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monitor on

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psychology

IMPOSTOR PHENOMENON

Ways to overcome these feelings and help
others do the same

PAGE 44

**HOW TO RAISE
ANTI-RACIST
CHILDREN**

PAGE 52

**THE GOODS
ON CONSUMER
BEHAVIOR**

PAGE 62

**COVID-19 SLEEP
DISRUPTION**

PAGE 30

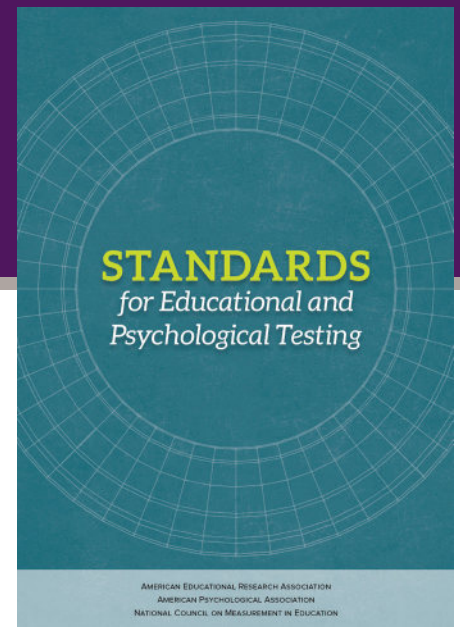


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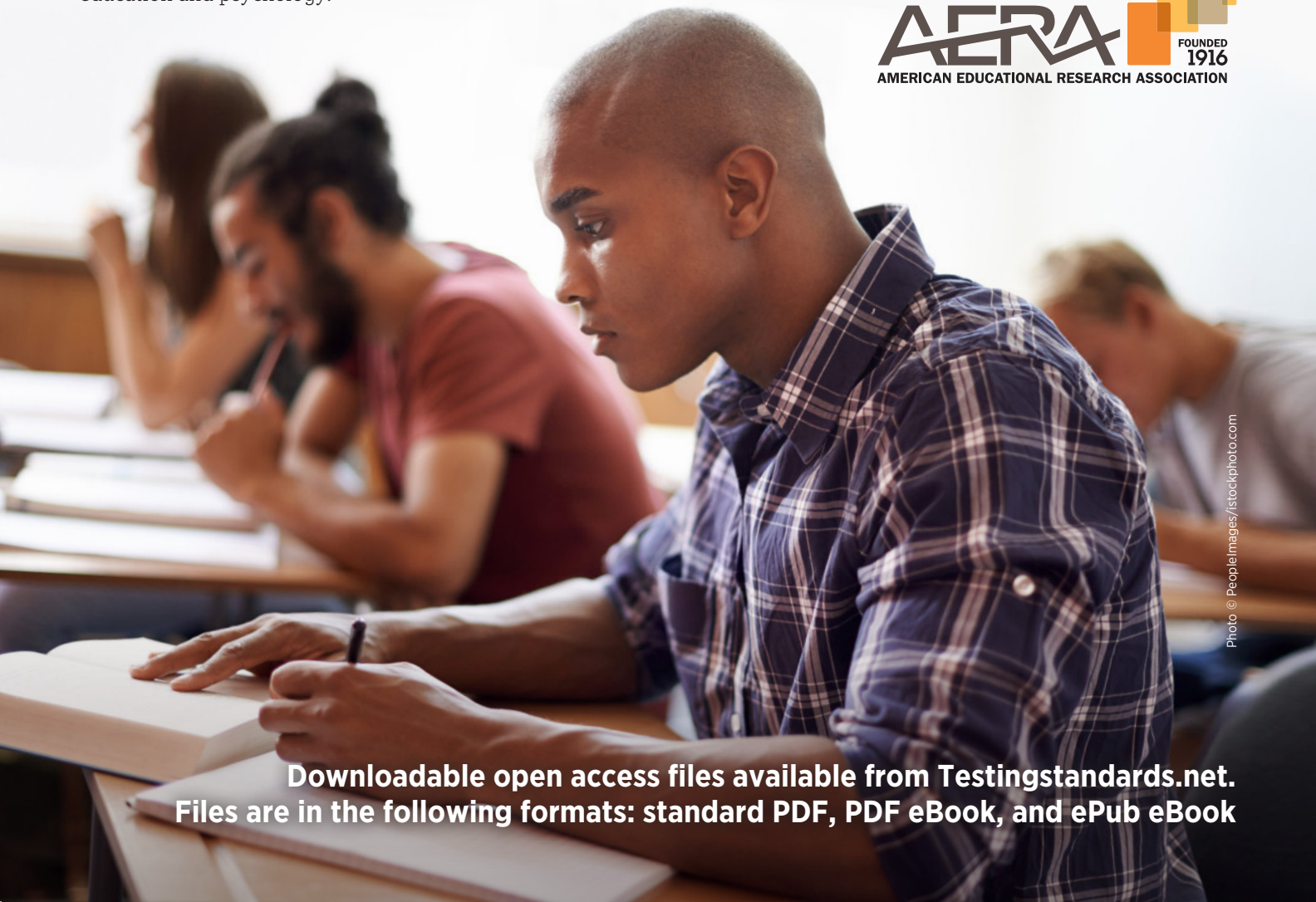


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RESOURCES, OPPORTUNITIES, AND NEWS FOR PSYCHOLOGISTS FROM APA



A Senegalese woman displaced by political unrest returns to her home.

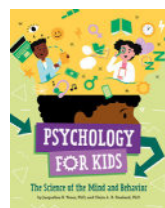
IMPACT

Creative Solutions to Global Challenges

Mental health is often a low priority in many countries, despite its critical importance to people's overall health and human rights. To promote innovation in the field, APA invited psychologists and international psychological associations to share their science-based ideas to improve global mental health in its first **PsychSolutions Competition**. Twenty-two teams of psychologists from 18 countries shared projects designed to tackle challenges, including an online education program for Ukrainians on the connection between mental health and climate change and a set of interventions to help women with mental illness in northern Ghana. The winning project is a psychoeducation program called Tampsy developed by clinical psychologist Ismahane S. Diop, PhD, of Senegal. Tampsy draws on traditional tales from several African cultures to teach local social workers and psychotherapists how to deliver culturally relevant care in the community. APA presented Diop with \$10,000 to support her work and will collaborate with her on a video to promote her initiative.

Watch the finalists present their ideas and field questions from judges all over the world at www.apa.org/international/programs/memorandum-understanding/competition.

Read, Watch & Listen



1

Psychology for Kids: The Science of the Mind and Behavior

Each chapter in this new Magination Press textbook answers a different question about psychology for children, such as "What motivates you?" and "How do you remember?"

Order at www.apa.org/pubs/magination.

2

Using Telehealth in Your Practice in 2021

This hourlong webinar on June 4 will cover the advantages of using telehealth in your practice and the best ways to market and implement those services.

Register at <http://at.apa.org/using-telehealth>.

3

COVID-19 and the Science of Smell

Pamela Dalton, PhD, of the Monell Chemical Senses Center joined the *Speaking of Psychology* podcast to talk about the connections between smell, emotions, and memory, and how a rapid smell test could improve COVID-19 screening.

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

ELECTION

Meet the Candidates for APA President

APA members have nominated five psychologists to run for the association's presidency. The winning candidate will serve as the 2022 president-elect and the 2023 president. The candidates in order of their number of nominations are:

- Beth N. Rom-Rymer, PhD
- Mary Ann McCabe, PhD
- Thema S. Bryant-Davis, PhD
- Diana L. Prescott, PhD
- Kirk J. Schneider, PhD

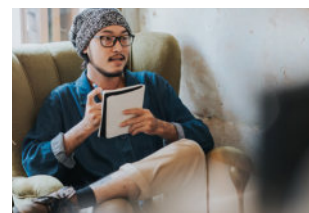
The candidates will be answering questions at www.apa.org/about/governance/elections/president-elect-candidates. Voting opens Sept. 15.

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How to Reach Us

Answers to many of your questions may be found on APA's website: www.apa.org; for phone service call (800) 374-2721; for story ideas or comments, contact Editor in Chief Trent Spiner at tspinner@apa.org.

SAVE THE DATE

Convention Fast Facts

Connecting with one another professionally and personally has never felt more important. **APA will host its next annual convention on Aug. 12–14, and registration opens in June.** ¶ Last year's historic move to an online format unlocked a whole new way for psychologists to share their latest research and ideas on society's most urgent issues. Collaborations formed via live chat. Students talked with luminaries they might never have met. Far-flung international members attended for the first time. Speakers saw real-time reactions to their ideas, and everyone witnessed heartwarming reunions between mentees and mentors. ¶ Other highlights from APA 2020:



2020 speakers included: Stacey Abrams, Jay Van Bavel, PhD, Camara Phyllis Jones, MD, MPH, PhD

Live and on-demand sessions: 550 +

Number of virtual research poster sessions: 1,900 +

Most popular session: "The Psychological Toll of COVID-19" Main Stage event drew 5,350 attendees and sparked 2,272 chat posts during the session by 1,077 different people.

Number of countries represented: 101

Farthest attendee location: Australia

Least-anticipated development: Members of the APA 2020 Facebook group coordinated watch parties and formed a book club based on the Main Stage and Keynote Speaker events.

Most creative session title: "Ready Psychologist One: Simulation Experiences as Learning in High-Stakes Education," with Jeffrey Goodie, PhD, and Ryan Landoll, PhD

Total live-chat comments: 14,711

Best Twitter summary: @mjbeers1 (Dr. Melissa Beers) "This was just incredible. Every single speaker was powerful and gave me new insight into myself, how to be a better leader, and how to respond to this year of crisis. I'm glad I'll be able to watch it again. Thank you, @APA and thanks to all these inspiring speakers."

Learn more at convention.apa.org.

Follow us on Twitter at @APAConvention, #APA2021.



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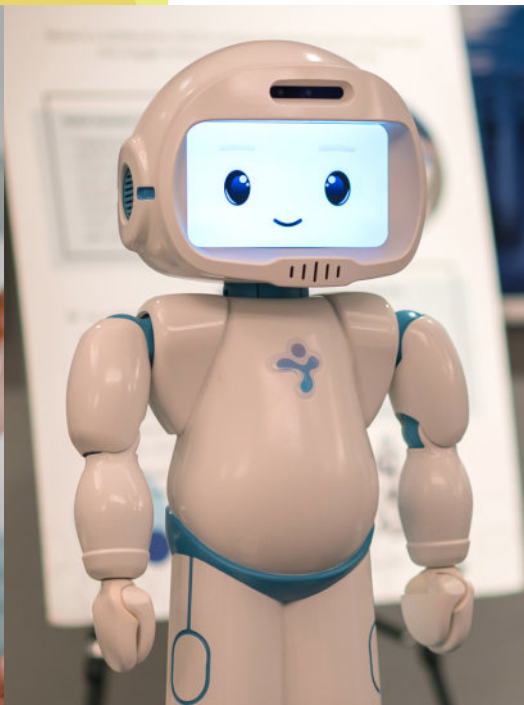
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KEYNOTES ANNOUNCED

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- **Rosemary Luckin, PhD**
UCL Knowledge Lab
- **Tsedal Neeley, PhD**
Harvard Business School
- **Frank Pasquale, JD**
Brooklyn Law School



COVER STORY

HOW TO OVERCOME IMPOSTOR PHENOMENON

Up to 82% of people face feelings of impostor phenomenon, struggling with feelings of professional inadequacy. Experts share why impostor feelings arise and how psychologists can overcome them and best help others with the same struggle. *See page 44*



52 RAISING ANTI-RACIST CHILDREN

Psychologists are studying the processes by which young children learn about race—and how to prevent prejudice from taking root.

62 THE GOODS ON CONSUMER BEHAVIOR

Research by consumer psychologists aims to promote consumers' well-being in sustainability, health, and money management.



ON THE COVER: ILLUSTRATION BY MARIA VORONOVICH/GETTY IMAGES



Financial psychology Page 71

- 2 @APA: THE HOT LIST
- 8 PRESIDENT'S COLUMN
- 10 UPDATE FROM THE CEO

RESEARCH

- 13 IN BRIEF
- 21 DATAPOINT
- 88 BY THE NUMBERS

NEWS

- 22 TACKLING INJECTION FEARS
- 26 COMMUNICATING WITH TEENS
DURING THE PANDEMIC
- 30 COVID-19 SLEEP DISRUPTION
- 37 JUDICIAL NOTEBOOK

PEOPLE

- 35 4 QUESTIONS FOR
ABIGAIL HARDIN
- 70 PSYCHOLOGISTS IN THE NEWS

CE CORNER

- 38 GRIEF AND COVID-19

CAREER

- 71 OPPORTUNITIES IN
FINANCIAL PSYCHOLOGY
- 76 THE GROWING DEMAND
FOR GEROPSYCHOLOGISTS
- 80 LAB WORK

EMPLOYMENTS ADS

- 85 THE BEST JOBS IN PSYCHOLOGY



NEWS

GROWING CONCERNS ABOUT SLEEP

Disrupted sleep has been a hallmark of the COVID-19 pandemic, with 2 in 3 Americans reporting they are now sleeping either more or less than desired. Psychologists explain why it is so crucial for everyone to get back to a healthy routine. *See page 30*



Helping children build resilience. Page 10



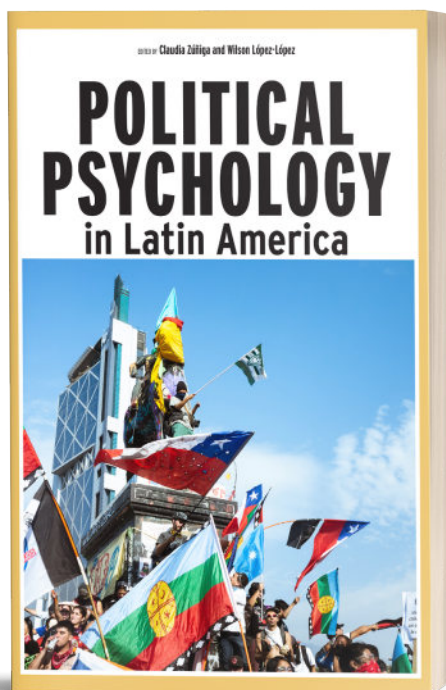
Grief and COVID-19. Page 38



Addressing injection fear. Page 22



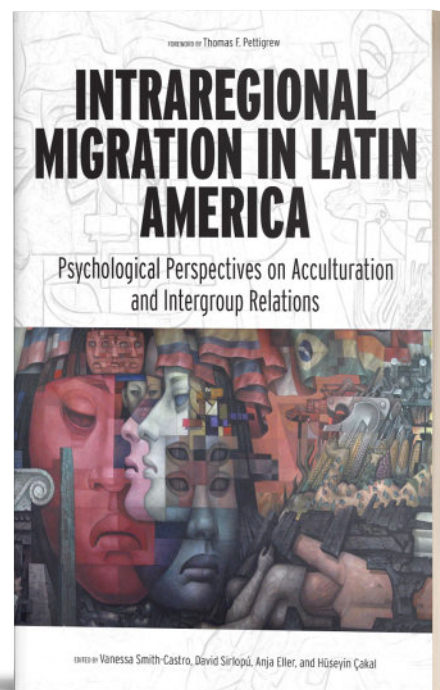
New Publications from *APA's Psychology in Latin America Series*[®]



This book presents a broad spectrum of theoretical and methodological perspectives illustrating how political psychology has addressed critical social issues in Latin America. It allows readers to identify relevant topics of this discipline in Latin America—such as the structural conditions of inequality and intergroup conflict in the region—as well as the most relevant contributions from Latin America to the global field of political psychology.

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In this book, cross-cultural and social psychologists address the urgent issues that face migrants throughout Central and South America. Contributors offer conceptual, theoretical, and methodological tools for understanding the psychological processes that underlie migration and intergroup contact. Chapters focus on migration between and within countries in Central and South America, including Chile, Argentina, Bolivia, Costa Rica, Mexico, Peru, and Brazil.

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A GLOBAL NETWORK FOR HEALTH EQUITY

APA's #EquityFlattensTheCurve initiative is a model for psychology's leadership

BY JENNIFER F. KELLY, PhD, ABPP



This has been a year like no other, especially when it comes to psychology's role in achieving health equity—my main initiative as your president. ¶ Despite all the challenges APA and the world have faced, I feel fortunate about the opportunity to work with you as we use psychology to improve the world.

¶ One example of the excellent work psychology has done on this front is the #EquityFlattensTheCurve (#EFTC) initiative. This APA effort connects the voices of health equity, psychology, and public health experts to

educate leaders about equity-enhancing practices. It also aims to reduce bias, stigma, and discrimination related to the COVID-19 pandemic and promote equity to help mitigate the virus's spread.

Over the past year, #EFTC has recruited a network of more than 800 global equity partners representing 20 countries. Central to advancing the goals of #EFTC is its constantly adapting network of people with diverse expertise who connect and collaborate and learn from and inspire one another.

APA has provided the infrastructure for network members to function as change agents locally to advance health equity and improve outcomes for many populations and communities made vulnerable by the inequitable COVID-19 response and recovery efforts. Network members contribute to a bank of innovative ideas and solutions. #EFTC has engaged members

with dozens of fact sheets, webinars, advocacy campaigns, and a regular cadence of experiences for growth.

APA and network members benefit

from these engagements by keeping their fingers on the pulse of the needs of communities and positioning themselves to deliver culturally appropriate interventions in anticipation of what their communities will need next.

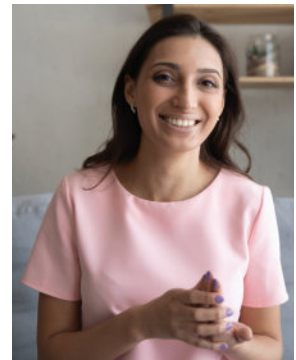
As the pandemic evolves and vaccines are more available, the initiative will also evolve, continuing to address the inequities. The organizers of the initiative hope to galvanize network members as catalysts to make monumental leaps that advance health equity. To learn more, visit <https://pages.apa.org/equity-flattens-the-curve>. ■



● **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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HELPING CHILDREN COPE AND BUILD RESILIENCE

APA is working to lessen the long-term impact of COVID-19 on children's mental health

BY ARTHUR C. EVANS JR., PhD



More than a year into the COVID-19 crisis, people are struggling to cope—with grief from losing hundreds of thousands to this virus, worry about our families' safety, and anger and fear sparked by ongoing issues like racism and discrimination. ¶ This cumulative stress is taking a toll on mental and physical health. And, critically, some populations are being disproportionately affected—including communities of color, essential workers, and parents of young children.

Pandemic-related stress has also had an enormous effect on children, who, because of their age, face unique challenges with coping. APA and the field of psychology are working at the individual and community levels to help children effectively cope now and build future resilience.

Here are two examples of approaches we are taking:

■ Infusing a developmental perspective into strategies and solutions.

The neurological, emotional, and social characteristics that change with age lead children to think and behave differently than adults. APA and psychologists are helping children and their caregivers employ stress-reduction strategies that more accurately connect to children's evolving capabilities. We are also helping parents, caregivers, and teachers understand the importance of social milestones for healthy youth development—such as attending graduation—and how to provide support when milestones are missed.

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

■ Focusing on children's strengths.

Psychological research with children is weighted toward a focus on pathology, which limits the solutions we can develop. APA is raising awareness about biases like this that shape our work, particularly for children of color. For instance, while Black youth exhibit lower levels of substance use and suicide than White youth, most studies have remained centered around reducing the likelihood of

negative outcomes. Now, with Black youth suicide rising dramatically, we see how relying on this perspective has led to missed opportunities to identify the protective factors that could help address these issues. APA is also using a strengths-based approach to inform public policy affecting children. For example, we participated in an invited conversation with the National Parent Teacher Association on the importance of mental health support in schools, enabling us to talk about resilience and its importance to children's long-term educational success.

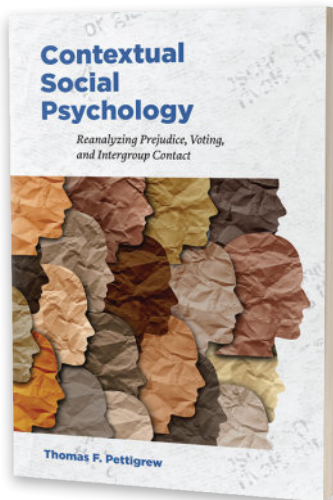
As an organization and a field, we can have a positive impact on children if we use knowledge from the breadth of our field and work with partners to support children—today and far into the future. ■



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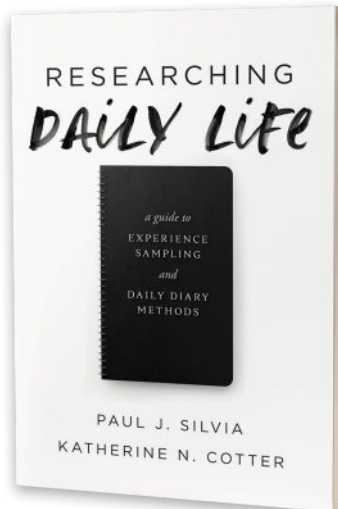


New Books for Teaching Psychology This Fall



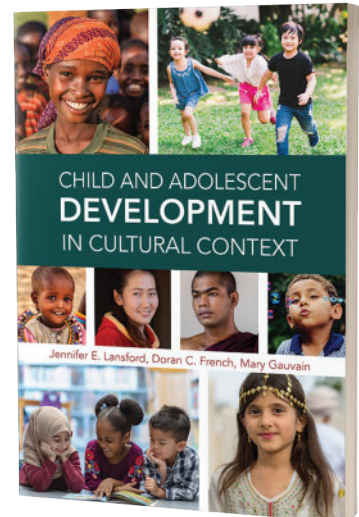
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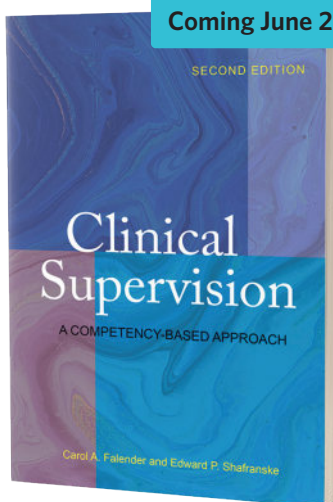
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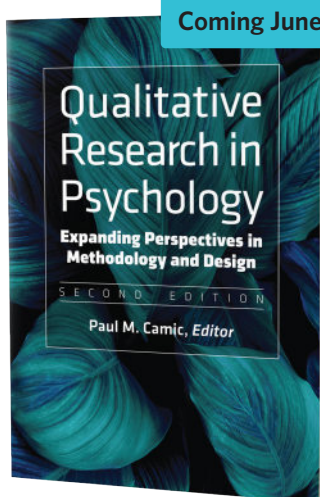
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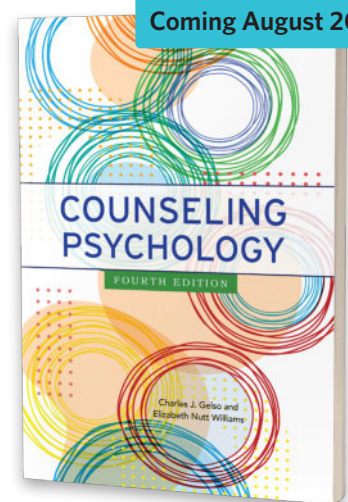
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In Brief

THE LATEST PEER-REVIEWED STUDIES WITHIN PSYCHOLOGY AND RELATED FIELDS



NEW TAKE ON EXTRAVERSION

An initial study in the *Journal of Individual Differences* suggests that people vary in the degree to which extraversion is triggered by interaction with others who are friendly to them. Researchers assessed 75 undergraduate students in the United States for extraversion and then had them report on their social interactions over a 3-week

People's degree of extraversion can vary based on the friendliness of those with whom they are interacting.

period. Results show that while most participants reported engaging in more extraverted behavior when exposed to others' friendliness, some were consistently more responsive to others' friendliness. This variation was independent of people's general levels of extraversion. The researchers argue that such socially contingent expressions of personality characteristics should be addressed within theories of personality.

DOI: 10.1027/1614-0001/a000339

FACULTY MINDSET PREDICTS STUDENT ENGAGEMENT

Research in the *Journal of Experimental Psychology: General* suggests that undergraduates are more likely to enjoy class and earn better grades if they believe faculty have a growth mindset (faith in students' abilities to change and improve) rather than a fixed mindset (a view that students' abilities are unchangeable). In the first of four studies, 252 undergraduates in the United States viewed a video of a professor making statements expressing belief in a

Students are more likely to enjoy class and earn better grades if they have a professor who has faith in students' abilities to change and improve.

fixed or growth mindset. Students who watched the professor endorse a fixed mindset reported feeling less class engagement and more concern about receiving poor grades than those who saw the professor endorse a growth mindset. A second study with 224 students watching similar videos showed that those who saw a professor endorse a fixed mindset reported higher levels of impostor feelings and increased likelihood of dropping the class. In two additional studies, 1,193 students who indicated that their real-life professors had a fixed mindset also reported less engagement

and sense of belonging, which in turn predicted lower grades.

DOI: 10.1037/xge0000763

SLOW LIES

People judge slower responses as less sincere than quicker replies, according to research in the *Journal of Personality and Social Psychology*. Across 14 experiments, a total of 7,565 participants in the United States, the United Kingdom, and France listened to, watched, or read an account of people responding to various questions. Lag time for responses ranged from immediate to 10 seconds later. In all



PIRANKA/GETTY IMAGES

experiments, participants rated slower responses as less sincere, regardless of the gravity of the question. Also, the longer the hesitation, the less sincere the answer appeared. The effect was reduced, but still present, when answers were considered socially unacceptable or thought to require more mental effort or when participants were instructed not to pay attention to response speed. The researchers suggest that people perceive slower responses to be the result of the responder suppressing automatic, truthful thoughts and contriving a novel answer.

