviors

BY ZARA ABRAMS

For many, getting older is rewarding—adults tend to experience more well-being, life satisfaction and emotional stability as they age—and a growing body of research shows that a healthy lifestyle can slow and even reverse cognitive and physical decline. But most people still hold negative views of aging.

“Optimizing Aging: A Call for a New Narrative,” published in the May/June issue of *American Psychologist*, tackles that disconnect by refuting the major misconceptions about aging and outlining how psychologists can help reframe the conversation (Diehl, M., et al., *American Psychologist*, Vol. 75, No. 4, 2020).

“Aging is a much more plastic process than was previously thought,” says psychologist Manfred Diehl, PhD, director of the Adult Development and Aging Project at Colorado State University and lead author of the paper. “That means middle-aged and older adults have more control over the way they grow older than they believe.”

Along with his co-authors, psychologists Chandra Mehrotra, PhD, of the College of St. Scholastica in Minnesota, and Michael Smyer, PhD, of Buck-

nell University in Lewisburg, Pennsylvania, Diehl hopes that shifting the narrative can help adults embrace the power they have over their own aging. Not only will this improve individual lives, he says, but it can also benefit society through lower health-care costs and increased productivity if adults stay healthier for longer.

“Our society has a long-standing history of ageism,” says Katherine Ramos, PhD, an assistant professor of psychiatry and behavioral sciences at Duke University and a member of APA’s Committee on Aging, who was not involved with the paper. “What this article highlights is a call to action to change how we think and talk about growing older.”

CHALLENGING NEGATIVE STEREOTYPES

Ageism at the societal level can lead to overt discrimination, for instance in biased hiring and termination practices. At the individual level, negative stereotypes about aging can prevent people from engaging in preventive health behaviors, which can ultimately decrease life expectancy.

Perhaps the most pervasive

FURTHER READING

Ageism and COVID-19
APA, 2020

Older Adults’ Health and Age-Related Changes: Reality Versus Myth
APA, 2017

Aging in Times of the COVID-19 Pandemic: Avoiding Ageism and Fostering Intergenerational Solidarity
Ayalon, L., et al.
The Journals of Gerontology: Series B, 2020

Aging and Diversity: An Active Learning Experience (3rd Ed.)
Mehrotra, C., & Wagner, L.S.
Routledge, 2018

Among the most pervasive aging myths is that it mainly involves loss and decline.

misconception about aging is that growing older mainly involves loss and decline. In fact, research suggests that for most mental abilities, age-related decline doesn’t occur before age 80 (Schaie, K.W., *Developmental Influences on Adult Intelligence: The Seattle Longitudinal Study*, 2nd ed., Oxford University Press, 2013) and that emotional well-being and life satisfaction tend to improve as we get older (Carstensen, L.L., et al., *Psychology and Aging*, Vol. 26, No. 1, 2011).



Another widely held belief is that changes associated with aging are largely outside of our control.

“Many people think the way we grow older is genetically determined,” Diehl says. “That misconception is dangerous because it prevents many adults from taking action that could help them age in a more positive way.”

Studies show that lifestyle factors—including alcohol and tobacco use, physical activity and cognitive engagement—can account for as much as 70%

of the variance in age-related memory and cognitive changes (Tucker-Drob, E.M., & Briley, D.A., *Psychological Bulletin*, Vol. 140, No. 4, 2014).

New evidence also suggests that older adults’ cognitive losses, as well as physical problems such as osteoporosis, can be reduced, delayed or even reversed with early intervention.

CHANGING THE NARRATIVE

A further problem with the way we view aging—one that’s been amplified by the COVID-19 pandemic—is the tendency to

describe older adults as a single homogenous group: in this case, a group that’s highly susceptible to disease and death.

“Older adults are actually the most diverse age group, but they are often seen as unilaterally frail, vulnerable or even expendable,” says Diehl. “The COVID-19 crisis is further reinforcing those existing stereotypes.”

In fact, adults who are 65 to 74 years old, 75 to 84 years old or 85 and over face different risks. And like the rest of the United States population, older adults are diverse in race,

ethnicity, socioeconomic status, immigration status, gender identity, sexual orientation, religious affiliation and rural/urban location. Those characteristics interact in complex ways as individuals age, says Mehrotra.

“Let’s not think about older adults through this arbitrary 65-and-older category—lumping everybody together as if their experiences are the same, when we know they’re not,” Ramos says.

The new narrative on aging should reflect that diversity, say Diehl and his co-authors, and focus on challenges and opportunities rather than loss and decline.

The Gerontological Society of America’s Reframing Aging Initiative, for example, conducts research on healthy aging and offers resources to inform and engage professionals who work

with older adults.

Other avenues for change include addressing ageist media portrayals of older adults, which often depict the group as a burden on society (Löckenhoff, C.E., et al., *Psychology and Aging*, Vol. 24, No. 4, 2009). In fact, many older adults are productive workers, frequent caregivers of grandchildren and adult children with disabilities, and active volunteers in their communities.

The authors suggest directing messages toward middle-aged adults, who can be encouraged to ramp up preventive health behaviors as they age. Workplace-based health and wellness programs are one key channel they identify for disseminating information about healthy aging to middle-aged and older adults. Other ways to spread such messages include mass media and public information campaigns.

Older adults are the most diverse age group, yet many people categorize them all as frail or vulnerable.

PSYCHOLOGISTS’ ROLE IN MAKING CHANGES

Psychologists have already played a key role in debunking misconceptions about aging by studying behavioral and neural plasticity, socioemotional development over the life span and the negative effects of ageism. They’ve also developed theories and techniques of behavior change, such as self-regulation, that can be applied to help optimize aging.

Moving forward, the authors of “Optimizing Aging” encourage psychologists to take an increasingly active role in disseminating those findings and strategies to the public.

“In addition to publishing research papers, we should move toward translating evidence in a way that communities can understand and implement,” says Mehrotra.

Convincing people to change their behavior is a tall order, but an intervention Diehl developed shows promise. Eight weeks of education on age stereotypes, goal setting and plasticity—along with a structured exercise program—reduced negative views on aging and increased physical activity levels in adults ages 50 to 82 (Brothers, A., & Diehl, M., *Journal of Aging and Physical Activity*, Vol. 25, No. 3, 2017). Last year, Diehl launched a large randomized controlled trial to test a modified version of the program.

“Our biggest challenge now is to convince the person on the street that they have more control over their own behavior and aging than they know,” he says. “That’s what our field should focus on next.” ■



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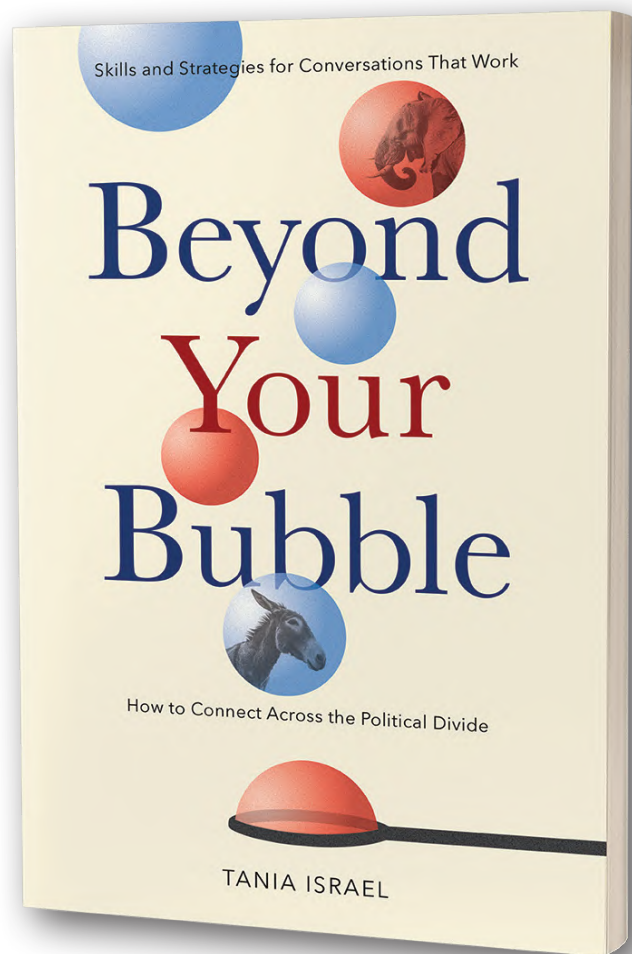
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ECONOMIC UNCERTAINTY: HOW COVID-19 HAS HIT PSYCHOLOGISTS

While no sector of psychology has been untouched by job losses, some are faring better than others

BY ZARA ABRAMS

Since the COVID-19 pandemic struck in March, industries that employ psychologists have suffered large-scale job losses and cutbacks, according to an analysis of U.S. Bureau of Labor Statistics (BLS) data by Georgetown University's Center on Education and the Workforce.

The fields of education, health care and social assistance have seen hundreds of thousands of job losses so far in 2020, with nearly 400,000 jobs cut in educational services, 674,000 in outpatient health care and hospitals, and 495,000 in social assistance. Academic institutions have also been forced to rein in spending amid uncertainty over tuition and other revenue.

Shifting economic factors have also affected practitioners.

"We put the national economy into a medically induced coma," says Erica Groshen, PhD, an economist at Cornell University's School of Industrial and Labor Relations and former commissioner of the BLS. "We're slowly releasing ourselves from that, but now we're starting to feel the impacts of the recession."

Many psychologists can perform their work remotely, which helped shield them from job loss

during the initial shutdown. Groshen warns that could change.

"Psychologists may be more vulnerable to job loss now that health-care networks, academic institutions and other businesses are restructuring in the face of continued financial hardship," she says.

CHANGES IN DEMAND FOR SERVICES

In May, Texas-based Baylor Scott & White Health, one of the country's largest health-care systems, announced 1,200 layoffs, including a group of psychologists.

Though the health-care industry is suffering, demand for psychological services has been on the rise—after an initial lull when stay-at-home orders were first rolled out—as Americans juggle isolation, telework, child care and financial hardship.

"At the start of the pandemic, many clients were navigating the tough transition to sheltering at home," an immediate demand that superseded mental health care, says Jeffrey Zimmerman, PhD, ABPP, past president of APA's Div. 29 (Society for the Advancement of Psychotherapy). "But some mental health professionals were inundated and are

FURTHER READING

**5 Facts About the
Higher-Ed Work
Force Right Now**
*The Chronicle of
Higher Education*,
2020

**Staying on Track
During a Pandemic:
A Webinar Series
for Students and
ECPs**
APA, 2020

**How to Look for
a Job During a
Global Crisis**
APA, 2020



now busier than they were prior to COVID," he says.

An emotional distress hotline operated by the Substance Abuse and Mental Health Services Administration saw an increase in inquiries of more than 1,000% compared with the same period in 2019. Digital mental health services, including Ginger and Livongo, have also reported spikes in demand.

At Mid-Atlantic Behavioral Health, a network of outpatient mental health-care centers in Delaware, existing patients attended more appointments than ever between March and June.



psychologists in private practice who conduct a lot of testing.

“We don’t have a good way to test motor, visual and spatial skills electronically,” says Justin Barry, PsyD, a clinical psychologist at AspenPointe, a community mental health clinic in Colorado Springs, Colorado. Some assessment tools, like intelligence tests and motor-heavy measures such as card sorting, can’t be reliably administered during a video session, making it impossible for Barry to complete the neurodevelopmental assessments he typically performs.

School psychologists face similar challenges in conducting remote assessments, but most have continued to provide therapy to children via video sessions. In some parts of the country, pre-pandemic shortages in the field have offered a buffer to COVID-related job loss, says Melissa Bray, PhD, a professor of school psychology at the University of Connecticut’s Neag School of Education and past president of APA’s Div. 16 (School Psychology). That suggests that school psychologists who are out of work might be able to find jobs by moving to another state.

Applied psychology practitioners, such as forensic psychologists conducting child custody evaluations, are juggling ethical considerations that have resulted in lost sessions and income.

“Psychologists must carefully consider the reliability and validity of conducting child interviews or even parent-child observations on a video call,”

“We’ve seen our highest percentage of held appointments ever in the history of our business,” says Traci Bolander, PsyD, Mid-Atlantic’s practice director.

She cites the company’s established telehealth infrastructure as key to its ability to meet that growing need, which comes from both existing patients requesting more frequent appointments and, increasingly, new patient inquiries. Since March, they have onboarded three new practitioners and promoted two others from part time to full time.

But as the recession unfolds,

out-of-work Americans may struggle to pay for such services. Between February and May, more than 5 million U.S. adults lost their health insurance because of layoffs, according to an analysis by consumer advocacy group Families USA.

LOST REVENUE

While psychologists have continued to deliver many therapeutic services effectively via phone or video, psychological testing is less well suited to telehealth. That can mean a loss of revenue for companies like Mid-Atlantic or for

Manhattan-based clinical psychologist Dr. Richard Angle video-chats with a patient from his office in April. Angle has worked at the office during the pandemic to maintain some normalcy and structure during these uncertain times.

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News Feature

because someone off-screen might be listening, recording or coaching the child, says Robin Deutsch, PhD, a professor of clinical psychology at William James College in Newton, Massachusetts, and a practitioner at Comprehensive Forensic Associates. As a result, some forensic psychologists have chosen to put cases on hold until evaluations can be conducted in person.

Applied psychologists in industry jobs—such as user-experience researchers and human factors engineers—have had a variety of experiences, says Kim-Phuong Vu, PhD, president of APA's Div. 21 (Applied Experimental and Engineering Psychology), from merely shifting to telework to lost hours, furloughs and layoffs.

User-experience researchers can largely continue their work remotely, says Peter Hancock, PhD, provost distinguished research professor at the University of Central Florida and past president of Div. 21, but psychologists working in human factors may struggle to do so. Psychophysiology research, for instance, tends to be relatively hands-on, though Hancock says digital monitoring tools such as activity trackers can help.

On one hand, psychological insights on ergonomics, remote work and isolation may be particularly useful to businesses during this uncertain time, which could bode well for applied psychologists, Groshen says.

"But firms under financial stress—particularly those contracting out for these services—will often look to cut any expense they can in order to survive," she says.

CUTS IN ACADEMIA

As of July, at least 224 academic institutions have made budget cuts, directly

affecting more than 51,000 employees, according to *The Chronicle of Higher Education*. Most of these colleges and universities have instituted furloughs, but layoffs and contract nonrenewals are also occurring. Faculty and staff have also faced pay reductions or the suspension of benefits such as employer contributions to retirement accounts, says Michael Young, PhD, chair of the Council of Graduate Departments of Psychology's board of directors.

"It's less clear what's going to happen with non-tenure-track faculty," he says.

Some universities are managing budget shortfalls by laying off such faculty, Young says, while others are meeting teaching needs by creating non-tenure-track positions because they can't make a long-term financial commitment.

Students are also taking a hit, citing concerns such as unsuccessful job searches, delays in degree or internship completion and mounting student loan debt during a recent APA webinar on loan stimulus, student debt and budgeting.

"Often during an economic downturn, more people enter graduate school because they can't find a job," says Young, also the head of the psychological sciences department at Kansas State University. "But if departments can't offer sufficient funding, fewer students may have that option."

For those completing doctoral degrees, staying in school a bit longer—if funding is available—may be ideal until hiring freezes are lifted, he says. Another option is to look for opportunities outside of academia, for instance in product design, user-experience or marketing roles that involve data analysis and experimental design. ■

4 QUESTIONS FOR LISA BROWN

The aging and trauma specialist is working to slow the transmission of COVID-19 in nursing homes

BY TORI DEANGELIS

Nursing home residents are among those hardest hit by the COVID-19 pandemic: They make up more than 40% of those dying from the illness in the United States, according to the Centers for Disease Control and Prevention. To improve outcomes for these vulnerable older adults, in June, MITRE, a nonprofit organization that manages federally funded research and development centers, formed the Commission on Safety and Quality in Nursing Homes, a group of long-term-care experts charged with identifying ways to slow the spread of the virus in nursing homes and improve residents' health and safety. The commission's recommendations are expected out this fall.

The sole psychologist on the commission—which also includes infectious disease experts, nursing home directors, academics, state authorities and others—is Palo Alto University professor of psychology Lisa M. Brown, PhD, ABPP, an expert on the impact of disasters on nursing home residents. Based on her research and experience, she believes that psychological first aid principles—which focus on assessing and supporting people's resilience—can enhance infectious disease control activities.

“Training all nursing home staff in psychological first aid just as they are in medical first aid and cardiopulmonary resuscitation can significantly benefit quality of care during this difficult

time,” says Brown, who is also president of APA's Div. 20 (Adult Development and Aging) and worked for the Florida Department of Health from 2007–14. Use of psychological first aid techniques empowers staff, supports positive communication between staff and family members and provides ways to appropriately assist residents who may be feeling anxious, depressed and lonely during this challenging time, she says.

The *Monitor* talked with Brown about how psychology research can help nursing home staff and residents manage the COVID-19 crisis with greater confidence and resilience.



Providing good mental health care in nursing homes is challenging at any time. What additional issues are facilities facing now?

Feeling connected is key to the well-being of long-term-care residents, and the ability to foster that sense of connection is one of the most important qualities of good staff. When you suddenly must maintain physical distancing and cut off family members who can't enter these facilities—those are different issues than what you see in more typical disasters such as hurricanes.

Because maintaining connections is so powerful, using good mental health practices and psychological first aid can and should go hand in hand with evidence-based infectious disease control practices. If people don't feel psychologically connected or cared for, they are less likely to cooperate with physical distancing and quarantining measures.

What are some best practices to help foster that sense of connection?

One is to keep in mind that words are very powerful. Certified nursing assistants, for example, are trained to provide physical care but not necessarily on how to interact interpersonally with residents from a range of backgrounds. Use of psychological first aid can help staff with no mental health training talk to residents in ways that could improve how residents react and cope with difficult situations.

That training can also teach staff

how to integrate good verbal and nonverbal communication skills into infectious disease control processes. For example, rather than tell residents that they have to physically distance so it feels like an order with no end in sight, they can explain to residents that they know that isolation is difficult but that they are following evidence-based guidance to reduce the risk of illness to residents, their families, friends and staff.

What other strategies can nursing homes use to foster a sense of emotional connection right now?

Psychological first aid would also encourage staff and family members to keep in mind the power of perceived social support, which is essentially a measure of how residents subjectively appraise their situation, rather than

a reflection of how much objective support is being given. For example, while regular phone calls or letters can't replace in-person visits, they can provide perceived social support that buffers residents from many of the deleterious effects of quarantine or distancing.

On a smaller scale are little things that staff can do during a time when residents can't meet together for safety reasons. Some residents might benefit from what I call "boredom busters"—easy strategies that aren't terribly time-consuming or that depend on gathering with others. An example is setting up a tic-tac-toe game outside a resident's window so that friends can play with the resident, who is safely inside. Another is setting up a bird feeder outside and encouraging residents to keep track of the types of birds that come to feed.

There are many different types of nursing homes and facilities. Does that make it difficult to disseminate and implement these ideas?

From my research and that of others, it is evident that most facilities, directors, administrators and owners are actively looking for evidence-based guidance. In my experience, most nursing homes strive to do the right thing. Most staff have close relationships with residents and feel a deep sense of responsibility for their well-being. And when you read the biographies of the people selected to serve with me on the commission, it's clear that they too are invested in and deeply care about making the nursing home system work well for everyone. It is my hope that nursing homes, staff, residents and their families will be able to benefit from our recommendations very soon. ■

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JUST HOW PRIVATE ARE TREATMENT RECORDS?

