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monitor on psychology

GST# R127612802

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What psychologists' research shows about deradicalizing and disengaging extremists

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A Proud Boy, tattooed with the far-right group's insignia, attends a rally in Portland, Oregon, on Sept. 26, 2020.

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RESOURCES, OPPORTUNITIES, AND NEWS FOR PSYCHOLOGISTS FROM APA

An LGBTQ+ advocate walks by the U.S. Supreme Court in June 2020.

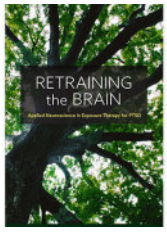
JUSTICE

Advocating for LGBTQ+ Equality

Find in-depth information on policy issues, advocacy tools, and resources for supporting the LGBTQ+ community at www.apa.org/pi/lgbt/resources/policy/issues. Each page details a different type of legislation or effort threatening or protecting the rights, health, and well-being of the LGBTQ+ community, such as legislation to allow businesses to refuse services to LGBTQ+ people based on the owners' religious beliefs, or banning efforts to change people's sexual orientation, gender identity, or gender expression. Each section includes comprehensive talking points, relevant psychological science, APA resolutions and clinicial guidelines, and specific examples of state or local advocacy by psychologists. Any psychologist who has written to their state's legislative representative, provided testimony at a committee hearing, or participated in any other direct advocacy is encouraged to share copies of letters or testimony videos to aid and inform other advocates.

To contribute an example, email APA's Sexual Orientation and Gender Diversity Portfolio at osogd@apa.org.

Read, Watch & Listen



1

Retraining the Brain: Applied Neuroscience in Exposure Therapy for PTSD

This new APA book covers prolonged exposure therapy for the treatment of post-traumatic stress disorder.

Go to www.apa.org/pubs/books/retraining-the-brain.

2

The Future of Open Science: The Need to Change Culture to Change Science

Brian Nosek, PhD, executive director of the Center for Open Science, explains how changing the culture of conducting and reporting science will improve the openness, rigor, and reproducibility of psychological science.

Watch at www.apa.org/members/content/culture-science.

3

Your Brain Is Not What You Think It Is

Lisa Feldman Barrett, PhD, of Northeastern University discusses myths about the brain and her research on how the brain creates emotions on the *Speaking of Psychology* podcast.

Go to www.apa.org/research/action/speaking-of-psychology.

ELECTION

Learn About the Candidates' Priorities

APA members have nominated Mary Ann McCabe, PhD, Diana L. Prescott, PhD, Beth N. Rom-Rymer, PhD, Kirk J. Schneider, PhD, and Thema S. Bryant-Davis, PhD, to run for APA's 2023 presidency.

The five candidates will be responding to six questions from APA boards and committees throughout the summer at www.apa.org/about/governance/elections/president-elect-candidates. Voting begins Sept. 15.

UNPLUG

Run or Walk Wherever You Are

Psychologists around the world are encouraged to run or walk a 5K on their own time and turf as part of the annual Running Psychologists' "Ray's Race," which will be held virtually for the second year to coincide with APA's virtual convention on Aug. 12–14 (see more, opposite page). APA's Div. 47 (Society for Sport, Exercise and Performance Psychology) hosts the annual event, a 43-year APA tradition started by former APA President and CEO Ray Fowler. Participants can complete their race anytime during Aug. 9–16.

Register and learn more at runsignup.com/raysrace.

FROM LEFT: CHIP SOMODEVILLA/GETTY IMAGES; APA BOOKS; AUXINS/GETTY IMAGES

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 tspiner@apa.org.

CONVENTION

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We'll also feature hundreds of on-demand sessions on compelling subjects from across the field that may affect your day-to-day work, enhance your career, and guide you in new endeavors.

2 **Information you can use:** APA 2021 will offer you actionable new concepts instead of just abstract ideas. Presenters will cover ways to apply strategies and techniques to your work immediately.

3 **Unique voices:** From the Main Stage speakers to attendees from all over the world, you will meet people with new and interesting perspectives.

Your perspective will help foster valuable conversations and inform other people's work when you join the text chats and interactive events.

4 **A flexible schedule that works for you:** You can enjoy the conference at your own pace. You don't have to choose between overlapping events or worry about missing sessions.

Exclusive day-of content, such as the Main Stage events, offers opportunities to interact with the presenters and other attendees in real-time, and these sessions will be available immediately on-demand and for three months afterward so you can watch and re-watch at your convenience.

