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monitor on psychology

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A YEAR OF CHANGE

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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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BPA WORLDWIDE

Features



SPECIAL REPORT

HOW 2020 CHANGED US

From the pandemic to an economic crisis to protests related to racial justice and distrust in government, 2020 has been a year of turmoil and transition. Psychology leaders offer their takes. *See page 54*





38 DESPITE THE ADA, EQUITY IS STILL OUT OF REACH

Psychologists are intensifying efforts to improve health care, justice, employment and more for people with disabilities.

46 RESILIENCE IN THE CLIMATE CHANGE ERA

As climate change fuels more natural disasters, psychologists are providing research-based care to stave off long-term mental health challenges and boost resilience among victims.



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COVID-19 stressors for American Indians. Page 29



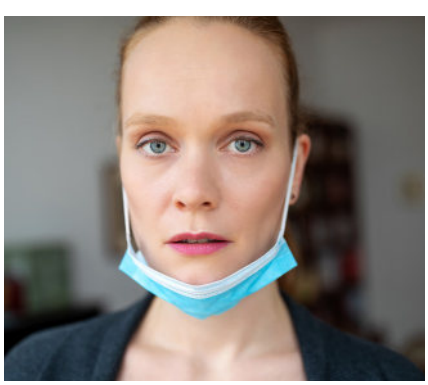
NEWS FEATURE

MUSIC'S POWER OVER OUR BRAINS

Armed with more interest and funding, researchers are investigating how music may enhance brain development and academic performance and even help people recover from COVID-19. *See page 24*



COVID-19 and brain damage. Page 20



Health of family caregivers. Page 88



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A TIME FOR TRANSFORMATION

As I end my presidency, I urge us all to keep taking innovative action to address the nation's immediate and future needs

BY SANDRA L. SHULLMAN, PhD, APA PRESIDENT

In my final column as APA's 2020 president, I want to thank each of you for the opportunity to share my vision of learning, leading and changing. We couldn't have been as successful—especially during this tumultuous time—without the many generous APA staff and members who stepped in to help.

I'd also like to reflect on important changes we're making as an association and as a field. Thanks to the concerted, ongoing efforts of many APA members—not to mention emerging needs related to the pandemic, systemic racism and the distressed economy—our association and psychology already look much different than they did in 2019.

As I conclude my presidency, it is my sincere hope that we will continue to build on these actions and evolve creatively as a discipline. Let's become learning leaders known for helping to build a more equitable, healthy and peaceful world. It has been my honor to serve you. ■



APA President Dr. Sandra L. Shullman

KIRK IRWIN

Here are some of the transformative actions we've been taking:

AT APA, WE ARE:

- Building technological capacities that allow all APA staff, governance and convention activities to operate virtually whenever necessary, and helping to do the same for psychology practitioners, teachers and researchers.
- Reorganizing APA staff to better coordinate the work of the directorates and unify APA's messaging.
- Creating a sustainable budget and resource plan to support APA's strategic plan long term.
- Streamlining how APA's Council of Representatives, boards and committees develop policy.
- Formally combining the collective wisdom of past and incoming APA presidents to create more consistent strategy.
- Increasing the involvement of applied psychology groups to develop APA policy and design systemic responses to pandemic-related challenges.
- Creating and disseminating resources to help psychologists develop their skills as learning leaders.

MORE BROADLY, WE ARE:

- Initiating sustainable efforts toward eradicating systemic racism within APA and society.
- Increasing access to care by successfully advocating for broader telehealth regulations.
- Distributing nationally recognized resources on the pandemic to front-line responders, health-care providers and the public.
- Building stronger partnerships with leaders in health care, business and manufacturing, education, and policy to improve crisis leadership.
- Strengthening partnerships with the world's psychological associations to address pressing global concerns.
- Adopting multicultural and population-based approaches to improve health and health equity.

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WHAT DOES IT MEAN TO GIVE PSYCHOLOGY AWAY?

By sharing our science more intentionally and finding new ways to reach people, we can ensure psychology has the greatest possible impact on society

BY ARTHUR C. EVANS JR., PhD

In 1969, APA President George Miller, PhD, addressed our membership, challenging current psychologists and future generations to discover how best to **give psychology away.** Over 50 years later, in a world where many challenges—large and small—go unanswered, often when there is psychological science that has something meaningful to offer, we find ourselves asking, "Have we accomplished this? How can we do better?"

Giving psychology away does not mean simply making it free. Giving psychology away means sharing the broad benefits that psychological science and expertise have to offer in order to enhance society and improve the lives of others. This takes place in many ways—from shaping public policy, to aiding schools in building children's socioemotional health, to helping leaders and teams navigate organizational change, to providing relief to people with chronic pain, to ensuring psychological factors are considered when developing emerging technologies like artificial intelligence.



APA CEO Dr. Arthur C. Evans Jr.

Whether we are practicing clinically or in a non-health service domain, overseeing a lab, conducting research, teaching or serving as an administrator, we have knowledge and expertise that can be brought to bear on many challenges of the day. We can bring the voice of psychology to different tables, making the connection between the challenges people face and the knowledge psychology might provide in addressing those challenges.

How are we doing as a field in carrying out George Miller's charge? Given the many issues that still require psychological solutions, we clearly have more work to do. But we are getting better. Policymakers are more routinely turning to APA on a broad range of issues, from the psychological consequences of the COVID-19 pandemic to the behavioral aspects of climate change. Leaders from other fields are more interested in applying psychological science to their own issues.

How do we continue improving and ensure that psychology has the positive societal impact of which it is capable?

- **Connecting the dots.** Help the public understand those areas for which there is a body of relevant psychological science and how it can be applied to the issues they are facing.
- **Increasing psychological literacy.** Help others understand psychological principles and their application to everyday life.
- **Labeling psychology.** Bodies of psychological knowledge are often not identified as psychology, or the psychological aspects are not explicitly acknowledged (e.g., behavioral economics, cognitive science). Let's proudly identify and call out these areas as psychology.

By sharing our science more intentionally and elevating the public's understanding of psychology, we can have the impact that George Miller envisioned and attract the next generation of bright minds to our field. ■

SCOTT SUCHMAN

@APA

APA has awarded new fellow status to 80 psychologists who have made exceptional and national contributions to the field of psychology.

See the full list and learn how to apply at http://on.apa.org/NewFellows.



Get Ready for Robotics, AI and Virtual Reality

APA is hosting its annual **Technology, Mind & Society conference** virtually on Nov. 12–13, featuring two days of emerging research on the critical role psychology plays in human-technology interaction. Keynote speakers include Jeremy Bailenson, PhD, Stanford University, Lisa Feldman Barrett, PhD, Northeastern University, Juan E. Gilbert, PhD, University of Florida, Maja Matarić, PhD, University of Southern California, Safiya Umoja Noble, PhD, University of California, Los Angeles, and Rosalind Picard, ScD, Massachusetts Institute of Technology. Job seekers can connect with employers in psychological science and applied psychology at a virtual job fair on Nov. 10.

Learn more and register at tms.apa.org. Follow along on Twitter at #APATech20.

WHAT TO STREAM

"TROUBLE-SHOOTING 'ZOOM FATIGUE' IN THE ERA OF TELEHEALTH."

This hourlong webinar offers practical strategies to lessen the stress of daily videoconferencing.

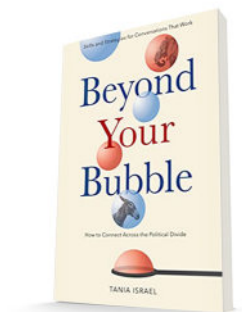
Watch at www.apa.org/members/content/zoom-fatigue.



"IMPACT OF COVID-19 ON ALCOHOL USE IN THE U.S."

A panel of addiction experts discuss how alcohol use has changed and may increase the spread of the coronavirus.

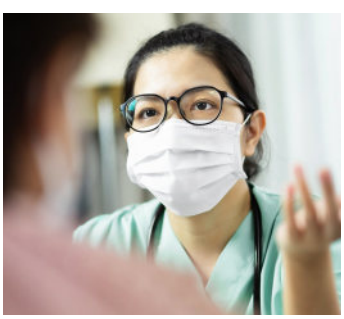
Tune in at www.apa.org/members/content/alcohol-use-covid-19.



Have Constructive Talks About Politics

A new APA book, "Beyond Your Bubble: How to Connect Across the Political Divide," aims to help people hold meaningful conversations about politics and better connect with friends and family with different views.

Go to www.apa.org/books.



Advancing Health Equity

APA's new Committee on Health Equity will focus on reducing health disparities among marginalized communities and populations. Find more at www.apa.org/healthequity/hec.

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AMERICAN PSYCHOLOGICAL ASSOCIATION

COMPILED BY CHRIS PALMER

In Brief

THE LATEST PEER-REVIEWED STUDIES WITHIN PSYCHOLOGY AND RELATED FIELDS

Money Now Buys More Happiness

Research in *Emotion* indicates that earning more income makes people happier and points to changes in happiness levels over recent decades. Data from an ongoing representative survey of 44,198 people in the United States conducted from 1972 to 2016 show that associations between income and happiness are linear, with no tapering off at higher levels of income. Further, happiness among white participants with no college education declined during this period, while happiness among white participants with a college degree remained steady. Among Black participants with no college education, happiness levels remained steady during this period, while they increased for those with a college degree.

DOI: 10.1037/emo0000774



Today, money and happiness are more strongly related than they once were.

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SKIPPING GRADES DOESN'T STUNT SOCIAL GROWTH

Contrary to long-held concerns of administrators, teachers and parents, intellectually precocious children who skip ahead one or more grades do not suffer long-term social or emotional harm, according to research in the *Journal of Educational Psychology*. Researchers tracked for 35 years a total of 1,636 children in the United States who either skipped ahead academically or pursued advanced learning opportunities prior to high school graduation. The researchers evaluated participants at age 50 and found no link between amount of academic acceleration and several indicators of psychological well-being. In a second study, researchers identified 478 graduate students at age 25 who had accelerated their earlier schooling and assessed them psychologically at age 50. They again found that educational acceleration did not negatively impact psychological well-being. In fact, the psychological well-being of participants in both studies was above the average of age-matched peers.

DOI: 10.1037/edu0000500

DO KIDS TRUST ROBOTS AS TEACHERS?

Yes, as long as these instructors provide accurate answers and appear to have minds of their own, according to a study in *Developmental Psychology*. Researchers showed 60 3-year-olds in the United States videos of a woman asking two humanoid robots to identify common objects. One robot answered all the questions correctly, while the other answered them incorrectly. The researchers then asked the children which robot they would trust to help them learn the names of unfamiliar objects and the extent to which they thought the robots exhibited such signs of psychological agency as being able to move or think for themselves or experience emotions and pain. The children preferred to learn from the accurate robot. Also, children who assigned more agency to the robots were more likely to prefer the accurate robot. In a second study, 47 3-year-olds shown videos of two faceless blobs, who only spoke when a hand pulled their string, did not consistently prefer the accurate blob, again indicating that objects perceived as lacking psychological agency are less trusted overall.



Skipping a grade doesn't appear to cause long-term social or emotional harm, research finds.

DOI:10.1037/dev0000884

VIRTUOUS VICTIMS

Research in the *Journal of Personality and Social Psychology* sheds light on a form of interpersonal manipulation. Across three online studies with 235 participants, researchers found that people who give off signals that they are both virtuous and victims receive more monetary and nonmonetary resources from both strangers and acquaintances than others who do not display such signals. In a fourth online study with 594 participants, the researchers showed that individuals with "dark triad" traits—characterized by Machiavellianism, narcissism and psychopathy—more frequently signaled virtuous victimhood. A final three online studies with 874 participants found that people who more frequently emit virtuous victim signals are also more willing to engage in and endorse ethically questionable behaviors, such as lying to earn a bonus or purchasing counterfeit products.

DOI: 10.1037/pspp0000329

BATTLE OF THE AGES

Growing up in the same house as an older relative can make people less tolerant of older people, according to research in *Social Psychology*. In an online study, researchers asked 309 U.S. adults, 194 of whom reported growing up with an older adult, about their contact with older people, their feelings about such contact, their attitudes toward older people and their anxieties about growing old. The researchers found that participants who had grown up with an older adult in their home had lower opinions of older adults, especially if that older person had been seriously ill. The researchers also found that participants in this group had more anxiety about interacting with older people, but they were less anxious

NO JUSTICE/GETTY IMAGES



SIMON KIRWAN/GETTY IMAGES

Growing up around an older relative can lead to negative views about seniors.

about their own aging.

DOI: 10.1027/1864-9335/a000415

EXERCISE IMPROVES MEMORY

A protein produced by the liver during exercise may restore age-related memory loss and drive the growth of new brain cells, according to research with mice and humans in *Science*. Researchers collected blood plasma from young (6 months) and older mice (18 months) that were either active or sedentary and injected it into older sedentary mice. The researchers found that when the older mice received plasma from the active mice, they showed increased neuronal growth and better performance on tests of learning and memory. Analysis of the plasma indicated that

levels of a protein called Gpld1 increased following exercise. The researchers next induced the livers of aged mice to produce more Gpld1. These animals also showed neuronal growth and improved learning and memory. Moreover, the researchers found higher levels of Gpld1 in plasma collected from older people (ages 66 to 78) who were physically active compared with those who were sedentary.

DOI: 10.1126/science.aaw2622

LET'S GET REAL

Realists have greater long-term well-being than pessimists or optimists, suggests research in *Personality and Social Psychology Bulletin*. Researchers asked 1,601 U.K. participants about their financial expectations and compared them with their actual financial status annually over the following 18 years. Participants also reported their well-being, using a standard self-report instrument. Compared with participants whose expectations matched their outcomes, participants with the most pessimistic expectations showed a 21.8% reduction in long-term well-being despite their doing better than they expected. The most optimistic participants—whose expectations were not realized—showed a 13.5% reduction in long-term well-being.

DOI: 10.1177/0146167220934577

MARRY EARLY, DRINK MORE

Early marriage may exacerbate the risk for alcohol problems among people with a greater genetic predisposition to alcoholism, suggests research in *Development and Psychopathology*. Researchers examined data from a sample of 937 individuals ages 21 to 25 in the United States. Overall, marital status was not associated with level of heavy drinking. However, among participants who were married by age 21, those with higher genetic predisposition for alcoholism reported more heavy drinking. Those who married at later ages did not show this effect. These results are a departure from previous findings that marriage is protective against heavy drinking.



People with a genetic predisposition to alcoholism who tie the knot before age 21 are more likely to develop a drinking problem, a study finds.

SERHII SOBOLEVSKYI/GETTY IMAGES

DOI: 10.1017/S0954579420000371

BYSTANDER EFFECT IN RATS

Rats are less likely to rescue another rat in need when surrounded by unhelpful bystanders and are more likely to spring into action when their peers are willing and able to help, according to research in *Science Advances*. For this study, which was inspired by human bystander research, investigators constructed an apparatus in which rats could work to free a fellow rat trapped in a tube. In one condition, the investigators placed each potential helper rat with two rats that had been given a sedative to reduce their ability or motivation to help. Unlike rats tested alone, rats placed with these unhelpful drugged rats did not consistently help the trapped rat. However, when rats were placed with drugged rats of a different and unfamiliar strain, this reduction in helping was not observed. When none of the rats were drugged, they started to help more quickly than when alone. Also, rats that had previously observed other rats helping were more likely to help.

DOI: 10.1126/sciadv.abb4205

LESS WEALTH, LESS WELL-BEING

Older adults with less wealth had sharper declines on many measures of physical and mental health than those with greater wealth, according to a study in the *Proceedings of the National Academy of Sciences*. Researchers followed 5,018 adults in England for eight years, starting at an average age of 64. The participants were grouped by household wealth (including assets such as real estate). The researchers measured 19 different physical and mental health outcomes for all participants. All measures of physical health declined more in the groups with less wealth. While participants in each group showed a dip in cognitive function, the least wealthy

had the largest reduction. Less wealthy people also reported greater reductions in enjoyment of life, more depressive symptoms and greater difficulty keeping up with social activities over time, including volunteering and maintaining friendships.
DOI: 10.1073/pnas.1915741117

RELIGION VERSUS SCIENCE

While religious people in the United States tend to have overall negative attitudes toward science, that's not the case in all countries, according to research in *Social Psychological and Personality Science*. Researchers analyzed nine studies assessing the religiosity and attitudes toward science of a total of 2,160 U.S. residents. They found that more religious participants tended to have less interest in science or more negative attitudes toward it. The researchers also examined data from 11 studies with a total of 66,438 participants across 60 countries. Overall, they found a small correlation between religiosity and negative attitudes toward science, though some countries showed correlations with positive attitudes.
DOI: 10.1177/1948550620923239

CHILDREN'S SLEEP AND LATER MENTAL HEALTH

Early childhood sleep problems may be associated with mental disorders in adolescence, suggests research in *JAMA Psychiatry*. Researchers analyzed sleep behaviors among 7,155 children in the United Kingdom when the children were 6, 18 and 30 months old, and again at ages 3.5, 4.8 and 5.8 years. The children were subsequently assessed at ages 11 to 13 for symptoms of psychosis and borderline personality disorder (BPD). Overall, early sleep problems such as frequent night awakenings, irregular sleep routines and shorter sleep duration were linked with later psychosis and BPD, with specific patterns of sleep problems associated with each diagnosis. Further, depression at age 10 played a factor in the association between frequent night awakenings and psychosis, but it was not a factor in the link between short sleep duration and BPD, suggesting the existence of a direct association between sleep problems and BPD symptoms.
DOI: 10.1001/jamapsychiatry.2020.1875



Religious people in countries outside the United States have more positive attitudes about science.

MARCO CESCHI/UNSPLASH

A LINK BETWEEN APATHY AND DEMENTIA

Apathy, rather than depression, may be an early signal of dementia in individuals with cerebrovascular disease, suggests research in the *Journal of Neurology, Neurosurgery & Psychiatry*. Researchers studied two groups of patients with cerebral small vessel disease, the most common cause of vascular dementia. Across both cohorts—121 in the United Kingdom and 352 in the Netherlands—the researchers found that participants with higher baseline levels of apathy, or those with increasing apathy over time, had a greater risk of dementia. In contrast, neither baseline depression nor change in depression over time was linked with dementia risk.
DOI: 10.1136/jnnp-2020-323092

LYING AND HEALTH

About 1 in 8 people consider themselves to be, or think other people would label them as, pathological liars, suggests a study in *Psychiatric Research & Clinical Practice*. Researchers surveyed 623 participants, mainly young adults in the United States, about their lying behaviors. About 13% of participants said they had told numerous lies throughout each day for the previous six months. People who identified themselves as pathological liars reported greater distress and more impaired functioning, especially in social relationships. Most self-reported pathological liars reported that they started lying frequently during adolescence.
DOI: 10.1176/appi.prcp.20190046

'LOVE HORMONE' REVERSES ALZHEIMER'S

Oxytocin, the hormone best known for its roles in sexual

reproduction and social bonding, may reverse impairment in the functioning of hippocampal neurons caused by amyloid plaques, according to research with mice in *Biochemical and Biophysical Research Communications*. Such plaques are found in the brains of people with Alzheimer's disease. Researchers perfused slices of mouse hippocampus with amyloid proteins and observed a reduction in synaptic plasticity. Then the researchers administered oxytocin to the slices and observed an increase in synaptic plasticity. The finding suggests that oxytocin has potential as a treatment for Alzheimer's disease.

DOI: 10.1016/j.bbrc.2020.04.046

MCT TOPS CBT

A new treatment for depression called metacognitive therapy (MCT) that targets mental control processes related to worry and rumination may be more effective than the current leading psychotherapy approach, cognitive-behavioral therapy (CBT), according to a study in *Scientific Reports*. Researchers randomly

A KID'S BEST FRIEND

Owning a dog appears to increase young children's emotional and social well-being, suggests a study in *Pediatric Research*. Researchers surveyed 1,646 Australian parents with children between ages 2 and 5 about dog ownership and their children's emotional and social development. Children from dog-owning households had fewer difficulties with emotions and social interactions and displayed more prosocial behavior compared with children who had no dogs. For households with dogs, family dog walking at least once a week and active play with the dog three or more times a week were associated with increased likelihood of prosocial behaviors.

DOI: 10.1038/s41390-020-1007-2



JEREMY SALLEE/UNSPLASH

Children with dogs at home have fewer difficulties with social interactions than those from dog-free homes, research shows.

assigned 174 participants in the United Kingdom to receive up to 24 hourlong sessions of either CBT or MCT. They found that CBT led to 52% of patients recovering from depression symptoms at the end of treatment, while MCT led to 74% of patients recovering. Six months later, recovery for CBT patients rose slightly to 56%, while recovery for MCT patients remained the same at 74%.