The court is asked to consider therapist-patient privilege in a case in which treatment records may exonerate a man accused of sexual abuse

BY CYNTHIA CALKINS, PHD, AND DYLAN ABRAMS, MA, JOHN JAY COLLEGE OF CRIMINAL JUSTICE

*“Good job being a tattletale to mom about me being rude
*** things will happen to u if u keep being rude dad.”*

That was the text message that “A.F.,” a girl adopted from a Russian orphanage, sent to her father, Marty, just before accusing him of sexual abuse (*Marty Friend v. State of Indiana*, 2020). Marty and Kathy, his ex-wife, had reportedly long struggled with A.F.’s aggressive, impulsive and manipulative behavior. To rebut her claims of abuse, Marty sought to share her treatment records with the trial court to provide insight into her behavioral issues. He planned to have his expert psychologist, Dr. Wingard, testify about reactive attachment disorder (RAD), a DSM-V diagnosis often given to children whose early social neglect impairs their ability to attach to caregivers.

Marty asked that a social worker who had been treating A.F. turn over treatment records, intending to show that her lying was consistent with an RAD diagnosis.

Invoking the therapist-patient privilege, the trial court did not mandate the social worker to turn over treatment records. The trial court also refused to allow Marty to present evidence of A.F.’s alleged RAD symptoms, including the text message above, records from the Russian orphanage and the expert testimony. The court of appeals considered the treatment privilege to be absolute, though the dissent in this case thought that the trial court should have allowed the judge to review the treatment records in private. Marty was ultimately convicted of child



AT ISSUE

Should criminal defendants be allowed to access their accuser’s privileged treatment records?

molestation and sentenced to a 30-year term. Even though some courts have decided that a defendant’s rights to present evidence favorable to their cases trump the absolute privilege of private therapeutic records, the U.S. Supreme Court ultimately declined to review this case, signaling the importance of therapist-patient privilege.

Nonetheless, therapeutic confidentiality is an essential tenet of psychotherapy, and there are harsh penalties in place for privacy violations. In addition, confidentiality is not merely an aspirational professional standard; it is an essential ingredient to clinical improvement: Research suggests that roughly 30% of therapeutic gains across modalities can be attributed to the therapist-patient relationship (Hubble, et al., 2002). Other research on therapists’ perspectives of alliances with children and adolescents suggests that empathy, sincerity and trust are among the most important factors in the working relationship (Campbell and Simmonds, 2011). A positive, trusting therapist-patient relationship can be corrective for emotionally and behaviorally disturbed children such as those with RAD, since these patients are more likely to have had negative attachment experiences with other adults (Manso, et al., 2008; Zegers, et al., 2006).

Overall, balancing defendant rights and therapist-patient privilege requires serious consideration of the therapeutic alliance and the significance of confidentiality and trust, particularly with troubled minors. ■

● “Judicial Notebook” is a project of APA Div. 9 (Society for the Psychological Study of Social Issues). To see the references for this article, go to www.apa.org/monitor/2020/10/jn.

A photograph of police officers in riot gear, including helmets and shields, moving at night. The scene is dimly lit with streetlights, and the officers' shields have "POLICE" written on them. The background shows a city street with trees and buildings.

WHAT WORKS TO REDUCE POLICE BRUTALITY

Psychologists' research is pinpointing the factors that lead to overly aggressive, biased policing—and intervention that can prevent it

BY ZARA ABRAMS



On May 31, a police officer charges toward people gathered in front of the White House in Washington, D.C., to protest the death of George Floyd at the hands of the Minneapolis police a week earlier.

W

hen the Las Vegas Police Department applied a psychology-informed “hands off” policy for officers involved in foot chases, use of force dropped by 23%. In Seattle, officers trained in a “procedural justice” intervention designed in part by psychologists used force up to 40% less. These are just a few examples of the work the field is doing to address police brutality.

“There’s much more openness to the idea of concrete change among police departments,” says Joel Dvoskin, PhD, ABPP, a clinical and forensic psychologist and past president of APA’s Div. 18 (Psychologists in Public Service).

That shift is backed by support from the public. Since 2016, the share of Americans who say that police use the right amount of force, treat racial and ethnic groups equally and hold officers accountable for misconduct has declined substantially, according to the Pew Research Center (*Majority of Public Favors Giving Civilians the Power to Sue Officers for Misconduct*, 2020).

Psychologists have already played a critical role in the reform process—from collecting data on biased police stops, searches and use of force to designing and delivering interventions that reduce the chances that police will rely on stereotypes, for instance by limiting the amount of discretion officers have during searches.

Now, psychologists are promoting those interventions to more police departments, conducting research to determine how well they work and continuing to collect and organize data on police behavior and department culture.

“Criminal justice—police, courts, prisons—has been called an evidence-free zone,” says Tom Tyler, PhD, a professor of psychology at Yale Law School and an expert in the psychology of justice. “People in positions of power tend to make policy decisions based on intuition and common sense—presumptions that we as psychologists recognize are often in error.”

“What’s really needed is an evidence-informed model of criminal justice,” he says. “And a lot of that evidence can come from psychologists.”

PSYCHOLOGICAL RESEARCH IN ACTION

In 2015, President Obama’s Task



Force on 21st Century Policing reviewed scientific data on policing, recommending major policy changes at the federal level to improve oversight, training, officer wellness and more (*Final Report of the President’s Task Force on 21st Century Policing*, 2015).

Federal efforts have slowed in recent years, with most changes happening at the local level. But with around 18,000 police departments nationwide, that response has been fragmented

PREVIOUS PAGES: PHOTO: SAMUEL CORUM/AFP VIA GETTY IMAGES



Procedurally Just Policing, The Justice Collaboratory at Yale Law School, 2018).

“We know that the policing model of using force to compel compliance lowers the crime rate but does not build trust,” says Tyler, who has developed and studied models of procedurally just policing. “The crime rate has declined about 75% in the last 30 years, but public trust in the police hasn’t increased at all.”

His research has shown that what community members really want is for police to treat them with respect and to give them a voice—a chance to explain their situation before action is taken. People also want to know that police are sincere, care about the well-being of their community, and act in an unbiased and consistent way—for example, by explaining the rules they use and how they’re applying them.

A study in Seattle randomly assigned officers to receive training in procedurally just policing, leading to a reduction in use of force of between 15% and 40%, depending on the situation (Owens, E., et al., *Criminology & Public Policy*, Vol. 17, No. 1, 2018).

“It seems to be doing what we’d hope in terms of promoting better relationships between police officers and community members,” says Lai.

The Center for Policing

and inconsistent (National Sources of Law Enforcement Employment Data, Bureau of Justice Statistics, 2016).

Still, psychologists have forged ahead with efforts that are making a difference. One key contribution involves spurring policy changes and interventions based on psychological insights.

“One of the most influential approaches coming from psychology is training in proce-

durally just policing,” says Calvin Lai, PhD, an assistant professor of psychological and brain sciences at Washington University in St. Louis.

That approach aims to increase the public’s trust in police by drawing on psychological research on justice and fairness. It involves teaching officers strategies such as explaining to citizens why they’ve been stopped and how it will benefit public safety (*Principles of*

Ju’Niyah Palmer holds an urn that contains the ashes of her sister Breonna Taylor as she poses for a portrait outside her mother’s apartment on Aug. 4, in Louisville, Kentucky.

Equity (CPE), led by psychologist Phillip Atiba Goff, PhD, of Yale University, has also led a number of psychology-driven policy changes in police departments around the country. In an effort to cut down on high-adrenaline encounters—where police officers are more likely to rely on stereotypes—Goff urged the Las Vegas Police Department to bar officers involved in a foot pursuit from handling suspects when the chase ends. The policy led to a 23% drop in use of force at the department, an 11% reduction in officer injury and a simultaneous drop in racial disparities in use of force data. CPE has also pioneered efforts to recruit racially and ethnically diverse officer candidates and to make immigration enforcement more consistent.

Another key area that psychological interventions target is implicit bias, which has been documented across a range of domains and populations (State of the Science: Implicit Bias Review, Kirwan Institute, 2017). One study led by Jennifer Eberhardt, PhD, professor of psychology at Stanford University, reviewed body camera footage and found that police officers in Oakland, California, treated Black people with less respect than whites (Voigt, R., et al., *PNAS*, Vol. 114, No. 25, 2017).

Eberhardt and others, including Lorie Fridell, PhD, a professor of criminology at the University of South Florida, have designed and begun to deliver training programs on implicit bias to law enforcement agencies around the country (“Producing Bias-Free Policing: A Science-

FURTHER READING

A Meta-Analysis of Procedures to Change Implicit Measures

Forscher, P.S., et al.
Journal of Personality and Social Psychology, 2019

The Science of Justice: Race, Arrests and Police Use of Force

Goff, P.A., et al.
Center for Policing Equity, 2016

Preventing Violence and Promoting Active Bystandership and Peace: My Life in Research and Applications

Staub, E., *Peace and Conflict: Journal of Peace Psychology* 2018

Based Approach,” Springer Publishing, 2017).

Those programs, which typically mix instruction, discussion and role-playing, aim to help agencies reduce high-discretion policing and hold officers accountable for biased practices. But there’s no standardized curriculum—and experts say more research is needed to determine whether implicit bias training has a lasting impact and how such training can work alongside other agency reform efforts.

“There seem to be some forms of training that are effective, but the studies on these interventions are still pretty limited,” says Lai. “We just don’t know that much one way or the other.”

THE POWER OF PEER INTERVENTION

Another intervention that has shown promise for reducing violence among police is

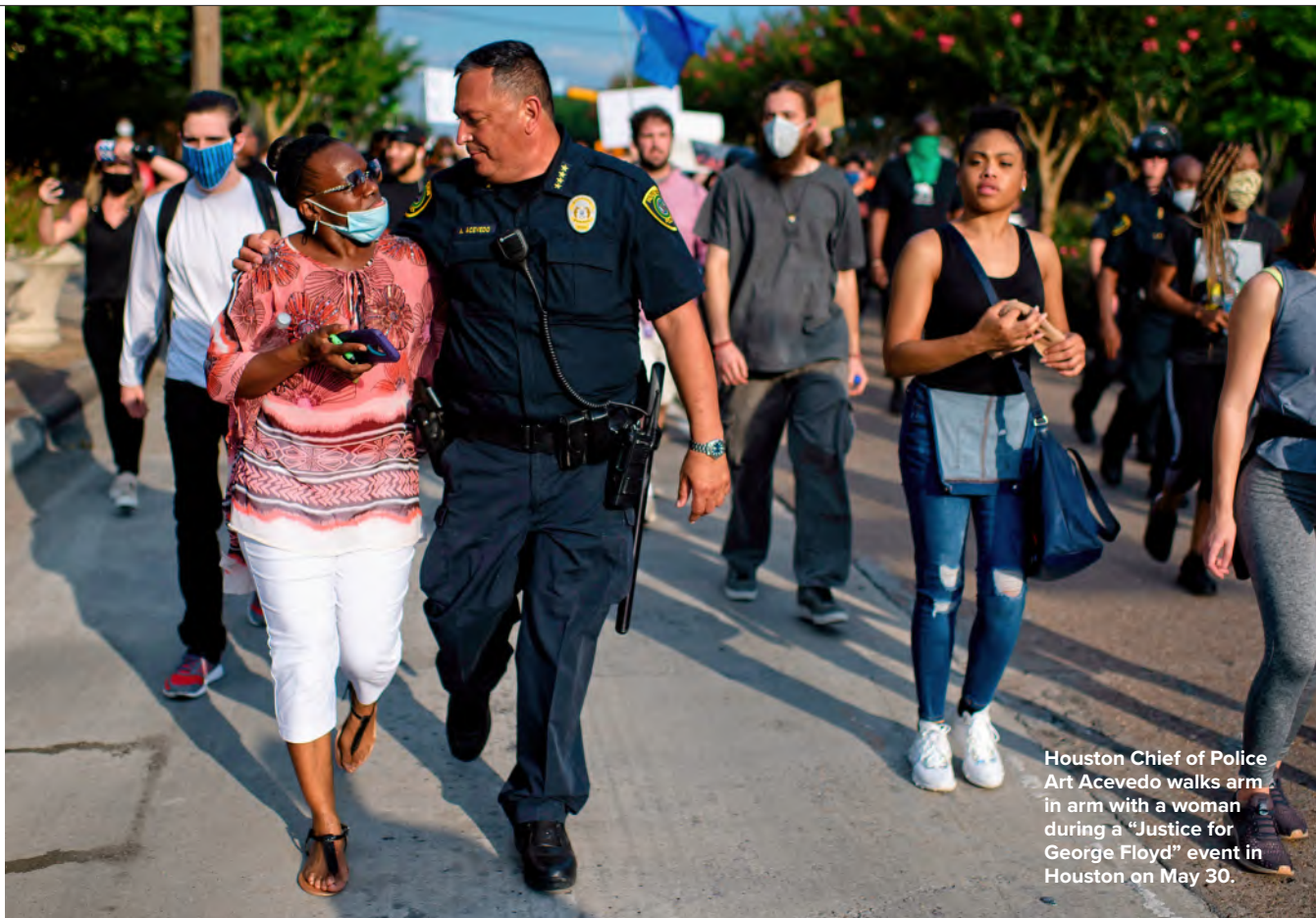
known as Project ABLE, or Active Bystandership for Law Enforcement. Based on the work of psychologist Ervin Staub, PhD, an emeritus professor at the University of Massachusetts Amherst and past president of APA’s Div. 48 (Society for the Study of Peace, Conflict and Violence), the program promotes a culture of peer intervention. It teaches officers to prevent their peers from perpetrating unnecessary violence, which can save both lives and careers. Developed by the New Orleans Police Department in 2014 and originally named Ethical Policing Is Courageous (EPIC), Project ABLE is now being adopted by all police departments in New Hampshire and Washington state, as well as those in Baltimore, Boston, Philadelphia, several other cities and the FBI National Academy.

When an officer commits an



Abdullah Beckett of the NAACP installs names of 109 victims of racism and police brutality as part of a #saymyname memorial ground at the University of Massachusetts Boston on June 19.

BARRY CHIN/THE BOSTON GLOBE VIA GETTY IMAGES



Houston Chief of Police Art Acevedo walks arm-in-arm with a woman during a "Justice for George Floyd" event in Houston on May 30.

act of unnecessary violence, his colleagues face a tough choice, Dvoskin says. Report the act and get a reputation as a "rat"—which may mean your next call for backup goes unanswered—or lie, which is a crime.

"What if, instead, you can prevent the bad thing from happening in the first place?" he says. "What if you manifested your loyalty to a fellow officer by helping him or her stay out of trouble?"

Staub says minor interventions can be highly effective. During recent protests of confederate monuments in New Orleans, an officer stopped a peer from attacking demonstrators by putting an arm around

A study in Seattle randomly assigned officers to receive training in procedurally just policing, leading to a reduction in use of force of between 15% and 40%, depending on the situation.

his shoulder. Trainees also apply strategies taught by the program to themselves. One officer in New Orleans reported using EPIC to avoid retaliating against a protester who had spit in her face.

That sort of behavior requires culture change. Police officers need to get comfortable both giving and receiving such interventions—and that culture must be modeled and supported by the highest levels of leadership within an organization, Dvoskin says.

To test his model of active bystandership, Staub studied examples of group violence, such as genocide, observing how hostility and violence evolve progressively. He has also con-



A Chicago police officer attempts to deescalate tension during a protest outside a police station on Aug. 11. The protest was held in response to the Aug. 9 shooting of a 20-year-old man who allegedly fired at officers in the Englewood neighborhood.

“Some police-civilian encounters are very casual and are not typically recognized as stops—but they are done with investigatory intent and can escalate to a detention.”

JACK GLASER, PHD
UNIVERSITY OF CALIFORNIA, BERKELEY

ducted experimental research to understand how people respond to emergencies depending on the actions of those around them. In one study, participants’ helping behavior in response to a simulated emergency ranged from 25% to 100% of the time depending on a confederate’s response to the emergency. He also found that those who are asked to help once are more likely to volunteer later (Staub, E., “The Roots of Goodness and Resistance to Evil,” Oxford University Press, 2015).

Now, Project ABLE has support from Georgetown University and the international law firm Sheppard Mullin, which will help fund free training in active bystandership for any interested U.S. police depart-

ment—and they’ve had hundreds of inquiries since June. Dvoskin, Staub and their team are now working to standardize lesson plans and policy guidelines.

“If this training is introduced in many police departments and done effectively, I believe that policing in America will be transformed,” Staub says.

UNDERSTANDING AND CHANGING OFFICER BEHAVIOR

Psychologists are also helping agencies collect, report and understand data on their officers’ behavior—data that can point to further policy changes to reduce unnecessary violence and racial bias.

Simply changing the definition of a “police stop,” for

instance, can help identify patterns of racial profiling that might otherwise be missed, says social psychologist Jack Glaser, PhD, a professor at the University of California, Berkeley's Goldman School of Public Policy. Glaser has advised the California attorney general's office on how to collect policing data, including revising the regulations on police stop reporting.

"Some police-civilian encounters are very casual and are not typically recognized as stops—but they are done with investigatory intent and can escalate to a detention," he says.

For example, a pedestrian might voluntarily speak with a police officer who says, "Hi, can I ask you a question?"—but that conversation could lead to a search and even an arrest. Those stops typically aren't reported, so

OFFICER SUPPORT

CRITICAL INCIDENT RESPONSE

In addition to their involvement with department-wide training efforts, psychologists are also increasingly providing ongoing mental health services, for instance after an officer-involved shooting occurs, says Colby Mills, PhD, a clinical psychologist who contracts with the Fairfax County Police Department in Virginia.

Along with peer support officers and the station's police chaplain, Mills deploys immediately after a critical incident occurs and delivers Stress First Aid, a model developed for the military that can support officers in processing emotions (Stress First Aid for Law Enforcement, National Center for Posttraumatic Stress Disorder, 2016).

"We want to strike a balance where we offer support without implying that an officer will automatically need help to recover," Mills says.

The Fairfax County Police Department works with about a dozen psychologists who provide critical incident response, therapy, psychoeducation, consultations and pre-employment screenings.

"In general, police and public safety agencies are starting to embrace these sorts of psychological services more and more," Mills says.

racial bias in such practices could go unchecked.

Glaser has also partnered with CPE for a nationwide effort to aggregate data on police behavior with the National Justice Database, which draws from nearly 100 police departments representing more than a third of the U.S. population. He has worked to standardize and harmonize that data—which includes hundreds of thousands of entries on police stops, searches and use of force and can vary a lot from one agency to the next—so that researchers can start making comparisons and looking for larger trends.

Glaser says reporting officer behavioral data in different ways can paint a very different picture about whether racial disparities exist—so it's important to get it right. For example, some departments consider officer presence or unholstering a weapon instances of police use of force, while others do not.

Goff, Glaser and their team delved into police use of force data to explore why some researchers, such as economist Roland Fryer, PhD, of Harvard University, have reported no racial differences in officer-involved shootings (Fryer, R.G., *Journal of Political Economy*, Vol. 127, No. 3, 2019). Their preliminary analysis shows that racial disparities may not exist in all officer-involved shootings, but that there's a clear bias against African Americans when the



A young man protests the death of George Floyd by blocking traffic on I-395 in Washington, D.C., on June 15.

victim is unarmed.

“Given that the protest movement is overwhelmingly about unarmed people getting killed by police, that seems to be the most important data point—but it seems to be getting lost,” Glaser says.

One major takeaway from the National Justice Database so far is that police are more likely to display racial bias when they conduct a “high-discretion search”—usually done on a hunch in ambiguous circumstances—versus a “low-discretion search,” a more routine activity, for instance when a person has already been detained for a crime. When the California Highway Patrol banned high-discretion searches, racial disparities began to level off (*Racial & Identity Profiling Advisory Board Annual Report*, 2020).