5 **A stress-free experience:** Our APA 2021 platform has a user-friendly interface, and we'll provide ample technical support to help before and during the convention. We will also offer an easy-to-follow pre-recorded orientation and clear, concise how-to guides.

We're also opening the online platform in advance so you can get comfortable with the layout, set up your profile, prepare your agenda, and more.

Ready to join us?

Register now at convention.apa.org

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VOLUME 52 | NUMBER 5

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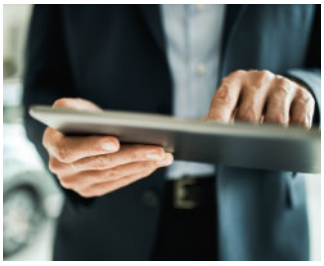
COVER STORY

DERADICALIZING DOMESTIC EXTREMISTS

As the United States grapples with a surge of domestic extremism, psychologists are identifying factors to deradicalize and disengage extremists. Research is expanding in response to the uptick in extremist attacks, and psychologists will have an important seat at the table in answering the many questions that remain. *See page 44*



54 OPTIMIZING TECH FOR OLDER ADULTS

Psychologists are helping to study, design, and adapt various technologies to make them intuitively understandable for older adults.

62 TREATING PATIENTS WITH LONG COVID

Psychologists are helping the millions of patients with lingering symptoms from COVID-19 navigate their recovery and prepare for an uncertain future.

ON THE COVER: PROUD BOY LOGO TATTOO AT RALLY, 2020, PORTLAND, OREGON. PHOTO BY MARK PETERSON/REDUX

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NEWS

THE EXTRA WEIGHT OF COVID-19

Weight gain and disordered eating have spiked during the stress of the pandemic, as people's diets, activity levels, sleep habits, and daily routines have been turned upside down. Health psychologists discuss why it matters—and how to get back on track. *See page 26*

Managing a clinical team. Page 71

Treating developmental trauma. Page 38

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APA 2021 registration includes free CE credits for select virtual sessions (1- and 2-hour) that meet Continuing Education criteria.

**Nonmember APA 2021 registrants are eligible to apply for a free first year of membership through the rest of 2022. See website for complete details.*

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Robert B. Cialdini, PhD

Elizabeth Cole, PhD

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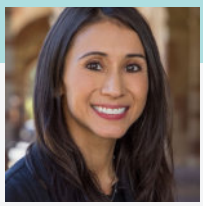
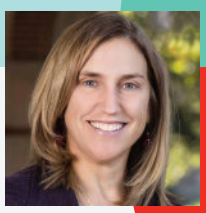


Adriana Galván, PhD



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SEEKING STRUCTURAL CHANGE

The pandemic disproportionately hurt those without access to care. We can fix that.

BY JENNIFER F. KELLY, PhD, ABPP

As we begin to reopen the country, one critical area where we must retain focus is how the COVID-19 pandemic made it even harder for some people to gain access to mental health services. We have seen how people of color, people in rural communities, and people from a lower socioeconomic status have found it especially difficult to access care. ¶ APA is focused on this critical health equity issue, and I plan to continue to shine a light on it throughout my presidential year.

One way of addressing this problem is through a population health approach, with the goal of improving the health of our entire nation. That means embedding mental health care in the places people go and making sure it is affordable in order to have a more equitable system.

Expanding mental health services, including through telehealth, is helping to improve access, but there remains the challenge of paying for services. APA is leading advocacy efforts to improve reimbursement rates and finding alternative models of reimbursement to make sure everyone who needs care can afford it. Once that happens, we can begin to have a more equitable health care system.

Since the COVID-19 pandemic, Americans have been experiencing unprecedented levels of stress. APA's most recent Stress in America survey found that 84% of adults reported feeling at least one negative emotion associated with prolonged stress, including increased feelings of anxiety, sadness, and anger. These changes in individuals' emotional states are understandable given the challenges we have experienced over the past year, including loss of family members and friends and financial challenges.

APA and other organizations committed to reducing mental health stigma, such as Silence the Shame, have done an excellent job in encouraging people to seek services as well as normalizing appropriate care.