DOI: 10.1037/pspa0000250

SEEKING WHAT MIGHT HAVE BEEN

According to research in *Psychological Science*, people are willing to pay to learn what would have happened if they had acted differently, even when there's little to be gained and doing so can lead to regret. In a series of studies involving a total of 511 adults, participants played a gambling game in which they pumped up a balloon to earn points but tried to avoid bursting the balloon by going beyond its randomly assigned safe limit. Researchers found that participants would frequently pay a price in terms of money, physical effort, or time to learn how many points they could have won before the balloon burst, despite that information dampening their mood and having no utility for subsequent choices. In fact, participants who received this information and felt bad about

it often made riskier choices on the next trial. As the researchers note, further work is needed to identify the conditions under which people seek or avoid unpleasant information.

DOI: 10.1177/0956797620963615

FULL MOON, LESS SLEEP

For several nights preceding a full moon, people fall asleep later in the evening and sleep for less time, according to research in *Science Advances*. Using wrist activity monitors, researchers tracked sleep patterns of 98 adults in three



People are willing to pay a price to learn what they could have won or lost in a balloon-inflating gambling game.

Indigenous communities in Argentina, which varied in having no, limited, or full access to electric lighting. Participants in each community showed similar synchronizations of their sleep patterns to the moon's cycle. This variation was in addition to the effects of electric lighting, which led to overall later sleep onset and less sleep duration. The researchers found a similar synchronization of sleep to the lunar cycle in 464 undergraduate students living in an urban area of the United States.

DOI: 10.1126/sciadv.abe0465



People fall asleep later and sleep for less time in the nights leading up to a full moon.



CAN SAUNAS PROTECT AGAINST DEMENTIA?

The answer may be yes, as long as use is not too frequent or too hot. As reported in *Preventive Medicine Reports*, researchers analyzed data from a 39-year longitudinal study of 13,994 Finnish adults. Participants were ages 30 to 69 years at the start of the study, and 1,805 eventually developed dementia. During the first 20 years of the study, the dementia risk of those reporting nine to 12 sauna baths per month was less than half that of those who bathed infrequently. For the full study period of 39 years, the reduction in dementia risk was less: about 20%. Sauna

Finnish adults who reported nine to 12 sauna baths per month had less risk of dementia than those who bathed infrequently.

temperature mattered, too; dementia risk for those bathing at temperatures higher than 100°C was double compared with those who bathed at temperatures below 80°C. Further work is needed to understand the mechanisms linking sauna bathing and dementia risk.

DOI: 10.1016/j.j.pmedr.2020.101221

METH OVERDOSES SURGE

Methamphetamine overdose deaths in the United States rose about fivefold from 2011 to 2018, according to a study in *JAMA Psychiatry*. Researchers analyzed public health surveillance data of Americans ages 25 to 54 years gathered by the Centers for Disease Control and Prevention's National Vital Statistics System. They found that rates for methamphetamine-related deaths jumped from 1.8 to 10.1 per 100,000 men and from 0.8 to 4.5 per 100,000 women from 2011 to 2018. Non-Hispanic American Indian or Alaska Native people had the highest rates of methamphetamine-related deaths, increasing from 5.6 to 26.4 per 100,000 men and from 3.6 to 15.6 per 100,000 women. In 2018, non-Hispanic Whites had the second highest rates, followed by Hispanic individuals, non-Hispanic Black individuals, and non-Hispanic Asian individuals.

DOI: 10.1001/jamapsychiatry.2020.4321

KETAMINE REDUCES PTSD SYMPTOMS

Ketamine infusions rapidly reduced symptom severity in individuals with chronic post-traumatic stress disorder (PTSD), with the effects lasting

for several weeks, according to a study in *The American Journal of Psychiatry*. Researchers randomly assigned 30 participants in the United States with chronic PTSD to receive 6 infusions of ketamine, administered intravenously 3 times per week over 2 consecutive weeks, or to receive 6 infusions of a placebo control over the same time frame. More participants in the ketamine group (67%) achieved at least 30% reduction in PTSD symptoms than those in the control group (20%). Among ketamine responders, symptom improvement occurred within 24 hours following initial infusion and was maintained for a median of 27.5 days following final infusion. In addition to greater improvement in PTSD symptoms, the ketamine group showed a greater reduction in comorbid depressive symptoms than the control group.

DOI: 10.1176/appi.ajp.2020.20050596

BRAIN STIMULATION THWARTS OBSESSIVE-COMPULSIVE BEHAVIOR

Delivering noninvasive electrical stimulation to the brain can reduce obsessive-compulsive behavior for up to 3 months, according to a study in *Nature Medicine*. The research was motivated by an emerging view that obsessive-compulsive behavior is rooted in maladaptive learning of rewarded behaviors. Using electroencephalography, researchers recorded brain activity from the orbitofrontal cortices of 60 healthy participants in the United States to pinpoint unique frequencies of wave patterns in their brains that

facilitated learning in a task that involved associating symbols with monetary rewards or losses. The researchers then stimulated the orbitofrontal cortices of the participants using these frequencies and were able to disrupt learning in the task. Next, the researchers applied this type of personalized electrical stimulation to the orbitofrontal cortices of 64 participants who exhibited obsessive-compulsive behaviors. The stimulation was applied for 30 minutes a day for 5 consecutive days. Obsessive-compulsive behaviors decreased immediately, and improvements remained for at least 3 months. The strongest improvements were observed in those who began with the most severe symptoms.

DOI: 10.1038/s41591-020-01173-w

TEENS CATCH PEERS' MOODS

Teenagers can “catch” moods from peers, and bad moods are more contagious than good ones, suggests a study in *Emotion*. Researchers gathered daily social interaction and mood data from 79 adolescent classical musicians in the United Kingdom, ages 15 to 19, during two performance tours, lasting 5 and 7 days, in which the adolescents spent the bulk of their time together. The researchers found that the participants became more similar in mood to others with whom they interacted the most often. This contagion effect was greater for negative than for positive moods. Also, although one adolescent might catch another’s bad mood, the original moody adolescent

might feel better in the process. However, the participants did not avoid grumpy peers or seek contact with those in more chipper spirits, nor did they choose whom they hung out with simply to match their own moods.

DOI: 10.1037/emo0000952

PSYCHEDELIC EXPECTATIONS

The benefits people experience from microdoses of psychedelic substances may be the result of positive expectations, according to a study in *Scientific Reports*. Researchers recruited 253 people who planned on taking microdoses—quantities normally too small to produce perceptible effects—of a psychedelic drug such as psilocybin, LSD, or ayahuasca every few days for



SELF-CONTROLLED KIDS AGE SLOWLY

People who had higher levels of self-control as children tend to be physically healthier than their peers at age 45, according to a study in the *Proceedings of the National Academy of Sciences*. Researchers followed a representative cohort of 1,037 children in New Zealand from birth to age 45. They assessed the participants’ self-control at ages 3, 5, 7, 9, and 11. Then, from ages 26 to 45, the researchers measured participants’ physiological signs of aging in several organ systems, including the brain. Adults with higher childhood self-control showed fewer signs of brain aging, had younger-looking faces, walked faster, and were more equipped to manage later-life health, financial, and social demands. These effects were independent of socioeconomic origins and intelligence.

DOI: 10.1073/pnas.2010211118

Those with higher levels of self-control as children tend to be physically healthier than their peers at age 45.

up to 4 weeks. In the week before they began microdosing, participants were asked how confident they were that the experience would have a positive effect and how much they expected their well-being would improve. Then, participants completed weekly measures of drug intake, well-being, anxiety, and depression. While participants who microdosed went on to experience a boost in well-being and a reduction in anxiety and depression, the level of improvement depended on how much improvement they had anticipated, suggesting that the positive effects could be the result of a placebo response.

DOI: 10.1038/s41598-021-81446-7

COGNITION, PERSONALITY, AND IDEOLOGY

Research in the *Philosophical Transactions of the Royal Society B* indicates that

people who hold certain ideological views tend to have distinct cognitive and personality characteristics. Researchers analyzed data from 334 participants in the United States ages 22 to 63 who performed 37 neuropsychological tasks and took 22 personality surveys online over the course of 2 weeks. They found that conservative and nationalistic attitudes were associated with greater caution in perceptual decision-making tasks and reduced strategic information processing, while dogmatism was related to slower evidence accumulation in perceptual decision-making and impulsive tendencies. Religiosity was linked with heightened agreeableness and risk perception. Extreme pro-group attitudes, including the endorsement of violence against outgroups, were associated with weaker working memory, slower

perceptual strategies, and tendencies toward impulsivity and sensation-seeking.

DOI: 10.1098/rstb.2020.0424

COMMUNICATING WHILE DREAMING

Some people who are in REM sleep and having lucid dreams—aware they are dreaming—can understand externally presented questions or simple math problems and respond accurately using eye movements or facial muscle contractions, suggests research in *Current Biology*. Researchers in separate labs in the United States, France, Germany, and the Netherlands recruited a total of 36 participants who were trained to signal that they were having a lucid dream through a pattern of eye movements. The participants included people who had previously experienced lucid dreaming and those

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Living in a neighborhood with a high density of trees may lower the depression risk of inhabitants.

who had not. Standard physiological measures confirmed that participants were asleep. In response to yes/no questions and simple math problems communicated via voice, coded flashing lights, or tactile signals, six of the participants responded correctly using prearranged eye or facial movements. According to the investigators, it may be possible to develop methods for communicating with people while they are dreaming that are useful for training and therapeutic purposes as well as for research on dreaming itself.

DOI: 10.1016/j.j.cub.2021.01.026

STREET TREES BOOST MOOD

Living in a neighborhood densely lined with trees may lower the depression risk of inhabitants, suggests research in *Scientific Reports*. Researchers analyzed the association of antidepressant prescriptions for 9,751 adults in Germany with the density of trees lining the

streets in their neighborhoods. They found a lower rate of antidepressant prescriptions among people living within 100 meters of a high density of street trees. The impact of trees was especially pronounced for people of lower socioeconomic status. Density of street trees at further distances up to 1,000 meters was not associated with rate of antidepressant prescriptions.

DOI: 10.1038/s41598-020-79924-5

RAPPERS GET THE BLUES

Over the past 20 years, references and metaphors related to mental health conditions have increased in rap lyrics, according to research in *JAMA Pediatrics*. Researchers coded lyrics from the 25 most popular rap songs in the United States in 1998, 2003, 2008, 2013, and 2018 for references to anxiety, depression, suicide, and stressors associated with mental health risk and for metaphors suggestive of mental health struggles. They found increases from 1998 to 2018 in

References to mental health conditions have increased in rap lyrics over the past 20 years.



the proportion of songs referencing suicide (0% to 12%) and depression (16% to 32%) and containing mental health metaphors (8% to 44%). References to stressors related to environmental conditions and intimate relationships frequently co-occurred with references to mental health.

DOI: 10.1001/jamapediatrics.2020.5155

SOCIAL MEDIA POSTS PREDICT BREAKUPS

Research in the *Proceedings of the National Academy of Sciences* suggests that the language people use in conversations online can predict a romantic breakup months before it happens. Researchers analyzed 1,027,541 posts from 6,803 Reddit users 1 year before and 1 year after they posted news of their breakup on the r/BreakUps subreddit forum. They found systematic changes in language used in posts as early as 3 months before the breakup, peaking during the week of the event and returning to baseline levels about 6 months later. The changes included an increase in “I” words, “we” words, and cognitive-processing words such as “realize” and “because,” and a shift toward more personal and informal language, indicative of a drop-off in analytic thinking. The patterns held even for discussions not related to breakups or relationships. Separate analyses of users going through divorce and, to a lesser extent, other disruptive life events showed similar language patterns. DOI: 10.1073/pnas.2017154118

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

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KEYNOTE SPEAKERS



Derek R. Avery, PhD



Robert B. Cialdini, PhD



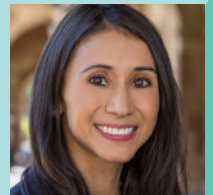
Elizabeth Cole, PhD



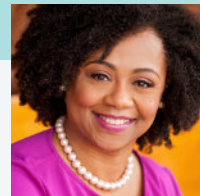
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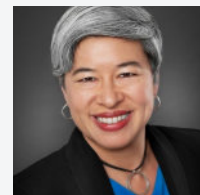
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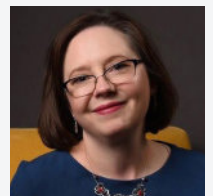
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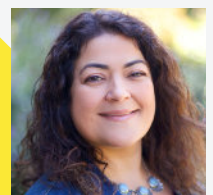
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By Karen Stamm, PhD,
Luona Lin, MPP,
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NEWS ON PSYCHOLOGISTS' EDUCATION AND EMPLOYMENT FROM APA'S CENTER FOR WORKFORCE STUDIES

CRITICAL NEEDS IN GEROPSYCHOLOGY

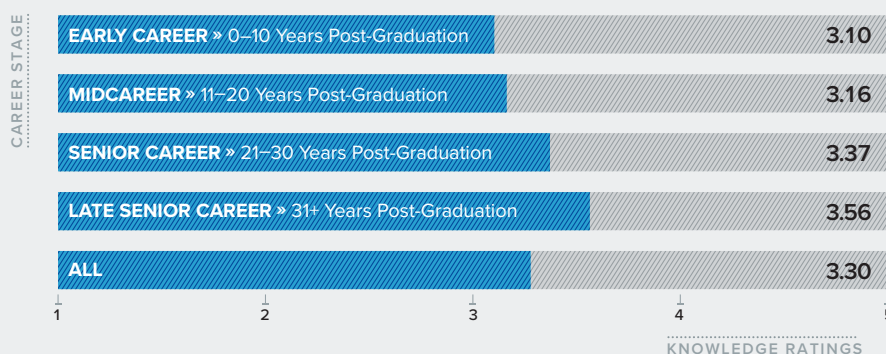
By 2030, the United States will need 5,790 more geropsychologists¹ to meet the needs of its older adults (65+ years old). How prepared is the psychologist workforce to meet this demand?

■ Typically, geropsychology is a field that psychologists age into; few psychologists have a formally recognized specialty in geropsychology. In 2019, the **National Provider Identifier Registry**² identified roughly **660 geropsychologists**, accounting for fewer than 1% of all doctoral-level licensed psychologists. As psychologists get older, they become more familiar with treating older adults. Psychologists in later career stages rated themselves higher on knowledge about working with older adults than psychologists in earlier career stages.³

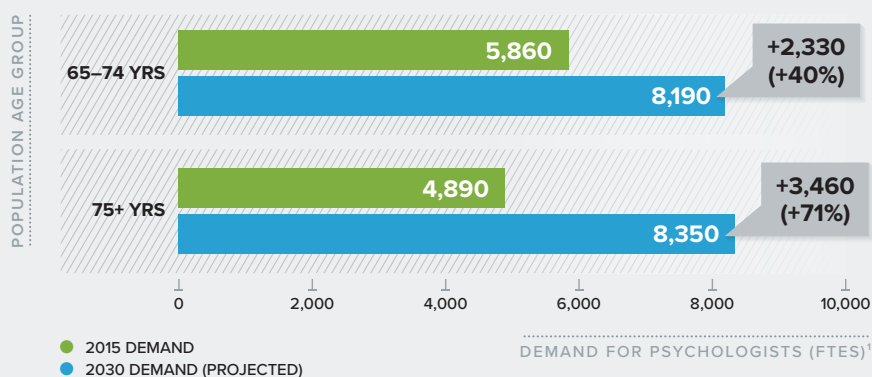
■ Because a large portion of later career psychologists are nearing or already older than the typical retirement age of 65, **these psychologists are likely to leave the workforce within the next 10 years**. In 2019, there were 22,400 psychologists in the workforce between ages 56 and 65 and 22,100 over 65 years old.⁴ Psychologists 65 years and older accounted for 37% of the workforce.

■ Collectively, these findings suggest the psychologist workforce is **insufficiently prepared** to address the future health needs of older adults.

MEAN KNOWLEDGE RATINGS FOR WORKING WITH OLDER ADULTS



DEMAND FOR PSYCHOLOGISTS FROM OLDER ADULTS, 2015 AND 2030 (PROJECTED)



LEARN MORE | For more on the demand for geropsychologists and ways to fill the gap with specialized training, see page 76.

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

¹ APA. (2018). APA fact sheet series on psychologist supply and demand projections 2015–2030: Demand across age groups. www.apa.org/workforce/publications/supply-demand/demand-age-groups.pdf. FTEs = full-time equivalents.

² 2019 National Provider Identifier (NPI) Registry, U.S. Centers for Medicare and Medicaid Services; 2018 state licensing board lists, APA. Geropsychologists were those who self-reported "psychologist: adult development and aging" as an NPI Healthcare Provider taxonomy code.

³ APA. (2017). Career stages of health service psychologists: Special analysis of the 2015 APA Survey of Psychology Health Service Providers. www.apa.org/workforce/publications/15-health-service-career-report.pdf. Note: Respondents reported how knowledgeable they were about working with population groups on a 5-point scale: (1 = not at all knowledgeable to 5 = extremely knowledgeable). Career stage was defined by years since doctorate: early career (0–10 years), mid-career (11–20 years), senior career (21–30 years), late senior career (31+ years).

⁴ APA. (2020). Demographics of the U.S. psychology workforce. [Interactive data tool]. www.apa.org/workforce/data-tools/demographics.

HOW PSYCHOLOGISTS CAN HELP PATIENTS WITH INJECTION FEAR

Psychologists are sharing interventions and therapies to help patients whose fear of needles could stop them from getting a COVID-19 vaccine **BY CHARLOTTE HUFF**



Maureen Hughes of central England is given a sticker after she receives her first dose of the Pfizer-BioNTech COVID-19 vaccine. Positive framing around the vaccine can be helpful for patients' future injections.

Since COVID-19 first emerged, Matthew Noles has fretted that the best news for science and humanity—a vaccine breakthrough—would come at a personal emotional cost. ¶ Just thinking about needles conjures up what Noles admits are irrational fears. In the weeks before his first COVID-19 shot in February, he worried that he would be confronted with a needle the width of a meat injector, or that the nurse would trip while administering the injection, sending the needle deep into his arm.

“I know these things are not going to happen, but they still pop into my head,” said the 42-year-old Alabama resident. While getting his first dose on Feb. 10, Noles had a vasovagal response to the needle procedure. He passed out and someone called an ambulance.

Such anxieties are not rare, and they can discourage important medical care. One meta-analysis found that 8% of health care workers in hospitals and 18% of workers in long-term care facilities avoid the influenza vaccine due to needle fears (McLenon, J., & Rogers, M. A. M., *Journal of Advanced Nursing*, Vol. 75, No. 1, 2019). A Canadian study, based on a survey of Toronto parents and children, found that 7% of adults and 8% of children reported needle fears as the primary reason for not receiving recommended immunizations (Taddio, A., et al., *Vaccine*, Vol. 30, No. 32, 2012).

Now, people like Noles must weigh long-standing fears about needles and injections versus the life-saving benefits of an effective vaccine against a highly contagious virus. For patients who seek help, psychologists can provide exposure therapy for the most fearful and pain management strategies, including

distraction, positive reframing, and the use of numbing creams, for those with lower-level fears.

It’s unclear to what degree injection fears will discourage people given the stakes involved in the COVID-19 pandemic, said Kathryn Birnie, PhD, a clinical psychologist and assistant professor at the University of Calgary in Alberta, Canada. But given the importance of having as much of the population vaccinated as possible, psychologists should be prepared to help patients who acknowledge such fears and be ready to offer guidance to health care professionals who may encounter these patients, according to psychologists with expertise in needle fears and pain management. These fears can be inhibiting even if patients don’t meet the diagnostic criteria for a blood injection injury phobia, said Meghan McMurtry, PhD, an associate professor in psychology at the University of Guelph in Ontario, Canada.

If patients have high levels of needle fear, “tending toward avoidance or very high distress during procedures,” psychologists need to try to help them, said McMurtry. Exposure therapy likely will be needed, she said, as pain management strategies alone “don’t tend to work when

you have high, high levels of that anxiety and that fear.”

THE NEEDLE SPECTRUM

Feeling cautious about injections and blood draws “is relatively normal,” McMurtry said. “There is something being injected in or taken out of your body,” she said. “There is some pain involved.”

More significant injection fears may be connected to a negative experience, more likely in the preschool years when vaccines are common, Birnie said. Children, in particular, can be influenced by fearful talk from those around them, such as siblings, parents, or clinicians. Imagery in popular media and news reports can also spark fears, she said. In 2019, *Self* magazine partnered with the American Academy of Pediatrics to compile a resource of free stock photos that media can use that lack depictions of crying children and oversize needles.

Adults with significant anxiety may postpone or skip a vaccine or blood procedure, and children may outright refuse to have one, McMurtry said. Those patients with an even higher degree of fear or a diagnosable phobia may experience a vasovagal response, like Noles did.

The vasovagal reaction itself stems from the patient’s heart rate and blood pressure revving up and then dropping abruptly. The result can be that the patient faints or experiences other symptoms, including dizziness, nausea, or sweating.

On that February day, Noles initially felt fine after the nurse told him he was done. “I took this huge exhale,” he recalled, before

walking to the waiting area where patients were monitored for any post-injection reactions.

“Within three minutes, I could feel that my whole body felt numb and kind of tingly,” he said. “I was struggling to breathe. My vision was all out of whack. I could feel everything slowing down.”

TACKLING COVID-19 VACCINE FEARS

One challenge with easing injection fear compared with other phobias, such as a fear of dogs, is that people can avoid vaccines or other needle interactions for many years, said Lindsey Cohen, PhD, chair of psychology at Georgia State University in Atlanta.

Given the urgency of vaccine uptake right now, Cohen advises that psychologists talk to patients who are struggling with injection fears about their values and goals to increase motivation. Do they want to master their injection fears because they are interfering with their life or do they want to learn strategies to simply get through the COVID-19 vaccination process?

If the latter is the case, Cohen said, “you can probably teach them some quick and easy coping techniques so they feel some mastery” prior to the vaccination, ticking off deep breathing, progressive muscle relaxation, or imagery as possibilities. A patient’s history with injections should also inform treatment, such as if they have had a vasovagal response in the past.

Cohen also suggests developing a plan with each patient to think through all the pieces of the vaccine encounter. Would

the patient be more comfortable knowing in real time what the nurse is doing, including getting a heads-up before the shot is given? Or would they prefer to distract themselves as much as possible by watching a video or listening to music through headphones? The patient should then express those preferences and ask for help from whomever is administering the vaccine, he said.

The potential benefit of distraction, Birnie said, “is that our brain has only so much capacity to pay attention to any one thing. A high level of fear will override that. But in the context of lower levels of fear, distraction is really helpful.”

The two-dose regimen involved with some of the initially approved COVID-19 vaccines can pose additional stress for needle-averse patients, Birnie said. But psychologists can work with patients on positive reframing, focusing on what went well with the first dose or with the last injection they can remember. “If we remember things in a really horrible, distressing way, we’re more likely to expect that they’ll go worse next time,” she said.

Psychologists can also encourage patients to practice positive self-talk during the procedure itself, Birnie said. “Even saying to yourself during it, ‘I can do this’ or ‘I’m doing this because it’s important to me to get the vaccine.’ Any positive statement that helps them.”

Birnie also tells patients that there are numbing creams sold over the counter that can lessen the pain of the injection if they apply them 30 minutes to an

hour ahead. She advises psychologists to work with patients on deep breathing techniques they can use during the procedure to reduce their fight-or-flight response as well as the tension in the muscle area where the vaccine will be injected.

“The distress and pain are highly related to each other,” Birnie said. “The more distressed [patients] are, the more tense they are holding their body.”

ADDRESSING DIAGNOSABLE NEEDLE PHOBIA

Studies indicate that 3% to 4% of people qualify as having a needle phobia, which is characterized by avoidance behavior, intense irrational fear, and the risk of becoming dizzy or fainting, either during, or in anticipation of, a procedure (Wani, A. L., et al., *Behavioural Neurology*, 2014). But that figure is likely underestimated given that such individuals often avoid the health system in the first place, McMurtry said.

Patients like Noles who have had a vasovagal reaction to an injection can be taught a technique that uses muscle tension to help boost their blood pressure, McMurtry said. The applied tension technique, which was developed by Swedish clinical psychologist Lars-Göran Öst, PhD, relies on patients tensing up major muscle groups, such as leg or stomach muscles, for roughly 10 to 15 seconds until their face feels flushed or warm, followed by relaxing the muscles back to baseline for 20 to 30 seconds. By activating those muscles, and repeating the pro-

FURTHER READING

People with high needle fear need strategies to help when it comes time for the COVID-19 vaccine

McMurtry, C. M.
The Globe and Mail,
2021

Psychological interventions for needle related procedural pain and distress in children and adolescents

Birnie, K. A., et al.
Cochrane Database of Systematic Reviews,
2018

Reducing pain during vaccine injections: Clinical practice guideline

Taddio, A., et al.
Canadian Medical Association Journal,
2015

Simple psychological interventions for reducing pain from common needle procedures in adults

Boerner, K. E., et al.
The Clinical Journal of Pain,
2015



Studies indicate that 3% to 4% of people qualify as having a needle phobia, which is characterized by avoidance behavior, intense irrational fear, and the risk of becoming dizzy or fainting, either during, or in anticipation of, a procedure.

cess until the procedure is over, the goal is to keep the patient's blood pressure high enough to avoid fainting, McMurtry said.

For individuals who want to overcome a diagnosable phobia or high levels of fear, research indicates that exposure therapy is likely the optimal approach, McMurtry said. She helped write a clinical guideline that recommended using exposure-based therapy to treat high levels of injection fear in children age 7 and older and in adults (McMurtry, C. M., et al., *Cognitive Behaviour Therapy*, Vol. 45, No. 3, 2016).