“The obvious implication there is to try and minimize high-discretion searches,” Glaser says. “The tremendous amount of discretion given to police promotes decision-making under ambiguity and uncertainty, which psychologists know is ripe for stereotype influence.”

SCREENING OFFICER CANDIDATES

Other psychologists have worked to adapt the police selection process to address the issue of implicit bias. Portland-based forensic psychologist David Corey, PhD, ABPP, has urged departments to add “cultural competence” as a criterion for screening law enforcement officers. “On the surface, the implicit bias literature is dismally

APA's Recommendations for Police Reform

- 1 Promote community policing
- 2 Ban chokeholds and strangleholds
- 3 Invest in crisis intervention teams
- 4 Increase the number of mental health professionals in law enforcement agencies
- 5 Involve psychologists in multidisciplinary teams to implement police reforms
- 6 Encourage partnerships between mental health organizations and local law enforcement
- 7 Discourage police management policies and practices that can trigger implicit and explicit biases
- 8 Strengthen data collection
- 9 Bolster research

Read more about APA's recommendations at www.apa.org/news/press/releases/2020/06/police-partnerships.

depressing, because it tells us that everybody has automatic stereotypes that operate unconsciously and affect behavior,” says Corey, who also founded the American Board of Police and Public Safety Psychology.

Because of measurement issues, it's not practical to screen candidates for policing jobs based on their implicit biases. But studies show that some personality dimensions can help officers temper those biases (Ben-Porath, Y.S., “Interpreting the MMPI-2-RF,” University of Minnesota Press, 2012). Specifically, people high in executive functioning, emotional regulation skills and metacognitive abilities are better able to prevent implicit biases from affecting their behavior. A capacity for theory of mind formation—the ability to anticipate how others will behave based on their actions or tone of voice—also helps officers learn to bypass their initial instincts.

“Those competencies render implicit bias more malleable,” says Corey. “So, my focus, and that of a growing number of colleagues around the country, is to evaluate applicants for those qualities.”

The Portland Police Bureau, as well as several other agencies in the Pacific Northwest, have added such measures to their selection battery.

ANSWERING MORE QUESTIONS

Looking ahead, psychologists are working to address gaps in the data in crucial areas such as use of force, says Shauna Laughna, PhD, ABPP, a Florida-based

police and public safety psychologist and chair of APA Div. 18's Police and Public Safety section. She adds that recruitment, training, discipline and retention of personnel can vary greatly across the 18,000 law enforcement agencies in the United States. That points to a need for more data, standardized measures—for instance, what constitutes excessive use of force—and a comprehensive national database on policing incidents.

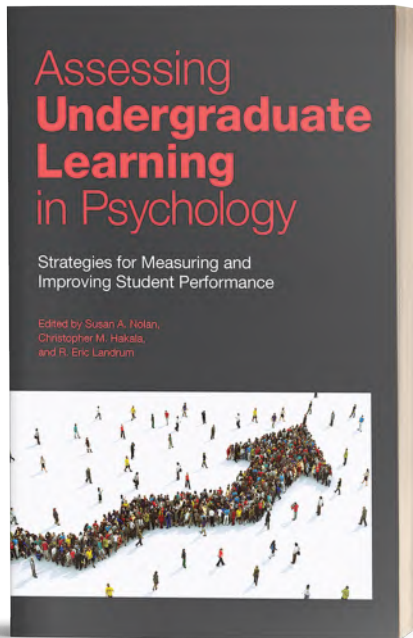
“Attempting to generalize from data gathered at one agency to another may not always be prudent,” she says.

As reform efforts continue at the local and state levels, there's one other essential thing the field can do, says Colby Mills, PhD, a clinical psychologist who works with the Fairfax County Police Department in Virginia: Provide more formal training opportunities for police psychologists, including during graduate school and in the form of continuing education. The limited police psychology coursework currently available within forensic psychology programs often does not include adequate training on the culture, ethics and special skills required to do such work, he says.

“It takes a lot of courage for a police officer to reach out to a mental health professional, because of the stigmas and the pressures they experience,” Mills says. “But once they do it, we owe it to them to provide a qualified professional who knows what they face and understands their culture.” ■



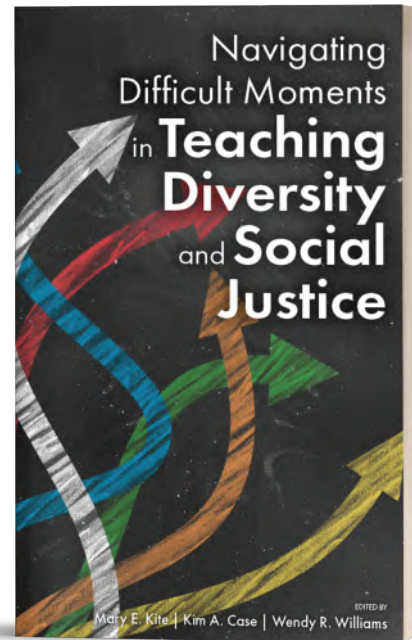
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CE

CONTINUING EDUCATION TREATING BIPOLAR DISORDER IN KIDS AND TEENS

BY ZARA ABRAMS

Of the nearly 11,000 articles on bipolar disorder in children and adolescents, more than 90% have been published in the last 15 years—after most practitioners were trained and licensed. Keeping up with that explosion of literature can be a challenge, says Eric Youngstrom, PhD, a professor of psychology, neuroscience and psychiatry at the University of North Carolina at Chapel Hill (UNC Chapel Hill).

“It’s great to have the research,” says Youngstrom, who also directs the Center for Excellence in Research and Treatment of Bipolar Disorder at UNC Chapel Hill. “But the speed of its arrival creates a challenge. How do we find and digest it? How do we learn about new tools and skills and use them?”

The rapid acceleration in research occurred after bipolar disorder was embraced by practitioners as a legitimate diagnosis for youth in the 1990s. Now, studies

show that about 4% of people under 18, including children as young as 5, have the disorder, which is characterized by episodes of mania or hypomania—a slightly milder mood state—and, in most cases, depression (Van Meter, A., et al., *The Journal of Clinical Psychiatry*, Vol. 80, No. 3, 2019; Luby, J.L., & Navsaria, N., *The Journal of Child Psychology and Psychiatry*, Vol. 51, No. 4, 2010). About 3% of U.S. adults have bipolar disorder, according to the National Institute of Mental Health.

Over the past decade or so, experts across psychology and psychiatry have helped refine assessment and treatment of bipolar disorder among children and adolescents.

Researchers have also designed and tested psychosocial approaches that combine education, skill building and lifestyle modifications to help kids and parents manage the condition. Evidence to support those interventions is growing, giving hope to children and teens for a less tumultuous transition to adulthood if bipolar disorder is diagnosed and addressed early on.

“The field has come a really long way, even in the last five or 10 years, in terms of both diagnosis and treatment,” says Tina Goldstein, PhD, an associate professor of psychiatry and psychology at the University of Pittsburgh. “Now, a big focus is disseminating those insights for use by practitioners in various settings.”

AN OVERLOOKED DIAGNOSIS

Bipolar disorder was described by modern psychiatrists as early as 1851, though practitioners long believed that mood disorders did not develop until adulthood (Mason, B.L., et al., *Behavioral Sciences*, Vol. 6, No. 3, 2016). That perspective began to shift in the 1980s when two researchers based at the University of California, Los Angeles (UCLA)—psychologist Michael Strober, PhD, and psychiatrist Gabrielle Carlson, MD—studied a group of 60 teenagers with depression and characterized youth bipolar disorder (*Archives of General Psychiatry*, Vol. 39, No. 5, 1982).

Though some clinicians were skeptical at first, most ultimately embraced the new findings—perhaps too heartily. Between 1994–95 and 2002–03, outpatient visits with a diagnosis of bipolar disorder increased 40-fold among youth (Moreno, C., et al., *Archives of General Psychiatry*, Vol. 64, No. 9, 2007). Working at The Ohio State University’s Wexner Medical Center, one of the first clinics to specialize in diagnosing the disorder, Mary Fristad, PhD, ABPP, says only about a third of youths referred to her practice for treatment of bipolar disorder had been accurately diagnosed. Instead, many of those patients were suffering from attention-deficit hyperactivity disorder (ADHD), obsessive-compulsive disorder, autism spectrum disorder,

CE credits: 1

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

1. Explain how the research base on pediatric bipolar disorder has evolved since 1990.
2. Understand the basic diagnostic criteria for pediatric bipolar disorder and know what tools are used to assess it.
3. List and describe the top-line pharmacological and psychosocial treatments for bipolar disorder in children and adolescents.

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

depression, anxiety disorders or conduct disorders.

“That experience spoke to the need for better assessment tools and adequate training of clinicians to perform differential diagnosis,” Fristad says.

A second wave of research soon began to fill in those gaps. Psychiatrist Barbara Geller, MD, based at Washington University in St. Louis, led the charge to characterize pediatric bipolar disorder and to establish basic diagnostic criteria (*Archives of General Psychiatry*, Vol. 65, No. 10, 2008). Researchers also began to develop and test treatments for pediatric populations—including mood stabilizers and antipsychotic drugs known to be effective for adults with bipolar disorder, as well as psychosocial interventions to help children and families cope with the diagnosis.

In the last five years, more specialized research has started to help practitioners better understand pediatric bipolar disorder and to differentiate it from other conditions. Psychologists have also studied patients with comorbid conditions, such as ADHD or anxiety disorders (Arnold, L.E., et al., *The Journal of Child Psychology and Psychiatry*, Vol. 61, No. 2, 2020). Neuroscientific methods such as fMRI and electroencephalography are also being applied to better characterize the physiological underpinnings of the disorder in children.

DIAGNOSING IN CHILDREN

The criteria used to diagnose bipolar disorder in children and adolescent populations are the same as those used for adults—fluctuations between depression,



New research is helping practitioners better understand the symptoms of pediatric bipolar disorder.

which can include extreme sadness, low energy levels, loss of pleasure and suicidal ideation, and hypomania or mania, which can involve periods of elevated mood, irritability, a decreased need for sleep, increases in goal-oriented behaviors and inflated self-esteem.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-V) distinguishes three subcategories of the disorder. Bipolar I is characterized by cycles of episodic major depression and full mania with impairment. Bipolar II involves major depression alternating with briefer and less-impairing periods of hypomania. Two other categories—“other specified bipolar and related disorder” and cyclothymic disorder—describe people

with shorter manic or depressive episodes or episodes that fall one or two symptoms short of the full syndrome criteria.

But these disorders can look different in children, who may have more rapidly cycling moods and more “mixed” periods, characterized by simultaneous mania and depression, so experts say specialized assessment tools are needed.

“One of the challenges both in assessing and treating bipolar disorder in kids is that some of the symptoms can look a lot like extreme versions of normal child or adolescent behaviors,” says Anna Van Meter, PhD, an assistant professor at New York–based health-care provider Northwell Health’s Feinstein Institutes for Medical Research.

Clinicians who assess children and adolescents for bipolar disorder typically start with a symptom checklist, then they conduct a clinical interview that evaluates risk factors—such as a family history of the disorder—and draws on semi-structured interviewing tools such as the Kiddie Schedule for Affective Disorders and Schizophrenia for School Aged Children (Hunt, J.I., et al., *Journal of Child and Adolescent Psychopharmacology*, Vol. 15, No. 6, 2005).

In fact, clinicians can diagnose bipolar disorder in children more accurately when they ask the children, their teachers and their caregivers to fill out empirically validated questionnaires that ask about mood, energy levels and other factors, Youngstrom and Van Meter found in a meta-analysis (Youngstrom, E.A., et al., *Archives of Scientific Psychology*, Vol. 3, No. 1, 2015). These scales are available for free on the learning community Wikiversity and at EffectiveChildTherapy.org, supported by APA's Div. 53 (Society of Clinical Child and Adolescent Psychology).

"Improving our accuracy is important because on average, individuals with bipolar disorder will go about 10 years from initially seeking mental health services to receiving a bipolar disorder diagnosis," Van Meter says.

EARLY INTERVENTION

Even before a patient experiences manic and depressive episodes that warrant a bipolar disorder diagnosis, early intervention may hold promise to alter the condition's course for those at risk of developing it. Working

with teens who had a first-degree family history of bipolar disorder but no existing mood disorder diagnosis, Goldstein tested Interpersonal and Social Rhythm Therapy (IPSRT), an educational and skill-based approach that aims to help individuals with bipolar disorder establish and maintain regular daily routines to help stabilize their moods. In a small randomized trial, she found that IPSRT helped teens establish more regular sleep-wake cycles, which appeared to mediate mood fluctuations (Goldstein, T.R., et al., *Journal of Affective Disorders*, Vol. 235, 2018).

Psychologist David Miklowitz, PhD, a professor of psychiatry at UCLA's Semel Institute for Neuroscience and Human Behavior, tested family-focused therapy (FFT), a psychosocial intervention that includes psychoeducation and skill training on communication and problem-solving for youth and their family members. In a three-site randomized trial involving children and teens who had mood instability and a family history of bipolar disorder, his group found that FFT elongated the intervals of wellness between mood episodes and reduced both depressive episodes and suicidal ideation (*JAMA Psychiatry*, Vol. 77, No. 5, 2020).

"We can't erase bipolar disorder, but we may see a milder course of the illness and lower levels of suicidality when we intervene at an early stage," Miklowitz says.

Increasingly, psychologists and psychiatrists are relying on "risk calculators" to determine who might be a good candidate for such early interventions.

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Goldstein helped develop one such tool for youth with a family history, which uses information about a child's age, mood and other factors to determine the likelihood that they will develop bipolar disorder (Hafeman, D.M., et al., *JAMA Psychiatry*, Vol. 74, No. 8, 2017).

"Clinicians anywhere can plug in patient data online, then use the calculator to make decisions with a family about early intervention and treatment options," she says.

Psychologists are also testing ways that technology can help young patients who have already received a diagnosis. Last year, Van Meter launched a study to describe the "digital phenotype" of bipolar disorder in adolescents by quantifying digital markers of their behavior. By passively monitoring teens' smartphones, she obtains estimates of their weekly schedules, physical activity, screen time and degree of social interaction—some of the factors clinicians expect to change before a manic or depressive episode occurs.

"My hope is that we can use this type of monitoring to prospectively identify when a patient is becoming symptomatic so that we can intervene to prevent a full relapse," says Van Meter.

Digital monitoring is also less burdensome for patients than self-reporting and may provide a more accurate snapshot of behavior, she adds. Teenagers and their caregivers complete informed consent for passive monitoring, which logs data about how a phone is used but does not monitor the content of messages or who the participant contacts.

TREATMENT OPTIONS

For most cases of pediatric bipolar disorder, the American Academy of Child and Adolescent Psychiatry recommends a combination of medication and psychotherapy ("Practice Parameter for the Assessment and Treatment of Children and Adolescents With Bipolar Disorder," *Journal of the American Academy of Child and Adolescent Psychiatry*, Vol. 46, No. 1, 2007).

Mood stabilizers and antipsychotic drugs, which have been used for decades to treat bipolar disorder in adults, are also effective in pediatric populations. "In most cases, medication helps stabilize kids so that they can participate effectively in psychotherapy, which then helps with longer-term symptom management and coping strategies," says Amy West, PhD, an associate professor of clinical pediatrics and psychology at Children's Hospital Los Angeles and the University of Southern California's Keck School of Medicine. "I see the two as working in concert."

But many parents express concern about their child or teen using such medications. Antipsychotics, for instance, can cause metabolic disturbances that may result in weight gain and an increased risk for Type 2 diabetes (Harrison, J.N., et al., *Journal of Pediatric Health Care*, Vol. 26, No. 2, 2012). Miklowitz says more work is needed to establish guidelines for when psychotherapy alone is sufficient to treat bipolar disorder.

At the same time, families that do include medication in a child's treatment may not be getting its full benefit. In a

three-month study of teens taking psychotropic drugs for bipolar disorder, Goldstein monitored medication adherence using Bluetooth-equipped pillboxes (*Journal of Child and Adolescent Psychopharmacology*, Vol. 26, No. 10, 2016).

"What we learned was really distressing. Almost half the time, kids were not taking their medications as prescribed," she says. "But the patients, parents and psychiatrists all reported more than 90% medication adherence."

To address that gap, Goldstein designed a brief intervention that uses motivational interviewing techniques to better understand kids' feelings about taking mood-stabilizing medications, as well as how to stimulate behavior change. She found that the intervention improved adherence compared with a control group (*Journal of Affective Disorders*, Vol. 265, 2020). The intervention can even be delivered by a nurse or peer educator without a background in mental health, she says.

Psychologists have also been instrumental in developing psychosocial interventions for bipolar disorder to equip kids and families with the tools and information they need to function well. Three popular evidence-based interventions all focus on education, skill building and lifestyle shifts—such as establishing regular sleep-wake cycles, often key for achieving remission—among children and family members.

"We know that the family system is really important for maintaining youth stability following a bipolar diagnosis, so these interventions tend to focus on

helping families create a new normal," says West.

FFT, the intervention Miklowitz developed, works with adolescents who have bipolar disorder and their family members to recognize symptoms of the condition and develop a plan for managing manic and depressive episodes. It also helps parents reduce their own stress and expressed emotion. Eight randomized controlled trials have shown that FFT, when delivered in combination with mood-stabilizing medications, reduces symptom severity and relapse in both adolescents and adults with bipolar disorder (Miklowitz, D.J., & Chung, B., *Family Process*, Vol. 55, No. 3, 2016).

Along with psychiatrist Mani Pavuluri, MD, West developed and tested an intervention known as RAINBOW, which targets children ages 7 to 13 and their families ("RAINBOW: A Child- and Family-Focused Cognitive-Behavioral Treatment for Pediatric Bipolar Disorder, Clinician Guide," Oxford University Press, 2017). Its 12 sessions focus on education about the nature of the disorder, skill building to help kids regulate their emotions, and coping and parenting strategies for caregivers, such as the importance of creating routines. It incorporates cognitive-behavioral therapy, interpersonal psychotherapy and mindfulness-based approaches.

Using a group therapy format, Fristad also developed a widely used psychosocial treatment program, Multifamily Psychoeducational Psychotherapy (MF-PEP), for children and adolescents with mood disorders (*Archives of General Psychiatry*, Vol. 66, No. 9, 2009). Psychoeducation,

FURTHER READING

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2017

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Perez Algorta, G., et al.
Journal of Clinical Child & Adolescent Psychology
2018

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Miklowitz, D.J., & George, E.L.
Guilford Press
2008



Psychologists are developing interventions that help children with bipolar disorder establish regular sleep-wake cycles and make other lifestyle changes that can improve well-being.

a primary component of MF-PEP, teaches parents strategies for managing manic and depressive episodes, as well as how to navigate school and health systems to best support their child (Fristad, M.A., *Development and Psychopathology*, Vol. 18, No. 4, 2006).

"You can be a great parent, but that doesn't mean you automatically know what to do if your child is suddenly suicidal or is experiencing a manic episode," Fristad says.

ALTERNATIVE TREATMENTS

Researchers are also exploring other interventions for bipolar disorder to help practitioners manage special cases, such as patients with high levels of suicidality or those who don't respond

well to medications.

Goldstein adapted a model of dialectical behavior therapy for youth with bipolar disorder, finding that it decreased suicidal ideation compared with typical psychosocial treatment for the condition in a small randomized trial (*Journal of Child and Adolescent Psychopharmacology*, Vol. 25, No. 2, 2015). She is working to replicate those findings in a larger sample.

