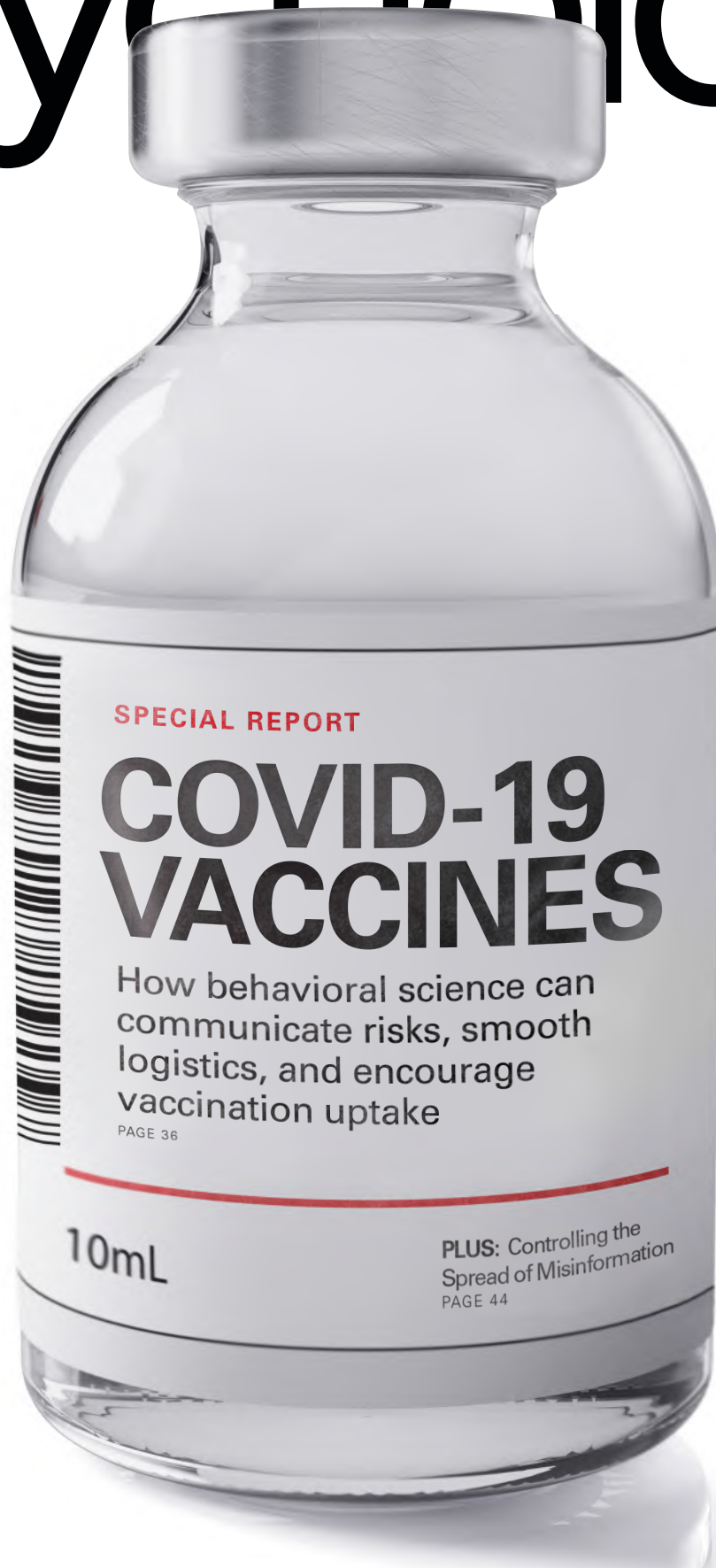




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monitor on psychology

GST# R127612802



SPECIAL REPORT

COVID-19 VACCINES

How behavioral science can
communicate risks, smooth
logistics, and encourage
vaccination uptake

PAGE 36

10mL

PLUS: Controlling the
Spread of Misinformation
PAGE 44

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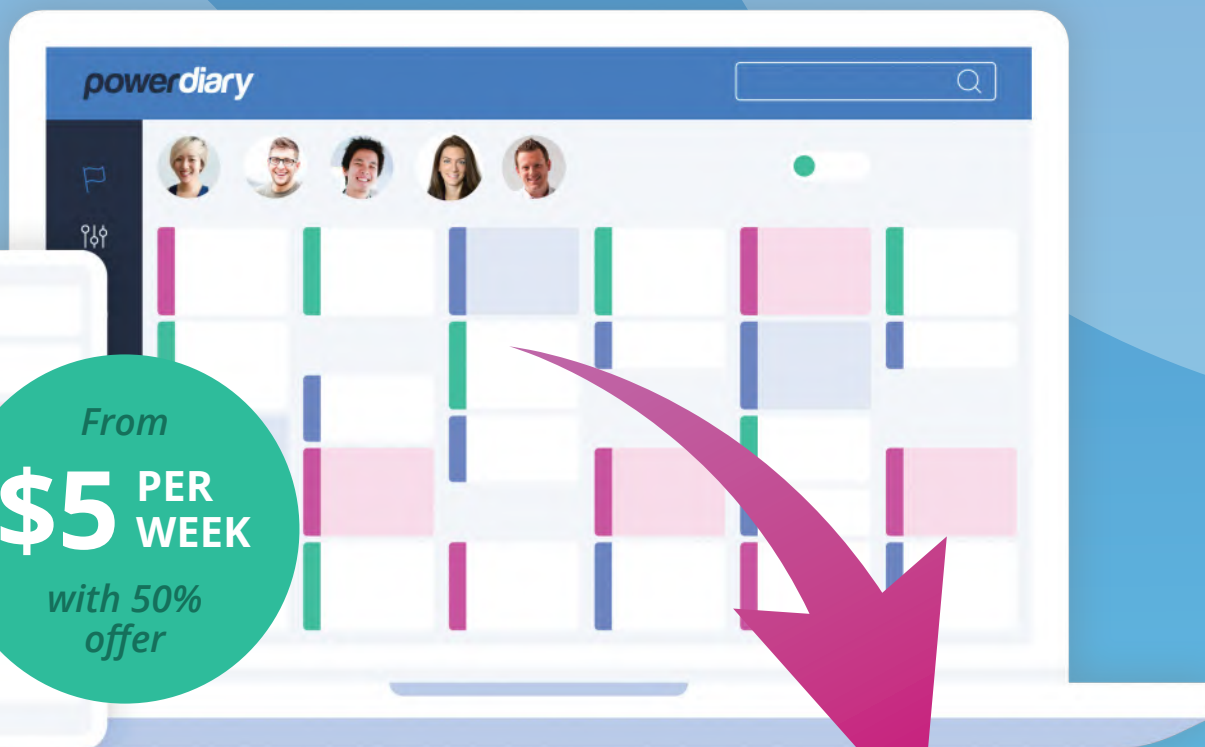
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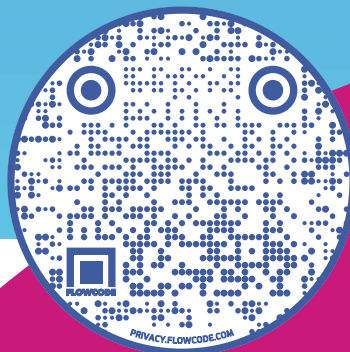
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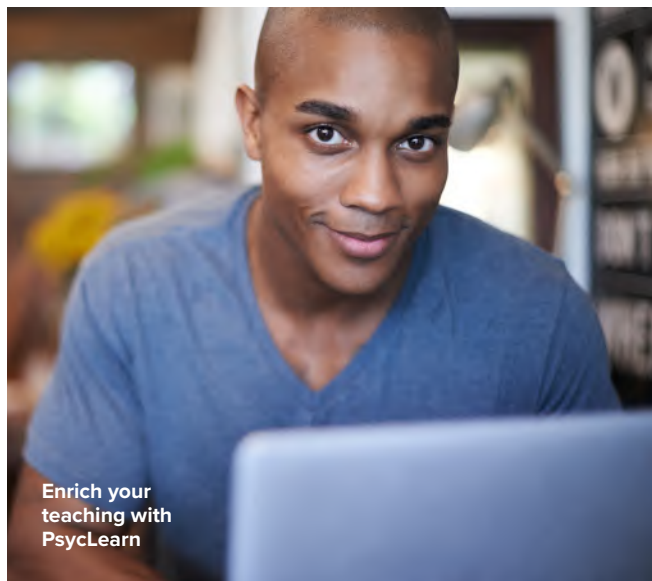
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What to Download



1

Technology, Mind & Society

Sessions from APA's interdisciplinary showcase on psychology's role in human-tech interaction are now available to view on demand for free.

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2

Why People Believe in Conspiracy Theories

University of Kent psychologist Karen M. Douglas, PhD, joins the *Speaking of Psychology* podcast to talk about the psychological factors that drive the popularity of conspiracy theories (see article, page 44).

Listen at www.apa.org/research/action/speaking-of-psychology.

3

APA Books for Navigating Zoom School

APA children's book imprint Magination Press has partnered with the digital reading platform Epic in a pilot program to offer subscriptions to children, families, and teachers to help with online learning. Sixty APA titles are now available at Epic on such topics as anxiety and social-emotional wellness.

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SUBMISSIONS

COVID-19 and Psychology

Translational Issues in Psychological Science is seeking submissions for a special issue devoted to theoretical and empirical research related to the COVID-19 pandemic, including how psychology can improve disease modeling and prediction and improve adherence to public health guidelines. The goal is to promote a better understanding of the complex personal and societal issues arising from the pandemic in hopes of better preparing communities for any future public health crises. Manuscripts must be co-authored by at least one psychology doctoral student. The submission deadline is July 1.

Learn more at www.apa.org/pubs/journals/tps/call-for-papers-psychology-pandemic. Find a full list of APA journals soliciting manuscripts for articles, special sections, and special issues for COVID-19 at www.apa.org/pubs/journals/resources/covid-19-calls-for-papers.



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 Trent Spiner at tspinner@apa.org.

WELCOME

New Faces at APA

MAYSA AKBAR, PhD, ABPP



In January, APA welcomed **Maysa Akbar, PhD, ABPP**, as its new **chief diversity officer**. Akbar will focus on infusing equity, diversity, and inclusion into the association's work and deepening psychology's commitment to antiracism, racial justice, and addressing systemic barriers to equity. "There could not be a more auspicious time for me to assume this position," says Akbar, an Afro-Caribbean scientist practitioner by training who is fluent in Spanish and has worked with diverse populations throughout her career. "Issues related to building equity, diversity, and inclusion are central to the

evolution of workplaces and communities, particularly in this time of nationwide trauma with heightened awareness of racism."

Before joining APA, Akbar ran a clinical practice specializing in race-based trauma in New Haven, Connecticut, as well as a consulting firm that helps city governments, public schools, court systems, and other public entities embrace diversity and inclusion. She is an assistant clinical professor of cultural diversity and family therapy at the renowned Yale Child Study Center at Yale School of Medicine and her most recent book is *Beyond Ally: The Pursuit of Racial Justice*.

Learn more at maysaakbar.com and share your ideas with her at makbar@apa.org.

MITCHELL J. PRINSTEIN, PhD



Also in January, APA named **Mitchell J. Prinstein, PhD**, as its new **chief science officer**. Prinstein, who will begin transitioning into the post March 1, will lead the association's science agenda and efforts to apply psychological science to critical work being done in health care, government, industry, law, academia, education, and other settings. "Science is the heart of psychology, the defining characteristic of our special position within the health care community and the foundation upon which our association's work is based," says Prinstein, whose research on peer relations, particularly among adolescents, has been funded by the National Institutes of Health for more than 20 years.

Prinstein began teaching psychology in 1999 as an assistant professor of psychology at Yale University. In 2004, he joined the faculty of the University of North Carolina at Chapel Hill, where he is now the John Van Seters Distinguished Professor and the assistant dean of the university's honors college, Honors Carolina. He has published more than 150 scientific articles, an undergraduate textbook on clinical psychology, and the mass-market book *Popular: Finding Happiness and Success in a World That Cares Too Much About the Wrong Kinds of Relationships* on how popularity in adolescence shapes people's lives. He has been involved with APA governance since he was a graduate student, most recently as a member-at-large of APA's Board of Directors.

Learn more at <https://mitch.web.unc.edu> and share your ideas with him at mitch.prinstein@unc.edu.



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SPECIAL REPORT

SOCIAL SCIENCE AND THE COVID-19 VACCINES

As COVID-19 vaccines become available to wider segments of the population, clear risk communication and open ears are needed to ensure everyone can benefit.

See page 36



54 TEACHING PORN LITERACY

Some adolescents may be gleaning a distorted view of human sexuality via ample access to online pornography. Psychologists are among those working to correct those misconceptions.

MISINFORMATION: CONTROLLING THE SPREAD

Falsehoods surrounding COVID-19 have negatively influenced attitudes and behaviors around protective measures. Psychologists' research may help in the fight to debunk these myths. *See page 44*



Practitioners are well positioned to address climate-induced stress with existing skills and tools. [Page 30](#)



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LAB WORK

FINDING STRENGTH IN HARDSHIP

The Destin Lab at Northwestern University explores the ways in which socioeconomic resources influence young people's identities, behaviors, and educational trajectories. *See page 73*



Effects of sleep deprivation. [Page 17](#)



Substance use is on the rise. [Page 22](#)

The American Psychological Foundation congratulates the winners of the

2020 VISIONARY GRANTS



Dr. Lauren Luther
(Massachusetts General Hospital)
Neural predictors and changes related to a mHealth intervention in psychosis



Dr. Jasmine Mote (Tufts University) and **Dr. Daniel Fulford** (Boston University) *Cardiovascular regulation through social contact: Examining the impact of loneliness on heart rate variability in schizophrenia*

Special Visionary Grants *Focusing on Preventing Violence*



Dr. Cixin Wang
(University of Maryland, College Park)
Examining the feasibility and effectiveness of a novel psychosocial intervention for Asian American parents and youth



Ms. Marin Kautz and Mr. Daniel Moriarity
(Temple University) *Suicidal thoughts and behaviors in late adolescents following childhood maltreatment are mediated by enhanced acute stress-responsivity*



Dr. Erika Fountain
(University of Maryland, Baltimore County) *Mapping juvenile justice: Examining how structural barriers impact youth engagement with juvenile probation services*



In 2021, in light of the urgent need to address racism, APF is adding four EnVISION Ending Racism Grants to the Visionary portfolio. These are grants to fund exploring the cognitive and behavioral parameters that motivate racist feelings and behaviors. The deadline for these grants is **APRIL 1, 2021**. If you have any questions, contact APF's program coordinator, Julia Watson at jwatson@apa.org

The Visionary Grants are APF's flagship program, providing funding to psychology graduate students and early career psychologists to seed innovation through supporting research, education, and intervention projects and programs that use psychology to solve social problems.

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

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



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PSYCHOLOGY'S ROLE IN VACCINE UPTAKE

The field has a critical role to play in fighting vaccine hesitancy

BY JENNIFER F. KELLY, PhD, ABPP



With vaccines for COVID-19 being shown to be safe and effective, it is now up to us as experts in human behavior to help our communities begin the process of getting vaccinated.

¶ We are at a critical juncture as a society, and psychologists must play a key role. We know that in order for a vaccine to have an impact, it must be administered to a large percentage

of the population. But a variety of factors have swirled to create a swath of people who have become susceptible to misinformation and conspiracy theories around the COVID-19 vaccines (see page 44). This is where psychological science can be

a great benefit to our fellow citizens. It will be our job to fight vaccine hesitancy based on the evidence and the data we have, then communicate that with our fellow citizens.

Science will be a crucial factor. We now have the science about what helps prevent the spread of the virus. Science has shown us that wearing a mask, washing our hands, and physical distancing work. Science has also shown these vaccines to be safe and effective.

What is missing for groups who are hesitant about taking the vaccine is behavioral change. We can play a key role in helping people understand that it is safe to accept the data, the science, and behave accordingly by rolling up their sleeves. At the same time, we must acknowledge

and address the importance of trust and acceptance, given the historical contexts in diverse communities.

I remember my first interview about

COVID-19 with a local radio station in Atlanta about a year ago. Much of our focus over the last year has been about getting through this quarantine with our mental health intact. Now, we face the next step in this battle. It is up to us to make sure the vaccine is widely accepted through every group of society. We know that behavioral change will play a central role in getting us out of this terrible pandemic. That type of change fits directly into what we do as psychologists. We have to position ourselves as professionals who can help change behaviors if we are to really see an end to this pandemic. ■



People waiting in line for vaccinations in Lehigh Acres, Florida.

● Jennifer F. Kelly, PhD, ABPP, is the 2021 APA president and director of the Atlanta Center for Behavioral Medicine. Follow her on Twitter: @JFK4APA.

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CHANGING THE FRAME

APA is working to reframe society's complex problems to increase awareness of the many ways psychology can open up solutions **BY ARTHUR C. EVANS JR., PhD**



One of the key priorities in APA's new strategic plan is to apply psychological knowledge to critical societal issues. As we have pursued this priority, it has become clear that the general public often does not recognize when there is applicable knowledge from our field that could be useful and as a result, does not turn to our field when seeking solutions. But a less obvious and even more significant challenge is that complex problems are frequently framed in a way that omits the human element—human cognition, emotion, and behavior—rendering psychological knowledge irrelevant.

The good news is that during the current COVID-19 pandemic, we are seeing a change in this tendency with more leaders and the media calling on APA for expertise across a range of topics. Nevertheless, there is still much work to do on this issue.

Here are just a few recent examples of how we are attempting to reframe issues so the public will more routinely recognize when psychological science and expertise may be helpful.

■ **Crisis communications.** During the pandemic, most leaders and public officials have recognized the importance of effective communication with their constituents. However, they often do not recognize the importance of understanding how the emotional state of the listener can impact people's perceptions, risk propensity, and willingness to act. APA has educated political and business leaders about this science.

■ **Employee safety.** As businesses grapple with returning their employees to their worksites, CEOs are often narrowly

focused on preparing their work spaces. They tend to ignore the importance of simultaneously preparing their staff by addressing critical issues such as psychological safety and perceived control. APA is helping leaders understand how these factors play into a successful transition.

■ **Vaccine hesitancy.** Once COVID-19 vaccines were developed, the country's attention turned immediately to the logistics of dissemination. These plans,

however, have not reflected enough of what we know about human behavior to encourage consistently strong vaccine uptake, particularly for communities that have historically been wary of our health care system. Through this issue of the *Monitor* and more, APA is raising awareness of factors shaping vaccination-related behavior and offering guidance around psychological strategies—like appealing to people's altruistic tendencies—to help steer the nation toward health and safety.

All three of these examples illustrate the importance of incorporating the human element into how we address complex challenges. As a field, we must continue to seek out opportunities to reframe issues, and in doing so, elevate the role that psychology can play in improving people's lives. ■



A nurse administers the Moderna COVID-19 vaccine to a Los Angeles nursing home resident.

● **Arthur C. Evans Jr., PhD**, is APA CEO. Follow him on Twitter: @ArthurCEvans

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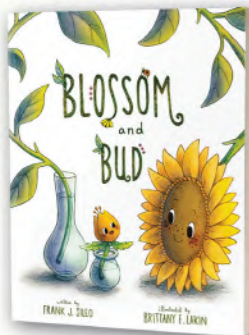
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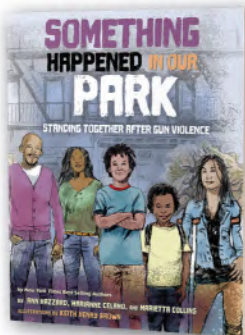
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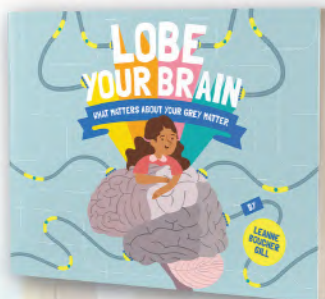
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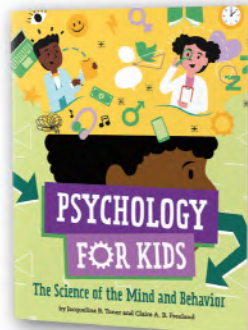
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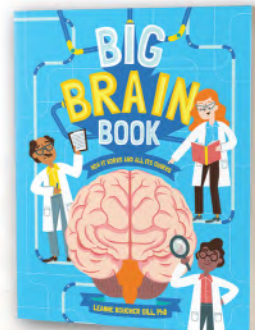
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In Brief

THE LATEST PEER-REVIEWED STUDIES WITHIN PSYCHOLOGY AND RELATED FIELDS



PERSONALITY PREDICTS SELF-ISOLATION

People's personality influences their likelihood of staying home during the pandemic, regardless of whether they live in a region undergoing a lockdown, suggests research in *American Psychologist*. Investigators surveyed 101,005 participants in 55 countries to find out whether they were staying at home because of the coronavirus between late March and early April 2020, a period when government policies on self-confinement varied among countries and changed rapidly over time. The researchers also assessed the participants on the Big Five personality traits: agreeableness, conscientiousness, extraversion, neuroticism, and openness. They found that extraverts were least likely to follow official stay-at-home guidance, agreeable people tended to self-isolate when advised to do so, and people who were highly neurotic or open to experience decided to stay home more than usual even in the absence of stringent lockdowns. DOI: 10.1037/amp0000740

Early in the pandemic, agreeable people tended to follow lockdown orders, while extraverts were least likely to comply.

PEOPLE TURNING ON, TUNING IN MORE OFTEN

LSD use in the United States increased by more than 50% from 2015 to 2018, with older adults and those with more education accounting for the largest increases, according to a study in *Drug and Alcohol Dependence*. Researchers analyzed a national survey on drug use that included 168,562 adults. They found that the prevalence of LSD use in the past year among the population age 18 and older increased from 0.55% in 2015 to 0.86% in 2018, an increase of 56%. Men, adults ages 18 to 25, and people making \$20,000 to \$50,000 per year remained the largest groups of LSD users by gender, age, and income. The biggest increase in LSD use was among adults ages 35 to 49. LSD use also increased for adults age 50 and above and for those ages 26 to 34 but decreased for adults ages 18 to 25. Among people with college degrees, use of LSD increased by more than 70%, while use declined among those without college degrees.