During exposure therapy, a psychologist works with the patient to develop a hierarchy of exposures, starting with something that causes minimal

anxiety and then increasing that exposure, McMurtry said. But first, the psychologist helps the patient sort out the underlying focus of the fear, whether that's pain or blood exposure or the look of the needle itself, she said. With that focus in mind, then the hierarchy of exposures can be developed.

In one scenario, a patient may begin with images of needles, first looking at line drawings and then at more realistic depictions, McMurtry said. Later, the exposure may involve handling a plastic needle or giving a stuffed animal an injection, before moving on to more direct exposures, such as watching someone else get a shot, she said.

Though exposure therapy may be completed in a single,

A nurse in Caserta, Italy, explains the preparation of a dose of Pfizer vaccine to be administered to patients at a vaccination center.

longer session, it often requires multiple sessions and exposures, McMurtry said. Above all, it's a stair-step process that cannot be short-circuited, she stressed.

Through these exposures, the patient will learn to conquer their out-of-proportion fears by realizing either that the feared outcomes won't materialize or that they will survive them. It's crucial that the patient does not quit exposure therapy early, whether by dropping out of therapy or by closing the book of pictures of anxiety-producing needles, because doing so will perpetuate their fear by continuing the avoidance loop, McMurtry said.

"They go up the worry hill and then they escape at the highest point," she said. "So they don't learn that the fear is going to come down."

If people do not get help, the risk is that these fears will worsen, particularly given that many people get vaccines infrequently once they reach adulthood, Cohen said. Thus, they don't reap the benefits of periodic natural exposure, he said. "The whole time they can be building up their cognition and fears about it without any counterevidence." Having a successful injection can help stop the buildup of that fear, even if the bar for success is simply making it through the injection.

Despite his rocky first dose, Noles was determined to get the second. This time, the vaccine site allowed his wife to accompany him, and he didn't pass out. He reported back triumphantly via text: "I did MUCH better this time." ■

COMMUNICATING WITH TEENS DURING COVID

Psychologists' research can help parents and caregivers more effectively communicate with their teens, especially while everyone is cooped up together **BY ZARA ABRAMS**

With much of school, work, and play occurring at home during the pandemic, families are spending much more time together than they normally would—posing new challenges for teen-parent relationships, already some of the most strained.

Psychologists with expertise on parenting, as well as those studying communication around race, sex, mental health, and media use, offer insights on how to improve dynamics between adolescents and caregivers.

Broadly, establishing autonomy is one of the key developmental tasks for adolescents, but the pandemic has limited opportunities to do so, for instance, by shifting adolescent learning from school to home and confining college students to their parents' homes as many campuses remain shut down. A common challenge for families is to balance teens' need for autonomy with other concerns, such as their safety, said Judith Smetana, PhD, a professor of psychology at the University of Rochester who studies development and family relationships.

But even the way we define safety has changed during the pandemic—and parents may

"All teenagers are suffering. We simultaneously need to normalize what they are feeling and go out of our way to provide as much support as is absolutely possible," said Dr. Lisa Damour.

place a stronger emphasis on adherence to public health guidance than do teens. In any case, Smetana said proactive discussion can help set appropriate boundaries, because research has found that parents tend to be most effective with a so-called "authoritative" parenting style, which includes teens in discussions about rules and expectations and provides explanations for why those rules are important.

Smetana and her colleagues have found that disagreement about the bounds of parental authority is where adolescent-parent conflict usually happens (*Journal of Research on Adolescence*, Vol. 26, No. 2, 2016).

When conflict does occur, psychologists suggest a few strategies that may help, including encouraging teens to seek space or privacy and finding alternative ways to connect with their parents, such as by texting or exchanging notes in a shared journal, suggested Mary Fristad, PhD, ABPP, the director of academic affairs and research development at Nationwide Children's Hospital's Big Lots Behavioral Health Services in Columbus, Ohio. Pandemic-driven restrictions may mean parents are spending far more time than they normally would with formerly over-

scheduled teens, but that added time can be seen as a chance to engage in rapport-building activities with teens, for instance, walking the dog or cooking together.

"Take this as an opportunity to spend quality time with teens and have fun," said psychologist Laura Padilla-Walker, PhD, a professor in the School of Family Life at Brigham Young University in Provo, Utah. "My teens are much more likely to talk with me when we're snowshoeing than when I'm sitting across the table from them, staring them down."

MONITORING MEDIA

Screen time among both children and adults has skyrocketed during the pandemic, partly because digital and social media are now pivotal for home



VANESSA GRENEVEYER/GETTY IMAGES



schooling, entertainment, and socializing with friends and family, said psychologist Patti Valkenburg, PhD, a professor of youth, media, and society at the University of Amsterdam.

“The quality and the context of media use—rather than the quantity of screen time—is an increasing focus for both researchers and parents,” Valkenburg said. “For example, do teens turn to the screen to procrastinate? Or do they use it to relax after finishing their homework?”

Engaging with other teens on social media or multiplayer online video games can help adolescents develop identity, build relational skills, and explore their sexuality—all key parts of achieving personal autonomy, Valkenburg said.

This is especially true during the pandemic, when other social opportunities are limited, but excessive use can interfere with school, sleep, and mental well-being. Rather than imposing unilateral restrictions on smartphone use, psychological research shows that being supportive about reasonable amounts of media use and proactively monitoring use can help teens learn to regulate their own behavior, which leads to better outcomes. Proactive monitoring involves setting and, if necessary, adjusting boundaries; coengaging with media; and communicating about whether media portrayals of things like violence and sex accurately reflect reality.

One study by Padilla-Walker and her colleagues found that teens were less secretive and less

aggressive when parents actively monitored and discussed their media use, as opposed to just setting restrictions (*Journal of Social and Personal Relationships*, Vol. 37, No. 1, 2020).

“It’s better to keep lines of communication open, because excessive restriction at this age tends to lead to secret keeping,” she said.

Other research shows that proactive monitoring is linked to lower media use and increases in teens’ self-reported prosocial behavior and their capacity to self-regulate (*Journal of Adolescence*, Vol. 46, 2016; *Journal of Youth and Adolescence*, Vol. 47, 2018).

Parents should ask adolescents to agree to usage policies and boundaries before a smartphone or other device is purchased, or before extreme overuse occurs. If a parent did not set limits ahead of time, having discussions about media content can still be helpful. Parents can also lead by example, modeling how it looks to set and observe boundaries around their own media use. Both strategies can help teens learn to modulate their own behavior, Valkenburg said.

“The regulation of media use can be a struggle, but it is worth the fight,” said Valkenburg. “Helping youth develop healthy media habits . . . will pay dividends in their later development.”

CHECKING IN ON MENTAL HEALTH

While Americans across the age spectrum report worsening mental health during the pandemic, teens and young adults face

particular challenges, with 43% of Generation Z teens reporting increased stress over the past year (Stress in America 2020, APA). Teens attribute this uptick to school closures, loss of social interaction, and uncertainty about the future.

“All teenagers are suffering,” said Lisa Damour, PhD, a clinical psychologist who writes a column on parenting for *The New York Times*. “We simultaneously need to normalize what they are feeling and go out of our way to provide as much support as is absolutely possible.”

That may mean prioritizing empathy and validation over giving advice, said Fristad, including by continuing to acknowledge how difficult the pandemic has been and that it is normal to struggle under such conditions. For parents unsure about how to broach the topic of mental health, Damour recommends paying close attention to their teen’s cues.

“Usually, the teenager will be the one to bring it up—and our job as the parent is not to miss it,” she said.

Teens may talk about a classmate who stopped doing schoolwork or posted on social media about “hitting a wall” during the pandemic, opening the door for a parent to ask how the teen feels about that and what support they need. Adolescents also often express mental health challenges in the form of complaining or frustration, said Damour, for instance by saying they feel down and don’t want to do homework.

“When the overture is a complaint, our instincts can be to try

to shut it down,” she said. “But a complaint is an opening, and we should treat it as such.”

Though comprehensive data is not yet available, there are also indicators that teens may face heightened suicide risk during the pandemic. A spike in student suicides in Clark County, Nevada, even spurred the county to accelerate its reopening plan for local schools.

Research shows that asking about suicidal thoughts does not increase suicide risk, so parents who are concerned should approach their teens (Dazzi, T., et al., *Psychological Medicine*, Vol. 44, No. 16, 2014). Be direct and ask if your teen is having thoughts of suicide or self-harm, but avoid shaming or criticism, Damour said.

TALKING ABOUT RACE AND RACISM

The past year has also brought increasing urgency to the national conversation on racial equity, which families of color, in particular, are working to navigate.

“Talking about racism is often the most challenging thing for adults and children of color to contend with, mainly because there’s no end in sight,” said psychologist Riana Elyse Anderson, PhD, an assistant professor of health behavior and health education at the University of Michigan’s School of Public Health.

In families of color, the racial socialization process starts early, usually by addressing issues such as bullying or comments about skin color with school-age children. As kids enter adolescence,

parents can increasingly instill messages about racial pride and the importance of diversity, and address barriers that teens of color may face as they move through the world, said Isha Metzger, PhD, an assistant professor of clinical psychology at the University of Georgia.

Metzger and her colleagues created a Racial Trauma Guide to help Black families navigate those talks, for example, what a teen should do if they get stopped by police. She recommends that parents orient their discussions around current events, such as media reports of police brutality.

“If you see something on the news or social media, it’s really important to assume that your teen has seen it as well,” she said.

A parent might point to online discussions about social justice and anti-Black racism, then ask their teen what they have seen and how they feel about it. That discussion can be a gateway to sharing coping skills for teenagers to process feelings of anger and hopelessness, as well as to channel that frustration into prosocial activities, such as organizing a peaceful protest in their community, Metzger suggests.

The Racial Trauma Guide also provides ally resources that can help White parents talk to their teens about White privilege, racial bias, and the importance of engaging in anti-racism work.

To further help Black parents and their teens have an ongoing, open dialogue, Anderson and her colleagues created EMBRace—Engaging, Managing, and Bonding

FURTHER READING

How to discuss race with Black teens and their families
Monitor on Psychology, January/February 2021

Ask Lisa: The psychology of parenting (podcast)
Damour, L., & Ninan, R. (hosts)
2020–present

Plugged in: How media attract and affect youth
Valkenburg, P. M., & Piotrowski, J. T.
Yale University Press, 2017

Adolescent-parent relationships: Progress, processes, and prospects
Smetana, J. G., & Rote, W. M.
Annual Review of Developmental Psychology, 2019

through Race—a five-session intervention designed for Black families that uses strategies from trauma-focused cognitive behavioral therapy to foster conversations about racial identity and bias. Parents and children first meet separately with a clinician, then come together for group sessions that focus on how to recognize racial discrimination and handle the resulting stress.

A key part of the program asks parents and children to role-play various coping strategies. For example, a parent may list specific ways they will support their child in responding to racial discrimination from a teacher at school. A pilot test of EMBRace found that it helped both parents and teens cope with stress related to race (*Journal of Black Psychology*, Vol. 44, No. 1, 2018).

In addition to helping teens deal with racial stress, EMBRace also helps parents initiate conversations about racial identity and pride, which is important for healthy racial identity development, said Shawn C. T. Jones, PhD, an assistant professor of counseling psychology at Virginia Commonwealth University.

“Resilience and resistance should also be part of the narrative in Black families—not just oppression,” he said.

BRINGING AN OPEN MIND TO SEX DISCUSSIONS

Sex and gender identity are other central topics that parents often feel ill-equipped to address, Padilla-Walker said. A recent study she led found that teens continue to report very few



conversations they’ve had with their parents about sex, including around sexual consent (*The Journal of Sex Research*, Vol. 57, No. 9, 2020). (See more about psychologists’ research on sex and porn literacy for teens in the March *Monitor*.)

“My advice is to keep talking, to make these conversations a regular part of discussions with your children,” Padilla-Walker said. “And be open and willing to discuss anything they need answers to. If they don’t ask you, they’ll be asking friends or the media.”

For example, parents might point out scenes in movies or books that exemplify healthy or unhealthy relationships, such as a man kissing or touching a woman without her permission. Parents can also address values around sex and sexuality in small ways throughout everyday life, such as by commenting about body image on a magazine cover or by chatting about contra-

ception if a teen shares that a classmate is pregnant.

“Children often pick up more from these small conversations or comments than they ever would from a single ‘big talk’ about sexuality,” Padilla-Walker said.

Other research shows that parents tend to bring gendered assumptions to conversations with today’s progressive teens—ones that can weaken the quality of the support they provide.

“Adults have biased expectations of the type of psychosocial stressors they believe their teenagers should be having based on their gender,” said Debra Garcia, PhD, a professor of psychology at California State University, Los Angeles.

In a study presented at APA 2020, Garcia showed stories about stressful experiences written by teens to 113 adults and asked them to rate whether each statement described a masculine, feminine, or gender-neutral problem. Adults misidentified 68% of narratives written by teenage boys as “feminine stressors” and 44% of teenage girls’ narratives as “masculine stressors.” The biggest mistakes were made on stories about identity development, such as ethnic identity or sexual orientation, and friendships. Garcia said that because of these errors, communication between teens and their parents is suffering.

“If parents can reflect on their own gender biases before entering a potentially sensitive conversation with their teen, they can approach the conversation with increased empathy and provide advisement and support of greater quality,” she said. ■

Research shows that parents tend to bring gendered assumptions to conversations with today’s progressive teens—ones that can weaken the quality of the support they provide.

GROWING CONCERNS ABOUT SLEEP

Disrupted sleep has been a hallmark of the COVID-19 pandemic. Psychologists explain why it is so crucial for everyone to get back to a healthy routine. **BY ZARA ABRAMS**

Since the pandemic began, researchers around the world have documented a surge in sleep disorders, with 2 in 3 Americans reporting they are now sleeping either more or less than desired (Partinen, M., *The Lancet Neurology*, Vol. 20, No. 1, 2021; Stress in America 2021, APA).

Upended routines, more screen time, increased alcohol consumption, and dissolving boundaries between work and private life are just a few of the factors contributing to problems with sleep. And given the crucial role sleep plays in both physical and mental health, psychologists say it's important to be proactive in addressing any issues.

"Once sleep is disrupted, it can impact mental and physical health, which may in turn cause further sleep disruption," said Athena Akrami, PhD, a neuroscientist at University College London who is studying cognitive dysfunction in COVID-19, including sleep disturbances. "A vicious cycle may form that is very difficult to diagnose and treat properly."

Psychologists are finding a range of sleep changes associated with the pandemic. Some people are sleeping more than ever, while others face shortened schedules, delayed schedules, or insomnia. Those suffering from



More than 50 million Americans suffered from a sleep disorder—most commonly insomnia—even before the pandemic.

LJUPCO/GETTY IMAGES

post-acute sequelae of SARS-CoV-2 infection (PASC), or “long COVID syndrome,” where post-infection symptoms persist for months, are also reporting insomnia, sleep apnea, night sweats, and other problems (“An Analysis of the Prolonged COVID-19 Symptoms Survey,” Patient-Led Research Collaborative, 2020).

Even after a stressful experience ends, sleep disturbances may continue—so experts say problems with sleep could persist into the coming months as life begins to normalize.

“The good news is there are treatments that work,” said psychologist James Maas, PhD, a retired professor at Cornell University and an international consultant on sleep. “For many of us spending time at home, this is a wonderful opportunity to regularize our sleep patterns and reap all the benefits that stem from a good night’s rest.”

HOW SLEEP WENT AWRY

Even before the pandemic, more than 50 million Americans suffered from a sleep disorder, most commonly insomnia, which can involve trouble falling or staying asleep, waking early or throughout the night, or poor sleep quality (“Sleep and Sleep Disorder Statistics,” American Sleep Association).

Decades of research have linked chronic sleep deprivation to an increased risk for obesity, heart disease, Type 2 diabetes, and problems with immune function (“Sleep and Sleep Disorders,” Centers for Disease Control and Prevention). Sleeping more or less than

recommended—typically 7 to 9 hours a night—is a significant predictor of death by any cause (Cappuccio, F. P., et al., *Sleep*, Vol. 33, No. 5, 2010). Sleep disturbances also hinder social, motor, and cognitive skills and predict suicide risk, depression, and other mental health problems (Bernert, R. A., et al., *Current Psychiatry Reports*, Vol. 17, 2015; Fang, Y., et al., *npj Digital Medicine*, Vol. 4, 2021; “Mental health and sleep,” Sleep Foundation).

The link between sleep and mental health is just as strong—and just as important—as ever, said Rébecca Robillard, PhD, an assistant professor of psychology at the University of Ottawa, who leads clinical sleep research at the Royal Ottawa Institute of Mental Health Research. In a survey of 5,525 Canadian adults conducted between April and June 2020, she and her colleagues found that sleep problems rose from 36% before the pandemic to more than 50%. Those facing difficulties fell into three categories: less time in bed, more time in bed, or delayed sleep schedule (*Journal of Sleep Research*, Vol. 30, No. 1, 2021).

“It makes perfect sense that sleep complaints are on the rise right now, because all of the stay-at-home conditions we experience throughout the day are exactly the factors that we know can affect sleep,” said Susan Rubman, PhD, a behavioral sleep psychologist and assistant professor of clinical psychiatry at the Yale School of Medicine.

People are working, exercising, and socializing inside their homes and even in their

bedrooms, which can weaken the cognitive and behavioral associations between those areas and rest or relaxation, Rubman said. We are also facing more stressful situations, limited social support, and disrupted routines, all of which are known to trigger sleep problems (Kutana, S., & Lau, P. H., *Canadian Psychology*, Vol. 62, No. 1, 2021).

“Aside from being a major life event, living in stay-at-home conditions also increases our exposure to minor hassles and frustrations, which are known to reduce sleep quality,” said Rubman (Lee, S. A., et al., *Innovation in Aging*, Vol. 4, Supp. 1, 2020).

In addition, less sunlight exposure, more screen time, irregular mealtimes, and increased alcohol use—all of which can interfere with circadian rhythm—are likely to exacerbate sleep problems in people working or learning from home. Rubman said her clients report everything from trouble falling asleep or staying asleep to early wake-up times, poor sleep quality, disrupted sleep cycles, and vivid dreams or nightmares.

Robillard’s findings echo those accounts. Adults who reported higher stress levels, more alcohol use, and more TV exposure were more likely

FURTHER READING

Sleep guidelines during the COVID-19 pandemic

Suni, E.
Sleep Foundation, 2020

Sleep and circadian problems during the coronavirus disease 2019 (COVID-19) pandemic: The International COVID-19 Sleep Study (ICOSS)

Partinen, M., et al.
Journal of Sleep Research, 2020

Trying to make sense of long COVID syndrome

Collins, F.
NIH Director’s Blog, 2021

“The relationship between long COVID and sleep is a very interesting and important one, but much of what we’ve heard so far is anecdotal. We’re working to turn anecdote into rigorous science.”

ATHENA AKRAMI, PhD, UNIVERSITY COLLEGE LONDON

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to face new problems with sleep during the pandemic. Women and people with family responsibilities also had more trouble with sleep. Those results build on studies showing high rates of insomnia and other sleep issues among frontline workers early in the pandemic (Herrero-San Martín, A., et al., *Sleep Medicine*, Vol. 75, 2020; Huang, Y., & Zhao, N., *Psychiatry Research*, Vol. 288, 2020).

"This points to potential behavioral solutions and also suggests that there are identifiable subgroups of the population that might benefit from additional support right now," Robillard said.

ESTABLISHING HEALTHY ROUTINES

Though many Americans have turned to over-the-counter sleep aids such as melatonin—sales of which rose 42% in 2020, according to the market research firm Nielsen—Maas said the best defense against insomnia is to improve sleep hygiene or participate in cognitive behavioral therapy.

Good sleep hygiene practices start with establishing a regular sleep-wake cycle, said Maas. Go to bed around the same time each night, but not until you feel sleepy, and wake up at the same time each day. Establishing a daytime routine that includes exercise, regular mealtimes, and exposure to sunlight also helps calibrate the body's

circadian rhythm—as does avoiding caffeine within 10 hours and alcohol within 3 hours of bedtime.

Psychologists also recommend reserving the bedroom for sleep and sex but acknowledge that this may not be possible throughout the pandemic.

"As we're forced to spend more time at home, spaces in our homes have become multipurpose activity centers," Rubman said.

In such cases, leave the bedroom for extended breaks when possible and avoid working, television, or other digital entertainment in bed, which can lead to a cognitive and behavioral association between bed and wakefulness.

At night, the bedroom should be quiet, dark, and cool, Maas said. He recommends setting the thermostat between 65 and 67 degrees and using a white noise machine or room-darkening shades if needed. Ideally, don't use electronic devices such as smartphones or laptops in bed, because the light they generate can delay sleep onset.

"If your insomnia lasts for more than 3 weeks, it's time to go see a trained clinician," ideally someone who is accredited by the American Academy of Sleep Medicine, Maas said.

Sleep specialists can administer cognitive behavioral therapy for insomnia (CBT-I), which has proven

effective in numerous randomized controlled trials (van der Zweerde, T., et al., *Sleep Medicine Reviews*, Vol. 48, 2019; de Bruin, E. J., et al., *Sleep*, Vol. 38, No. 12, 2015). CBT-I helps patients improve sleep hygiene and addresses cognitive and behavioral barriers to sleep, for instance by restricting the amount of time spent awake in bed and teaching patients to avoid ruminating. The evidence for CBT-I is so strong that some psychologists say it's time to shift the focus from additional research testing toward improving public access to such care.

"We know people are struggling with sleep during the pandemic, and we know what works," Robillard said. "This is now a public health concern that needs to be addressed with large-scale interventions and increased access to CBT-I."

COVID SLEEP LOSS

Patients recovering from COVID-19 are facing their own set of challenges. Though long COVID syndrome is still something of a mystery, researchers are starting to document its symptoms and speculate about its mechanisms.

Many people turn to over-the-counter aids such as melatonin to improve their sleep, but experts say good sleep hygiene and cognitive behavioral therapy are more effective.

"Debilitating fatigue, difficulty breathing, and sleep disturbances are some of the main complaints we're hearing from these individuals," said Marishka Brown, PhD, director of the National Center on Sleep Disorders Research, part of the National Institutes of Health (NIH).

In a study of 1,733 COVID-19 patients discharged from a Wuhan, China, hospital, 63% experienced fatigue and 26% had problems with sleep (Huang, C., et al., *The Lancet*, Vol. 397, No. 10270, 2021). Akrami, who is part of the Patient-Led Research



Collaborative, a self-organized group of researchers from neuroscience, public policy, and various health disciplines who have all suffered from long COVID, coauthored another study of the syndrome, which is currently under review. She and her colleagues tracked symptoms in more than 3,700 COVID-19 patients for 7 months, finding high rates of fatigue and cognitive dysfunction. More than three-quarters of respondents also had difficulties with sleep, including insomnia, sleep apnea, night sweats, and other issues.

Akrami and her colleagues say the enduring problems with sleep and cognition may be related to inflammation in the brain. Neuroinflammation, which is known to be linked to sleep disorders (Clark, I. A., & Vissel, B., *Journal of Neuroinflammation*, Vol. 11, 2014), is

one symptom of COVID-19. It may be a direct result of damage to the brainstem, or an indirect effect of a dysregulated immune response (Yong, S. J., *ACS Chemical Neuroscience*, Vol. 12, No. 4, 2021).

“The relationship between long COVID and sleep is a very interesting and important one, but much of what we’ve heard so far is anecdotal,” Akrami said. “We’re working to turn anecdote into rigorous science.”

Other research has shown that melatonin supplements may improve outcomes for COVID-19 patients, possibly by boosting the immune system or simply by enhancing sleep quality, which in turn bolsters health (Zhou, Y., et al., *Cell Discovery*, Vol. 6, 2020).

Several clinical trials are underway to further investigate melatonin’s efficacy in treating or preventing COVID-19 infec-

tion, and NIH has launched the PASC Initiative to study the prolonged health consequences of long COVID, including how it impacts sleep. Akrami and her colleagues are conducting longitudinal studies of cognitive symptoms associated with long COVID and plan to compare the syndrome’s effects with other chronic conditions, such as Alzheimer’s disease, Parkinson’s disease, and lupus. They are also investigating how symptoms of long COVID might change if patients are later vaccinated.

“Sleep needs to be understood as a behavior but also as biology,” Brown said. “By studying sleep quality, timing, and duration—and how they relate to our physical and mental health—sleep researchers have a key role to play in enhancing quality of life during the COVID era.” ■

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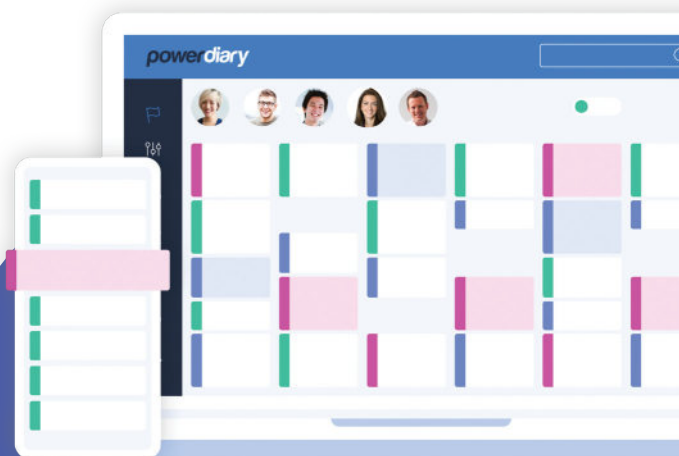
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4 QUESTIONS FOR ABIGAIL HARDIN

The rehabilitation psychologist is helping COVID survivors suffering from lingering physical and mental health problems

BY HEATHER STRINGER

As a rehabilitation psychologist at Rush University Medical Center in Chicago, Abigail Hardin, PhD, has been working with a steady stream of COVID-19 “long-haulers”—people who have not fully recovered after contracting COVID. She recently saw a woman who represents many of the cases that come into the hospital’s outpatient clinic: a graduate student in her 20s who had contracted a mild case of COVID in March 2020. In the following months, she began struggling with severe fatigue and intense anxiety.