Now we must continue our advocacy for payment models that can help people who do not have insurance or the financial resources to afford services. The current financial structure disincentivizes clinicians to work with lower- and middle-income people, as well as people of color. If we are to truly have equitable health care, then the financial structures will need to change. APA must position itself to lead a necessary change to make it easier for those in need of services to get the care they need. ■

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● **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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AMERICAN PSYCHOLOGICAL ASSOCIATION

ENVISIONING THE POST-PANDEMIC WORKPLACE

Psychological science will be a key tool as we shape the future of work

BY ARTHUR C. EVANS JR., PhD

Navigating the future of work is a critical part of the nation's full recovery from the pandemic. More than a year of stress and uncertainty has worn down the workforce, with nearly two thirds of employees reporting that poor mental health has affected job performance and at least 40% reporting burnout. To help employers address these issues, APA has been promoting the importance of psychological considerations for employees' safety and health in the workplace.

It is heartening to see CEOs incorporating psychology into their pandemic workplans. A growing number of employers are offering affordable access to mental health care and training managers to recognize mental health challenges among staff.

APA's commitment to re-envisioning the future of work goes beyond simply reacting to the current pandemic. Through partnerships with American City Business Journals, Business Group on Health, and others, APA is elevating employers' understanding of psychological science that promotes employee productivity and mental wellness and strengthens overall organizational performance through reduced turnover and decreased health care costs. Drawing on research from industrial-organizational, social, cognitive, and developmental psychology, APA is proactively supporting others in building psychologically healthy work environments and promoting employees' health.

This perspective involves five interconnected domains:

- **Employee involvement:** Empowering staff by involving them in decision-making and providing autonomy.
- **Work-life integration:** Providing flexibility around when, where, and how staff work.
- **Employee growth and development:** Expanding employees' knowledge and skills and helping develop their careers.
- **Employee recognition:** Rewarding employee contributions.
- **Health and safety:** Maximizing staff health by preventing, assessing, and treating potential risks and encouraging healthy behaviors.

APA is "walking the talk" by continuously striving to improve how we apply these science-based tenets to our organizational culture. One example is how we communicate with staff about APA's future of work. We provide as much certainty as possible to reduce staff stress. We provide multiple mechanisms for staff to give feedback on organizational decisions. We are intentional about the language we use to set accurate staff expectations—framing this as "transitioning to a post-pandemic work environment" rather than "going back to the building."

On average, people spend 90,000 hours of their lifetime at work. We must help rebuild the nation's workforce by using psychological science to ensure support for the mental health and well-being of our employees and their families. ■

OLIVER ROSSI/GETTY IMAGES

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

COMPILED BY CHRIS PALMER

In Brief

THE LATEST PEER-REVIEWED STUDIES WITHIN PSYCHOLOGY AND RELATED FIELDS

KHOLOOD EID/GETTY IMAGES

FEMALE CEOS UNDER THREAT

When women step into leadership roles such as CEO, it turns out they hold the position for less time if their organizations trumpet their past achievements, according to research in the *Journal of Applied Psychology*. Researchers examined the succession of 91 women into the role of CEO at major U.S. companies from 1995 to 2012. They found an association between public endorsements (e.g., press releases and website bios) focusing on the women's prior successes and a shorter time subsequently spent as CEO. Exceptions were observed in cases in which the female CEO was an internal candidate or the organization already had a high number of female executives. No such association was found for a matched sample of male CEOs. Interviews with a separate set of 31 female executives suggest that such endorsements can result in them experiencing stereotype threat—having others doubt female executives' competence—which may lead to anxiety and exhaustion. DOI: 10.1037/apl0000871

Touting a woman's prior successes when she enters the role of CEO can lead to shorter time subsequently spent in the role.

LEARNING TO LET GO

Parents who are overly directive with their children when they are already appropriately focused on activities can hamper their children's development, suggests research in the *Journal of Family Psychology*. Researchers analyzed interactions between 102 parents in the United States and their kindergarten-age children as the children played. They found that children whose parents spent more time providing instructions or corrections while the child was actively engaged in a task showed lower levels of executive function and regulation of behavior and emotions during a separate observation period. The amount of parental direction had no effect when children were passively engaged in a task.

DOI: 10.1037/fam0000838

MICROBREAKS IMPROVE PERFORMANCE

Tired employees who take microbreaks bounce back to work productively over the rest of their workday, according to research in the *Journal of Applied Psychology*. Researchers asked 98 office workers in the United States to fill out two surveys per day for 10 straight workdays regarding fatigue level, work engagement, and workday experiences. Employees who were already fatigued in the morning tended to take more microbreaks—having a snack, taking a short walk, chatting with a colleague—and these respites resulted in higher engagement in work and less fatigue during the rest of the workday. A second study with 222 workers in South Korea over 5 days replicated the findings and additionally indicated that people were more likely to take microbreaks if they felt their company cared about the well-being of its employees.