DOI: 10.1016/j.drugalcdep.2020.108071

LICENSE TO BREAK BAD

Research in the *Journal of Applied Psychology* suggests that leaders might feel more free to engage in unethical behavior following good behavior on the part of their subordinates. In the first of three studies of employees enrolled in an executive training program in Pakistan, researchers conducted an online survey of 141 participants. They found that the more a participant felt that their subordinates treated other employees well, the more “moral

credit” the leader felt they had accrued. The second study, with 149 participants, revealed that this effect was especially prevalent when a leader was encouraged either to feel more responsible for their group’s success or to identify with their employees. A final field study involving 250 managers in the training program found that these leaders were more likely to behave badly (e.g., conduct personal business on company time) when they felt they had banked moral credit from their subordinates’ good behavior.

DOI: 10.1037/apl0000839



Blue-light glasses may improve sleep and work performance.

BLUE-LIGHT PROTECTION MAY IMPROVE SLEEP

Wearing blue-light glasses just before sleeping can lead to improved sleep and better work performance the next day, according to research in the *Journal of Applied Psychology*. Across two studies, researchers collected data from 63 company managers and 67 call center representatives at a Brazilian financial firm. Participants were randomly chosen to test glasses that filtered blue light

or placebo glasses that filtered no light. The researchers found that wearing blue-light-filtering glasses was associated with improved amount and quality of sleep that night and, on the next day, with enhanced work engagement, task performance, and organizational citizenship behavior, as well as reduced counterproductive work behavior. In general, the effects were stronger for participants who went to sleep later and awoke later.

DOI: 10.1037/apl0000806

THE TASTE OF CONSERVATISM

People with sensitive palates are more likely to be politically conservative, suggests research in the *Journal of Personality and Social Psychology*. Across three studies, researchers assessed the taste sensitivity of 1,147 participants in the United States and asked them about their political orientation. They found that higher taste sensitivity—indicated by a stronger experience of bitterness—was associated with greater political and social/cultural conservatism. In a fourth study with 490 participants, the researchers found that a higher density of taste buds on participants’ tongues, which is linked to taste sensitivity, was associated with greater social/cultural conservatism but not economic conservatism. Results of this last study also indicated that those with higher taste sensitivity are more prone to experiencing disgust, which the authors suggest may lead to greater social/cultural conservatism as part of an effort to protect against perceived pathogens or contaminants.

DOI: 10.1037/pspp0000365



THE PRESCHOOL ADVANTAGE

A good deal of the advantage of attending preschool among low-income children is lost by the end of kindergarten, according to research in *Developmental Psychology*. Researchers studied 2,581 children from low-income families enrolled in kindergarten in the United States, about half of whom attended a preschool program. The researchers assessed the children on their academic skills (e.g., literacy and math), executive functioning (e.g., working memory, flexible thinking,

and self-control), and socio-emotional skills at the start of kindergarten and again in the spring. They found that preschool graduates entered kindergarten with stronger academic skills and executive functioning than those who did not attend preschool, though there was no difference in kindergarten teachers' assessments of the two groups' socioemotional skills. Both groups continued to make progress through kindergarten, but by spring the differences between them had shrunk by about half, primarily because the children who never attended preschool

Those who taste bitterness more strongly are more likely to adhere to conservative social norms.

made larger gains as compared with their classmates with preschool experience.

DOI: 10.1037/dev0001115

DREAMING DURING COVID

According to a study in *Dreaming*, the COVID-19 pandemic is infusing some people's dreams with negative emotions and even spurring dreams about the virus itself. Researchers surveyed 3,031 U.S. adults online in early May 2020 and found that people who had been strongly affected by the pandemic—such as those who had gotten sick or lost their job—were more likely to have greater recall of their dreams and

to report more negative dreams and more pandemic-related dreams. These effects were most common in women and in people with more education.

DOI: 10.1037/drm0000146

NEIGHBORHOOD IMPACTS COGNITIVE FUNCTION

Children from poorer neighborhoods perform worse overall on a range of cognitive functions and have smaller volumes of key brain regions compared with children from wealthier neighborhoods, according to a study in *JAMA Network Open*. Researchers analyzed MRI and cognitive performance data from 11,875 9- and 10-year-old children in the United States who were enrolled in the Adolescent Brain Cognitive Development Study, which focuses on how environmental and biological factors influence adolescent development. They found associations between neighborhood poverty and lower scores on verbal ability, reading skills, memory, and attention. They also found that the volumes of the prefrontal cortex and hippocampus, areas known to be involved in various cognitive functions, were smaller in children living in high-poverty neighborhoods. These effects of the neighborhoods in which the children lived were independent of effects of their household socioeconomic status.

DOI: 10.1001/jamanetworkopen.2020.23774

SOCIALLY CONTAGIOUS SELF-HARM

Nonsuicidal self-injury behaviors such as cutting may be contagious among teenagers, according to a study in *Acta*

Babies later diagnosed with autism have more doctor and hospital visits during their first year.

Psychiatrica Scandinavica.

Researchers analyzed survey responses about self-injurious behaviors and mental disorders collected from 1,483 Canadian teenagers between the ages of 14 and 17. They found that those who reported having a friend who had hurt themselves without the intention to die were 2 to 3 times more likely to also report having done the same, having thought about suicide, and having attempted suicide. These effects remained after taking socioeconomic and mental health factors into account.

DOI: 10.1111/acps.13229



INFANTS AT RISK

Children diagnosed with autism spectrum disorder (ASD) and/or attention-deficit/hyperactivity disorder (ADHD) after age 1 visit doctors and hospitals more often in their first year of life than children without the disorders, according to a study in *Scientific Reports*. Researchers examined 10 years of electronic health records of 29,929 patients in the United States. For children who were later found to have one or both conditions, their births were followed by longer hospital stays compared with children without the conditions. Children later diagnosed with ASD and ADHD also received greater amounts of hospital-based and outpatient medical care in their first year than children without these conditions.

DOI: 10.1038/s41598-020-74458-2

COGNITIVE PERFORMANCE PEAKS AT 35

An analysis in the *Proceedings of the National Academy of Sciences* of 1.6 million chess moves indicates that at least certain forms of cognitive performance peak at about age 35. Investigators studied the performance of 4,294 chess players, 20 of whom were world champions, over more than 24,000 professional chess matches held from 1890 to 2014. Expert chess performance draws on a variety of perceptual, memory, and problem-solving skills. The researchers compared all the moves made by each player over the course of their career against optimal moves suggested by a computerized chess engine. They found that, on average, the

chance of picking optimal moves increased rapidly until age 20, after which improvement slowed until peaking at age 35. Most players' performance plateaued for approximately 10 more years before beginning to decline.

DOI: 10.1073/pnas.2006653117

MENTAL HEALTH DISORDERS AND COVID MORTALITY

Older adults with mental health disorders have up to twice the risk of dying from severe COVID-19 than those without such disorders, suggests a study in *JAMA Network Open*. Researchers analyzed data from 1,685 adults in the United States ages 47 to 83 who were hospitalized for COVID-19 between Feb. 15 and April 25, 2020, and followed them up to May 27. The researchers found that 36% of hospitalized COVID-19 patients previously diagnosed with a psychiatric disorder died within 2 weeks of admission, and 45% died within 4 weeks. In comparison, among those patients without a prior psychiatric diagnosis, 15% died within 2 weeks and 32% died within 4 weeks. This difference held even after controlling for demographic characteristics and other medical conditions.

DOI: 10.1001/jamanetworkopen.2020.23282

POOR SLEEP PREVENTS THOUGHT SUPPRESSION

Sleep deprivation impairs people's ability to push away unwanted or unpleasant thoughts, suggests research in *Clinical Psychological Science*. Researchers had 59 participants



in the United Kingdom learn associations of each of 48 faces with a photograph of either an emotionally negative scene (e.g., a gunshot wound) or a neutral scene (e.g., a waterfall). The following morning, the participants—about half of whom

Sleep deprivation leads to more negative thoughts.

were fully sleep-deprived—were shown the faces and asked to suppress thoughts related to the scenes with which they were paired. Compared with participants who slept, the sleep-deprived participants were about 50% more likely to

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In Brief



have trouble suppressing unwanted thoughts of both the emotionally negative and neutral scenes, as measured by subjective ratings, skin conductance recordings, and heart rate variability. While both groups showed improvement over the course of the session in suppressing thoughts, those participants who had slept improved more than those who had not.

DOI: 10.1177/2167702620951511

CBD FOR OCD

A preliminary study in the *Journal of Affective Disorders* suggests that cannabis may be a useful treatment for obsessive compulsive disorder (OCD). A sample of 87 participants who self-identified as having OCD entered information about their OCD symptoms and cannabis use into a smartphone app over a period of 31 months. Smoking cannabis was associated with a reduction in the severity of compulsions by 60%, of intrusive thoughts by 49%, and of anxiety by 52%. Higher doses and cannabis with higher concentrations of CBD—or cannabidiol, an active ingredient of cannabis—were linked to greater reductions in compulsions. As participants continued to use cannabis over time, the reductions in intrusive thoughts became smaller, suggesting that tolerance to the drug was developing. The authors note that additional research with a broader range of participants and a comparison group is required to confirm these results.

DOI: 10.1016/j.jad.2020.09.124

HARD LABOR LINKED TO DEMENTIA

Workers whose jobs involve a high degree of physical labor are at greater risk of developing dementia than those with more sedentary jobs, according to a study in the *Scandinavian Journal of Medicine & Science in Sports*. Researchers analyzed questionnaire data on occupational physical activity and leisure-time physical activity collected in 1970 and 1971 from 4,721 male participants in Denmark. These participants were 40 to 59 years old at the time and information on their health was followed through 2016. The researchers found that participants with jobs that were more physically intensive were about 50% more likely to develop dementia than those in other types of jobs, after

Male manual laborers are more likely to develop dementia than sedentary workers.

adjusting for demographic and other health factors. By contrast, participants who engaged in high levels of leisure-time physical activity were no more likely to develop dementia than those who had lower levels of such activity.

DOI: 10.1111/sms.13846

PLAYMATES AND AGGRESSION

Children are more likely to engage in pretend play with aggressive themes, such as imaginary fighting, when playing with children perceived as more hotheaded, suggests research in the *British Journal of Developmental Psychology*. Researchers video-recorded 52 pairs of Chinese children ages 7 to 10 playing with a toy for 20 minutes and coded the

children's behavior for aggressiveness. They found that a child was more likely to engage in aggressive play when paired with another child who, on a separate occasion, was rated by peers as more prone to expressing anger. The child's own proneness to anger, as perceived by peers, was not associated with their likeliness to engage in aggressive play. No influence was observed of peers on the likelihood of play with nonaggressive negative themes, such as imaginary illness. However, boys were overall more likely than girls to engage in play involving either aggressive or nonaggressive negative themes.

DOI: 10.1111/bjdp.12352

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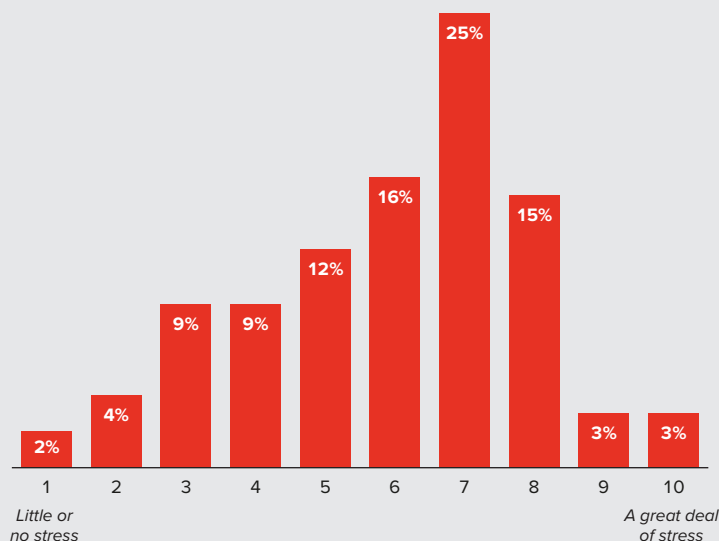
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PSYCHOLOGISTS PRACTICE SELF-CARE DURING THE PANDEMIC

■ In response to a survey in September 2020,¹ U.S. psychologists reported a mean stress level of 5.9 related to the coronavirus pandemic, on a scale of 1–10.² 24% reported stress levels during the past month under 5, 68% reported stress levels of 5–8, and 6% reported a stress level of 9 or 10.³

■ More than 4 in 10 psychologists (41%) said that they felt burned out, and 30% said that they have not been able to meet the demand for treatment from their patients. However, a majority of psychologists reported that they have been able to practice self-care (66%) and maintain a positive work-life balance (55%).

Stress Level of Psychologists, September 2020



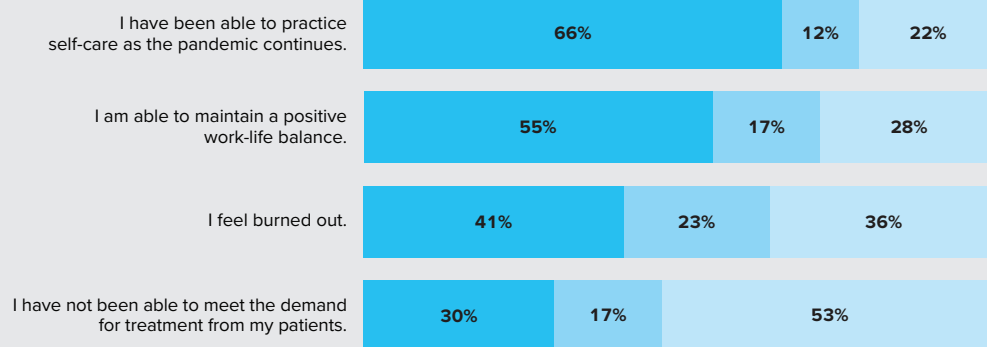
68% of psychologists reported stress levels of 5–8 during the past month.



66% of psychologists reported that they have been able to practice self-care as the pandemic continues.

Mental Health of Psychologists, September 2020

■ Agree or Strongly Agree ■ Neither Agree nor Disagree ■ Disagree or Strongly Disagree

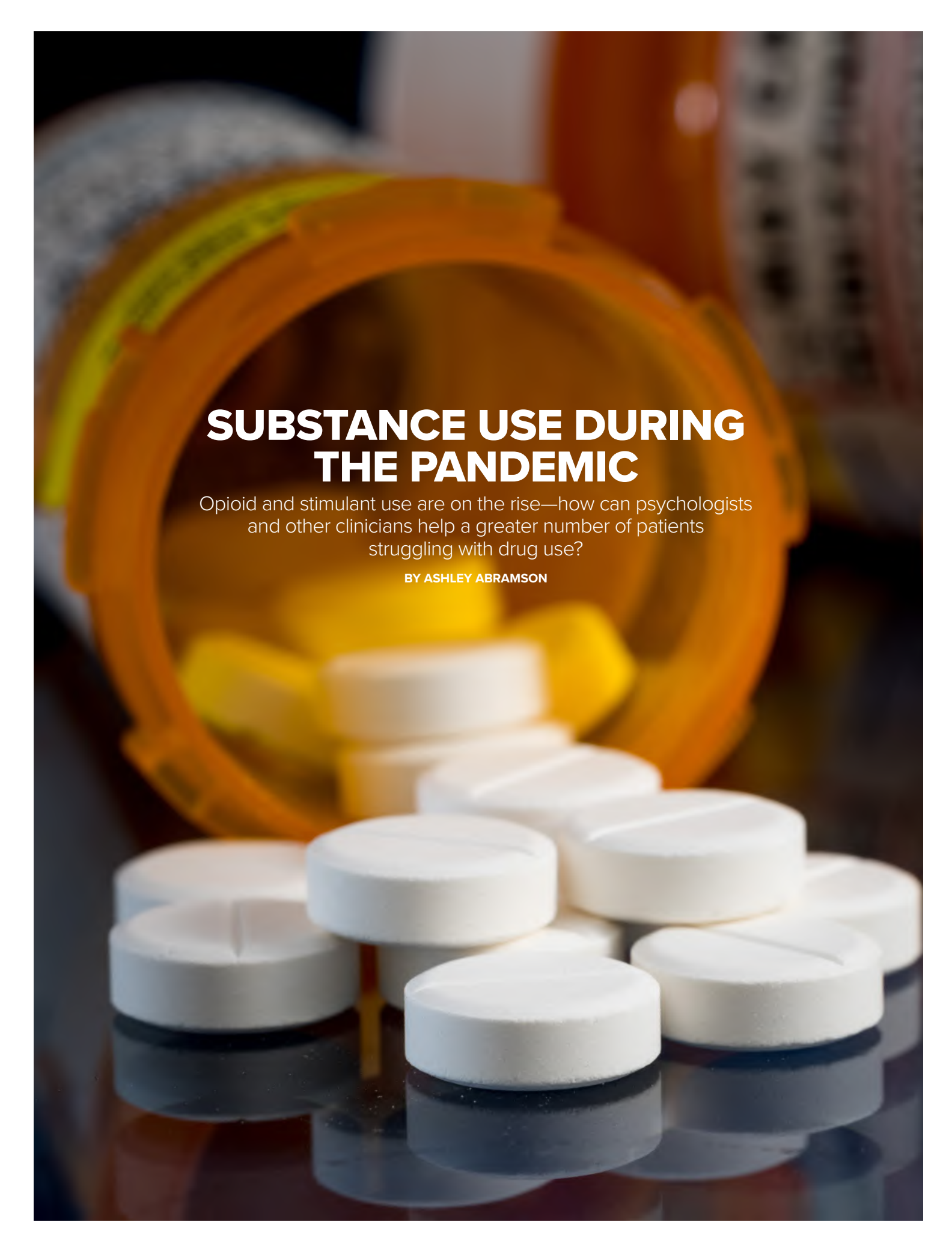


By Krag Ferenz, PhD, Luona Lin, MPP, Sophie Bethune, BA, Vaile Wright, PhD, Amrita Ghaness, BA, Karen Stamm, PhD, Jessica Conroy, BA, and Audrye Tasevoli, MPM
For more information, visit www.apa.org/workforce or contact cws@apa.org.

¹Results are from the American Psychological Association's COVID-19 Telehealth Practitioner Survey. The survey was distributed to a geographically representative sample of U.S. psychologists including both APA members and nonmembers. The survey was fielded from Aug. 28 to Oct. 5, 2020. A total of 1,787 psychologists responded to the survey. This is a non-probability sample, and as such it is not possible to calculate confidence intervals or margins of error.

²The overall stress level for psychologists (5.9) is comparable to the stress level of the U.S. population (5.9). American Psychological Association. Stress in America™ 2020. www.apa.org/news/press/releases/stress/2020/stress-in-america-covid.pdf.

³Details may not sum to 100 percent due to rounding.

A photograph of a tipped-over orange pill bottle with white pills spilling out onto a reflective surface. The bottle is in the background, and the pills are in the foreground, creating a sense of depth. The pills are white and round, with some showing a score line. The background is blurred, showing other pill bottles.

SUBSTANCE USE DURING THE PANDEMIC

Opioid and stimulant use are on the rise—how can psychologists and other clinicians help a greater number of patients struggling with drug use?

BY ASHLEY ABRAMSON

The ongoing stress and uncertainty of COVID-19 have led to increased demand for mental health services from psychologists in the United States—but conditions like anxiety and depression aren't the only mental health issues people are facing. Experts say misuse of opioids and stimulants is also on the rise—and psychologists are in a good position to help.

On top of the other risks arising with substance misuse, those with substance use disorders are both more likely to develop COVID-19 and experience worse COVID-19 outcomes, including higher risk of hospitalization and mortality (Wang, Q. Q., et al., *Molecular Psychiatry*, 2020).

According to the Centers for Disease Control and Prevention (CDC), as of June 2020, 13% of Americans reported starting or increasing substance use as a way of coping with stress or emotions related to COVID-19. Overdoses have also spiked since the onset of the pandemic. A reporting system called the Overdose Detection Mapping Application Program (ODMAP) shows that the early months of the pandemic brought an 18% increase nationwide in overdoses compared with those same months in 2019. The trend continued throughout 2020, according to the American Medical Association, which reported in December that more than 40 U.S. states had seen increases in opioid-related mortality along

with ongoing concerns for those with substance use disorders.

Mandy Owens, PhD, a clinical psychologist and researcher at the University of Washington Alcohol and Drug Abuse Institute, says she's observed a spike in substance use that includes an increase in both quantity and frequency of drug use during the pandemic. Some people who use substances may have also started new drugs if their usual substances have become more difficult to access. For example, Owens says Washington state has seen an uptick in the use of fentanyl, a synthetic opioid that's increasingly produced illicitly, because of a shift in drug supply availability. But precise data on use and drug type are hard to come by, according to Wilson Compton, MD, MPE, deputy director of the National Institute

on Drug Abuse.

Health care records are the primary source of data on substance use, and it can take months for medical providers to provide toxicology reports for overdose incidents to the CDC, says Sharon Walsh, PhD, a professor of behavioral science, pharmacology, pharmaceutical sciences, and psychiatry at the University of Kentucky (UK) and director of the UK Center on Drug and Alcohol Research. Tracking substance use accurately also heavily depends on the ability to do door-to-door household or school-based surveys, which have been more difficult to conduct during the pandemic.