“She was so exhausted she could not leave her bed for days at a time, and she took a leave of absence from graduate school,” Hardin said. Worries about heart palpitations and shortness of breath sent her to the emergency room, but the doctors dismissed her concerns. Eventually, the woman started having serious thoughts about suicide and went to the outpatient clinic. Hardin educated her about how psychotherapy could help reverse the patterns of thinking and behavior that were intensifying her anxiety and physical problems and referred her to further treatment. “Many of these patients have been told by medical providers that the symptoms are in their head, and they’re surprised when I take them seriously,” she said.

Many of the other patients Hardin sees are living with unrelenting symptoms that seem to have no end, including

shortness of breath, shooting nerve pain, headaches, chest pains, fatigue, difficulty focusing, and memory problems. Among those who have returned to work, many admit to Hardin that they are less productive because of “brain fog,” and some have even lost their jobs.

Although it is still unclear why some people experience more fallout from COVID, Hardin is leveraging her training and her research on similar conditions to support these patients as well as COVID patients who experience delirium and cognitive impairment after a stay in the intensive care unit (ICU). She talked with the *Monitor* about what strategies are effective so far and the needs of this growing population.

How are you helping COVID patients who have just left the ICU?

Many people are understandably concerned that they are losing their minds when they continue to hallucinate after transferring to the rehab unit, and they are relieved when I explain this is a normal brain reaction to an abnormal situation. I teach them about post-intensive care syndrome, which includes symptoms like full body weakness, difficulty swallowing, impaired cognition, and emotional changes such as anxiety and depression. These symptoms are caused by the virus itself, the body’s immune

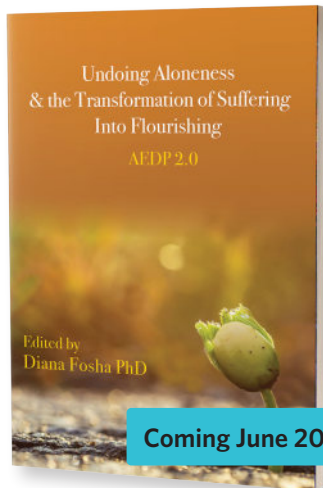
response, prolonged immobility, and certain sedating medications. If someone is experiencing nightmares, flashbacks, or disassociation from life, I talk about acute distress disorder, a precursor to post-traumatic stress disorder.

I also teach them relaxation and deep breathing techniques to reduce the level of autonomic arousal, and these strategies



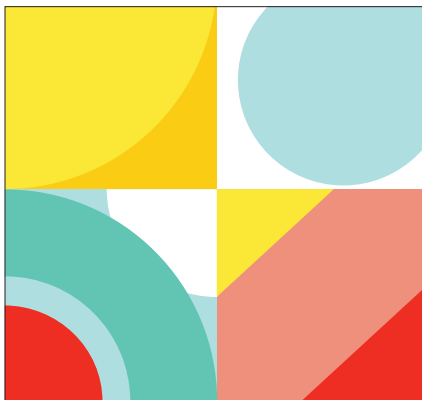


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have been highly effective. Patients say they are better able to manage their anxiety in real time when they use these skills. Sometimes I join patients in their sessions with physical and occupational therapists to help them manage fears related to getting up, moving, and trusting therapists. I use cognitive behavioral therapy (CBT) techniques to help patients identify automatic thoughts, such as “I can’t do this.” We talk about whether there is evidence supporting that thought or evidence against it. Once they understand how a thought is hampering their progress, we come up with alternatives.

What appears to be working for long-haulers?

I knew that traditional pacing therapy for fatigued patients involved limiting activity to avoid expending too much energy, but I was not convinced this would work with COVID patients. I started studying literature about chronic fatigue syndrome/myalgic encephalomyelitis because it can be triggered by viruses, and I discovered that traditional pacing was not recommended for these patients. Outcomes were better when these patients tried graded exercise therapy, which means they slowly increased their exercise over time regardless of energy level. When long-haulers are suffering from fatigue, we talk about their current physical activity, the importance of doing a little activity every day, and how to use time as a measure for exercise instead of energy level. I also share CBT techniques to help them identify thought-feeling-behavior patterns that are exacerbating physical symptoms, and how to change those patterns. I’ve also been reaching out to other providers in physical medicine and rehabilitation to let them know what we’re doing with their patients, but I believe more fully integrated interdisciplinary care is needed to improve outcomes. We are just

starting to collect outcome data, and the preliminary evidence suggests that their symptoms are improving.

Is there any other innovative rehabilitative work being done with COVID patients?

James Jackson, PsyD, at Vanderbilt University has helped me understand the importance of peer support and group therapy for people who have experienced delirium or acute distress disorder. This works well with patients at Vanderbilt because they receive emotional support from people who have had similar experiences and learn about the physiology and psychology underlying their symptoms. We hope to launch group therapy for COVID patients here in the coming months. Johns Hopkins University psychologists are also working with health care providers and family members to keep ICU diaries for patients. This log can help patients contextualize hallucinations or other mental health challenges they experience after discharge from the ICU. I’ve had patients who thought they were being sexually assaulted in the ICU, and we have traced this back to the experience of having a catheter inserted.

What are the needs of this patient population going forward?

Psychologists should conduct research to improve our understanding of the long-term symptoms of COVID and clarify whether existing treatments for similar conditions need to be tweaked for this population. As I work with these patients, I’m also reminded of how few rehabilitation psychologists there are across the country and how desperately they are needed right now. My hope is that hospitals, health systems, and the government will come together to find ways to ensure access to these specialists so that the already tragic COVID-19 pandemic doesn’t turn into a long-term chronic health crisis for millions. ■

CAN WE FAIRLY SELECT A JURY IN HIGH-PROFILE CASES?

The Supreme Court will consider jury impartiality amid pervasive pretrial publicity in the Boston Marathon bombing case

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

“**W**hat stands out in your mind from everything you have heard, read or seen about the Boston Marathon bombing and the events that followed it?” This is one of the questions Dzhokhar Tsarnaev’s lawyers wanted to ask potential jurors in one of the most notorious and highly publicized cases of this century (*United States v. Tsarnaev*, 2016). The jury sentenced Tsarnaev to death for having—along with his brother—detonated explosive devices near the Boston Marathon finish line in 2013. Their actions left three people dead and more than 260 injured.

The nation was glued to their screens after the tragic event and the subsequent manhunt that resulted in the death of Tsarnaev’s older brother, Tamerlan, as well as a Massachusetts Institute of Technology police officer.

The U.S. District Court for the District of Massachusetts did not allow Tsarnaev’s team to ask this particular question during *voir dire*—when lawyers on both sides question potential jurors. The pool of more than 1,000 potential jurors fielded general questions about their media habits and impartiality, but the judge did not allow some of the more specific questions about their exposure to media coverage. It was later revealed that two of the seated jurors had discussed the case on social media, exposing their biases. The U.S. Court of Appeals for the First Circuit opined that the district court did not allow Tsarnaev’s defense team to sufficiently probe about the effects of pretrial publicity on jurors. The First Court vacated Tsarnaev’s death sentence and ordered a new penalty-phase trial. Now, the Supreme Court will consider whether Tsarnaev’s lawyers should have been allowed to ask prospective jurors additional questions about their exposure to pretrial publicity in this exceptionally high-profile case.

Though the Sixth Amendment guarantees the right to a fair and impartial trial, multiple studies have demonstrated the biasing impact of pretrial publicity

on juror decision-making. Studies have shown that exposure to pretrial publicity affects jurors’ perceptions of witness testimony, defendant credibility, defendant culpability, and ultimately their verdicts. Research also suggests that negative pretrial publicity may increase the likelihood of guilty verdicts, whereas positive publicity may decrease that likelihood.

Several powerful social, emotional, and cognitive psychological mechanisms may account for pretrial publicity bias. Confirmation bias, for example, may lead jurors to integrate information consistent with their initial impressions of defendants—impressions often developed during exposure to media coverage before a trial. Research also suggests that jurors’ emotional response to ubiquitous pretrial publicity may mediate its effect on guilt ratings. One of the jurors in the Boston Marathon bombing case had called Tsarnaev a “piece of garbage” on Twitter.

Moreover, media coverage of capital cases tends to be particularly sensationalized, emotionally laden, and negative. In an analysis of pretrial publicity of capital cases in California, psychologists Shirin Bakhshay, PhD, and Craig Haney, PhD, JD, of the University of California, Santa Cruz, found that media coverage often relied on police and prosecution accounts, thus heightening the risk of prosecutorial bias.

Given the high-stakes outcomes of capital cases, the judicial system needs remedies to counter the effects of pretrial publicity. Some data suggest that extended *voir dire*—questioning potential jurors more comprehensively—may not sufficiently remedy the problems of pretrial publicity. Venue change may help subvert pretrial publicity bias, but research suggests that venues rarely change in capital cases and that a change of locale may be insufficient in cases involving national media coverage. In this era of omnipresent, digitized, and sometimes bot-generated media coverage, the effects of such publicity must be an important consideration throughout the trial process. ■



AT ISSUE

Should lawyers have a chance to ask potential jurors more questions about their exposure to pretrial publicity?

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“**Judicial Notebook**” is a project of APA’s Div. 9 (Society for the Psychological Study of Social Issues).

CE

CONTINUING EDUCATION HELPING PATIENTS COPE WITH COVID-19 GRIEF

BY STEPHANIE PAPPAS

Lossing someone in the era of COVID-19 is a unique burden. Visits have been forbidden or strictly limited at hospitals and nursing homes, personal protective equipment blocks out faces, and the comfort of family embraces and loving funerals are circumscribed or gone.

Meanwhile, the virus has killed more than 565,000 Americans and at least 2.6 million people worldwide. Each of these deaths leaves behind a constellation of loved ones. Specialists in loss worry that some of these survivors may suffer from “dysfunctional grieving,” in which grief interferes with daily functioning or leads into conditions such as prolonged grief disorder.

“The circumstances under which people are experiencing grief in COVID disadvantage us in our grieving in almost every conceivable respect,” said clinical psychologist Robert Neimeyer, PhD, the director of the Portland Institute for Loss and Transition.

CE credits: 1

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

- Identify the many different ways people are grieving because of COVID-19 and how and why such losses can lead to complex or prolonged grief.
- Determine who is at risk for struggling to cope and the effective ways mental health professionals can treat and support people who are struggling.
- Identify trainings and other resources available for both health professionals and communities on how to help those who are grieving.

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



Even those who have not lost someone directly to COVID-19 may be grieving other types of losses, ranging from time with loved ones to meaningful employment to a sense of a just world.

Psychologists who specialize in grief are working to track people's reactions to these

losses and to determine who is at risk for struggling to cope. They are also building tools to connect professionals to resources and grieving individuals to support.

UBIQUITOUS GRIEF

Grief is a normative experience, and in most cases,



The pandemic has drastically altered the way people mourn. Here, Imam Said Sherzadi grieves alone by the casket of Ghulam Merzazada in Fairfax, Virginia, on May 14, 2020. In normal times, hundreds of people would have joined him.

people weather loss without long-lasting damage. “There is emotional pain,” said George Bonanno, PhD, a clinical psychologist at Columbia University who studies grieving, “but the majority of people continue to function.”

In a recent review of 54 studies on loss and trauma,

Bonanno and his colleagues found that almost two-thirds of people respond with resilience (*Clinical Psychology Review*, Vol. 63, 2018). They may be heartbroken, but they are able to work, connect with others, and concentrate on daily living almost immediately after trauma or loss. A pre-pandemic

study focused on bereavement, specifically the loss of a spouse, found that 71% reacted with resilience, 24% had moderate difficulties but improved with time, and 5% experienced prolonged difficulties without improvement (*Depression & Anxiety*, Vol. 37, No. 1, 2020).

This latter group may meet

the criteria for prolonged grief disorder, defined in the ICD-11 as a pervasive yearning for the deceased that persists past 6 months, coupled with emotional numbness and difficulty functioning. In November 2020, the American Psychiatric Association approved prolonged grief disorder for inclusion in the DSM-5-TR, and a 13-item scale has been validated for measuring the condition (Prigerson, H. G., et al., *World Psychiatry*, Vol. 20, No. 1, 2021). The scale includes items measuring the bereaved’s yearning for the deceased, emotional pain, difficulties engaging in life, and feelings of numbness and meaninglessness. The proposed DSM-5-TR criteria require that 12 months have passed since the loss. A meta-analysis by Marie Lundorff, PhD, a postdoctoral researcher at Aarhus University in Denmark, and colleagues found that around 10% of bereaved people will meet criteria for this diagnosis (*Journal of Affective Disorders*, Vol. 212, 2017).

If this number holds for COVID-19 deaths, the impact of dysfunctional grief could be significant. An estimate by Penn State University sociologist Ashton Verderer, PhD, and colleagues found that for every COVID-19 death in the United States, approximately nine people lose a grandparent, parent, sibling, spouse, or child (*Proceedings of the National Academy of Sciences*, Vol. 117, No. 30, 2020). At half a million COVID deaths, that is

4.5 million bereaved individuals, and possibly 450,000 people with prolonged or complex grief.

In a study coauthored by Neimeyer, Christopher Newport University psychologist Sherman Lee, PhD, and Curtin University psychologist Lauren Breen, PhD, a convenience sample of 307 people in the United States bereaved by COVID-19 answered questions on measures of depression, anxiety, post-traumatic stress, dysfunctional grief, and functional impairment. Their answers revealed a striking mental health impact. Seventy percent were in the clinical range for generalized anxiety, 74% for depression, 63% for functional impairment, and 66% for dysfunctional grief (*Journal of Pain and Symptom Management*, Vol. 61, No. 4, 2021). In a follow-up study of 831 Americans, two-thirds scored in the clinical range for dysfunctional grief (*Death Studies*, online first publication, 2020). That sample may not be representative of all COVID-bereaved Americans, as it was an online sample recruited specifically based on loss. However, one worrying finding, Neimeyer said, is that there was no association in the studies between symptom severity and time since the loss. The studies compared different cohorts, but the finding merits further attention, he said.

“Resilience, when it is shown, usually makes itself quite visible in those early months of loss,” Neimeyer said. “And we see no evidence that this anguish is attenuating across time.”

Having lost an immediate family member rather than a more distant relative was associated with more severe mental health

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symptoms. The researchers also found that certain COVID-related experiences raised the risk of dysfunctional grief and functional impairment. These included not being able to have a funeral, feeling resentment toward medical professionals who were treating the deceased, picturing the loved one suffering in the hospital, feeling isolated, and questioning why God or the universe sent this punishment. Another risk factor was counterfactual thinking—what-ifs about ways the deceased could have avoided getting sick. Having been diagnosed with COVID-19 oneself was associated with worse coping. Researchers are not yet sure why those who had COVID-19 fare worse, but they might be grappling with survivor’s guilt. “My guess is that if you’ve experienced some of the symptoms of COVID-19 and you know someone who died of it, you may be able to relate to the suffering that they experienced,” Lee said.

END-OF-LIFE EXPERIENCE

The end-of-life experience with COVID-19 may be particularly difficult for survivors to process. Holly Prigerson, PhD, has long studied end-of-life decisions and bereavement at Weill Cornell Medical College. Her work has shown that family involvement at the end of life is beneficial for patients and families. Family members, for example, are more

attuned to breathlessness in intensive care unit (ICU) patients than are hospital staff, and they can advocate to make patients more comfortable (*American Journal of Respiratory and Critical Care Medicine*, Vol. 199, No. 11, 2019). COVID-19 has temporarily rolled back many gains in involving family members in end-of-life care. Making matters worse, patients with COVID-19 decompensate quickly, meaning families have little time to process the impending death, which Prigerson experienced when her mother became sickened with COVID-19 in January.

“With dementia and long-term chronic terminal illnesses like cancer, there is some time and ability to acclimate to what’s really happening,” Prigerson said, “which is unlike someone being pretty well-functioning and within a matter of hours being confronted with making life-and-death decisions about whether they should be put on a ventilator or have a tracheotomy.”

Prigerson’s mother died soon after being transferred to the ICU, which evoked a feeling of utter powerlessness, helplessness, and frustration, Prigerson said. At first, she had no way to contact her mother, who did not have her cell phone with her when she was transported from her long-term care facility to the hospital. Later, hospital staff tried to enlist

“I usually end up hugging families in normal times, so not being able to even touch them is really, really hard, emotionally.”

STACEY KLEINMAN, FUNERAL DIRECTOR, AURORA, COLORADO



A mourner drives past during a socially distanced viewing held at a funeral home in Centreville, Maryland, on May 7, 2020.

Prigerson's help over the phone in calming her mother, who, distressed and confused, was trying to pull off the BiPap face mask delivering her high-flow oxygen.

"Psychologically, I'm haunted by those memories," Prigerson said. "It's just a nightmare, the lack of communication, the lack of ability to be there."

The period after death may be particularly surreal. Some family members of COVID-19 victims may be in isolation after testing positive themselves; some may delay the memorial service or hold a virtual funeral via Zoom. "For a lot of people this is very distressing, especially if it becomes a religious issue like how you treat the body at a certain time," Lee said.

Family members are not the only ones at risk under the weight of COVID grief. Many professionals who work with the elderly or with end-of-life issues are overwhelmed. Funeral homes in hard-hit areas have had to rent refrigerated trucks to store bodies, and funeral home staff have had to work overtime in stressful conditions. The grief of families spills over to the workers.

"I usually end up hugging families in normal times, so not being able to even touch them is really, really hard, emotionally," Stacey Kleinman, a funeral director in Aurora, Colorado, told local news station 9News in December 2020.

Nursing home staff are also struggling with anxiety and grief,

said Sheri Gibson, PhD, a geropsychologist in Colorado Springs, Colorado. Long-term care staff must live with the fear of carrying the coronavirus from their clients to their homes and from the community to their clients. They have a front-row seat to the devastating loss and isolation in many facilities. Some have even had to take over duties that normally would have been done by funeral home staff, like cleaning and dressing bodies of residents who have died, Gibson said.

"It has been heart-wrenching on some level to really understand and appreciate the struggles that direct-care staff have had to deal with in long-term care settings," she said.

OTHER TYPES OF LOSS

The experiences of long-term care residents and staff highlight that it is not just death that causes grief. “The loss of time is huge,” Gibson said, especially for older adults. “When our mortality is in front of us and we’re staring at it, we start to make decisions that are meaningful to us: How do I want to make the best of these years? Well, imagine what that’s like when you look backward in the rearview mirror and you see that you’ve lost a year.”

While not everyone views the year as a loss, Gibson has seen many older adults struggling with anticipatory grief, or fear and dread of an impending loss. They imagine their own death or the death of a loved one from COVID-19, she said. Uncertainty about the future and isolation add additional stress, she said.

One prominent theory of why grief arises is that it is not, in fact, about the severing of an attachment but about the shattering of one’s conception of the world. Everyone has an assumptive world, a basic view of how the world works and their place in it, said Darcy Harris, PhD, the director of the Thanatology Program at King’s University College at Western University Canada. At their core, these beliefs encompass the idea that the world is basically benevolent, that life is meaningful, and that the self has worth (Harris, D. L., ed., *Non-death Loss and Grief: Context and Clinical Implications*, Routledge, 2019). Death, especially traumatic death, can rupture these core beliefs. But so can other types of losses. After Hurricane Katrina, Columbia University psychiatrist

Kathy Shear, MD, and colleagues interviewed a representative sample of more than 3,000 survivors and found that half of those with prolonged grief had not lost a person but instead had lost tangible objects such as a home or possessions (*Depression and Anxiety*, Vol. 28, No. 8, 2011). Almost a quarter of those with prolonged grief reported losing intangibles, such as a sense of security or their way of life.

Watching irretrievable moments and milestones vanish could lead to similar grief, according to psychologists. Many of these moments—graduations, proms, meeting a newborn grandchild, supporting a loved one during a health scare, a child’s kindergarten year—are lost forever. People may also struggle with feeling like their government, workplace, or family did not do enough to protect them or their communities. “You really have to recognize that you are feeling a loss,” Harris said. “People will minimize—‘Well at least I haven’t had someone I loved die’—but you’ve had the way you live your life die.”

RISKY GRIEF

Responding to all of these types of grief falls to medical workers, mental health professionals, and communities. Prigerson and her colleagues have been working to get information to frontline medical workers about the importance of assessing bereaved family and referring them to support. Small gestures, such as a condolence call by the medical team or a physician asking about the deceased during an unrelated medical visit, can make the bereaved feel

less alone. The mnemonic CARE covers the basics of what professionals should do to support a grieving person: cultivate and communicate compassion, assess risk factors and needs, refer when appropriate, and ensure continuity of care over time (*Annals of Internal Medicine*, Vol. 173, No. 10, 2020).

Though prolonged grief disorder focuses on mental health 6 to 12 months after the loss, there are usually red flags that someone is struggling far earlier than that. One, Bonanno said, is how people speak about the loved one immediately after death. His research finds that people who laugh and smile amid their tears are likely to recover better than those who have only negative emotions (*Journal of Abnormal Psychology*, Vol. 106, No. 1, 1997). Positivity seems to serve two purposes, Bonanno said. First, part of grieving is creating a slightly idealized summary of the lost person and the lost relationship. Funny anecdotes and happy memories are part of this summary. Second, laughter draws people in and connects the bereaved to others who can support them. “It’s very adaptive,” he said.

Those struggling after a loss are less able to find humor in their memories, Prigerson said. Prigerson and her colleagues use a second mnemonic, GRIEF RISK, to highlight factors known to make grieving more difficult. The mnemonic stands for guilt, regret, isolation, experienced multiple losses or other stressors, financial hardship, relationship dependency or challenges with the deceased, individual history of mental health challenges or trauma, suddenness

FURTHER READING

Harnessing social support for bereavement now and beyond the COVID-19 pandemic

Breen, L. J.
Palliative Care and Social Practice, 2021

Modeling pandemic depression and anxiety: The mediational role of core beliefs and meaning making

Milman, E., et al.
Journal of Affective Disorders Reports, 2020

Who suffered most after deaths due to COVID-19? Prevalence and correlates of prolonged grief disorder in COVID-19 related bereaved adults

Tang, S., & Xiang, Z.
Global Health, 2021



This moment of mass grief has highlighted a critical need to support one another in times of loss.

or distressing circumstances of death, and kinship type (with closer relationships linked to more risk).

Neimeyer and Lee have developed a five-item Pandemic Grief Scale, available in their paper published in December 2020 in *Death Studies*, that discriminates between people with and without dysfunctional grief with 87% sensitivity and 71% specificity. Items on the scale are: a death wish or suicidal thinking, confusion over one's identity or role in life, apathy, difficulty accessing positive memories of the deceased, and a sense of meaninglessness or emptiness in life.

Physicians and other medical professionals need to be aware of how grief manifests, Breen said. "When people go to their family doctor or reach out for support, they themselves might not realize

that their issues could be related back to grief," she said. Sleeplessness or trouble concentrating are two common symptoms, she said.

Given the large number of bereaved people they may encounter, psychologists and other mental health professionals should seek out grief training, said Neimeyer. Because dysfunctional grief is often linked to suicidal ideation, professionals should also be prepared to assess clients for suicide risk. Many organizations specializing in bereavement have made webinars and trainings available online (see Resources for Grief Training).

For older adults, Gibson uses dialectical behavioral therapy with a focus on radical acceptance, mindfulness, and relaxation skills. She also coaches these clients on ways to build meaning in their lives, often through volunteerism.

RESOURCES FOR GRIEF TRAINING

American Foundation for Suicide Prevention
<https://afsp.org/suicide-bereavement-clinician-training>

APA
www.apa.org/education/ce/topic

Association for Death Education and Counseling
www.adec.org/page/webinars

Hospice Foundation of America
<https://hospicefoundation.org/Education>

Psychologists can also help clients recognize their own resilience and understand that feeling sorrow does not mean that they are not resilient, Bonanno said.

This moment of mass grief is also a call to refocus on the almost universal experience of bereavement, Breen said, but offering support to a bereaved person can be fraught. "It's actually a really, really complex process of different components, where so many things can go wrong and often do," she said.

For example, an offer of child-care might feel helpful to one person but offensive to another, who might feel the offer insulting to their parenting ability. Breen has been publishing on the concept of building "grief literacy" in communities, which could include grief and loss training not only for professionals but for laypeople (*Death Studies*, online first publication, 2020). Similarly, Prigerson and her colleagues are working to connect bereaved individuals to support by matching them with other bereaved people who have experienced a similar type of loss and needs. They are still researching the efficacy of these online tools, but psychologists working one-on-one with clients can help those clients identify the strengths and weaknesses of friends and family members to help them reach out more effectively for support, Prigerson said.

"I would love to see many more initiatives that help us to talk about grief and loss," Breen said. "There's never been a stronger imperative to consider what we do at the community level to try to build capacity to support one another in times of loss." ■

HOW TO OVERCOME IMPOSTOR PHENOMENON

UP TO 82% OF PEOPLE FACE FEELINGS OF impostor phenomenon, struggling with the sense they haven't earned what they've achieved and are a fraud (Bravata, D. M., et al., *Journal of General Internal Medicine*, Vol. 35, No. 4, 2020). These feelings can contribute to increased anxiety and depression, less risk-taking in careers, and career burn-out. ¶ "There's an ongoing fear that's usually experienced by high-achieving individuals that they're going to be 'found out' or unmasked as being incompetent or unable to replicate past successes," said Audrey Ervin, PhD, a clinical psychologist in Doylestown, Pennsylvania, and academic director of Delaware Valley University's graduate counseling psychology program, who frequently sees impostor phenomenon in her patients and students. ¶ While people commonly colloquialize this as impostor "syndrome," "phenomenon" or "experience" are better terms because impostor phenomenon isn't a clinical diagnosis, said Pauline Rose Clance, PhD, ABPP, an Atlanta-based clinical



Experts share why impostor feelings arise and how psychologists can overcome them and best help others with the same struggle

BY ASHLEY ABRAMSON



psychologist and professor emerita at Georgia State University, who coined the term “impostor phenomenon” with her colleague Suzanne Imes, PhD (*Psychotherapy: Theory, Research & Practice*, Vol. 15, No. 3, 1978). “It’s a phenomenon experienced by many, and remembering that can help normalize it,” she said.