DOI: 10.1038/s41598-020-64577-1

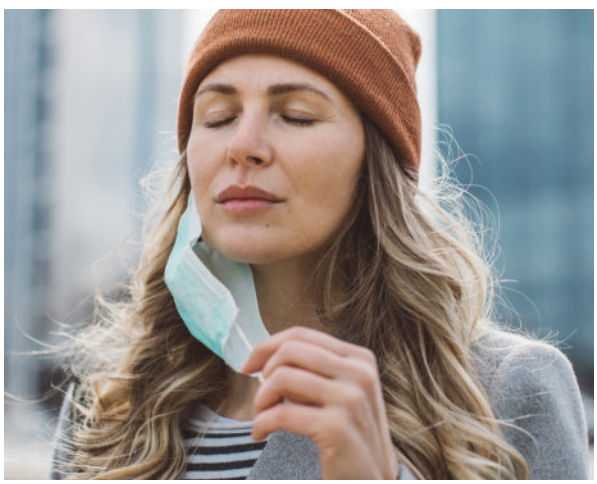
LOSS OF SMELL IMPLIES COVID IMPACT ON NERVOUS SYSTEM

The sensory and mental health symptoms observed in COVID-19 patients suggest that the coronavirus directly affects the central nervous system, according to a study in *The Laryngoscope*. Researchers surveyed 114 participants in Switzerland diagnosed with COVID-19 over a six-week period. They found that anxiety and depression were associated with loss of smell or taste, but not with nasal obstruction, excessive mucus production, fever, cough or shortness of breath. The researchers suggest this link between loss of smell and altered mood may indicate that the virus is infecting olfactory neurons, then entering the central nervous system through the olfactory tract.

DOI: 10.1002/lary.28964

IS GRIT OVERRATED?

Compared with intelligence, grit has a negligible effect on a person's educational and economic success, suggests research in *Social Psychological and Personality Science*. Researchers compared the relative contribution of grit and intelligence to educational and job-market success in a representative sample of 8,984 participants in the United States. They found that intelligence contributes 48 to 90 times more than grit to educational success and 13 times more to job-market success. Conscientiousness also contributes to success more than grit, but only twice as much. The researchers suggest that the reason their results differ from previous findings is that the new study used a more representative sample.



SVETIKD?GETTY IMAGES

The link between altered mood and loss of smell in many COVID-19 patients may mean that the virus enters the central nervous system through the olfactory tract, a study finds.

DOI: 10.1177/1948550620920531

PTSD THERAPY DOESN'T TRIGGER DRUG RELAPSE

Contrary to commonly held views, behavior therapy that exposes patients with post-traumatic stress disorder (PTSD) to memories of their trauma doesn't cause relapses of drug use, suggests research in the *Journal of Traumatic Stress*. About a quarter of people with drug or alcohol use disorders also have PTSD. Researchers evaluated drug cravings before and after exposure therapy sessions and drug use between sessions in 44 participants in the United States with substance use disorders. The researchers found there was no increase in the use of drugs of various classes, or in reported instances of stress after therapy sessions. They also found that by the ninth session, PTSD severity scores decreased, on average, by 54% compared with the first session.

DOI: 10.1002/jts.22546

A NEW INDICATOR OF PTSD

An individual's pupils can reveal if they have suffered a prior traumatic experience, according to research in *Biological Psychology*. In the United Kingdom, researchers measured the pupils of 65 participants being shown threatening images such as vicious animals or weapons, as well as neutral or pleasant images. At the onset of image presentation, pupils were less constricted in participants with a PTSD diagnosis than in participants who had experienced trauma but did not have a PTSD diagnosis and other participants who had not experienced trauma. In addition, the pupils of participants with PTSD grew larger than those of other participants in response to both threatening and pleasant images, indicating that PTSD involves a general sensitivity to emotional material.

DOI: 10.1016/j.biopsycho.2020.107922

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

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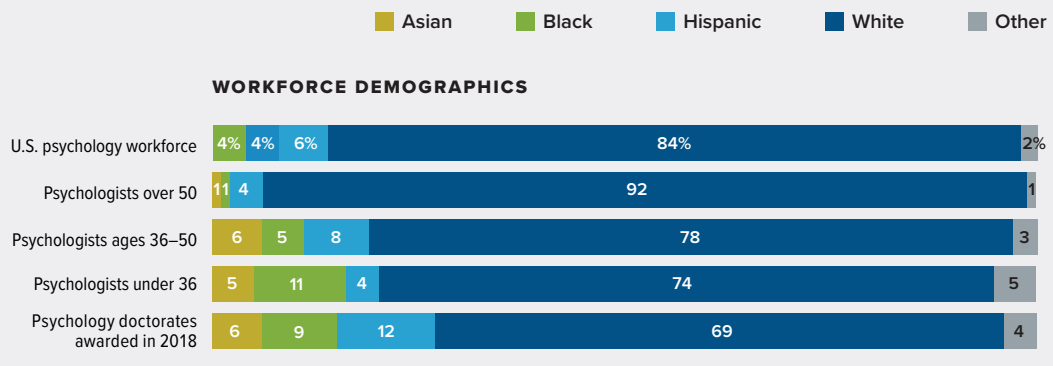
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By Luona Lin, MPP,
Jessica Conroy, BA,
and Amrita Ghaness, BA

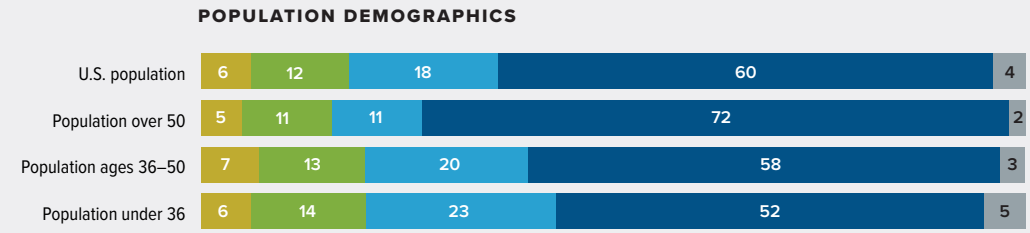
NEWS ON PSYCHOLOGISTS' EDUCATION AND EMPLOYMENT FROM APA'S CENTER FOR WORKFORCE STUDIES

PSYCHOLOGY'S WORKFORCE IS BECOMING MORE DIVERSE

More people of color are earning psychology degrees, a trend that is enhancing the diversity of the psychology workforce. While overall most psychologists are still White (84%), in 2018 racial and ethnic minorities represented 26% of psychologists under age 36, compared with 8% of those over age 50.[1]



According to the latest data available (2018), the overall U.S. psychology workforce was 4% Asian, 4% Black/African American, 6% Hispanic, 84% White, and 2% American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and people of two or more races.[2] In 2018, 31% of psychology doctoral degrees[2] were earned by racial/ethnic minorities.[3]



The psychology workforce continues to be less diverse than the U.S. population, which was 60% White and 40% racial and ethnic minority.[4] However, the degree of disparity varied across age groups. Among those over 50 years old, minority representation within the psychology workforce (8%) was less than a third of its representation within the U.S. population (28%). For those under 36 years old, minority representation (26%) was more than half of its representation within the U.S. population (48%).

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

[1] American Psychological Association. (2019). Demographics of the U.S. Psychology Workforce. https://www.apa.org/workforce/data-tools/demographics. Totals may not sum to 100 percent due to rounding. Age categories were not broken down to more specific groups due to the small sample sizes of racial- and ethnic-minority psychologists over age 50.
[2] Due to small sample sizes, percentages for American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and people of two or more races were combined. Based on data from the 2014–18 American Community Survey 5-Year PUMS file (U.S. Census Bureau), 0.14% of the psychology workforce were American Indian/Alaska Native, less than 0.1% were Native Hawaiian/Pacific Islander, and 1.69% were people of two or more races.
[3] American Psychological Association. (2019). Degrees in Psychology. www.apa.org/workforce/data-tools/degrees-psychology.
[4] U.S. Census Bureau. (2018). American Community Survey 1-Year PUMS file. www.census.gov/programs-surveys/acs/data/pums.html.

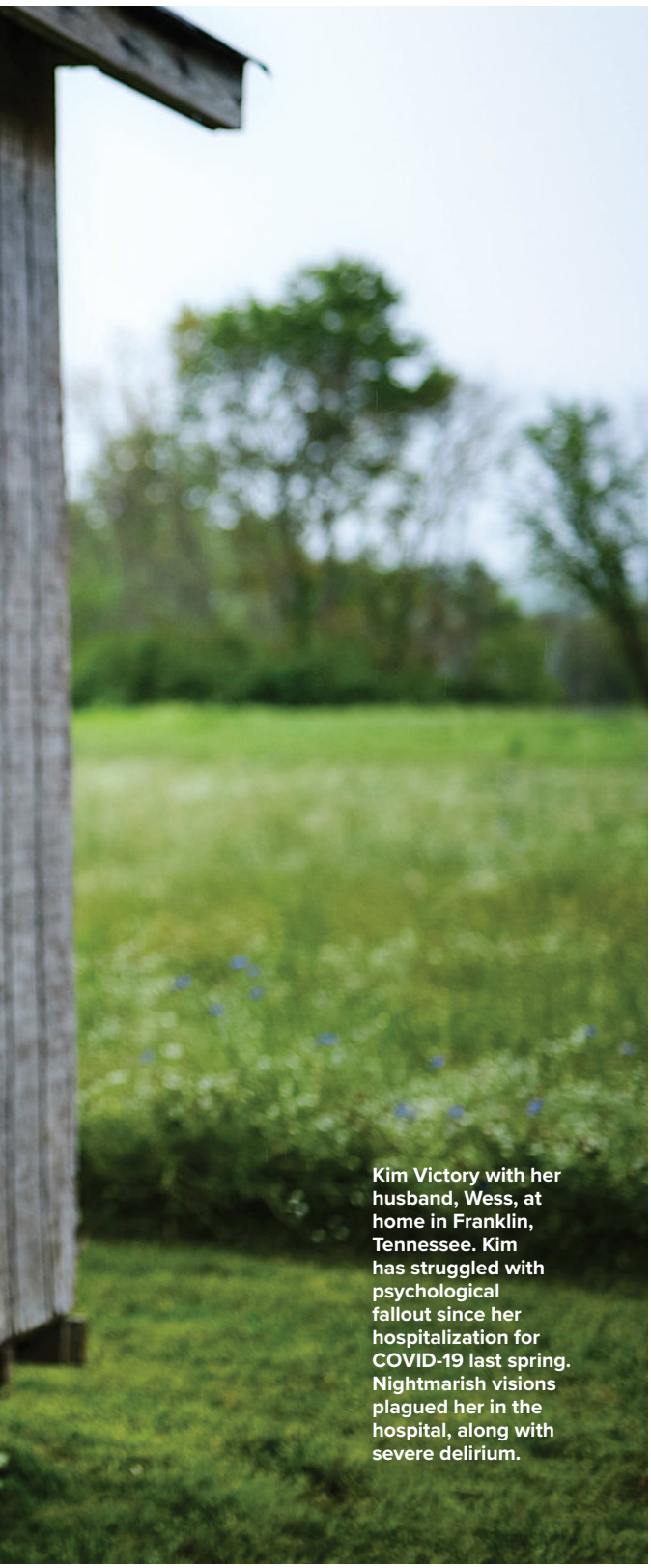
BILL WEBSTER

HOW COVID-19 ATTACKS THE BRAIN

Researchers are scrambling to understand just how COVID-19 impacts the brain and what scientists can do to prevent long-term damage

BY KIRSTEN WEIR





Kim Victory with her husband, Wess, at home in Franklin, Tennessee. Kim has struggled with psychological fallout since her hospitalization for COVID-19 last spring. Nightmarish visions plagued her in the hospital, along with severe delirium.

As the COVID-19 pandemic rocketed around the globe, it quickly became clear that this was not your average respiratory illness. The disease appears to affect a number of body systems, including the heart and the brain. Early on in the pandemic, there came reports that many people with the disease had lost their sense of smell, a curious symptom suggesting the virus may affect the nervous system. As more people became infected, accounts of strokes and other neurological complications started coming in. (For more on the possible disease processes involved in these neurological complications, see page 22.)

"There's documented evidence that patients who are hospitalized with moderate and severe COVID-19 experience a range of neurological, cognitive, psychological and psychiatric symptoms—and I've seen them myself," says Robert Stevens, MD, FCCM, a physician in the intensive care unit (ICU) at Johns Hopkins Medicine who treats patients with critical neurological illnesses. "Virtually all the COVID-19 patients I've treated in the ICU have delirium."

It's not yet clear how common neurological side effects are in hospitalized patients, let alone in people with less severe respiratory symptoms who don't spend time in hospitals. "The picture is still evolving," Stevens says.

In a review of case reports from 901 COVID-19 patients, Mark Ellul, at the University of Liverpool, and colleagues reported a range of neurological manifestations, including loss of smell and taste, confusion, encephalitis (inflammation in the brain), and Guillain-Barré syndrome (a disorder in which the immune system attacks the body's nerves) (*The Lancet Neurology*, published online, 2020). A case report of 58 patients from France described neurological findings in 67% of patients (Helms, J., et al., *The New England Journal of Medicine,* Vol. 382, No. 23, 2020).

The prevalence of neurological problems remains an open question, but it's safe to conclude that "neurological problems are not rare for COVID-19 patients," says Majid Fotuhi, MD, PhD, medical director of NeuroGrow Brain Fitness Center and lead author of a comprehensive review of COVID-19's effects on the nervous system (*Journal of Alzheimer's Disease,* Vol. 76, No. 1, 2020). "Our best estimate so far is that 30% to 50% of hospitalized patients have neurological issues," he says.

In their review, Fotuhi and his colleagues describe the variety of neurological complications in patients with COVID-19. "There's a wide range of symptoms, including headaches, dizziness, weakness, confusion, eye movement problems, seizures and paralysis," he says. "The two most common

MULTIPLE DISEASE PROCESSES

Researchers are working around the clock to understand how COVID-19 is affecting the brain. It's likely that there are several different disease processes at work.

COMPLICATIONS FROM INTENSIVE CARE

People who have been hospitalized in the ICU, for any reason, are more likely to experience long-term problems with cognition and have an increased risk of anxiety and depression. One (pre-COVID-19) study found 20%–40% of ICU patients experienced delirium, with rates climbing to 60%–80% for patients on ventilators (Pandharipande, P.P., et al., *Intensive Care Medicine,* Vol. 43, No. 9, 2017). Such complications are thought to be related both to severe illness and to intensive care treatment. Some portion of people seriously ill with COVID-19 will likely experience delirium and other neurological side effects simply as a result of being in the ICU, says Robert Stevens, MD, FCCM, of Johns Hopkins Medicine.

INFLAMMATORY OR IMMUNE RESPONSE

In some patients, COVID-19 seems to trigger a runaway immune response that can cause problems throughout the body. In their *Brain* study of patients with neurological complications, Ross W. Paterson, PhD, of University College London, and colleagues described several types of encephalitis, as well as acute disseminated encephalomyelitis, or ADEM (an autoimmune disorder in which the immune system attacks the brain). Patients with encephalitis may experience mild flu-like symptoms, such as headaches, fevers and fatigue, or may experience more severe symptoms including confusion, seizures, paralysis, problems with speech or hearing, and more.

STROKE

COVID-19 has been found to cause blood clots, both large and small, that can travel to the brain and cause a stroke. Strokes have occurred in COVID-19 patients of all ages—and in fact, physicians have reported that some adults under 50 have presented to the hospital with a stroke as their first complication from COVID-19, while their respiratory symptoms were mild (Oxley, T.J., et al., *The New England Journal of Medicine,* Vol. 382, No. e60, 2020).



Delirium is especially common among COVID-19 patients on ventilators.

VIRAL INFECTION OF THE BRAIN

There have been a handful of accounts of the virus turning up in cerebrospinal fluid, raising the possibility that SARS-CoV-2, the virus that causes COVID-19, may be able to directly infect brain cells. But the evidence that the virus can make its way into brain cells is still uncertain, both Majid Fotuhi, MD, PhD, of NeuroGrow Brain Fitness Center, and Stevens agree. "Based on the literature and what we've seen so far, if viral infection of the brain occurs, it's probably pretty rare," Stevens says. "We think that immune-mediated encephalitis is probably much more common."

A NEUROLOGICAL FRAMEWORK

To integrate these concepts and form a preliminary framework for studying COVID-19 in the brain, Fotuhi and colleagues have proposed a three-stage system to classify neurological complications from the disease:

■ **Stage 1:** Damage to the nervous system is limited to the epithelial cells in the nose and mouth. The main neurological symptoms include loss of smell and taste. These side effects seem to be quite common. One study found smell reduction in 41.7% of people with COVID-19, while 55.4% experienced taste reduction (Mercante, G., et al., *JAMA Otolaryngology—Head & Neck Surgery,* published online, 2020).

■ **Stage 2:** The virus triggers an inflammatory response that leads to the formation of blood clots, which can cause strokes.

■ **Stage 3:** A explosive inflammatory response called a cytokine storm damages the blood-brain barrier. This may allow inflammatory cells and molecules—and possibly viral particles—to enter the brain. Patients may develop seizures, confusion, coma or encephalopathy (a brain abnormality that leads to altered mental states or behaviors). ■



Members of the St. Louis Red Cross Motor Corps on duty during the 1918 influenza pandemic, which was also associated with a surge in neurological problems.

neurological problems seem to be stroke and delirium."

In general, people who experience more serious symptoms of COVID-19 tend to have more brain-related complications, Fotuhi says. "Broadly speaking, the sicker they are, the more neurological issues they have." But there are exceptions to that rule. A study by scientists in England of 43 patients with severe neurological complications from COVID-19 found that some patients had relatively mild respiratory symptoms (Paterson, R.W., et al., *Brain,* published online, 2020).

PANDEMIC NEUROLOGY: PAST, PRESENT & FUTURE

As researchers continue to gather evidence about COVID-19 and the brain, they're turning to past epidemics for clues. "The 1918 influenza pandemic was associated with a surge in neurological problems, many of which became apparent months or years later," Stevens says. The SARS outbreak in 2003 and MERS outbreak in 2012—both caused by coronaviruses similar to the one that causes COVID-19—were also associated with neurological illnesses, including inflammation in the brain. And following each of those outbreaks, Stevens says, "there were reports of people suffering long-lasting neurological injuries."

Neurology experts are concerned that COVID-19 could leave a similar legacy. But many questions remain, Fotuhi says. "The first step is to document what neurological symptoms occur, at what frequency, and what treatments have or have not affected the neuropsychological symptoms."

So far, studies of patients with the disease haven't really drilled down into neuropsychological outcomes, Stevens says. "Trials of antivirals and other therapies being tested to treat COVID-19 are looking at some very coarse outcome measures, like survival or duration of hospitalization. The scientific community needs to include neurological, psychological and psychiatric outcomes as well," he says.

Experts around the world are working to make that happen. Researchers from 70 sites and 15 countries have registered with the Global Consortium to Study Neurological Dysfunction in COVID-19. The collaborative effort, endorsed by the Neurocritical Care Society, is collecting data and evaluating functional and cognitive outcomes to inform treatment strategies (Frontera, J., et al., *Neurocritical Care,* Vol. 33, No. 1, 2020). But physicians shouldn't wait until all the data are in to start intervening, Stevens suggests. Existing therapies are available to treat autoimmune encephalitis, for example. "But these haven't yet been studied specifically in COVID-19 patients," he says.

The faster such treatments are tested, the better, Stevens adds, since some of the brain damage from COVID-19 may be irreversible. But Fotuhi is hopeful that for some people, interventions may restore brain function. "Targeted brain training may be able to address specific cognitive symptoms, such as difficulty with executive function or memory," he says. "I think there will be a great need for psychologists to get involved, to help patients recognize their symptoms and seek treatment for them." ■

LEFT: MORSA/GETTY IMAGES; ABOVE: NATIONAL ARCHIVES





MUSIC'S POWER OVER OUR BRAINS

Armed with more interest and funding, researchers are investigating how music may enhance brain development and academic performance and even help people recover from COVID-19

BY TORI DEANGELIS

One of the most poignant early images of the coronavirus pandemic was of Italians playing music and singing from their balconies even as the virus ravaged their cities. Others soon followed suit, including pop stars streaming live performances from their homes and choirs sharing concerts via Zoom—all trying to provide connection during a frightening and uncertain time.

Of course, music has been bringing people together for millennia, and not just during crises. And in the last few decades, investigators have been training their attention on the so-called universal language of music—how it affects our brains and how it might be used to facilitate health and healing. That interest is now being fueled by new research attention and funding: In June, the Global Council on Brain Health, an independent science and policy collaborative devoted to understanding brain health, released a report concluding that music has "significant potential to enhance brain health and well-being for individuals of different ages and different levels of health" and making recommendations for future study. And last year, Sound Health, a program launched by the National Institutes of Health (NIH) and the Kennedy Center, in association with the National Endowment for the Arts (NEA), awarded $20 million over five years to support its first 15 research projects on the topic, including several headed by psychologists.

"Why is music so captivating for us?" asks Thomas Cheever, PhD, staff assistant to NIH Director Francis Collins, MD, PhD, for Sound Health and a program director at the National Institute of Neurological Disorders and Stroke. "The more we understand about that, the more fascinating it's going to be, and the more we are going to learn about how the brain works in general." Psychologists and neuroscientists are particularly interested to find out which neural pathways are affected by music, how music influences children's development, and how music interventions may help

Illustration: Shua Baber, courtesy of the United Nations COVID-19 Response Creative Content Hub. The hub is an open-source design initiative to educate, inspire and uplift people around the world during the pandemic through the creation and sharing of visual material.

FURTHER READING

NIH/Kennedy Center Workshop on Music and the Brain: Finding Harmony
Cheever, T., et al.
Neuron, 2018

Effects of Music Training on Inhibitory Control and Associated Neural Networks in School-Aged Children: A Longitudinal Study
Hennessy, S.L., et al.
Frontiers in Neuroscience, 2019

Decreasing Delirium Through Music: A Randomized Pilot Trial
Khan, S.H., et al.
American Journal of Critical Care, 2020

people with a range of physical and mental health conditions, including Alzheimer's disease, schizophrenia, delirium and Parkinson's disease.