However, Walsh says state-level data are a bit clearer. According to her research, Kentucky has seen increased

Firefighters and paramedics transport a patient after responding to a call for a cardiac arrest as a result of a drug overdose on May 6, 2020, in Brooklyn, Maryland.



emergency room visits for overdose-related incidents during the pandemic. By contrast, the state has experienced a decline in emergency medical service runs for non-opioid-related emergencies. “It really magnifies the opioid problem when you look at it against a decline in presentation at the hospital for other conditions,” she says.

THE RELATIONSHIP BETWEEN THE PANDEMIC AND DRUG USE

Compton cautions against conflating all increased drug use directly with COVID-19. For example, shifts in drug availability may also be to blame for increased illicit opioid use deaths; if heroin isn’t easy to access, someone might take fentanyl, which is much stronger. But experts agree, based on research and clinical observation, that pandemic-related strains, from economic stress and loneliness to general anxiety about the virus, are a major driver for the increase. “There’s sort of a perfect storm of factors that we know increase drug use,” says William Stoops, PhD, a professor of behavioral science, psychiatry, and psychology at the University of Kentucky. “People are more stressed and isolated, so they make unhealthy decisions, including drinking more and taking drugs.” (See January/February *Monitor* for more on drinking habits during COVID-19.)

As their stress increases, people may have fewer ways to manage it, which Owens says probably contributes to the uptick in substance misuse. For

example, resilience-promoting activities, like physical activity and social interactions, haven’t been as safe to engage in or as easy to access, which can lead some people to start using drugs or to use them more often or in greater amounts.

There are also practical pandemic-related reasons for the rise in overdoses. Compton says people are more likely to die when they are using drugs alone because there’s no one there to call 911 or administer naloxone, an opioid-reversal agent. For those living alone during the pandemic, this isolation presents an obvious risk. And in the early part of the pandemic, it was more difficult for people to seek the medical care they needed for recovery from opioid use because some clinics and community-based organizations decreased their services.

Walsh says that in March and April 2020, Kentucky methadone clinics saw an increase in patients ending treatment and a decrease in new patients starting treatment. “Physicians have been concentrating largely on COVID-19, and medical systems are overwhelmed, so people can’t always access the care they need,” says Stoops. “There’s also a stigma around substance use disorder that keeps people away from treatment, and even more so during a pandemic.”

A SHIFT TOWARD TELEMEDICINE

Fortunately, it’s become easier throughout the pandemic for people to access care for substance use disorders, thanks to the increased availability of

telemedicine for behavioral health concerns. While the pandemic initially caused many clinics and community-based organizations to close their doors, telehealth options for physical and mental health services have become increasingly available as insurance providers and organizations have recognized the need. In addition, it’s becoming more common for community-based groups like Narcotics Anonymous and Alcoholics Anonymous to meet virtually. And most insurers, including Medicaid, have lifted previous telehealth restrictions on treatment for behavioral health, including substance use disorders.

For example, Compton says physicians can now start patients on buprenorphine, a drug used for opioid dependence recovery, through telehealth without conducting an in-person exam. Opioid treatment program providers (at so-called methadone clinics) have also been offering patients take-home methadone for maintenance more frequently during the pandemic. “Normally you have to be extraordinarily stable to take as many as 30 doses at a time home, but they’ve relaxed some of those [requirements] so patients don’t have to show up every day to an opioid treatment program,” Compton says.

Better access to telehealth means people with substance use issues can also seek remote mental health care. While Owens says accessing treatment can be difficult for people without reliable internet or phone service, according to Compton, clini-

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Monitor, June 2019

cians are largely reporting more patients showing up for psychotherapy appointments, thanks to the increasing use of telehealth. “One clear benefit of changes in treatment infrastructure throughout the pandemic is that the availability of telehealth may have helped some folks who were on the precipice of seeking help to go seek that help,” says Justin Strickland, PhD, a postdoctoral fellow in behavioral pharmacology at the Johns Hopkins University School of Medicine.

WHAT PSYCHOLOGISTS CAN DO TO HELP

Psychologists are well positioned to support patients struggling with substance use disorders. But how they help their patients depends on the type of drug they are using. For opioid use disorder, medications like buprenorphine are a key component of treatment. Owens says encouraging patients to seek medical treatment is the first step to preventing long-term impacts of opioid use, including overdose. Concurrent psychological treatment can help people adhere to the medication schedule, identify and respond in more healthy ways to stressors that have led them to opioid use, and address related conditions such as pain, post-traumatic stress, anxiety, and depression.

According to Paul Christo, MD, an associate professor in the Division of Pain Medicine at the Johns Hopkins University School of Medicine, it’s also important for psychologists to advocate for expanded availability of naloxone, which, in certain states, anyone can request from



a pharmacy and keep on hand to treat narcotic overdose in emergencies. “We need greater awareness around the country that this is something that can prevent someone from dying,” Christo says.

There’s no FDA-approved medication physicians can use to help patients recover from the use of stimulants such as cocaine and methamphetamine, but Stoops says there are a number of behavior-based interventions, such as cognitive behavioral therapy (CBT), that psychologists can use to help. Some clinicians couple CBT with an approach called contingency management, which promotes abstinence by providing alternative reinforcers like gift cards or vouchers when patients show they have not used drugs.

Psychologists should also make a habit of asking all their

Shifts in drug availability may be partly to blame for increased illicit opioid use deaths during the COVID-19 pandemic. When heroin isn’t easy to access, some people turn to fentanyl (pictured), which is stronger.

patients about any substance use. Owens encourages clinicians not to assume patients without a substance use disorder diagnosis aren’t misusing substances or at risk for misuse in the future. “As stressors have continued and effective coping skills have been cut off, it’s more likely for people to turn to substances,” she says.

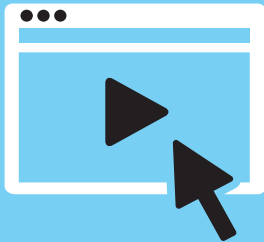
If a patient says they have been using, Owens encourages clinicians to extend compassion, with the goal of helping patients understand how compounding stressors may be influencing their substance use and identify better ways to cope. “Instead of assuming people want to quit using, psychologists should help patients do a functional analysis of the substance’s role in their lives,” she says.

It’s also important, Owens says, to recognize that weekly outpatient appointments might not be enough for every patient, especially those with more free time on their hands during the pandemic. Psychologists should coordinate care with other providers as needed, focusing on adding as much structure and support to their patients’ routines as possible. For example, Owens treats a patient with a substance use disorder in an outpatient setting once weekly, but the patient also participates in intensive outpatient care through another provider. Psychologists should also consider encouraging patients to participate in virtual support groups, adds Owens. There’s no black-and-white approach to helping patients struggling with substance use, she says. “It’s really about tailoring to what each patient needs.” ■

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5 QUESTIONS FOR MICHAEL KRAUS

The Yale University social psychologist is uncovering widespread misperceptions about the country's progress toward racial economic equality

BY HEATHER STRINGER

As the reality of racial injustice has forged a deeper path into American consciousness in the past year, one of the questions for many is whether the public outcry sparked by police brutality against Black people will lead to lasting change. This is not the first time in the country's history when racial tensions have run high, and psychologist Michael Kraus, PhD, an associate professor at the Yale School of Management, is exploring some of the psychological barriers that may be limiting real progress toward racial equality.

His research suggests that some of the lack of progress is because most Americans vastly underestimate the severity of racial economic inequality.

In a 2019 study, Kraus and his colleagues found that, on average, respondents estimated that for every \$100 of wealth held by a White family, a Black family has \$90. In fact, federal statistics show that the Black family has \$10. While respondents were highly inaccurate when guessing Black wealth, which includes assets such as savings and real estate, they were only slightly more accurate when predicting income for Black families. Kraus also found that these misperceptions crossed political, gender, and racial lines; all respondents minimized the racial wealth gap.

People also typically predict that education will equalize the differences in White and Black wealth, but this is

not necessarily the case. For example, the median wealth for Black families with postgraduates as heads of households was \$84,000 in 2011, compared with \$293,100 for White families with the same level of education. "These more educated Black families are usually starting off with less wealth, so education is less of a boon and also likely to lead to more debt," Kraus says.

His team is now designing interventions aimed at changing these illusions so more people will know the true magnitude of racism's impact on the economic fortunes of Americans. Kraus talked to the *Monitor* about how those interventions are working

and how psychologists and policymakers can inspire change.

Why do Americans tend to underestimate the Black-White wealth gap?

One of the consistent predictors of this tendency is the belief that we live in a just world. The American dream promises that if we strive and keep trying, people will eventually be rewarded.

For White high-income Americans, this thinking can legitimize their position in society; they earned a wealth advantage on their merit rather than by benefiting from racism. For low-income people, this belief in a just world can provide hope that their situation will improve. Our data



also suggest that most people adhere to the idea that our country naturally makes linear progress toward greater equality, almost like this is inevitable and guaranteed. The reality is that we can't assume moral progress because societal benefits are likely to be unequally applied to people.

Do people make the same estimation errors about the wealth of other racial and ethnic groups?

We found similar patterns of overestimation regarding the wealth of Latinx Americans compared with White Americans. In another study, people overestimated the wealth of Asian Americans as well, but to a much smaller degree. In some of our research, we found that people often viewed Asian Americans as one group of "model minorities" who are

college-educated and highly skilled, but this doesn't take into account the many subgroups of Asian Americans who have come to the United States through other paths. They may have escaped difficult circumstances in their home countries and immigrated here with less possibility for economic success. For example, 1.3 million Asian Americans in the United States are undocumented immigrants.

What happened when you experimented with interventions aimed at helping people estimate the racial wealth gap more accurately?

We found that, despite our best efforts, it was pretty difficult to change people's minds. In one study, participants read an ostensible *New York Times* article about high levels of racism persisting in society, but people still significantly

underestimated the current wealth gap. In another experiment, we offered to pay people \$100 for accurately estimating wealth for Black and White families, and the participants were given the opportunity to access accurate statistics online to inform their guess. But this approach generated only marginally greater accuracy. Even though they had access to accurate statistics, people may have chosen not to look, thought the information was wrong, or not believed the data they found.

What are the implications for psychologists?

We need to look at human interactions through the lens of racism. A researcher studying how members of different racial groups get along, for example, could set up a lab experiment in which two people are randomly assigned to different groups and asked to cooperate within those groups, but in the real world, racial groups have a history that exists far outside the immediate context of the experiment. To better understand racism and racial inequality, psychologists should study people in the context of a system of laws and economics that advantages White people.

How can your findings inform policy?

We are in a moment in history when people are more willing to learn about the magnitude of the racial wealth gap, but our studies suggest that providing data is not enough to convince the public that this is a persistent problem. Through research, I aim to develop tools for policymakers and educators that focus on how to inform people about racial inequality, such as which arguments are most persuasive and the counterarguments to anticipate. My hope is that improving our education strategies related to this topic will increase motivation for bolder, more progressive policies. ■



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WERE THE INJURIES ALREADY THERE?

More research is needed on jurors' perceptions and decisions in civil cases involving preexisting injury

BY JONATHAN P. VALLANO, PHD, HANNAH G. FLOREY, AND FELICIA K. DUSHA, UNIVERSITY OF PITTSBURGH AT GREENSBURG

Elissa Adams was a passenger in a car traveling from Midland to Lubbock, Texas, when a passing motorist lost control and crashed into her. Adams was immediately taken to the hospital with “a concussion and other injuries.” Adams later sought treatment from a family and sports medicine physician for a concussion and related symptoms, including severe headaches. Adams also told the physician that she had experienced headaches prior to the car accident. Adams eventually initiated a civil claim against Allstate Insurance to receive full compensation for her injuries, including her recent severe headaches.

During the jury trial, Adams's physician served as an expert witness about the cause and severity of her injuries. He noted that despite Adams's prior history of headaches, he believed the car accident caused her current headaches. The physician also noted that a neurologist had performed surgery years prior to her car accident that had resolved her headaches. However, Allstate's medical expert expressed skepticism regarding the cause of the headaches, citing the headaches she experienced before the accident and questions about the appropriateness of the specific tests conducted by Adams's physician to best determine causation. Thus, Allstate's expert was unconvinced that Adams needed future compensation for her headaches. Perhaps due to the conflicting expert testimony, the jury awarded Adams \$87,787.37 for her past damages, but nothing for future damages.

Adams, contending the jury erred by failing to award damages for her future medical care, filed a motion for a new trial but was denied. On appeal, the Texas Court of Appeals upheld the denial, relying in part on this Texas case precedent:

“When there is conflicting evidence about the severity of the injuries or about whether the injuries were caused by the collision, the jury has the discretion to resolve the conflicts, determine which version of the evidence to accept,

and refuse to award damages . . . The jury may determine that only part of the injuries [was] caused by the defendant's conduct at issue and may award damages accordingly.”

This case illuminates a conflict frequently encountered by judicial decision-makers: how to determine causation and award damages in the presence of preexisting injury (PEI). That is, how do jurors generally perceive PEI in civil cases? Does its presence ever disrupt the (perceived) causal chain from the defendant's conduct to the plaintiff's alleged injuries, and how do jurors decide on a specific monetary award? Although the mere presence of a preexisting injury or condition does not generally preclude plaintiffs from recovering compensation for injuries sustained in an accident, little is known about how jurors resolve such conflicts. Factors that may affect jurors' perceptions and decisions in civil cases involving PEI include (1) the characteristics of the PEI, such as whether it is physical or psychological, and whether it is acute or chronic; (2) how the PEI is presented at trial (e.g., via expert testimony—including how experts assess and render conclusions regarding causation); and (3) jurors' general and specific perceptions of a PEI, such as whether they perceive it as the plaintiff's fault.

Psychology researchers should look more closely at how jurors resolve such challenging decisions in PEI cases. In some cases, jurors may rightly discount liability or damages due to PEI, while in others they may be inappropriately affected by erroneous perceptions, such as believing that the PEI automatically precludes recovery. But what may be legally permissible does not always correspond with jurors' decisions. Such a disconnect may be even more likely in this complex area of civil jurisprudence. Future research should investigate how jurors decide such cases and illuminate other social-cognitive issues surrounding how jurors evaluate this type of evidence. ■



AT ISSUE

How do juries decide whether injuries were caused by an accident?

The planet is
undergoing
rapid and
unprecedented
climate change
that is creating
stress and mental
anguish for
people around
the world.



CE

CONTINUING EDUCATION ADDRESSING CLIMATE CHANGE CONCERNS IN PRACTICE

BY MELODY SCHREIBER

Wildfires, floods, hurricanes, drought, extreme heat, the emergence of new diseases in new places: The planet is undergoing rapid changes that are unprecedented in human history. And as psychologists are increasingly aware, these changes can bring about great stress and mental anguish to all of us living through these challenging times. ¶ “Climate change issues have a significant mental health impact,” says Nancy Piotrowski, PhD, council representative for APA’s Div. 34 (Society for Environmental, Population, and Conservation Psychology). In California, where she lives, weather patterns are being suddenly and drastically disrupted, as the region’s devastating wildfires have shown too clearly. As a consequence of these and other environmental changes, people around the world are learning to live with troubling new stressors such as power outages, water shortages, poor air quality, emergency evacuations, and more.

CE credits: 1

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

1. Identify the impact climate change issues are having on people’s mental health around the world.
2. Discuss the most current research on how climate change is affecting specific populations and communities.
3. Describe ways practitioners can address climate change issues and climate-induced stress with patients.

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A key feature of these changes is their ongoing nature, notes Thomas Doherty, PsyD, a practitioner in Portland, Oregon, whose focus is environmental psychology. In the past, he says, calamity would strike—a storm surged and flooded a town, a drought destroyed crops, fires swept through neighborhoods—and then it would end.

But with unfolding, recurring, and new events related to climate change, says Doherty, the damage doesn’t stop. “And that’s really challenging for us.”

Fortunately, clinicians are well positioned to help in these tumultuous times, says Piotrowski. “We know how to deal with anxiety. We know how to deal with depression.” Now, it’s a matter of understanding these common human reactions and finding ways to address and prepare for them, she says.

SIGNIFICANT EFFECTS

How big a problem is climate change in relation to people’s mental health? An APA survey released in February 2020 found that 56% of U.S. adults said that climate change is the most important issue facing the world today. While people’s focus and concerns have shifted toward the pandemic in the last year, climate issues remain prominent in people’s lives. More than two-thirds (68%) of the adults APA surveyed said they had “at least a little ‘eco-anxiety,’” or anxiety or worry about climate change and its effects. Nearly half (48%) of young adults ages 18

to 34 said they felt stress over climate change in their daily lives. While these changes have been rapid, they have not been surprising: More than a decade ago, *The Lancet* and the University College London Institute for Global Health Commission called climate change the biggest threat to global health—and mental health in particular—of the 21st century (*The Lancet*, Vol. 373, No. 9676, 2009).

Humans have evolved to adjust to some environmental stressors, researchers have found, through allostasis, the system by which the body responds to stress. The fear and uncertainty you feel during your first major storm in childhood, for instance, doesn’t usually stay with you for life. But if those storms keep happening, and growing in intensity, those anxieties are harder to put to rest. The greater the stressors and the longer we are exposed to them, the more likely our response systems are to fail—and those stress responses may remain elevated for the rest of our lives (Crews, D. E., et al., *Annals of Human Biology*, Vol. 46, No. 1, 2019). Researchers comparing meteorological data with surveys of nearly 2 million Americans over the course of 10 years found that higher temperatures, more rain, and more frequent and intense tropical cyclones all correlated with worsened mental health (Obradovich, N., et al., *Proceedings of the National Academy of Sciences*, Vol. 115, No. 43, 2018). These reactions can take

the form of anxiety, stress, depression, violence, aggression, and the loss of community identity, other researchers have found (Trombley, J., et al., *American Journal of Nursing*, Vol. 117, No. 4, 2017).

Researchers and others have coined specific terms to help define the intersection between mental health and climate change, though they are not and should not be official mental health diagnoses. In 2017, for example, APA and ecoAmerica defined “eco-anxiety” as “a chronic fear of environmental doom” (APA and ecoAmerica, 2017).

Meanwhile, Ashlee Cunsolo, PhD, researches what she terms the “ecological grief” of Indigenous peoples in northern Canada who are watching their homeland morph and slip away before their eyes (*Nature Climate Change*, Vol. 8, 2018). And in 2005, environmental philosopher Glenn Albrecht, PhD, coined the term “solastalgia,” which he defined as “the homesickness you have when you are still at home” because the land has become unrecognizable (*PAN: Philosophy, Activism, Nature*, Vol. 3, 2005).

It’s not just those directly affected by a disaster who suffer. Often, simply knowing that others are in the path of disaster can trigger anxiety or depression, says Amy Lykins, PhD, an American clinical psychologist and researcher working in Australia and in South Pacific islands such as Fiji. She calls it an “existential fear” facing many of us “who may not necessarily have been directly impacted by flooding or had to run for their lives from bushfires but are aware of what’s going on in the world.”

And there are troubling

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differential effects of climate-related disasters on different communities, says Derrick Sebree Jr., PsyD, a clinical psychologist and core faculty at the Michigan School of Psychology, who focuses on systemic racism and climate justice. For instance, pollution-generating manufacturing plants or processing centers are more likely to be in and to affect communities of color, and these communities have not had the power to speak out against these practices. Changes in climate are similarly affecting marginalized communities more often and more severely. And around the world, those who have contributed the least to the drivers of climate change are the ones who suffer the most from its effects. Clinicians need to be mindful that this “alarming historical trend” of environmental injustice continues today, Sebree says. “Clinicians must be aware that we have patients who are disproportionately affected and need our support,” he says.

USING WHAT YOU HAVE

Although addressing the effects of climate change on people’s mental health may seem daunting, psychologists already have important tools to help, Piotrowski says. Clinicians “can leverage off of what we already know from treating anxiety and depression and trauma” to address reactions

to climate change, she says.

Most of clinicians’ existing skills are “totally appropriate” for addressing climate change concerns, Doherty adds. Cognitive behavioral therapists can use their knowledge of people’s thinking patterns—the tendency to overworry or catastrophize the significance of a problem, for example—to help people mitigate their responses to climate change. Meanwhile, psychodynamic or depth therapists can help patients make deeper connections between themselves, their behavior, and the environment. Physical or somatic therapists can encourage people to relax, become more mindful, and reduce stress physiologically in the face of environmental stress. Still other therapists may focus on spirituality, feminism, or social justice.

Diagnosing conditions brought on by environmental issues is like making any other mental health diagnosis, such as anxiety or depression, practitioners say. After all, there is no diagnosis of “climate anxiety”—only “anxiety.” Climate change is simply one context for a person’s reactions. The same tools for assessing a person’s distress and how much it impacts their life, such as adjustment disorder criteria, apply when the stressors are environmental.

It is normal for people to be worried about environmental issues—it isn’t a disorder to be

“After a big disaster, sometimes just the idea of being out in nature for people is hard, if it feels like this is dangerous.”

DERRICK SEBREE JR., PsyD, MICHIGAN SCHOOL OF PSYCHOLOGY



stressed by stressors. “We certainly don’t want to pathologize someone’s reasonable distress about climate and environmental threats,” Doherty says. “But we also don’t want to minimize issues that are causing significant impairment to a person’s life.” When worries and fears begin manifesting as anxiety or depression, clinicians can help patients develop long-term strategies to cope in healthy ways. “When working with patients, we’re really looking at the whole picture; it’s not just about climate anxiety or climate grief,” says Zoey Rogers, PsyD, a postdoctoral fellow in Seattle, Washington, and the former student chair of APA’s Div. 34. “This actually allows us to tap

into underlying issues and internal structures and attachment issues that we do see with diagnoses.”

ADDRESSING ENVIRONMENTAL CONCERNS

There are several different ways to address people’s concerns about environmental dangers, Doherty says. An important first step is assessing how (or whether) a person is affected by these concerns. “One of the basic environmental identity assessment measures is just two circles: one that says ‘nature,’ and one that says ‘myself,’” Doherty explains. The patient decides the degree to which those circles overlap. For some, the circles may

When patients’ worries about climate change begin manifesting as anxiety or depression, clinicians can help them develop long-term strategies to cope in healthy ways.