DOI: 10.1037/apl0000891

Parents who are providing overly directive instructions to children who are already appropriately focused can hamper their development.

KRISANAPONG DETRAPHIPHAT/GETTY IMAGES

INCOME BOOSTS SELF-REGARD

Research in *Emotion* suggests that making more money is tied to greater pride and self-confidence, but it is not tied to feelings of compassion or love toward others. Researchers analyzed five studies surveying more than 1.6 million people in 162 countries and found that higher income was associated with emotions reflecting positive self-regard, including confidence, pride, and determination. Lower income was linked to emotions reflecting negative self-regard, such as sadness, fear, and shame. Unlike emotions related to self-regard, the studies failed to find a consistent link between income level and how people felt about others. The findings were similar in both higher- and lower-income countries. Additionally, one of the studies indicated that links between income and self-regard emotions persisted for at least a decade and that a sense of control mediated these links.

DOI: 10.1037/emo0000933

MORAL OUTRAGE ATTRACTS MATES

Actions based on moral outrage are attractive to people seeking long-term relationships, according to research in *Emotion*. In the first of four studies, researchers had 251 participants in the United States view a dating app and rate the desirability of potential opposite-sex partners for long-term relationships. The participants rated as more desirable those potential partners who described themselves as being engaged in activism that signaled they were morally outraged by an injustice. Similarly, in a second study, 194 participants rated potential same-sex individuals describing such activism as more suitable for long-term relationships. A third study with 176 participants indicated that people who signal moral outrage are perceived as more extraverted, conscientious, and open to experience. And a fourth study with 223 participants found that mere

expression of outrage, without taking action, did not serve to boost the attractiveness of a prospective long-term mate.
DOI: 10.1037/emo0000955

EQUALITY ISN'T ALWAYS EQUAL

People seeking social equality for women and non-Caucasians tend to harbor more prejudice toward older adults, according to research in the *Journal of Personality and Social Psychology*. Across nine studies with 3,277 online participants, researchers demonstrated that advocates of social justice are less prejudiced toward women and non-Caucasians but more prejudiced toward, and show less advocacy for, older individuals. In addition, the more that participants endorsed egalitarian ideals, the more likely they were to allocate funds for enhancing diversity to women and non-Caucasians but not to older adults. This bias against older adults is linked to a belief that older adults' unwillingness to retire from jobs and other roles prevents women and non-Caucasians from getting ahead.
DOI: 10.1037/pspi0000262

WARM TONE INFLUENCES HELP-SEEKING

A warm, friendly tone in a college course syllabus can encourage students to reach out to their professor when they are struggling more than a statement about mental health can, suggests a study in *Teaching of Psychology*. Researchers presented 257 undergraduate students in the United States with one of four syllabi (a combination of either warm or cold tones and either the inclusion or not of a destigmatizing statement about mental health resources). The students then rated their likelihood of approaching the instructor for help in five situations: with an assignment, a personal issue, a medical issue, when they felt down, or when they had a question about campus resources. Students who read a warm-toned syllabus were more likely to ask for help in three of the five situations (with an assignment, feeling down, question about campus resources), but those who read a syllabus with the mental health statement were more likely to ask for help in only one of the situations (involving a personal issue).
DOI: 10.1177/0098628321994632

People seeking social equity tend to be prejudiced against older adults and exclude them from their advocacy.

CIRICVELIBOR/GETTY IMAGES

FIRST TIME RISKIER FOR TEENS

Those who try cannabis or misuse prescription drugs for the first time as adolescents are more likely to develop a corresponding substance use disorder than those who first try them as young adults, according to a study in *JAMA Pediatrics*. Researchers analyzed data from a nationally representative survey of adolescents (ages 12 to 17) and young adults (ages 18 to 25) in the United States. They found that cannabis use disorders and prescription drug use disorders (involving opioids, stimulants, or tranquilizers) were about twice as prevalent among adolescents as young adults within 1 year of first use of the drug. No such greater risk for adolescents than young adults upon first use was found for alcohol or tobacco use disorders.

DOI: 10.1001/jamapediatrics.2020.6981

Among people who had suffered a heart attack, those with severe mental illness were at increased risk for mortality, both immediately and over the following 5 years.