And they are adding COVID-19 to the conditions they are trying to ease. Babar A. Khan, MD, assistant professor of medicine at the Indiana University School of Medicine in Indianapolis, for example, is using a Sound Health grant to test a music intervention with patients who have delirium, including those with COVID-19. Delirium—an acute, short-term condition marked by confusion and emotional disruption—afflicts as many as 80% of patients who are in the intensive care unit for respiratory failure, including those with COVID.

If the intervention proves helpful, says Khan, "it will be used immediately during the course of the current pandemic."

ENHANCING CHILD DEVELOPMENT

One ongoing research interest is how music may affect youth in terms of language development, attention, perception, executive function, cognition and social-emotional development. Psychologist Assal Habibi, PhD, an assistant research professor at the University of Southern California Dornsife's Brain and Creativity Institute, has been investigating these topics for the past seven years in collaboration with the Los Angeles Philharmonic Youth Orchestra, known as YOLA, an after-school program that brings low-income youngsters together to learn, play and perform music. Now in its final year, the study has been tracking brain and learning outcomes of 75 children who are either participating in YOLA, a community sports program or no after-school program.

Data published from the first few years of the intervention show that YOLA participants gradually develop auditory and cognitive advantages over youth who aren't involved in music. After the second year of the study, the YOLA participants showed greater ability to perceive pitch, rhythm and frequency of sounds, as well as enhanced development in the auditory pathway, the neurological route that connects the inner ear to auditory association areas in the brain (*Developmental Cognitive Neuroscience*, Vol. 21, 2016). After the third and fourth years in the program, they also began to perform better on tasks unrelated to music, including on executive function tasks involving working memory and delayed gratification—likely because of the discipline required to patiently learn pieces of music, Habibi says. In addition, youth involved in YOLA showed greater development in brain areas related to language and auditory processing, and greater neuronal connectivity in the corpus callosum, the nerve bundle that connects the brain's right and left hemispheres (*Cerebral Cortex*, Vol. 28, No. 12, 2018).

"We obviously expected their musical skills to get better," she says, "but it seems a broad range of other skills are also impacted by music."

Habibi now has a grant from the NEA to follow these same children into adolescence to see whether the brain benefits they derived early on translate into real-life behaviors and decisions as teens—choice of peers, for example, or whether they show up to class. She also has an NIH Sound Health grant to compare differences in executive functioning among bilingual youth who are learning music and those who are learning music but only speak one language.

"As a developmental psychologist, I don't think there's just one pathway to better executive function in children," she explains. "So, it will be interesting for us to identify different mechanisms and understand how each one works."

Researchers are exploring whether music may prove to be a helpful therapy for people experiencing depression, anxiety and more serious mental health conditions.

MUSIC AND MENTAL ILLNESS

Researchers are also exploring whether music may prove to be a helpful therapy for people experiencing depression, anxiety and more serious mental health conditions. A study of 99 Chinese heart bypass surgery patients, for example, found that those who received half an hour of music therapy after the operation—generally light, relaxing music of their own choice—had significantly lower self-reports of depression and anxiety than those who rested or received conventional medical check-ins in the same time frame (*Journal of Cardiothoracic Surgery*, Vol. 15, No. 1, 2020). Meanwhile, in conjunction with the Global Council on Brain Health's strong endorsement of more research on music and brain health, an AARP survey of 3,185 adults found that music has a small but



PAIGE CODY/UNSPLASH

statistically significant impact on people's self-reported mental well-being, depression and anxiety.

Others are examining whether music interventions could benefit those with serious mental illness. Yale experimental psychologist and cognitive neuroscientist Philip Corlett, PhD, for example, will use a Sound Health grant to test an intervention in which people with schizophrenia come together to write and perform music for one another. The work builds on Corlett's developing model of schizophrenia, which maintains that people with the disorder have difficulty revising and updating their views of self and reality based on newly emerging events, considered a central feature of the healthy human brain. Making music with others—which involves both positive social interactions and a type of expression with predictable outcomes—could allow participants to experience more realistic predictions and hence foster their sense of predictability and security, he hypothesizes.

"If we can show that music-making changes the mechanisms that we think underwrite these symptoms [of schizophrenia]," Corlett says, "then we can figure out its active ingredients and ultimately come up with ways to deliver this to people who need it."

THERAPY FOR OLDER ADULTS

The impact of music on older adults' well-being is likewise of keen interest to researchers, who are looking at how music therapy may help verbal fluency and memory in people with Alzheimer's disease (*Journal of Alzheimer's Disease*, Vol. 64, No. 4, 2018) and how singing in a choir may reduce loneliness and increase interest in life among diverse older adults (*The Journals of Gerontology: Series B,* Vol. 75, No. 3, 2020). Music even shows promise in preventing injury: A study by Annapolis, Maryland–based neurologic music therapist Kerry Devlin and colleagues showed that music therapy can help older adults with Parkinson's disease and other movement disorders improve their gait and reduce falls (*Current Neurology and Neuroscience Reports*, Vol. 19, No. 11, 2019).

Music training appears to facilitate executive function, delayed gratification and memory abilities in children.

Still others are investigating how music can help people recover from serious illnesses and conditions, including, now, COVID-19. In a pilot study, Khan of Indiana University showed that patients with delirium on mechanical ventilators who listened to slow-tempo music for seven days spent one less day in delirium and a medically induced coma than those listening to their favorite music or to an audio book (*American Journal of Critical Care*, Vol. 29, No. 2, 2020). Now, with his Sound Health grant, he is comparing the effects of slow-tempo music or silence on 160 participants with delirium, including COVID-19 patients on ventilators in hospitals in Indianapolis.

Studies like these underscore music's potential as a safe and effective medical intervention, as well as the importance of conducting more research on which kinds of music interventions work for whom, when and how, including during this difficult time, adds Cheever.

"How do we get [music therapy] into the same realm as other interventions that are the standard of care for any given indication?" he says. "The answer to that, I think, is a solid evidence base." ■

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4 QUESTIONS FOR VICKY LOMAY

The Navajo community psychologist describes the unique stressors that American Indians are facing and how psychologists can help

BY ASHLEY ABRAMSON

As COVID-19 ravages the country, marginalized populations face another kind of distress: systemic barriers to their health and well-being. Particularly strained are American Indians, who have had to navigate the traumatic impact of their history of being displaced from their land alongside lack of access to critical resources such as running water necessary to keep people safe and healthy during the pandemic.

Clinical psychologist Vicky Lomay, PhD, an enrolled member of the Navajo Nation, has spent 25 years working with Southwest American Indian populations and says the pandemic has increased stressors American Indians experience in their everyday lives.

"Tribal communities have experienced trauma and disparities for centuries, and those things are only magnified during the COVID-19 pandemic," Lomay says. "Now, the resources these individuals need for well-being are even less accessible, which can cause significant distress."

The *Monitor* spoke to Lomay about the Navajo Nation and what types of support tribal communities need most.

How has the COVID-19 pandemic intensified everyday stressors among tribal communities?

Many tribal communities are in rural, out-of-the-way areas. Some people have to drive 50 or 60 miles to the nearest grocery store, which was hard even before COVID-19. Now, people must drive that far with no guarantee the store will have the essential items they need. For some elderly folks who live on a fixed income, there's no flexibility of being able to go to the store when everything is well stocked. By the time they get there, the supplies they need may be gone.



BRANDON SULLIVAN

Access to health care is also an issue on many reservations. Some of the smaller, satellite clinics people use to manage routine health issues are now closed, so it's harder to get care for minor problems like colds or follow up with a medical provider about chronic illnesses. People are forced to go to urgent care or the emergency room, which comes with its own risks.

Unlike in urban communities, there's not always access to telehealth, due to low internet and phone service coverage.

Financial stressors have also been prevalent. In addition to American Indians being laid off or furloughed, many entrepreneurs can't bring in a steady income. For example, in my region, many people depend on revenue from tourists at tribal parks, which are now closed. In other communities, people who sell crafts or artwork at markets have also lost their income.

Community plays a significant role in well-being. How has the isolation of COVID-19 impacted tribal communities?

Tribal ceremonies, some of which take place only during certain seasons, are a very important part of American Indians' healing and well-being. Gathering at ceremonies is a time for people to come together, often with people they haven't seen in a long time, to support one another and strengthen their family bonds. A lot of these ceremonies offer healing that alleviates stressors people might be going through.

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"It's important to support Indian communities without continuing that colonial history—without imposing beliefs about how psychology should be, especially in communities with their own healing methods."

For many tribes, certain ceremonies have been done without interruption for as long as we can remember. Now we can't do them, or we can only do them in a very limited way—so in a time when people are struggling emotionally, mentally or spiritually, they aren't able to access this resource that would have been very helpful for coping. The isolation also means it's harder to involve children and younger generations in continuing tribal practices.

What role has Native resilience played in American Indians' response to the pandemic?

Tribal communities have been adapting for centuries, and often in creative ways. During the pandemic, many communities have found different ways to support one another. For example, there are grassroots efforts to get supplies like fresh water and food to families who wouldn't otherwise be able to get them.

Many tribal members are also using this time to strengthen their culture. Since they can't gather, some tribal members are also creatively using social media to share information. I have seen people sharing tribal dances or stories, teaching tribal languages, even demonstrating how to prepare traditional dishes.

And now that kids are home from school, parents are using this time to teach the tribal language and traditional practices. Some families finally have time to return to self-sustaining practices like farming, foraging, fishing and hunting. Others are quarantining with multiple generations, so younger kids can learn traditional practices from grandparents or other relatives. It's a time to strengthen those family bonds and reconnect with the culture.

What additional support can psychologists offer right now?

Tribal communities are different across the United States. What might be helpful here in Arizona may be different than in Minnesota or Florida. But in general, psychologists, who are already at the forefront of anti-racist work, can be supportive by being cognizant of our identity. Tribal communities have a colonial history, and no matter where you work in the United States, someone was displaced to make way for settlers.

I encourage psychologists to research whose land they occupy and challenge their own stereotypes and assumptions about American Indians. We're often stuck in the "other" category. It's important to support Indian communities without continuing that colonial history—without imposing beliefs about how psychology should be, especially in communities with their own healing methods.

Another thing to remember is that after this pandemic is over, tribal communities will still be here; most tribal communities will continue to struggle with the same issues they did before COVID-19—systemic issues that can't be solved overnight. How will your donations and offers to help continue five years down the road? How will your support impact communities after the pandemic has been managed? No matter how you help, it's important to examine your intentions, and think about the impact in the long term. ■

WHEN RIGHTS COLLIDE

A person accused of murder believes mental health records may help prove his defense. Should his constitutional rights outweigh therapist-patient confidentiality?

BY MARC W. PEARCE, JD, PHD, UNIVERSITY OF NEBRASKA COLLEGE OF LAW

In September 2014, Colorado authorities charged Robert Perez with murdering his wife, Dennielle Leichtle. At trial, expert witnesses disagreed on whether the physical evidence was more consistent with homicide or suicide. The crime scene analyst retained by the defense testified that Leichtle was killed by a self-inflicted gunshot wound. Colorado's medical examiner concluded that she was more likely the victim of a homicide—though he added that suicide could not be ruled out.

The prosecution argued that Perez killed Leichtle because he was angry about her extramarital affair, which he had discovered three days prior to Leichtle's death. Perez claimed that his wife died by suicide because she was depressed and ashamed that he was planning to distribute sexually explicit photos that he had taken of her. Both the prosecution and defense presented evidence that Leichtle appeared sad and depressed to her friends and family. Leichtle's brother testified that a few days before her death, she had taken a handful of sleeping pills. Other witnesses said that Leichtle had discussed suicide, but that she said she would never go through with it. Perez also knew that Leichtle was in therapy, but he did not know whether she had been diagnosed with depression or had sought help for suicidal ideation.

Prior to trial, the defense served a subpoena on Leichtle's therapist to attempt to determine whether Leichtle's mental health records would support Perez's defense. However, the prosecution persuaded the court to quash the subpoena on the grounds that the records were protected by Colorado's therapist-patient privilege. Perez was then convicted of murdering Leichtle.

Such exclusions of mental health records are not uncommon. Statements made by patients during psychotherapy do enjoy some form of privilege, or protection from disclosure in court, in all 50 states and in federal courts. This privilege is intended to help "secure an atmosphere of confidence and trust in which the patient is willing to make a frank and complete disclosure of facts, emotions, memories, and fears, an essential component of effective treatment" (*Colorado v. Perez* [2019], No. 16CA1180, at para. 14). Yet criminal defendants have constitutional rights that can be difficult to reconcile with this privilege. For example, defendants have a due process right to put before a jury evidence that could influence the determination of guilt. Defendants also have a right under the Sixth Amendment's confrontation clause to question any witnesses who are testifying against them, but when defendants cannot access privileged psychotherapy records, they cannot use those records in cross-examination.

How do courts reconcile the therapist-patient privilege against criminal defendants' constitutional rights? Unfortunately, they do not do so consistently. In seven states, mental health records are inaccessible to defendants. In Colorado and Utah, defendants must somehow show that the records they are seeking are exculpatory—could prove their defense—before they can access them. Eleven states have a more relaxed rule that permits review of mental health records when the defendant shows that the records either probably or plausibly contain exculpatory information. It should also be noted that if the standard for review is met in any of these jurisdictions, the court—not the defendant—will first review the records to determine whether they must be made available to the defense.

In short, criminal defendants' ability to gain review of mental health records varies significantly by state. Robert Perez has petitioned the U.S. Supreme Court to review his case in the next term and, if his case is heard, it could possibly add more uniformity to the current patchwork of rules. ■



AT ISSUE

Do criminal defendants' due process rights outweigh the legal privilege that protects therapy records?

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To help students struggling with professional competency, remediation should be framed as a training tool rather than a punishment.

CE

CONTINUING EDUCATION HOW TO HELP TRAINEES WITH COMPETENCY PROBLEMS

BY CHARLOTTE HUFF

In every psychology training program, there's at least one student who struggles with an element of professional competence, says Linda Forrest, PhD, a professor emerita at the University of Oregon in Eugene and one of the leading researchers on issues related to competency problems. These trainees might be grappling with any number of issues, from protecting professional boundaries to demonstrating empathy to keeping patient information confidential.

Such difficulties don't necessarily have to derail their clinical practice goals. Most students go on to become skilled and proficient psychologists as long as any competency concerns are identified early and the students are guided through a clearly defined remediation process, Forrest says. One such step-by-step approach to remediation appears in *Training and Education in Professional Psychology* (Vol. 13, No. 4, 2019).

CE credits: 1

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

1. Identify the elements of an effective remediation plan.

2. Understand the importance of guarding against unconscious bias, and related strategies, in the remediation process.

3. Discuss remediation policies and processes that best protect the program and the trainee.

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At the heart of any meaningful remediation process is an effort to ensure that it's fair to the trainee and provides support to both the trainee and the supervisor as they navigate—and ideally avoid—any ethical or legal dilemmas that might emerge.

But to be even more effective and feel less onerous to the trainee, the concept of remediation also should be reframed—beginning early in the educational process—as a potential and valuable component of training, says Evelyn Hunter, PhD, an assistant professor of counseling psychology at Auburn University in Alabama. "Historically, the term 'remediation,' even sometimes the way that we talk about it now, has had a really negative connotation," Hunter says. "It feels like punishment, right? But remediation is really a training tool."

The goal, she says, is to develop a culture in which remediation is seen as not only a common experience but potentially even a welcome one, so that a struggling student, for instance, might perceive that "faculty members have noticed that I need support and come up with a plan to support me."

FLAGGING ISSUES

Accurately identifying when a trainee needs support or professional remediation is a key part of supervisors' responsibilities, says Rebecca Schwartz-Mette, PhD, an assistant professor of psychology at the University of Maine in Orono, who has studied issues related to professional competence.

APA's Benchmarks Evaluation System is designed both for psychologists in training as well as for faculty and other trainers. It provides a template of desired competencies, along with a breakdown of the skills students should achieve at various stages, says Schwartz-Mette, who also chairs APA's Ethics Committee. The system offers guidance on the level of expertise psychologists in training should have in such areas as assessment, ethical decision-making and more. Faculty and trainers can use the system as a way to regularly provide feedback to trainees on how their skills are aligning with those benchmarks, Schwartz-Mette says. "We need to be getting to the students at the very beginning and really articulating what is expected and supporting their growth," she says.

Along with setting out clear expectations for their trainees, it's also important for supervisors to request assessments from people other than just faculty members in order to better catch any emerging concerns, Hunter says. "Students are trying their best around us," she points out. One way to identify trainee competence problems is to gather fellow students' perceptions of a trainee's skills. One study that looked at trainer and trainee perceptions of professional deficiency found that students

might be more likely than faculty to notice competence problems among their peers. The trainees reported that 21.5% of their peers might be poorly or marginally suited to the counseling field or might be in need of remediation to address problems with interpersonal, emotional, skills-based or other professional fitness issues. Faculty members had a different take, saying that just 8.9% of their master's-level students needed help. Of those, faculty reported intervening with roughly two-thirds, or 5.8% of all trainees, according to the findings (Gaubatz, M.D., & Vera, E.M., *Counselor Education and Supervision,* Vol. 46, No. 1, 2006).

Gaining a mix of perspectives also can help guard against unconscious biases that might influence one's perception of a trainee's professional competencies, says Nadine Kaslow, PhD, a professor of psychiatry and behavioral sciences at Emory University in Atlanta, who also chairs APA's Working Group on Trainees With Competence Problems. "There's no question that diversity considerations need to be taken into account when you're determining if there's a competence problem."

For instance, trainees perceived as being "too quiet" in their interactions with patients might be seen as acting unprofessionally by some supervisors, Kaslow says. "And how much of that 'too quiet' is because that's culturally normative for them?" she asks. For that reason, it's important to talk to the trainees themselves—or those from similar cultures—about such perceptions and get their feedback, Kaslow says. Otherwise, the risk is that some trainees could get unfairly identified as requiring remediation for perceived professional shortfalls, which would be a loss to the profession. "Our nation is very diverse, and we want the psychology workforce to be very diverse," she says. "If we get rid of people or slow down people because they behave differently, that's a serious problem."

CREATING A PLAN

Once a problem with professional competence has been recognized, the next step is to create a remediation plan. These plans can range in scope from addressing an area as discrete as scoring a cognitive assessment to dealing with much broader concerns such as improving a trainee's interpersonal skills, Schwartz-Mette says.

Including detail and measurable goals in these plans is essential for successful remediation, Schwartz-Mette says. "Creating a really good remediation plan is what we owe the student," she says. "If the plan is vague, if the target behavior in question is not well defined, if there's not a good timeline, if there aren't effective activities and strategies implemented to help that student attain that competency, then that's a failure of the trainers."

It's also important that the remediation plan explain and track a trainee's struggles in measurable ways, says Justine Kallaugher, PhD, a Dallas psychologist who has conducted research on how trainees experience remediation. For example, don't simply tell a trainee to "work on your empathy," she says. Instead, provide examples of where the trainee could have demonstrated more empathy in sessions. Then set goals, such as requiring the trainee to incorporate at least three empathetic comments in each session.

Schwartz-Mette describes another potential scenario, in which a supervisor becomes concerned that a trainee hasn't maintained adequate professional boundaries. In that case, she suggests, it could be helpful to assign the trainee skill-boosting activities, such as reading a book or writing a paper to reflect on their strengths and growth areas, or transcribing several sessions and identifying where they did well holding boundaries and where there was room for improvement, she says.

In their article in *Training and Education in Professional Psychology* (Vol. 13, No. 4, 2019), Kaslow, Kallaugher and their co-authors provide a checklist of the components that a good remediation plan should incorporate beyond the competencies to be corrected. Among them: the specific criteria to be assessed,

"The hope is that [trainees] could have a greater sense of ownership over the process and investment in the process if they feel like they've been heard."

REBECCA SCHWARTZ-METTE, PhD, UNIVERSITY OF MAINE

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Faculty should take cultural considerations into account when determining whether a trainee requires remediation, experts advise.

the time frame, the consequences of success or failure and the signatures of the involved parties.

As the remediation plan is being developed, faculty should consider asking the trainee for input, Schwartz-Mette suggests. "Often those conversations can generate additional solutions or additional growth areas that the faculty was not aware of," she says. "And the hope is that [trainees] could have a greater sense of ownership over the process and investment in the process if they feel like they've been heard."

In her research with trainees, Kallaugher has found that some of them felt the process was punitive and were frustrated when faculty were not providing regular feedback on how far along they had progressed (*Training and Education in Professional Psychology,* Vol. 11, No. 4, 2017). That's why it's important for remediators to regularly communicate with students about how they're doing and to check in with them about how they are feeling about the process, she says.

Still, Kallaugher notes, "no matter how hard a trainer works to be collaborative and understanding, that doesn't necessarily mean that the student will feel that. And defensiveness is a normal human reaction."

NAVIGATING TROUBLE SPOTS

To reduce remediation pitfalls or confusion, it's important for institutions and programs to set firm remediation processes and policies before trainee cases arise, Schwartz-Mette says. One potential hazard to be avoided, she says, is speculation about any mental health or substance use issues that might underpin a trainee's competence concerns.

"That immediately puts us in an unethical dual relationship with the student, where at once we're training and we are also making judgments about their mental health, which is completely unacceptable," she says. The focus should be on remediating behaviors that undermine a trainee's work directly—for instance, in the case of a trainee who arrives at work intoxicated, or one who has been missing class or avoiding group interactions because of anxiety issues.