KEY POINTS

1
Climate change can bring anxiety, stress, depression, violence, and the loss of identity.

2
Practitioners are well positioned to address climate-induced stress with existing skills and tools.

3
It’s not only those who are directly affected by a disaster who suffer; often, simply knowing others are in the path of disaster can trigger these responses.

4
Encouraging patients to take action—from going on nature walks to participating in activism—can keep them from feeling helpless.

be separate; for others, they may overlap completely. Understanding how closely patients view the relationship between themselves and the environment will inform therapeutic approaches.

Clinicians can also include environmental concerns on the list of questions they regularly ask patients, Piotrowski suggests. What is their relationship to the environment? Do they have concerns about the state of the world or the planet? How have they been affected by naturally occurring events and disasters? How do they cope with them? How might climate change affect their plans for the future, from choosing a home to deciding whether to have kids? Providers can keep those answers in mind and refer back to them when appropriate. The questions can also signal a willingness from practitioners to talk about these issues, which have sometimes been politicized.

Clinicians can then work on developing a case conceptualization to understand the etiology of the issue and determine how these concerns fit into the person’s larger life story and how cultural, socioeconomic, and other factors may play a role.

Practitioners also need to understand their own histories and perspectives on climate change, Doherty says. Building a better understanding of the issues at stake, and the responses they spur in people, helps you take patients’ concerns seriously and address them appropriately. Not everyone needs to become an expert on these issues, he adds—simply having a basic competency goes a long way.

THE BIGGER PICTURE

Of course, addressing climate change concerns is not confined simply to gaining insight. Clinicians can also play an important role in encouraging patients to take action, experts say. According to the February 2020 APA poll, 4 in 10 people have not changed their behavior in light of climate change, but 7 in 10 say they wish they could do more, while 5 in 10 say they don't know where to begin. Other research bears this out: Even when people are concerned about climate change and the environment, they may feel paralyzed or useless when it comes to taking action (Landry, N., et al., *Journal of Environmental Psychology*, Vol. 55, 2018).

Recognizing a threat but not knowing what to do about it can make people feel even more helpless, which can lead to increased stress and anxiety, experts add. Likewise, avoiding discussions about it facilitates inaction, and psychologists can help with that, too, says Rogers. "For a lot of people, it's too scary to actually sit with those feelings," she says. "Facing our grief and despair doesn't make the feelings go away, but it may help us place them within a larger context that gives it different meaning."

People may feel particularly helpless in the face of ecological catastrophes, Sebree says. "After a big disaster, sometimes just the idea of being out in nature for people is hard, if it feels like this is dangerous," Sebree says. Encouraging people to work through their trauma and regain control can help—including connecting with nature in positive ways, he says.

Educating patients about specific actions they can take is another valuable tool to help increase their efficacy and engagement in public discussions, research finds (Geiger, N., et al., *Journal of Environmental Psychology*, Vol. 51, 2017). Clinicians offering a safe space for patients to share concerns and feelings can segue into discussions about taking action. That may include anything from private actions to make yourself feel better, like going on a hike or going camping; to public actions, like supporting causes and working in your community; to higher-level advocacy and activism to change policies.

"We want to make sure people don't overmagnify things to the point where they feel like they can't do anything," Piotrowski says. Practitioners can help people "break the problem up so that there are smaller pieces that they can be working on."

Given the emotional weight of the topic, helping your patient take any action is a positive step, adds Lykins. That can be as simple as taking a break from the news, or just putting their head on their pillow at night and saying, "Well, I tried my best today," she says. Other individual actions might include eating less meat, using clean energy at home and on their commute, joining public protests, and writing letters to elected officials.

That said, there are limits to personal responsibility. If the streets in your city need repair, for example, "I don't expect you to get a shovel and fix the potholes yourself," Doherty says. "Climate change is similar. We need to get

our leaders and our systems to work on these things." It's important for psychologists to remind patients that they can't fix everything on their own, which can help release some of the burdens they carry, he says.

For some, the solution might be taking less action, Doherty points out—especially for those who are burned out. Activists and climate scientists are at increased risk of this. Susan Clayton, PhD, a professor at The College of Wooster in Ohio and member-at-large of APA's Board of Directors, found that climate scientists are particularly vulnerable to environmental anxiety and depression "because they are immersed in depressing information and may face apathy, denial, and even hostility from others. But they also have sources of resilience," including many of the actions discussed here (*Nature Climate Change*, Vol. 8, Issue 4, 2018).

Unfortunately, the climate crisis shows no sign of abating. Because these disruptions will continue and likely worsen, it's important for clinicians to develop these types of long-term strategies, Piotrowski says.

"When you have something like this that's more likely to be chronic, that's more likely to be a fixture across the lifetime—that's where there needs to be some sort of a more systematic way of helping people engage around checking in with themselves and getting help for these kinds of issues around anxiety and depression," Piotrowski says. "This is probably going to be something we're all going to be working on in one way or another as long as we're alive." ■

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Ecological grief as a mental health response to climate change—related loss

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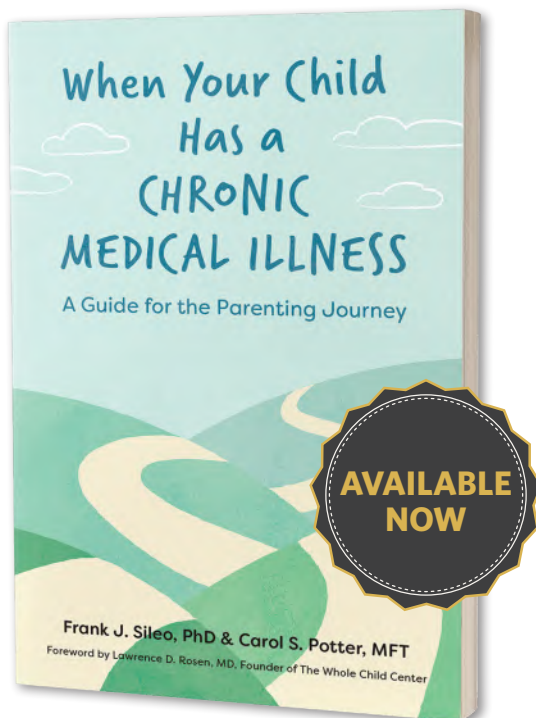
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The Conversation, 2012

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COVID-19 VACCINES

As COVID-19 vaccines become available to wider segments of the population, psychological science will play a key role in ensuring everyone can benefit

By Stephanie Pappas



P

PSYCHOLOGICAL SCIENCE WILL BE AT THE FOREFRONT OF COMBATING vaccine hesitancy brought on by misinformation now that several vaccines have proven to be safe and effective against COVID-19. ¶ Right now, more people want a vaccine than can get one, due to low supply. But as a long pandemic winter eases into spring and summer, it will be important to ensure that everyone who could benefit from the vaccine actually rolls up their sleeve to get it. The politicization of COVID-19, messaging about masks, and the mental health impact of social distancing have all made clear how important psychology is during a pandemic. Vaccination is no different.

Psychologists will play an important role in ensuring vaccine uptake by determining the best way to fight back against misinformation, along with smoothing logistics and communicating benefits and risks.

“It doesn’t matter how great your biomedical innovation is; if people aren’t convinced to use that innovation, then the innovation has no impact at all,” says Gregory Zimet, PhD, a clinical psychologist at the Indiana University School of Medicine who studies vaccine decision-making.

VACCINE UPTAKE

Psychologists have been tracking vaccination attitudes since

spring 2020, trying to understand who is hesitant to receive a COVID-19 vaccine and why. National surveys painted a promising picture as the vaccine rollout began: After a low point of only 50% of Americans saying they were willing to be vaccinated in September, 63% expressed willingness in a national poll taken in late November (Gallup, 2020). Gallup researchers speculated that reports of side effects in the AstraZeneca vaccine trials and fears of a politically driven approval process were the reason for the September slump. A Henry J. Kaiser Family Foundation survey taken in December



Pharmacist Emily Vrontos, of Columbus, Ohio, reviews a patient’s medical history before administering a COVID-19 vaccine.



BRIAN KAISER FOR THE NEW YORK TIMES/REDOUX; PREVIOUS PAGES: STRINUPHOTO/GETTY IMAGES

put willingness to be vaccinated at 71% (KFF COVID-19 Vaccine Monitor, 2020), also up from September's numbers.

However, research also suggests that acceptance is unevenly distributed. Kaiser's ongoing COVID-19 Vaccine Monitor project finds consistent gaps between groups. Those most likely to be hesitant are Republicans, people ages 30 to 49, rural Americans, and Black Americans. Those most likely to be enthusiastic are Democrats, people over 65, the college-educated, and those with major health issues. Reasons for hesitancy vary among these

hosts. National Institute of Allergy and Infectious Diseases director Anthony Fauci, MD, gave a range of 70% to 85% in December. But if some groups are less likely to be vaccinated than others, pockets of vulnerability could still persist even if overall acceptance is high. Thus, vaccine acceptance is an important part of equity in the fight against COVID-19.

VACCINE COMMUNICATION

Psychologists and other behavioral scientists are working to inform the communication efforts around the vaccine. A



groups, with Republicans less likely to believe COVID-19 is a risk than other hesitant groups, and hesitant Black Americans more worried that the vaccine might have dangerous side effects or give them COVID-19.

It's not clear how many people need to be vaccinated to achieve community immunity, in which the coronavirus pandemic fizzles out because the virus can't find vulnerable

recent report from the National Academies of Sciences, Engineering, and Medicine on equitable vaccination allocation calls for drawing on the established research in risk communication to drive outreach (NASEM Framework for equitable allocation of COVID-19 vaccine, 2020). The National Institutes of Health also released a report in December calling for evidence-based

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Increasing vaccination: Putting psychological science into action
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A proactive approach for managing COVID-19: The importance of understanding the motivational roots of vaccination hesitancy for SARS-CoV2
Taylor, S., et al.
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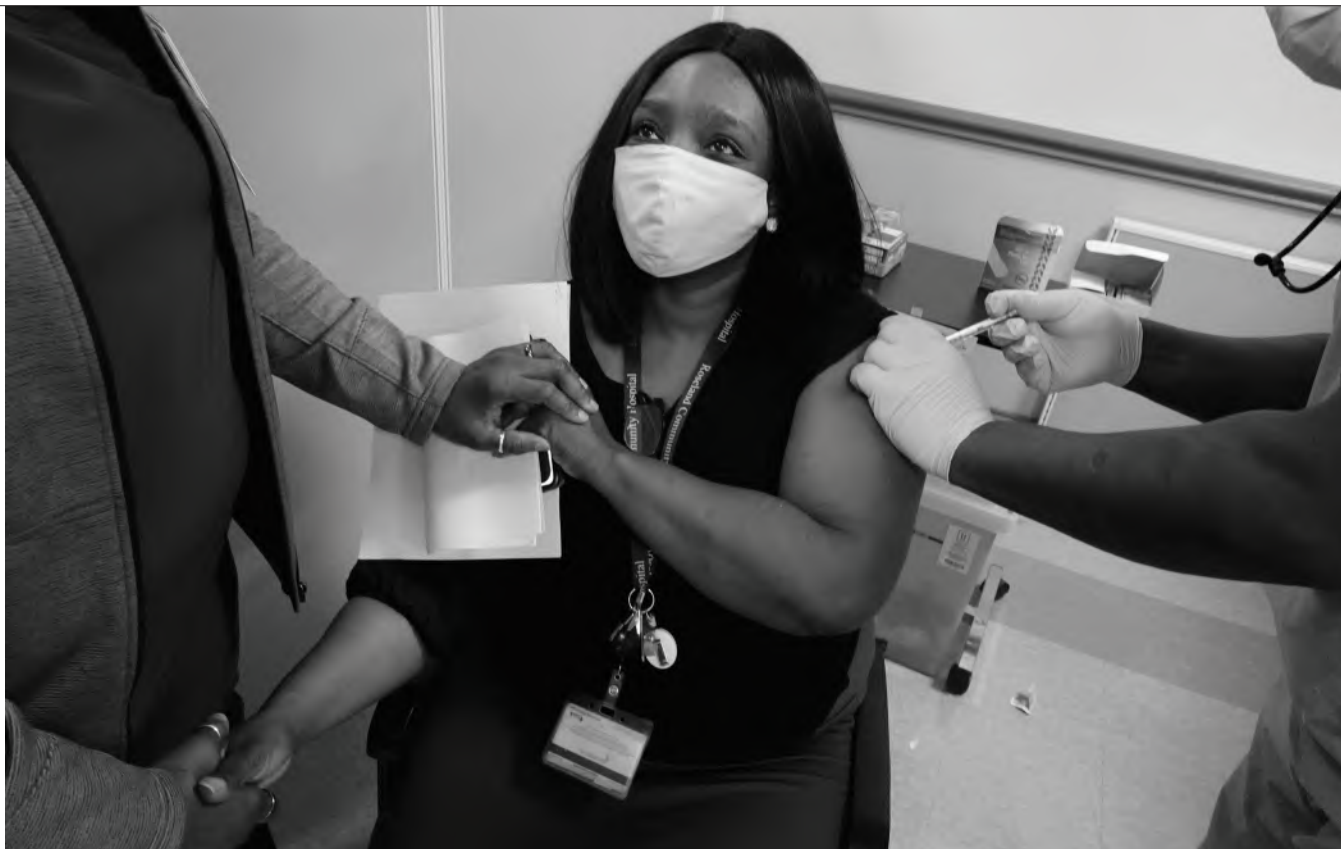
Coronavirus disease 2019 and vaccination of children and adolescents: Prospects and challenges
Zimet, G. D., et al.
The Journal of Pediatrics, 2020

strategies, including tailored messaging and framing vaccination as a beneficial, apolitical decision (COVID-19 vaccination communication: Applying behavioral and social science to address vaccine hesitancy and foster vaccine confidence, 2020). "It shouldn't be amateur hour with the stakes so high," says Baruch Fischhoff, PhD, a psychologist at Carnegie Mellon University and a member of the committee that wrote the report. "We should rely on psychological science, not intuition about what people think."

For example, many of the vaccine-eager may be tempted to shame those who have questions or are hesitant. But research shows that positive emotional messages, such as altruism and hope, are more effective than negative ones in encouraging vaccination (Chou, W.-Y. S., & Budenz, A., *Health Communication*, Vol. 35, No. 14, 2020).

It's also important to know that the Mayo Clinic notes that people with certain health conditions are not currently advised to get the vaccine and encourages people to talk to their health care provider if they have questions. Psychologists need to be sensitive to those who are desperate for the relief of a vaccine but aren't medically advised to receive one.

Many who are hesitant to get vaccinated have deeply personal reasons to feel that way. Mistrust of the medical community among Black Americans, for example, is often rooted in historical events such as the Tuskegee Syphilis Study, in which the United States Public Health Service misled and withheld



Above: Latrice Davis, a nurse at Roseland Community Hospital in Chicago, receives a COVID-19 vaccine on Dec. 18, 2020.

Opposite: A physician administers a placebo treatment during the Tuskegee Syphilis Study in 1932.

treatment for syphilis from poor Black men between 1932 and 1972. Personal experiences with racism may also foster mistrust; a Kaiser Family Foundation survey in 2020 found that 20% of Black Americans reported personally experiencing racism while seeking health care in the previous 12 months (KFF Survey on Race and Health, October 2020).

Tailoring messaging to specific communities is thus very important, Fischhoff says. For historically marginalized communities, it's particularly crucial to open up two-way lines of communication, he says. One way to do this might be to leverage the power of professional organizations such as APA and the American Public Health Association, which have

members in diverse communities all over the country. "They can get the word out and listen to what's on people's minds, and they can also get the content and tone right in a way that somebody sitting at a major advertising agency just can't do," Fischhoff says.

Some collaborations already exist. The Johns Hopkins Bloomberg School of Public Health Center for Health Security is addressing vaccine equity and hesitancy with five multidisciplinary local teams in Alabama, southern California, Idaho, Baltimore, and Prince George's County, Maryland. Neil Lewis Jr., PhD, a social psychologist at Cornell University, is working with a multidisciplinary group to help the New York City health department respond to ques-

tions that people ask the doctors administering the COVID-19 vaccines. Often, these concerns contain a kernel of truth, Lewis says. After all, early in the pandemic, experts warned the public that safe vaccines take years to develop. It's not surprising, then, that people have worries about the safety of a vaccine developed in less than a year. "People have concerns," Lewis says, "and we have to acknowledge that those are legitimate concerns, let them ask their questions, and respond to them."

The CDC's Vaccine Adverse Event Reporting System gives a sense of the types of adverse reactions reported, ranging from benign and expected (headache, soreness) to serious (anaphylactic shock and heart attack). However, psychologists using this

data should be aware that anyone can enter a report, and the system is not designed to show that an event was caused by the vaccine.

Personal experience may also be a powerful tool for vaccine communication. Many doctors and nurses—especially doctors and nurses of color—have been sharing their own vaccine experiences on social media, including any common side effects they may experience. “The slow rollout might end up having this unintended benefit of creating enough time that the broader public can see that, yes, the vaccine is working, the people who are getting it are doing well, so that could help to increase trust in it over time,” Lewis says.

For those who are strongly opposed to vaccines based on emotion or ideology, the messaging is more difficult—but not impossible. These strong anti-vax, anti-mask attitudes appear driven by a phenomenon called psychological reactance, says Steven Taylor, PhD, a clinical psychologist at the University of British Columbia in Canada, which is a motivational state driven by the feeling that someone is trying to curtail one’s freedom. For this group, any messaging suggesting that authorities want people to get vaccinated is aversive. Instead, Taylor says, it’s best not to frame vaccination as an obligation. “The best message could be, ‘Getting vaccinated is a right you have; don’t let people take that away from you,’” he says. “That’s not a disingenuous message; it’s an accurate one.”

INTENT VERSUS ACTION

Even among the willing, vaccination intent does not equal

HESITANCY BY THE NUMBERS

In late November and early December 2020, 27% of respondents to a Kaiser Family Foundation poll on the COVID-19 vaccines said they probably or definitely would not be vaccinated. Among groups more hesitant than average, the percent who said they probably or definitely wouldn’t get the vaccine were as follows:

42%	Republicans
36%	Ages 30–49
35%	Rural residents
35%	Black adults
33%	Essential workers
31%	Independents
29%	Health care workers
29%	Men
28%	Ages 18–29

The main concerns among the 27% who did not want to be vaccinated were:

- Worries about possible side effects (59% total, but 71% among hesitant Black adults)
- Distrust in government to make sure vaccine is safe and effective (55%)
- Vaccine too new, want to wait and see how it works for others (53%)
- Politics has played too large of a role in vaccine development (51%)
- Risk of COVID-19 is exaggerated (43% total, but 57% among hesitant Republicans)

SOURCE: KFF COVID-19 VACCINE MONITOR (KFF HEALTH TRACKING POLL, NOV. 30–DEC. 8, 2020).



An anti-vaxxer at a demonstration against the coronavirus lockdown in London.

vaccination behavior. There are many people who are not ideologically against vaccines who still don’t get around to getting their annual flu shot. With COVID-19 case rates high this winter, motivation to get the vaccine is also high for many. As spring and summer begin, case numbers and deaths may begin to decline due to virus seasonality and the vaccination of high-risk individuals. With the danger less immediate, people may be less motivated to make vaccination appointments, says Gretchen Chapman, PhD, a professor of social and decision sciences at Carnegie Mellon University.

Another complication is that the Pfizer and Moderna vaccines require two doses, administered 3 or 4 weeks apart, to be most effective. Getting people to come in for the second dose at the right time is a separate problem from getting them to come in for the first dose, Chapman says: “In the first round you’ll take whoever shows up, but in the second round you need the exact people who were there the first time, exactly 3 weeks later.”

However, while intervening to change people’s vaccination beliefs can be difficult, there are proven methods for changing vaccine behavior, Chapman says. These include reminders, automatically scheduled appointments, and strategies to make logistics for the patient as seamless as possible. Health systems or pharmacy chains could capitalize on the winter’s vaccine enthusiasm by having people sign up to be notified when vaccines are available for their risk group,



paying you,” Chapman says.

Such results highlight the importance of field studies going forward during the COVID-19 vaccine deployment, she says. Interventions need to be tested in a real-world context. At the Behavior Change for Good Initiative at the University of Pennsylvania, economist Katy Milkman, PhD, and colleagues have tested nearly two dozen text message reminder strategies for flu vaccinations with real patients at health systems and customers at Walmart pharmacies. Preliminary results from doctors’ offices, currently being prepared for publication, suggest that a variety of messages can boost vaccination, with 21% of messages tested significantly boosting vaccination rates. The most successful, a two-part reminder that told patients that a flu vaccine had been reserved for them at their upcoming well-check visit, boosted vaccination 10% at essentially zero cost, Milkman said in a Jan. 6 webinar hosted by the Science of Behavior Change Research Network. Milkman and her colleagues plan to release results from more than 500,000 Walmart pharmacy customers in late January.

Building the knowledge and capacity to enact COVID-19 vaccination will pay off long after the pandemic is over, Taylor says. “Now, having lived it, we all know how important psychology is,” he says. “We need to keep these platforms up and running. We shouldn’t dismantle them after the pandemic is over, because they’re going to be important for preparing for the next pandemic.” ■

Chapman says. People may also need paid time off from work to get the vaccine and recover from mild side effects, including localized and temporary pain, swelling, or redness at the injection site, Lewis says. “If people don’t have the time or have other logistical hurdles in the way, we’re in trouble,” he says.

Behavioral science can help smooth the logistics of vaccination for underserved populations. University of California, Los Angeles, psychologist Vickie Mays, PhD, has developed a model of neighborhood vulnerability to COVID-19 in Los Angeles County, based on indicators like preexisting health conditions of residents and social exposure to the virus (BRITE Center, 2020). Similar models could be used across the country to open vaccination sites and focus outreach for the most vulnerable.