HEART ATTACKS AND SEVERE MENTAL ILLNESS

Patients with a severe mental illness are at increased risk for mortality after a heart attack compared with those without a severe mental illness, according to a study in *BMC Medicine*. Researchers conducted a national retrospective study of adults in Scotland who were hospitalized with a heart attack between 1991 and 2014. Among the 235,310 people who had suffered a heart attack, 923 (0.4%) had schizophrenia, 642 (0.3%) had bipolar disorder, and 6,239 (2.7%) had major depression. Having a severe mental illness was associated with higher likelihood of death both immediately and over the following 5 years, as well as greater risk of further heart attacks and strokes. Those with serious mental illness were also less likely to receive revascularization procedures (widening of blocked coronary arteries), which may be a factor contributing to the differences in outcomes.

DOI: 10.1186/s12916-021-01937-2

RANDY FARIS/GETTY IMAGES

PANDEMIC DISRUPTIONS DRIVE DEPRESSION

A study in the *Proceedings of the National Academy of Sciences* indicates that college students' risk of clinical depression nearly doubled at the start of the COVID-19 pandemic and may be attributable to disruptions in students' lifestyles. Researchers examined data from separate cohorts of U.S. college students (682 total) during three semesters: spring 2019, fall 2019, and spring 2020. The students responded to surveys about their mental health and wore activity trackers. Comparing the spring 2019 cohort with the spring 2020 cohort (following onset of the pandemic in March 2020), average daily steps declined from 10,000 to 4,600, nonsedentary physical activity dropped from 4.4 to 2.9 hours per day, sleep increased 30 minutes per night, time spent socializing declined from about 90 minutes to 30 minutes per day, and recreational screen time doubled to 5 hours per day. Scores on depression assessments showed that the proportion of students at risk for clinical depression in April 2020 was 61%, nearly

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double the proportion at risk at earlier times in 2020. Upon onset of the pandemic, lifestyle disruptions—especially related to physical activity—emerged as the primary risk factors for depression among students.

DOI: 10.1073/pnas.2016632118

LOOKING FOR LIKES

The strategies people use in the pursuit of social media "likes" can be explained by the same principles that govern the behavior of animals seeking food rewards, suggests research in *Nature Communications*. Researchers analyzed more than one million social media posts from 4,166 users on Instagram and other sites. They found that people maximize how many likes they receive on average by posting more frequently in response to a high rate of likes and less frequently in response to fewer likes, following patterns that closely fit the predictions of reinforcement learning theory. Further evidence for the role of reinforcement learning was obtained in an online experiment in which investigators manipulated the rate of likes that 176 participants received on an Instagram-style platform.

DOI: 10.1038/s41467-020-19607-x

Young men and women are having less casual sex, due in part to a decrease in alcohol consumption and increases in men living with their parents and playing video games.

LESS BOOZE, LESS SEX

Fewer young men and women in the United States are having casual sex, due in part to a decrease in alcohol consumption, suggests a study in *Socius*. Men living with their parents and playing more video games are also contributing to the decline. Researchers examined data from a nationally representative sample of 1,985 adults. They found that between 2007 and 2017, the percentage of 18- to 23-year-old men who reported having had casual sex (i.e., outside of a committed relationship) in

FILADENDRON/GETTY IMAGES

the past month dropped from 38% to 24%. For women in the same age range, the percentage dipped from 31% to 22%. The most important factor associated with these declines was a decrease in drinking, which by itself explained 33% of the drop for men and 24% of the decline for women. An increase in video gaming accounted for 25% of the decline in casual sex frequency among young men, while an increase in living with their parents explained just over 10% of the shift. No other factors examined in this study were identified as contributing to the decline in casual sex among women.

DOI: 10.1177/2378023121996854

Only 1 in 50 conversations ends when both parties want it to.

SMALL TALK

Only 1 in 50 conversations ends when both parties want it to, suggests research in the *Proceedings of the National Academy of Sciences*. In the first of two studies, researchers asked 806 online participants how long their most recent conversation was and when they had wanted it to end. In the second study, the researchers invited 176 pairs of strangers in the United States to hold conversations in the lab for as long as they wanted, up to 45 minutes. They asked each participant afterward at what point they wished the conversation had ended and at what point they thought their partner wished it had ended. Across both studies, only about 2% of conversations ended when both sides wanted, and only about 30% ended when one party wanted. On average, participants' estimates of when their partner had wanted to stop talking were off by 68% of the total conversation time.