Still, even when such struggles become apparent, treatment or counseling can only be recommended, not required, as part of a plan, Schwartz-Mette says. (The remediation process outlined by Vacha-Haase et al. in their 2019 *Training and Education in Professional Psychology* article takes a similar position.)

Clear and consistent communication about professional standards, starting early in the educational process, also will reduce an institution's legal exposure if the student doesn't follow through, Forrest says. As one example, Forrest cites a case in which the Minnesota Supreme Court held that a mortuary student could be disciplined for irreverent posts made on social media about a cadaver she was working with during training. While the student argued that her posts were protected by the First Amendment, the court found that the program had been clear about its professional standards, which included respectful interactions with the donated cadavers, and that her posts violated those standards.

What happens if, despite the trainee's and remediators' best efforts, the trainee's competency doesn't improve? Gaubatz and Vera's survey of educators' and trainees' differing perceptions of competency also indicated that

KEY POINTS

1. **Accurately identifying when a trainee needs support or professional remediation is a key part of supervisors' responsibilities.**
2. **Remediation plans must include detail and measurable goals in order to be successful.**
3. **Institutions and programs should set firm remediation processes and policies in place before trainee problems arise.**

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the path at this point might be a bit fraught. Whereas only 2% of the master's-level students reported that they would pursue legal action if remediation were suggested, nearly 22% said they would do so if targeted for dismissal (*Counselor Education and Supervision,* Vol. 46, No. 1, 2006).

How well the process and discussion go at this point will vary depending on the degree to which students acknowledge—even to themselves—that they might lack some skills needed to become practicing psychologists, Forrest says. When students are self-aware, they can be encouraged to pursue career counseling to explore other options. If they still want to be psychologists, it's important that their supervisors be clear about the skills that they are still not developing, even with remediation help, she says.

In some situations, a trainee might be able to transfer to another program at the same institution, Forrest says. For instance, there might be other programs in the educational psychology department that don't involve clinical interactions with patients. If there isn't an appropriate alternative, then dismissal might be the only course, she says.

The remediation process, no matter how it resolves, can be anxiety-producing for all players involved, Forrest says. But it's crucial that trainers don't flinch from addressing any competence concerns, in order to protect the public from an unqualified psychologist, she says.

"These are difficult conversations to have, but we've got to become good at having them," Forrest says. ■

FURTHER READING

APA's Benchmarks Evaluation System
www.apa.org/ed/graduate/benchmarks-evaluation-system

Remediation Plans for Trainees With Problems of Professional Competence
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Student Experiences of Remediation in Their Graduate Psychology Programs
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Trainees' Experiences With Peers Having Competence Problems: A National Survey
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Trainees With Professional Competency Problems: Preparing Trainers for Difficult but Necessary Conversations
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Trainee Impairment: A Review of Identification, Remediation, Dismissal, and Legal Issue
Forrest, L., et al.
The Counseling Psychologist, 1999

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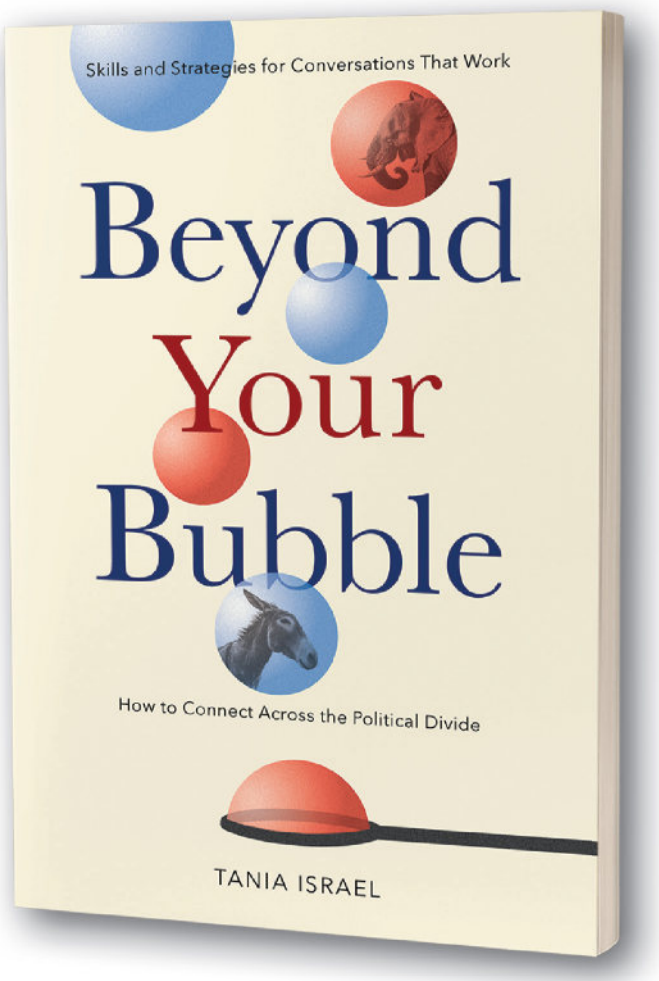
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—Publishers Weekly

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DESPITE THE ADA, EQUITY IS STILL OUT OF REACH

Psychologists are intensifying efforts to improve health care, justice, employment and more for people with disabilities

BY STEPHANIE PAPPAS

Signed into law 30 years ago, the Americans With Disabilities Act (ADA) has significantly improved the lives of the 1 in 4 Americans with disabilities. This civil rights law is designed to ensure that people with disabilities have the same rights and opportunities as everyone else by prohibiting discrimination in employment, education, transportation and other aspects of public life. ¶ But true equality remains elusive, especially for people of color with disabilities and for those whose socioeconomic position makes access to health care and other services more challenging. People with disabilities face systems that were not designed to accommodate all people, ranging from the health-care system to the criminal justice system to employment and education. ¶ And the likelihood of having a disability is not evenly distributed. For example, 2 in 5 non-Hispanic American Indians and

PEOPLE IMAGES/GETTY IMAGES

Alaska Natives have a disability, according to the Centers for Disease Control and Prevention (CDC), well exceeding the rate in the general population. ¶ Recognizing the many barriers faced by people with disabilities, psychologists are pushing for research-based solutions to make health care more accessible, the criminal justice system more equitable and the ability to receive social and career supports easier. ¶ "Disparities are not fair or necessary, and solutions are within reach," says Susan Havercamp, PhD, a clinical psychologist and director of the Health Promotion and Healthcare Parity Program at the Nisonger Center for Excellence in Developmental Disabilities at The Ohio State University (OSU).



Psychologists are among those working to ensure that medical students and other health-care professionals get more training on working with adults and children with disabilities.

BARRIERS TO HEALTH

People with disabilities have high rates of co-occurring health conditions and often have more health-care needs than people without disabilities, Havercamp says, but they face barriers getting the care they need.

A study of Ohioans with developmental disabilities co-authored by Havercamp and Jessica Prokup, MD (then a medical student), illustrates the problem. It found disparities among all age groups, particularly in delayed care and difficulties getting enough time with physicians (*Annals of Family Medicine,* Vol. 15, No. 5, 2017). People with developmental disabilities were less likely to report having a physician who explained things well, particularly in the 65-plus age group, in which only 83% of respondents with disabilities said they were satisfied with their doctors' explanations. (By comparison, 95% of adults over age 65 without developmental disabilities said their doctors explained things well.)

Unconscious bias by health professionals likely plays a role in the ways people with disabilities are treated. A literature review on implicit attitudes toward people with disabilities found moderate to strong negative implicit attitudes toward people with both physical and intellectual disabilities (Wilson, M.C., & Scior, K., *Research in Developmental Disabilities,* Vol. 35, No. 2, 2014). These findings included the implicit attitudes of health-care professionals.

Such misperceptions are likely due to the limited training medical residents receive about disabilities, Havercamp says. "They assume people with disabilities are really different from anyone else."

To address this problem, psychologists are working to improve training for health-care providers. Among their most far-reaching efforts is their work as part of the Alliance for Disability in Health Care Education, a nonprofit dedicated to integrating disability content into health-care training. The alliance has developed a set of core competencies to guide health-care programs in establishing this content (Core Competencies on Disability for Health Care Education, 2019). About 27 health, education and disability organizations have endorsed the competencies, says Havercamp, an active contributor to the group. As of January 2020, nine had adopted at least some of the disability competencies, and 15 had disseminated them to their members or to the public.

Individual schools are also increasing their commitment to people with disabilities. At OSU, for example, medical students now get education on disabilities every year, thanks to a program

"I'll make the audacious statement that if you're a psychologist in the traditional school setting and you have no complaints or critiques about the way the system is functioning, you're not being a good psychologist."

IVORY TOLDSON, PHD, HOWARD UNIVERSITY



JOVAN MANDIC/GETTY IMAGES

developed in part by Havercamp and funded by the WITH Foundation, the CDC and the Health Resources and Services Administration. In addition to lectures, the four-year program includes simulated patient encounters with individuals with disabilities as well as panels whose members discuss daily life and health care with a disability. In the third and fourth years, students can choose community service placements at organizations serving people with disabilities and take an advanced competency curriculum on developmental disabilities.

"The students love it," Havercamp says. "They will share how they never knew this information and how it has affected the way they think."

Other psychologists are working to increase preventive care for people with disabilities. A perennial problem for patients with disabilities is that disability-related medical issues take center stage when they do see a doctor, leaving little time for attention to general preventive care and more universal issues such as reproductive health care. For example, a study led by CDC researcher Jacqueline Miller, MD, FACS, found that women with disabilities were less likely than those without to have gotten a mammogram in the previous two years (*Journal of Women's Health,* Vol. 20, No. 9, 2011). The disparity could not be explained by financial barriers alone, suggesting that issues such as transportation and positioning for people with mobility limitations might play a role.

"The other part of it is that if I have a disability and I live with something that is really



bothering me, it's not going to be my priority to get a mammogram, either," says Gloria Krahn, PhD, MPH, a psychologist at Oregon State University who studies ways to improve health services for people with disabilities. "It takes so much effort to get to one medical appointment that you have to parse out your energy and resources."

Prenatal and postpartum care can also fall into the access gap for people with disabilities, says Kara Ayers, PhD, a psychologist at the University of Cincinnati Center for Excellence in Developmental Disabilities at Cincinnati Children's Hospital Medical Center and co-founder of a peer-support and research network studying the experiences of parents with disabilities. Not only may women with disabilities need specialty care that is only available in a few areas, they may face barriers to supports like lactation consulting. Lactation consultants may not have experience working with mothers who have upper-body-strength or mobility issues, for example. Worse, Ayers says, parents with disabilities are at risk of being reported to child protective services (CPS) without just cause. In one 2010 case in Missouri, a nurse reported a breastfeeding mother who was blind after her baby struggled to breathe during a breastfeeding session. The mother told ABC News that she had noticed the problem and asked a nurse for help. Soon after, the newborn was removed from the parents for two months during the investigation.

Students with disabilities are often disproportionately disciplined in school settings, a recent report finds.

More education of the public and professionals to reduce bias against people with disabilities could prevent these traumatic situations, Ayers says.

JUSTICE AND DISABILITY

When parents with disabilities are called before CPS, they often find that the process of investigation isn't accessible, Ayers says. CPS often opens investigations soon after birth, while mother and baby are still in the hospital, based on the presumption that a disabled person won't be able to parent safely, she says. The parent may be asked to demonstrate that they can lift and change the baby using a standard hospital bassinet, which is not designed for people with physical disabilities, ignoring adaptations that parents may have prepared in their home nursery. The process may require reading or answering hypothetical, abstract questions, which can be unfair to people with intellectual disabilities.

This sort of inaccessibility permeates the justice system, as do structural barriers to justice for people with disabilities, who are vastly overrepresented among incarcerated populations. According to a Bureau of Justice Statistics report, 32% of prisoners and 40% of jail inmates reported at least one disability, which is three to four times the rate in the general population (Bronson, J., et al., 2015). Two in 10 prisoners and 3 in 10 jail inmates reported having a cognitive disability.

In many cases, these impairments are mild, and defendants are reluctant to admit to them, says Marc J. Tassé, PhD, a psychologist and director of OSU's Nisonger Center for Excellence in Developmental Disabilities. Defendants often work to mask their impairments out of a desire to be seen as neurotypical and competent, he says. While intellectual disability can be a mitigating factor in sentencing,

SEVENTY FOUR/GETTY IMAGES

without a comprehensive psychological evaluation, a judge may not realize the depth of a defendant's disability.

Meanwhile, incarcerated individuals with intellectual disabilities are at high risk of victimization within jails and prisons, according to the California Policy Research Center. They are also at risk of serving lengthened sentences because of infractions made while incarcerated—infractions against rules they may not comprehend.

Disability intersects with race and socioeconomic status in criminal cases as well.

"A lot of the folks I see never received a comprehensive evaluation at any point in their lives, and we're kind of scrambling now that they're in trouble to say, 'No, actually if you look back at the records, they were showing developmental problems from an early age,'" says Joette James, PhD, a clinical neuropsychologist who consults on criminal forensic cases. Some people facing the death penalty have records replete with evidence of undiagnosed developmental disabilities, as well as of abuse, trauma, discrimination and poverty, James says.

Even defendants who do have diagnoses have often been misdiagnosed, says Elliot Atkins, EdD, a forensic and consulting psychologist in New Jersey. Many defendants on the autism spectrum have been labeled with attention-deficit hyperactivity disorder, a misclassification that can change both the outcome of a criminal trial and the type of mental health treatment the person receives. Correcting those diagnoses is an important part of forensic psychologists' work.



FG TRADE/GETTY IMAGES

A growing number of universities are offering programs aimed at helping young adults with developmental disabilities pinpoint a career path.

The symptoms of some developmental disabilities can make some defendants look less sympathetic to law enforcement officers, judges and juries. A person with autism may not show empathy or remorse after committing a violent act in the same way a neurotypical person would; a person with a low IQ might behave in unexpected ways at a crime scene.

Contextualizing the actions of defendants with developmental disabilities is one important role for forensic psychologists. Another is explaining defendants to their own lawyers. Understanding a client's cognitive ability can help lawyers work more productively with him or her, Atkins says. Psychologists can also help lawyers get their clients into a mental health court, if appropriate. These courts aim to treat clients with cognitive disabilities or mental health diagnoses rather than simply incarcerating them.

Advocating for defendants with disabilities can also draw attention to the need for reform in the criminal justice system, James says. When she describes the trauma her clients have experienced, laypeople are often shocked. Many of her clients have suffered extreme poverty and familial instability. Most have had limited access to quality education and mental health care, yet these factors are often not considered when her clients are charged with a crime. "The criminal justice system is so broken," James says.

During and after incarceration, people with disabilities find themselves in a system

that neglects their needs, with many county jails failing to provide simple accommodations for inmates with physical disabilities, according to a report by Amplifying Voices of Inmates With Disabilities, an affiliate of the advocacy group Disability Rights Washington. In Washington state, for example, the group found that inmate showers were a step higher than the surrounding floor, outdoor recreation areas were inaccessible due to steep staircases, and deaf inmates were unable to communicate within the jail or with those outside the jail due to inadequate technology. Therapy, religious services and classes inside jails are also frequently inaccessible to those with disabilities.

SUPPORTING EMPLOYMENT

Though the ADA forbids discrimination in employment on the basis of disability, people with disabilities are less likely to be employed than people without disabilities. In 2019, for example, the unemployment rate for people without disabilities was 3.5%. For people with disabilities, it was 7.3%, according to the Office of Disability Employment Policy.

The disparities begin within the education system, which is not set up for equity or diverse learning styles, says Ivory Toldson, PhD, a professor of counseling psychology at Howard University. The impacts are worsened by the effects of systemic racism. According to a 2020 Government Accountability Office (GAO) report, 40% of allotted special education service time was either undelivered or went unrecorded. Meanwhile, the GAO has also found that students with disabilities are disproportionately disciplined. Although students with disabilities make up 11.7% of the school population, they make up 25% of students suspended out of school, 23% of those expelled from school and 27% of those arrested at school (GAO, 2018). The situation was most dire for Black students with disabilities, who make up about 19% of students with disabilities but 36% of students with disabilities who are suspended from school.

Psychologists have a role in pushing back and reducing stigma around disability in the school system, Toldson says.

"Psychologists have to be social justice advocates as well as being professionals," he says. "I'll make the audacious statement that if you're a psychologist in the traditional school setting and you have no complaints or critiques about the way the system is functioning, you're not being a



TOMML/GETTY IMAGES

People with disabilities tend to have higher rates of co-occurring health conditions than people without disabilities.

good psychologist."

Other psychologists are working to address the transition from school to adulthood, when school-based accommodations and individualized educational plans melt away. "It's almost as if society thinks [students with disabilities] can magically be independent now that they are adults," says Connie Sung, PhD, an associate professor of rehabilitation counseling at Michigan State University (MSU).

To address that gap, in 2016, Sung and her colleagues launched Spartan Project SEARCH at MSU, part of an international program that helps transition-aged youth with developmental disabilities overcome employment obstacles. MSU is the first large public university to be a host site. Each year, eight to 10 young adults with disabilities come to MSU for a vocational training program to learn job- and work-related social skills and work on campus for nine months. They learn to take public transportation independently and navigate in the community safely with strangers (Price, R., *Behavior Analysis in Practice,* Vol. 11, No. 1, 2017).

"So far, over 80% of the graduates have stayed at MSU and become employees, which is a tremendously high employment rate compared to the usual rate for people with developmental disabilities," Sung says.

Sung and her team are also experimenting with virtual reality technologies to help individuals with autism spectrum disorder gain skills. Participants undergo simulated interactions with an avatar to learn and practice. So far, the researchers have found that participants enjoy using the technology to learn new skills and report few negative effects such as visual disturbance or anxiety (*Annual Review of Cybertherapy and Telemedicine*, Vol. 14, 2016).

Such technology offers a huge opportunity for overcoming many of the access and transportation issues that individuals with disabilities face, says Leonard Abbeduto, PhD, the director of the University of California, Davis's MIND Institute. Abbeduto and his team have developed a language intervention for children with fragile X syndrome delivered entirely through videoconferencing (*Developmental Neurorehabilitation,* Vol. 21, No. 1, 2018).

"The sorts of things we could think about would be doing job coaching at a distance for adults in the workplace, or doing check-ins with people at home to give advice about independent living, or we could use virtual reality to train people at a distance," Abbeduto says. "Technology holds so much potential for reaching more people than we can do in one-on-one or group therapies. We need to think creatively."

Meanwhile, a growing number of universities are offering programs for young adults with developmental disabilities. At the University of North Carolina, for example, the TEACCH School Transition to Employment and Postsecondary Education program helps students with autism with a high school degree transition to jobs or postsecondary education with skills instruction delivered at community colleges throughout the state. At the University of Iowa, students with intellectual, cognitive or learning disabilities can receive support through the Realizing Educational and Career Hopes program, which offers vocational counseling as well as support for inclusion in campus life. However, there is an urgent need for more capacity, say advocates in the field. According to the Bureau of Labor Statistics, only 19.3% of people with disabilities were employed in 2019, compared with 66.3% of people without disabilities.

For Sung and her colleagues, the next step is a grant-funded expansion of their program to use virtual reality to train workers with disabilities on how to address nuanced social situations beyond interacting with co-workers, such as dealing with customers. Every success in training shows hiring managers and other employees that people with disabilities are capable, Sung says. She cites a case of a young man with autism in the program who was very quiet. The staffers he worked with assumed he couldn't understand the work instructions because he preferred not to engage. In fact, he was incredibly efficient at the work and finished tasks in half the time of other employees. The department ended up creating a position for the young man after his time in Spartan Project SEARCH ended.

"He still works there," Sung says. "He changed this department's perception of people with disabilities." ■

FURTHER READING

Building Skills, Confidence, and Wellness: Psychosocial Effects of Soft Skills Training for Young Adults With Autism
Connor, A., et al. *Journal of Autism and Developmental Disorders,* 2020

Cross-Disability Experiences of Barriers to Health-Care Access: Consumer Perspectives
Drainoni, M.L., et al. *Journal of Disability Policy Studies,* 2006

National Health Surveillance of Adults With Disabilities, Adults With Intellectual and Developmental Disabilities, and Adults With No Disabilities
Havercamp, S.M., & Scott, H.M. *Disability and Health Journal,* 2015



RESILIENCE IN THE AGE OF DEVASTATING STORMS

As climate change fuels more natural disasters, psychologists are providing research-based care to stave off long-term mental health challenges and boost resilience among victims

BY ZARA ABRAMS



In many parts of the world, the threat of extreme disasters is becoming the new normal.

DANIEL LORETTO/GETTY IMAGES

Providing disaster aid after Hurricane Katrina was the most difficult work clinical psychologist Gerald McCleery, PhD, has ever done. McCleery flew to Arkansas and drove to a crisis call center in Louisiana five days after the hurricane hit the Florida coast, on Aug. 30, 2005, to join a group of volunteers with the nonprofit United Way. For more than 12 hours a day, they fielded nonstop calls from people in profound distress: those stranded in flooded homes with no food, parents searching for missing children, patients without medication and those in mental health crises. ¶ McCleery and the other volunteers provided information about material aid and gave professional advice. But mostly, they listened. "The thing that mattered the most was just staying on the phone," McCleery says. "In many cases, people had nobody else to talk to." ¶ Providing that type of social support as well as research-based trauma care is becoming increasingly essential as natural disasters become both more frequent and more devastating. The most destructive hurricanes have tripled in frequency since 1900 (Grinsted, A., et al., *Proceedings of the National Academy of Sciences,* Vol. 116, No. 48, 2019) and the amount of land burned annually by wildfires in California has increased fivefold since the early 1970s (Williams, A.P., et al., *Earth's Future,* Vol. 7, No. 8, 2019).