Nutritional interventions also show promise for treating bipolar disorder. Fristad has tested the use of broad-spectrum nutrients for children not taking mood stabilizers or antipsychotic medications, with promising results (*The Journal of Alternative and Complementary Medicine*, Vol.

18, No. 7, 2012). In a randomized controlled trial, she also found that dietary supplementation with omega-3 fatty acids can help reduce both manic and depressive symptoms and improve executive functioning (*Journal of Child and Adolescent Psychopharmacology*, Vol. 25, No. 10, 2015; *The Journal of Child Psychology and Psychiatry*, Vol. 59, No. 6, 2018).

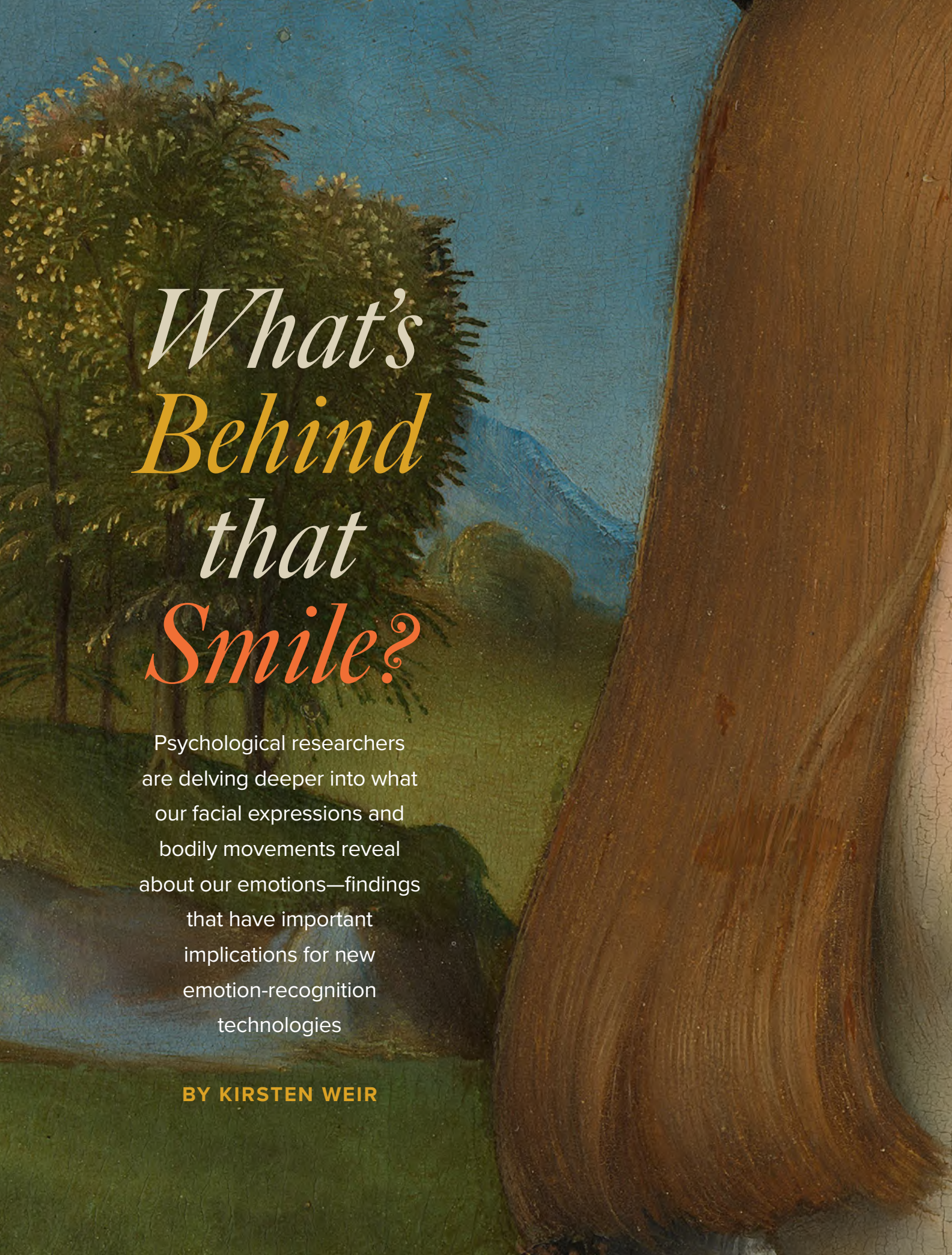
But even the top-line pharmacological, psychosocial and lifestyle interventions only help 50% to 60% of pediatric bipolar patients, says West.

"There's a lot of room for improvement in terms of translating our findings into better assessments and treatments," she says.

For example, research on the neural underpinnings of bipolar disorder should directly inform the development of psychological interventions, West says. In addition, research to optimize the match between a child and a given course of treatment could speed up progress and ultimately improve patient outcomes, says Goldstein.

Most important, new findings and best practices for treating bipolar disorder in children and adolescents need to reach private practice and community settings to help the broadest patient population.

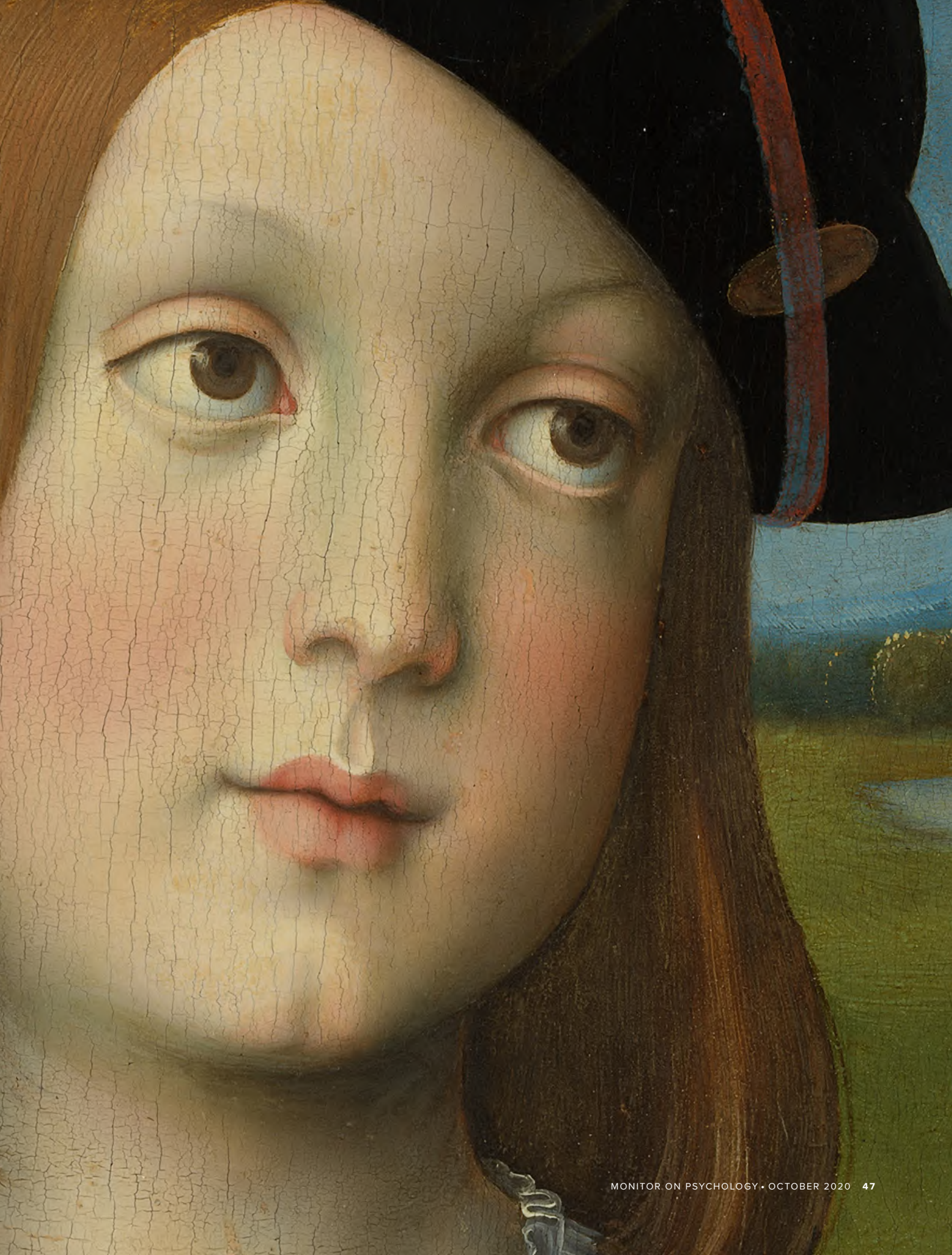
"The need is so high, and unfortunately it takes time for evidence-based practices to permeate the field," West says. "We need to do a better job of preparing practitioners to understand pediatric bipolar disorder and to feel comfortable diagnosing and treating it." ■



What's Behind that Smile?

Psychological researchers are delving deeper into what our facial expressions and bodily movements reveal about our emotions—findings that have important implications for new emotion-recognition technologies

BY KIRSTEN WEIR





ou smile when you're happy, frown when you're sad, scowl when you're angry—at least, some of the time. After decades of research on emotions, evidence suggests that these signals are a far-from-fool-proof way to infer someone's state of mind. ¶ “Facial movements are not a language that you can read the way you read words on a page,” says Lisa Feldman Barrett, PhD, a distinguished professor of psychology at Northeastern University who studies emotion in the brain.

TMS 2020

APA's annual Technology, Mind & Society showcase for emerging research and innovation on the critical role psychology plays in human-technology interaction will be held virtually Nov. 12–13. See page 53 for more details.

That realization has implications for researchers in affective computing who are working to design artificial intelligence (AI) systems that can identify a user's emotional state. These emotion-recognition technologies could have a wide range of possible uses, such as cars that can detect a distracted driver, robots that can help autistic children learn social skills and technology to help law enforcement predict the behavior of suspected criminals.

“Human emotion is involved in almost every interaction people have—even with computers. However, computers have not traditionally been programmed with emotional intelligence,” says Rosalind Picard, ScD, founder and director of the Affective Computing Research Group at the MIT Media Lab. “Human-computer interactions can be less frustrating when

technology is equipped to show respect for people's feelings.”

Barrett and Picard, who are speakers at APA's 2020 Technology, Mind & Society showcase (see sidebar, page 53), agree that by asking the right questions, and harnessing new technologies, researchers can take the science of inferring our emotions to a new level—one that might even revolutionize technology as we know it.

BASIC EMOTIONS?

In the 1960s, clinical psychologist Paul Ekman, PhD, now professor emeritus at the University of California, San Francisco, launched the modern study of emotional expression with his work on the six “basic” emotions: anger, disgust, fear, happiness, sadness and surprise.

Using posed photographs of stereotypical expressions of those emotion categories, Ekman and

other scientists showed that people in cultures around the world could identify these emotions with a high degree of agreement. A generation later, a meta-analysis of more than 100 studies confirmed these emotions were universally recognized at levels better than chance (Elfenbein, H.A., & Ambady, N., *Psychological Bulletin*, Vol. 128, No. 2, 2002).

That body of work is strong evidence that these emotional expressions are widespread, if not universal, says Jessica Tracy, PhD, a professor of psychology who studies emotion at the University of British Columbia. “They've been shown across many cultures, blind people produce these expressions, and in many cases there's cross-species evidence for these expressions,” she says.

But Barrett suggests that the way in which we express emotions is—unsurprisingly—more



complex than recognizing a posed smile or frown. In a review of more than 1,000 published studies of facial movements and emotions, she and her colleagues found that the way people express and perceive these six emotion categories varies considerably across cultures, across situations and even within a single person (*Psychological Science in the Public Interest [PSPI]*, Vol. 20, No. 1, 2019).

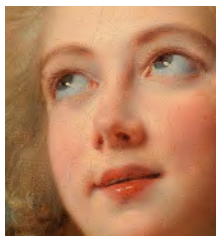
Across groups including babies, congenitally blind people and people from remote, small-scale, non-Western cultures, the evidence for consistent basic expressions of emotion was weak, Barrett concluded. “We found that in urban, large-scale cultures, people do scowl in anger more than expected by chance, about 30% of the time. [That] means that 70% of the time they are moving their facial muscles in other meaningful ways when angry,” she says. “They might scowl when they’re concentrating, when they’re confused, when you tell them a bad joke or when they have gas.”

And the findings are comparable for the other emotions, Barrett says. “The findings are similar for the other five emotion categories we examined, and to the best of our knowledge, hold for any emotion category ever studied.”

That’s not to say facial expressions are meaningless. But their predictive value is limited, Barrett says. “Scowling in anger more often than chance gets you a publication in a respected journal, but it doesn’t necessarily mean scowling is a useful piece of knowledge to infer someone is

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Psychological Science in the Public Interest, 2019



Mapping the Passions: Toward a High-Dimensional Taxonomy of Emotional Experience and Expression
Cowen, A., et al.
Psychological Science in the Public Interest, 2019

The Theory of Constructed Emotion: An Active Inference Account of Interoception and Categorization
Barrett, L.F.
Social Cognitive and Affective Neuroscience, 2017

Emotion Research by the People, for the People
Picard, R.W.
Emotion Review, 2010

angry and make decisions about that person’s life. Would you want someone to decide whether or not you get a job, whether or not you’re charged with a crime or whether your child has access to educational opportunities based on a system that is accurate 30% of the time?”

Much of the research on emotional expression focuses on how people perceive others’ expressions, often using photos of posed stereotypes of happiness or anger, for example. Those studies can reveal something about an observer’s perception of emotion, but the method doesn’t reveal anything about the emotions of the person who is smiling or scowling, Barrett suggests.

“If you want to understand how people move their faces when they’re expressing emotion, shouldn’t you be measuring how they actually move their faces, rather than measuring inferences people make about posed expressions?” she asks. “This debate about whether there are universal expressions has gone on for over a century. And I think that as scientists, the first thing we need to be asking ourselves is whether we’re actually asking the right questions.”

HEAD-TO-TOE EXPRESSIONS

If a human can’t reliably infer what someone is feeling based on their facial movements alone, then a computer algorithm programmed to detect those same facial movements won’t be up to the task either, points out Stacy Marsella, PhD, a professor and director of the Centre for



LEFT: DETAIL, “MADAME GRAND”; ELISABETH LOUISE VIGÉE LE BRUN/METROPOLITAN MUSEUM OF ART/CREATIVE COMMONS. RIGHT: DETAIL, “PORTRAIT OF A CARTHUSIAN”; PETRUS CHRISTI/US METROPOLITAN MUSEUM OF ART/CREATIVE COMMONS



*Consider amusement, joy
and pleasant surprise: “There isn’t
just one category of happiness.”*

ALAN COWEN, PHD, POSTDOCTORAL RESEARCHER IN COMPUTATIONAL
NEUROSCIENCE, UNIVERSITY OF CALIFORNIA, BERKELEY

Social, Cognitive and Affective Neuroscience at the University of Glasgow and a co-author of Barrett’s 2019 *PSPI* paper.

“But it isn’t very surprising to most researchers in affective technologies that a computer would need more than facial actions to make such inferences,” he says. Facial movements are one of many elements he and other researchers are using to design systems that can express and infer affective states, which include emotions as well as other emotion-related experiences, such as boredom and frustration.

“The goal of affective computing isn’t just to map facial expressions,” agrees Alan Cowen, PhD, a postdoctoral researcher in computational neuroscience at the University of California, Berkeley. “It’s much more nuanced than that, and the field has moved past the idea that you can just match facial expressions to the basic six emotions.”

Even within one emotion type, there is a multitude of variation, he points out. Consider amusement, joy and pleasant surprise: “There isn’t just one category of happiness,” he says.

And while a photo of a smile might make you think “happy,” facial movements aren’t static. A smile isn’t just a fixed state, Marsella notes. “You would also want to know the dynamics: How fast is it happening? How long is it held? Is it symmetric? What other facial actions are involved? These elements, along with the larger context in which the behavior occurs, tell you a lot.”

In their *PSPI* paper, he and Barrett champion a more comprehensive study of emotion, which would sample individuals more deeply, with higher-dimension measurements, across many different situations. Other researchers, including Cowen and Tracy, have also called for a more “comprehensive atlas” of human emotions, which would look beyond the face to consider other clues to a person’s feelings, such as the sounds they’re making and the way they’re moving their bodies (Cowen, A., et al., *Psychological Science in the Public Interest*, Vol. 20, No. 1, 2019). Tracy, for instance, has found that head movements play a significant role in communicating emotions,

There are also important ethical issues to consider as the technology moves forward, such as collecting affective data without a person's direct consent.

especially anger. In a review with her student Zachary Witkower, she described how various body movements can telegraph pride, joy, sadness, shame, disgust and other feelings (*Emotion Review*, Vol. 11, No. 2, 2019). Picture a person hanging their head in shame, or puffing up their chest in pride. “A lot of emotions are expressed and recognized through those behaviors,” she says.

CONTEXT MATTERS

Affective computing also considers the context of the situation, and what’s happening in a person’s environment, says Picard, who coined the term “affective computing.” With a background in computer science and engineering, she sees the field of emotion research a little differently than psychologists might.

“For a long time, emotion researchers have argued about whether emotions are just clean and ‘basic,’ like happy and sad and angry, or whether they are continually changing dimensions,” she says.

Years ago, when she first began reading up on emotion theory, she was reminded of the debate in physics about the duality of light. “For a long time, physicists argued about whether light was a particle or a wave. They finally decided it’s both, and it just depends on what you’re trying to explain,” she says.



“Emotion researchers could benefit from thinking about emotion this way, and allowing it to be context dependent.”

That fluid way of thinking about emotion might be one factor in Picard’s success in creating sensors and systems that can perceive affective information. She was a co-founder of the startup Affectiva, which develops emotion-sensing AI for use in gaming, robotics, education, marketing and health care. While she is no longer affiliated with Affectiva, the company has developed sensors to detect driver drowsiness and distraction and a computer game that helps kids with special needs develop social-emotional skills by imitating the expressions of characters they see on screen.

After leaving Affectiva, Picard co-founded Empatica with the goal of creating sensors and algorithms to improve health. One such device is an FDA-cleared smartwatch that monitors for seizures, a device born out of work to understand emotional responses in the amygdala. In the process of stimulating the brain to study emotion, researchers found physiological patterns that could be used by AI to detect and alert to grand mal seizures.

In other work, she’s partnered with psychiatrists to study devices to monitor moods in people being treated for depres-

sion. “With their informed consent, we’re taking information from wearables and their smartphones and using AI to see if we can tell whether they’re getting better or worse,” she says.

In an initial study of 12 people, she and colleagues found that these machine-learning techniques could predict depression ratings measured by the Hamilton Depression Rating Scale (HDRS) (Ghandeharioun, A., et al., *Seventh International Conference on Affective Computing and Intelligent Interaction*, 2017). Now she’s testing the technology in a larger group of participants.

The project is a good example of the importance of context, she adds. “We know the person has a depression diagnosis. We have context from their phones: how much they’re getting out and about, how often they’re calling or texting others, how much they’re moving, the local weather, their sleep rhythm and physiology,” she says. “This isn’t just about counting smiles or reading one bio signal. But with all of this information together, we’re getting highly accurate tracking of their scores on the HDRS.”

NEW TECH FOR EMOTION RESEARCH

These projects provide good reason to be hopeful about the future of emotion-recognition technology. But so far, Picard cautions, the systems are reliable only in limited contexts. These technologies may be able to make useful inferences about a person’s affective state, but only in well-defined situations where the computer has a rich sample of all the possible inputs. In new

contexts and completely unexpected situations, with people the computer has never “met” before, “then it is likely to run into all kinds of confusion and misunderstanding,” she says.