Natural incentives may also

encourage vaccination even among people who are not worried about the coronavirus and their own health. Incentives might include airlines requiring proof of vaccination for international travel or sports venues requiring proof of vaccination for entry to events, Chapman says. However, such incentives might also deepen inequities for groups who are less able to access the vaccine. Direct monetary incentives are likely to backfire. Research led by psychologist and marketing professor Cynthia Cryder, PhD, of Washington University in St. Louis, found that paying people to participate in potentially risky research studies made the participants believe that the studies were more risky than if they weren’t paid (*Social Science & Medicine*, Vol. 70, No. 3, 2010). The money “conveys that this is a risky thing that you don’t want to do unless we’re

Demonstrators protest facemasks, vaccines, and pandemic-related closures near the residence of Massachusetts governor Charlie Baker on Sept. 26, 2020.

Psychologists' research may help in the fight
to debunk myths surrounding COVID-19

By Zara Abrams

Misinformation

CONTROLLING THE SPREAD

A large, bold, red capital letter 'M' centered on the page, serving as a decorative element for the article's title.

MISINFORMATION ON COVID-19 IS SO PERVASIVE THAT EVEN SOME PATIENTS DYING FROM the disease still say it's a hoax. In March 2020, nearly 30% of U.S. adults believed the Chinese government created the coronavirus as a bioweapon (*Social Science & Medicine*, Vol. 263, 2020) and in June, a quarter believed the outbreak was intentionally planned by people in power (Pew Research Center, 2020). ¶ Such falsehoods, which research shows have influenced attitudes and behaviors around protective measures such as mask-wearing, are an ongoing hurdle as countries around the world struggle to get the virus under control.



Psychological studies of both misinformation (also called fake news), which refers to any claims or depictions that are inaccurate, and disinformation, a subset of misinformation intended to mislead, are helping expose the harmful impact of fake news—and offering potential remedies. But psychologists who study fake news warn that it's an uphill battle, one that will ultimately require a global cooperative effort among researchers, governments, and social media platforms.

"The fundamental problem with misinformation is that once people have heard it, they tend to believe and act on it, even after it's been corrected," says Stephan Lewandowsky, PhD, a professor of psychology at the University of Bristol in the United Kingdom. "Even in the best of all possible worlds, correcting misinformation is not an easy task."

WHEN ARE WE SUSCEPTIBLE TO MISINFORMATION?

Starting in the 1970s, psychologists showed that even after misinformation is corrected, false beliefs can still persist (Anderson, C. A., et al., *Journal of Personality and Social Psychology*, Vol. 39, No. 6, 1980).

"When we hear new information, we often think about what it may mean," says Norbert Schwarz, PhD, a professor of psychology and marketing at the University of Southern California. "If we later hear a correction, it doesn't invalidate our thoughts—and it's our own thoughts that can maintain a bias, even when we accept that the original information was false."

Schwarz identified five criteria that people use to decide whether information is true: compatibility with other

Trump supporters clash with police and security forces as they push barricades to storm the U.S. Capitol in Washington, D.C., on Jan. 6, 2021, while Congress was conducting the electoral vote certification for the 2020 presidential election.



known information, credibility of the source, whether others believe it, whether the information is internally consistent, and whether there is supporting evidence ("Metacognition," in *APA Handbook of Personality and Social Psychology*, 2015). His studies also show that people are

more likely to accept misinformation as fact if it's easy to hear or read (*Consciousness and Cognition*, Vol. 8, No. 3, 1999).

Since the 2016 U.S. presidential election, when misinformation spread widely on Facebook and other social media platforms, psychological research on the



“There’s often a lot of uncertainty in crisis situations, so people come together and start sharing information in a sort of collective sense-making process.”

KATE STARBIRD, PhD, UNIVERSITY OF WASHINGTON

topic has accelerated. Studies of motivated reasoning by psychologist Peter Ditto, PhD, of the University of California, Irvine, show that people deploy skepticism selectively—for instance, when they’re less critical of ideas that align with their political beliefs (Gampa, A., et al., *Social Psychological and Personality Science*, Vol. 10, No. 8, 2019).

Others have built on Schwarz’s early findings, showing that people are more likely to fall for misinformation when they fail to carefully deliberate on the material, whether or not it’s aligned with their political views (Bago, B., et al., *Journal of Experimental Psychology: General*, Vol. 149, No. 8, 2020). The lead author of one such analysis, Gordon Pennycook, PhD, an assistant professor of psychology at the University of Regina in Saskatchewan, Canada, says this suggests that passive sharers, rather than malicious actors, may be the bigger problem in the fake news phenomenon (*Cognition*, Vol. 188, 2019).

Six “degrees of manipulation”—impersonation, conspiracy, emotion, polarization, discrediting, and trolling—are used to spread misinformation and disinformation, according to Sander van der Linden, PhD, a professor of social psychology in society at the University of Cambridge in the United Kingdom and director of the Cambridge Social Decision-Making Lab, and his colleagues. For instance, a false news story may quote a fake expert, use emotional language, or propose a conspiracy theory in order to manipulate readers.

Research also reveals individual differences in susceptibility to misinformation. For one, people who use an intuitive reasoning style tend to believe fake news more often than those who rely primarily on analytical reasoning (*Journal of Personality*, Vol. 88, No. 2, 2020). Political ideology also appears to play a role, with those holding extreme beliefs—particularly on the far right—being most susceptible to

misinformation (Baptista, J. P., & Gradim, A., *Social Sciences*, Vol. 9, No. 10, 2020).

Further research is needed to understand the complex interactions between demographic factors such as age and misinformation. Early data indicate that older adults—who are more affected by COVID-19—are sharing more news in general about the virus, including fake news (The State of the Nation: A 50-State COVID-19 Survey, Report #18, October 2020), but they may be less likely to believe it (*Royal Society Open Science*, Vol. 7, No. 10, 2020). In fact, research has shown that younger people, regardless of political group, are more likely to believe COVID-19 misinformation than older people (The State of the Nation, 2020).

COVID-19 AND THE INFODEMIC

Regardless of why it's shared, misinformation surrounding COVID-19 has been so rampant that the World Health Organization (WHO) declared a parallel "infodemic" to describe the scale of fake news and its potential impact on efforts to limit the virus's spread.

"There's often a lot of uncertainty in crisis situations, so people come together and start sharing information in a sort of collective sense-making process," says Kate Starbird, PhD, an associate professor of human-centered design and engineering at the University of Washington, who studies how information travels during crises. "That process can get things

Opposite: *Washington Post* White House photographer Jabin Botsford shared on Twitter a close-up of President Trump's notes, where he crossed out "Corona" and replaced it with "Chinese" for a briefing on March 19, 2020.

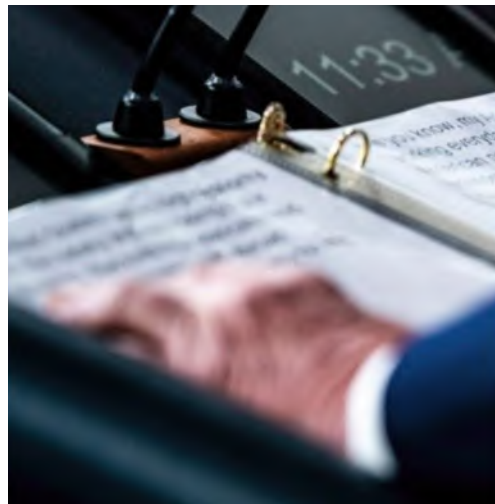
Below: Protesters who gathered on Nov. 4, 2020, in response to Trump's premature declaration of victory in the presidential election hold a "Tell the Truth" banner near the U.S. Capitol.

right, but it can also get things wrong, producing rumors that turn out to be false."

For example, when stay-at-home orders first went into effect in March 2020, Starbird and her colleagues tracked how one *Medium* article, which misrepresented the scientific evidence on social distancing, went viral after several Fox News personalities shared it (*Washington Post*, May 8, 2020).

Researchers have also started to document the scope of the infodemic. A study that surveyed more than 1,000 U.S. adults in March and July 2020, led by psychologist Daniel Romer, PhD, research director of the University of Pennsylvania's Annenberg Public Policy Center, found that about 15% believed





the pharmaceutical industry created the coronavirus and more than 28% thought it was a bioweapon made by the Chinese government. Those beliefs predicted a subsequent decrease in willingness to wear a mask or take a vaccine (*Social Science & Medicine*, Vol. 263, 2020).

That pattern also holds in other countries. An analysis of misinformation from five samples across the United States, Europe, and Mexico showed that substantial portions of each population—anywhere from 15% to 37%—believed misinformation about COVID-19 in April and May 2020, representing what the authors call a “major threat to public health.” People who were more susceptible to misinformation were less likely to report complying with public health recommendations and less likely to say they’d get vaccinated (*Royal Society Open Science*, Vol. 7, No. 10, 2020).

Though research directly tying misinformation to behavior is still limited, exposure to

fake news does have real-world consequences. In the political domain, it is correlated with declining trust in mainstream media organizations (Ognyanova, K., et al., *The Harvard Kennedy School Misinformation Review*, 2020) and likely impacts voting behavior, though more research is needed on the nuances of that relationship (Lazer, D. M. J., et al., *Science*, Vol. 359, No. 6380, 2018). Misinformation has even spurred violence, for instance when a conspiracy theorist fired a gun inside Washington, D.C.–based pizzeria Comet Ping Pong in 2016.

And on the coronavirus front, “the causal link between misinformation and behavior is actually quite direct and visible,” van der Linden says.

He points to attacks on 5G cellular towers in the United Kingdom after an online conspiracy theory linked 5G technology to the virus’s spread, and methanol poisonings in Iran following false claims that alco-

hol cures COVID-19 (Shokoohi, M., et al., *Alcohol*, Vol. 87, 2020). One study documents hundreds of deaths and thousands of hospitalizations around the world associated with COVID-19 misinformation, including rumors, conspiracy theories, and stigmas (Islam, M. S., et al., *The American Journal of Tropical Medicine and Hygiene*, Vol. 103, No. 4, 2020).

Cognitive psychologist Briony Swire-Thompson, PhD, a senior research scientist at the Network Science Institute at Northeastern University, cautions that data collected early in the pandemic may not reflect current beliefs. For example, some people who indicated in the spring or summer of 2020 that they were not willing to take a vaccine may have adjusted their stance as the pandemic has progressed. And misinformation isn’t the only factor in hesitancy toward COVID-19 vaccines. Their speedy development, in addition to well-grounded skepticism of the medical establishment among minority groups, also contributes to public uncertainty.

Still, 21% of U.S. adults said in November 2020 that they don’t plan to get vaccinated, even if more information becomes available (Pew Research Center, 2020)—and psychologists say that countering coronavirus misinformation is necessary for breaking the virus’s grip on society. (See more on vaccine hesitancy on page 36.)

EFFORTS TO STOP THE SPREAD

Psychological research backs

FURTHER READING

Tackling misinformation: What researchers could do with social media data

Pasquetto, I. V., et al.
The Harvard Kennedy School Misinformation Review, 2020

The debunking handbook 2020

Lewandowski, S., et al., 2020

The psychology of fake news: Accepting, sharing, and correcting misinformation

Greifeneder, R., et al. (Eds.)
Routledge, 2020

several methods of countering misinformation. One is to debunk incorrect information after it has spread. Much more effective, though, is inoculating people against fake news before they're exposed—a strategy known as “prebunking.”

“Like a vaccine, we expose people to a small dose of misinformation and explain to them how they might be misled,” says Lewandowsky. “If they then encounter that misinformation later, it no longer sticks.”

That's best achieved by warning people that a specific piece of information is false and explaining why a source might lie or be misinformed about it before they encounter the information organically, says Schwarz. Lewandowsky, Schwarz, van der Linden, and others have shown that prebunking can neutralize misinformation on climate change, vaccines, and other issues (*Global Challenges*, Vol. 1, No. 2, 2017; Jolley, D., & Douglas, K. M., *Journal of Applied Social Psychology*, Vol. 47, No. 8, 2017).



Van der Linden and Jon Roozenbeek, PhD, a postdoctoral researcher at the University of Cambridge, developed and tested this technique using “Bad News,” a gamified intervention that simulates a social media feed to teach participants how to distinguish between real and

A 16-year-old wearing a t-shirt promoting the conspiracy theory website InfoWars flashes the “OK” hand gesture now used as a symbol of hate by White supremacists and the far right.

fake news headlines on politicized topics such as climate change or the European refugee crisis. Tests of the game—which more than a million people have played—show that playing it once can boost participants' ability to identify misinformation, but that the inoculation effect decays after about 2 months (Maertens, R., et al., *Journal of Experimental Psychology: Applied*, 2020).

“We also found that if we reengage people following the initial intervention, we can boost their response so that the inoculation lasts longer,” van der Linden says.

When the infodemic struck, van der Linden and Roozenbeek built a new online game, “Go Viral,” which aims to prebunk common misinformation surrounding COVID-19. Players assume the role of a manipulator and practice interacting with others in a social media simulation. The game draws on van der Linden's six degrees of manipulation (describing the six common ways misinformation

MISINFORMATION & PSYCHOLOGY'S RESPONSE

44 B.C.–A.D. 1439

Early Efforts to Misinform

Coordinated misinformation efforts have been documented throughout recorded history, starting with a political smear campaign against Roman general Mark Antony regarding his relationship with Cleopatra, which used slogans carved on coins. In 1439, the invention of the printing press enabled deceivers to spread falsehoods farther and faster.¹



1960s–1980s

Insights on Persuasion and Belief

Psychological research enhanced our understanding of belief—for example, how people evaluate a source's credibility—and what types of messages tend to be persuasive. Researchers also observed that beliefs persist even after misinformation is corrected and began to test interventions for resisting persuasion.²

1990s–2000s

Refining the Psychological Literature

The field pursued research on dual process theory, which distinguishes between implicit and explicit cognitive processing, and perceptual fluency, which shows that people are more likely to accept false statements as true if they are easy to hear or read. These findings set the stage for later work that tied belief in misinformation to a failure to reflect carefully on material.³

2004–2006

Birth of Online Social Media

Facebook and Twitter, launched respectively in 2004 and 2006, facilitated even faster and more efficient dissemination of material. Online social networks meet several of the criteria known by psychologists to make statements persuasive. For example, posts promoting unvetted claims can be endorsed and shared



SOURCES: ¹Posetti, J., & Matthews, A. (2018). A short guide to the history of “fake news” and disinformation. International Center for Journalists. ²Petty, R. E., & Cacioppo, J. T. (1986). *Communication and persuasion*. Springer; Anderson, C. A., et al. (1980). Perseverance of social theories: The role of explanation in the persistence of discredited information. *Journal of Personality and Social Psychology*, 39(6), 1037–1049; McGuire, W. J. (1964). Some contemporary approaches. *Advances in Experimental Social Psychology*, 1, 191–229. ³Kahneman, D. (2011). *Thinking, fast and slow*. Farrar, Straus and Giroux; Reber, R., & Schwarz, N. (1999). Effects of perceptual fluency on judgments of truth.

is produced), teaching players how emotional language, fake experts, and conspiracy theories can be used to mislead. Through partnerships with the U.K. Cabinet Office, the WHO, and the United Nations, the game has already reached thousands of people. For example, the WHO lists “Go Viral!” as a resource for tackling online misinformation and has featured the game in its newsletters.

Initial results may be promising, but van der Linden says his team hasn’t yet tested their interventions on more skeptical groups, such as people who intentionally spread disinformation. He says his team hopes to reach those groups through its partnerships with organizations like the WHO, which can market the game on Facebook, Twitter, and other social media platforms.

Another way to address misinformation is to encourage people to reflect on the veracity of claims they encounter. A test of COVID-19 misinformation led by Pennycook and his



colleagues found that a simple accuracy nudge increased participants’ ability to discern between real and fake news. Participants saw a series of headlines—some true, some false—and rated whether they would share each item. Those in the experimental condition,

A woman holds an anti-vaccination sign at a Boston protest on Aug. 30, 2020, opposing a law requiring most children in Massachusetts to get flu vaccines during the COVID-19 pandemic.

who were also asked to rate the accuracy of each headline, shared more accurate news content compared with participants in the control group (*Psychological Science*, Vol. 31, No. 7, 2020).

“We tripled the difference in the probability of sharing true versus false information when we drew people’s attention toward accuracy,” Pennycook says.

Media literacy organizations such as the News Literacy Project (NLP) and First Draft are applying such strategies in an effort to dispel misinformation and disinformation on COVID-19 and other issues. NLP’s virtual classroom offers 14 lessons on topics such as conspiracy theories and misinformation, drawing on psychological insights on motivated reasoning, confirmation bias, and cognitive dissonance. Nearly 200,000 middle and high school students have completed those courses and the organization’s newsletters reach about 40,000 people each week.

Other groups have created media literacy resources geared



by friends and family. “Social media are practically built for spreading fake news,” says Norbert Schwarz, PhD, a psychologist who studies misinformation.

2016

Research Accelerates Following the U.S. Presidential Election

Fake news on social media reached a crescendo surrounding the 2016 U.S. presidential election. Facebook officials testified that up to 60 million bots spread misinformation on its platform, while a study found that a quarter of preelection tweets linking to news articles shared false or extremely biased information. In response, psychologists accelerated their research on the spread of online misinformation and how to address it.⁴



2018–PRESENT

Psychological Interventions Tackle Misinformation

Psychologists have ramped up efforts to address misinformation, building on years of laboratory and field tests on combating rumors. Key strategies include debunking, preemptive inoculation, and nudges to assess the accuracy of material.⁵





WHO BELIEVES MISINFORMATION?

Psychologists are looking at the underlying processes that lead people to accept misinformation

P psychological research looks at individual differences in demographic, personality, and other traits of those who are more likely to believe misinformation and conspiracy theories, with the ultimate goal of characterizing the underlying processes that lead people to accept such claims. The following findings outline some individual differences psychologists have identified, but they should not be used to generalize across groups.

Broadly, political conservatism and lower levels of educational attainment are correlated with an increase in susceptibility to fake news (Roozenbeek, J., & van der Linden, S., *Palgrave Communications*, Vol. 5, 2019).

Conspiracy theories, including around COVID-19, receive more support from men than women (Cassese, E. C., et al., *Politics & Gender*, Vol. 16, No. 4, 2020). Thought processes more common among those who

hold far-right political beliefs, such as paranoid ideation and distrust of authority, also correlate with an increased endorsement of conspiratorial narratives (van Prooijen, J.-W., et al., *Social Psychological and Personality Science*, Vol. 6, No. 5, 2015; van der Linden, S., *Political Psychology*, online first publication, 2020). In addition, personality traits such as lower levels of agreeableness, conscientiousness, and humility are associated with conspiracy theory belief (Bowes, S. M., et al., *Journal of Personality*, online first publication, 2020). One study found that more than half of the variance in endorsement of 9/11 conspiracy theories is explained by personality and individual traits such as political cynicism, agreeableness, and attitudes toward authority (Swami, V., et al., *Applied Cognitive Psychology*, Vol. 24, No. 6, 2010).

A tendency to see the world as a threatening, nonrandom place without fixed

definitions of morality—or to use intuition over analytical thinking when processing information—further predicts conspiratorial belief (Moulding, R., et al., *Personality and Individual Differences*, Vol. 98, 2016; Swami, V., et al., *Cognition*, Vol. 133, No. 3, 2014).

When it comes to COVID-19, better performance on numeracy tasks and higher reported trust in scientists correlate with lower susceptibility to misinformation. In several samples, older adults were also less likely to believe coronavirus fake news (Roozenbeek, J., et al., *Royal Society Open Science*, Vol. 7, No. 10, 2020). Psychologists say more research is needed to understand whether susceptibility to misinformation is a general or “context-dependent” trait—for example, whether people who believe political fake news are the same people who believe COVID-19 fake news (Scherer, L. D., & Pennycook, G., *American Journal of Public Health*, Vol. 110, No. S3, 2020).

toward older adults, who are just as capable of spotting hoaxes but have been disproportionately targeted by disinformation sources (Brashier, N. M., & Schacter, D. L., *Current Directions in Psychological Science*, Vol. 29, No. 3, 2020). These resources include the Poynter Institute's MediaWise for Seniors program and AARP's Fact Tracker interactive videos.

"We want people to understand that disinformation is fundamentally exploitative—that it tries to use our religion, our patriotism, and our desire for justice to outrage us and to dupe us into faulty reasoning," says Peter Adams, NLP's senior vice president of education. "Much of that is a psychological phenomenon."

WHAT'S NEXT IN MISINFORMATION RESEARCH

One key to stanching the deluge of misinformation is to halt its spread on social media platforms, but that requires industry buy-in, which has been slow. During the 2020 presidential election, Twitter flagged tweets that contained misleading information about election results—a form of prebunking—and in December, Facebook announced that it would begin removing posts with false claims about COVID-19 vaccines. In a reversal from previous stances, multiple social media companies suspended or banned President Trump from their platforms for inciting violence at the U.S. Capitol in January while Congress was certifying the electoral vote of the 2020 presidential election.

"This has made an impact, but the problem has certainly grown faster than the solutions," Starbird says.

Psychologists say that countering misinformation will ultimately require stronger partnerships with social media platforms, which can help disseminate tools such as "Go Viral!" and provide internal data to researchers studying fake news.

"We need to figure out what's actually happening on these platforms—how often people see false content, for instance—and that's very hard to do without buy-in," says Pennycook.

Meanwhile, research is underway to further characterize the spread of misinformation and its effects on behavior. For example, Chrysalis Wright, PhD,

Opposite: Internet conspiracy theorist Alex Jones visits Capitol Hill on Sept. 5, 2018, as social media executives testify before Congress on the foreign use of social media to influence U.S. politics.

Below: QAnon conspiracy supporters attend a protest with coronavirus skeptics, right-wing extremists, and others angry over coronavirus-related restrictions in Berlin on Aug. 29, 2020.

an associate lecturer and director of the Media and Migration Lab at the University of Central Florida, is studying how misinformation on COVID-19 affects anti-Asian sentiment. And Starbird is analyzing discourse on mask-wearing on Twitter to understand how people invoke science to prove a point.