Hurricane Michael damaged Willie Burton's home in Panama City, Florida, when the storm hit the Florida Panhandle on Oct. 10, 2018.

Because these shifts are largely due to the warmer temperatures associated with global climate change, climatologists expect extreme disasters like these to continue uprooting individuals and communities, pointing to a growing need for psychological aid. At the same time, the increasingly volatile climate makes providing such aid a challenge. Disaster mental health response is particularly difficult with these increasingly frequent natural disasters because the practice has traditionally focused on restoring a sense of stability and helping people return to their predisaster functioning.

"It was already difficult to know how to help people feel safe when in many parts of the world, the threat of these disasters has become the new normal. Now, we have that chronic threat layered on top of acute anxiety about the COVID-19 pandemic," says Karla Vermeulen, PhD, deputy director at the Institute for Disaster Mental Health at the State University of New York at New Paltz (SUNY New Paltz).

"The word 'unprecedented' gets used a lot these days, but when it comes to disaster mental health, this really is a new world," she says. "We're going to need to adapt our interventions to address the resulting complex stress."

TRAUMA CARE

Psychologists have long played a role in providing mental health care and helping to avert the onset of post-traumatic stress disorder (PTSD), substance use and domestic violence, all of which tend to increase following a natural disaster (Neria, Y., et al., *Psychological Medicine*, Vol. 38, No. 4, 2008; Cepeda, A., et al., *Disasters*, Vol. 34, No. 2, 2010; *Women, Disasters and Hurricane Katrina,* Institute for Women's Policy Research, 2010). For example, studies show that early psychological interventions such as trauma-focused cognitive-behavioral therapy or disaster mental health interventions—which can be delivered by psychologists or, in some cases, other trained volunteers—can reduce the incidence of PTSD (Ramirez de Arellano, M.A., et



SCOTT OLSON/GETTY IMAGES

al., *Psychiatric Services,* Vol. 65, No. 5, 2014).

"The majority of people who go through a disaster don't develop PTSD or other lasting reactions, but part of the key to that is early intervention," Vermeulen says. "It's very helpful to have people come in from the outside to create a sense of stability and to help connect people with resources."

Psychologists who study disaster impacts distinguish between natural disasters, which tend to be relatively predictable in scope and promote prosocial responses, and technological disasters—such as oil spills—which are more likely to divide communities and often disproportionately affect marginalized and low-income groups (*Mental Health and Our Changing Climate: Impacts, Implications and Guidance,* APA and ecoAmerica, 2017). But disasters triggered by climate change exhibit elements of both.

"In a sense, the fires, superstorms and intense droughts we're seeing today are both natural and technological disasters because they're being forced and exaggerated by human-caused climate change," says Thomas Doherty, PsyD, a clinical psychologist in Portland, Oregon, who studies environmental health. "This makes it more difficult for people to cope."

Traditional disaster response—even when performed by psychologists—looks a lot more like triage work than traditional psychotherapy. Aid workers may only connect briefly with each person they help, and their primary functions are to provide emotional support and to help people access the resources they need most.

"The first thing a person may need is not to discuss what they're going through but to find a bottle of water, food or a place where they can safely get some sleep," says psychologist Steven Gold, PhD, founder and director of the Trauma Resolution and Integration Program at Nova Southeastern University in Fort Lauderdale, Florida.

Psychologists and others who provide disaster aid can also help people navigate systems that may be in disarray if local infrastructure has been damaged. Contacting loved ones, filling a prescription or making an insurance claim can be tricky

and overwhelming for those who have lost their homes or feared losing their lives. And during a global pandemic, disaster survivors must also navigate physical distancing requirements and other safety measures to protect themselves and others from COVID-19.

One commonly used intervention developed by psychologists, known as Psychological First Aid (PFA), addresses the distress people experience following disasters and aims to strengthen basic coping skills (*Psychological First Aid: Field Operations Guide,* National Child Traumatic Stress Network and National Center for PTSD, 2006). Its core tenets include providing emotional comfort, helping solve problems to get basic needs met and delivering education and guidance on coping with stress. Those who administer PFA are also encouraged to connect survivors with social support, which has been shown to reduce depressive and PTSD symptoms following natural disasters (McGuire, A.P., et al., *Journal of Traumatic Stress,* Vol. 31, No. 2, 2018).

"We know in all kinds of situations that social support is one of the best antidotes to being traumatized," Gold says. "If we can help people in the middle of a natural disaster come to each other's aid and rally together, they're less likely to end up with long-term traumatic effects."

But the pandemic may make this essential part of recovery more difficult, Vermeulen says, because social connections, already disrupted in daily life, are likely to be less available post-disaster.

Psychologists who practice PFA or other disaster response protocols are trained to recognize appropriate responses to natural disasters, which may include anxiety and depressive symptoms, trouble sleeping, nightmares and moodiness. These reactions are considered normal and typically resolve themselves within a few weeks. Criteria for a PTSD diagnosis are met only if symptoms become debilitating and last for more than one month.

"A lot of what we're doing is helping people understand that they're experiencing normal reactions to an abnormal event," says Rebecca Thomley, PsyD, a clinical psychologist based in Minneapolis and an expert in disaster response.

But effective disaster response also involves identifying survivors who may require additional psychological support. Children, people with preexisting mental health conditions and people with physical disabilities are more likely to experience psychological distress following a natural disaster (Lai, B.S., et al., *Journal of Affective Disorders,* Vol. 146, No. 1, 2013; Math, S.B., et al., *Indian Journal of Psychological Medicine,* Vol. 37, No. 3, 2015; Stough, L.M., "The Effects of Disaster on the Mental Health of Individuals With Disabilities," in Neria, Y., et al. (Eds.), *Mental Health and Disasters*, 2009, Cambridge University Press) and may be more likely to develop PTSD if early intervention does not occur.

"The most vulnerable people in a community—those with preexisting economic, physical health or mental health problems—are going to be most severely impacted," Doherty says.

In many cases, these residents were also hit hardest by the COVID-19 pandemic and the resulting economic recession, putting them at even higher risk for negative reactions after a natural disaster, Vermeulen says.

Once basic needs are met and high-risk individuals receive the additional help they require,

HOW TO HELP

TRAINING IN DISASTER MENTAL HEALTH

Instruction in disaster mental health (DMH) allows psychologists to strategically apply their expertise in mental and behavioral health to the domain of crisis response. Here are some providers of DMH training:

- **American Red Cross:** The American Red Cross offers both online and in-person courses on DMH. To learn more, visit www.redcross.org/take-a-class/disaster-training.
- **National Child Traumatic Stress Network (NCTSN):** The NCTSN offers in-person and online training courses aimed to help children and families cope with traumatic experiences, including natural disasters. For more information, visit www.nctsn.org/resources/training.
- **National Organization for Victim Assistance (NOVA):** NOVA offers three levels of disaster response training: basic, advanced and trainer of trainers. Learn more at www.trynova.org/crisis-response-program/overview.

For additional information on DMH training and to get involved with disaster response, visit APA's disaster mental health online resource center, maintained by the Communications Office in an effort to extend the tools and information from APA's former Disaster Response Network to the broadest possible audience.



NOAH BERGER/ASSOCIATED PRESS

During the Bear Fire in September, flames engulfed a Berry Creek, California, home.

psychologists typically turn their focus toward helping people build coping strategies and an action plan for the future. This might include training on basic relaxation techniques and how to practice achieving small goals to provide a sense of agency.

That's how clinical psychologist David J. Romano, PhD, provided disaster aid after Hurricane Michael hit Mexico Beach, Florida, in 2018. When one survivor struggled to file an insurance claim, for example, Romano helped him outline an action plan for whom to call and what to do if he reached the wrong department or a recorded message. He says creating a plan and achieving small goals is key to regaining a sense of stability and control.

"I see our role as helping people reconnect with their natural systems of support that were there before this event and will be there again in the long run when the first responders are gone," says Beth Boyd, PhD, director of the clinical psychology program at the University of South Dakota, who specializes in culturally competent disaster response.

PSYCHOLOGISTS' ADVANCED SERVICES

While interventions like PFA can be learned and delivered by anyone, including firefighters, emergency medical technicians and teachers, psychologists' expertise enables them to master and provide more advanced services. At SUNY New Paltz, Vermeulen oversees training and education on disaster mental health (DMH), a specialized program for mental health professionals (*NY DMH Responder,* Vol. 9, No. 1, 2018).

In addition to mastering the tenets of PFA, psychologists trained in DMH learn about the etiology of traumatic stress, conflict resolution strategies, cultural sensitivity and how to provide rapid triage.

"DMH focuses on training people who may have great counseling skills on how different and immediate the needs of disaster survivors are than those they might encounter in more traditional practice," Vermeulen says. "We place a lot of emphasis on thinking about how to provide immediate assistance and activating survivors' self-efficacy rather than on delving into the past."

In particular, experts say, providing culturally competent care is crucial during crisis response because marginalized groups—such as American Indian or immigrant communities—often have more vulnerable infrastructures and are therefore hardest hit by natural disasters.

Boyd has responded to and helped develop protocols for addressing natural disasters on reservations, which often cross state and county lines and may therefore be excluded from formal disaster plans and recovery aid systems. She says that many Native American languages have no word for "disaster"—events like floods are seen as part of the natural world—and that means

APA IN ACTION

APA's Council of Representatives adopted a resolution in March reaffirming the association's commitment to using psychology to combat climate change.

To read the full resolution, go to www.apa.org/about/policy/climate-change-crisis.

a crisis may not trigger requests for material help or psychological support the way it would in other areas.

Though reservation communities can often benefit from outside help, first responders need to proceed with caution and consider the following: What sort of experiences has this community had with people coming from outside to help? How does the community view the event that has occurred and the aftermath? How do they understand health, wellness and healing? What role do spiritual healing systems and cultural practice play in their recovery? What is their infrastructure like and what will their long-term needs be?

Boyd says it's also important to note that tribal governments may need to authorize the presence and activities of outside helpers, which can be surprising to agencies and individuals accustomed to typical rapid response protocols.

"It's essential that psychologists bring their intercultural knowledge and experience to this disaster context," says psychologist Linda Silka, PhD, senior fellow at the University of Maine's Senator George J. Mitchell Center for Sustainability Solutions, who adds that working with religious leaders can often be key for connecting with immigrant communities following a disaster.

Another crucial component of first response training is teaching mental health professionals about the toll disaster response takes on helpers.

FURTHER READING

Natural Disasters & COVID-19: Resources for Professionals & Emergency Workers
Centers for Disease Control and Prevention, 2020

Resources on Responding to a Disaster
APA, 2019

Disaster Mental Health and Community-Based Psychological First Aid: Concepts and Education/Training
Jacobs, G.A., et al. *Journal of Clinical Psychology*, 2016

First Responders: Behavioral Health Concerns, Emergency Response, and Trauma
Substance Abuse and Mental Health Services Administration, 2018

Vermeulen incorporates stress inoculation exercises into SUNY New Paltz's DMH program to help psychologists prepare for the difficult circumstances they're likely to face when responding to a crisis.

"If you've been asked to deploy to a fire or tornado, what about that is going to be most upsetting—damaged infrastructure, distressed parents, missing children?" she asks. "It's important to acknowledge what will be difficult and how you will handle that stress."

Some coping strategies include making a plan to stay in touch with family, getting enough sleep each night and exercising. Responders are also encouraged to identify a "disaster buddy" for regular check-ins. At the crisis call center in Louisiana, McCleery and his fellow volunteers spent about an hour each day debriefing and providing emotional support for one another.

"In hindsight, I don't think I took enough breaks," he says. "I think I should have gotten up and walked outside more often. Because listening to story after story where the needs are so profound became incredibly painful."

SHORT- AND LONG-TERM NEEDS

Disaster mental health-care providers typically respond to a community's immediate needs, then community practitioners oversee long-term care, for example, treating PTSD or depression that may have resulted from the incident. But the increasing frequency and destructiveness of natural disasters is leaving some communities with an ongoing need for assistance.

"The traditional disaster mental health model is just not sufficient in the case of some of the megadisasters we're seeing today, which may require us to rethink the type of aid we provide," Vermeulen says. "Now, that will also need to incorporate the long-term psychological consequences of the pandemic."

One solution is for psychologists to get more involved with mitigation, for instance by helping communities build their own capacity to respond to disasters when they inevitably strike. In 2018, Silka joined the Infrastructure and Climate Network (ICNet), an interdisciplinary group of engineers, climate scientists and policymakers across New England that works to help communities cope with the impacts of climate change, including severe storms and sea level rise.

Silka helps ICNet members from various fields and stakeholder groups communicate and collaborate. For example, the network recently analyzed the condition of infrastructure along the coastline in Boston to determine which communities, roads and bridges required repairs to preclude severe damage during a hurricane. Her efforts helped overcome an incompatibility between the climatologists' models, which only resolved to the mile, and the engineers' models, which called for a resolution of one-quarter mile or less.

Psychologists can also help address their own communities'



JOSE JIMENEZ/GETTY IMAGES

Sisters Schemelda (left) and Sheila Saintilien outside a church shelter on Great Abaco Island in the Bahamas on Sept. 6, 2019. Hurricane Dorian destroyed their home.

long-term needs by offering care for PTSD. Gold's clinic at Nova Southeastern University provides exposure therapy for those traumatized by hurricanes. For example, many survivors of Hurricane Andrew, a Category 5 storm that struck South Florida in 1992, experienced severe anxiety on cloudy days because they associated them with prestorm conditions. Gold worked with patients to discuss their triggers and to stop retreating indoors when the sky became cloudy.

Other clinicians deliver eye movement desensitization and reprocessing therapy, which involves reliving and redefining traumatic memories, or trauma-focused cognitive-behavioral therapy, which aims to address distorted thoughts and counterproductive behaviors. There is evidence that both are effective in reducing PTSD symptoms (Guideline Development Panel for the Treatment of PTSD in Adults, *American Psychologist,* Vol. 74, No. 5, 2019).

Psychologists can also contribute to the research base on early disaster interventions, which is limited—partly due to the challenges of collecting data during a crisis. PFA, for example, incorporates practices supported by research, but it has not yet been evaluated using large-scale randomized controlled trials (Shultz, J.M., & Forbes, D., *Disaster Health,* Vol. 2, No. 1, 2014).

"It's very difficult to do a research protocol when you're trying to assist someone in the middle of a disaster," Romano says. "We need researchers who can help build an evidence base without intruding on those affected or compromising the work of first responders."

KNOWING THE LIMITS

Though psychological help is crucial to effective disaster response, Romano emphasizes that it's not safe or productive to self-deploy to a crisis site.

"It's important to go out with a group or organization and to understand their protocols. If you show up uninvited, you can actually become part of the problem," he says.

First, volunteers should obtain training in PFA or another disaster mental health intervention. SUNY New Paltz offers an online advanced certificate in trauma and disaster mental health, which Vermeulen oversees. Then, psychologists can partner with disaster aid organizations, such as the American Red Cross, United Way, National Voluntary Organizations Active in Disaster, Medical Reserve Corps, or local nonprofits and faith-based organizations.

"We all have a desire to help in trying times," Romano says. "There's room for everybody to assist people recovering from these increasingly devastating disasters." ■



TURMOIL & TRANSITION

A Year of Change

HOW 2020 TRANSFORMED US

By Trent Spiner

We can agree 2020 was an urgent call for all of us. Psychologists stood at the forefront of helping our country navigate a global pandemic, a national reawakening to systemic racism and epic natural disasters. ¶ The science of psychology and the human brain have never been more critical. Your efforts helped parents and children adapt to homeschooling, employers and employees return to work safely, researchers find innovative ways to study, and health-care professionals and families cope with stress and loss. ¶ To reflect on this tumultuous year, we asked 20 psychology leaders to answer the question, "How have the events of 2020 changed psychology, and what do they mean for the field's future?" I hope their answers prompt you to reflect on the importance of the field and the challenges that lie ahead. ¶ The *Monitor on Psychology* also underwent change, as our previous editors, whose vision built this magazine into a wonderful resource, handed me the reins. I look forward to serving you as the new editor and documenting how your work, expertise and talents have an impact on making our world better for everyone.



Trent Spiner is Editor in Chief of APA. Follow him on Twitter @TrentSpiner.

ILARIA MAGLIOCCHETTI LOMBI/CONTRA/REDUX



A demonstration against racism and in support of the Black Lives Matter movement on June 7 at the Piazza del Popolo in Rome.

On Racial Inequality

PSYCHOLOGY MUST DO MORE

"The events of 2020 illuminate and challenge the core principles of the nation's founding—liberty, justice, equality. We have never lived up to these ideals. Psychology needs to be a leader in understanding the nature of beliefs about justice, how people become fervently attached to their beliefs, how hard it is to change them and how variations in lived experience alter what justice means. Race is at the heart of this work, and psychology, which has done much over the years, needs to do more. We need to focus a laser light on systemic racism, exposing its damaging effects on all it touches. We need more voices, more guiding questions, more intention. The transactional relationships within and across racial boundaries must be better understood, and that understanding must lead to stronger bonds and mutuality. Developing approaches to building coalitions of the willing would be a major contribution to stanching the erosion of our democracy and building a better society."

James M. Jones, PhD, is a professor emeritus of psychological and brain sciences and director of the Center for the Study of Diversity at the University of Delaware.



A Los Angeles man pleads with a police officer to de-escalate as demonstrators attempt to march onto Interstate 110 during a May 29 protest against the death of George Floyd and police brutality.

BRYAN DENTON/THE NEW YORK TIMES


BLUE HATS = WHITE HOODS
BECOMES LAW
BECOMES DUTY



A drum circle and dance organized by the Elegba Folklore Society at the base of the Robert E. Lee monument in Richmond, Virginia, on July 25. The event was part of a series led by Black dancers, artists and musicians and was held on what would have been the 79th birthday of Emmett Till, a 14-year-old Black boy who was lynched in Mississippi in 1955.

Equal access for all

"These events have required psychology to respond to the oppressive systems plaguing our society and undergirding and perpetuating inequality for marginalized communities. Psychological science and understanding have been used to deepen conversations about health inequity, xenophobia, racism, bias, privilege, power, violence and more, on individual, organizational, community and societal levels. We have been called to use our skills to promote behavioral, affective and cognitive shifts that are long overdue and much needed. We have brought psychology to people in ways that have forever changed the scope of our reach. We are now well positioned to move toward a psychology of liberation that recognizes and supports the need for equal access to psychological services for everyone and leans into the best of our field to guide the world to a more ethical, just and free society."

Shavonne J. Moore-Lobban, PhD, chairs APA's Board for the Advancement of Psychology in the Public Interest and is the campus director of training at the Washington, D.C., campus of the Chicago School of Professional Psychology.



BRIAN PALMER/REDUX

Honor voices of color

"COVID-19 has unveiled the stark inequities that communities of color experience in health, health care and recovery. But to address health and its psychological consequences, psychology must address the historical systems and structures that limit opportunities for health and the social discourse that dehumanizes the lived experience of communities of color. We must start by examining our bias and exclusion of communities of color. For far too long, we have studied these communities or treated their symptoms using our evidence and not theirs. Psychology can level the playing field by honoring the voices of communities of color and activating their expertise. By moving toward community partnerships and changing how research, practice and education are created and disseminated, we can position our field for sustained equity promotion and innovation."

Carmen R. Valdez, PhD, is an associate professor at the Steve Hicks School of Social Work and chief of community engagement and health equity in the department of population health at Dell Medical School at the University of Texas at Austin.

Diversify our scholarship

"2020 has highlighted serious systemic inequities in many spheres of our lives, including law enforcement, health and health care. Unfortunately, inequities also underlie the work in my area, developmental psychology. Our research still focuses disproportionately on white participants. Our research agendas need to change to include more attention to the lives of Black and Brown children so that we better understand the manifestations of discrimination and oppression. More attention is needed to identify sources of resilience and their implications for later development, especially for children growing up in marginalized communities. This research can inform efforts to make schools and communities more supportive of the needs of Black and Brown children."

Deborah L. Vandell, PhD, is president of Div. 7 (Developmental Psychology) and a professor of education at the University of California, Irvine.



A three-story community mural in the Bronx, New York City.

BRIAN ASARE/UNSPLASH



JOHN TLUMACKI/THE BOSTON GLOBE VIA GETTY IMAGES

On Lives Disrupted

PIVOTING TO A NEW NORMAL

"Some of our colleagues became sick and recovered, some lives were lost to COVID and some colleagues lost jobs or their finances were hit hard. Practice transitioned rapidly to telephone and telehealth platforms and included service provision to first responders, nurses and physicians. Education, training and clinical science research changed to maintain safety. Flexibility and perseverance were vital, and we are continuing to educate ourselves, encourage institutional anti-racism policies, support practice and engage in advocacy."