There are also important ethical issues to consider as the technology moves forward, such as collecting affective data without a person’s direct consent. “I’m in favor of regulations. We want to find the right balance of benefiting people while protecting their privacy and protecting them from being exploited,” she says.

With the right ethical safeguards, emotion-sensing AI could provide benefits, particularly as a research tool that can help plumb the fundamental questions about human emotion, such as whether emotions are truly universal, and how they are represented in the brain.

“If [emotion researchers] want to make real advances that will improve people’s mental health, physical health and behavior change challenges, there are ways to work together to advance both the theory and the practice,” she says. “There’s a lot to learn by teaming up with engineers and working together across the field to address some of the big theoretical questions in emotion.”

With enough data points, Barrett agrees that such systems have promise, especially in research domains. “There is a whole universe of questions [about emotional expression] that haven’t been asked properly. Sometimes in science, progress isn’t about answering questions. It’s about learning to ask better ones.” ■



Bailenson



Barrett



Mataric



Picard

A Virtual Exploration of the Human-Tech Connection

This year, APA’s annual Technology, Mind & Society conference is going virtual. TMS 2020 will present curated content to showcase the critical role psychology plays in the design, use, adoption and impact of technology and the artificial intelligence (AI) that powers it. Speakers include:

■ **Jeremy Bailenson, PhD, Stanford University.** Bailenson studies the psychology of virtual and augmented reality. His recent research focuses on how virtual experiences can transform education, environmental conservation, empathy and health.

■ **Lisa Feldman Barrett, PhD, Northeastern University.** Barrett’s research focuses on how the human brain, in continual conversation with the human body and the world, creates emotional events. She uses experiential, behavioral, psychophysiological and brain-imaging techniques to study what emotions are and how they work.

■ **Maja Mataric, PhD, University of Southern California.** Mataric is a pioneer in the field of socially assistive robotics. Her research has developed robot-assisted therapies for children with autism spectrum disorder, survivors of stroke and brain injury, and individuals with dementia.

■ **Rosalind Picard, ScD, Massachusetts Institute of Technology.** Picard leads research on AI/machine-learning algorithms, analytics and sensors that advance the basic scientific understanding of emotion, stress and arousal. She is the co-founder of Empatica Inc., which creates software and sensors to advance understanding of human behavior and improve health.

The virtual showcase will be held Nov. 12–13, 2020. To learn more, visit tms.apa.org.



The unemployment and economic crises sparked by COVID-19 are expected to have far-reaching mental health impacts, with certain populations more at risk than others **BY STEPHANIE PAPPAS**

THE TOLL

A man with grey hair, wearing a white chef's coat and dark trousers, stands in a bright, rustic dining room. He is looking out of a large, multi-paned window. The room features wooden walls, a wooden ceiling, and wooden chairs with green and white striped cushions. A table in the foreground has a white cup and saucer on a green placemat. The lighting is warm and natural, coming from the windows.

Research shows that job loss and insecurity can be particularly harmful to the health and well-being of older workers.

JOB LOSS

With the COVID-19 crisis creating economic upheaval unlike any seen since the Great Depression,

public health officials and economists expect Americans will face continued job uncertainty and stress, and psychological interventions will be essential for helping people cope. ¶ The mental health impacts of today's job losses are likely to be significant, given a large body of research showing that unemployment is linked to anxiety, depression and loss of life satisfaction, among other negative outcomes. Similarly, underemployment and job instability—two additional results of the coronavirus pandemic—create distress for those who aren't counted in the unemployment numbers.

Sandra Vigil poses for a portrait with her children at Ida Lee Park near their home in Leesburg, Virginia, in April. Vigil had thought her job was secure but was then laid off. She is now supporting her family through unemployment benefits.

Many of these people will need psychological support. In fact, research suggests that a mental-health-informed approach is not just helpful, it's required: Job search programs that don't involve nurturing people's motivational and cognitive resources simply aren't as effective as those that do. Psychologists can also inform policymakers on the physical and mental health consequences of unemployment.

"Losing a job and being unemployed for a long period of time is a psychological trauma and a financial trauma, and the two are closely intertwined," says Carl Van Horn, PhD, a professor of public policy and an expert on workforce and unemployment policy at Rutgers University. Mental health support can be lifesaving, he says. While psychologists can't solve the economic problem, "they can certainly help people cope and manage it."

RISKS TO MENTAL HEALTH

Research on unemployment shows that losing one's job is detrimental to mental health—and often physical health—even without serious financial strain. "Work provides us time structure, it provides us identity, it provides us purpose and it also provides us social interactions with others," says Connie Wanberg, PhD, an industrial and organizational psychologist at the University of Minnesota. "When you lose all that, it creates a lot of difficulties for people."

Those at the most risk for mental health challenges after job loss are those for whom unemployment is an immediate threat to survival. People with fewer financial resources and those who perceive more financial strain from unemployment are less satisfied with their lives,

according to a meta-analysis led by Frances McKee-Ryan, PhD, a professor of management at the University of Nevada, Reno (*Journal of Applied Psychology*, Vol. 90, No. 1, 2005).

"The bottom line is people need to eat. They need to have shelter. They need to have health care," says David Blustein, PhD, a professor of counseling, developmental and educational psychology at Boston College.



ALYSSA SCHUKAREDOX



But job loss also has negative effects across the board. An influential meta-analysis by Karsten Paul, PhD, and Klaus Moser, PhD, both in the department of organizational and social psychology at the Friedrich-Alexander University of Erlangen-Nürnberg in Germany, found that across 237 cross-sectional and 87 longitudinal studies, unemployed people were more distressed; less satis-

fied with their lives, marriages and families; and more likely to report psychological problems than the employed (*Journal of Vocational Behavior*, Vol. 74, No. 3, 2009).

The analysis found that the effect of unemployment is likely causal: In longitudinal studies, unemployed people see mental health gains when they secure new jobs. Studies on factory closures, in which everyone loses

28%

OF 16- TO 24-YEAR-OLDS
WERE NEITHER ENROLLED IN
SCHOOL NOR WORKING IN JUNE,
ACCORDING TO AN ANALYSIS OF
U.S. CENSUS BUREAU DATA BY
THE PEW RESEARCH CENTER.

their jobs at the same time, also show that nearly all laid-off workers experience subsequent mental health declines—evidence that job loss is damaging to mental health, rather than people with poorer mental health being more likely to experience unemployment. The longer the stretch of unemployment, the worse people fare, with people out of work for six months or more experiencing the worst mental health outcomes. Countries with high wealth inequality and weak unemployment protections had worse mental health outcomes among the unemployed in Paul and Moser's meta-analysis, a factor that puts Americans at risk. As measured by the Gini coefficient, an economic measure of inequality, the United States has the highest income inequality of any G-7 country and its unemployment protections are relatively weak. Many laid-off workers lose their job-based health insurance and have access to less-generous unemployment benefits than workers in other OECD (Organisation for Economic Co-operation and Development) countries.

Unfortunately for those who have lost their jobs during the COVID-19 crisis, there seems to be little comfort in solidarity. Wanberg, McKee-Ryan and colleagues found no evidence that losing one's job during an employment crisis had fewer mental health ramifications. Losing one's job due to a massive societal shock is a two-sided coin, Wanberg says. "Right now, there is so much unemployment that there is a little more



31.8 MILLION PEOPLE WERE DRAWING UNEMPLOYMENT BENEFITS AT THE END OF JULY, ACCORDING TO U.S. LABOR DEPARTMENT DATA.

camaraderie or support. But at the same time, mental health is more impacted because people don't have an easy segue to find new jobs."

A qualitative study by Blustein and his colleagues found further evidence of workers' complex feelings when they lose their jobs. People who blamed their job loss on their own failings felt worse about themselves but remained optimistic about learning new skills and finding a new, better job. Those who saw the

Because work provides purpose and social interaction, job loss can harm people's mental and physical health even without serious financial strain.

fingerprints of systemic issues, such as discrimination or macro-economic forces, in their job loss viewed themselves less negatively but also felt more frustrated about their ability to change their circumstances (*Journal of Vocational Behavior*, Vol. 82, No. 3, 2013).

In both therapy settings and advocacy work, psychologists can help destigmatize unemployment and discourage self-blame. A study of white-collar workers in the United States and Tel Aviv

LJUBA PHOTOGETTY IMAGES



70% OF EMPLOYED ADULTS SAY THE ECONOMY IS A SIGNIFICANT SOURCE OF STRESS IN THEIR LIVES, ACCORDING TO AN APA *STRESS IN AMERICA* SURVEY CONDUCTED IN MAY.

found that unemployed professionals in the United States tended to blame themselves for losing their jobs, while those in Israel blamed the broader system (Sharone, O., *Social Forces*, Vol. 91, No. 4, 2013).

A tendency toward less generous self-evaluations after unemployment is linked to worse mental health. Psychologists are also studying the mental health effects of underemployment. Evidence so far suggests that job insecurity and instability

Anxiety related to job insecurity can lead people to pay more attention to the uncertain aspects of their job and life than to tasks that could help reduce their risk.

promote poor mental health, too, particularly if a person's wages are low or if they are forced into temporary positions, says Blake Allan, PhD, an associate professor of counseling psychology at the University of Houston. New research on long-term job insecurity using data collected in Australia finds that when insecurity persists for four years or longer, people become less emotionally stable, less agreeable and less conscientious (*Journal of Applied Psychology*, online

first publication, 2020). These personality traits are important for both work performance and well-being, says Chia-Huei Wu, PhD, the chair in organizational psychology at Leeds University Business School in England, who co-authored the research.

"We argue that chronic job insecurity can lead to such impacts on personality change because it reinforces a negative self-reinforcing loop over time," Wu says. For example, he says, the anxiety related to job insecurity can lead people to pay more attention to the uncertain aspects of their job and life, which in turn often distracts them from tasks that could help reduce job insecurity, so the anxiety continues.

Just how well a person copes with job loss may be determined by protective factors in their lives. McKee-Ryan, Wanberg and colleagues found in their 2005 review that unemployed workers who had social support, the ability to maintain a daily routine, who viewed work as less central to their identities and who had high hopes for reemployment responded better to job loss. Reframing job loss also appears to benefit people: Those who labeled themselves as "retired" rather than "unemployed" had increased life satisfaction, according to a study by economist Clemens Hetschko, PhD, and colleagues (*The Economic Journal*, Vol. 124, No. 575, 2014).

"The interpretation is that the jump in life satisfaction is almost solely due to stigma, identity and changing how people treat you," Allan explains.

POPULATIONS AT RISK NOW

The COVID-19 crisis is affecting some categories of workers more than others, researchers say. “You start looking at who is unemployed, and that is people in the service industry, and that is disproportionately women and people of color,” says Nadya Fouad, PhD, a counseling psychologist and professor of educational psychology at the University of Wisconsin–Milwaukee.

Women’s careers may also suffer if schools and child care centers do not return full time, she says, given that domestic duties and child care disproportionately fall on women. Moreover, many poor and rural Americans lack reliable broadband internet access, Van Horn says, effectively eliminating their chances of securing remote work.

Research on unemployment suggests that job loss can be particularly damaging for the health and wellness of older workers. Workers in their 50s and 60s who lose their jobs during a recession show increases in their mortality rates, possibly because the loss of health insurance is more dangerous to them than younger workers; however, losing one’s job after becoming eligible for Medicare benefits does not impact mortality (Coile, C.C., et al., *American Economic Journal: Economic Policy*, Vol. 6, No. 3, 2014).

The virus might also damage the careers of the youngest workers, says Saba Rasheed Ali, PhD, a vocational psychologist at the University of Iowa who conducts research with many youth whose families work in the meatpacking

industry. These youth often work in the service industry, and many of those jobs have vanished.

“Those jobs may not be accessible to teenagers and certainly could be quite dangerous for them right now. So, how does that impact their career development and their résumés?” Ali asks. Meanwhile, schools may not be able to provide their usual levels of career counseling and development, she says.

And without more job training, teens and others may not glean the skills they need to secure new jobs. A meta-analytic review of job search interventions found that the most successful programs taught job seekers how to network, find appropriate openings and apply to them. The best programs also taught job seekers how to psychologically cope with rejection and how to stay motivated day in, day out (*Psychological Bulletin*, Vol. 140, No. 4, 2014).

“Job search interventions effectively promoted employment only when both skill development and motivation enhancement were emphasized in the training program,” says Songqi Liu, PhD, an industrial and organizational psychologist at Georgia State University, who co-authored the review.

Unfortunately, few programs do this well, Liu says. One that does work is the JOBS program, developed by psychologists Richard Price, PhD, and Amiram Vinokur, PhD, of the University of Michigan, which is delivered to small groups of job seekers by trained facilitators. The program focuses on building participants’ confidence and uses discussion,

role-playing and positive feedback to practice job search skills. The program has been shown to be effective internationally, with studies replicated in China, Finland and Ireland, among other nations (“The JOBS Program: Impact on Job Seeker Motivation, Reemployment, and Mental Health,” Oxford Handbooks Online, 2014).

The program has also been shown to particularly improve reemployment and mental health in participants who are at high risk of poor mental health (Vinokur, A.D., & Price, R.H., in Vuori, J., et al. (eds.), “Sustainable Working Lives: Aligning Perspectives on Health, Safety and Well-Being,” Springer, Dordrecht, 2015).

In today’s pandemic, the job search is challenging for two reasons. One is that the overall economic contraction has reduced the number of new jobs available, meaning candidates face steep competition for work. A psychology-informed approach can’t help this problem, but an understanding of mental health, motivation and human behavior may be able to address the second challenge: adapting career interventions in a socially distanced way.

Although there are many online job search interventions, few are well studied, Liu says. One exception is the University of Minnesota’s Building Relationships and Improving Opportunities (BRIO) intervention, which teaches networking skills through a series of videos and online modules. In a field experiment of 491 unemployed individuals who took part in

RESOURCES

Work and Unemployment in the Time of COVID-19: Mental Health and Work-Based Implications

APA Div. 17 (Society of Counseling Psychology), 2020

The Importance of Work in an Age of Uncertainty: The Eroding Work Experience in America

Blustein, D.L.
Oxford Scholarship Online, 2019

Multidisciplinary Research Priorities for the COVID-19 Pandemic: A Call for Action for Mental Health Science

Holmes, E.A., et al.
The Lancet Psychiatry, 2020

Interventions to Reduce the Impact of Unemployment and Economic Hardship on Mental Health in the General Population: A Systematic Review

Moore, T.H., et al.
Psychological Medicine, 2017



UNEMPLOYMENT **ROSE HIGHER IN THREE MONTHS OF COVID-19**
THAN IT DID IN TWO YEARS OF THE GREAT RECESSION,
ACCORDING TO PEW RESEARCH CENTER DATA.

the program, Wanberg, Liu and their collaborators found that the intervention improved participants' ability to network and their sense of self-efficacy around networking compared with a control group that did not receive the intervention (*Personnel Psychology*, online first publication, 2020). BRIO also helped participants translate their networking efforts into tangible benefits, which led to higher employment quality, as measured by improvements in position and income.

Psychologists who work on understanding unemployment are also mobilizing to respond to the unique aspects of the pandemic.

Blustein and his colleagues are beginning a qualitative study of work and uncertainty to learn more about people's experiences as the pandemic drags on, while simultaneously collaborating with a network of psychologists, economists and employment counselors to develop interventions to protect against the mental health impacts of job loss during this crisis. These would include traditional mental health interventions as well as career-focused interventions, Blustein says. He's also calling on psychologists to recognize the uncertainty of the pandemic and the resulting economic crisis as

Even before the pandemic, work in the United States was increasingly precarious, with more people working in contract or gig positions with few benefits.

an existential experience of loss (*Journal of Humanistic Psychology*, online first publication, 2020). Psychologists can help by advocating for policies shown to protect unemployed individuals' mental health, including basic income guarantees and policies to provide housing security and health-care access, he says.

"We don't know what's going to happen in this COVID crisis, whereas in a recession you tend to know that eventually we'll come out of it," Blustein says. "That is a place where psychologists need to be engaged in the clinical work and in the public policy sector."

It's also important to view today's economic crisis against the backdrop of work life prior to the pandemic, Allan says. Even before the coronavirus, work in the United States was increasingly precarious, he says, with more workers laboring at contract or gig positions, often with few protections or benefits. Those workers are often the ones who are now facing the most dangerous, uncertain working conditions—or at risk of losing their jobs altogether.

"Psychologists need to be at the table when we're making policy decisions because we have a lot to bring to those discussions," Allan says. "We have the data and the understanding of systemic issues, but we also have the connection to the voices of people who are experiencing this through our clinical work and through qualitative studies. We know how to change attitudes and promote more accurate narratives, and we need to do more of that." ■

A woman with short dark hair, wearing a white button-down shirt and a dark skirt, is shaking hands with a man. The man is wearing a light purple shirt, a dark tie, and dark trousers. He is holding a clipboard. They are standing in front of a large window that looks out onto a city with many buildings. The scene is brightly lit, suggesting daytime.

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

HOW COVID-19 IS CHANGING PSYCHOLOGY EDUCATION

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Professors at
Spelman College
are among those
seeking to build
community for
online learners.



The Cause and Effects of Subtle Discrimination

LAB WORK, PAGE 74

HOW COVID-19 IS CHANGING PSYCHOLOGY EDUCATION

The pandemic and resulting economic downturn are affecting psychology education at every level

BY REBECCA A. CLAY

Bridget Hearon, PhD, is worried. Even before the arrival of COVID-19, Albright College, the Reading, Pennsylvania, liberal arts school where she is an assistant professor of psychology, was concerned about the precipitous drop in the number of college-age students expected by 2026. *The Chronicle of Higher Education*, for instance, warns of a “looming enrollment crisis” that will hit the Northeast and Upper Midwest—areas with the greatest concentration of colleges—hardest.

Now, COVID-19 has brought unprecedented new financial challenges to the nation’s colleges and universities. “I don’t think we’re the most at-risk college out there, but I certainly wouldn’t say I’m 100% confident we’ll be able to weather the storm,” says Hearon.

She’s not alone in her concerns. In a survey of 300 college and university presidents conducted by the American Council on Education in June, long-term financial viability of their institutions was the third most pressing issue, after fall enrollment and plans for the fall term.

Declining enrollment is a top concern. Many students and their parents have lost jobs and can no longer afford school. Students who do enroll will likely need



more financial help.

Psychology is already feeling the crunch, at all levels of training. Virtual education may proliferate even as students question the value of online learning. Internship sites are closing. Graduate programs are cutting financial support to students and wondering if they can recruit new cohorts of students.

These developments raise questions about “the ability of universities to really devote the time and energy to the large societal problems that universities are known for addressing,” says Jason Washburn, PhD, who heads the Council of University Directors of Clinical Psychology and is an associate professor of psychiatry and behavioral sciences at Northwestern’s Feinberg School of Medicine.

Psychology education and training must continue to be flexible and adaptable so that these new challenges don’t harm the field and a world that needs psychology’s expertise, he and other psychologists say.

Although it’s impossible to predict what will happen given the fast-changing nature of the pandemic, psychology educators foresee several trends:

■ **Budgets will be tight.** Money woes as a result of increased expenses and reduced enrollments have already led some universities to institute hiring freezes. Others are cutting staff. In July, for example, the City University of New York (CUNY) laid off almost 3,000 adjunct and part-time professors. Regular full-time faculty are vulnerable to layoffs, too. In July, the

University of Akron announced plans to eliminate 178 positions—including almost 100 faculty members. When combined with earlier layoffs and voluntary retirements, that would mean a loss of almost a quarter of the university’s full-time faculty since the pandemic began. The result of all these layoffs will be increased class loads for other faculty. Other institutions are worried about the economic crisis’s impact on research funding, including start-up packages for new faculty.