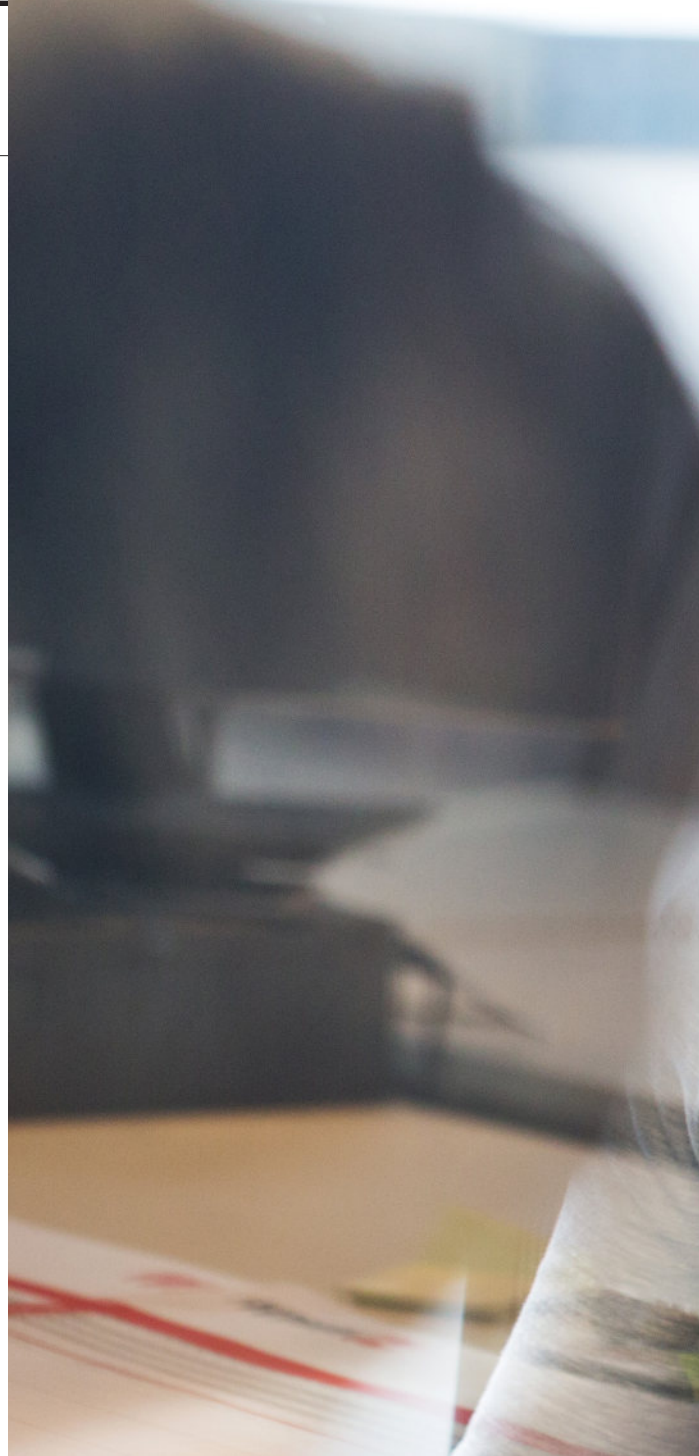
It’s especially prominent among people with underrepresented identities. For example, BIPOC people who work or study in predominantly White environments wrestle with impostor feelings at higher rates, either contending with feelings that they don’t belong or that they’re products of affirmative action, said Kevin Cokley, PhD, a professor of educational psychology at the University of Texas at Austin who has studied impostor phenomenon since 2013.

Trans and nonbinary people experience a similar phenomenon, according to Ervin, who frequently works with gender-expansive clients. “There’s a very pervasive internal theme of not being woman or man enough, coupled with external fear that the world won’t see you, so you’re an impostor,” she said.

THE EFFECTS OF IMPOSTOR PHENOMENON

It’s natural to wonder how you measure up in a competitive environment. A bit of self-doubt can even be a healthy way to adapt, said Andrea Salazar-Núñez, PhD, a clinical psychologist at the University of Washington Counseling Center. “The brain wants to make sure we have all the boxes checked whenever we’re in an uncomfortable new setting,” she said.

In some cases, impostor phenomenon can also catalyze growth. Acknowledging you don’t know everything can open you up to new learning opportunities, even prompting positive contributions to science and society, said Ami Rokach, PhD, an instructor of psychology at York University in Toronto and a clinical psychologist who coauthored a paper on impostor phenomenon among psychology students. “Impostor phenomenon is a spectrum, not binary,” he said. “Just as high achievement can fuel impostor phenomenon in self-doubting people, impostor feelings can fuel high achievement, which would



Impostor feelings are especially prominent among people with underrepresented identities.

enhance one’s beliefs in his or her abilities and achievement.”

On the further end of the spectrum, impostor phenomenon can interfere with a person’s mental health and overall functioning. Cokley said impostor feelings are strongly linked to increased anxiety and depression, and his research suggests



LUIS ALVAREZ/GETTY IMAGES

that is especially true among Black, Asian, and Latino college students (*Journal of Counseling Psychology*, Vol. 64, No. 2, 2017). “Psychologists might work hard to overcome these feelings, but that can come at a mental health cost when achievement is driven by internalized doubt,” he said. Impostor feelings can result

in isolation, too: A systematic review found that people experiencing impostor phenomenon often perceive themselves to be the “only one” having those feelings (Bravata, D. M., et al., *Journal of General Internal Medicine*, Vol. 35, No. 4, 2020).

Experts say impostor phenomenon may also affect a

person’s performance, keeping them stuck with impostor feelings. For example, if a Black woman at a university job interview sees only portraits of White male leaders on the wall, she’ll feel the space wasn’t created with her in mind. “That can become a self-fulfilling prophecy on your performance,” Salazar-Núñez said. Lincoln Hill, PhD, a Chicago-based postdoctoral fellow who studies how Black women experience impostor phenomenon, said microaggressions in the workplace or educational environment can have the same effect.

In general, Ervin said this phenomenon can drain relationships. It’s difficult to connect with colleagues and patients when you have walls up because you’re scared of being “found out.” Richard Gardner, PhD, an assistant professor of management, entrepreneurship, and technology at the University of Nevada, Las Vegas, said impostor feelings can also interfere with risk-taking: For example, when people fear failure, they might prematurely take themselves out of situations, including careers. And feeling unqualified can also lead people to struggle with negotiating for a better salary, or even cause them to stay at a new job longer than they want to, said Lisa Orbé-Austin, PhD, a New York-based psychologist, executive coach, and coauthor of *Own Your Greatness: Overcome Impostor Syndrome, Beat Self-Doubt, and Succeed in Life*.

Over time, these factors can lead to career burnout. “People with impostor feelings often feel relief instead of pride after

While individuals can use strategies to overcome their own impostor feelings, it's important for these issues to be addressed at the institutional level as well.

an accomplishment, which can cause them to keep pushing without taking care of themselves,” Ervin said.

CONQUERING IMPOSTOR FEELINGS

While individuals have a role to play in overcoming impostor feelings, it's important to remember that systems play a significant part, too. “There are ways to build resilience to impostor syndrome, but there are also real changes that need to be made to address equity,” said Salazar-Núñez. “The problem isn't necessarily the person; it can also be the setting or culture.”

While it's not helpful in

developing confident clinicians, Orbé-Austin said graduate and doctoral programs often foster a competitive culture that can result in impostor phenomenon. In one small study, 88% of postdoctoral psychology students reported they experienced at least moderate impostor phenomenon feelings (Tigranyan, S., et al., *Training and Education in Professional Psychology*, online publication, 2020). A work culture with only White or male leadership can also lead marginalized individuals to feel like they don't deserve their place.

At the institutional level, Hill suggests hiring and promoting

people with underrepresented identities, training leadership in critical race theory and gendered racism, and creating affinity spaces for underrepresented individuals. It's important, too, for institutions to hold people accountable for their microaggressions and racist dynamics. “Helping people overcome impostor feelings isn't just about encouraging people to feel better about themselves,” she said. “It's important for institutions to consider how they may have treated people like they aren't worthy, and how they've contributed to this environment where impostor phenomenon is common.”



THEVEREST/GETTY IMAGES



OVERCOMING IMPOSTOR FEELINGS

SEVEN STRATEGIES THAT CAN HELP

LEARN THE FACTS

1 As with all negative emotions, one of the best ways to manage impostor feelings is to address the cognitive distortions contributing to them. Jessica Vanderlan, PhD, a clinical instructor of psychiatry at the Washington University School of Medicine in St. Louis and a psychologist at Siteman Cancer Center, leads small groups of medical residents in discussions about impostor phenomenon. The hospital launched these seminars because impostor feelings among new physicians are common and often lead to burnout. A common suggestion she shares with psychology and medical residents is to take a step back to look at the bigger picture. What facts support that you deserve to be in your role?

“Becoming a psychologist or physician takes years of work, education, and accomplishment,” she said. “It can help to zoom out and consider how where you are now compares to where you were last year or five years ago.”

In the process, monitor your internal dialogue. Vanderlan recommends a simple exercise of asking yourself how you

might support a friend who minimizes their accomplishments and then applying the same supportive language to your own narration.

SHARE YOUR FEELINGS

2 If you don’t trust your own “facts,” Vanderlan recommends enlisting other people. Sharing your impostor feelings with others can not only reduce loneliness but also open doors for others to share what they see in you.

Be strategic about who you share with. Gardner said airing impostor struggles with peers can promote comparison and increase impostor phenomenon, but venting to trusted individuals outside your professional circle can provide a more helpful picture of your accomplishments and value.

For people with underrepresented identities, Salazar-Núñez said it can be helpful to connect in empowering spaces and communities, which can provide support and, more important, validation and empathy for navigating impostor phenomenon in oppressive systems. Hill suggests underrepresented

individuals focus on fostering relationships that feel safe and in which you don't feel like a fraud. That may be easier, Cokley said, with people from similar backgrounds. "There's a lot of solace in knowing there are others out there experiencing what you are," he said. "You can share your insecurities and in turn gain new ways to cope."

If your impostor feelings rise to the level where they negatively impact your functioning, then Cokley suggests working through these thoughts in therapy.

CELEBRATE YOUR SUCCESSES

3 People who struggle with impostor feelings tend to brush off their successes, which Orbé-Austin said only exacerbates the experience. If someone congratulates you, don't move on too fast. Pay attention to how you respond and aim to speak more positively about yourself. Orbé-Austin said taking time to applaud yourself, whether you gain a new credential or publish a paper, or just have a good client session, can help you internalize your success.

You could simply reflect on your efforts, but external, concrete reminders are also important. For example, if you receive an email with positive feedback, save it or print it. Vanderlan said she keeps a few emails from reviewers and past supervisors near her desk so she can look at them and remember how others see her. The accomplishments don't have to feel significant. "It can also be

FURTHER READING

The road to becoming a psychologist: Indicators of success and hardship during the university years
Rokach, A., & Boulazreg, S.
The Journal of Psychology, 2020

Self-esteem as a mediator of the link between perfectionism and the impostor phenomenon
Cokley, K., et al.
Personality and Individual Differences, 2018

Women—particularly underrepresented minority women—and early-career academics feel like impostors in fields that value brilliance
Muradoglu, M., et al.
Journal of Educational Psychology, in press

Impostor feelings and psychological distress among Asian Americans: Interpersonal shame and self-compassion
Wei, M., et al.
The Counseling Psychologist, 2020

"I must have slipped through the cracks somehow": An examination of coping with perceived impostorism and the role of social support
Gardner, R. G., et al.
Journal of Vocational Behavior, 2019

little things that, taken together, show you to be an incredibly competent, high-functioning professional," Cokley said.

LET GO OF PERFECTIONISM

4 You don't have to lower the bar, but adjusting your standards for success can make it easier to see and internalize your accomplishments. Vanderlan suggests focusing on your progress rather than aiming for perfection. "In clinical work, there may not be a perfect way through a patient scenario, but we have to be OK with being good enough," she said.

And when you don't meet your standards, resist the urge to see your failure as an exposure. Instead, Orbé-Austin suggests reframing failures as opportunities to learn and grow—which will ultimately move you toward the success you're seeking.

It may help to release yourself from rigid roles. For example, Orbé-Austin said people with impostor phenomenon often see themselves as helpers—people who come to the rescue. "Breaking free from those roles so you can be someone who doesn't know it all or someone who can't always help can allow us to be more robust people and professionals," she said.

CULTIVATE SELF-COMPASSION

5 Self-compassion—as Ervin describes it, using mindfulness to shift from an external locus of self-worth to an internal one—can help you let go of perfectionism. Try to observe when your impostor feelings surface

If someone congratulates you, don't move on too fast. Pay attention to how you respond and aim to speak more positively about yourself.

and how you respond to them. "Whereas impostor phenomenon is unconscious and mindless, mindfulness can help you move in a different direction," Ervin said. "It's about learning to recognize those feelings of fear and learning to truly be OK as you are, without your accomplishments."

That may be more difficult for underrepresented individuals, who historically have to work harder because of systemic barriers. In that case, Hill suggests bearing in mind the systemic factors contributing to your impostor feelings, while reminding yourself that your accomplishments aren't tied to your value. Pursuing community over competition, which Hill said is a historically White value, can help, too.

SHARE YOUR FAILURES

6 Hearing what other people think of you isn't the only way to grow out of impostor phenomenon. Gardner said discussing failures in a group can help paint a more realistic portrait of what other people are struggling with.

For example, you can look at your CV and see all the papers you've published, but you are also aware of all of your papers that



were rejected. But when you see a colleague has published a paper, you don't know what happened behind the scenes. Seeing your worst and someone else's best can spark comparison, which can aggravate impostor feelings.

To combat this, Gardner and other junior professors in his field occasionally share their failures in a Facebook group, including critical review comments on research papers and admitting if they didn't get tenure. "These things happen to every single person, even if they're top

of their field," he said. "Sharing the learning moments in those failures can be a really good organizational culture practice."

ACCEPT IT

7 As you learn to work through impostor phenomenon, it will probably interfere less with your well-being. But taming impostor feelings doesn't mean they'll never show up again. Vanderlan said it's common for them to arise at any career shift: from school to internship, internship to postdoc,

Remember that impostor feelings can arise at any career shift, especially if the people you are surrounded by have different achievements.

postdoc to career, and so on. This may be exacerbated when a person's social reference changes, Gardner said. For example, if you were valedictorian in high school but go to a prestigious university with dozens of other valedictorians, you might not feel like you're at the top anymore.

"We're always going to be faced with new experiences or roles, and that's when this will really come out," Vanderlan said. "So it's good to recognize even if you're making progress, you might be in a position next year where these things come up again." ■



RAISING ANTI-RACIST CHILDREN



Babies are not born with an innate understanding of race, but they are sponges for their social environments. Infants who are not exposed to other races may develop later biases as a result.

PSYCHOLOGISTS ARE STUDYING THE PROCESSES BY WHICH YOUNG CHILDREN LEARN ABOUT RACE—AND HOW TO PREVENT PREJUDICE FROM TAKING ROOT

BY KIRSTEN WEIR

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RACISM OCCURS ACROSS A SPECTRUM.

It lives within individuals and between them, within institutions and across society. And at every level, children are affected by discriminatory beliefs and practices, said Farzana Saleem, PhD, an assistant professor in the Graduate School of Education at Stanford University. “Racism is learned early on in development, and children receive many messages about race and racism from a young age.”

Kids pick up on what their parents and teachers say (and don’t say), who and what they see on TV, what their dolls look like, and how other people are treated in their schools and neighborhoods. “Humans are sponges for their social environment,” said Evan Apfelbaum, PhD, an associate professor of management and organizations at the Questrom School of Business at Boston University. Over decades, research has explored how children come to understand race—and how they learn racism. Yet the science is a long way from prescribing a formula for anti-racism. “There’s a whole host of factors that can affect kids’ holistic understanding of race—and so much research that needs to be done,” he said.

Psychologists are among those working to fill the knowledge gap, studying the processes and influences that lead children to develop ideas about race—and how to fight back against the biased messaging they might learn so early. Dismantling White supremacy and other forms of racism won’t be easy. But children can be taught to do better than their parents’ generations did. “We learn rac-

ism very easily through our society,” said Sarah Gaither, PhD, an assistant professor of psychology and neuroscience at Duke University. “But we are malleable. No one is born racist.”

RACE IN EARLY CHILDHOOD

When do children understand race? It’s not an easy question, in part because “race” isn’t the rigid construct it’s often made out to be. “It’s well established that there’s no biological basis for race,” said Diane Hughes, PhD, a professor of applied psychology at New York University. “Race has meaning because we give it meaning—especially in the U.S., where our history is largely structured to uphold these ‘racial differences,’” she said. “We assume that there are unobservable underlying personality traits that correlate to certain physical characteristics.”

Even infants have the perceptual abilities to see those physical differences and to start responding to them. International research led by psychologists at the University of Toronto showed that between 6 and 12 months of age, babies



All children learn about race through a combination of direct and indirect messages—a process known as racial-ethnic socialization.

begin to show a preference for members of their own racial groups. At 7 months, babies in uncertain situations are more likely to follow the gaze of a member of their own race (Xiao, N. G., et al., *Child Development*, Vol. 89, No. 3, 2018). And by 9 months, they associate faces from their own race with happy music and those from other racial groups with sad music (Xiao, N. G., et al., *Developmental Science*, Vol. 21, No. 2, 2018). The researchers suggest



these patterns may develop as a result of lack of exposure to other-race individuals during infancy—and that such implicit associations could pave the way to the development of other racial biases in early childhood and beyond.

Within the first years of life, children are bombarded with messages from their environment that shape their beliefs and judgments about other people. It doesn't take long for such messages to stick. By

preschool, children begin showing both implicit and explicit bias toward members of other races. Kristin Shutts, PhD, at the University of Wisconsin–Madison, found that at age 3, White children are equally likely to befriend Black or White children. But by age 4 or 5, White children are more likely to choose other White kids as friends (*Child Development Perspectives*, Vol. 9, No. 4, 2015).

Some evidence suggests that bias

might be related to the information young children have already gleaned about social status. In a series of studies, Yarrow Dunham, EdD, at Yale University, and colleagues found that by age 3 or 4, White American children were more likely to associate both Black and Asian faces with anger, while rating White faces as having more positive emotions. Black American children did not show this same ingroup preference. This suggests that ingroup bias



isn't implicit. Rather, from a very young age, children are picking up on the status hierarchy of the culture around them (*Psychological Science*, Vol. 24, No. 6, 2013).

By age 5 or 6, an ingroup preference—and outgroup bias—is well established, Hughes said. And those early beliefs are reinforced by what children see around them. “When they see that Black boys are the ones who get sent to the principal’s office or that Black children tend to struggle more when reading aloud, they may attribute certain meanings to different racial groups,” Hughes said. “Kids are operating in this universe where they’re drawing a lot of conclusions about what they see.”

By middle childhood, children have a more sophisticated understanding not only of race but also of racism. Though the biases they learned in early childhood are still present, older kids begin to understand that race may be a taboo topic. “It’s around ages 9 to 11 when kids seem to really start understanding the social guidelines about what is and isn’t considered culturally sensitive and what constitutes discrimination,” said Apfelbaum. He, Kristin Pauker, PhD, an associate professor of psychology at the University of Hawai’i Mānoa, and colleagues showed this with an experiment modeled on the game *Guess Who?*, where kids ask yes or no questions to guess the person in an array of faces that their opponent has picked. In this version, about half of the faces were Black and half were White, so asking about race early on was an effective strategy to narrow down the field. But the researchers found that while 8- and 9-year-olds asked frequently about race, a majority of 10- and 11-year-olds avoided the question (*Developmental Psychology*, Vol. 44, No. 5, 2008).

“Older kids begin to understand the race question as something more than just a way to win the game. They’re more concerned with how they’re viewed with respect to social conventions and cultural sensitivity,” Apfelbaum said. “It shows the age at which behavior starts to shift. And

that suggests it's one important time to think about interventions by educators and parents."

RACIAL-ETHNIC SOCIALIZATION

As children grow and learn, messages about race come from all corners: news media and entertainment, teachers and peers, community interactions, and, of course, families. All children, including White children, learn about race through a process known as racial-ethnic socialization, and scholars say that addressing socialization more purposefully will be necessary for dismantling racism.

But for families of color, racial-ethnic socialization also serves the critical purpose of preparing children for the racism and discrimination they may encounter. "Racial socialization in non-White families occurs in the context of structural inequality and oppression. It's proactive, but it also has protective goals," Hughes said.

Researchers have most commonly studied four aspects of racial-ethnic socialization, based on a framework developed by Hughes and colleagues: 1) cultural socialization (messages about racial pride and heritage); 2) preparation for bias (discussions of discrimination and how to cope); 3) promotion of mistrust (teaching children to be wary of other racial groups or environments); and 4) egalitarianism (avoiding discussions of race and valuing individual qualities over racial group membership) (*Developmental Psychology*, Vol. 42, No. 5, 2006). "Based on interviews and surveys with hundreds of parents over the course of more than 25 years, we find much of what parents and adolescents discuss in family conversations about race involve these four aspects," Hughes said.

Of those four categories, cultural socialization has been shown to be most consistently associated with pos-



itive outcomes, according to a review of 259 studies by Adriana Umaña-Taylor, PhD, a professor at the Harvard Graduate School of Education (*Journal of Marriage and Family*, Vol. 82, No. 1, 2020). Research has shown cultural socialization linked to positive outcomes in children from a variety of backgrounds, including Black, Asian American, and Latinx, Umaña-Taylor said. “There’s considerable evidence that cultural socialization is linked positively with mental health and academic outcomes.”

Preparation for bias can also be helpful, Umaña-Taylor said, “likely because it prepares kids with coping strategies for the experiences of marginalization they might encounter.” But promotion of mistrust, while similar, is sometimes linked with youth maladjustment, she said. “That may be because while both approaches recognize the societal structures of racism and discrimination, promotion of mistrust isn’t accompanied by coping strategies.”

Families of all racial and ethnic backgrounds draw on these strategies when talking about race with their children, but some groups are more likely to choose one approach over another. “The racial-ethnic socialization strategy of egalitarianism—the idea that we’re all one big happy human race—is used most often by White families,” said Riana Elyse Anderson, PhD, an assistant professor of health behavior and health education at the University of Michigan. Black families, on the other hand, are more likely to blend messages of racial heritage

and pride with preparation for bias, she added. And those messages can balance each other out in helpful ways. “By and large, if you combine pride messaging and preparation for bias, you see better psychological and academic outcomes in children,” she said. “Teaching pride without warning can cause children to run into challenges they’re unprepared for. But focusing only on bias and discrimination can drive anxiety or depression.”

Families of color are often well versed in having explicit conversations about race, Anderson said. Still, research

In the 1940s, psychologists Kenneth Clark (below, right) and Mamie Clark found that Black children preferred White dolls and skin color. The results of this now famous “doll study” were used in seminal school desegregation cases.



points toward ways to make the discussion more productive. In a paper still in press, Anderson found that greater racial-ethnic socialization competency among Black parents was associated with better psychosocial outcomes in their adolescents. To improve competency, she and psychologist Howard C. Stevenson, PhD, an expert on

racial stress and trauma at the University of Pennsylvania, developed the Engaging, Managing, and Bonding through Race (EMBRace) intervention. The five-session intervention blends trauma-focused cognitive behavioral therapy with racial socialization messages to help parents address their racial stress and trauma so they can better approach racial socialization with their children (*Family Process*, Vol. 58, No. 1, 2019). “We want to address parents first, helping them unpack some of this before we help them think about what they might say or do differently as a parent,” Anderson said.

THE PROBLEM WITH COLOR BLINDNESS

White families, meanwhile, have the luxury of approaching discussions of race from their privileged position in U.S. society. “On average, White parents avoid talking about race with their kids at all,” Hughes said. “They don’t have to protect their children from oppression and racism.”

If they do bring up race, they often put off the conversation until kids are older. With Skidmore College psychologists Jessica Sullivan, PhD, and Leigh Wilton, PhD, Apfelbaum uncovered one reason why: Parents mistakenly don’t think their kids are ready. The researchers surveyed U.S. adults and found participants estimated that children develop the capacity to process and understand race at around age 5, though research suggests they’re capable of understanding the concept as toddlers. The belief that children weren’t

developmentally ready was the strongest predictor of delaying discussions of race, the researchers found (*Journal of Experimental Psychology: General*, Vol. 150, No. 2, 2021). “There are potentially years during which kids are starting to think about race and coming to their own impressions of what it means before parents broach the topic,” Apfelbaum said. “It’s a missed opportunity for parents to help frame that discussion in constructive ways.”

Children are exposed to race and systemic racism from an early age, Hughes said, and avoiding or delaying the conversation leaves kids to fill in the blanks on their own. “Kids see structural inequality all around them—in the media, in their neighborhoods, in school,” she said. Even when schools are integrated, kids see de facto segregation. They see kids of the same race sitting together at lunch or joining the same clubs and activities. “There are all of these things causing kids to attach meaning to race, and nobody is correcting their inferences,” Hughes said. “If they’re told everyone has equal opportunities but see these differences, they draw their own conclusions and attach deeper meaning to external appearance.”

Promoting a more egalitarian or “color-blind” view can have negative consequences for interracial interactions. Hughes has found that when parents teach color-blind attitudes, their children are less likely to report friendships with children of other races. “My guess is that teaching egalitarianism allows kids to maintain a sense



of privilege. Kids might think if race doesn’t matter, they’d rather be with the group that has better outcomes,” she said.