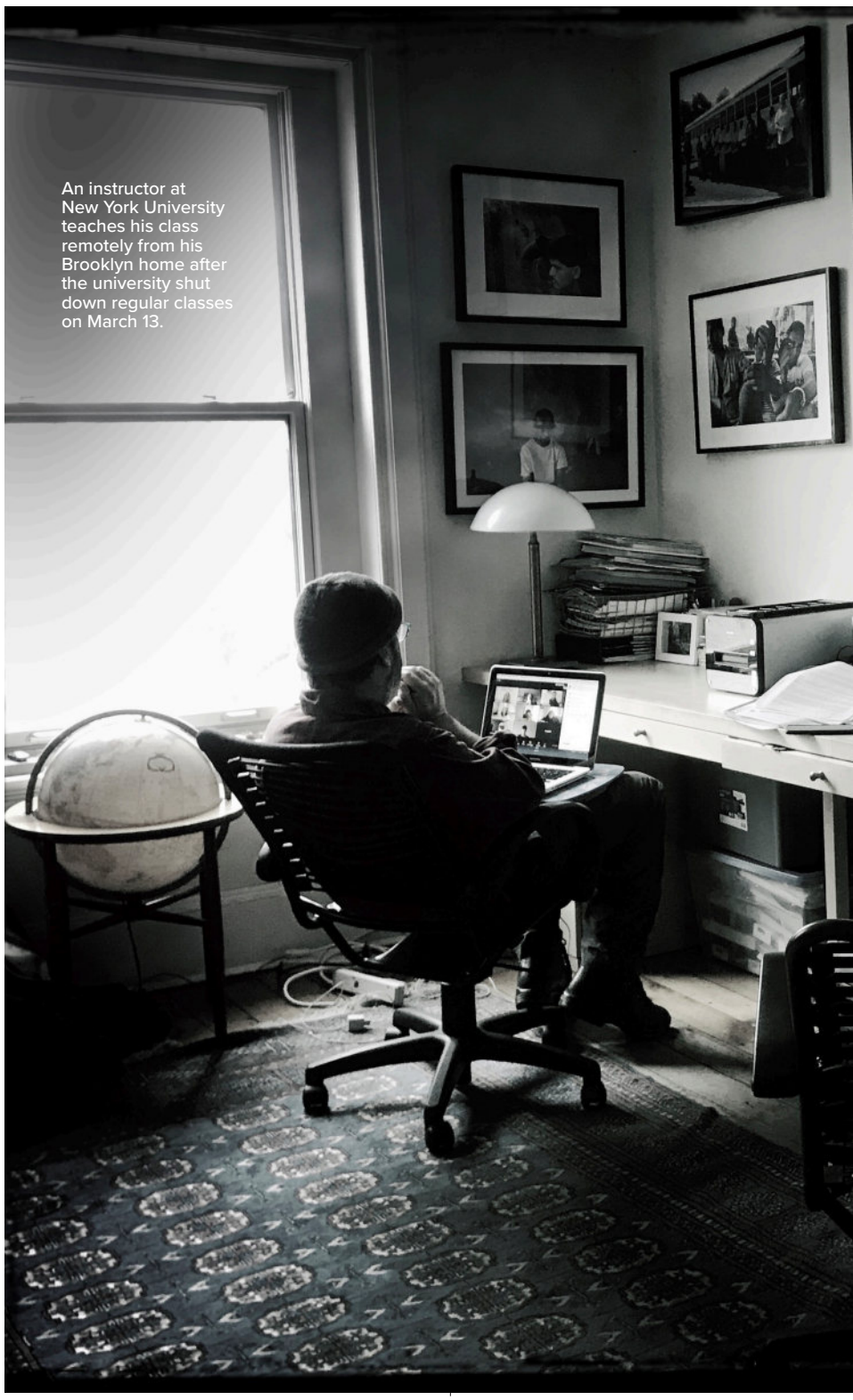
Monica Kurylo, PhD, ABPP, is president of Div. 31 (State, Provincial and Territorial Psychological Association Affairs) and professor and director of neurorehabilitation psychology at the University of Kansas Medical Center & KU Health System.

On April 4, Carol Pouliot shared a photo of her hugging her mom, Gloria, 87, in her room at a Worcester, Massachusetts, nursing home taken the previous month when visitors were still allowed.

New challenges

"COVID-19 had a major acute effect on psychological research by dramatically disrupting in-person data collection. This will have long-term impacts, including greater use of online behavioral assays and redesign of procedures for in-person behavioral testing. The pandemic also has dramatically disrupted undergraduate and graduate research, and adapting lab classes for online learning is a particularly great challenge. George Floyd's murder has catalyzed a movement for racial justice in the United States and beyond, including intense attention on equity, diversity and inclusion in psychology. One important domain is how psychologists—especially BIPOC psychologists—are recruited, trained and supported in careers. Another is recognizing the limitations of relying on convenience samples such as college students who may not be diverse in race, ethnicity or class."

Jeffrey Zacks, PhD, is the chair of APA's Board of Scientific Affairs and a professor in the department of psychological and brain sciences at Washington University in St. Louis.



An instructor at New York University teaches his class remotely from his Brooklyn home after the university shut down regular classes on March 13.

RIGHT: ANDREW LICHTENSTEIN/CORBIS VIA GETTY IMAGES





TOP: ENGIN AKYURT/UNSPLASH

Global behavior change

"The biggest lockdown in our lifetime called for a sea change in our everyday behaviors: wearing masks, physically distancing and switching to the use of technology for teaching and learning, providing services and conducting business. Ignoring behavioral changes has cost us surges in disease incidence and death rates in some places. Compounding the COVID crisis were the police killings of George Floyd and Rayshard Brooks, causing protests worldwide calling to eradicate racism. Psychologists globally should have a clear mission to help us move to more peaceful, civilized and healthy societies by aggressively promoting research on bringing about behavioral changes at the societal level for better physical and mental health; eradicating racism, poverty and societal violence; and how best to use media and technology to disseminate authentic information globally to achieve these goals."

V. Krishna Kumar, PhD, is president of Div. 46 (Society for Media Psychology & Technology) and a psychology professor at West Chester University.

Shared vulnerability

"Therapists have come to know a different level of mutual experience with patients. We no longer have the privilege of offices with our familiar protocols of engagement. We have all had to recognize our vulnerability and the anxiety of a public health crisis that touches every one of us. In spite of the trauma that we inhabit, we will continue to create ways of engaging one another that privilege relationships and the recognition of our radical humanity."

Joseph Schaller, PsyD, is president-elect of Div. 39 (Society for Psychoanalysis and Psychoanalytic Psychology) and a clinical psychologist in Philadelphia.





On Trauma & Uncertainty

A TIME OF UNPARALLELED STRESS

"Increases in mental health concerns are occurring, including increased stress, anxiety, depression, domestic violence and the consequences of unemployment. Although economic downturns typically predict increased stigma against devalued groups, it is possible that many elements of society will come to realize how precious life and mental health are—with consequent increases in empathy and compassion, and with increased access to evidence-based services via telehealth here to stay. Such would be truly silver-lined outcomes; major resources must be committed to ensure equitable access. And in terms of the huge rise in racism-linked consciousness, the ultimate goal—transcending expectable and justified outrage expressed throughout our nation—is for sustainable actions. We need to open all aspects of society, and our profession, to diverse individuals and to realize that we must all become aware of the institutionalized pervasiveness of racism."

Stephen P. Hinshaw, PhD, is president of Div. 53 (Society of Clinical Child and Adolescent Psychology) and a professor of psychology at the University of California, Berkeley.

LEFT: DZANA SERDAREVIC. RIGHT: ADAM NIKLEWICZ/BOTH SUBMITTED FOR THE UNITED NATIONS GLOBAL CALL OUT TO CREATIVES

An evolving landscape

"The social strife and physical distancing of 2020 have been humbling and reminded us that we are emotional beings. While technology offers new virtual solutions in psychology, our fundamental roots for connectedness, community and public service run deep. We must be careful to not let the rapidly changing world disrupt our important ancient psychological and societal foundations. The challenge for psychologists moving forward is to foster and maintain these foundations in our evolving landscape of telehealth and virtual communication, job automation, social media and disparate access to digital information."

Jack Tsai, PhD, is president of Div. 18 (Psychologists in Public Service) and campus dean for the University of Texas School of Public Health.

A time for reason

"2020 revealed that people struggle with decisions that require assessing and balancing risks to self and to others, economic outcomes, personal freedoms and civil interaction. The science of decision-making should be taking center stage, but too often citizens and policymakers are retreating to emotion and intuition rather than reason. Once we are no longer in the middle of these crises, I hope a retrospective examination of the events of 2020 will provide an opportunity for psychology to advocate for more effective risk communication and the systematic evaluation of trade-offs."

Michael Young, PhD, is chair of the Council of Graduate Departments of Psychology and the psychological sciences department head at Kansas State University.

Broadening the lens

"The pandemic has seen many people without traditional diagnoses struggling with emotional and psychological concerns. This means that psychology must take seriously the use of population-level models so that our discipline can better serve communities in culturally appropriate ways, with maximum impact. Widespread attention to systemic racism underscores the need for our field to continue broadening its lens to become more centrally integrated and multicultural. This approach is needed to address other global issues, including COVID-19, violence and climate change. And as technology continues to play a huge role in communication and health care, psychology has a key role to play in developing effective and ethical human-technology interfaces and innovations."

Sandra L. Shullman, PhD, is APA's president and a partner in the Executive Development Group consulting firm in Greensboro, North Carolina.



DANIEL BARRETO/SUBMITTED FOR THE UNITED NATIONS GLOBAL CALL OUT TO CREATIVES



Public education poster designed to raise awareness of the spread of misinformation during the pandemic.

NGELA OYAFUSO AND SUZY SAKANO/UNITED NATIONS COVID TALENTHOUSE

On Psychology's Potential

OUR SCIENCE IS CRITICAL

"The plagues of 2020 forever politicized scientific storytelling. The year began with Australia on fire, transitioned to a global pandemic and reignited flames of protest against racist state violence. The thread that unites these tragedies is that science can help avert them. Additionally, each scientific literature—from climate change to viral contagion to racial bias—is deeply politically contested. That means reporting our science clearly for a general audience is vital. It also means that, for much of our science, it is not possible to report our findings responsibly outside of the political context. Anthropologists will say that it never was. But 2020 makes that fact undeniable. My hope is that, as we move toward 2021, we embrace the necessarily political nature of studying the human mind. Politics is about power, and no scientist should pretend our field exists outside of that."

Phillip Atiba Goff, PhD, is the co-founder and CEO of the Center for Policing Equity and a professor of African American studies and psychology at Yale University.



Brooklynn Metz, 7, sits at her desk In Cascade, Idaho, where she is a second-grader.

Never more important

"If one considers the breadth of individual and societal responses to the pandemic, from fear about infection and coping with bereavement to the disruption of children's lives due to school closures to the impact of loneliness and economic disruption on well-being, I cannot think of any single discipline whose relevance is more urgent and pervasive than psychology. The diverse contributions of psychological science, in particular our understanding of how environments and personal skills can be modified to address the consequences of the unprecedented stressors affecting all of us, need to be acknowledged and scaled up to mitigate the adverse impacts that are already becoming visible and will only worsen in the coming months. Never has psychology been as important as now."

Vikram Patel, PhD, is the Pershing Square Professor of Global Health in the department of global health and social medicine at Harvard Medical School.

A place at the table

"The crises of 2020 have inspired many psychologists to conduct timely research and engage in outreach. The public has realized that behavioral science is necessary to understand many of the most important issues of the day. From understanding racism to addressing political polarization to promoting effective responses to the pandemic, psychologists should be part of the discussion. For most of my life, fields like economics have driven most of the conversation. But I hope that psychology research and practice will have a seat at the table to help people separate science from science fiction. Our work is relevant to many of the most important issues facing society and should receive more robust funding."

Jay Van Bavel, PhD, is an associate professor of psychology and neural science at New York University.

A global awakening

"The traumatic events of 2020 put psychology front and center, as the world became aware of what psychology has to offer, from the use of psychological science to understand systemic racism and people's behavior during this most challenging time to changing behaviors and making psychological services available to others during a time of physical distancing and extreme distress. The way we practice psychology changed as we were forced to do things differently to continue to reach vulnerable populations. It was a learning experience, and the practice of psychology will be forever changed."

Jennifer F. Kelly, PhD, ABPP, is APA's president-elect and director of the Atlanta Center for Behavioral Medicine.

LEFT: ANGIE SMITH/REDUX; RIGHT: BRITTANY HOSEA-SMALL/AGENCE FRANCE-PRESSE-GETTY IMAGES

On Moving Forward

A TIME TO SPEAK UP

"The COVID-19 pandemic has forced psychologists to recognize that the world is faced with catastrophic conditions, such as pandemics, climate change and loss of biodiversity. It has also shown that in a world full of inequalities, solidarity plays an essential role. The pandemic has also confirmed long-standing arguments that nuclear weapons, massive armies and border walls do not make humans more secure. The killing of George Floyd has forced psychologists to reckon with racism, discrimination and police violence.

Psychologists can only go forward by grasping causal links between economic development, disappearing biodiversity, climate change and pandemics. Psychologists must prioritize public health over private interests and stop the forces that cripple health services. Psychologists must choose peace over militarism: Militarism wastes funds that should go to public health and puts the world in danger. Psychologists must prioritize addressing racism and discrimination across the world and in their own work settings, organizations and structures."

Serdar M. Değirmencioğlu, PhD, is the past president of Div. 48 (Society for the Study of Peace, Conflict, and Violence) and a professor at the University of Hagen in Germany.



A hiker in Concord, California, walks below an orange sky filled with wildfire smoke on Sept. 9.

Confront assumptions

"The events of 2020 have unmasked the depth of psychological dysfunction in society. Artificially constructed social hierarchies perpetuate major psychological challenges such as racism; intergenerational poverty; inequities in education, health and wealth; and global climate change. Going forward, psychologists will need to make it a priority to challenge and retire existing hierarchical assumptions that perpetuate these psychological stressors and work toward interventions to transform hierarchical social systems and behavior that interfere with psychological wellness."

Art Blume, PhD, is president of Div. 45 (Society for the Psychological Study of Culture, Ethnicity and Race) and a professor of psychology at Washington State University in Vancouver.

Be nimble

"2020 has changed how we deliver and apply our science to address human suffering, whether that's through telehealth for individual patients, applications of what we know about health behavior to large public health issues or advocacy for social justice. Going forward, we need to remain nimble to meet the needs of those we serve."

Zeeshan Butt, PhD, is the past president of Div. 38 (Society for Health Psychology) and an associate professor at the Northwestern University Feinberg School of Medicine.



Robert Indiana's pop art sculpture "Hope" in New York City on April 22.

STEFAN FALKE/LAIF/REDUX

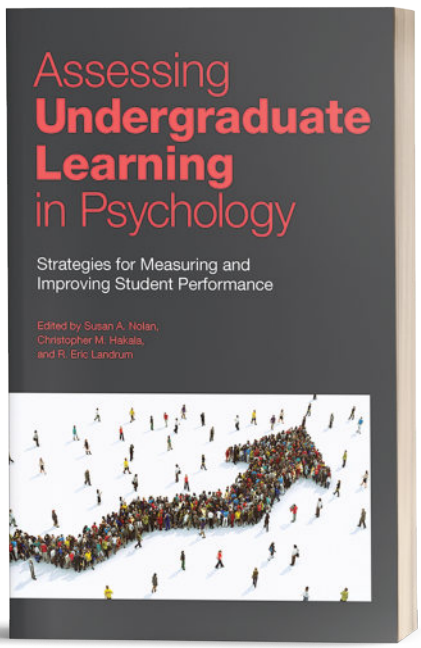
Improve lives everywhere

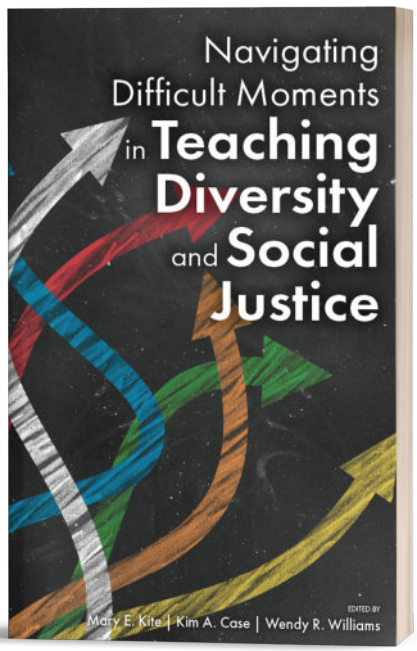
"One encouraging experience to come out of this tough time has been the bond people have for valuing human life and how psychologists have been able to help increase awareness of social justice issues, and the ability of our clinical acumen, research and innovation to be impactful during such crises. This shift speaks to the strength of psychology to be a voice and a mechanism to navigate societal issues and crises; never is this more evident than now. This is a time to speak up, advocate and share all the knowledge we have so that we help advance our human race."

Erika Carr, PhD, is an associate professor and the director of the inpatient psychology service at Yale University School of Medicine and the chair of APA's Committee on Early Career Psychologists.

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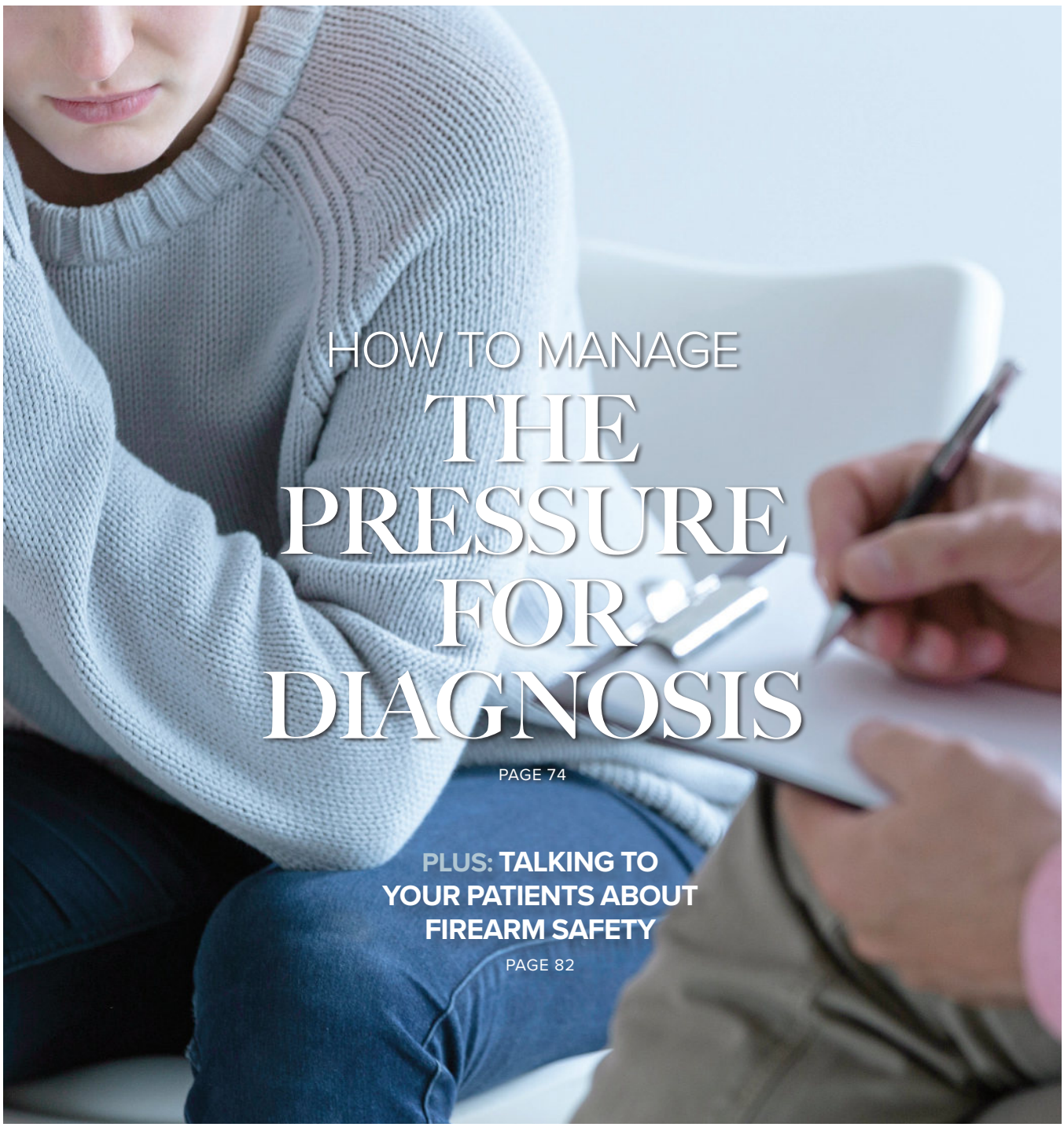
LAB WORK

HOW WE FORM HABITS AND CHANGE OUR BAD ONES

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



HOW TO MANAGE THE PRESSURE FOR DIAGNOSIS

PAGE 74

PLUS: TALKING TO YOUR PATIENTS ABOUT FIREARM SAFETY

PAGE 82

KATARZYNA BIALASIEWICZ/GETTY IMAGES

WHAT TO DO WHEN A PATIENT PRESSURES YOU

Some patients come to psychologists with a particular diagnosis in mind. What's the best way to manage expectations and handle the situation ethically?

BY CHARLOTTE HUFF



Child psychologist Olivia Moorehead-Slaughter, PhD, has guided a lot of parents through the years as they've considered whether a test or an evaluation might assist their child's learning trajectory.