Financial support for students is also taking a hit. “We are hearing of programs being told that their universities will be cutting financial support, such as teaching assistantships, for PhD students,” says Washburn. Some programs are even

Declining enrollment is a top concern for many institutions, calling their long-term financial viability into question.

wondering whether they should temporarily halt student recruitment, he says. Although he hasn’t heard of any graduate programs facing closure, he worries that an inability to recruit for a couple of years could jeopardize programs’ accreditation.

The budget crunch is also affecting internships. About 10 internship sites have closed this year, likely because of COVID-19-related financial pressures, says Jeff Baker, PhD, ABPP, executive director of the Association of Psychology Postdoctoral and Internship Centers. “We have also had many trainees who have been impacted due to preexisting health issues and have concerns about attending an internship that requires face-to-face or on-site attendance,” he says. In addition, some doctoral programs are not allowing their





students to participate in internships that require travel.

Schools of professional psychology may be better equipped to ride out the tough times, says Francine Conway, PhD, who heads the National Council of Schools and Programs of Professional Psychology. “There has always been a shortage of psychologists, but the need is even more so now with the COVID pandemic and also the racial reckoning that is occurring across the U.S. and globally,” says Conway, who is dean of the Graduate School of Applied and Professional Psychology at Rutgers University–New Brunswick. “There’s a need for psychologists of color especially.”

She also predicts that many newly unemployed people will do what they have always done—go back to school for training in a marketable area like mental health services.

■ **Some will be disproportionately hit.** Research-oriented students at all levels are struggling to get the experience they need to move ahead in their research careers, says Michael Young, PhD, who chairs the Council of Graduate Departments of Psychology. Undergraduates who hope to go on to graduate school in psychology or to medical school typically gain research experience by helping to collect data in mentors’ labs, notes Young, who heads the department of psychological sciences at Kansas State University. If students are not allowed back into the labs, he says, “we have to figure out how to ensure they will get the experience they need for grad school or med school applications next year.” Safety procedures such as staggered schedules may also result in less lab time even if labs do open back up to

While online education increases access to a wider range of students, students and educators alike wonder if online education can ever be as effective as in-person learning.

undergraduates, he adds.

Students training to specialize in neuropsychological or psychological testing may also see their training delayed, Washburn says. While training programs did a good job of transitioning psychotherapy online, he says, many programs are struggling with how to transition to doing testing virtually. “For a lot of these folks, the result has been a shutdown in terms of any sort of training,” he says. Even once in-person testing is possible again, he adds, it will occur under very different circumstances.

First-generation students, immigrants and low-income students are also suffering, says Anissa Moody, PhD, an associate professor of social sciences at CUNY’s Queensborough Community College. Increased course loads and the elimination of language support and other resources that can help students thrive will hit these students hardest, she says. By increasing course loads, for example, schools are making it difficult for instructors to provide attention, feedback and support and thus limiting students’ development and affecting which students enter psychology’s pipeline, she says.

That’s a catastrophe, given the nation’s need to address both the pandemic and the enduring problem of racism, Moody says. “We have experienced a national trauma with COVID, and psychology could play a big role,” she says, adding that psychology also has a role to play in ending racism. “I hope we’ll position ourselves so that people look to us more and lean on us more.”

■ **Education may move increasingly online.** Online education—especially asynchronous programs—can increase access to students who might otherwise be unable to squeeze school in between work, family or other obligations. But as colleges and universities consider maintaining at least some distance learning as a way of boosting enrollment, students and educators alike wonder if online education can ever be as effective.

“Zoom classes are mainly the professor speaking to you,” says Jessica Nixon, who graduated from Albright with a health psychology degree in May. “It was harder to retain the information.” Plus, she says, studying from home—where her mother was suffering through a mild case of COVID-19—was distracting.

Online education also can’t provide the deep engagement of face-to-face teaching, says Roshni Choksi, a psychology major at California State University, Long Beach, who aspires to become a neuroscientist. For one, it’s easier to just look up answers on Google than to seek help from a professor, teaching assistant or fellow student, which is one way students learn to communicate with and understand people, says Choksi. “In person in a classroom, there’s no easy way out,” she says. “If everything is online, it’s not going to be a good education for students.”

In addition, having to work exclusively online has stalled Choksi’s research. Unable to use the animal models she needs, she is stuck in the literature review phase. “If I don’t have my results,

how am I going to finish a paper, do a poster presentation at a conference and move forward?” she asks.

If online higher education proliferates, a two-tiered educational system could emerge, with online-only students experiencing a big disadvantage, says Christina Shane-Simpson, PhD, co-chair of APA’s Committee on Associate and Baccalaureate Education (CABE) and an assistant professor of psychology at the University of Wisconsin–Stout. Students who opt for online education—whether solely or as part of a hybrid model—won’t have the

the haves and the have-nots,” Shane-Simpson says.

The move toward increasing online learning is already changing hiring practices at some institutions, says Shane-Simpson. “Colleagues who are on hiring committees are asking more about online experience of teaching and how people provide continuous support to students when teaching in an online space,” she notes.

Recognizing that some online teaching is inevitable, instructors are eager to learn new ways to build community among online learners. “One of the things that online education has

Between layoffs and voluntary retirements, the University of Akron is facing a potential loss of almost a quarter of its full-time faculty since the pandemic began.



same levels of mentoring by instructors and bonding with other students or the same access to student organizations and on-campus activities, she points out.

Students may also find it harder to learn skills in addition to content, as professors struggle with how to bring traditionally hands-on courses like research methods online. “What we might start to see is

been challenged by is student retention,” says Karen Brakke, PhD, a professor of psychology at Spelman College in Atlanta. “If we can bring the quality of online courses up more consistently—to include community to the same extent that in-person classes do—we will serve students well.” One idea is to focus on community-building in the synchronous portions of online learning, says Brakke.

Although she is still working on how to achieve that for students who aren't able to participate synchronously, she is considering using a "community of inquiry" model in which students share their experiences and collaborate as they delve into a topic.

■ **Community college enrollment may boom.** In contrast to traditional four-year colleges and universities, community colleges may see enrollment surge as much as 20% this fall, according to a report by Eduventures Research. These local institutions may be more attractive as a low-cost educational option to both low-income students who have suffered disproportionately from the pandemic's impact and adults seeking to retool their skills in a tough economy, the report predicts. Plus, current four-year college students may choose to temporarily attend a community college closer to home rather than pay their usual tuition for online learning at their home institutions, the report adds.

But at the same time, many community colleges are facing big budget cuts. California's community college system, for example, has taken a big financial hit because of the COVID-19-related deficit in the state's budget.

"If there aren't enough sections to meet demand, there's going to be a problem," says CABA co-chair Jaclyn Ronquillo-Adachi, PhD, of Cerritos College in Norwalk, California. Slots in some fall classes filled up almost immediately when the college opened enrollment in June, with waiting



lists overflowing, she reports. While more enrollment is good for the college, she says, it could also create competition for classes that students need to graduate and hinder their efforts to complete their degrees.

■ **Undergraduates may forgo psychology.** Students are increasingly turning to majors they think will best guarantee them jobs once they graduate, says Lynn Pasquerella, PhD, president of the Association of American Colleges and Universities. "We are seeing colleges and universities that are cutting their arts and humanities programs and, in some cases, social science programs and focusing more on narrow technical training," she says. While psychology continues to be a popular major and the pandemic may attract students interested in exploring the questions COVID-19 raises about human behavior and mental health, the discipline may not

Community colleges may see enrollment surge as much as 20% this fall, with a likely increase of both low-income students looking for low-cost education and adults seeking to retool their skills in a tough economy.

be immune to that trend toward a vocational focus.

David Kreiner, PhD, who leads the Association of Heads of Departments of Psychology, is one educator who worries that students may eschew psychology majors in favor of "more practical" areas such as business or computer science.

"A very common question we get from students and their families is, 'What can you do with a psychology degree?'" says Kreiner, who chairs the School of Nutrition, Kinesiology and Psychological Science at the University of Central Missouri. "Because what many have heard is that you can't really do anything with it except go to graduate school." That option may not be appealing to students—and parents—who may now be unemployed, already saddled with student debt and facing the prospect of graduating into a rough economy. That could have big implications for the psychology pipeline, he says.

Students often don't realize that a psychology major can prepare them for a variety of careers beyond clinical positions, such as sales, teaching, research and management. That's why Kreiner is urging psychology departments to educate students about the varied career paths, pointing to resources like CABA's "The Skillful Psychology Student: Prepared for Success in the 21st Century Workplace."

Says Pasquerella, "The best preparation for work, citizenship and life is a liberal education that integrates the arts, humanities and social sciences with STEM disciplines." ■



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THE BEST WAY TO PROMOTE YOUR RESEARCH

Twitter has become a remarkable resource for psychologists who want to publicize their research. Here are five ways to tap into its power.

BY CHRIS PALMER

Whether you're looking to keep up with the latest research, connect with colleagues, find new collaborators, grab the attention of the news media or communicate directly with the public, Twitter can help get you there.

But with 500 million tweets sent daily, how can you break through the noise? Psychologists who have successful Twitter followings offer five essential tips:

1 FIND YOUR PEOPLE If you're just getting started, follow people you already know through your professional contacts—such as your university colleagues or members of professional associations. “In my professional organization, there are many folks on Twitter, and I followed all of them and they followed me,” says Gary Bennett, PhD, a psychology and neuroscience researcher at Duke University. “That was a built-in audience.”

From there, move on to colleagues you've met at meetings, researchers whose work you admire and people you want to collaborate with.

“Twitter is a great big water-cooler that can be very playful and friendly,” says Linda Skitka, PhD, who researches political

and social psychology at the University of Illinois at Chicago and has met several collaborators on Twitter. During a Twitter conversation about the psychology of politics, Skitka and another researcher broke off into direct messages, private conversations not viewable by other users. Those conversations led them to launch surveys on the 2016 U.S. presidential election that resulted in data they've presented at several conferences.

2 FIND YOUR VOICE Once you've identified an audience, determine what kinds of information you want to share, whether it's a new publication, a job posting or an explanation of your research to nonexperts. “I receive pretty large grants to do science, and I feel a responsibility to share what I've learned with the public,” says Bennett, who designs digital tools to prevent overeating. “Social media happens to be the most effective, easiest way to do that.”

Alfiee Breland-Noble, PhD, founder of the mental health nonprofit the AAKOMA (African American Knowledge Optimized for Mindfully Healthy Adolescents) Project and host of the mental health

podcast “Couched in Color With Dr. Alfiee,” feels this responsibility, too. “You have a duty to ensure that the work you do reaches the people who need it,” she says of AAKOMA's efforts to address the mental health needs of young African Americans with culturally relevant interventions. “One of the ways you're going to do that in 2020 is speaking to young people on platforms they use, with language that resonates with them.”

Carl Hart, PhD, a psychologist at Columbia University, takes a slightly different tack when he uses social media to communicate his research on psychoactive drugs. “First translate your work—write popular articles, op-eds and books—and then when you put that on social media, it will have more traction,” says Hart, who says journalists following him on Twitter have seen his posts of his op-eds, leading to national media stories and podcast guest spots. “If you're just posting your papers, using the same convoluted, uninteresting way of talking about your findings, nobody's going to pay attention.”

Before she became president of Barnard College, psychologist Sian Beilock, PhD, focused

Sharing your research on Twitter is a great way to ensure your work reaches the public.





her tweets on her cognitive science research. Now, she mostly uses social media to show that scientists can be real people. “I see a role for me as a leader, a scientist and a mother and want to communicate that you don’t have to just be one or the other,” she says. “So, among other things, I post pictures of me and my 8-year-old on Instagram and Twitter and how I screw up as a mom, which happens a lot.”

3 EXPAND YOUR AUDIENCE Cultivating an audience and trying to understand to whom your work appeals is really important, says Bennett, who follows (and has been followed back by) patient advocates, citizen scientists and

“
**I thought I was
keeping good
track of the
literature, but
on Twitter I find
out about lots
of papers that I
otherwise would
not have been
aware of.**

”
LINDA SKITKA, PHD,
UNIVERSITY OF ILLINOIS
AT CHICAGO

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journalists on Twitter. “I’m constantly finding new audiences. This is something that’s never finished.”

Like Bennett and Hart, Breland-Noble uses Twitter to promote her work to the press. “One of my first big media opportunities was on ‘PBS NewsHour,’ and they found me through Twitter,” says Breland-Noble, who posts thoughts about trending mental health issues with hashtags like #depressiondisparities and #BlackTeenMentalHealth. “I was tweeting about my research and the need for diverse voices talking nationally about psychology issues that are universal.”

4 FIND LIKE-MINDED FOLKS While hashtags like #AcademicTwitter will get you in on conversations relevant to anyone in academia, following specific researchers or thought leaders in niche areas will help Twitter’s algorithms fill your feed with posts most relevant to your areas of interest.

“I thought I was keeping good track of the literature, but on Twitter I find out about lots of papers that I otherwise would not have been aware of,” says Skitka, who also uses the platform to find out about grants, meetings and other professional opportunities. She recommends following @NSF (National Science Foundation), @SPSSI (Society for the Psychological Study of Social Issues)

and @TempletonWorld (Templeton World Charity Foundation).

Bennett agrees. “As a discovery mechanism, it’s been instrumental,” he says. He also uses Twitter to test out new ideas with colleagues and to get, and give, support. “Academic Twitter groups have become very helpful in supporting people through research challenges, finding funding and even navigating training and mentoring issues,” he adds.

5 PROTECT YOURSELF Don’t forget that Twitter can be a minefield that requires you to be cautious about your postings. “I have a rule that if I question whether I should post something that could violate my professional interests, then I shouldn’t post it,” Bennett says.

Twitter users also have to be prepared for blowback. “A big part of an academic researcher’s career is bracing yourself for rejection,” Skitka says. “Likewise, you’ll have to steel yourself to the possibility that, at times, people may disagree with you, sometimes quite vehemently, and given it’s Twitter, quite publicly.”

How to handle criticism? “I respond to posts offered in good faith even if they are critical,” Skitka says. “But I generally find the best policy is to ignore people explicitly looking to argue instead of mutually listening and engaging.” ■



Whitfield



Gee



Grimes



DuPaul



Vasquez

PSYCHOLOGISTS IN THE NEWS

Developmental psychologist **Keith Whitfield, PhD**, is the new president of the University of Nevada, Las Vegas. Whitfield was previously the provost and senior vice president for academic affairs at Wayne State University. Prior to that, he spent five years as vice president of academic affairs at Duke University, where he directed the Center on Biobehavioral Health Disparities Research and the developmental psychology program.

Yale University assistant professor of psychology **Dylan Gee, PhD**, has won this year's Flux: The Young Investigator Award in Cognitive Neuroscience, a prize presented by the Flux: The Society for Developmental Cognitive Neuroscience to an early career scientist pursuing promising research. Gee's research focuses on brain development in childhood and adolescence and how genetic and environmental factors can affect a person's risk for psychopathology.

Pace University has named developmental psychologist **Tresmaïne R. Grimes, PhD**, as dean of the Dyson College of Arts and Sciences and the School of Education. Grimes was previously the vice president for academic affairs and dean of faculty at Bloomfield College in Bloomfield, New Jersey, since 2015. Prior

to that she served as the assistant vice president for academic affairs at Iona College in New Rochelle, New York, for eight years.

The U.S. Department of Education has awarded \$3.29 million to Lehigh University psychologists **Bridget V. Dever, PhD**, and **George J. DuPaul, PhD**, who are part of a multidisciplinary team studying face-to-face and online behavioral education for parents of young children who are exhibiting early behavioral symptoms of attention-deficit hyperactivity disorder. Dever is an associate professor and director of school psychology in the College of Education and DuPaul is a professor of school psychology and associate dean for research in the College of Education. The grant will allow their team to study how each type of intervention improves parents' adherence to behavior management strategies and children's academic skills.

APA has presented the Lifetime Distinguished Contributions Award to **Melba J.T. Vasquez, PhD**, a pioneer for psychologists of color in the association and the first Latina and woman of color to serve as APA's president, in 2011. Vasquez co-founded the National Multicultural Conference and Summit and APA's Div.

45 (Society for the Psychological Study of Culture, Ethnicity, and Race). She has served several terms on APA's Board of Directors and is a past president of Div. 17 (Society of Counseling Psychology) and Div. 35 (Society for the Psychology of Women).

University of California, Berkeley, psychologist **Matthew Walker, PhD**, has won the Carl Sagan Prize for Science Popularization from the nonprofit organization Wonderfest, which recognizes researchers who advance the public's understanding of science. Walker is the author of "Why We Sleep: Unlocking the Power of Sleep and Dreams," on the science behind why a good night's sleep is so critical to our health and well-being. Walker is a professor of neuroscience and psychology at Berkeley and directs the Center for Human Sleep Science.

Texas A&M University–Commerce has named **DeMarquis Hayes, PhD**, as assistant dean of the College of Education and Human Services. Hayes was previously head of the university's department of psychology and special education. His research focuses on resilience and vulnerability in children and adolescents and what helps ethnic-minority students succeed in higher education. ■

EXPLORING THE CAUSE AND EFFECTS OF SUBTLE DISCRIMINATION

A Rice University psychology lab is studying the more elusive forms of discrimination and ways to protect stigmatized groups

BY CARINA STORRS

Although laws protect stigmatized groups from overt forms of discrimination, there are no laws to protect against more subtle forms of bias—from the ways customers may negatively perceive companies that publicly advocate for Black Lives Matter to the rudeness an LGBTQ+ customer might experience in a store.

“If we just look at overt discrimination, we are missing a lot of negativity that the targets of discrimination experience,” says Michelle “Mikki” Hebl, PhD, a professor of psychology and management at Rice University. In fact, Hebl argues that in some cases subtle, or interpersonal, discrimination can be more damaging than more overt forms because the recipient may have to exert a great deal of cognitive resources questioning whether they are just imagining it or to whom to attribute it.

In her lab at Rice, Hebl and her colleagues study the causes and consequences of this type of discrimination and develop interventions to help organizations and individuals combat it.

“In the absence of laws, organizations and organizational leaders can adopt policies that

prevent both [overt and subtle] discrimination,” Hebl says.

STIGMA AT WORK

Hebl credits her undergraduate education at Smith College, a women’s institution, for opening her eyes to inequality. She spent her days there thinking about the battles that women have fought and continue to fight for equal rights. She went on to earn her PhD at Dartmouth College, where she studied discrimination against people who are obese or have a physical disability, and she arrived at Rice University 22 years ago, committed to better understanding different forms of discrimination and how to remediate them.

Much of Hebl’s research focuses on how disadvantaged groups are treated in the workplace and in hiring situations. In one study, she asked people to wear hats with either the phrase “Gay and Proud” or “Texan and Proud” and apply for jobs in Houston, which had a city ordinance prohibiting employers from discriminating based on sexual orientation (Barron, L.G., et al., *Psychology, Public Policy, and Law*, Vol. 19, No. 2, 2013). Participants did not know which hat they were wear-

RESEARCH FOCI

Hebl’s lab is studying:

1
The role of antidiscrimination laws in reducing discrimination of stigmatized groups at work

2
How gender disparities impact women in academia

3
Actions to stem discrimination against LGBTQ+ employees

4
Whether Black and white individuals differ in their attitudes toward companies that support the Black Lives Matter movement

ing. Although the two groups reported no differences in overt forms of discrimination, such as being allowed to complete an application, the participants who donned the “Gay and Proud” hats perceived less positivity, had shorter interactions and experienced more rudeness. Their instincts were confirmed by independent coders who listened to audiotapes of the interviews and rated higher levels of subtle discrimination against people wearing the “Gay and Proud” versus the “Texan and Proud” hat.