DOI: 10.1073/pnas.2011809118

PICTURE A HAUNTED HOUSE

People with aphantasia—an inability to visualize mental images—are harder to scare with spooky stories, according to a study in *Proceedings of the Royal Society B*. Researchers used skin conductivity to measure the fear responses of 46 participants

in Australia (22 of whom had aphantasia) while they read scary stories on a screen in a darkened room. Skin conductivity levels increased sharply for participants who could visualize the stories but did not change for participants with aphantasia. When participants viewed a series of frightening pictures, however, skin conductivity levels increased in both groups. The results indicate that visualization, either through perception or mental imagery, plays an important role in enhancing emotional responses.

DOI: 10.1098/rspb.2021.0267

People can often identify the underlying emotions behind a scream, unless it's a scream of happiness.

DALY AND NEWTON/GETTY IMAGES

HEAD INJURY AND DEMENTIA

A single head injury could lead to dementia later in life, and the risk increases with additional blows, according to research in *Alzheimer's & Dementia*. Researchers tracked the incidence of head injuries of 14,376 adults (average age of 54 at the study's start) in the United States for 25 years. They found a single prior head injury was associated with a 1.25 times increased risk of dementia, and a history of two or more head injuries was associated with more than twice the risk. Overall, 9.5% of all dementia cases in the study population could be attributed to at least one prior head injury. The researchers found stronger links between head injury and risk of dementia among women compared with men and among White compared with Black populations.

DOI: 10.1002/alz.12315

HAPPINESS OR FEAR?

Although people can generally identify the emotions underlying a scream, they may interpret a scream of happiness as arising from fear when it is heard without context, indicates a study in *PeerJ*. Researchers asked 182 participants in the United States to listen over headphones to 30 screams excerpted from movies and rate, on a 5-point scale, how much each scream was associated with each of six emotions—anger, frustration, pain, surprise, fear, and happiness. They found that participants tended to match screams associated with the first five emotions to their correct emotions. Surprisingly, however, screams of happiness were more often attributed to fear than to happiness.