Moorehead-Slaughter listens closely to better discern parents' reasons for seeking testing, as well as what they have already observed about their child's learning behaviors. Most parents, she finds, simply want to do whatever they can to help their children learn or improve their ability to succeed in school. But there have been rare occasions when she'll sense that a parent wants a specific outcome, whether that's gaining admission to a particular school or getting a diagnosis that gives the child a competitive boost, such as more time to take a standardized test.

For instance, a red flag would be if there is an almost singular focus on "How do you get this accommodation or that accommodation?" says Moorehead-Slaughter, who works at a private school near Boston and is on the faculty at the Center for Multicultural Training in Psychology, affiliated with Boston Medical Center and the Boston University School of Medicine. Another potential red flag, she says, is if a parent's sights seem overly focused "on a particular institution or a tier of institution and what they understand is necessary to gain access."

The 2019 college admissions scandal, in which some parents reportedly pursued accommodations for their children to provide cover for cheating on college admissions tests, provided an extreme illustration of this problem. But psychologists may also encounter more subtle scenarios in which parents place pressure, even unconsciously and with good intentions, during the assessment process. Along with pursuing a finding or a diagnosis that parents think will benefit their child's educational path, these circumstances may arise in other settings, such as child-custody evaluations.

A common thread that runs through many of these scenarios is that "there's an urgent need for information that could unlock resources for people," says Rebecca Schwartz-Mette, PhD, an assistant professor of psychology at the University of Maine and chair of APA's Ethics Committee.

In some cases, assessments can end in shades of gray. A child may demonstrate some traits of an anxiety disorder or attention-deficit hyperactivity disorder (ADHD) but not to the level to meet diagnostic criteria, Schwartz-Mette says. That can frustrate parents who feel their child still needs more educational help, she says. They also may have footed the assessment bill, depending upon their insurance coverage, and anticipated getting answers that would provide a clear path forward, she says.

"I very rarely experience a family who is pressuring a psychologist," Schwartz-Mette says. "I think that the family feels the pressure of finding an answer, and then they're really pinning their hopes on the psychologist that they can provide that answer."

ESTABLISHING EXPECTATIONS

To help avoid later problems, it's vital for psychologists to make sure parents understand up front how the evaluation process works, says Heather Loffredo, PsyD, director of testing at Alvord, Baker & Associates in Rockville, Maryland. Before Loffredo evaluates a child, she explains to the parents that the psychologist's role is to look "at where the data converges, and



ZINKEVYCH/GETTY IMAGES

not just one specific data point."

She also delves into parents' goals and expectations, asking them directly: "What are you hoping to get out of this assessment?" And she watches out for clues to underlying motivations. For instance, parents may describe how they want insights into their child's learning style and why they struggle with school, Loffredo says. That's quite different from a parent who tells a psychologist, "We're really thinking that our kid has ADHD, but the school won't give resources without data to back that up."

In the latter example, Loffredo will devote additional time to explaining that even if an evaluation does not yield a diagnosis, it is valuable to uncover insights about a child's learning strengths and weaknesses.

Leslie Drozd, PhD, a California-based clinical and forensic psychologist who performs child-custody evaluations, also clarifies her role from the start. Depending upon the case, she may be hired by an attorney representing one of the parents or she may be appointed by the court as a neutral evaluator.

If she's been appointed as a court evaluator, Drozd alerts the parents involved that what they tell her will not be confidential. She wants them to consider the potential ramifications of the information they share, such as any personal risk if one parent alleges abuse by the other. "I make it clear on the front end that I can't be told something that I'm not going to check out with the other parent," she says.

To help avoid later problems, psychologists have to make sure parents understand up front how the evaluation process works.

A psychologist makes recommendations to the parents and ultimately to the court as to what is in the child's best interest, such as how much time each parent can spend with the child, Drozd says. In this emotional and complex process, even highly experienced psychologists can face extreme pressure, she says—for example, in a situation in which one parent is alleging abuse and the other parent is denying those accusations and asserting that they are false and designed to cut them off from their child, she says.

If Drozd questions whether she is being unduly influenced toward an outcome—such as who will be the primary caregiver—she will consult with another psychologist, summarizing the case broadly without identifying details. Or, if the parents sign releases, she may share some specifics, including part of the data.

That ensures that she maintains the ability to see things from various perspectives, Drozd says. "With the intensity of the emotions that can occur in these cases, there are blind spots that any of us can have."

HANDLING DISAPPOINTMENT

Sometimes even when she sets up expectations in advance, Loffredo finds herself managing dashed hopes when she reviews

her findings with parents.

In some cases, the child's scores on IQ or other academic tests might not be high enough for admission to a school or program that the parents had in mind, she says. Or perhaps parents want their teenager to be reevaluated for an existing learning disorder before starting college so they can get accommodations there, but a new evaluation shows that he or she no longer meets criteria for accommodations for the disability.

"When I see frustration around things like that, it's usually because the parents are very anxious about how their child will perform in college," says Loffredo, who strives to address those worries. She'll remind parents that colleges and professors are often open to more informal accommodations. Plus, there are other ways parents can help their child succeed, such as setting up supports at college.

Psychologists themselves may also struggle when the findings prove inconclusive or not what was initially anticipated or desired, Schwartz-Mette says, particularly when a lack of a diagnosis means a child does not qualify for services that may still be beneficial.

"That's when we have to just breathe and say, 'We did what we could,'" Schwartz-Mette says. "But [we cannot] stretch results or let that feeling of wanting to help push us in a direction where our judgments and our conclusions are not based on our scientific and professional observations."

Moorehead-Slaughter agrees. "Psychologists, at their core, just want to be helpful," she says. Sometimes this desire to help, she says, can land people in uncomfortable territory.

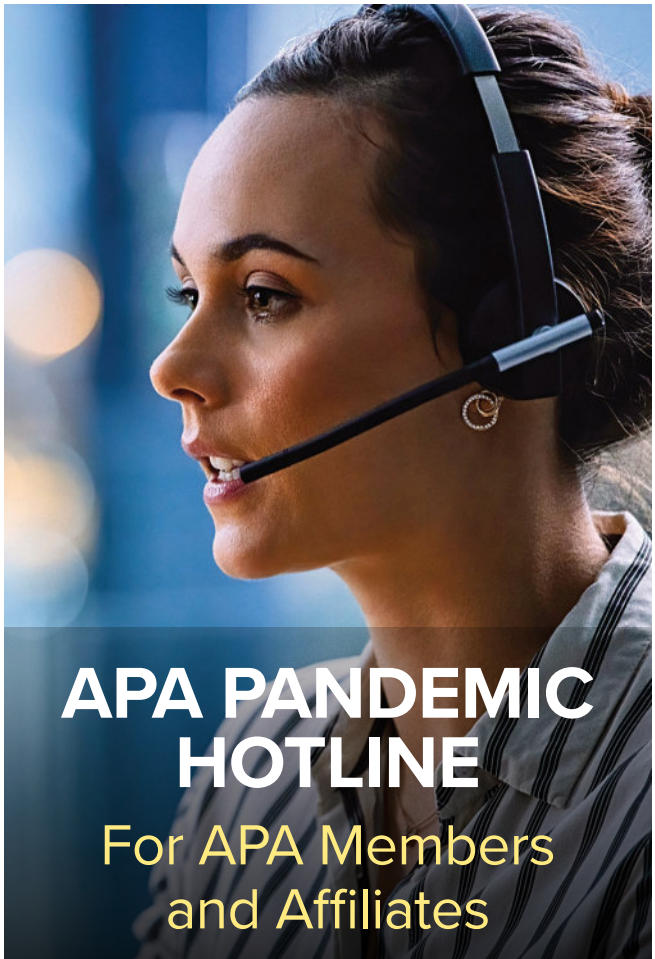
Occasionally, Moorehead-Slaughter has gone so far as to not refer a parent to a colleague if she perceives that the parent is less interested in fostering their child's learning than unduly situating them at a competitive advantage. "I am not going to move to the step of facilitating a process that I think is not one that is appropriate, that I think may actually be harmful or a misuse of assessment," Moorehead-Slaughter says. ■

FURTHER READING

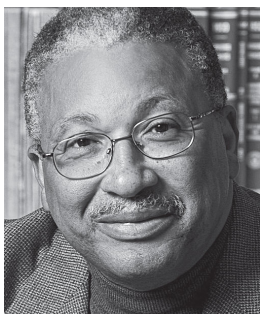
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Chin


Jackson


Hamill


Malone


Murray

PSYCHOLOGISTS IN THE NEWS

Clinical psychology students at Adelphi University are raising money to build a memorial garden on the campus in memory of **Jean Lau Chin, EdD,** who died in May of COVID-19 at age 76. Chin had a five-decade-long career in psychology that included serving as the dean of the Gordon F. Derner School of Psychology at Adelphi. She dedicated much of her psychology career to advancing diversity in leadership and showing how psychology could be a force for promoting social justice and change.

Social psychologist **James S. Jackson, PhD,** died on Sept. 1 at age 76. Jackson founded the Program for Research on Black Americans at the University of Michigan, where he taught until earlier this year when he retired. The program's National Survey of Black Americans, completed in 1980, was a groundbreaking project that provided important insights into the Black community. He was a mentor to several generations of Black scholars and is a past president of the Association of Black Psychologists and APA's Div. 9 (Society for the Psychological Study of Social Issues).

California State University (CSU) has presented Faculty Innovation and Leadership Awards to psychology professors **Matthew Paolucci Callahan, PhD,** of Sonoma State University, **Sharon Hamill, PhD,** of CSU San Marcos, and **Jae H. Paik, PhD,** of San Francisco State University. The $5,000 award recognizes faculty who have demonstrated "extraordinary leadership to advance student success, particularly in courses or areas with traditionally low success rates or persistent equity gaps" and comes with an additional $10,000 for the professor's academic department in support of ongoing innovation and leadership to advance student success.

The American Academy of Nursing has named psychologist and nurse **Beverly Malone, PhD, RN,** as one of five "Living Legends" in nursing leadership, the academy's highest honor. Malone is the CEO of the National League for Nursing and a lifetime champion for the nursing profession. Among her many achievements, Malone served as the deputy assistant secretary for health during the Clinton administration and as the general secretary of the Royal College of Nursing in the United Kingdom.

The collegiate honor society Phi Kappa Phi has named **Lora Becker, PhD,** as its 2021 president-elect. Becker is a professor of psychology and director of the neuroscience program at the University of Evansville in Indiana. Her election is a six-year commitment to include successive terms as president and past president. Becker previously served as president of the Evansville chapter of the honor society and as chair of its national bylaws committee.

The National Register of Health Service Psychologists has presented the $10,000 Judy E. Hall Early Career Psychologist Award to **Courtney L. Benjamin Wolk, PhD,** for her work to develop a COVID-19 coaching program that provides easy access to mental health support for front-line health-care workers at Penn Medicine, the University of Pennsylvania Health System. Wolk and her co-developer, Emily Becker-Haimes, PhD, are assistant professors at the university's Perelman School of Medicine.

The University at Buffalo of the State University of New York has presented a Chancellor's Award for Excellence in Scholarship and Creative Activities to **Sandra Murray, PhD,** a professor in the department of psychology, and a Chancellor's Award for Excellence in Teaching to **Wendy Quinton, PhD,** a clinical associate professor in the department of psychology. ■

HARNESSING THE POWER OF HABITS

The Habit Lab at the University of Southern California explores how we form habits and how we can change unwanted ones

BY CHRIS PALMER

Would you eat a bucket of popcorn without salt and butter? What if it were stale? Sounds unappetizing, but you're much more likely to chow down without thinking about the taste if the environmental context is just right for popcorn munching, say in a darkened movie theater (*Personality and Social Psychology Bulletin*, Vol. 37, No. 11, 2011). The critical role of context is just one of the many facets of habitual behavior that Wendy Wood, PhD, a psychologist at the University of Southern California (USC), has illuminated throughout her decades-long career exploring how and why people fall back into old habits, how good patterns help people meet goals and how to change unwanted habits.

Many of the actions people engage in daily—such as shopping, exercising (or not) and communicating with others—are habitual, and thus can be difficult to change. Among Wood's findings is that a stunning 43% of everyday actions are enacted habitually while people are thinking about something else (*Journal of Personality and Social Psychology*, Vol. 83, No. 6, 2002).

"We think we do most things because we make decisions or we're asserting willpower, but instead our research shows that a lot of human behavior is repeated often enough in the same context to form habits," Wood says.

In addition to investigating the foundations of habit formation in the lab and in real-life situations, Wood and the members of the Wood Habit Lab at USC have advised the National Academy of Sciences on how to encourage health-protective behaviors during the COVID-19 pandemic, worked with the World Bank on a project to change centuries-old bathroom habits to improve public health and counseled Fortune 500 companies on the best practices for changing consumers' purchasing habits.

"The work in Wendy's lab sits in a sweet spot between rigorous experimental lab work and more applied field studies that allow you to see how people's unconscious processes actually play out in the real world in very concrete ways," says David Neal, PhD, a former postdoctoral researcher in Wood's lab and one of several Habit Lab members who have gone on to work in the private sector.

RESEARCH FOCI

The Habit Lab at the University of Southern California is exploring:

1. **How people form habits and change unwanted ones**
2. **The role context plays in shaping and maintaining habits**
3. **How adding "friction" to a behavior will make it less likely to occur**

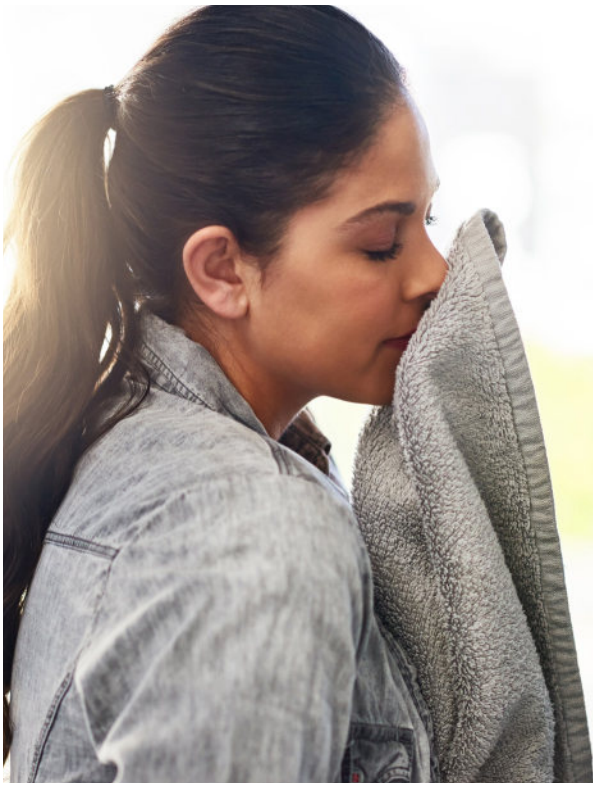
Ultimately, the goal of the lab is understanding how to harness the power of repeated actions.

"The cognitive revolution led people to focus on motivation, goals, cognitive practices, how people think," Wood says. "But we're finally seeing the limits of thoughts and feelings, and we're starting, as a discipline, to realize that how people actually act day in, day out is also quite important."

THE ROLE OF CONTEXT

Wood got her start studying habits in an indirect way—she was initially studying attitude change and how to influence people to adopt new views of the world under the supervision of psychologist Alice Eagly, PhD, at the University of Massachusetts Amherst. Wood's early work with Eagly on attitude change would give rise to her interest in why people's behavior seems to have a different logic than what people say, believe and feel. "I became fascinated by why changing attitudes doesn't always lead to a change in behavior," Wood says. "One answer is habits—how they keep us persisting in old actions—and how people underestimate the role of habits in their daily lives."

TOP ROW: PEOPLEIMAGES/GETTY IMAGES; NATURALBOX/GETTY IMAGES;
BOTTOM ROW: KICKIMAGES/GETTY IMAGES; PEOPLEIMAGES/GETTY IMAGES









During her time as a faculty member at Texas A&M University, Wood and her former graduate student Judith Ouellette conducted a meta-analysis of research on habits and intentions that was both formative for Wood's later research and easily her most highly cited article to date. They demonstrated that when a person repeats a behavior often enough, the behavior becomes habitual and their intentions really don't matter all that much (*Psychological Bulletin*, Vol. 124, No. 1, 1998). People can intend to do all kinds of things—exercise and eat lots

The more often a behavior occurs in a certain location, the stronger a habit can become.

of fruits and vegetables—but in the end, their behavior primarily is cued by performance contexts and therefore has a different causal source than their thoughts, intentions and beliefs. "That study suggested a split between the processes that guide our attitudes and the ones that guide our behaviors," Wood says.

At Duke University, Wood and her students observed that habits are learned associations between responses and aspects of the context under which the responses are performed, such as the physical location and preceding actions (*Journal of Experimental Social Psychology*, Vol 48. No. 2, 2012). Wood and her team have also noticed that habits are not readily changed by changing minds, as evidenced by failures of information campaigns such as the food pyramid and daily ozone warnings to change people's habits around eating or spending time outdoors, respectively (*Journal of Public Policy & Marketing*, Vol. 25, No. 1, 2006). Instead, habits can be broken by controlling the cues that trigger behavior. For example, changes to one's circumstances (e.g., taking a different route to work) can change context cues and lead to disruption of habits (e.g., stopping for a daily iced coffee fix on the way to the office) (*Journal of Personality and Social Psychology*, Vol. 88, No. 6, 2005).

Wood and her team have also found that familiar cues in performance contexts direct behavior when people are too distracted or too tired to think of an appropriate response (*Journal of Personality and Social Psychology,* Vol. 104, No. 6, 2013). "When people are maxed out, they don't have a lot of willpower left over to make effortful decisions and they resort to acting out of habit, often in response to context cues," Neal says. This isn't always a bad thing, Neal points out, because during times of low resources, people turn to both bad (e.g., stress eating) and good (e.g., daily exercise routines) habits.

A critical context cue is location, and the more often a behavior occurs within a certain location, the stronger a habit can become. In one Habit Lab study, led by graduate student Asaf Mazar, Wood and her students interviewed diners at the USC dining commons, and in some conditions the interviewer drank a lot of water, and in other conditions they drank very little. They found that diners who reported regularly drinking water in the commons did so regardless of what the interviewer did. But people who didn't have a strong habit to drink water in the dining commons were very influenced by how much the interviewer drank. "This observation shows that habits can persist regardless of social influences when you're in the context that you've performed the habit before," Wood says of the soon-to-be-published study.

Mazar is also exploring ways to disrupt social media use habits by creating friction on the automatic behavior of flipping through a smartphone by moving around the icons to launch certain apps or requiring passwords to use those apps.

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How Do People Adhere to Goals When Willpower is Low? The Profits (and Pitfalls) of Strong Habits
Neal, D., et al. *Journal of Personality and Social Psychology*, 2013

Habit Slips: When Consumers Unintentionally Resist New Products
Labrecque, J., et al. *Journal of the Academy of Marketing Science*, 2017

PUTTING RESEARCH INTO ACTION

Wood has been working with government agencies, nonprofits and industry to apply her knowledge of habits to help shape people's behavior, whether it's to benefit public health or to help companies improve their marketing strategies.

Wood has worked with Procter & Gamble to leverage insight about consumers' habits to encourage them to use a new product. "One of the challenges in introducing new products is not that people don't like them," Wood says. "It's just that they already have habits for using competing products."

Wood, Neal and their colleagues found that old habits could be overcome if the new products were designed to be integrated into those old habits (*Journal of the Academy of Marketing Science*, Vol. 45, 2017). One example from their study involved getting participants to incorporate a "fabric refresher" into their laundry routines by using a sniff test to determine if their clothes were smelly, but instead of just re-wearing or washing as was their usual habit, they followed a plan to use the refresher.

"Working on this project was my first exposure to the idea that you could run rigorous academic studies published in collaboration with a company funding the research," says Neal, who cites the experience as the stepping-stone for launching a psychological science consulting business.

Other members of the Habit Lab have also gone on to work in industry, including at an envi-



J. EMILIO FLORES

Dr. Wendy Wood is sharing her habit research with the public through social media and appearances on behavioral science podcasts.

ronmental science firm, a hand sanitizer manufacturer and a digital media player manufacturer. "A number of my students take jobs in industry simply because there's a great deal of interest in habit; for example, how to get consumers to form habits and what kinds of products are habit-forming," Wood says.

As another example of applied research, the World Bank asked Wood and Neal to help encourage home toilet and community latrine usage in India, where open defecation is still a major health concern. "The World Bank engineers built the toilets and latrines, but when they left, no one wanted to use them," Wood says. "They just didn't have a bathroom habit and they continued to defecate in their fields."

Wood, Neal and others delivered a white paper ("Nudging and Habit Change for Open Defecation: New Tactics From Behavioral Science," World Bank, 2016) consisting of a framework of eight principles to support the use of toilets or latrines. The principles highlighted the value of nudges and other tactics that bypass rational thinking, such as the "No Toilet, No Bride" media campaign. "The idea was that having a toilet is almost part of the dowry," Neal says.

Researchers in the Habit Lab are also working with the Centers for Disease Control and Prevention to increase people's participation in pre-diabetes control programs. Wood also recently wrote a brief and appeared in a webinar for the National Academies of Science, Engineering, and Medicine, advising communities on how to encourage COVID-19-prevention behaviors such as wearing a mask and practicing social distancing.