While this study shows that subtle discrimination persists, other research by Hebl suggests that laws preventing overt discrimination can tamp down subtle discrimination as well. In a related study, individuals wore these same hats in workplaces in Dallas suburbs, where the presence of LGBTQ+ nondiscrimination laws varies. She found that participants experienced less overt and subtle discrimination in jurisdictions with protective laws compared with those that did not. To get at whether antidiscrimination laws caused this decrease, the researchers conducted a follow-up lab study with Houston-area participants trained to



The Hebl lab studies subtle bias against women in academia and LGBTQ+ individuals.

conduct job interviews and who were told either that sexual orientation discrimination was legal or illegal. Then they carried out mock interviews of people who had a visible “Gay and Proud” pin on their backpacks and listed involvement in a gay and lesbian organization on their résumés. Interviewers who believed discrimination was illegal spent more time talking with the applicant and showed lesser degrees of interpersonal discrimination compared with interviewers who thought it was legal.

GENDER DISPARITIES

Hebl has also explored how discrimination affects women in academia. In a series of studies, she and her colleagues at Rice and other U.S. universities explored 624 letters of recommendation that had been submitted on behalf of 174 applicants for assistant professor positions in a psychology department (Madera, J.M., et al., *Journal of Business and Psychology*, Vol. 34, No. 3, 2019). A team of trained research coders identified so-called doubt raisers in the letters, which could take the form of a negative statement (the applicant does not have much teaching experience), faint praise (the applicant has adequate experience), hedging (the applicant may not be the most outstanding) and irrelevant statements (the applicant is an avid runner).

The letters for female appli-

● **“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.”

Hebl and her collaborators at other universities and in industry found that overweight employees were more likely to be reviewed poorly by their supervisors and peers compared with employees who were not overweight.

cants had significantly more doubt raisers than those for male applicants, regardless of whether they had been written by a woman or a man. Among women's applications, 54% had at least one doubt raiser and 13% had more than one, compared with 51% and 7% for men's applications. Such bias may not be intentional, Hebl explains, but it is strong and has measurable harmful implications for women.

In a follow-up study, Hebl and her colleagues asked about 300 professors across the United States to look at whether sample recommendation letters with doubt raisers soured their impression of the candidate. The team found that letters with a negative or hedging doubt raiser hurt the evaluation of the applicant, whether they were female or male.

In another study, Hebl and two of her PhD students, Christine Nitttrouer and Rachel Trump-Steele, studied gender disparities among psychology, sociology, biology, bioengineering, history and political science faculty invited to give colloquium talks at the top 50 U.S. universities—talks that can be an important career boon by increasing visibility and leading to collaborations and job opportunities. The study found that male faculty overall were more

than twice as likely as female faculty to give talks. In a more positive finding, colloquium organizing committees chaired by women resulted in more female speakers than those led by men (*PNAS*, Vol. 115, No. 1, 2018).

OVERWEIGHT JOB SEEKERS

Similar to her studies looking at the effects of wearing “Gay and Proud” hats, Hebl’s lab documented the experiences of people applying for jobs while wearing a full-body obesity prosthetic. In these types of studies, the role of the stigmatized individual is often played by graduate students and undergraduate research assistants in Hebl’s lab, of which there are usually 10 to 40 each semester. It’s an “all hands on deck” time, says Abby Corrington, PhD, who earned her PhD while working in the lab and is now an assistant professor of management at Providence College.

For this study, Hebl and her colleagues focused on overweight men because ample research had already documented discrimination against overweight women (Ruggs, E.N., et al., *Journal of Applied Psychology*, Vol. 100, No. 5, 2015). Hebl and her team found that the seemingly overweight men in their study were not overtly discriminated against

when inquiring about job positions in retail stores—they were told that jobs were available and given an application to complete at similar rates as men not wearing prosthetics. However, they experienced more rudeness and other interpersonal forms of discrimination.

Hebl’s research also sheds light on what happens to members of disadvantaged groups once they get a job. In a study of large companies, Hebl and her collaborators at other universities and in industry found that overweight employees were more likely to be reviewed poorly by their supervisors and peers compared with employees who were not overweight (King, E.B., et al., *Human Resource Management*, Vol. 55, No. 2, 2016). To the researchers’ surprise, this relationship held whether the employees were in the company’s top leadership or more middle level, suggesting that power does not protect individuals from weight-based stigma.

Hebl has also been curious about how companies are perceived by consumers when they publicly advocate for Black Lives Matter (BLM). Recently, Hebl, Corrington and colleagues conducted an online survey asking participants to read communications from a large food company voicing their support for BLM and then indicate their approval of the company and desire to work for them (unpublished data).

EFFECTIVE INTERVENTIONS

In one study, Hebl found that graduate students who wore an obesity prosthetic were less

FURTHER READING

The Face of STEM: Racial Phenotypic Stereotypicality Predicts STEM Persistence by—and Ability Attributions About—Students of Color
Williams, M.J., et al.
Journal of Personality and Social Psychology
2019

When Do Women Respond Against Discrimination? Exploring Factors of Subtlety, Form, and Focus
Lindsey, A., et al.
Journal of Applied Social Psychology
2015

Systematic Subjectivity: How Subtle Biases Infect the Scholarship Review Process
King, E.B., et al.
Journal of Management
2018

The Efficacy of Sexual Orientation Anti-Discrimination Legislation
Hebl, M., et al.
Equality, Diversity and Inclusion
2016

successful at recruiting people on campus for a short survey and were treated more rudely than when they were not wearing the prosthetic (Randall, J.G., et al., *European Review of Applied Psychology*, Vol. 67, No. 3, 2017). The heavy recruiters had more luck, however, when they were also wearing a T-shirt from a recent running event and holding a water bottle, compared with when they had a high-calorie dessert in their hand, suggesting that cues that run counter to overweight stereotypes can reduce discrimination.

Likewise, people with visible disabilities were found to face less discrimination when they claimed their disability or acknowledged it in a positive way (Lyons, B.J., et al., *Journal of Management*, Vol. 44, No. 5, 2016). Hebl and her colleagues conducted an online survey in which the participants were asked to respond to various scenarios involving a co-worker in a wheelchair; participants rated the co-worker as more competent when they claimed their disabilities as opposed to downplaying or ignoring them.

However, Hebl emphasizes that the burden of reducing discrimination should not fall on stigmatized individuals, but on society. “If we only focus on the individual, we won’t get there,” she says.

To that end, she has also spent the last decade looking at ways that legislation, organizations, leaders and allies can stem discrimination. In one study, she found that transgender people who worked at companies that had policies prohibiting



anti-transgender discrimination, and had supportive nontransgender co-workers with whom they socialized, were less likely to report feeling discriminated against (Ruggs, E.N., et al., *Psychology of Sexual Orientation and Gender Diversity*, Vol. 2, No. 4, 2015).

In another study of the role of co-workers, Hebl and colleagues asked participants to watch a video in which one employee said it was not appropriate for a gay person to work there and another employee responded by mildly disagreeing, confronting the perpetrator of the homophobic comment in a calm manner or confronting them in a hostile manner (Martinez, L.R., et al., *Journal*

Dr. Michelle “Mikki” Hebl hopes her research can help pave the way for laws against interpersonal discrimination.

of Vocational Behavior, Vol. 103, Part A, 2017). Then they asked the participants to complete an online survey evaluating the two employees. Participants were more likely to give the perpetrator negative ratings if the other employee confronted them. They were also more likely to report that they would confront such a perpetrator if they viewed a calm confrontation. The authors suggested that confrontation could help create “an informal coalition of employees that could in turn shape the organizational climate.”

Hebl hopes that her research will pave the way for legislation against overt discrimination as well as interpersonal discrimination. Although she admits that the idea of prohibiting hostile behavior may seem difficult to imagine, many people used to think that it would not be possible to pass laws against sexual harassment. Yet individuals who feel they are experiencing sexual harassment in the workplace—for example, through unwelcome comments or inappropriate glances—can now file complaints with their employer and take legal action. The same should be true for all types of subtle discrimination in the workplace, Hebl says.

Corrington hopes that the lab’s work to make people aware of their social expectations and reactions can help reduce discrimination. “None of us are immune to biases,” she says, “and having bias doesn’t make you a bad person; it makes you human. But we should be questioning ourselves and questioning our reactions.” ■

ALASKA

ASSISTANT PROFESSOR: The University of Alaska Anchorage is seeking a doctoral-level Psychologist to fill a tenure-track, Assistant Professor position with primary teaching responsibility in its PhD program in Clinical-Community Psychology (see <http://uaa.alaska.edu/phdpsych>). The Program in Clinical-Community Psychology is an APA-accredited, scientist-practitioner program that integrates clinical, community, and cultural psychology with a focus on rural, Indigenous issues. Applicants must have university-level teaching experience with a record of research and peer-reviewed publications or demonstrated potential for peer-reviewed publications. In addition to teaching, this faculty member would be expected to develop a program of research consistent with their area of specialization, conduct PhD student mentorship, and contribute to departmental governance and other service, as well as potentially supervise student clinical work. Length of time and type of experience required for this position should be appropriate to the rank of tenure track assistant professor. Applicants must have university-level teaching experience with a record of research and peer-reviewed publications or demonstrated potential for peer-reviewed publications. This position requires a doctoral degree from an

APA accredited program in Clinical, Counseling, or Clinical-Community Psychology or related degree at time of appointment and a license or license-eligibility in Alaska. ABDs will be considered but employment is contingent on conferral of degree by time of hire in August 2021. **This is an open until filled recruitment with the initial application review taking place on October 1, 2020.** This is a 9-month, full time appointment with an expected start date in August 2021. University of Alaska Anchorage is an Equal Employment Opportunity/Affirmative Action Employer and Educational Institution. To apply, visit: <https://careers.alaska.edu/en-us/job/515029/> assistant-professor-of-psychology.

IOWA

ASSISTANT PROFESSOR OF COUNSELING PSYCHOLOGY: The Department of Psychology and Neuroscience at Drake University invites applications for a full-time tenure-track Assistant Professor in Counseling Psychology position beginning in August 2021. While advanced ABD/ABI candidates will be considered, completion of PhD requirements is expected by the start of the appointment. The teaching load is 3-3, and the candidate must be committed to exemplary teaching and to maintaining a productive program of research. Teaching assignments include introductory

psychology, multicultural psychology, counseling psychology, and courses within the candidate's area of expertise. The candidate is also expected to mentor student research and internship experiences. The department has approximately 225 undergraduate majors taught by 10 faculty members. As a new faculty line, this position provides an opportunity for advancing the undergraduate counseling psychology curriculum as well as collaboration with the Master of Science in Counseling Program in the School of Education. The University also offers opportunities for engaging in interdisciplinary teaching at the undergraduate level. Information about the Department of Psychology and Neuroscience can be found at <https://proxy.ualic.com/proxy?url=http%3A%2F%2Fwww.drake.edu%2Fpsychology%2F&token=UVC%2BzpDp3GdjHWS8iYEim4nAWMs7r%2FwlhQJTjEb8qs%3D>. Application materials should include: cover letter with a statement

of teaching and research interests, curriculum vitae, sample teaching evaluations if available, sample reprints, a diversity statement, and three letters of recommendation.

The review of applications will begin on October 1, 2020 and will continue until the position is filled. Applications should be submitted electronically at <https://proxy.qualtrics.com/proxy?url=https%3A%2F%2Fdrake.HireTouch.com&token=2pFS-MA3iEMgYcseriQzjkCN5EHVY-JeRxs1GFsovdQ1pM%3D> (select the desired position and follow the instructions to apply and upload requested materials). Recommendation letters should be submitted electronically to psychologydept@drake.edu or mailed to Counseling Search Committee, Department of Psychology and Neuroscience, Drake University, 318 Olin, 2708 Forest Ave, Des Moines, IA 50311. Address questions to the search chair, Dr. Brian Sanders at brian.sanders@drake.edu. Drake University is

DOCTORAL FACULTY, CLINICAL PSYCHOLOGY

Location: In, near, or within easy travel to the greater Seattle area

DOCTORAL FACULTY, MEDIA PSYCHOLOGY

Location: any location in the United States

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Faculty members supervise doctoral dissertations, teach course seminars that mix virtual and face to face interactions, and offer in person seminars at two 7-10 day long residential events per year (note that all courses are currently taught at a distance due to the pandemic).

We seek scholar-practitioners who are at least 3 years post PhD in psychology who have taught at the graduate level, supervised doctoral dissertations, are licensed (or license eligible) to practice psychology, and who have an active research program with a record of research/scholarly publications.



**For full job descriptions
and to apply, please visit
Fielding.edu/employment**

CHA Health Alliance

CHIEF OF PSYCHOLOGY

The Department of Psychiatry at the **Cambridge Health Alliance (CHA)** is recruiting a **Chief of Psychology** to lead the Division of Psychology and participate in the new strategic plan to address health care disparities, racism, and mental health needs of our diverse communities and patient populations. As part of the Department of Psychiatry at Harvard Medical School, the Department has a long history of multidisciplinary clinical care, research, and training. Cambridge Health Alliance is a safety net public health system and has been an innovator of psychology training, as well as medical education, residency training, social work training, school-based mental health, and integrated/collaborative care.

CHA seeks to be a leader in the development of a learning health system and learning health community, by prioritizing Patient-Centered/Personalized Care, Population Health and Practice-Based Research to provide the most effective care possible and address the unmet mental health needs of the communities we serve.

CHA is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status, or any other characteristic protected by law.

As part of the Department's Leadership, the Chief of Psychology will be instrumental in driving the department forward in the use of patient data to inform equitable health care, choosing the type of care appropriate for each patient, academic scholarship, and models for training mental health professionals for the future workforce.

Applicants should have experience in clinical care and operations, a demonstrable record of scholarship related to outcome-based research, and demonstrated administration of professional training programs, faculty development to develop a diverse workforce to address future mental health care needs. A history of successful grant experience is a plus. A successful applicant will be eligible for an appointment up to the level of Associate Professor at Harvard Medical School.

Women and minorities are encouraged to apply. Please forward a cover letter and updated CV to Melissa Kelley, Provider Recruiter, at ProviderRecruitment@challiance.org

Beth Israel Deaconess Medical Center

Mass General Hospital for Children

HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

HARVARD SCHOOL OF DENTAL MEDICINE

HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH

Tufts University School of Medicine

committed to supporting a multicultural environment and strongly encourages applications from candidates who reflect the diversity of the nation. For more information, visit Drake's Human Resources page at <https://proxy.qualtrics.com/proxy/?url=http%3A%2F%2Fwww.drake.edu%2Fhr%2F&token=S0yB1jF22suP23tjGhNoNzsi6a%2BR%2BCNVZek1UT09RKU%3D>.

ASSISTANT PROFESSOR OF COGNITIVE PSYCHOLOGY: Drake University invites applications for a tenure-track position beginning in August 2021. A PhD in cognitive psychology or related field is required prior to the starting date. Candidates must be committed to excellence in undergraduate teaching and advancing an independent research program. Scholarship involving human participants is preferred. Teaching assignments include introductory psychology, sensation & perception, cognitive psychology, and courses within the

candidate's area of expertise. Interest in teaching research methods or statistics is desirable. The teaching load is 3-3. Additionally, the candidate is expected to supervise student research. The department has approximately 225 undergraduate majors in psychology and neuroscience. The University also offers opportunities for engaging in interdisciplinary teaching at the undergraduate level. Information about the Department of Psychology and Neuroscience can be found at <https://proxy.qualtrics.com/proxy/?url=http%3A%2F%2Fwww.drake.edu%2Fpsychology%2F&token=UVC%2BzpDp3GdjHWS8iYEim4nAWM5zr%2FwIhhQJTJEb8qs%3D>. Application materials should include: cover letter with a statement of teaching and research interests, curriculum vitae, sample teaching evaluations if available, sample reprints, a diversity statement, and three letters of recommendation. **The review of applications will begin on October 1, 2020**

and will continue until the position is filled. Applications should be submitted electronically at <https://proxy.qualtrics.com/proxy/?url=https%3A%2F%2Fdrakehiretouch.com&token=2ptfS-MA3iEMYcseriQxjkCN5EhVY-JeRsX1GFsovdI1pM%3D> (select the desired position and follow the instructions to apply and upload requested materials). Recommendation letters should be submitted electronically to psychologydept@drake.edu or mailed to Cognitive Search Committee, Department of Psychology and Neuroscience, Drake University, 318 Olin, 2708 Forest Ave, Des Moines, IA 50311. Address questions to the search chair, Dr. Brian Sanders at brian.sanders@drake.edu. Drake University is committed to supporting a multicultural environment and strongly encourages applications from candidates who reflect the diversity of the nation. For more information, visit Drake's Human Resources page at <https://proxy.qualtrics.com/>

proxy/?url=http%3A%2F%2Fwww.drake.edu%2Fhr%2F&token=S0yB1jF22suP23tjGhNoNzsi6a%2BR%2BCNVZek1UT09RKU%3D.

MISSOURI

DIRECTOR OF CLINICAL TRAINING: Ponce Health Sciences University-St. Louis (PHSU-St. Louis) seeks a Director of Clinical Training at the Associate Professor/Professor level for its PsyD program which espouses a practitioner-scientist model. Ponce-St. Louis values cultural competence and serves underrepresented populations. The successful applicant will assume leadership of a new doctoral program seeking APA accreditation. Required credentials for this position include: 1) PhD or a PsyD in clinical psychology from an APA-accredited program; 2) five years of post-doctoral experience; 3) licensed or license-eligible in Missouri; 4) evidence of teaching effectiveness; 5) ability to teach doctoral-level courses; 6) an



Yeshiva University

Yeshiva University, Ferkauf Graduate School of Psychology, Clinical Program: ASSISTANT PROFESSOR, Tenure-Track position

The clinical program at the Ferkauf Graduate School of Psychology of Yeshiva University in New York City seeks to hire a tenure-track Assistant Professor in Clinical Psychology. The position will begin in Fall, 2021. Candidates in all areas of clinical psychology will be considered, although strong preference will be given to applicants who conduct research and can contribute to teaching and clinical training in one or more of the following areas: trauma; domestic violence; substance abuse; schizophrenia; bipolar disorder; personality disorders; evidence-based therapies (couples, family therapy, or group therapy preferred); assessment; cognitive, affective, and developmental psychology; cross-cultural or cross-socioeconomic research. Applicants with a strong track record of research productivity, external funding, and active training and clinical involvement are sought. Responsibilities include developing an independent program of research; mentoring students in doctoral level research; graduate teaching; and clinical supervision. The candidate should be licensed or license eligible in New York State as a clinical psychologist. Information about the clinical program can be obtained at <http://www.yu.edu/ferkauf/clinical-psychology/>. Yeshiva University is an equal opportunity employer and is strongly committed to hiring minorities, women, individuals with disabilities and protected veterans. Salary is competitive/ 9 months. Application review will begin immediately and will continue until the position is filled.

Please visit for application instructions: <https://apptkr.com/1984642>

Yeshiva University's campus in Bronx, NY. Ferkauf's nationally recognized programs prepare doctoral-level psychologists and master's-level counselors for successful and rewarding careers. Yeshiva University is an equal opportunity employer committed to hiring minorities, women, individuals with disabilities and protected veterans.

empirically based orientation; 7) a commitment to increasing diversity in clinical psychology. Familiarity with the APA accreditation process is highly desirable. Interested applicants should submit a statement of interest, names of three references and a current curriculum vitae to: Dr. Frank Barrios, Dean of Academic Affairs, Ponce Health Sciences University-St. Louis, 710 North Tucker Blvd., Suite 306, St. Louis, MO 63101, fbarrios@psm.edu. **Review of applications will begin on February 1, 2021 and will continue until the posi-**

tion is filled. Salary and benefits are competitive and commensurate with experience. PHSU-St. Louis, as an educational institution and as an employer, values equality of opportunity, human dignity, and racial/ethnic and cultural diversity. Accordingly, the University prohibits and will not engage in discrimination or harassment based on race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, political affiliation, disability, or veteran status.