DOI: 10.7717/peerj.10990

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Datapoint

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

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

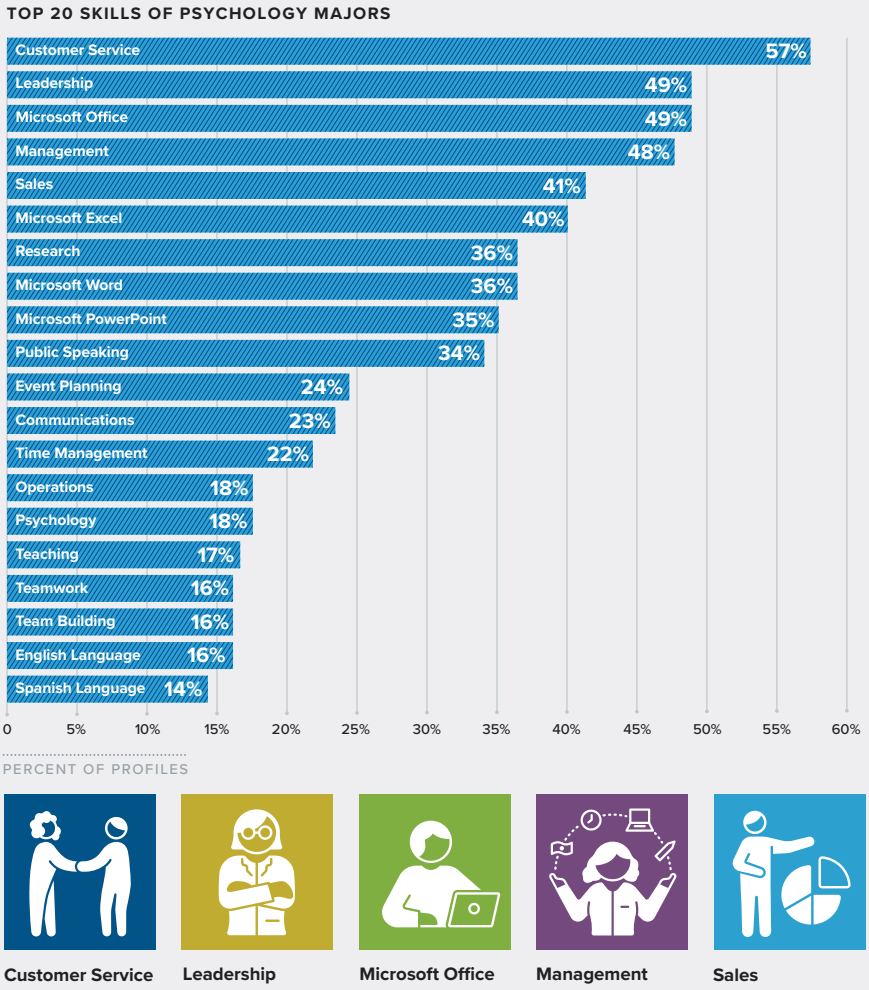
A PSYCHOLOGY MAJOR OPENS DOORS

Undergraduate psychology studies build skills valuable in the job market

■ The skills students develop in undergraduate psychology programs are **valuable to employers** across many sectors. Psychology majors hold jobs in 88 of a broad set of 129 U.S. occupational categories.[1]

■ **Students develop and hone many types of skills in psychology programs,** including social, communication, and technological.[2] Specifically, the skills most often possessed by psychology majors are customer service (57%), leadership (49%), Microsoft Office (49%), management (48%), and sales (41%).[3]

■ Recognizing these skills and **talking about them in language that employers understand is key to postgraduate success** in the job market. Faculty who are aware of these skills can better advise their students about their full range of career options and how to market their skills to potential employers.[4]



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[1] APA. (2021). Careers in Psychology [Interactive data tool]. https://www.apa.org/workforce/data-tools/careers-psychology. The data tool uses the National Survey of College Graduates, a nationally representative survey of U.S. bachelor's degree holders conducted by the National Center for Science and Engineering Statistics. An estimated 1.5 million psychology bachelor's degree holders are in the U.S. workforce. [2] Naufel, K. Z., et al. (2018). *The skillful psychology student: Prepared for success in the 21st century workplace*. www.apa.org/careers/resources/guides/transferable-skills.pdf [3] APA. (2021). Emsi skills database [Unpublished special analysis]. Emsi is a labor market analytics firm. Emsi's proprietary skills database gathers information from resumes on job boards, digital profiles, websites, and other data sources. The database contained 145 million profiles, including 321,007 psychology bachelor's degree holders. Data were extracted on August 4, 2020. [4] Vespia, K. M., et al. (2018). Faculty and career advising: Challenges, opportunities, and outcome assessment. *Teaching of Psychology, 45*(1), 24–31. DOI: 10.1177/0098628317744962

MARY BETH RAMSEY

THE MENTAL HEALTH IMPACT OF ANTI-ASIAN RACISM

The COVID-19 pandemic has exacerbated xenophobia and bigotry toward Asian American and Pacific Islander communities. Psychologists are identifying ways to address the distress caused by that hate. **BY ZARA ABRAMS**

Garden Grove, California, community members display messages of peace at a candlelight vigil mourning victims of the Atlanta spa killings.

ALLEN J. SCHABEN/CONTRIBUTOR/GETTY IMAGES

Even before the deadly Atlanta-area spa shootings in March, Asian Americans and Pacific Islander (AAPI) individuals had faced nearly 4,000 hate incidents since the COVID-19 pandemic began, a 149% rise over the previous year ("Stop AAPI Hate National Report," 2021; "Anti-Asian Prejudice March 2020," Center for the Study of Hate & Extremism). Reported episodes ranged from verbal harassment, insults, and jokes—such as referring to COVID-19 as the "kung flu"—to violent attacks in schools, businesses, and other public spaces.

To meet the needs of AAPI communities, psychologists are looking beyond traditional therapy and operating outside academic and health care settings. They're studying racist incidents, including their roots and outcomes, and designing interventions to help targets and bystanders fight back. Psychologists are even engaged at the policy level, urging cultural sensitivity in Congress and promoting legislation to tackle hate crimes.

"For the Asian American communities that are experiencing this, it just feels like an all-out assault," said William Ming Liu, PhD, a counseling psychologist and chair of the Department of Counseling, Higher Education, and Special Education at the University of Maryland.

Early research has linked the uptick in anti-Asian discrimination to increases in anxiety, depressive symptoms, and sleep problems among those who are targeted. Getting help isn't always straightforward. AAPI individuals are less likely to access mental health services than any other racial group, partly because of the cultural bias against it but also because of a lack of culturally relevant approaches to treatment. (See more on the unmet need for mental health services in the April/May *Monitor*.)