Color blindness can also make people less sensitive to recognizing discrimination. Apfelbaum, Pauker, and colleagues introduced elementary school children to stories that taught either a color-blind mindset or a mindset that emphasized valuing diversity (*Psychological Science*, Vol. 21, No. 11, 2010). “Children exposed to the value-diversity message were more likely to recognize discrimination when it occurred,” Pauker said. “And they were more likely to describe what they saw in a way that made teachers more likely to intervene.”

Although children begin learning about race from very young ages at home, schools are critical settings for teaching about race and discrimination. “It is clear that schools, like families, convey messages across multiple methods of expres-

Though the earliest lessons about race come from parents, teachers also play a critical role. Kids learn how to treat others—and what treatment to expect for themselves—based on direct and indirect messaging from their instructors.

sion. Images displayed in the classroom, curriculum choices, policies, and practices are just a few examples of how racial-ethnic socialization is transmitted within the school context,” said Saleem.

“Kids look to teachers to understand how to navigate racial norms and what’s appropriate to say and do,” Apfelbaum added. And what teachers don’t say is often as important as what they do say. Pauker and Elizabeth Brey, PhD, of the University of Hawai’i Mānoa, explored the role of teachers’ nonverbal behavior in a study in which they assigned children ages 5 to 8 to either orange or green groups. (Because students already have preconceived ideas about race, the researchers invented these groups as a proxy for social categories.) After observing how other kids from each group were treated by teachers, children answered questions about new students from each group. When asked who was smarter, they picked

students who had been in the group that received positive non-verbal feedback from teachers, such as smiles and nods (*Journal of Experimental Child Psychology*, Vol. 188, 2019). “When children have conflicting sources of information, they often rely on nonverbal behavior to provide them with information,” Pauker said. “They form stereotypes based on how the teacher is interacting with other students.”

Yet educators can certainly have positive impacts as well. “When the school climate is one where different cultures and backgrounds are celebrated and valued, students are better adjusted,” said Umaña-Taylor. She developed an eight-session, teacher-led intervention called the Identity Project that provides adolescents with tools and strategies with which to consider their racial and ethnic backgrounds as they explore concepts of their own identity. The intervention was linked to improved psychosocial functioning one year later (*Journal of Youth and Adolescence*, Vol. 47, 2018). “The intervention promotes positive identity development for all students, including White students and students of color,” she said. “That has significant implications for their own adjustment, and for society as a whole, since people who have a clearer sense of themselves are more willing to engage with those who are different from them.”

TEACHING THE VALUE OF DIVERSITY

For parents, teachers, and other adults who want to help children understand race and racism,

awareness is a good start. White parents who are more aware of racial bias are more likely to discuss race with their children (Perry, S. P., et al., *Journal of Social Issues*, Vol. 75, No. 4, 2019). But awareness is a first small step on a long journey.

Hughes runs community workshops to help parents learn to talk about race with their children, and she said that while most attendees are well intentioned, they’re often anxious about how and when to start the conversation. Her advice: Just start. “The fear of talking about race makes parents avoid talking about it at all. But you can’t just react to situations as they arise or wait for your kids to ask questions. You need to be intentional about what you want your kids to know about race,” she said. “If you can’t find exactly the right words, don’t worry. Childhood happens over a long period, and you get to keep practicing this conversation.”

Meaningful intergroup contact is also important for teaching acceptance, Gaither said. Yet it’s not enough to simply sit next to a Black man on a bus or chat with a Latinx grocery clerk. “It has to be meaningful, long-term contact. Being exposed to adults and kids from different backgrounds is one of the best tools psychology has to offer for developing positive attitudes about other groups,” she said.

In many communities, that’s challenging. “It can be effortful for parents to find opportunities for kids to see people who look different than they do,” Gaither said. Choosing diverse communities and schools, interacting

with babysitters or teachers from other groups, even pen pal programs that connect children from different backgrounds can all be ways to start breaking down barriers, she added. Parents would also do well to look critically at their own interactions. “If you’re telling children you value diversity but you have no diversity in your friendships, kids pick up on that conflicting information,” Pauker said.

Teachers, too, should be having conversations about race with even very young students, Hughes said. But most teachers are White, and there’s a need for more tools to help them include race and diversity in their curricula. “Teachers need practice, and they need training on talking about racial issues in their classrooms,” she said.

Efforts are being made to meet that need. The Southern Poverty Law Center’s Learning for Justice project (formerly Teaching Tolerance) is in its 30th year working to eradicate hate by fighting intolerance in schools. The project, which provides free resources and guidance to help educators work against racial injustice and encourage student and community action, has plans to expand its reach to caregivers and other communities in 2021. Many other researchers are also tackling the problem. Among them is Umaña-Taylor, whose team developed a teacher professional development program, Equipping Educators for Equity Through Ethnic-Racial Identity, that prepares educators to have discussions about race, ethnicity, and identity with their students.

FURTHER READING

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“By and large, if you combine pride messaging and preparation for bias, you see better psychological and academic outcomes in children.”

RIANA ELYSE ANDERSON, PhD, UNIVERSITY OF MICHIGAN

“Professional development programs such as these will be essential to create equitable and just schools where all student can thrive,” she said.

PREJUDICE IS MALLEABLE

Although it’s important to start teaching anti-bias messages as early as possible, it’s also valuable for children to understand that racist beliefs don’t have to be permanent. In a not-yet-published study, Pauker, Apfelbaum, and colleagues applied a growth mindset approach to the way children think about prejudice. “Just because you or someone you

Parents of color often try to prepare their children for the racial discrimination they will face. They can make these discussions more productive if they can process some of their own racial stress and trauma first.

know said something prejudiced doesn’t mean you’ll be that way forever,” Apfelbaum said. “Our preliminary research suggests that seeing prejudice as something that can change gets kids to stay interested in interacting across racial lines because it lowers the stakes that any mistakes they make will be a blemish that stays there forever.”

While there’s been a recent uptick in parents and educators wanting to address racism, it’s unlikely there will ever be a universal curriculum for teaching children about race, Gaither said. “There’s no one-size-fits-all model. A lot of people want to

create change, but we need data about what changes will work for a particular group or school.” Rushing to make changes that aren’t yet proven could end up doing more harm than good, which is why psychological research is so critical, she added.

Among the many outstanding questions is how best to help multiracial children process their beliefs and experiences with race and identity. A review of the literature on racial-ethnic socialization in multiracial families found most parents do not discuss multiracial identity with their children (Atkin, A. L., & Yoo, H. C., *Developmental Review*, Vol. 53, 2019). Those conversations probably aren’t being addressed sufficiently at school, either. “They are the fastest-growing youth population in the U.S., yet we don’t exactly know how they fit into these curricula and interventions,” Gaither said.

Even as the research continues, adults must keep up the hard work of confronting their own biases and teaching their children to do the same, Anderson said. “People often have the intent, but they don’t sustain it. The books everyone purchased last summer [after George Floyd’s murder] are now dusty,” she said. To raise anti-racist children, parents, caregivers, teachers—and psychologists—have to work to keep the effort top of mind. “It starts with us as adults,” Anderson said. “As professional psychologists, we need to be consistently interrogating ourselves and those around us. There’s no way we’ll be competent providers if we haven’t first talked with ourselves.” ■



THE GOODS ON CONSUMER



**Research by consumer psychologists
aims to promote consumers' well-being
in sustainability, health, and money
management** BY STEPHANIE PAPPAS

BEHAVIOR

PEOPLE'S DECISIONS ABOUT HOW TO SPEND THEIR money can have a huge impact on their own lives and on the planet. Credit card debt, climate change, plastic pollution, dietary choices—all these and more, to some extent, depend on companies' decisions about what to sell and consumers' decisions about what to buy. ¶ That's why some consumer psychologists and researchers in related fields, like marketing and business, are interested in tackling these social issues through the lens of consumerism. Consumer researchers are working to understand how and why consumers make beneficial choices in areas including sustainability, health, and financial well-being. They're also studying how to convince companies of the value of improving their supply chains or offering customers healthier, more responsible choices.



Social influence can be a powerful tool. Research shows that installing solar panels on your home increases the odds that neighbors will do the same.

“Good, responsible scholars are trying to think about not only what is good for individuals but also what is good for society,” said Lynn Kahle, PhD, a consumer psychologist and director of the sports marketing program at Pace University in New York City.

SUSTAINABLE CONSUMPTION

One big challenge facing society is switching over to a more ecologically sustainable way of life. Making sustainable choices can be a tough sell for consumers, said Katherine White, PhD, a consumer psychologist at the Sauder School of Business at the University of British Columbia in Canada. “It’s this really interesting trade-off between some kind of cost to the self in order to do something for others,” White said. (A trade-off not dissimilar to many of the public health interventions enacted during the COVID-19 pandemic.) The potential benefits of individual sustainable behaviors—recycling, choosing reusable goods, installing solar panels, eating less meat—are fuzzy and in the future, White said, and the status quo is largely set up to enable less-sustainable choices. But to tackle problems like climate change and environmental degradation, both systems and individuals will have to change, she said. “It’s probably the most challenging behavior-change question of our time.”

When consumer psychologists first began studying sustainable behavior in the 1970s, their focus was largely on how to identify consumers who were already prone to go green, said Remi Trudel, PhD, an associate professor of marketing at Boston University’s Questrom School of Business. Over time, though, researchers have begun to focus on how to influence more people. “The biggest



Psychologists are exploring the best ways to convince people to make sustainable choices, such as choosing reusable grocery bags.

question is, how do we nudge people into behaving more sustainably?" Trudel said.

In a 2019 review, White and her colleagues organized research on the topic into a framework they call SHIFT (*Journal of Marketing*, Vol. 83, No. 3, 2019). SHIFT stands for social influence, habit formation, individual self, feelings and cognition, and tangibility—each a key factor in whether a consumer makes green (or not-so-green) choices. Social influence is one of the most powerful tools available, White said. For example, a study in California led by New York

University Stern School of Business associate professor of marketing Bryan Bollinger, PhD, found that every installation of solar panels on a home in a given ZIP code increased the likelihood of another install by 0.78 percentage points (*Marketing Science*, Vol. 31, No. 6, 2012).

Habits refer to everyday behaviors, like getting coffee every morning in a disposable cup rather than bringing one's own mug, White said. Any way to make the greener choice easier can help break unsustainable habits, she said. Individual self refers to what resonates with

any given person. It's relatively easy to connect with individuals who already care about sustainability, White said. But sometimes advertisers, marketers, and companies need to work a little harder to link a person's preexisting values to sustainability.

For example, religious and cultural values can play a role in how people approach environmental values, said Elizabeth Minton, PhD, an associate professor of marketing at the University of Wyoming. "Western consumers view what's important as sustaining the family

unit, sustaining the community, and sustaining the loved ones,” Minton said. Framing sustainability—protecting the environment—as a way to protect family and community, then, becomes a way for marketers to encourage demand for sustainable products.

Research into feelings and cognition has found complex patterns. Some research suggests that while negative emotions such as guilt can prompt environmentally friendly actions, guilt should be deployed with care. For example, after the United Kingdom instituted a policy of charging a small

sum for disposable plastic grocery bags, mass communications researcher Sidharth Muralidharan, PhD, of Southern Methodist University, conducted an online survey that found that women who reported high guilt over forgetting to carry reusable bags were more likely to carry them more consistently, but men with high levels of guilt weren’t, suggesting women were more susceptible to “green guilt” than men. In a follow-up experiment, Muralidharan and his colleagues exposed consumers to guilt-inducing advertisements based around either saving the environment or

One way to discourage unsustainable habits is to emphasize how greener choices protect family and community.

saving money by carrying reusable bags. They found that the environment-based ads were less effective at inducing guilt than the savings-based ads (*Journal of Advertising Research*, Vol. 58, No. 3, 2018). In other words, guilt must be directed toward an effective target—which is not always related to sustainability—to work.

Finally, tangibility in the SHIFT framework refers to the need to link an action to real consequences, given that the outcome of any behavior is uncertain, White said. Focusing on the near-term benefits of sustainability, such as preventing current environmental degradation, can help, according to research led by Audhesh Paswan, PhD, a professor of marketing at the University of North Texas (*Journal of Consumer Marketing*, Vol. 34, No. 5, 2017).

One big question is how younger generations of consumers will approach sustainable consumption. Gen Z—the colloquial term for anyone born between the late 1990s and around 2010—tends to hold consumer brands to high standards, said Brent Coker, PhD, a lecturer in marketing at the University of Melbourne. They’re savvy to marketing strategies and don’t like empty platitudes, he said, which can lead to anger at brands they perceive as doing social (or environmental) harm. However, social media marketing can lead to impulse purchasing in Gen Z, according to research by marketing lecturer Elmira Djafavora, PhD, of Northumbria University Newcastle (*Journal of*

“Good, responsible scholars are trying to think about not only what is good for individuals but also what is good for society.”

LYNN KAHLE, PhD,
PACE UNIVERSITY, NEW YORK CITY





Retailing and Consumer Services, Vol. 59, 2021), which could feed overconsumption.

PROMOTING HEALTH

Another area where consumers might need to put aside their immediate impulses for long-term benefits is when making health choices. As with sustainability, consumers may well be aware that a choice—such as buying a sugary beverage—isn't in their ultimate best interest, but still make that choice nonetheless.

“We know that incentives and information don't always work as

well as we would hope them to,” said Leslie John, PhD, who has a doctorate in behavioral decision research and is an associate professor at Harvard Business School. “What I've been trying to do is use insights from psychology to make these tools much more effective at actually changing behavior.”

In one study, John and her colleagues explored whether putting warning labels on sugary beverages discourages their purchase. In a real cafeteria setting, the researchers tested three different types of warning labels: One label simply

Gen Z consumers tend to embrace sustainable brands and disregard companies they believe are harming the environment.

listed the caloric content of the soda. Another read, “Warning: Drinking beverages with added sugar(s) contributes to obesity, diabetes, and tooth decay.” A third label contained the same text but with accompanying images of an obese abdomen, a person self-injecting insulin, and rotten teeth. The researchers found that only the graphic warnings had a statistically significant impact, reducing the share of sugary beverages purchased from 21.4% to 18.2% (*Psychological Science*, Vol. 29, No. 8, 2018). At the same time, in a result that could incentivize

firms as well as policymakers, the study also showed that the warning labels didn't reduce drink sales overall, as consumers chose to buy bottled water instead.

"They're still buying something; they're just buying something healthier," John said of the consumers in the study.

Food-labeling research often lands at the intersection of politics and science. Christina Roberto, PhD, the director of the Psychology of Eating and Consumer Health (PEACH) Lab at the University of Pennsylvania's Perelman School of Medicine, focuses her research on what she calls "strategic science," which means that she collaborates with policymakers to develop research questions. For example, in 2018, the Philadelphia Department of Public Health approached Roberto for insights on what kind of label they could use to educate consumers about foods high in salt. Roberto and her colleagues tested a variety of label options for the department, including a saltshaker inside a triangle as required on New York City menus, and a traffic light option with red representing high-salt items. The saltshaker performed the worst in tests of consumer understanding of the symbols, while the traffic light was the clearest. Unfortunately, the traffic light was a legal no-go, Roberto said, because the interpretation of which items got the red light could easily be challenged by food companies in court.

The researchers were also able to show in their data that putting text that read "sodium warning" next to the saltshaker symbol



As with sustainability, consumers may well be aware that a choice—such as buying a sugary beverage— isn't in their ultimate best interest but still make that choice nonetheless.

significantly boosted consumer understanding of the label. "We basically said, 'Look, if you have to compromise and you have to use the saltshaker triangle, at least get the words 'sodium warning' next to it,'" she said.

That labeling strategy went into effect in September 2019 in Philadelphia restaurant chains with 15 or more locations. Boosting the potential effectiveness of the warning was a win, Roberto said, because if Philadelphia had used New York's symbol without changes, that symbol likely would have become the standard for any other cities or states planning to institute sodium warning

Insights from psychological research are also informing efforts to encourage healthy eating.

labels. Now, she said, there is an existing label with a stronger evidence base that new cities can choose to adopt in the future.

MONEY MATTERS

Consumer psychologists are also tackling big-picture issues in the realm of money management, an area of great interest since many Americans are in precarious financial positions. According to a Congressional Research Service report, unemployment was elevated throughout 2020, peaking at 14.8% in April (*Unemployment Rates During the COVID-19 Pandemic: In Brief*, 2021).

Savings rates rose sharply, however, hitting 33% of people's disposable incomes that same month as Americans halted their spending. As of February 2021, the savings rate had declined to 13.6% (Bureau of Economic Analysis, 2020).

Researchers tackle consumer spending and saving in multiple ways. One strategy is to study what types of spending make people happiest. On that front, the research is clear: Buying experiences generally makes people happier than buying stuff. Experiential consumption also seems to trigger a greater sense of gratitude than material consumption, and it can even make people more generous to others in lab-based economic games, according to research led by psychologist Jesse Walker, PhD, an assistant professor of marketing at The Ohio State University (*Emotion*, Vol. 16, No. 8, 2016).

"This is kind of cool because it suggests that these social benefits of experiential consumption don't just apply to the consumers themselves but to those around them as well," said Amit Kumar, PhD, a psychologist and assistant professor of marketing at the University of Texas at Austin's McCombs School of Business, who coauthored that research.

Experiential consumption seems to make people happier because it strengthens social ties, Kumar said. People tend to bond over conversations about their trips to Italy more than they do about that new furniture set they bought at Ikea. That's an important thing to know when weighing how to spend your hard-earned money, Kumar said.

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Trudel, R.
Consumer Psychology Review, 2019

The elusive green consumer
White, K., et al.
Harvard Business Review, July/August 2019

But there can be a dark side to the glow of experiential purchases. People are more willing to go into debt for experiential purchases than for material purchases, according to research by Eesha Sharma, PhD, an associate professor of business administration at Dartmouth's Tuck School of Business (*Journal of Consumer Research*, Vol. 44, No. 5, 2018). This seems to be because experiences are often time-dependent, Sharma said. If you decide to delay the purchase of a dining room table from July until December, it doesn't feel like you've missed out on owning the table. If you delay your summer beach trip from July until December? Well, then you've missed summer vacation altogether.

In general, consumers tend to maintain positive illusions about their own money management, said Emily Garbinsky, PhD, a psychologist and assistant professor of marketing at the University of Notre Dame. Garbinsky is researching ways to "gently shatter" these illusions at the point at which people make savings decisions, perhaps during the use of banking apps. There is evidence from other research that software nudges can boost real-world savings. For example, a field experiment using TurboTax's free edition led by Duke University professor of psychology and behavioral economics Dan Ariely, PhD, nudged low- and middle-income tax filers to save a portion of their tax refunds. Compared with a control group that received no messaging, the taxpayers who were presented

a message about the importance of emergency savings and given choices of ways to save their refund increased deposits to their savings accounts by 50% (*Behavioral Science & Policy*, Vol. 3, No. 2, 2017).

Garbinsky's work also zeroes in on how emotions affect money management decisions. She and her colleagues have found, for example, that couples who share bank accounts are more likely to make utilitarian purchases than hedonic ones, in contrast with couples who keep separate bank accounts (*Journal of Consumer Psychology*, Vol. 29, No. 3, 2019). These results held in both lab and field experiments, as well as in analyses of real banking transactions. Other research under review suggests that couples who pool finances may have more relationship satisfaction, though the findings are correlational.

Often, consumer researchers study single decisions, such as how much money people save or how much debt they're willing to take on—but money decisions don't occur in a vacuum, Sharma said. If you're borrowing money to save more for retirement, for example, it might look beneficial from a savings perspective but disastrous from a debt perspective.

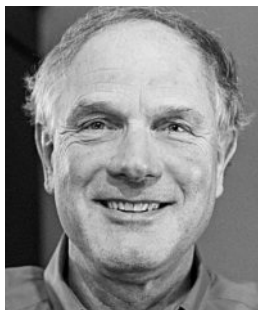
"It's really important for future research to look at multiple financial decisions together," she said. "Research that integrates multiple financial decisions, looks at trade-offs, looks at decisions over time, will lead to a more nuanced and better understanding of these choices." ■



Grills



Johnson



Kiewra



Nolan



Vujanovic

PSYCHOLOGISTS IN THE NEWS

Loyola Marymount University has named **Cheryl Tawede Grills, PhD**, the President's Professor in the Bellarmine College of Liberal Arts, the highest honor for faculty at the university. Grills has served on the faculty for 34 years and her research focuses on supporting low-income communities of color and creating community-centered models of promoting mental health. Grills also serves as commissioner and vice chair of the Sybil Brand Commission for Institutional Inspections, which evaluates conditions and practices in adult jails and prisons in Los Angeles County.

The Council of Undergraduate Research has elected **Sarah K. Johnson, PhD**, to a 3-year term on its executive board. Johnson is an associate professor in the Department of Psychology and the neuroscience program at Moravian College in Bethlehem, Pennsylvania. Her previous roles on the council have included serving as vice chair of the psychology division from 2015 to 2020 and as chair of the oversight committee of the National Conferences on Undergraduate Research.

The University of Nebraska–Lincoln has presented an Outstanding Teaching and Instructional Creativity Award to **Kenneth Kiewra, PhD**. The award recognizes

Kiewra's research on the role parents play in nurturing talent in children and his SOAR to Success instructional method, which guides both students and teachers on the best ways to improve academic performance through better note-taking and other strategies. Kiewra is a professor of educational psychology at the university and lectures throughout the country about learning techniques and talent development.

The International Council of Psychologists has presented the Fukuhara Advanced International Research and Service Award to **Susan A. Nolan, PhD**, for her outstanding contributions to international psychology. Nolan, a professor in the Department of Psychology at Seton Hall University in New Jersey, focuses her scholarship on mental health stigma and assessment in higher education. She is president of APA's Div. 2 (Society for the Teaching of Psychology) and was previously one of APA's nongovernmental organization representatives to the United Nations. From 2015 to 2016, she was a U.S. Fulbright Scholar in Bosnia and Herzegovina studying challenges in higher education.

The University of Houston has presented Awards for Excellence in Research,

Scholarship, or Creative Activity to psychologists **Elena L. Grigorenko, PhD**, and **Anka A. Vujanovic, PhD**. Grigorenko directs the university's GENES:IS Lab and, along with her team, recently won a \$2.2 million grant from the U.S. Office of Naval Research for research on a virtual reality personality assessment tool that could improve the way the Navy screens and selects people for military service. Vujanovic is the director of the university's Trauma and Stress Studies Center and leads the center's First Responder Program, which works to enhance the health and well-being of firefighters, police officers, and other emergency responders.

Washington, D.C., Mayor Muriel Bowser has appointed psychologist **Amber Hewitt, PhD**, as the city's first chief equity officer. In this role, Hewitt will lead the city's newly established Office of Racial Equity, which aims to promote racial justice and eliminate racial disparities. Hewitt most recently served as the director of health equity at Families USA, a Washington, D.C.–based national consumer health advocacy organization. Prior to that, she was an APA health policy fellow in the office of U.S. Sen. Cory Booker (D-N.J.) and taught at the University of Akron. ■

News You Can Use

Career

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

A WEALTH OF OPPORTUNITY

More psychologists are needed to help families, business partners, and financial advisers tackle stressors related to money **BY HEATHER STRINGER**

Before specializing in financial psychology, Moira Somers, PhD, worked as a clinical neuropsychologist, treating people who had recently been diagnosed with severe illnesses or experienced significant injuries. Somers noticed that marital conflicts related to money were common in this population. “I saw that the financial stress added to the stress people were already experiencing from the illness or injury,” she said.

Eager to learn more about the connection between psychology and money, she began studying literature about family businesses, behavioral economics, and the social determinants of health. She also started talking to financial advisers, many of whom shared that they were frustrated because clients would not follow their recommendations.

Somers realized that most financial advisers had no training in how to effectively communicate with clients, and they were often working with

people who had been thrust into complex financial situations after the death of a loved one, a divorce, or an unexpected financial windfall. “Financial advisers are in touch with people during some of the best and worst days of their lives,” she said. “And an individual’s capacity to pay attention and to follow through can be compromised by high-stress events.”

Somers recognized that the advisers’ frustrations were like those experienced by physicians, for whom adherence to medical advice is a long-standing concern. “I wanted to take the psychological findings around behavior change, communication, empathy, and warmth and bring these insights to the financial domain,” she said.

In recent years, Somers and other financial psychologists have seen demand soar for their expertise in applying psychological principles to the field of finance. The market for their services far outstrips the limited number of psychologists who are equipped to help couples, financial advisers, business owners, and others. Their clients are benefiting from guidance they can offer about how to resolve complicated business conflicts, adapt to newly acquired family wealth, develop marital values and goals related to money, and more.

The need for more support related to money issues is clear, with nearly two-thirds of respondents in APA’s 2020 Stress in America survey reporting that money was a significant source of stress in their lives, a statistic that has been replicated for years. “Despite these findings, psychol-

“People will often tell me they’ve been struggling for years with conflicts about money and they are relieved to find help. There are so few therapists who are doing this, and yet there is so much need.”

MARY GRESHAM, PhD

ogy has hesitated to devote itself to money issues at almost all levels,” said James Grubman, PhD, founder of Family Wealth Consulting in Massachusetts, which helps clients navigate the relational and financial complexities of acquired or inherited wealth. “Our field has an important role to play in addressing these issues.”

THE CULTURE OF MONEY

Grubman’s interest in managing money began after his father died suddenly and his mother needed help understanding her investment accounts and the trust established by her late husband. He read finance books while he finished his training in clinical and neuropsychology. After graduating, he worked as a psychologist in an integrated primary-care medical setting, where he learned brief solution-focused communication techniques and how to coach physicians in their communication styles—skills he would later use when he started working with clients who needed financial psychology services.

In the late 1990s, as the dot-com era ushered in a new population of people who had become wealthy quickly, Grubman experienced a growing demand for his combined expertise in wealth management and psychology. He began seeing younger entrepreneurs and couples coping with personal adjustment and parenting dilemmas as a result of their newfound wealth. Grubman developed what is now known as the cultural model of wealth, which posits that many people who become wealthy are from working-class

or middle-class backgrounds, and they essentially travel from a lower socioeconomic culture to a higher one—a journey that can cause unexpected stress in many areas of life.