RESEARCH FOR THE PUBLIC

After years of being asked for advice—from friends, family, colleagues and strangers—about how to break bad habits or maintain new ones, Wood recently began looking for ways to more widely communicate her decades of research on how habits shape our lives to help people help themselves. The early results were op-eds in *The New York Times* about keeping New Year's resolutions and in *The Washington Post* about the top habit myths, and near-daily tweets that describe recent habit research in terms laypeople can understand and act on.

In addition, Wood has been making the rounds on a variety of behavioral science podcasts—including The Happiness Lab, The Hidden Brain, and Choiceology—to pull back the curtain on habitual behaviors and encourage more researchers to pursue this topic.

She also wrote a popular press book, "Good Habits, Bad Habits: The Science of Making Positive Changes That Stick," to give readers evidence-based guidance on how to form good habits.

"Everyone is interested in habits in their own lives, but I hadn't seen habit research getting out there into the public realm," Wood says. "The science of habit is finally beginning to reveal why we have been unable to change our own behavior and, even better, the discoveries we are making are helping people craft plans that bring lasting change to their lives." ■

● **"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."

HOW TO TALK TO YOUR PATIENTS ABOUT FIREARM SAFETY

Making guns less accessible is a key step in suicide prevention

BY REBECCA A. CLAY

Less than 9% of suicidal acts result in death, but that percentage jumps to 90% when firearms are involved, according to a study in *Annals of Internal Medicine* (Vol. 171, No. 12, 2019). "With firearms, there's usually no chance to regret what you've done or to call 911," says Emmy Betz, MD, an associate professor of emergency medicine at the University of Colorado School of Medicine. And that's why discussing safe firearm storage with patients at risk of suicide is so important. "We really don't want someone who is going through a rough time to be able to reach for a firearm," Betz says.

To lessen the chances of suicide, it's important to put time and space between suicidal people and access to lethal means. For patients who have firearms in their homes, this could mean locking an unloaded firearm in a safe and storing ammunition separately; asking another household member to keep the firing pin or change the combination on a gun safe; or handing firearms over to a friend you trust. When discussing firearm safety with patients, experts recommend these steps:

FAMILIARIZE YOURSELF WITH FIREARM CULTURE

According to a Gallup poll, 43% of Americans live in households with guns and 30% identify as gun owners themselves. That means it is highly likely you will have to discuss firearm safety with at least some of your patients. Recognizing your own biases and becoming culturally competent in this area are key, says Michael Anestis, PhD, executive director of the New Jersey Gun Violence Research Center at Rutgers University. "If you come across as an outsider who doesn't know about the topic, you lose credibility," he says. Learn about different types of firearms; watch YouTube videos about how firearm safety mechanisms like trigger locks and cable locks work; and find out how much gun safes, biometric gun boxes and other storage options cost. Some psychologists even visit shooting ranges.

GET TRAINING

Designed specifically for mental health professionals, CALM (Counseling on Access to Lethal Means) is a free online training developed by the Suicide Prevention Resource Center. The Department of Veterans Affairs offers a free webinar on lethal means safety training as well as a free Suicide Risk Management Consultation Program for providers working with veterans. Betz and her colleagues have developed a website called Lock to Live to help patients and clinicians think through storage options.

Trainings are available to help clinicians talk through safe firearm storage options with their patients.

BRING IT UP BEFORE A CRISIS

Asking about gun ownership at the outset of therapy could prompt your patient to distrust you, says Megan McCarthy, PhD, vice president of Project 2025, the American Foundation for Suicide Prevention's initiative to cut the U.S. suicide rate by 20% by 2025. But if you're seeing clients who report suicidal ideation, changes in behavior or activity level, or warning signs like depression, agitation or insomnia, she says, "it's time to start the conversation if you haven't before."

BE CONVERSATIONAL, NOT PRESCRIPTIVE

When starting the conversation, make it clear you're not trying to take a patient's guns away from

EMHOLK/GETTY IMAGES



"One of the most useful opening moves is just to ask a gun owner what types of guns they have—not in a way that makes it seem you're judging or looking down on them but in a way that conveys interest."

CRAIG BRYAN, PSYD, ABPP, OHIO STATE UNIVERSITY

them, says Craig Bryan, PsyD, ABPP, the stress, trauma and resilience professor of psychiatry and behavioral health at The Ohio State University's Wexner Medical Center. "One of the most useful opening moves is just to ask a gun owner what types of guns they have—not in a way that makes it seem you're judging or looking down on them but in a way that conveys interest," says Bryan. Continue with open-ended questions as you explore how many firearms the person has, where they are stored and how you might move them along the spectrum of safe storage options.

WATCH YOUR LANGUAGE

Use the word "firearms" instead of "guns" since it covers more types of weapons and sounds more clinical and less polarizing, says Betz. Avoid words like "restrict" and focus on the voluntary and temporary nature of safer storage options. While you should appeal to patients' desires to protect themselves and their families, recognize that "safety" may mean something different for your patient. For patients whose gun ownership is tied to protecting their families from intruders, Anestis points out, "safe storage means being able to access the firearm quickly in the night."

INVOLVE FAMILY AND FRIENDS

With your patient's permission, recruit peers or family members to attend sessions where you brainstorm ideas for safe firearm storage, suggests Russell Lemle, PhD, a senior policy analyst at the Veterans Healthcare Policy Institute. It's always a good idea to involve family and friends in discussions of suicide, he says, but even more important when it comes to firearms. "They may have more credibility," he says.

KNOW THE LAWS IN YOUR STATE

Getting a firearm out of a client's home sometimes isn't as easy as handing it off to a family member or friend. In some states, that's actually illegal unless the person undergoes a background check and fills out the required paperwork. Gun shops, shooting ranges and police stations may offer firearm storage. Betz is pushing states to create gun storage maps like the one the organization she helped found—the Colorado Firearm Safety Coalition—has created for Colorado.

Above all, says Betz, don't be afraid to bring up the topic of safe storage. "It can feel awkward the first couple of times you do it," she says. "But just starting the conversation goes a long way: You don't need to tell the person what to do with their guns; you just need to start the conversation and help them find an answer." ■

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PROGRAM DIRECTOR – FOSTERING HOPE FOUNDATION: Fostering Hope, a Colorado Springs–based nonprofit providing supportive services to foster families and emancipated foster youth, seeks a program director. The ideal candidate will have a heart for foster families, a mind for program development, an interest in innovation and experience with trauma-informed care. This innovative model functions on the premise that TIC can be utilized by volunteers to engage and assist foster families. The program functions within a relational familial culture that offers the sustained practical and natural supports of an extended family. Outcomes over 14 years indicate significant progress against comparative norms. With the goal of national dissemination, Fostering Hope is currently preparing for an external program evaluation. If interested, submit curriculum vitae/resume and cover letter to Nick.Colarelli@FosteringHopeFoundation.org.

GEORGIA

POSTDOCTORAL FELLOW/RESIDENT IN FORENSIC PSYCHOLOGY: The Augusta University Department of Psychiatry has two one-year full-time positions for our fellowship in forensic psychology that will begin on September 1, 2021. The fellowship includes experiences with both adult and juvenile forensic evaluations. Fellows conduct both inpatient and outpatient forensic evaluations to determine a defendant's competency to proceed, mental state at the time of the offense, and future violence risk. The fellowship also includes didactics covering critical issues in psychology and law as well as a weekly landmark case seminar. Each fellow is allotted protected research time. The stipend for the fellowship is $50,000 plus $1500 for travel to professional conferences. For a complete description please see: https://www.augusta.edu/mcg/psychiatry/fellowship_training/otherfellowships/forensicpsychology/forensic-psychology.php Applications are due by January 4, 2021. For additional information contact: Holly Tabernik, PhD, Director of Forensic Psychology Training, htabernik@augusta.edu. Augusta University/AU Health is an equal opportunity employer including individuals with disabilities and veterans.

POSTDOCTORAL FELLOWSHIP

Begin September 1, 2021

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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.

MAINE

CLINICAL DIRECTOR OF PSYCHOLOGY: Riverview Psychiatric Center is seeking a full-time Clinical Director of Psychology to oversee a full range of psychological services within an adult inpatient setting. This is an opportunity to join a group of highly motivated and skilled professionals who are devoted to providing state-of-the-art mental health care utilizing a Recovery Model of treatment. Riverview Psychiatric Center, in collaboration with the community, is a center for best practice, treatment, education and research, for individuals with serious, persistent

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MASSACHUSETTS

CHILD PSYCHOLOGIST: The Department of Orthopaedic Surgery, Division of Sports Medicine, in collaboration with the Department of Psychiatry, Division of Psychology, at Boston Children's Hospital seeks a full-time child psychologist. The psychologist will work as part of a multidisciplinary team providing outpatient consultation and therapy to pediatric, adolescent, and young adults with orthopaedic and sports medicine injuries/conditions. Specific training and skills in sports psychology, coping, fear of reinjury, depression, post-traumatic stress disorder, and burnout preferred. The psychologist will provide treatment services within the sports medicine and orthopaedic clinics at Boston Children's Hospital, and in satellite clinics in the Boston area. Opportunities for research exist including access to the Clinical Effectiveness Research Center, a clinical epidemiologic research unit supporting research within the Division of Sports Medicine. Current research efforts include PTSD after pediatric orthopaedic injury, anxiety, even conversion reactions around elective orthopaedic spine and hip surgery, fear of reinjury after ACL reconstruction, resiliency in adolescent athletes, depression after sports injury, and burnout. The applicant must possess a Massachusetts health service provider license in psychology prior to assuming the position. Appointment at Harvard Medical School as Instructor or Assistant Professor will be commensurate with experience and requires ongoing teaching. Graduates of APA/CPA-approved doctoral programs and internships required. Send your letter of application detailing experience and recent CV to Courtney Kellogg, Department of Psychiatry, Boston Children's Hospital, 300 Longwood Avenue, Boston, MA 02115. (courtney.kellogg@childrens.harvard.edu) Boston Children's Hospital is an Affirmative Action/Equal Opportunity Employer. We place a strong emphasis on the values of equality and diversity.

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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

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MINNESOTA

MINNESOTA MEDICAL PSYCHOLOGY FELLOWSHIP PROGRAM: The Department of Psychiatry and Psychology, Mayo Clinic Rochester, is accepting applications for our APA-Accredited two-year specialty practice programs. Applicants must come from APA- or CPA-accredited graduate programs and internships and apply to one of our three programs. Fellowship positions are available for July 1, 2021. Start dates are flexible. The program's aim is for fellows to achieve advanced competencies in their respective areas of specialty (clinical child psychology, clinical health psychology, clinical neuropsychology) to prepare them for employment in academic health centers and board certification in professional psychology. The Medical Psychology Fellow's experience in each specialty practice area combines clinical, educational, and research activities, with at least 50% time in clinical activities. Fellows select research mentors and have 30% protected research time. Educational opportunities are tailored and include weekly departmental grand rounds, case conferences, journal club, and didactic seminars. Fellows also receive funding for attendance and/or presenting at professional conferences. Application materials and more information: http://www.mayo.edu/msgme/psychology-rch.html.

FELLOWSHIP: Minnesota Forensic Services postdoctoral forensic psychology fellowship beginning September, 2021 with a stipend of $87,195, plus benefits. Applications due January 1, 2021. Visit https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6311-ENG or contact Dr. Jacob X. Chavez at jacob.chavez@state.mn.us.

OKLAHOMA

ASD SPECIALIST PSYCHOLOGIST: Inline image Moore Autism Center is happy to announce the opening of an ASD specialist psychologist position. The position is salaried ($80,000) with benefits including HI, matched SIMPLE, and bonuses. Compensation package is estimated to be $100,000+. Eligible psychologists must be able to demonstrate expertise in the domain of ASDs, preferably via a postdoctoral immersion experience in ASDs, or 5+years of demonstrable competence in this specialty field. Direct queries to Dr.Ward@yahoo.com. www.mooreautismcenter.com.

RHODE ISLAND

POSTDOCTORAL FELLOWSHIPS: The Department of Psychiatry and Human Behavior at the Alpert Medical School of Brown University offers postdoctoral fellowships in four divisions: Clinical Psychology Program (CPP), an APA-accredited Traditional Practice Program; Clinical Child Psychology Specialty Program (CCPSP), currently part of the APA-accredited CPP in process of applying for specialty accreditation; Clinical Neuropsychology Specialty Program (CNSP), APA-accredited on contingency; and Research Fellowship Program (RFP), which is not APA-accredited. Experiences range from primarily clinical to 100% research. Application: Applicants to Clinical Neuropsychology Specialty Program (CNSP)- Adult emphasis fellowships have an earlier hard application deadline of December 14, 2020. The CNSP adult emphasis fellowships do not participate in rolling admission. Applicants to CNSP - Pediatric emphasis fellowships adhere to the regular application deadline of January 4, 2021, with rolling admission. Applicants to Clinical Psychology Program (CPP) and Clinical Child Psychology Specialty Program (CCPSP) fellowships adhere to the regular application deadline of January 4, 2021, with rolling admission, and will adhere to APPIC Selection Guidelines. Applicants to Research Fellowship Program (RFP) fellowships may have the option of submitting for Early Decision on December 11, 2020. (This application deadline is for those RFP applicants whose first choice is Brown. By applying, applicant agrees to attend the program, if accepted. Applicants not accepted at the early decision deadline will automatically be considered for the regular application deadline). Regular application deadline for RFP is January 4, 2021, with rolling admissions. For application, program details, available fellowships (average of 20 per year), visit the Postdoctoral Fellowship page on our website: http://brown.edu/go/clinical-psychology-training. For further information, email: postdoc_training@brown.edu. Applicants must hold a doctoral degree at the time the fellowship begins. Appointments are initially for one year; in some fellowships, second year appointments are negotiated between fellow and supervisor. Competitive stipends and/or salary and benefits are provided. The Alpert Medical School of Brown University is an Equal Opportunity/Affirmative Action Employer and actively solicits applications from women and minorities.

TEXAS

LICENSED PSYCHOLOGIST/POSTDOCTORAL FELLOW: Looking for an Early Career Licensed Psychologist/Postdoctoral fellow for Brighter Paths Wellness and Counseling Center, a growing practice. This position is telehealth/in-person. Duties include psychotherapy and assessments. Send your resume and letter of interest to rrichardson@brighterpathsllc.com.

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BY TORI DEANGELIS



STRESS AND CAREGIVING

Unpaid caregivers for older adults—mainly family—were more than three times as likely to have suicidal thoughts or to use substances to cope with COVID-19 stress in June than they were in May, according to Centers for Disease Control and Prevention data

66.6%

Percentage of unpaid caregivers for older adults who **reported at least one adverse mental or behavioral health symptom** in the 30 days before taking a survey of 5,470 Americans conducted June 24–30, 2020. Approximately 40.4 million Americans provide unpaid care for people ages 65 and older, and about 90% of them are related to the person.[1]

32.9%

Percentage of unpaid caregivers who reported mental or behavioral health problems such as **anxiety, depression or substance use** in the 30 days before taking the June survey. That compares with 6.3% of respondents who weren't caring for older family members. Unpaid caregivers were also 3.33 times more likely to report using substances to cope than they were in May.

30.7%

Percentage of unpaid caregivers who reported **thinking seriously about suicide** in the 30 days before completing the June survey. That compares with 3.6% of those not providing unpaid care for older adults, and it is higher than suicide-ideation rates in other high-risk groups including essential workers (21.7%), young people ages 18–24 (25.5%), Hispanics (18.6%) and Blacks (15.1%).

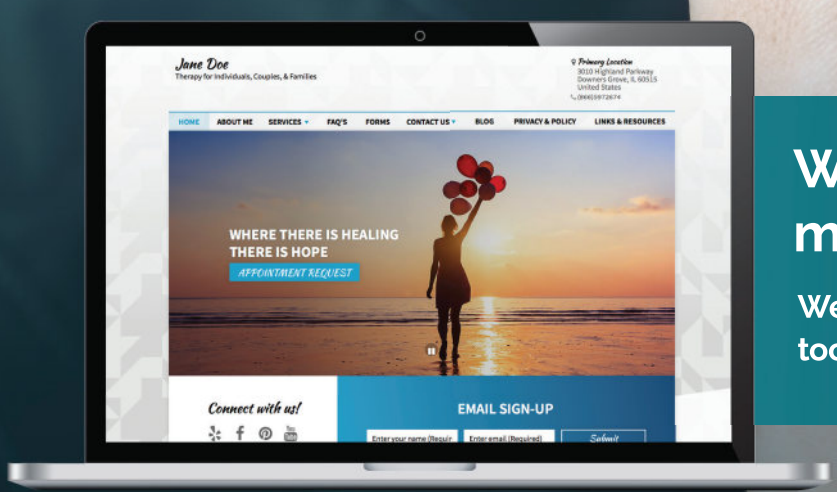
Sources: Czeisler M.É., et al. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States, June 24–30, 2020. *Morbidity and Mortality Weekly Report. (1).* Unpaid eldercare in the United States—2017–18 summary. Economic news release from the Bureau of Labor Statistics.

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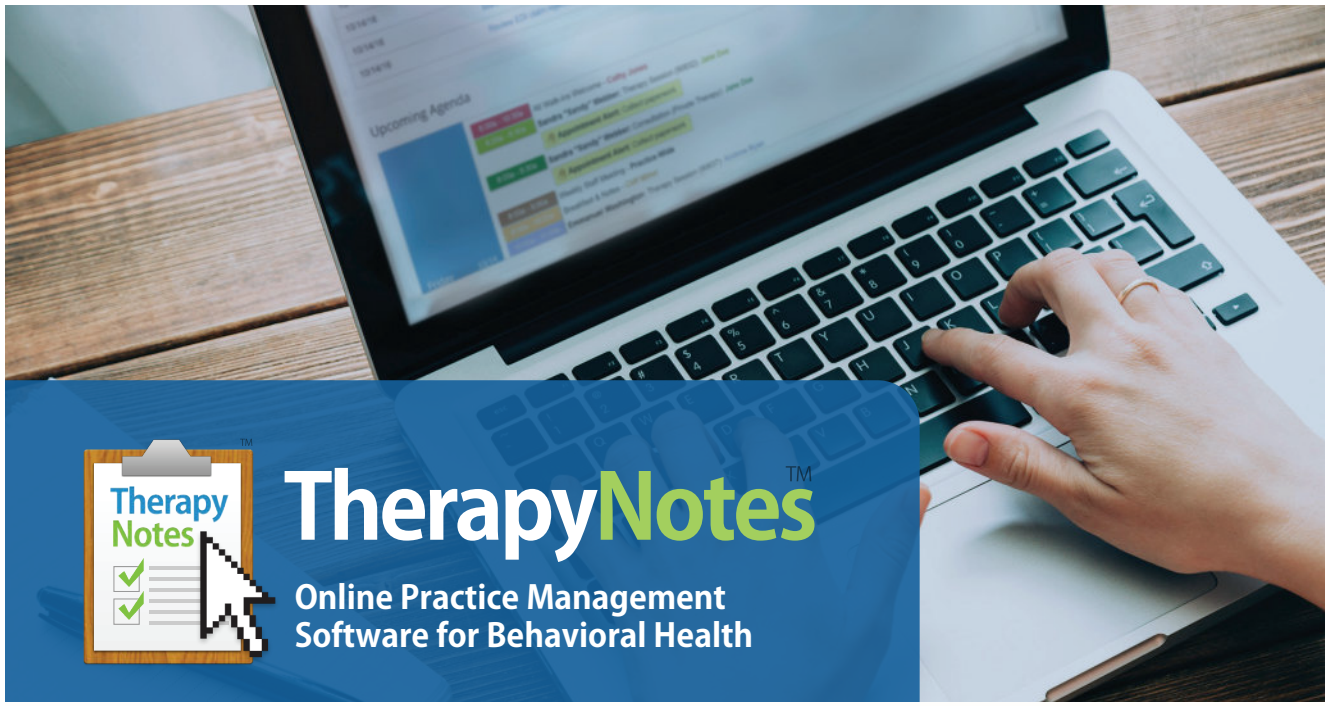
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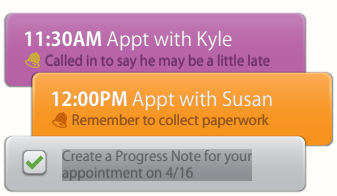
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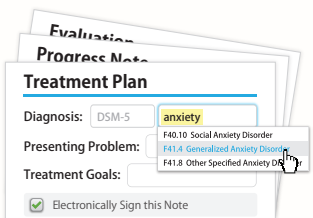
TherapyNotes™

Online Practice Management Software for Behavioral Health



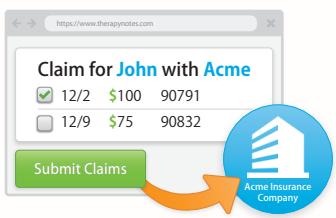
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Complete your notes quickly and easily. Our note templates have been uniquely designed for mental and behavioral health. Go paperless by uploading your patient files into TherapyNotes. All of your data is secure and encrypted.



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Automatic text, phone, and email reminders to reduce no-shows and decrease expenses

Custom Client Portal

TherapyPortal, your own custom client portal for appointment requests

Unlimited Support

Superior, unlimited phone and email support included with every TherapyNotes account

> **My experience with TherapyNotes has been fantastic!**
>
> Firstly, the system is easy to navigate, thorough, flexible, and extremely clinically intuitive. Secondly, technical and customer support has been efficient, fast, and very personal. I am leaving another EHR system for TherapyNotes...gladly. I'm very happy that you've created such a quality product. Thank you!
>
> Dr. Christina Zampitella, FT, Licensed Clinical Psychologist

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