CLINICAL CHILD AND PEDIATRIC PSYCHOLOGISTS

The Department of Psychiatry, Division of Child and Adolescent Psychiatry of the Warren Alpert Medical School of Brown University is seeking Clinical Child and Pediatric Psychologists (RI Hospital/Hasbro Children's Hospital and Bradley Hospital). Opportunities exist for Medical School faculty appointments, as well as participation in psychology training and clinical research.

Bradley Hospital and RI Hospital/Hasbro – Outpatient Psychology: Positions available at both locations. Although the specific areas of specialization are open, we are particularly interested in candidates with expertise in the evaluation and treatment of children and adolescents in the following areas: eating disorders, feeding/GI, pain, gender diversity, DBT, and general child and adolescent psychiatry.

Verrecchia Clinic for Children with Autism and Developmental Disabilities at Bradley Hospital – Outpatient positions: Responsibilities include individual, group, and family therapy for 6-22 year olds with developmental disabilities, primarily ASD. Some clinical assessment is expected but is not a primary focus of the position.

The WAVE Clinic at Bradley Hospital – Outpatient positions: The WAVE clinic provides outpatient treatment to youth, and their families, who have co-occurring substance use and mental health needs. Opportunities exist for individual, family and group work. Candidates with expertise in the evaluation and treatment of adolescents, and their families, with substance use disorders and co-occurring disorders are encouraged to apply.

Center for Autism and Developmental Disabilities (CADD) at Bradley Hospital – Inpatient Unit position: This is an acute-care service treating children and adolescents with ID/ASD or other neurodevelopmental disorders with co-existing psychiatric disorders. The psychologist has a leadership role with responsibilities for treatment planning, supervision of behavioral programming, individual and group therapy, and diagnostic assessment. Candidates with expertise and training in co-existing psychopathology and medical complications in the DD population as well as behavioral analysis are encouraged to apply.

Candidates for all positions must have a Ph.D. or Psy.D. in Clinical Psychology and be licensed or license-eligible in Rhode Island.

Please send CV along with a letter of interest to:

For Clinical Child positions at Bradley Hospital:
Anne Walters, Ph.D., Chief Psychologist, Bradley Hospital
1011 Veteran's Memorial Parkway, East Providence, RI 02915
and/or email: Awalters@lifespan.org

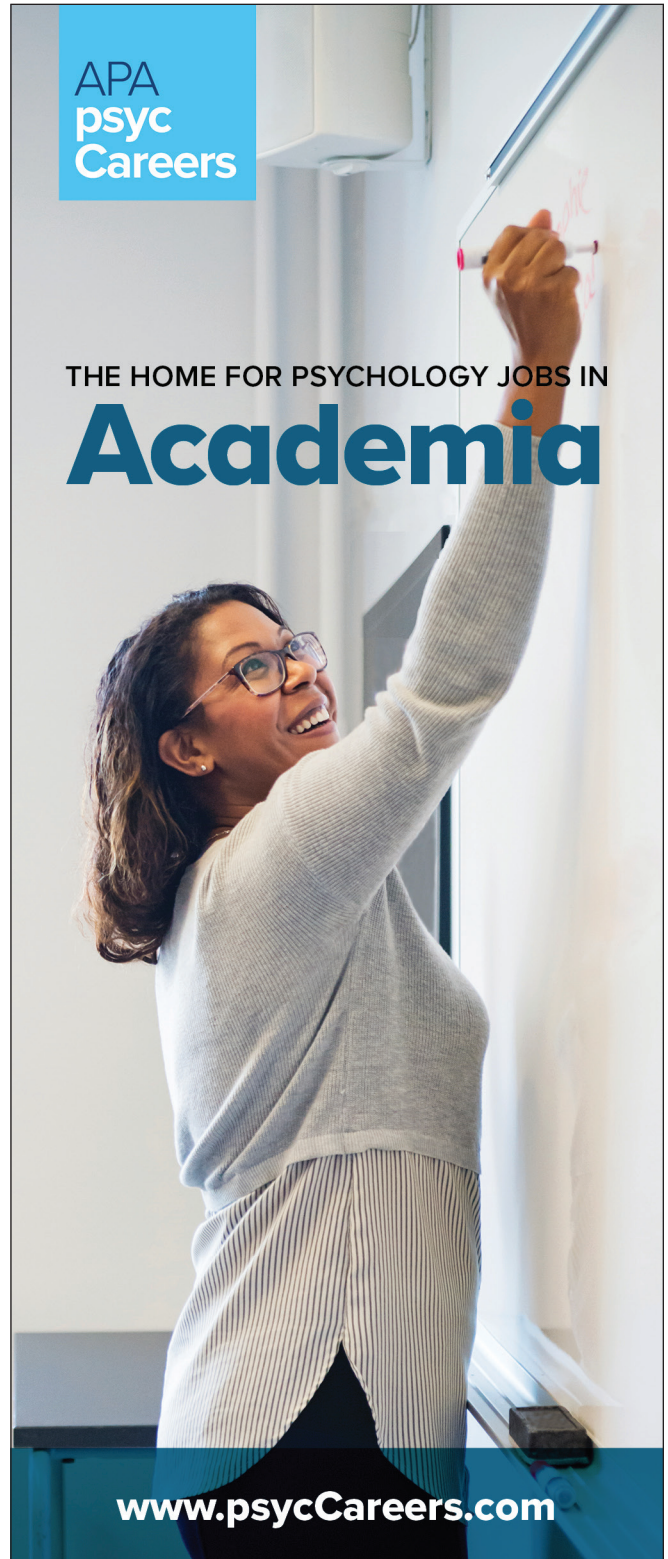
For Pediatric positions at RIH/Hasbro:
Elizabeth McQuaid, Ph.D., Director of Child and Family Psychology
RI Hospital, Bradley/Hasbro Children's Research Center
1 Hoppin Street, Suite 204, Providence, RI 02903
and/or email: Elizabeth_mcquaid@brown.edu

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US OPPORTUNITIES

VETERANS AFFAIRS PSYCHOSOCIAL REHABILITATION FELLOWSHIP: US

Department of Veterans Affairs Interprofessional Fellowship Program in Psychosocial Rehabilitation and Recovery Oriented Services for Veterans with Serious Mental Illness has openings available for the 2021 – 2022 academic year (September 2021– August 2022). The Fellowship Program is a state-of-the-art, advanced clinical training program that focuses on the theory and practice of psychosocial rehabilitation. Individualized, mentored clinical training is combined with a curriculum that emphasizes a comprehensive psychosocial rehabilitation approach to service delivery, education, and implementing change in a mental health care setting. Fellows will work with Veterans diagnosed with serious mental illnesses, including schizophrenia, schizoaffective disorder, bipolar disorder, and major depression and receive training in delivering a range of evidence-based services. The purpose of the Interprofessional Fellowship Program is to develop future mental health leaders with vision, knowledge, and commitment to transforming mental health care systems in the 21st century by emphasizing functional capability, rehabilitation, and recovery. The Fellowship Program is offered at six VA sites (see below). It is a one-year, full-time onsite post-graduate VA trainee position at the Veterans Affairs Medical Centers, indicated below. Applications are being solicited across a range of disciplines (including psychology, psychiatry, nursing, social work, vocational rehabilitation, clinical pastoral education and occupational therapy) and each fellowship class is interdisciplinary. Psychology fellows must be U.S. citizens and must be graduates of APA-accredited academic programs in Clinical or Counseling Psychology and APA-accredited internships. Stipends are competitive and based in part on location. Psychology fellows are eligible for health and life insurance benefits. All fellows earn annual and sick leave and are entitled to all federal holidays. The PSR Fellowship sites follow APPIC Postdoctoral Selection Guidelines – Psychology Fellow selection. Application requirements and specifications differ across sites, so contact the Fellowship Director at each site of interest for information (see contact information for each site below). Application deadlines are in December

– dates vary by site, please contact each site to confirm deadlines. **Bedford, Massachusetts:** Co-Directors: Brian Stevenson, PhD, Psychology Service; Elizabeth Naughton, LICSW, Social Work Service; 200 Springs Road, Bedford, MA 01730. Brian.Stevenson4@va.gov or (781) 687-3919. Elizabeth.Naughton@va.gov or (781) 687-2149. <http://www.psychologytraining.va.gov/bedford/>. **Durham, North Carolina:** Co-Directors: J. Murray McNiel, PhD, Julie C. McCormick, LCSW, CPRP; Hillandale II VA Clinic, 1830 Hillandale Road, Durham, NC 27705. Jesse.McNiel@va.gov or (919) 286-0411, Ext. 177777. Julie.McCormick@va.gov or (919) 286-0411, Ext. 175111. <https://www.durham.va.gov/services/psychology-postdoc.asp>. **Little Rock, Arkansas:** Director of Post-Doctoral Training: Courtney Crutchfield, PhD, 2200 Fort Roots Drive (116/NLR), Bldg. 170, Office #2N-101, North Little Rock, AR 72114. Applications to: Courtney.Crutchfield@va.gov or (501) 257-3471. Inquiries to: Nathaniel Cooney, PhD Nathaniel.Cooney@va.gov, (501) 257-3455. http://www.littlerock.va.gov/careers/psychology/fellowship/Psychology_Fellowship_Prgam.asp. <https://www.littlerock.va.gov/careers/psychology/documents/CAVHSFellowshipBrochureWeb.pdf>. **Palo Alto, California:** Director: Stephen T. Black, PhD, Psychology Service, VA Palo Alto Health Care System, 3801 Miranda Ave (116B), Palo Alto, CA 94304. Stephen.Black2@va.gov or (650) 493-5000, Ext. 67556. <https://www.paloalto.va.gov/services/mental/PsychologyTraining.asp>. **San Diego, California:** Director: Dimitri Perivoliotis, PhD, VA San Diego Healthcare System (116B), 3350 La Jolla Village Drive, San Diego, CA 92161. dperivol@ucsd.edu (preferred) or (858)552-8585 x2412. http://www.sandiego.va.gov/careers/psychology_training.asp. **West Haven, Connecticut:** Director, Interprofessional Fellowship: Anne Klee, PhD, CPRP, Errera Community Care Center, 114 Boston Post Road, 2nd Floor, West Haven, CT 06516. Anne.Klee@va.gov or (203) 479-8035. Director, Psychology Training: Joshua Bullock, PhD; Joshua.Bullock@va.gov or (203) 516-8013. <http://www.connecticut.va.gov/careers/psychologytraining.asp>. For general information, contact: Ralf Schneider, MA, CPRP, Coordinator of Psychosocial Rehabilitation

Fellowship Hub Site, VA Maryland Health Care System, 10 N. Greene St., Attn: MIRECC, Annex Bldg., 7th Floor, Baltimore, MD 21201. Ralf.Schneider@va.gov or (410) 637-1874. http://www.mirecc.va.gov/visn5/training/interprofessional_fellowship_program.asp.

CALIFORNIA

LICENSED PSYCHOLOGIST FOR WELLNESS STARTUP:

Therapy Lab is a thriving startup offering time-limited, evidence-based treatment packages. We seek a California-licensed psychologist to provide individual teletherapy. Location is flexible. TL's clients are mostly high-functioning people seeking CBT; a comparatively high number are men and/or BIPOC. Primary tasks include individual therapy and related tasks, and regular team communication. We prefer candidates with CBT experience. Interest in innovation is a plus! Compensation is \$80,000-\$150,000, including base salary plus bonus for sessions completed. Health benefits, 401K, PTO, and paid parental leave for full-time therapists. Perks include dedicated administrative support, quality software, and sophisticated marketing. Malpractice insurance provided. More info at <https://www.therapylabinc.com/jobs>. Send letter, curriculum vitae to Dr. Chandler Chang at info@therapylabinc.com.

FLORIDA

LICENSED PSYCHOLOGIST/POSTDOC POSITIONS IN EXPANDING GROUP PRACTICE:

The Center For Psychology, a well-established group practice located in Fort Myers, Florida, is hiring for several open positions. Opportunities to work with children, adolescents and/or adults are available. Both therapy and assessment skills are required. Forward curriculum vitae to Dr. Steven Cohen at career@ctrpsych.com. Visit our website at www.thecenterforpsychology.com or call (239) 278-3443.

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.

LICENSED PSYCHOLOGISTS: Davken Associates is seeking Illinois- and Indiana-licensed psychologists for full- and part-time work with flexible hours to accommodate your schedule (i.e., private practice, teaching). We handle billing, offer you with all the work you want, and provide a highly reliable and regular income. No more worries about denials, no shows, etc. There is a reason we have psychologists who have remained with us for over one and two decades. Some neuropsychological testing is available for those providing therapy. If you would like more information, feel free to contact me through my email at drfiles@davkenpc.com so we can set up a time to speak by phone.

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

OREGON

RESEARCH PSYCHOLOGIST: Research position at Portland Psychotherapy Clinic, Research, & Training Center, a clinical and research center focused on shame, compassion, social anxiety, interpersonal effects of emotion, or psychedelics. Position is a combination of research and clinical roles. For a further information go to: tinyurl.com/researchpsychologist.

TEXAS

PRIVATE PRACTICE NEUROPSYCHOLOGIST, PSYCHOLOGIST, PROVISIONALLY LICENSED PSYCHOLOGIST, PSYCHIATRIST, PSYCHIATRIC NURSE PRACTITIONER: Providers needed in Dallas, Texas, to provide services in nursing homes, memory care, skilled nursing, and assisted living. Additional locations available for nursing home work. Opportunities are available in our outpatient private practice offices if desired, including Brief Mental Status Exams. The Ludden Group, P.C., is a Christian private practice group including psychologists, a psychiatrist, LPCs, an LCSW, and Externs, outpatient practice located in Rockwall, Texas, 25 miles east of the

Dallas Metroplex. Additional locations include Ennis, Terrell, Athens, and Greenville. The Ludden Group is seeking psychologists for a long-term position, Full or Part-Time. Duties will include diagnostic assessments, testing, and weekly psychotherapy with the Geriatric population. Services also available in the Ludden Group's outpatient private practice where we treat patients throughout the life span. Areas served: Rockwall, Farmersville, Greenville, Terrell, Dallas, and Ennis. The Ludden Group, P.C. is well established with over 35 years' experience. Send your curriculum vitae and any questions to Dr. Linda Ludden, Ed.D, Texas Licensed Psychologist, lindaludden@lvsilv@gmail.com, (214) 403-7266. Our website is www.theluddengroup.com.

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PSYCHOTHERAPIST OFFICE IN WESTERN SUBURBS OF CHICAGO: Control overhead costs! Office sharing available immediately, well located on Roosevelt Rd & Highland in Lombard, one mile east of I355. Contact Tes: (630) 282-0393; taguas_ipm@yahoo.com.

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DISSERTATION EDITOR: 30-year documentation writer and

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CALL FOR PRESENTATIONS

CALL FOR PRESENTATIONS: International Association for the Study of Dreams (IASD) - 38th Annual Conference June 13-17, 2021 at the beautiful Ashland Hill Hotel and Suites, Ashland, Oregon. IASD is seeking proposals related to Dreams and Dreaming, for Papers, Workshops, and Panels. Submission themes may focus on: Clinical, Research, Theory, Arts, Education, Spiritual, PSI, Health, Mental Imagery, History and Culture, and Dreamwork. Submissions: Go



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POSITION AVAILABLE:

Director of Psychology for the DMC and HNBS

The Developmental Medicine Center (DMC) in the Division of Developmental Medicine and the Department of Psychiatry at Boston Children's Hospital seek a full time clinical psychologist to work synergistically with our existing faculty and programs, to provide clinical and scientific leadership to the DMC psychology faculty.

The DMC is one of the largest clinical programs for the diagnosis and treatment of neurodevelopmental disorders in the world, and is dedicated to promoting research, teaching, and service innovations designed to improve the lives of children, adolescents, and families. The DMC provides services for youth from infancy through adolescence who present with complex neurodevelopmental disorders including autism spectrum disorders, medical and genetic conditions, intellectual disabilities, and learning, attentional, and behavioral disorders.

Additional responsibilities may include oversight of the Human Neurobehavioral Core, which serves as a research core providing cognitive and behavioral assessments for clinical research studies involving children and young adults with a range of neurodevelopmental disorders including autism spectrum disorders.

The DMC has a large, well-developed clinical research infrastructure and an extensive portfolio of ongoing extramurally funded studies. There are many opportunities to be involved in research, and psychologists actively participate in the education of psychology post-doctoral fellows, Developmental-

Behavioral Pediatrics fellows, and Harvard Medical School students.

Applicants must possess a Massachusetts health service provider license in psychology prior to assuming the position, and preferably have ten or more years of relevant experience which includes a strong academic record and history of leadership in psychology. Academic appointments are offered at Harvard Medical School at a level commensurate with clinical and research experience. Graduates of APA/CPA approved doctoral programs and internships required.

In addition to an application letter, please enclose a CV and arrange to have three letters of recommendation sent to the search committee. Send applications and reference letters to: Sandra.maislen@childrens.harvard.edu

Boston Children's Hospital is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status or any other characteristic protected by law.

to <https://iasdconferences.org/2021/> and select the “call for presentations.”
Deadline: December 15, 2020.

CONFERENCES AND WORKSHOPS

PROFESSIONAL TRAINING: Cognitive and Behavioral Consultants (CBC) is a globally recognized evidence-based clinical and training center that provides continuing education for mental health professionals. Located 30 minutes north of New York City, CBC offers in-person training when possible and virtual training via a state-of-the-art platform. CBC is offering a Trauma Training Series in two sections; the first will take place virtually October 12-14, 2020. The training will focus on the treatment of adults with Post-Traumatic Stress Disorder utilizing Prolonged Exposure therapy. The second part will be offered in Spring 2021. CBC will also offer their 5-day Foundational trainings in CBT and DBT in the summer of 2021. CBC is approved by the APA to sponsor continuing education for psychologists. For more information visit www.cbc-psychology.com or contact Saranda Krasniqi at skrasniqi@cbc-psychology.com or call (914) 385-1150.

TECHNOLOGY, MIND & SOCIETY SHOWCASE A VIRTUAL EVENT



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DISCRIMINATION DURING COVID-19

Asian and Black Americans are more likely than other groups to report negative experiences related to their race or ethnicity during the pandemic, finds the Pew Research Center

58%

The percentage of Asian Americans who say it is **more common for people to express racist views** toward their group since the coronavirus outbreak. That number is 45% for Black Americans, 21% for Hispanics and 18% for whites.

39%

The proportion of Asian Americans who say **someone has acted uncomfortable around them** because of their race or ethnicity since the coronavirus outbreak. The number is almost as high for Blacks (38%), while 27% of Hispanics and 13% of whites say this has happened to them.

42%

The percentage of Black Americans who say that if they wear a mask or face covering in a store or other business, they worry “a great deal” or “a fair amount” that **people might be suspicious of them** because of their race or ethnicity. That proportion is 36% for Asian Americans, 23% for Hispanics and 5% for whites.

Source: Pew Research Center (2020). Many Black and Asian Americans say they have experienced discrimination amid the COVID-19 outbreak. Available at www.pewsocialtrends.org/2020/07/01/.

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