“I studied the literature on cross-cultural psychology, and I realized it applied to many wealthy families,” Grubman said. He learned that people often fall into one of three categories: They assimilate completely and leave behind their former culture, they avoid adapting, or they integrate with a blend of these two approaches, which has the best outcomes for adjustment. Grubman saw that many of his clients who had become wealthy were avoiding the socioeconomic culture shift.

“They didn’t want anyone to know they were wealthy, because they believed wealth was toxic and would ruin their children,” said Grubman. “They could have millions of dollars but would not take a decent vacation.” He taught these clients about the benefits of talking about wealth openly with their children and how to prepare the next generation to handle inheritance wisely.

In the past decade, Grubman has noticed a shift among his wealthy clients as psychological awareness has increased: Fewer families seek his services because wealth is tainting their relationships. Now, more people are interested in proactively preparing their heirs for receiving wealth in adulthood. “Parents want to focus on helping their children and grandchildren responsibly manage money and the relationship issues associated with wealth,” he said.



REACHING FINANCIAL ADVISERS

Somers began thinking about applying psychological principles to money matters when she realized that financial planners might want to learn the communication tactics that she was teaching medical residents at the University of Manitoba in Canada. The residents were learning how to talk to patients to increase their likelihood of following medical recommendations. She had an opportunity to leverage her expertise in a

Dr. Moira Somers draws on her neuropsychology training to teach financial advisers how best to work with clients who have cognitive impairments, stress from a death or loss, and other challenges.

new way when she was invited to teach a course on communication strategies for financial advisers at the Financial Transitionist Institute in Florida, an organization that offers training to financial advisers on how to work effectively with clients undergoing major life changes. She taught participants how to assess a client's readiness for services, cocreate agendas with the client, and embrace the benefits of shorter meeting times.

Now, as owner of Money, Mind & Meaning in Manitoba,

she works with financial professionals from the United States, Canada, the United Kingdom, India, and other countries to help them communicate with clients who have cognitive impairments, difficult family dynamics, stress from a recent loss, and other struggles.

Her expertise in the neuropsychology of major life transitions has also led to work with organizations such as the National Football League Players Association. During the player lockout in 2011, she talked to financial advisers for the players about the money problems and interpersonal difficulties their clients could soon be facing and how stress could influence their ability to act on financial advice. For Somers, working with organizations that support people during major transitions is highly rewarding. "That is when advisers are most in need of what psychological science has to offer," she said.

MONEY AND MARRIAGE

Financial psychology is also making inroads in the field of couples counseling. Clinical psychologist Mary Gresham, PhD, joined the field after she went through a divorce at the end of graduate school. "I realized I hadn't been paying attention to my financial life, and I started reading everything I could find about money," said Gresham, who owns a private practice in Georgia.

She started seeing couples who were arguing about money, and she noticed a trend: One partner was usually making decisions related to assets, while the other was spending money

on groceries and other family needs—divided roles that created conflict. To offset that friction, Gresham helps couples learn how to make asset and spending decisions together. Couples also learn how to match decisions to their personal values and how to create a system to regularly review their spending behavior.

During the COVID-19 pandemic, Gresham has seen an uptick in the number of clients who are stressed about money. Recently, one man sought her out because he and his wife were struggling to decide whether he should continue working given the risk of contracting COVID-19 at his workplace. Gresham helped them talk about the financial feasibility of quitting that job and relocating. They decided to stay put, decrease spending, and have him work part-time to reduce his risk of exposure.

Like many of her clients, this couple was grateful to have guidance from a psychologist who was not only knowledgeable about financial issues but also skilled in the art of helping them have a productive conversation about a subject that can be taboo. “People will often tell me they’ve been struggling for years with conflicts about money and they are relieved to find help,” she said. “There are so few therapists who are doing this, and yet there is so much need.”

WORKING WITH ENTREPRENEURS

Like most financial psychologists, David Gage, PhD, did not plan on pursuing the specialty, but he could not ignore the

niche once he realized there was tremendous need among people who were working as business partners. “Most entrepreneurs who start businesses have a partner, but many of these partnerships fail in the first two or three years,” said Gage, who specializes in business mediation as founder of BMC Associates in Arlington, Virginia. “These failures, often the result of partner conflicts, affect not only the partners but also their families and employees.”

Gage was keenly aware of the psychological challenges involved in business partnerships because his family owned a construction company in Wisconsin. “I grew up hearing adults talk secretly about activities going on in the family business,” Gage said. “Those conversations had a sense of danger and mystery, which made me never want to work in the family business.”

Gage believed that business partners needed something other than traditional therapy to resolve disagreements—a service that addressed the interpersonal, financial, and legal aspects of the relationship. He envisioned two mediators involved in the process: one with a business or legal background and one with a psychology background.

Gage sought out training in mediation to supplement his degree in clinical psychology, and in 1990 he launched BMC Associates with his partner, Tom Mierzwa, a mediator and strategic management consultant with a doctorate in public administration. Since then, Gage’s team has grown to include three psychologists, four attorneys,

and three business professionals. A psychologist and business or legal team member typically travel to meet clients—such as owners of technology companies, nursing homes, farms, or medical practices—for meetings that can last several days. During the COVID-19 pandemic, he has conducted these client meetings via Zoom.

Three years ago, one family contacted him because relationships among family members were strained after a widow, who had taken over her deceased husband’s home-building company, secretly gave one of her four children 49% ownership of the business. The other siblings became enraged. One brother left the business in protest, and a sister still working in the business was resentful about the situation.

“We helped the family examine their culture of keeping secrets, how money was used to show love, and how they could change the way they communicated with one another,” he said. Gage helped the brother and sister who were still involved in the business develop a partnership charter that detailed their expectations of one another, responsibilities, authority, division of equity, and compensation structure. The two siblings also completed assessment tests to shed light on their personality styles, values, and different ways of dealing with conflict.

After more than 30 meetings with the entire family, subsets of the family, and financial advisers, the mother and her children were at peace with how the business was being handled and how the estate would be divided

FURTHER READING

Advice that sticks: How to give financial advice that people will follow

Somers, M.
Practical Inspiration Publishing,
2018

Facilitating financial health: Tools for financial planners, coaches, and therapists (2nd ed.)

Klontz, B., et al.
The National Underwriter Company,
2016

The sentimental savings study: Using financial psychology to increase personal savings

Klontz, B. T., et al.
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Strangers in paradise: How families adapt to wealth across generations

Grubman, J.
FamilyWealth Consulting,
2013

EDUCATION

A NEW HUB FOR FINANCIAL PSYCHOLOGY

To help meet the growing demand for financial psychologists, in October 2020 APA's Div. 13 (Society of Consulting Psychology) launched a new special interest group to help more psychologists learn about opportunities in this field. James Grubman, PhD, founder of a family wealth consulting business, and other members of the group hope to generate momentum to increase education about the principles of financial psychology in doctoral programs. Now, most psychologists interested in pursuing the specialty typically start by reading literature that is largely written by law, finance, and investing professionals, and they combine this knowledge with their expertise in psychology to carve out a niche.

"Social, clinical, health, and cognitive psychology programs could incorporate more financial content into their offerings," said Moira Somers, PhD, who provides consulting to businesses and



financial services. The classes could cover topics such as cognitive biases affecting financial decision-making, concepts related to social determinants of health, and how to set up a private practice.

"There also needs to be awareness that both undergraduate and graduate students may be experiencing significant financial stress, and they need support in dealing with this issue," said Somers.

For more information about APA's Society of Consulting Psychology, go to www.societyofconsultingpsychology.org.

He started helping people identify their "money scripts," or beliefs about money, such as "money corrupts" or "I will never have enough money"—beliefs that he held growing up in a low-income family. Klontz provided cognitive behavioral therapy, guided visualization, and mindfulness training, which allowed people to identify and change their beliefs about money. In a study, he analyzed the outcomes of 33 participants in the program and found that people who followed the intervention reported significant decreases in anxiety and depression and improvements in financial health (*Psychological Services*, Vol. 5, No. 3, 2008).

Klontz now has more than 290,000 followers on social media and teaches several online financial psychology courses in the MBA program at Creighton University in Nebraska that cover the intersection between money and psychology. He also co-owns Your Mental Wealth Advisors, where he partners with financial advisers to help clients examine their financial behaviors and set goals. He is deeply passionate about sharing insights related to the psychology of money with the public, and he hopes more psychologists will join him in that effort. "I get hundreds of questions and comments per day on my social media sites from people, many of whom are from lower-income families," he said. "They are eager to learn about beliefs and patterns that may be hampering their financial health, and strategies they can use to transform their relationship to money." ■

between the siblings. For Gage, the types of conflict this family faced are common. "Business partners are like marital partners, except people usually spend more time with their business partners," he said. "There are millions of family and nonfamily business partners who are very challenged to have good relationships."

CHANGING BELIEFS ABOUT MONEY

When a failed investment drained his nest egg as an early career clinical psychologist, Brad Klontz, PsyD, realized that

psychologists for the most part were not involved in finance, even though it is an area driven by cognitive processes. Klontz started learning everything he could about finance and leveraged his clinical psychology training to help launch a treatment program for people with disordered money behaviors, such as financial dependence, compulsive overspending, and financial enabling. He believed that more education about wise investing, saving, and spending behaviors must be combined with psychological interventions that address an individual's relationship with money.

THE GROWING DEMAND FOR GEROPSYCHOLOGISTS

There are more older adults with mental health needs than psychologists trained to treat them. Here are ways to fill the gap.

BY CHARLOTTE HUFF

Looking back, clinical psychology doctoral student Meghan McDarby realized that she has always gravitated toward working with older adults. In high school, she volunteered on a long-term care unit at her local hospital, and in college at Cornell University, she volunteered at a nearby hospice and worked for a researcher who studied aging. Now, she is about to embark on her internship year at NewYork-Presbyterian/Weill Cornell Medical Center in New York City and plans for a geropsychology future studying palliative care and end-of-life issues.

“Our society undervalues older adults or thinks of them as lesser, and then older adults have to internalize that message as they age,” said McDarby, who plans to graduate in 2022 with her PhD from Washington University in St. Louis. “It’s especially apparent at end of life when people start to feel like they’ve become a burden to other people.”

McDarby will join a specialty with iron-clad job security, as the demand for geropsychologists has long outpaced the supply. Just 1.2% of psychologists describe their primary specialty as geropsychology, far fewer than specialties such as child/

adolescent psychology (15.4%) or counseling psychology (9.4%), according to a survey of 4,109 doctoral psychologists conducted by APA’s Center for Workforce Studies (Moye, J., et al., *Training and Education in Professional Psychology*, Vol. 13, No. 1, 2019). Meanwhile, the U.S. population continues to age, with adults ages 65 and older projected to make up more than 20% of the population in 2030, compared with 13% in 2010, according to U.S. Census Bureau data.

But geropsychologists working in this still relatively new specialty, which APA first recognized in 2010, believe that its expansion has been hampered by several factors, including lower reimbursement for treatment services given the reliance on Medicare rates, a limited number of faculty members to teach the next generation, and entrenched societal age biases.

“It’s ageism, partnered with misconceptions and misinformation,” said Brian D. Carpenter, PhD, a professor of psychological and brain sciences at Washington University in St. Louis who directs a clinical geropsychology lab there. “People have a conceptualization that with older adults the potential for therapeutic change later in life,

for example, may be less than in younger people. Which is false, but that’s the belief.”

In addition, psychology students may not realize that older patients will need help with a range of issues, whether that is substance use, relationship difficulties, or stress at work, Carpenter said. “People think, ‘I don’t want to work with older adults because that would be depressing because all we’d do is talk about how sick they are and how close they are to death.’”

The need for additional trained geropsychologists is more apparent now than ever, as older adults, typically defined as individuals age 65 and older, have been notably affected by the pandemic. For many of those living in long-term care facilities, there has been acute mental trauma. Fewer than 1% of Americans live in those settings, but those residents make up 34% of all U.S. deaths from the virus, according to data as of early March from the COVID Tracking Project. Meanwhile, the pandemic has revealed some of society’s biases against older adults, said Erin Emery-Tiburcio, PhD, ABPP, a member-at-large of the board of the Council of Professional Geropsychology Training Programs (CoPGTP).

With so few geropsychologists, the reality is there are never going to be enough for the current wave of older adults. But plenty of other psychologists can help fill the gap with more specialized training.



For instance, during the early days when Italy was overwhelmed with COVID-19 cases, age was one of the factors considered during discussions about rationing ventilators, she pointed out.

But in other respects, this age group has shown more signs of resilience during the pandemic. One study, based on a survey in the spring of 2020, found that young adults ages 18 to 29 were most likely to report symptoms of psychological distress, with 24% of those surveyed reporting distress (McGinty, E. E., et al., *JAMA*, Vol. 324, No. 1, 2020). Those least likely were adults ages 55 and older, with 7.3% reporting symptoms. Another recent study found that older adults were less likely to experience pandemic-related stress, life change, social isolation, and negative relationship quality than younger adults (Birditt, K. S., et al., *The Gerontologist*, Vol. 61, No. 2, 2021).

For older adults, particularly those who are retired,

the pandemic has not caused as many stressful life changes, such as struggling to work from home or oversee virtual school or recovering from a job loss, said Karen Fingerma, PhD, one of the study authors and the director of the Texas Aging and Longevity Center at the University of Texas at Austin.

Another possibility for their resilience is that older adults “are better with coping with big events because in the past they’ve lived through them,” she said. “The psychology part of it is that people get better at regulating emotion and they get better at coping.”

CULTIVATING A WORKFORCE

Psychology students interested in careers involving older adults can pursue one of several tracks, which may overlap to some degree, said William E. Haley, PhD, a professor in the School of Aging Studies at the University of South Florida. The term “geropsychologist” most

often describes someone who works directly with older patients and has specialized in that area, he said.

Geropsychology training may be part of a doctoral program; CoPGTP lists 14 APA-accredited doctoral programs with either a track or practicum emphasizing geropsychology. Otherwise, students can begin to specialize in their internship year or during their postdoctoral training, Haley said. Board certification is offered through the American Board of Professional Psychology.

But just as badly needed, Haley said, are geropsychologists who work in academia, conducting research and educating the next generation. Leaders at CoPGTP have written about the challenges of some faculty positions going unfilled and more broadly about a lack of enough faculty in clinical or counseling programs with sufficient geriatric knowledge and strong track records in research to offer geropsychology as a major area of study (Hinrichsen, G. A., et al., *Clinical Psychology: Science and Practice*, Vol. 25, No. 2, 2018). There is also a third potential career path for psychologists who do not specialize in clinical aging, with some focusing primarily on research and conducting studies related to topics including cognitive, social, and neuroscience issues in aging, Haley said.

Sometimes psychologists gravitate to the specialty because of a close relationship with an older relative or exposure to older adults through volunteer work, according to a qualitative study based on semistructured phone interviews with 30 clinical geropsychologists.

Others describe the influence of taking an intriguing age-related class as an undergraduate or graduate student (Merz, C. C., et al., *Translational Issues in Psychological Science*, Vol. 3, No. 4, 2017).

Duke University geropsychologist Katherine Ramos, PhD, who spends about three-fourths of her time on research and the rest on clinical work, attributes her interest in geropsychology in part to getting to know her grandparents as a young child. From the age of 6 to 9, she lived with her grandparents in Colombia. She saw her grandmother's commitment to art, her grandfather's entrepreneurial drive, and their partnership in managing a farm along with their home.

"I also got to see and be witness to their own relationship that was independent of being Grandma and Grandpa," said Ramos, an assistant professor in the

Department of Psychiatry and Behavioral Sciences at the Duke University School of Medicine. "They really set the tone for my admiration and curiosity for older adults."

But that is not a typical scenario, and many Americans develop ageist biases beginning at a young age, Haley said. To illustrate, he described a question that he usually asks undergraduates at the start of his Psychology of Aging course, one that attracts not only psychology majors but students pursuing premed, humanities, and other areas. "What percentage of adults ages 65 and older live in nursing homes?" he asks. The reality is fewer than 5%, he said. But students' responses have ranged from 20% to as high as 60%.

Given that many young adults can lack a firm grasp on what life after 65 looks like, it is no wonder more choose

to work with children and adolescents rather than older patients, Haley said. "If you think that you're going to be working with people who can't really benefit or are impaired, you'd rather work with people who have their whole lives ahead of them," he said.

One recent focus of APA's Committee on Aging has been developing resources across educational levels, including for high schools and colleges, to create opportunities for students to interact with and be exposed to issues involving older adults, said Ramos, a member of the committee. For instance, a college human development course could include an assignment that asks students to interview an older adult about their lives, she said.

In his course, Haley strives to refute the myths of aging. Each semester he



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sees examples of students who shift their career lens—whether that might be in psychology or another area—to planning to work in some regard with older adults. “Other students, even if they don’t switch gears, they now have an appreciation for the problems of older people,” he said.

BRIDGING THE GAP

Though prior generations of older adults may have been more reluctant to seek help for mental health problems, shifting demographics will further boost the demand for trained geropsychologists, Fingeraman said. “Certainly, the youngest baby boomers and Gen X have much more of a culture of using therapy,” she said.

With so few geropsychologists, the reality is there are never going to be enough for this wave of older adults, but plenty of other psychologists can help fill that gap with some additional training, Carpenter said.

“No matter what group of patients you work with, you need to know something about aging,” he said. “Because even if you’re working in pediatric psychology, for example, there are a lot of grandparents who are raising young kids.”

Slightly more than one-third of psychologists—most often those who specialize in rehabilitation psychology, clinical neuropsychology, or clinical health psychology—already report frequently or very frequently seeing older patients, according to an APA Center for Workforce Studies survey.

A CoPGTP workgroup has been developing online curricula

to provide foundational training in age-related issues for psychologists already regularly working with older adults, or those who want to expand their practice into that area. Some of the areas that will be incorporated include curricula regarding attitudes about older adults, adult development, and aging, as well as foundation in assessment and intervention (Hinrichsen, G. A., et al., *Clinical Psychology: Science and Practice*, Vol. 25, No. 2, 2018).

The goal is to create a roughly 16-hour set of online modules that will be available by 2022, said Emery-Tiburcio, who is closely involved with the curricula’s interprofessional development through their Geriatrics Workforce Enhancement Program and serves as codirector of the Rush Center for Excellence in Aging at Rush University Medical Center in Chicago. CoPGTP leaders have already agreed to provide a certificate to those who complete the modules. The certificate will also address basic competencies for social workers, psychiatrists, and other clinicians, Emery-Tiburcio said.

For those psychologists who decide they want to specialize in treating older adults, expect a multifaceted career treating a mix of patients with diverse backgrounds, needs, and goals, said Kelly Trevino, PhD, who codirects the Psycho-Oncology in Aging and Cancer Laboratory at Memorial Sloan Kettering Cancer Center in New York City. “One of the main messages that geropsychology is trying to get out is,

FURTHER READING

**APA resolution
on ageism**
APA,
2020

**Ethical practice in
geropsychology**
Bush, S. S., et al.
APA,
2017

**For students
interested in
graduate training
in geropsychology**
Council of Professional
Geropsychology
Training Programs

**Geropsychology
career pipeline
perceptions**
Dorman, H. R., et al.
*Journal of Clinical
Psychology*,
2021

if you’ve met one 65-year-old, you’ve met one 65-year-old,” said Trevino, who also chairs APA’s Committee on Aging.

Patients can range from someone who has recently retired and is struggling with that transition to a patient who arrives in a wheelchair with an adult child who has become increasingly frustrated with the parent’s forgetfulness and communication difficulties. In the latter example, therapy may center on developing communication strategies so the patient and caregiver can interact better and working with the caregiver on ways to ease burnout, she said.

Carpenter described how one of his older patients is fretting about long-standing drug and alcohol use and its long-term impact on his body. “He’d like to get sober now before it does any permanent damage.” Another client, in her 90s, recently became widowed and is trying to sort out the emotions of living alone as well as the logistics of daily life.

It is gratifying work, Carpenter said, echoing what other geropsychologists often express. “As a rule, [the patients] tend to be so appreciative of whatever you do for them,” he said, noting that perhaps that is because society tends to overlook older individuals despite their broad perspectives and the accumulated wisdom and knowledge they contribute.

He added, “I really love the stories. I learn so much about life and history and things that I’ve never experienced before. I’m always amazed at how much I get out of these relationships.” ■

THE SCIENCE OF MORALITY

Liane Young's Boston College lab explores how people interpret the moral actions of others and the brain regions underlying these judgments **BY CHRIS PALMER**

You are on a bridge overlooking railway tracks, and you spot a runaway trolley bearing down on five railway workers. Throwing a switch will divert the trolley away from the group but doom a lone worker on a different set of tracks. Most people would have no difficulty throwing the switch to kill one person, saving five. But what if the only way to save the group of five was to throw the man standing next to you onto the tracks to block the trolley? This situation usually elicits spasms of guilt, though the outcome in both situations is equivalent.

Such moral dilemmas, and the paradoxes they create, have been studied for centuries. The Morality Lab at Boston College applies modern behavioral and neuroimaging methods to identify the psychological and brain bases of moral judgments. This work is conducted with typical participants as well as those with brain lesions who have selective cognitive deficits.

"Morality fascinates people; everyone has opinions about moral problems and their own answers to moral questions," said Liane Young, PhD, a professor of psychology and neuroscience at Boston College and director of the Morality Lab. "People can experience moral disagreements not only with others, including close friends and family, but

within themselves as well, in the case of moral dilemmas."

A major clue regarding what underlies moral judgments comes from Young's discovery more than a decade ago that certain brain regions involved in "theory of mind" are recruited for people's assessments of moral right and wrong. (Theory of mind, which develops at about age 4 or 5, is the ability to discern agents' mental states, including their intentions, desires, motives, and beliefs). "The key thing that differentiates our lab from others studying morality is the focus on the role of theory of mind," said postdoctoral researcher Justin Martin, PhD. "All of our research is infused with this interest in how we understand what people are thinking, what they're trying to do, what they tried to do in the past, and how that influences our understanding of people as they are now."

Besides Young, the lab currently includes three postdoctoral researchers, three graduate students, three full-time staff, and six undergraduate research assistants. Together, they construct and validate vignettes featuring moral scenarios, create online surveys, and collect and analyze data—with the goal of uncovering the origins of moral reasoning. In addition, the group has expanded beyond what is traditionally considered moral

RESEARCH FOCI

The Morality Lab at Boston College is:

1

Uncovering the origins of moral reasoning

2

Working to understand how people update their impressions of others when they violate expectations about moral behavior

3

Determining the obligations people think they and others have to close relations (e.g., family) versus distant others (e.g., strangers)

4

Exploring how moral judgments are affected by subtle social and linguistic influences

cognition into social psychology, exploring questions such as how people respond when others violate social norms, how people think about obligations to those close to them versus strangers, and how people evaluate others' virtuous behaviors.

FROM PHILOSOPHY TO MORAL PSYCHOLOGY

Young studied philosophy as an undergraduate at Harvard University. There, she worked with philosopher Frances Kamm, PhD, on moral dilemmas such as the trolley problem described earlier. "I was drawn to philosophy because I wanted to understand the origins of morality and the existence of objective moral truth, independent of human psychology," Young said.

This interest in moral dilemmas and moral truth later guided her graduate research in the lab of Marc Hauser, PhD, formerly a professor of psychology at Harvard. At the time, a debate was raging among moral psychologists and neuroscientists about whether people assess the morality of others' behavior based on their emotional response to the behavior or based on their rational consideration of factors like the intentions underlying the behavior.

To explore the role of these processes in moral judgment, Young and her colleagues asked



what would happen to moral judgments if emotions were removed from the picture or at least dramatically blunted. To do this, they turned to the brain's ventromedial prefrontal cortex (VMPC). Individuals with focal lesions to the VMPC are known to have reduced social emotions, such as compassion, shame, and guilt—emotions often implicated in moral judgments. Young and her colleagues asked participants with focal lesions to the VMPC and control participants to choose between two courses of action in a hypothetical scenario, such as whether or not to smother their own child to prevent harm to others. They found that participants with VMPC lesions would more often make the emotionally aversive, utilitarian

choice (sacrificing their child to save the group), compared with control participants (*Nature*, Vol. 446, No. 7138, 2007). This suggests at least some moral judgments are driven by emotions; when these emotions are lacking, as in patients with damage to the VMPC, a different pattern of moral judgments emerges.

To understand the role of intentions in moral judgments, Young teamed up with Rebecca Saxe, PhD, of MIT, with whom Young would go on to do a postdoctoral fellowship. Using fMRI, the group discovered that activity in the right temporoparietal junction (rTPJ)—a brain region linked to theory of mind through involvement in representing and reasoning in people's thoughts, beliefs, and

One of the lab's many research projects is looking at people's sense of moral obligation, such as deciding whether to help a stranger.

intentions—was greatest when participants evaluated situations in which intentions, but not outcomes, were harmful, such as a botched poisoning (*PNAS*, Vol. 104, No. 20, 2007). Furthermore, temporarily interfering with rTPJ activity using transcranial magnetic stimulation caused people to downplay intentions and judge cases like attempted poisoning less harshly because, ultimately, no harmful outcome occurred (*PNAS*, Vol. 107, No. 15, 2010). These findings demonstrated that intentions are a crucial component of moral judgments and hinted at the neural mechanisms involved.

In light of these studies showing a neural basis of morality, Young and her colleagues became curious whether moral judgments are universal and whether certain neuropathologies give rise to divergent moral reasoning. In one study performed in Hauser's lab, Young presented moral dilemmas to more than 200,000 people from 120 countries and found that judgments were similar across gender, age, education level, and cultural background (*Mind & Language*, Vol. 22, No. 1, 2007). In other studies seeking exceptions to a universal moral code, she found that individuals with psychopathy show increased activity in the dorsolateral prefrontal cortex during moral decision-making (Glenn, A. L., et al., *Molecular Psychiatry*, Vol. 14, No. 10, 2009), and people with autism tend to make more outcome-based moral judgments than others (*PNAS*, Vol. 108, No. 7, 2011), as do incarcerated terrorists (*Nature Human Behaviour*, Vol. 1, 2017).