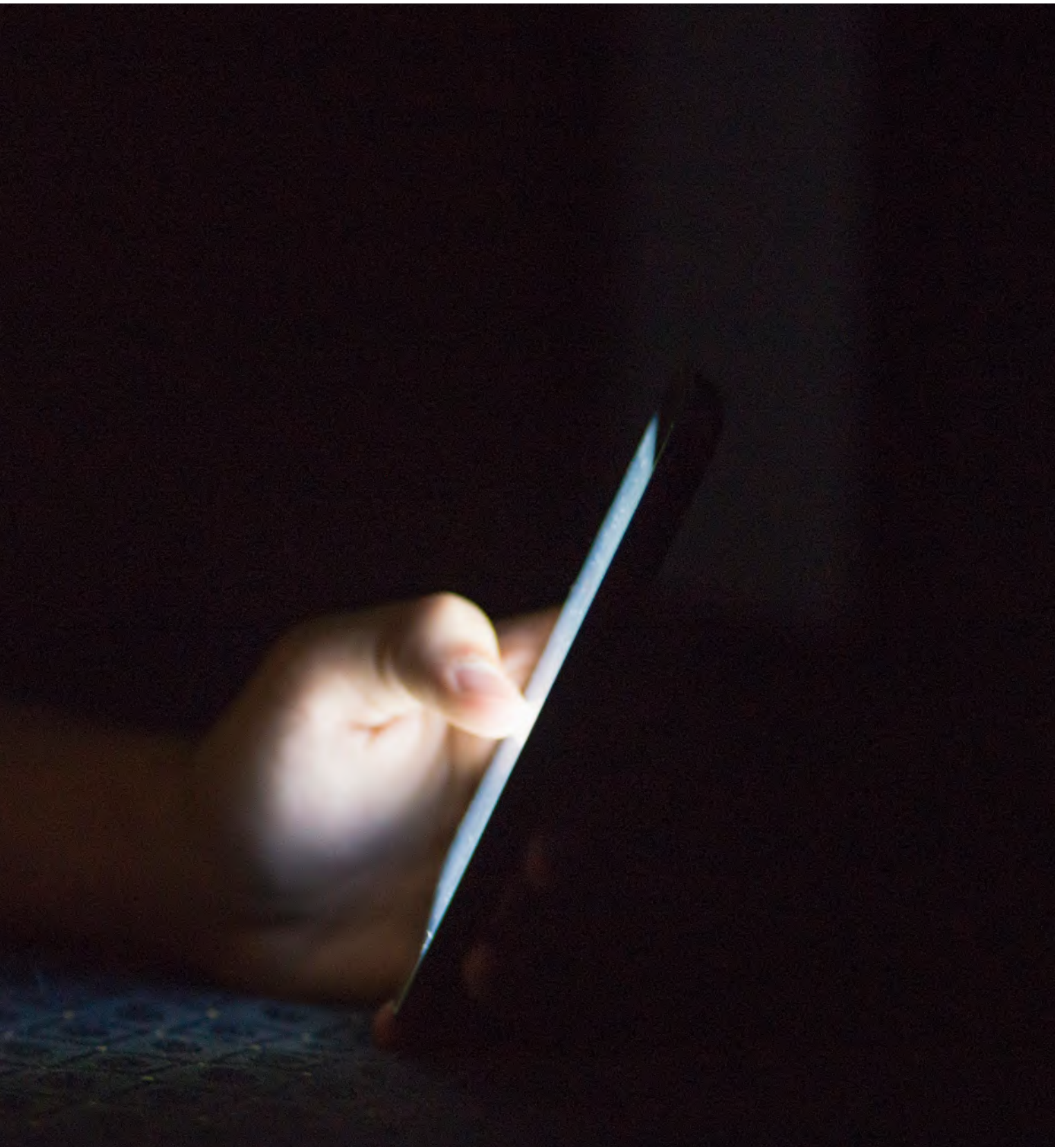
What's most needed, though, is research that shows whether media literacy efforts are effective outside of the context in which they're taught, says Schwarz. Just because people know how to fact-check doesn't guarantee they'll do it in the right context.

"So far, the studies are basically like school tests," he says. "Developing that skill is a start—but do I recognize when I need to use it?" ■





TEACHING PORN LITERACY



Thanks to the proliferation of smartphones, some adolescents may be gleaning a distorted view of human sexuality via ample access to online pornography. Psychologists are among those working to correct those misconceptions. **BY STEPHANIE PAPPAS**

Gone are the baby boomers' days of hiding pilfered *Playboy* magazines beneath the bed or Gen Xers' surreptitious viewing of scrambled adult television channels, hoping for a glimpse of hidden anatomy beneath the static. Today's teenagers are merely a few clicks away from seemingly infinite streaming pornography. ¶ Along with easy opportunities to send sexts and nude pictures, free access to pornography is one of the biggest changes digital communications technology has wrought on young people's sex lives. The scientific evidence is mixed on the effects pornography exposure has on adolescents, but there is no doubt that much of the content presents a skewed look at human sexuality, often rife with misogyny and a lack of clear consent.

Some psychologists, sex educators, and public health experts are now pushing back with a new tool: porn literacy aimed at teaching teenagers to think critically about pornography and how it's made, with a goal of combating the negative messages that much pornographic content conveys. This need is pressing because whether or not adults are comfortable talking about sexually explicit media, some teenagers are viewing it, says Lindsay Orchowski, PhD, a psychologist at Brown University who focuses on adolescent dating violence prevention. And they're trying to process what they see, both in pornography and in sexually charged mainstream content.

"We're finding in the context of prevention that students are talking more and more about the media that they see," Orchowski says. "We know that some media can be sexual in nature, and it's important for us to be able to talk to youth about it."

A MIDDLE GROUND

Pornography is a controversial topic, encompassing issues of sexual morality, gender equity, and freedom of speech. These entangled issues make nuanced discussion challenging. "This is such a hot-button issue for so many people," says Emily Rothman, ScD, a professor of community health sciences at Boston University. "They really almost try to insist that you're either pro-pornography or anti-pornography."

But researchers and educators like Rothman are trying to chisel out a middle ground—one that recognizes the toxic tropes common in mainstream pornography while still acknowledging that most people encounter, and many people enjoy, pornographic material. This approach also acknowledges that teenagers are naturally curious about sexuality and may seek out pornography to satisfy that curiosity.

Reports differ as to how

prevalent porn viewership is among teenagers. There are limited reliable recent statistics on the age when adolescents start viewing pornography, and findings sometimes conflict. Work led by Rothman using the nationally representative Youth Internet Safety Survey found that the likelihood of a teen or

One-third of teenagers surveyed by University of Indiana researchers reported being 12 years old or younger when they first saw pornography or other sexually explicit material.



SAM THOMAS/ISTOCK/GETTY IMAGES PLUS

preteen accessing pornography intentionally within the past year rose from 8% in 2000 to 13% in 2010, coinciding with the rapid expansion of the internet. A 2005 study led by Michele Ybarra, MPH, PhD, of the Center for Innovative Public Health Research, found that 15% of all 9- to 17-year-olds reported

seeking out pornography in the previous year, while 25% reported an unwanted exposure in the past year. In that study, 87% of those who deliberately sought out porn offline were 14 or older. Of those who sought out pornography online, 60% were 14 or older. Ninety-five percent of respondents who

deliberately sought out porn were male (*CyberPsychology & Behavior*, Vol. 8, No. 5, 2005).

More recent data from a 2016 U.S. probability sample of 14- to 60-year-olds also hint at a major gender schism in experiences with sexually explicit material. In those data, Indiana University sex researcher Bryant Paul, PhD, and

colleagues found that the advent of the internet did not alter the age of first exposure to pornography for boys, but it did lower it for girls. One-third of the teen respondents reported being 12 or younger when they first saw porn, says Paul, who is preparing a paper on those findings.

What is clear, at any rate, is that online pornography has not created a generation of sexually irresponsible hedonists. Between 2011 and 2015, the percentage of 15- to 19-year-olds who had ever had sex was 42% for females and 44% for males, a continued steady decline from 1988, when the numbers were 51% and 60%, respectively (CDC, *National Health Statistics Reports*, No. 104, 2017). Contraceptive use during a first sexual experience also climbed upward. The proportion of teenage girls who reported using contraception during their first sexual intercourse rose from 74.5% in 2002 to 81% by 2015, according to the report.

Still, some educators and researchers have concerns about the availability of pornography as a first exposure to sex for adolescents. Because popular streaming sites for pornography are formatted like YouTube, tiled with dozens of thumbnails of video clips, a 14-year-old who types in a web address for one of these sites could immediately see video titles and stills referencing misogyny, incest, and racist tropes. Work led by Paul and his Indiana University Bloomington colleague Niki Fritz found that out of 4,009 scenes available on two major free pornography websites, 35% and 45% depicted violence, and that women were

the target of that violence 97% of the time (*Archives of Sexual Behavior*, Vol. 49, No. 8, 2020). In addition, Black women are more likely than White women to be depicted as targets of aggression, and Black men are more likely than White men to be depicted as aggressors (*Gender Issues*, No. 38, 2021). Alarmingly, a study by Rothman using nationally representative data from 2015 found that a quarter of 18- to 24-year-olds said pornography was their most helpful source of information about how to have sex (*Archives of Sexual Behavior*, online first, 2021).

In longitudinal research by University of Amsterdam communications researchers Patti Valkenburg, PhD, and Jochen Peter, PhD, both male and female Dutch adolescents who viewed pornography reported being less satisfied with their sexual lives, with the strongest effect for those with little or no real-life sexual experience (*Human Communication Research*, Vol. 35, No. 2, 2009). Orchowski and colleagues have found that exposure to violent pornography—pornography in which a person is forced into a sexual act against their will—is correlated with the perpetration of teen dating violence (*Archives of Sexual Behavior*, Vol. 48, No. 7, 2019). Boys exposed to violent pornography were up to 3 times more likely to perpetrate sexual violence and to be victimized themselves, and girls were 1.5 times more likely to threaten their romantic partners with violence. This work doesn't show that violent pornography causes violent behavior, Orchowski says,

FURTHER READING

Is pornography use a risk for adolescent well-being? An examination of temporal relationships in two independent panel samples
Kohut, T., & Štulhofer, A.
PLOS ONE, 2018

Becoming a sexual being: The “elephant in the room” of adolescent brain development
Suleiman, A. B., et al.
Developmental Cognitive Neuroscience, 2017

Sexual consent communication in best-selling pornography films: A content analysis
Willis, M., et al.
The Journal of Sex Research, 2020

though it does raise concerns that it's reinforcing violence in teenagers who already have aggressive tendencies.

Though small in scale, some qualitative research has found that teenagers do use pornography to learn about sex. Work by Renata Arrington-Sanders, MD, MPH, has found that same-sex-attracted Black adolescent males report learning about sexual positions, roles, and behaviors from pornography, sometimes imitating behaviors like skipping condoms (*Archives of Sexual Behavior*, Vol. 44, No. 3, 2015). Rothman and colleagues interviewed 23 urban, low-income Black and Hispanic youths and found that many reported that they used pornography for educational purposes. One 17-year-old girl reported trying anal sex because it looked pleasurable in pornography but then found it painful in real life (*The Journal of Sex Research*, Vol. 52, No. 7, 2015).

“For a lot of kids, porn is becoming, unfortunately, their primary method of sex education because they're not getting it in schools and they're not getting enough at home,” says Al Vernacchio, MEd, a nationally renowned sexuality educator from Wynnewood, Pennsylvania. “It is not a good entry into learning about sex or relationships, and because kids don't have scaffolding or context for it, they can easily be led into misinformation.”

Providing scaffolding may help. Using their U.S. probability sample, Paul and his colleagues found that pornography exposure was associated



with condomless sex in adolescents—but not if those teenagers had parents who spoke with them about sex (*Health Communication*, Vol. 53, No. 12, 2020). “The most important thing we are starting to take away from this is if you talk to your kids and say [pornography] shouldn’t be the standard you’re basing sex and sexuality on, the effect goes away,” Paul says.

GETTING EDUCATED

While smartphones have put porn in adolescent pockets, access to sex education is still spotty: According to the Guttmacher Institute, 29 states and the District of Columbia now mandate some kind of sex education in public schools, but the content of that education varies widely. Only 17 states require that if sex ed is taught, it must be medically and factually accurate, and only 10 mandate that if sex ed is taught, it must include

information about consent.

But a handful of programs are including pornography literacy in sex education. One of the most comprehensive is “The Truth About Pornography: A Pornography-Literacy Curriculum for High School Students Designed to Reduce Sexual and Dating Violence.” Developed by Rothman, Nicole Daley, MPH, and Jessica Alder, MPA, the curriculum (often called simply “Porn Literacy”) is delivered through the Start Strong: Building Healthy Teen Relationships initiative at the Boston Public Health Commission. Students sign up through community organizations, such as youth service programs. The course is offered online during COVID-19.

Students are never shown porn in the program, but instructors talk candidly about the history of pornography and obscenity laws, sexual norms, and

Researchers have developed an online curriculum to help parents discuss pornography with their teenage children.

gendered double standards, and the research on pornography and compulsive use. The curriculum also includes sessions on healthy relationships, the unrealistic sexual scripts portrayed in pornography, and sexually explicit selfies. A pilot study led by Rothman found that students were less likely to see pornography as lucrative, realistic, or a good way to learn about sex after taking the class, and that they had a better understanding of the legality of sending nude selfies for underage individuals (*American Journal of Sexuality Education*, Vol. 13, No. 1, 2018).

Start Strong’s “Porn Literacy” course is one of only a few internationally. In Australia, a program called “Reality & Risk: Pornography, Young People and Sexuality” has been available since 2009, and community-based sex educators in County Kerry, Ireland, have been delivering a “Healthy Sexuality” program that has provided pornography literacy since 2012. “Your Voice Your View,” a violence-prevention workshop that Orchowski and colleagues evaluated in their study on violent porn use and aggression, includes an open-ended discussion of pornography with 10th graders.

Addressing pornography in school-based sex education is still a hard sell in most districts, and states vary widely in how much they address sexual media and the emotional side of sex. Some comprehensive curriculums do cover sexually explicit media. The “Our Whole Lives” (OWL) sex education curriculum, published by the Unitarian Universalist Associ-

ation (UUA) and the United Church of Christ (UCC), includes a workshop on sexuality, social media, and the internet for seventh through ninth graders. OWL is taught by trained facilitators at some schools, youth programs, and other community organizations.

But direct discussion of pornography is not part of the standard OWL curriculum. For that, there is the “Sexuality and Our Faith” program, a companion to OWL that includes faith values and is only taught within UUA and UCC congregations. Among the “Sexuality and Our Faith” workshops is one on pornography. “This workshop acknowledges the curiosity many young teens have about pornography,” says Melanie Davis, PhD, the UUA OWL program manager and a certified sexuality counselor. “It also increases their awareness of the difference between media that can foster healthy sexuality and media that may have the opposite effect.”

At least one porn site has gotten into the sex ed game. In 2017, with the help of Montreal clinical psychologist Laurie Betito, PhD, streaming site Pornhub launched a sex education site called the Pornhub Sexual Wellness Center. The site is linked on the bottom of Pornhub’s homepage and covers a variety of information, from basic anatomy to advice on sexual communication within relationships. “We get a lot of really basic questions, and I can tell they come from different parts of the world where there is very little sex education,” Betito says. “For me, it’s about having a



larger reach to educate people.”

Rothman and her colleagues are also working to broaden their reach. One population that is almost always overlooked in sex education is people with intellectual and developmental disabilities, says Barbara Gross, a sex educator at Missouri Behavior Consulting. Gross is now adapting Rothman’s porn literacy approach into a course for this community, which will focus on teaching the same critical-thinking approach to sexual media. Meanwhile, Rothman and Daley have developed an online parent curriculum called Pornography Literacy for Parents of High School Students. The first session took place last February, and there are plans for more in the future.

“Often you hear people say, ‘That’s a conversation best left to parents’ about pornography, says Daley. “So how do we prepare

A pilot study found that high school students were less likely to see pornography as realistic or a good way to learn about sex after taking a class that wove porn literacy into the curriculum.

parents to begin to have this conversation with their young people?”

The political winds may also be shifting in favor of comprehensive sex education. In May 2019, the Guttmacher Institute reported that legislators in 32 states and the District of Columbia had introduced 79 bills designed to mandate more education on consent and healthy relationships and to improve inclusivity for LGBTQ students. Meanwhile, Rothman says, more educators are acknowledging they need to be open with teenagers about sexually explicit media.

“I don’t know how you can ignore the fact that pornography really is available and easy to access and that so many teenagers have seen it,” Rothman says. “To not address it in any way as part of sex education seems like a real oversight.” ■

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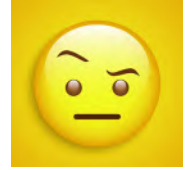
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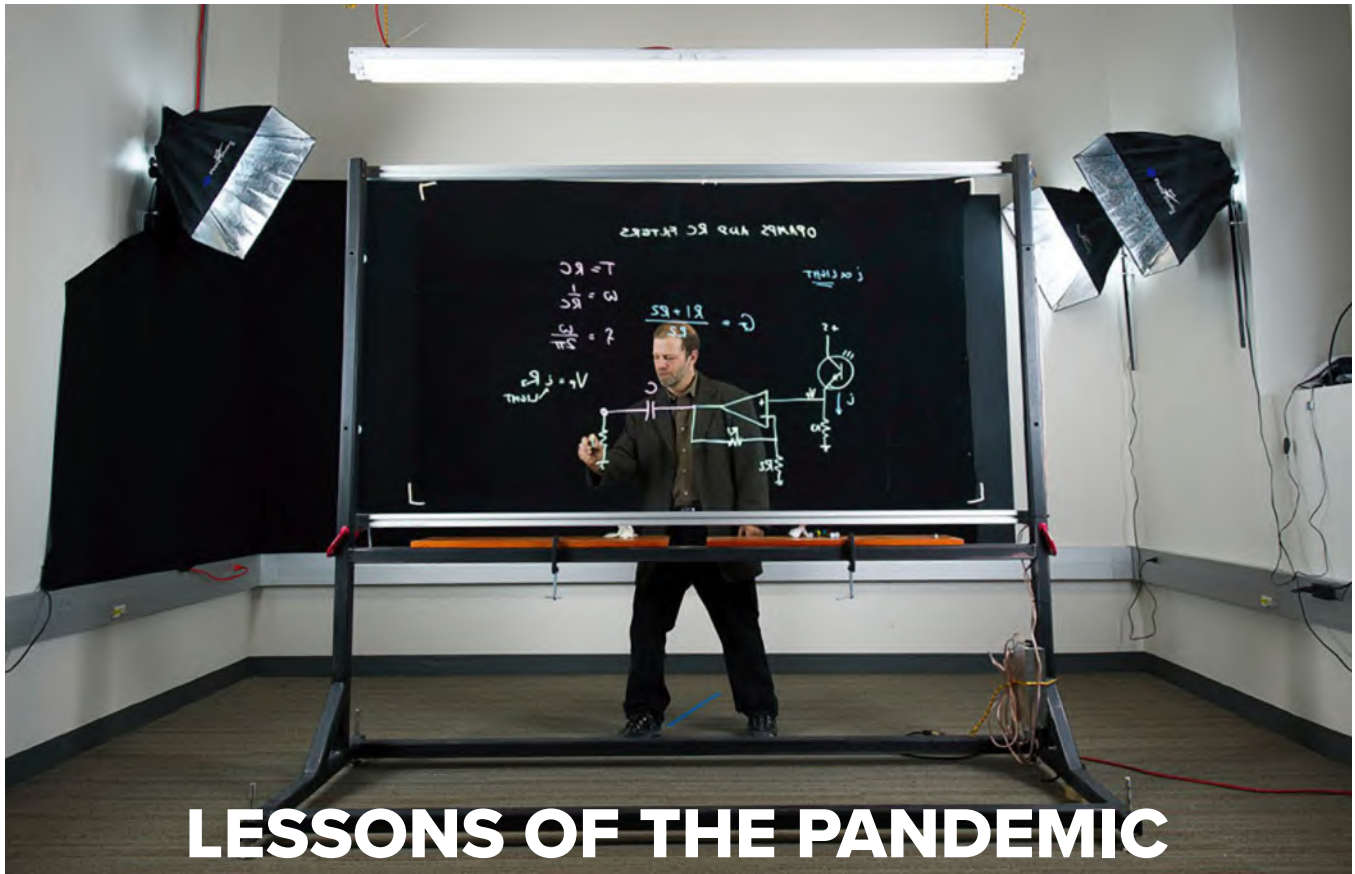
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HOW TO DEAL
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NEW IDEAS FOR PSYCHOLOGISTS WHO WANT TO ENHANCE THEIR SKILLS AND ADVANCE THEIR CAREERS



LESSONS OF THE PANDEMIC

Despite challenges, online learning has taught psychology instructors how to better connect with students **BY ASHLEY ABRAMSON**

Now that many colleges and universities have pivoted to online learning for the first full academic year of the pandemic, psychology instructors are faced with an ongoing challenge: finding new, sustainable ways to connect with their students through screens. ¶ Some professors had taught online before the pandemic, while others had never logged into a learning management system like Blackboard or Canvas. But all psychology teachers have one thing in common: They're juggling their own stress alongside their students'. ¶ Teaching any subject and academic level comes with unprecedented challenges, including exhaustion and burnout. "This is the hardest I've ever worked in my academic career, getting my three classes organized and running online," says Jane Halonen, PhD, a psychology professor at the University of West Florida. "All the while dealing with the fact that my students

Northwestern University engineering professor Michael Peshkin demonstrates his Learning Glass lightboard, which some psychology faculty are now using to energize their Zoom courses.

were weirded out by the pandemic while all of us were weirded out, too.” Even amid the challenges, professors say some of their new pandemic teaching methods are working so well—such as using text messaging threads to keep students engaged on a discussion topic—that they will become a permanent part of the post-pandemic curriculum and inform the way they run their classes from now on. Here’s what instructors say they will continue to do long after the pandemic is over.