MORAL PSYCHOLOGY AND BEYOND

Following her fellowship with Saxe, Young launched the Morality Lab at Boston College, where she was hired as a faculty member in 2011. As the lab has grown, Young's research topics have become increasingly guided by the interests and expertise of her graduate students and postdocs. "Liane's able to make connections between people and ideas that you wouldn't necessarily think are connected," said Martin. "That ability to see different people's interests, bring them together in conversation, and create real collaborations is so impressive."

Among Young's first graduate students was Laura Niemi, PhD, now an assistant professor of psychology at Cornell University. Niemi and Young found that the more that people hold "binding" values such as loyalty, obedience, and purity (focused on building and maintaining groups)—as opposed to "individualizing" values such as caring and fairness (which apply universally to all individuals independent of group membership)—the more likely they are to blame the victim of a crime (*Personality and Social Psychology Bulletin*, Vol. 42, No. 9, 2016). They also discovered that people's moral judgments could be nudged by placing either the perpetrator or the victim as the subject of sentences describing sexual assault ("Mary was forced by Dave" versus "Dave forced Mary"). Focusing attention on the perpetrator, by using their name as the subject, led to reduced ratings of victim blame, victim responsibility, and references to victims' actions, whereas

Dr. Liane Young (front row, center) and members of the Morality Lab at Boston College.

FURTHER READING

The cognitive neuroscience of moral judgment and decision-making

Greene, J. D., & Young, L.
In *The Cognitive Neurosciences*,
Gazzaniga, M. S., et al. (Eds.)
MIT Press, 2020

The psychology of motivated versus rational impression updating

Kim, M., et al.
Trends in Cognitive Sciences, 2020

Theory of mind network activity is associated with metaethical judgment: An item analysis

Theriault, J., et al.
Neuropsychologia, 2020



a focus on victims led to greater victim blaming. "More information about the victim actually made the victim appear more like an agent and therefore more morally responsible for what happened to them," Young said.

Language is not the only method for manipulating people's moral views of certain situations. The way that scenarios are juxtaposed with one another and whether the scenarios are imbued with information about social relationships can sway moral judgments, too, as shown recently by Boston College graduate student and lab member Ryan McManus's study of people's sense of moral obligations. Participants rated a hypothetical person who helped a stranger as more morally good than another person who helped a relative. However, when they heard about a hypothetical person who chose between helping either a stranger or a relative, participants rated the person more morally good if they chose to help the relative—the opposite of the first result. A third study in which the hypothetical person was in a position of authority and under

obligation to allocate resources impartially reversed people's judgments once more. In this case, participants thought it was morally better to help a stranger over a family member (*Psychological Science*, Vol. 31, No. 3, 2020). "The conclusion here is that moral psychology is highly flexible and sensitive to a host of factors that we might not even have introspective access to," McManus said.

Another graduate student, Minjae Kim, is moving the lab further toward topics in social psychology. "Even though it's the Morality Lab," Kim said, "there's room for a much more expansive look at how we learn about other people, rather than just judging the morality of their behavior."

In a recent theoretical paper, Kim proposed that the tendency to selectively excuse a friend's bad behavior, compared with a stranger's, may arise from having stronger prior beliefs about the friend's good character, not just from a motivation to view close others in a positive light (*Trends in Cognitive Sciences*, Vol. 24, No. 2, 2020). Kim further proposed that when strong prior beliefs are

violated, brain regions related to theory of mind are recruited to a greater degree, supporting the generation of alternative explanations for apparently bad behavior. An fMRI study revealed brain activation patterns consistent with this prediction (*Cerebral Cortex*, Vol. 31, No. 2, 2021).

Martin is also curious about how people respond to others' bad behavior. "Do we end the relationship or just punish them?" he asked. In adults, whether people decide to maintain or sever relationships with a partner can be influenced by how intentional they perceive bad behavior to be, whereas punishment decisions are influenced by both intent and outcome. Preliminary results yet to be published in a peer-reviewed journal indicate that choices about ending relationships based on the partner's

behavior are sensitive to intentions starting at age 5, whereas punishment decisions are influenced by intentions only starting between the ages of 7 and 8.

While Martin explores reactions to poor behavior, another postdoc, Gordon Kraft-Todd, PhD, scrutinizes people's views of virtuous behavior, revealing a phenomenon he has identified as "differential virtue discounting." The idea is that whether virtuous behaviors are seen by others can impact how they are judged. For example, people think that when others are generous in private, this behavior is more morally good than when people are generous in public. Preliminary results, however, suggest the phenomenon looks very different for different virtues. For impartiality, which is akin to fairness or justice, this sort of "virtue dis-

counting" is not seen. Kraft-Todd and Young plan to determine whether discounting exists for other virtues, such as loyalty and gratitude. In addition, they are planning a study on how virtue discounting plays out in specific applied areas such as education and environmental activism.

"Moral psychologists are uniquely positioned not only to answer basic science questions about how the mind and brain make moral decisions, how people act, how people evaluate others' actions, but also to apply this knowledge about human moral psychology to benefit real people in the real world," Young said. ■

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

SERVICE

OUT OF THE LAB AND INTO THE WORLD

In the past few years, members of Liane Young's Morality Lab at Boston College have been seeking ways to apply their research to help guide individuals and organizations in making decisions based on sound moral reasoning.

Postdoctoral fellow Gordon Kraft-Todd, PhD, for example, has brought Young and other lab members into the work of the Applied Cooperation Team, currently housed at MIT, a project he has been a part of since he was a Yale graduate student. The team performs field experiments in partnership with nonprofits, businesses, and government

agencies using social incentives and appeals to people's sense of morality to encourage people to contribute to public welfare (e.g., charitable giving, installing solar panels, and medication adherence for communicable diseases). One project is a public service campaign promoting smarter recycling.

In another effort to apply the lab's research to real-world problems, graduate student Isaac Handley-Miner is launching a project on how people infer motivations underlying different sources of information, and how these inferences influence their trust in the information. He is aiming to investigate these questions in the context of combating misinformation and enhancing vaccine trust among Latinx populations in Boston.

Meanwhile, Young and her lab manager, Aditi Kodipady, recently taught members of the Boston College Innocence Program—a group that works to prevent and overturn erroneous convictions—and a standing committee of the Massachusetts Supreme Judicial Court about social psychology concepts to develop instructions for jurors that guard against implicit bias. These instructions are aimed at helping jurors consciously avoid relying on unsupported assumptions about defendants in rendering their decisions.

"Our hope with this work is that some of the knowledge that we gain and theories that we advance can be leveraged to enhance moral reasoning, prosocial action, and social relationships," Young said.



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US OPPORTUNITIES

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PSYCHOLOGISTS: Work on the inside! Are you looking for variety? Do you enjoy providing a range of services? Is it important to you to serve marginalized and underserved populations? The Federal Bureau of Prisons is looking for both experienced and early career psychologists to work with one of the most clinically and generally diverse populations. License not required and supervision available. Outstanding Law Enforcement Pay and Benefits. Many travel and training opportunities as well as numerous options for cross disciplinary learning. Significant advancement potential. Sizeable student loan repayment opportunities. Retention and recruitment incentives available. Over 100 locations nationwide serving over 150,000 offenders. Join our team of nearly 1,000 dedicated, motivated Psychologists. Email BOP-RSD-PsychCareers@bop.gov or call (202) 598-5634 for more information.

ALABAMA

LUCRATIVE CHILD/ADOLESCENT PRIVATE PRACTICE:

Pitts & Associates, one of the most trusted private practices in Central Alabama seeking clinical psychologist (child/adolescent specialist). Entry level/license eligible. Your practice will be 2/3 child/adolescent clients (including work with parents/families), other 1/3 whichever client mix desired. Huge referral network of primary MDs, schools, colleges, professionals, businesses, and mostly satisfied clients. We intentionally/effectively market our clinicians; your practice will quickly grow. If offer extended, we require 3 months to get you on insurance

panels and do advance marketing. Within 1-2 months, your patient load will increase to 30-35 client hours per week. At that pace, we guarantee annual income (after overhead) to be at or above 6 figures in year one, and easily surpass that amount in subsequent years. We need a clinician that is passionate about working with children, adolescents and their families. If desired, free clinical/professional mentoring/supervision by founder, Dr. Robert Pitts (32-year psychologist: Has seen child/adolescent/college, adult, marriage and family throughout entire career). The practice has 11 clinicians including 2 prescribers (see www.homewoodtherapy.com) and Neurostar TMS chair. Birmingham is a scenic Sunbelt city at the piedmont of the Appalachian Mountains with metro population of 1.3M. Close to Atlanta and Nashville, New Orleans and Alabama/Florida Gulf Coast only 5 hours away. World-class medical center (UAB), several highly ranked private/public universities. Birmingham (and AL) are paradise for outdoor enthusiasts. Overall, big city attractions without many traffic headaches or delays. Contact: bert@homewoodtherapy.com.

CALIFORNIA

CLINICAL PSYCHOLOGIST CONSULTANT:

CBEM is looking for a clinical psychologist consultant to meet with us in-person two hours per week at our Long Beach office to provide their clinical expertise to our Critical Intervention Specialist (CIS) staff. This is an independent contractor position and paid on an hourly basis. Contact: HR@Cbemllc.com.

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Inpatient Programs at our Soledad, Stockton, and Vacaville locations. Contact Tim Koch at (916) 691-2874, MedCareers@cdc.ca.gov; or apply online at www.cchcs.ca.gov/careers. An Equal Opportunity Employer.

FLORIDA

CLINICAL PSYCHOLOGISTS:

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which they return. Due to our recent growth, Centurion is actively recruiting part- and full-time employed Clinical Psychologists throughout Florida. To learn more, Contact Holley@teamcenturion.com.

ILLINOIS

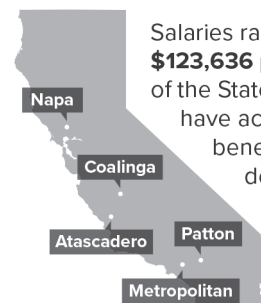
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CLINICAL PSYCHOLOGIST-NEUROPSYCHOLOGY: Department of Veterans Affairs. \$91,231 – \$118,603. VA Illiana Health Care System is currently seeking a full-time Psychologist in Neuropsychology in Danville, Illinois. Work Schedule: Full Time, Monday - Friday 7:30am - 4:00pm or 8:00am - 4:30pm, after hours and weekend call by phone. Telework: may be eligible for part-time telework. Pay: Competitive salary, great benefits, and regular salary increases. Paid Time Off: Annual leave at the rate of four (4) hours per biweekly pay period; Sick leave at the

rate of four (4) hours per biweekly pay period; 10 paid federal holidays per year. Retirement: Traditional federal pension (5 years' vesting) and federal 401K with up to 5% in contributions by VA. Insurance: Federal health/vision/dental/term life/long-term care (many federal insurance programs can be carried into retirement). Licensure: One full and unrestricted license from any US State or territory. Post Doctoral Experience: Applicants will have completed a two-year post-doctoral training providing neuropsychological services in a clinical setting. Additional Jobs being recruited (Pay, Work Schedule, Incentive all differ from list above, call for details): Substance Abuse Disorder (SUD) Psychologist; PRRT Admissions Transitions Psychologist. Contact: vhadanhjobs@va.gov or (217) 554-4145. Incentives and Pay are subject to change; email the address above to confirm.

MICHIGAN PSYCHOLOGIST: The Detroit Wayne Integrated Health Network (DWIHN), along with its System of Care Provider Network, serves 75,000 children and adults, including the individuals who speak thirteen other languages, in Detroit and Wayne County. DWIHN supports individuals with serious mental illness, children with serious emotional disturbance, people with autism, individuals with intellectual and developmental disabilities and those with substance use disorder. DWIHN is seeking a masters-level, multi-lingual psychologist to join its team. Required Education: Master's Degree in psychology (Doctorate preferred) from an accredited college or university. Required Experience: Three (3) years of experience in clinical or behavioral psychology in a community mental health organization or in a Prepaid Inpatient Health Plan (PIHP). Experience must include: Oversight of therapists and psychologists. Presenting data analysis reports and Behavioral Health Plans to local and state stakeholders. Proficiency in all of the following languages (Hindi, Arabic, Urdu and Punjabi) and at least three years of experience providing counseling and clinical assessments in each of these languages. Experience finding suitable housing, education, and mental health services for a culturally diverse population with specialized needs. Licenses/Certifications: Valid Michigan clinical licensure (LPC, LLP or PhD, required). Apply on our website at dwihn.org by clicking the careers link on the website.



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NEW JERSEY

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NEW YORK SUPERVISING CLINICAL PSYCHOLOGISTS: Supervising Clinical Psychologists are employed at each Center for Anxiety office location. Duties include carrying a caseload of approximately 20-24 patient hours/week (including intakes, individual/group treatment, and consultation), supervising 2-4 trainees (externs, interns, postdoctoral fellows), and playing a broader role in our APPIC approved doctoral psychology internship program by teaching didactics sessions and providing regular feedback to trainees. Opportunities to contribute to our program-wide training and research programs are also available, depending on skill level and interest. Qualifications of applicants must include all of the following: 1) Current licensure in good standing, or license-eligible as a psychologist in the State of New York. 2) Significant clinical training and experience in providing Cognitive and Dialectical Behavior Therapy (CBT/DBT) to adults, adolescents, and/or children, including the capacity to handle high risk cases on an outpatient and intensive outpatient basis. 3) A dedication to provide the highest standard of evidence-based care. The ideal candidate will have previous experience providing supervision, though more junior candidates with stellar clinical experience and potential for leadership will be considered. Interested individuals should send a letter of interest, current curriculum vitae, and names of 2-3 references to the attention of David H. Rosmarin, PhD, ABPP, via email at info@centerforanxiety.org. References will only be contacted after interviews are conducted.

SOUTH CAROLINA

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TEXAS

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community spirit that contributes to the high quality of life we enjoy in our region. Benefits include assistance with student loan repayment, CME as well as a strong medical benefits package. Contact Sarah Child, Physician Services Manager, sarah.child@cvmc.org.

VIRGINIA

CLINICAL PSYCHOLOGIST: The Virginia Department of Juvenile Justice (VADJJ) provides an opportunity to improve the lives of children and families. We not only develop our youth but also our staff by upholding four guiding principles: Safety, Purpose, Connection and Fairness. We believe in the capacity to change and our Behavioral Services Unit leads the way. Our Behavioral Services Unit is seeking qualified passionate clinical psychologists to provide a range of assessment and treatment services to youth, ages 12 to 21, in a therapeutic juvenile justice facility. These therapeutic services include: psychological evaluations, individual, group, and family therapy, psycho-education, and crisis intervention. DJJ provides opportunities for peer support, supervision toward licensure, and participation in a variety of employer-supported professional training, a competitive salary, generous benefits and a chance to truly make a difference. DJJ employees do work that makes a difference! To learn more about our agency, a full description of available positions, excellent state benefits, and the great things we are helping our youth do, visit us at www.djj.virginia.gov under the Careers tab. A state application must be submitted online. Psychologist candidates are eligible for a \$1,000 Sign-On Bonus. The Department of Juvenile Justice is an Equal Opportunity Employer.

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Hospitals and other medical facilities are nearby. The area provides a wide range of recreational opportunities. There are part time private practice opportunities at local medical, psychiatric, and physical rehabilitation hospitals if desired to supplement the salaried position at the clinic. Salary is competitive with excellent benefits. Contact: Chet Frethiem, PsyD: (304) 920-2534 (cell), submit curriculum vitae via fax to (304) 521-1522 or by email to ctfrethiem@gmail.com. Bland County Medical Clinic: 12301 Grapefield Road; Bastian, VA 24314.

PRACTICE FOR SALE

OKLAHOMA CITY, OKLAHOMA: Turnkey opportunity. Hospital area setting. Income potential \$150,000 to \$300,000. Asking only \$60,000. Contact: Mstephenphd@att.net or (405) 858 8777.

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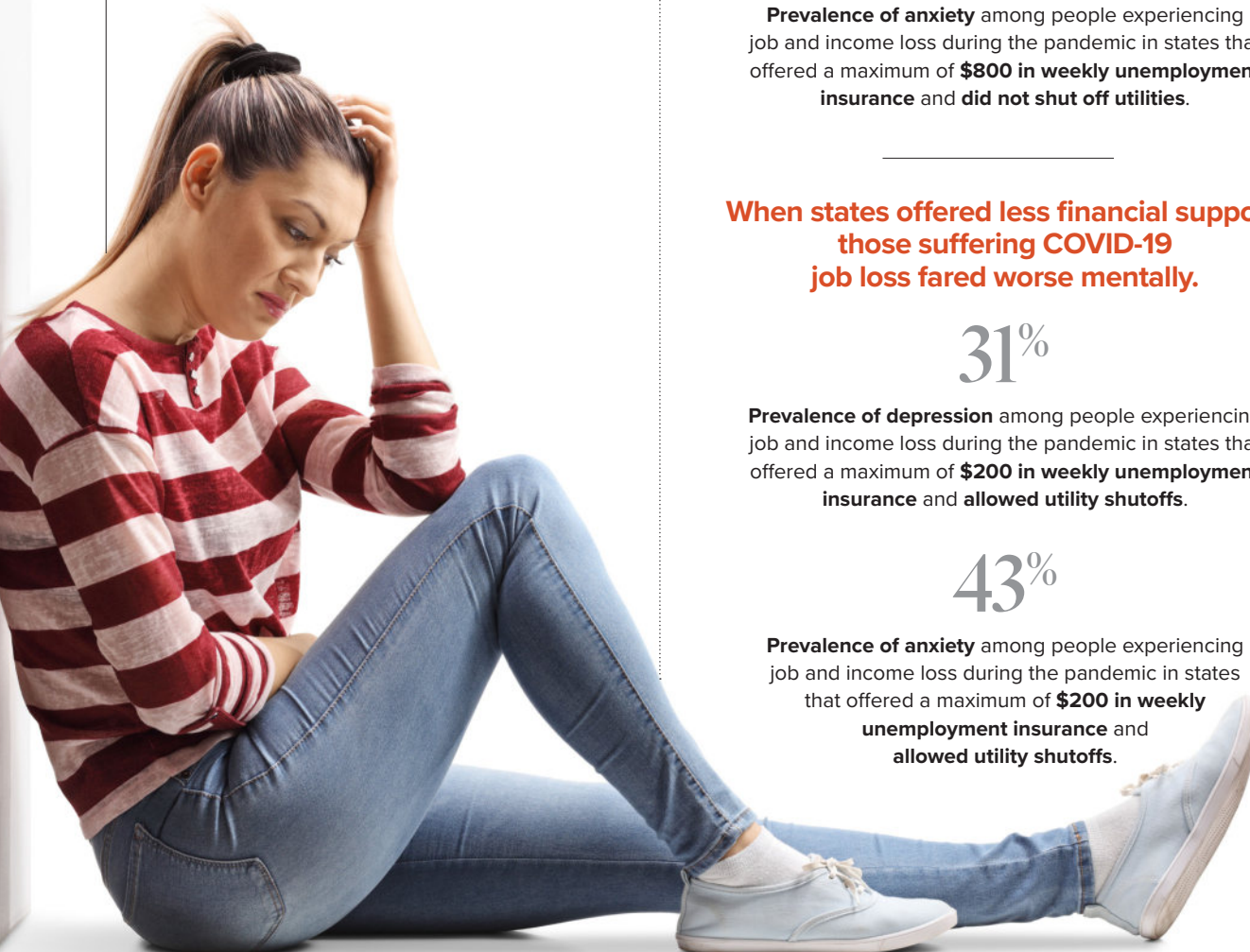
TELETHERAPIST NETWORK: The Teletherapist Network is a private consultation group for the next generation of therapists. We host live consultations, master classes, and bookclubs so that therapists can build real relationships with peers, fill the gaps of graduate school, and improve clinical outcomes. Use code APA for 50% off your first month at www.teletherapistnetwork.com.

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SAFETY NETS MATTER

Unemployment insurance and utilities act as mental health lifelines



Those suffering COVID-19 job loss fared better mentally in states that offered greater financial support.

27%

Prevalence of depression among people experiencing job and income loss during the pandemic in states that offered a maximum of **\$800 in weekly unemployment insurance** and **did not shut off utilities**.

40%

Prevalence of anxiety among people experiencing job and income loss during the pandemic in states that offered a maximum of **\$800 in weekly unemployment insurance** and **did not shut off utilities**.

When states offered less financial support, those suffering COVID-19 job loss fared worse mentally.

31%

Prevalence of depression among people experiencing job and income loss during the pandemic in states that offered a maximum of **\$200 in weekly unemployment insurance** and **allowed utility shutoffs**.

43%

Prevalence of anxiety among people experiencing job and income loss during the pandemic in states that offered a maximum of **\$200 in weekly unemployment insurance** and **allowed utility shutoffs**.

Source: Donnelly, R., & Farina, M. P. (2021). How do state policies shape experiences of household income shocks and mental health during the COVID-19 pandemic? *Social Science & Medicine*, 269. Available at <https://doi.org/10.1016/j.socscimed.2020.113557>.



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"APF funding paid for the newborn MRI scans that were central to my dissertation. I found that adversity from a mother's childhood influences her baby's brain development as early as one month after birth!"

— **Dr. Cassandra Hendrix**

Dr. Hendrix was awarded an Elizabeth Munsterberg Koppitz Fellowship in 2018.



"Thanks to APF, I had more time to focus on my research and honors thesis, and will continue my education in a social psychology PhD program this upcoming fall!"

— **Ben Valen**

Mr. Valen is a past Brehm Scholarship recipient and attends New College of Florida



"I am thankful for APF's funding because it allowed me to improve Black students' mental health & academic outcomes with a culturally specific encouragement intervention."

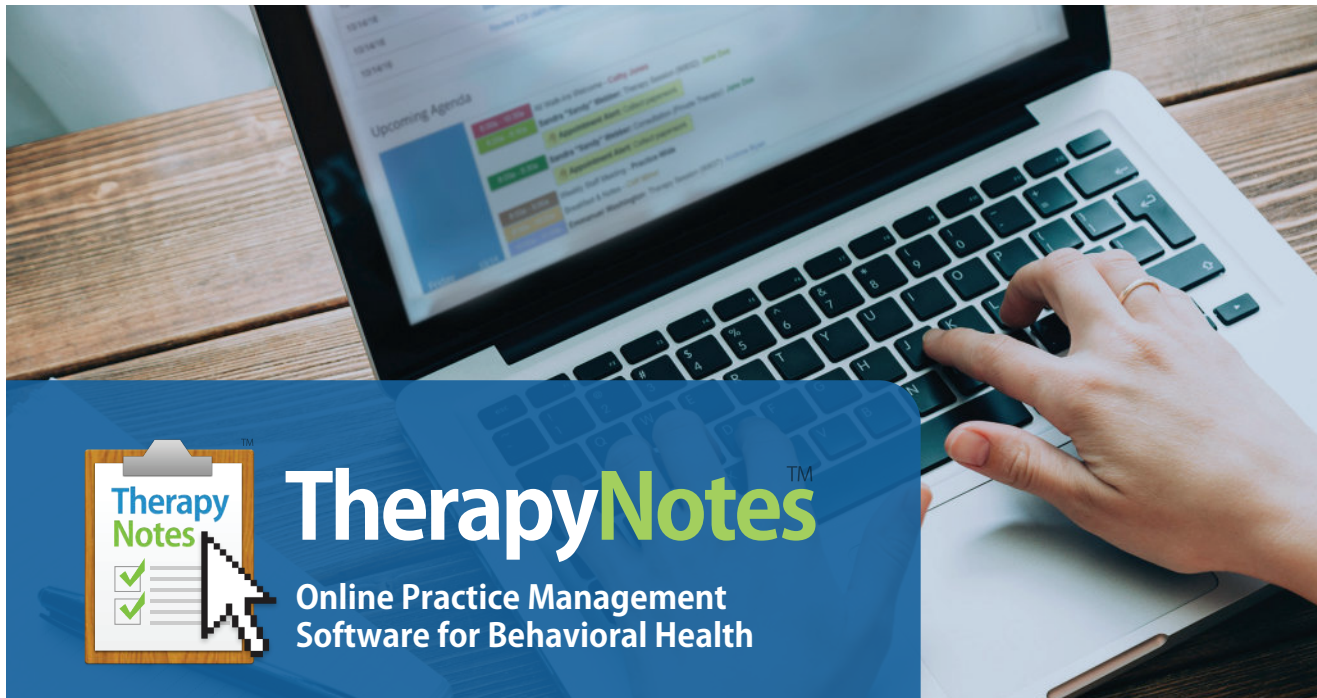
— **Nelson O.O. Zounlome, M.S.Ed.**

Mr. Zounlome is a student at Indiana University and a past COGDOP and Queen-Nellie Evans Scholarship recipient and author of 'Letters to my Sisters & Brothers: Practical Advice to Successfully Navigate Academia as a Student of Color'.

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11:30AM Appt with Kyle
 Called in to say he may be a little late

12:00PM Appt with Susan
 Remember to collect paperwork

☒ Create a Progress Note for your appointment on 4/16

Scheduling & To-Do Lists

Track clinician schedules, patient appointments, notes, and billing. Appointments and other tasks are automatically added to your personal To-Do List. Sync your calendar to your smart phone to view your schedule on the go.

Evaluation
Progress Note
Treatment Plan

Diagnosis: DSM-5 **anxiety**
 F40.10 Social Anxiety Disorder
 F41.0 Generalized Anxiety Disorder
 F41.8 Other Specified Anxiety Disorder

Presenting Problem:
 Treatment Goals:

☒ Electronically Sign this Note

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☒ 12/2	\$100	90791
☐ 12/9	\$75	90832

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