MAKE CLASSES INTERACTIVE

Before COVID-19, Andrew Ainsworth, PhD, a professor at California State University, Northridge, wanted to make his statistics classes more interesting. So, with a graduate student, he dreamed up a way to keep students better engaged by using lightboard tutorials, which he had planned to post to YouTube as a resource. Lightboards are like glass chalkboards with lights that cause neon markers to glow, allowing instructors to face their students while writing and teaching.

Then the pandemic arrived, and instead of relying on asynchronous YouTube videos, he used the lightboard to teach in real time on Zoom. “This is the closest I can get to a live, in-person classroom,” he says. “My students can see me writing, and I can interact with them directly with facial expressions and hand gestures that help them learn.”

Similarly, Bridgette Martin Hard, PhD, an associate

professor and director of undergraduate studies at Duke University in Durham, North Carolina, uses interactive, prerecorded videos to keep students engaged. Every video includes multiple choice questions and polls, which Hard applies to the course grade as participation points.

SET SPECIFIC EXPECTATIONS

In spring 2020, Regan A. R. Gurung, PhD, a professor of psychology at Oregon State

Halonen also shared her expectations with students in her first class sessions: “For me what made a difference was to let the students know right off the bat that we’d adapt, and that while I’d keep them informed along the way, I will also screw up.”

Brittany Avila, PhD, a teaching assistant professor at the University of Nevada, Reno, relies on routine to support both her students’ learning and emotional health. She plans every course module the same: Students read some material, watch a video, do a practice quiz, complete an assignment, and compile a summary.

“My students have told me every teacher is doing things differently and they don’t know what to expect,” she says. “Having the same, predictable structure every week helps them prepare and plan.”

Avila also teaches her students coping skills. When her university stopped giving breaks because of remote learning, she gave her students a week off and offered extra credit when students shared what they did to reduce their stress. “I wanted to make sure my students learned everything they needed to, but I also tried to scale back a bit on academics so I could teach them life skills like self-care,” she says.

CREATE REUSABLE MATERIALS

Recording lectures and creating online tests can be time-consuming for instructors accustomed to doing these tasks in person. Jessica L. Hartnett, PhD, an associate professor at Gannon University in Erie,



Avoid dating your recorded lectures by noting the month or mentioning current events so that you can use those talks for future courses.

University, conducted research on the determinants of student success in remote learning (*Scholarship of Teaching and Learning in Psychology*, in press). One of the biggest indicators of academic success was the match between what students expected and what they experienced in class. So, he sent his students an email at the start of the fall semester to manage expectations: Online learning would present challenges, but he’d be there to help.

Pennsylvania, says she made all the educational content she developed during the pandemic reusable for future courses, even if it took more time to execute.

"I tried not to teach like this was a temporary situation," she says. "So, I took all the opportunities I could to do my future self a favor, even if it's a little more work."

That could be as simple as keeping video lectures timeless by not dating them, such as by saying "I can't believe it's already been a month of remote learning." As another time-saver for her future self, Hartnett created large banks of test questions that could be graded automatically in her university's learning management system.

Hard took the same approach when creating her interactive videos, with the goal of using them as a foundation for her course curriculum even after the pandemic. She plans to use the recordings for future online versions of her course and as a tool for enhancing in-person learning. "I may split my class into two groups and rotate them, where some watch the video and some come in for a smaller live lecture with me to be more hands-on with discussions and activities," she says. "Having these recordings gives me more freedom to experiment in the future."

TAKE ADVANTAGE OF SUPPORT

Advice and encouragement from peers can always enhance one's teaching and help improve one's response to a new challenge, including online learning.



FURTHER READING

You can't always get what you want and it hurts: Learning during the pandemic
Gurung, R. A. R., & Stone, A. M.
Scholarship of Teaching and Learning in Psychology, 2020

Teaching tools: Active learning while physically distancing
Louisiana State University, 2020

COVID-19 remote instruction resources
University of West Florida, 2020

Anna Ropp, PhD, a professor at Metropolitan State University of Denver, says many psychology instructors have banded together on Facebook groups throughout the pandemic to share resources and offer support.

Other instructors, such as Julie Alvarez, PhD, a senior professor of practice at Tulane University in New Orleans, received significant help from their institutions, many of which have resources for navigating learning management systems and best practices for teaching online. Early in the pandemic, Tulane asked its Center for Engaged Learning and Teaching and Innovative Learning Center to create a training course for instructors on how to pivot to online learning. Alvarez says the curriculum, taught by internal instructional designers and consultants hired by Tulane, prepared her to teach and gave her more empathy for her stu-

dents. "I spent up to 40 hours a week on assignments and Zoom meetings, which made me realize again how difficult it was to be a student."

CULTIVATE COMMUNITY

To keep students connected online, Halonen created smaller "hubs" of students within her class to work together on group projects and discussions, which has helped them feel more responsible for their assignments and stay on task during breakout sessions. "When you feel accountable to a few other people, you step up your game."

Hard says she conducts drop-in office hours on Zoom to stay connected with her students, and she sees up to a dozen students each time, compared with two or three students during in-person learning. "Sometimes they ask questions about material or want to hear what other questions students are asking,"

Hard says. “I also try to ask them questions to learn more about who they are outside of class.”

FOCUS ON WHAT MATTERS

The pandemic has also encouraged many faculty to take stock of what matters most in learning. Lindsay Masland, PhD, an associate professor of psychology at Appalachian State University in Boone, North Carolina, primarily taught through lectures before the pandemic. She now encourages her students to use other resources, like a curated list of psychology videos from other professors on YouTube. “I’ve learned to relax the mode, as long as the learning happens,” she says. “What really matters here? Listening to the same lecture as all the other students or mastering the learning objective?”

One potential concern with online tests is cheating, but Halonen says she tries not to fixate on it. Instead, she has focused on trying to catch student struggles earlier and offering help. “It requires more time, but if you’re doing other things that improve student connections on the front end, you should be able to help them be successful.”

USE TECHNOLOGY WELL

Gurung says another perk that offsets the cumbersome nature of new technology is that online teaching allows him to monitor learning in real time. He uses quick polls during class to gauge whether students grasp a concept he’s teaching. If not, he can take a different approach. Gurung also monitors students’ comments in the chat feature during his Zoom lectures to see what students are interested in and what they’re confused about.

“As I’m talking about a research finding, I can see the reaction to the material,” he says. “It’s the kind of reaction you never get to hear in a large face-to-face class.”

He can also tackle sensitive issues

“This is the closest I can get to a live, in-person classroom. My students can see me writing, and I can interact with them directly with facial expressions and hand gestures that help them learn.”

ANDREW AINSWORTH, PhD, CALIFORNIA STATE UNIVERSITY, NORTHRIDGE, ON USING A LIGHTBOARD FOR LECTURES

that come up in the chat. When he was teaching about the Clark doll experiments, a student unknowingly made an insensitive racial remark and Gurung was able to address it immediately in an appropriate way that everyone could learn from.

Masland feels similarly: While technology has felt limiting in many ways, it has also offered more opportunities for her students to participate. For example, she teaches a hybrid graduate course that meets both synchronously and asynchronously throughout the semester. The students who raise their hands in the live courses are often different from the ones who participate in the discussion forums. “I was missing out on that in the live-only version of the course, so I want to continue hybrid if possible going forward,” she says.

MAKE LEARNING MANAGEABLE

Ropp notes that research suggests that lecture videos of less than 10 minutes are easier to stay focused on than longer ones, so that’s the length she’s created. She says these bite-size videos also make it easier for students to study, since they don’t have to weed through long videos to find what they need.

It’s also helpful, Hartnett says, to make learning materials as accessible as possible, ideally on mobile devices. For example, she posts lectures on YouTube rather than the school’s learning management system so students don’t have to sign in before watching. “Plus, behemoths like YouTube don’t crash with an extra million users like some learning platforms,” she says.

Hartnett also uses the mobile texting app GroupMe instead of a traditional online discussion forum. Not only is the class discussion more accessible, it’s also more casual, which Hartnett says encourages students to participate more. “That’s something I’ll definitely stick with, because it’s how students really talk to each other,” she says. “Why not make life a little easier on everyone, especially for students who don’t have internet or a laptop at home?”

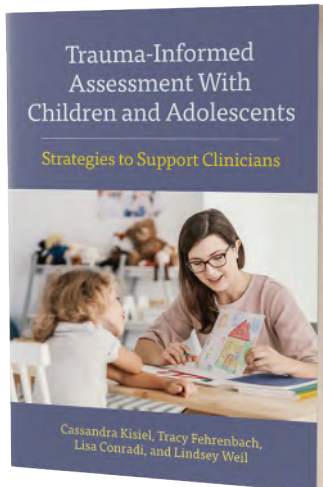
But implementing new education technology doesn’t always go smoothly. For example, on Hard’s first online exam, Duke University’s learning management system glitched for many of her students. “They’d try to click ‘save’ and get an error message and lose a bunch of their work on a timed exam,” she says. “It was so stressful, so we had to come up with work-arounds in case that happened again.”

After landing on a test delivery method with an autosave feature, Hard says she’s come to appreciate online exams and may continue using them after the pandemic. Because they’re conducted open book and open note, she can write more interesting, application-focused questions that deepen students’ learning rather than simply asking students to memorize information.

“If you’re going to make changes, think about changes that make sense,” she says. “Use this as an opportunity to innovate in ways you may have felt a little too lazy to do before.” ■

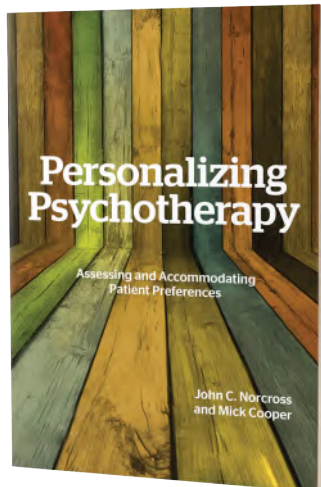


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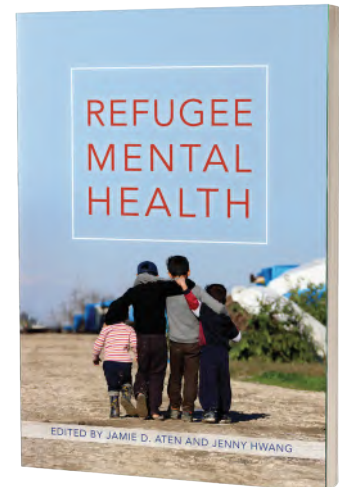
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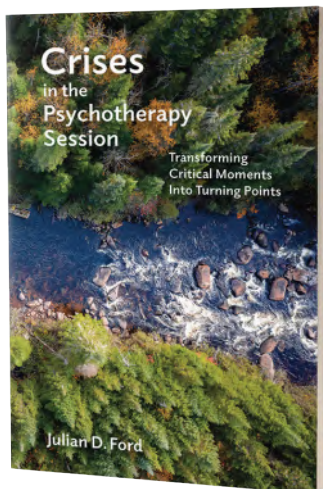
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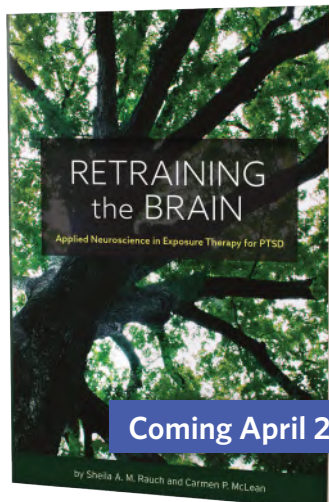
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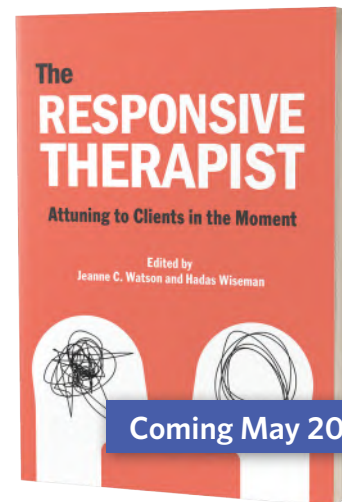
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TAKING CHARGE OF ONLINE REVIEWS

Increasingly, people are using online ratings to decide which psychotherapist to see. How can providers navigate a trend that's here to stay?

BY TORI DEANGELIS

Today's psychology practitioners are well aware of patients' use of online consumer reviews on commercial sites such as Healthgrades.com, Yelp.com, Vitals.com, and Wellness.com.

While data on how patients use such sites are still somewhat limited, findings show that more and more people are using these sites—and that their searches are informing their decisions. Healthgrades, the largest private-sector provider-review website, saw a jump from about 4 million to about 6 million consumer reviews of physicians between 2011 and 2015 (Findlay, S. D., *Health Affairs*, Vol. 35, No. 4, 2016). Meanwhile, a third of 854 preoperative patients surveyed in a study said that a positive review of a physician would prompt them to seek care from that provider, while a third said a negative review would prevent them from seeking care from that provider (Burkle, C. M., & Keegan, M. T., *BMC Health Services Research*, 2015).

While you can't control what's written about your practice on these sites, there are ways to lessen the impact of negative comments and improve your online presence, accord-

ing to psychologists who study and write about these reviews. They offer the following recommendations for practicing psychologists.

KNOW WHAT'S VERBOTEN

It might be tempting to respond to a negative review, but the Health Insurance Portability and Accountability Act (HIPAA) and state patient privacy laws say that you can't. Just because a patient has publicly divulged that they have seen you doesn't give you permission to acknowledge that association, says Connie Galietti, JD, APA's director of legal and professional affairs.

The APA Ethics Code standards on confidentiality, testimonials, and avoidance of patient harm also offer guidance on how to respond to these reviews, adds Lindsay Childress-Beatty, JD, PhD, interim director of APA's Ethics Office. Standard 4.07 says psychologists can't disclose information in public media in ways that could identify the client to others without permission from the client. Along those same lines, Standard 5.05 says psychologists can't solicit testimonials from current clients or from past clients who are vulnerable to their influence.

FURTHER READING

Change my mind: The impact of online client ratings and reviews on perceptions of therapists
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Journal of Consumer Health on the Internet, 2019

Managing fallout from online reviews
APA Practice Organization
Good Practice, 2015

Taking patients' narratives about clinicians from anecdote to science
Schlesinger, M., et al.
The New England Journal of Medicine, 2015

COMMAND YOUR PROFILE

Start by filling in your Yelp, Healthgrades, and other profiles to give potential clients a better sense of your skills and practice philosophy, advises Pauline Wallin, PhD, a clinical psychologist in Camp Hill, Pennsylvania, and cofounder of the Practice Institute, a behavioral health consulting organization. While you're at it, include a welcoming picture of yourself, she suggests.

Wallin also recommends reading each site's terms of service. These organizations generally don't let you remove a review, but it's smart to learn the



exceptions, which include the use of hate language or glaring inaccuracies, as well as the steps you would follow to remove such a review (see sidebar).

If a site allows it, consider adding a description of your position regarding online reviews, adds Keely Kolmes, PsyD, a California Bay Area practitioner who studies these reviews. (Kolmes uses the pronouns “they” and “theirs.”) On Yelp, for example, you can share your stance in its “About the Business” section. In theirs, Kolmes provides a detailed explanation of APA ethical principles that apply to online

reviews, gently discourages patients from posting practice reviews, and encourages patients to bring up their concerns in therapy instead.

MONITOR YOUR REVIEWS

Familiarize yourself with how patients review you and look for common themes in their praise or criticism. Keeping track of these themes can help you assess your practice and potentially determine what you might need to change, says Wallin.

To stay up to date, Wallin also advises using notification services such as Google Alerts, Talkwalker.com, and

Clinicians can help head off negative feedback online by returning phone calls and emails promptly and professionally, experts advise.

Mention.com that will alert you when new reviews appear.

SHARPEN YOUR ONLINE PRESENCE

Creating a strong web presence can help offset negative reviews, says Lesly Krome, PhD, a researcher and assistant professor of psychology at Southeast Missouri State University (SEMO), who studies online reviews with colleagues Stephen C. Nettelhorst, PhD, Eugene Chin, PhD, and D’Arcy J. Reynolds, PhD. They have found that people pay more attention to strongly worded commentary associated with reviews

than to the number or quality of those ratings (*Journal of Consumer Health on the Internet*, Vol. 23, No. 3, 2019).

“Work on your publications so that the first thing that pops up when someone Googles you is not a bad review but a sample of your work and value,” Krome advises. Besides academic articles, op-eds, and magazine articles, consider writing blog posts and tweets that point to helpful new research or news articles in your areas of expertise. All of these can help build your online stature and reputation, she says.

Regularly updating your online presence will also help your “search engine optimization,” or SEO—that magic set of ingredients that elevates your position in people’s online searches, Wallin adds. While Google’s SEO algorithms are proprietary and continually changing, the search engine tends to favor new content with keywords that match what prospective clients search for, she says. Because SEO is a complex skill to master, Wallin advises either reading more about it or hiring a consultant to help.

COLLECT AND POST YOUR OWN DATA

While it’s unethical to solicit or comment on reviews in ways that breach confidentiality, it’s good practice—and a good counterpoint to commercial reviews—to collect your own aggregate treatment satisfaction or outcome data that you can share with clients or with potential clients perusing your professional website, says Reynolds, an associate professor at SEMO.

“At the same time commercial sites are collecting data on you,” he says, “you can collect scientifically valid data based on actual patient experience specific to your practice.” Linking to your business website from the review site can make it easier for people to access the findings and demonstrate that you’re a practitioner who values scientific accuracy and integrity, he says.

GRIEVANCES

CAN YOU REMOVE A NEGATIVE REVIEW?

It can be jarring to discover that you’ve received a one-star rating or disparaging remarks in an online review. If that happens, what are your options?

Under many circumstances, “you’ll probably have to live with it,” says Pauline Wallin, PhD, of the Practice Institute, a behavioral health consulting organization. But there are exceptions, in particular when a review violates the website’s terms of service. For most review websites, that’s when the review is factually inaccurate and does not reflect your mode of practice, in which case you can petition the site with a letter or other relevant information; or when the review contains inflammatory, racist, sexist, or other prejudicial content.

In fact, Wallin was a victim of the first condition. A reviewer gave her a one-star rating and used descriptions in the complaint making it clear the person was unfamiliar with her practice. She petitioned the site and they removed the review.

You’re also bound to psychologists’ ethical obligations, says Lindsay Childress-Beatty, JD, PhD, interim director of APA’s Ethics Office. Practitioners can’t claim that a review is

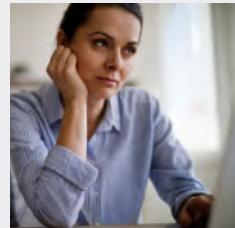
inaccurate when it concerns a particular patient’s therapy, nor can they respond publicly to reviewers or ask them to retract their comments. That’s because these actions acknowledge the patient-therapist relationship, which is a breach of confidentiality, she explains.

Fortunately, there are many ways to mitigate the effects of negative

reviews that are within ethical parameters and beyond the scope of the site itself (see main article). It’s also helpful to consider that many people don’t expect a practitioner’s reviews to be uniformly positive, says Keely Kolmes, PsyD,

a psychologist in the California Bay Area who’s researched the topic. A 2019 study in *Practice Innovations* by Kolmes and Daniel O. Taube, JD, PhD, of the California School of Professional Psychology, San Francisco, found that most clients who read negative online reviews of their therapist said the review didn’t influence their feelings about treatment.

“Clients are able to balance negative reviews with their own experience with the psychotherapist, along with their judgments about the credibility of the review and reviewer,” Kolmes says.



PROVIDE GREAT CUSTOMER SERVICE

Many negative online reviews are not about treatment quality, per se, but about poor interpersonal behavior, including by office staff. A 2015 ProPublica survey analyzing 1.7 million

Yelp reviews of medical and other health professionals, for example, found that while online reviews were generally more positive than negative, negative reviews tended to focus on rudeness, indifference, and other poor interpersonal behavior.

To avoid that negative feedback, return

phone calls and emails promptly and professionally. If a potential client isn't a good fit for your clinical skills, "help them find somebody who is—it will help your reputation," says Wallin. Similarly, train staff to answer the phone courteously and professionally—they set the tone for your practice.

GET OUT THERE

People still rely heavily on old-fashioned word of mouth and meeting people in person when making decisions about providers, so consider giving free presentations on sought-after topics such as stress and anxiety or volunteering for good causes in your community, Wallin advises.

Part of that means making yourself available to the media in your areas of expertise, she adds. While people may

not remember what you said, "they'll remember that you were on TV or were quoted in a particular article," and you can promote the piece on your website.

PREPARE FOR PATIENTS TO MENTION REVIEWS

Because online reviews are an increasingly common way to choose providers, it's wise practice to invite patients to share concerns about anything they find about you online that could affect or derail the clinical relationship, including online reviews, news articles, or information on your social media profiles. Make your thoughts about that clear anywhere that people first learn about your practice, including during the informed consent process, in your social media policies, or during therapy itself, Kolmes advises.

CONTRIBUTE TO A BETTER APPROACH

Last but not least, think about how you can contribute to a better review process overall, suggests Nettelhorst, an associate professor at SEMO. Review organizations don't always use the best assessment science to design their sites, he says, and psychologists have a lot to offer toward improving their reliability and validity.

One valuable potential tweak would be designing sites in ways that optimize people's ability to find practitioners who are a good fit, adds Chin, also an assistant professor at SEMO.

"As psychologists," he says, "ultimately we'd like to see this information presented in ways that allow people to find practitioners who provide the services they need and fit with the ways they want to engage with therapy." ■

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PSYCHOLOGISTS IN THE NEWS

The Association of Military Surgeons of the United States has presented its first Innovator Award to **Kevin O'Brien, PhD**, a research psychologist in the Warfighter Performance Group at the U.S. Army Aeromedical Research Laboratory. O'Brien won for creating a device that demonstrates and measures the impact of nutritional supplements on soldiers' visual performance. His project draws on a large body of research that shows that increasing macular pigment via nutritional changes can improve overall visual function and retinal health.

Elizabeth (Betsy) Shoenfelt, PhD, has been named senior director of APA's Office of Applied Psychology. Shoenfelt is a licensed industrial-organizational (I-O) psychologist and has been working in applied psychology for more than 30 years, helping people perform their best in high-demand settings throughout industry, government, education, and sports. Shoenfelt, who is a University Distinguished Professor in the Department of Psychological Sciences at Western Kentucky University, has taught psychology for 36 years and directed the I-O psychology master's program for 28 years.

Harris M. Cooper, PhD, an emeritus professor of psychology and neuroscience

at Duke University, has been named the next editor in chief of APA's flagship journal, *American Psychologist*. Cooper's goals include publishing articles that break down the barriers between psychology's researchers and practitioners. He will also focus on making psychology more transparent in its descriptions of methods, more open to data sharing, and more widely available.

The city of Statesboro, Georgia, has presented a key to the city to experimental psychologist **Karen Z. Naufel, PhD**, and several other members of her community for their efforts to slow the spread of COVID-19 in the area. Naufel and other volunteers formed a group called Squashing the Spread in July 2020 when cases were rising in Statesboro and mask use was low. The team distributed more than 70,000 masks to residents and created a public education campaign that included hanging signs and banners in public spaces to promote healthy behaviors such as handwashing. Naufel is a professor of psychology at Georgia Southern University.

Thirteen psychologists have been elected fellows of the American Association for the Advancement of Science by the association's section on psychology. The

new fellows are: **Tammy D. Allen, PhD**, University of South Florida; **Peter R. Finn, PhD**, Indiana University; **Howard Goldstein, PhD**, University of South Florida; **William (Bill) P. Hetrick, PhD**, Indiana University; **Stefan Hofmann, PhD**, Boston University; **Elaine Hull, PhD**, Florida State University; **Blair T. Johnson, PhD**, University of Connecticut; **Angeline S. Lillard, PhD**, University of Virginia; **Raymond G. Miltenberger, PhD**, University of South Florida; **Jay Myung, PhD**, The Ohio State University; **Steven L. Neuberg, PhD**, Arizona State University; **Barbara A. Wanchisen, PhD**, National Academies of Sciences, Engineering, and Medicine; and **Cathy Spatz Widom, PhD**, John Jay College of Criminal Justice.

The Mensa Foundation has presented a Distinguished Teacher Award to Southern Connecticut State University psychology professor **Kenneth S. Walters, PhD**. The prize honors teachers at any level who have had a positive influence on the education or life of a member of Mensa, the high-IQ society. Walters was nominated by his research assistant, Paul McKee, a Marine Corps veteran, Mensa member, and first-generation college student who now plans to pursue a career in academia. ■



FINDING STRENGTH IN HARDSHIP

The Destin Lab at Northwestern University explores the ways in which socioeconomic resources influence young people's identities, behaviors, and educational trajectories **BY KIRSTEN WEIR**

Graduating from high school, going to college, getting a high-paying job. It's hard to set goals—let alone achieve them—if you can't picture the steps toward that imagined future. And for many students from low-socioeconomic status (low-SES) backgrounds, the message received is loud and clear: Your identity is a disadvantage. Those options aren't for you. Mesmin Destin, PhD, a social

psychologist at Northwestern University, wants to turn that message on its head.

Much of Destin's work is centered on supporting young people from low-SES backgrounds to succeed using the tools they have developed because of their life circumstances. In a recent study, for instance, Destin worked with a diverse Chicago middle school with a large proportion of Latinx students. He and his colleagues

Much of the lab's work centers on helping young people from low-income families succeed in school by drawing on their unique strengths.

helped students connect the dots between their future goals and personal strengths related to their racial/ethnic identities. Preliminary findings suggest that when students can picture paths to their goals that align with their identities, they stay more engaged in school.

The project is one study in a body of work that explores how students' social environments and socioeconomic resources influence their motivation, behaviors,

THE PALMER/GETTY IMAGES

and academic achievements. Through lab research and school-based field experiments, Destin seeks to identify and create the contexts that will help students succeed. “We’re constantly thinking about how to conceptualize backgrounds that are often seen as ‘disadvantaged.’ That’s a really limited way of looking at people, and their resources and strengths often go unacknowledged,” he says. “We’re trying to think more holistically about what student outcomes look like, and we strive to better understand how resources surrounding young people shape the trajectory of how they view themselves as they pursue their goals.”

TURNING DISADVANTAGES TO STRENGTHS

Destin earned his PhD in social psychology at the University of Michigan in 2010. His adviser, Daphna Oyserman, PhD, has a background in both social psychology and social work—a combination that fit neatly with Destin’s interest in exploring how factors related to economic resources and social class play into fundamental psychological processes like motivation, identity formation, and emotional well-being, he says. “I had an expansive training that allowed me to think early on about how social psychology connects to communities and to education and schools.”

After graduation, Destin immediately launched his lab at Northwestern, where his work ranges from theoretical to hands-on. “As an experimental social psychologist, I’m interested in pinning down the factors

that matter in a controlled way,” he says. “But we also develop partnerships with schools to do research and even assist with programming.”

That range is unusual among social psychologists working in the world of education, says Alex Browman, PhD, who did his doctoral work with Destin and is now an assistant professor at the College of the Holy Cross in Worcester, Massachusetts. “His research involves very theoretical social cognition work but also looks at how to apply that knowledge to make change in the real world,” he says.

Those real-world participants

Dr. Mesmin Destin (far right) and members of the Destin Lab at Northwestern University.



mostly include middle school, high school, and college students. The project on racial/ethnic identity and future goals is typical of the lab’s work in schools, says Régine Debrosse, PhD, a former postdoctoral researcher in the lab and now an assistant professor at McGill University, who took the lead on that project. The study built on the Pathways to Success program, an intervention Oyserman developed that has been shown to increase

engagement by helping students imagine a route to their future goals. While the intervention itself improves motivation for learning, emphasizing the racial identity component seems to increase engagement even more, according to preliminary data. “If students can visualize what will happen on the pathway to college, they’re more likely to stay engaged and fight obstacles as they arise,” Debrosse says. “This work suggests that fusing those activities with reflections about a student’s own race and ethnicity, especially for students of color, helps them better see the connection between their identity and the path they want to reach in the future.”

Other projects have also looked at ways to draw on students’ identities to help them succeed. Doctoral student Ivan A. Hernandez conducted a short online experiment that guided students to reflect on their background-specific strengths—the unique knowledge, skills, perspectives, and strengths broadly associated with the marginalized experience. Teenagers who must work to help their families make ends meet, for example, might reflect on having learned the value of hard work and time management—lessons that could also apply to schoolwork. Students who have to care for siblings might write about the nurturing qualities they’d developed as a result, and how those qualities might prepare them for a career in fields such as nursing. “Instead of saying there are disadvantages associated with being a student of color, for example, we can prompt them to think about

the strengths they've gained and how they help them succeed, such as persisting in the face of adversity," Hernandez says.

In a sample of undergraduates from lower SES backgrounds, those who read and wrote about their background-specific strengths scored higher on measures of self-esteem and academic persistence than those who wrote about their daily schedules or simply completed a questionnaire without performing any task. In a second study of lower-SES Black and Latinx eighth graders, those who participated in the activity were more likely to agree with the idea that they had unique strengths that benefited their schools and society. And compared with students who did not read or write about their background-specific strengths, they had higher grades at the end of the academic term (Hernandez, I. A., et al., *Journal of Experimental Social Psychology*, Vol. 92, No. 1, 2021).

"The standard message is that students' backgrounds are part of why they struggle. When you shift that narrative, it has direct positive effects for well-being and achievement," Destin says. And helping teachers recognize students' unique strengths is an important part of rewriting that story. "When teachers provide students with a message that's based on this strength-based approach, we see immediate positive effects on the ways they plan to engage with students," he adds.

STEPPING-STONES TO SOCIOECONOMIC MOBILITY

For some young people, education is an obvious stepping-stone

toward a more stable future. But not all students are shown how lectures and homework relate to their lives and goals. In a series of studies, Browman and Destin showed that among low-SES students, those who believed it was possible to climb the socioeconomic ladder were more likely to envision futures for themselves that were dependent on pursuing education beyond high school. That vision, in turn, increased their motivation to push themselves academically (Browman, A. S., et al., *Journal of Experimental Social Psychology*, Vol. 72, No. 1, 2017).

Based on that finding, Browman and Destin developed an experimental program to help students envision education-dependent futures for themselves. They hypothesized that introducing students to multiple educational pathways to future mobility might make them more likely to see the relevance of education to their own lives. They recruited alumni from a low-SES public high school to talk to current students about their career paths and the financial and quality-of-life benefits they'd experienced as a result. Half of the students heard from two college graduates. The other half heard from both a college grad and an alumnus who spoke about postsecondary vocational programs. Low-SES students who were introduced to the idea of multiple educational pathways were more likely to describe themselves in future roles that hinged on some type of post-secondary education or training, and they reported stronger academic intentions than those who

FURTHER READING

Identity research that engages contextual forces to reduce socioeconomic disparities in education

Destin, M.
Current Directions in Psychological Science, 2020

The Pathways intervention as a model to design broader systems of equitable student support

Destin, M., & Hernandez, I. A. In *Handbook of wise interventions: How social psychology can help people change*, Walton, G. M., & Crum, A. J. (Eds.)
Guilford Press, 2020

Elevating the objectives of higher education to effectively serve students from diverse socioeconomic backgrounds

Destin, M., et al.
Policy Insights from the Behavioral and Brain Sciences, in press

only heard the presentations about a single education-based option (Browman, A. S., et al., *Self and Identity*, 2019).

"We wanted to boost the connection between education and the different futures that students might envision for themselves," Browman says. "While it was a small study, the results suggest that exposing students to multiple postsecondary schooling options might help them picture a path to mobility through education that they might not otherwise see."

Yet while there are significant benefits to socioeconomic mobility, there may also be downsides, Destin says. In a review of the research, he describes how adults from disadvantaged backgrounds who experienced educational and economic success may actually experience worse health than their peers who didn't climb the SES ladder (Destin, M., *American Psychologist*, Vol. 74, No. 2, 2019). "Efforts to support academic achievement may have unintended consequences for physical health," he says. The persistence that's necessary to navigate racism and socioeconomic barriers can increase psychological and physiological stress, he adds, and one reason may be that such single-minded focus can isolate students from supportive relationships. Hoping to prevent that trade-off, he and his team are studying whether social support can help buffer the physical effects of stress. In an ongoing study, they are comparing the existing Pathways to Success program with a modified version in which students conceptualize their

goals as inherently connected to important relationships and sources of support in their lives. The researchers are measuring biomarkers of inflammation to determine whether this enhanced social support leads to improvements in physical health compared with students in the standard Pathways program. So far, early findings point to yes. “It’s exciting to see initial evidence suggesting that this

of Education and Social Policy. Straddling two departments is a benefit on both sides, he says. “By offering a better understanding of the psychological process, we can really help to advance some of the findings in other fields, such as education and public policy. At the same time, those fields can open up the ways we think about the students’ lives and the systemic factors surrounding them in broader ways



“The standard message is that students’ backgrounds are part of why they struggle. When you **shift that narrative, it has direct positive effects for well-being and achievement.”**

MESMIN DESTIN, PhD, NORTHWESTERN UNIVERSITY

approach could have a tangible effect on what’s going on in kids’ bodies,” he says.

KEYS TO SUCCESS

While Destin’s research spans from theoretical to applied, his lab also sits at the intersection of multiple fields. He oversees graduate students from the university’s Department of Psychology as well as the School

than we normally do in psychology,” he says. “Our lab meetings are always so rich with these intersections of thought.”

Destin typically advises two to four doctoral students, a postdoctoral researcher, and anywhere from three to six undergraduates. It’s a tight-knit group, and Destin proudly claims his students as one of the lab’s greatest strengths. “The way they

RESEARCH FOCI

The Destin Lab at Northwestern University is

1
Creating strategies to help students see their marginalized identities as assets

2
Designing studies that reconceptualize students’ disadvantages as strengths

3
Exploring the links between socioeconomic mobility and physical health

4
Partnering with local schools for research and outreach

collaborate is so gratifying, and they take the research in so many different directions, sometimes in ways I never could have imagined,” he says.

Destin takes his responsibility to students seriously—not only those he advises at Northwestern but also the students and educators in the partner schools with whom he works, Debrosse says. “Communicating the lab’s findings to the community partners is just as important to Dr. Destin as analyzing the data and writing up our results for publication,” Debrosse says. “And it’s clear that his community partners feel very heard and supported.”

Working with teachers and administrators is an important piece of the puzzle, Destin says. After all, it’s both unrealistic and unfair to put the onus of success on the shoulders of young students. “Young people are surrounded by all sorts of systems of influence. We try to think about the role of teachers, institutions, and broader cultural norms, rather than overemphasizing students’ individual motivations as the key to success,” he says.

Through a combination of lab work and community partnerships, he and his students hope to move the dial for students by giving them the tools they need to thrive. “We want to produce the best possible science,” he adds, “but also make sure that it makes a positive contribution to individuals, to communities, and to society at the same time.” ■

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

CALIFORNIA

CLINICAL PSYCHOLOGIST (INPATIENT AND OUTPATIENT): California Correctional Health Care Services is seeking California-licensed Clinical Psychologists to join our multi-disciplinary mental health teams. Within the California Department of Corrections and Rehabilitation's statewide prison system, you will provide patients with assessment, treatment, crisis intervention, and discharge planning. In return, you will enjoy competitive compensation (\$116,304 - \$129,840 annually), positive work-life balance, and great State of California benefits, including a pension that vests in only five years, 401(k)/457 retirement plans, paid onsite CEUs, and much more. Outpatient opportunities exist at institutions throughout California. Inpatient opportunities are available within the Psychiatric Inpatient Programs at our Stockton and Vacaville locations. Contact Tim Koch at (916) 691-2874, MedCareers@cdcr.ca.gov; or apply online at www.cchcs.ca.gov/careers. An Equal Opportunity Employer.

FLORIDA

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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.

INDIANA

PSYCHOLOGIST: Damar Services is Indiana's largest and only provider of the full continuum of care for 1,500 people of all ages with developmental, intellectual, and behavioral disabilities. Damar treats and cares for these individuals from around the state and from other states when there are no local options. Damar Services is looking for a Psychologist to assist with necessary psychological assessments for part of our youth and young adult population. This is a role where you would work with

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MASSACHUSETTS

LICENSED PSYCHOLOGIST: New England Psychological Assessment Center in Danvers and Westborough, Massachusetts has opportunity for a licensed (or licensed eligible) psychologist to perform evaluations for children and adults. We offer: competitive compensation, full- or part-time position, clinical consultation and support. Email letter and curriculum vitae to: nepacontact6@gmail.com.

NEW MEXICO

CLINICAL PSYCHOLOGIST FACULTY POSITION IN ALBUQUERQUE, NEW MEXICO: The University of New Mexico, Center for Development and Disability (CDD) in the Department of Pediatrics is seeking faculty-level Clinical Psychologists in the Clinician Educator track to work within the Center's Autism Spectrum and other Developmental Disorders Division. These positions will provide diagnostic, developmental, psychological and/or neuropsychological evaluation for one or more of the following populations: infants/toddlers, preschoolers, school-age children, teens and/or young adults. Positions provide diagnostic evaluation services for Autism Spectrum Disorder with one or more of the above-mentioned age groups. In addition, CDD Psychology faculty positions provide evidence-based interventions with one or more of the age groups/populations described and will serve diverse and underserved populations specific to New Mexico and the southwest. Some CDD services are offered in home and community settings; local and overnight travel may be

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The University of New Mexico is an Equal Opportunity Employer/Educator. Best consideration was given to applications received by January 31, 2021, however, this position will remain open until filled. For complete details and application process, visit this website: <https://unmjobs.unm.edu/> and search for Faculty Req14182. A complete application must contain a cover letter that describes your experience with the preferred qualifications, curriculum vitae and a list of three references. For additional information, you may contact Marcia Moriarta, PsyD, IMH-E(IV) UNM Center for Development and Disability, (505) 272-3000 or MMoriarta@salud.unm.edu. See our website <http://www.cdd.unm.edu> for more information about our center.

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VIRGINIA

LICENSED CLINICAL CHILD

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PANDEMIC LEADS MORE YOUNG PEOPLE TO LOSE JOBS, MOVE IN WITH THEIR PARENTS

More than half of the nation's young people were living with parents as of July 2020—higher than any previously recorded period, according to the Pew Research Center

52%

Percentage of young adults ages 18 to 29 in the United States **living with one or both parents** in July 2020, up from 47% in February 2020. Among those ages 18 to 24, 71% lived with their parents in July 2020, up from 63% in February 2020.

Before 2020, the highest measured value was in 1940 at the end of the Great Depression, when 48% of young adults lived with their parents.

9%

Percentage of young adults ages 18 to 29 who said they had relocated from their former residence temporarily or permanently **because of the COVID-19 pandemic**. That number is higher than the share in any other age group, according to Pew.

25%

Percentage of young adults ages 16 to 24 who **lost their jobs** between February 2020 and May 2020. The share of young people in this age group who were neither enrolled in school nor employed rose from 11% in February to 28% in June as a result of the pandemic and consequent economic downturn.

3%–7%

Change in percentage (depending on ethnic group) of young people living at home in 2020. In July 2020, 49% of White young adults, 58% of Hispanic young adults, 55% of Black young adults, and 51% of Asian young adults were living with their parents. That compares with February 2020, when 42% of White young adults, 55% of Hispanic young adults, 50% of Black young adults, and 46% of Asian young adults were living with their parents.

Sources: Pew Research Center analyses of 2019 and 2020 Current Population Survey monthly files. Available at [pewrsr.ch/351SVs1](https://www.pewresearch.org/ch/351SVs1) and [pewrsr.ch/2X8JBmd](https://www.pewresearch.org/ch/2X8JBmd).



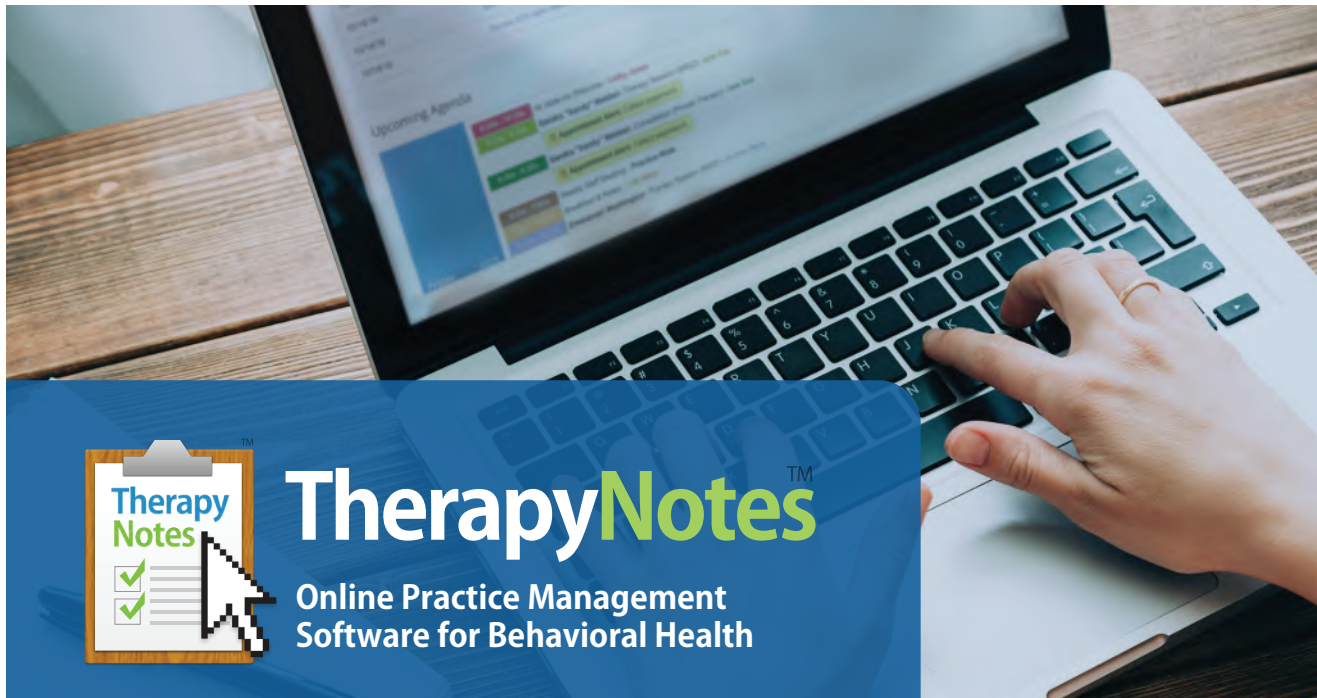
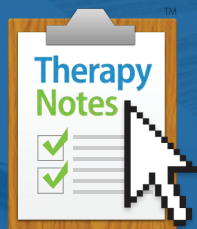
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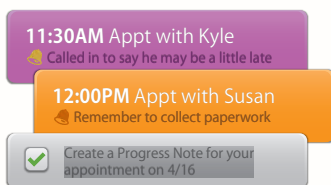
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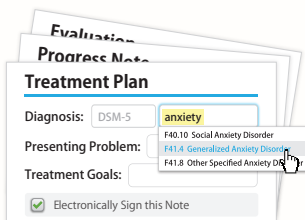
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