While psychologists are hopeful about the increased focus on the AAPI experience, they also say it won't be easy to reverse decades of relative invisibility in the fight for racial justice.

"It's almost as if the public just discovered that there's anti-Asian bias, discrimination, and hatred in this country," said Derald Wing Sue, PhD, a professor of psychology and education at Columbia University's Teachers College. "What's upsetting is that it took so much violence for people to take the discrimination seriously."

ANTI-ASIAN XENOPHOBIA IN THE UNITED STATES

Anti-Asian xenophobia and bias in the United States dates back to the 19th century, when the Page and Chinese Exclusion Acts shut out would-be immigrants, and peaked during World War II with the forced incarceration of Japanese Americans. To this day, AAPI individuals face harassment rooted in that racist history, including the "perpetual foreigner" stereotype, which tags them as outsiders who will never be truly American (Armenta, B. E., et al., *Cultural Diversity & Ethnic Minority Psychology*, Vol. 19, No. 2, 2013).

"The notion that Asian Americans are foreigners and outsiders makes it easier for them to be seen as 'reason-

able' targets where people can direct frustration, anger, fear, and aggression, including the spate of xenophobia and anti-Asian violence we have seen during this pandemic," said Hsiu-Lan Cheng, PhD, an associate professor of counseling psychology at the University of San Francisco.

Another stereotype that contributes to ongoing anti-Asian bias and hate is the "model minority" myth, the idea that Asian Americans are unilaterally successful and well adapted because they are quiet, submissive, and hardworking. In fact, the stereotype was manufactured during the civil rights movement to weaponize Asian Americans against Black Americans, and it masks the diversity of the AAPI experience, said Sherry Wang, PhD, an associate professor of counseling psychology at Santa Clara University.

"It can also create the perception that Asian Americans are not considered to be people of color and that we are immune to racism," Wang said. "Therefore, when people do speak up about it, our experiences are actually dismissed."

In the incidents documented by Stop AAPI Hate, women were targeted more than two thirds of the time, pointing to more complex gendered stereotypes that also contribute to the current violence, said Sue, including the shooting deaths of six Asian American women in Atlanta in March.

"Asian American women have an image in this society as being exotic, sexually attractive, and domestically oriented," said Sue. "It is very difficult to separate out an individual's sexual proclivities from the way society sexualizes Asian women."

Such stereotypes—and the discrimination and hate they fuel—cause physical and psychological distress. In a spring 2020 survey of 410 Asian Americans, 29% of participants reported an increase in discrimination. Those who faced discrimination were more likely to have problems with anxiety, depression, and sleep than those who did not. Lower levels of social support were also associated with worse physical and mental health (Lee, S., & Waters, S. F., *Stigma and Health*, Vol. 6, No. 1, 2021).

These problems are compounded by the fact that AAPI individuals are less likely than other racial groups to seek mental health treatment, including inpatient care, outpatient care, and prescription medications ("Racial/Ethnic Differences in Mental Health Service Use Among Adults," Substance Abuse and Mental Health Services Administration, 2015).

"There's a tendency to either underreport or not report at all and just hold on to those events, never having a chance to process them," said Richelle Concepcion, PsyD, MPH, president of the Asian American Psychological Association (AAPA).

CURRENT EFFORTS TO FIGHT DISCRIMINATION

Despite the barriers, psychologists are putting their expertise to work through creative research, interventions, and policy efforts.

Between May and October 2020, Wang collected data from more than 200 targets of anti-Asian harassment and hate through an open-ended survey on social media, where she asked questions about context, including who else was present, whether anyone intervened, and what sort of support victims sought or received afterward.

"A lot of the data on anti-Asian racism tends to focus on perpetrator behavior rather than the experience of the victim or even the witnesses," Wang said. "By using a trauma-informed approach, we are focusing on the participant's needs, which will hopefully reduce victim-blaming and contribute to more healing."

So far, respondents to Wang's survey have reported very low levels of bystander intervention—which is when a witness intercedes to thwart harassment—and social support, but Sue's research suggests an antidote to that. After decades of studying racial microaggressions, he and his colleagues have identified four major anti-bias strategies that targets, allies, and bystanders can deploy when racist incidents occur in everyday life: educate the perpetrator, make the "invisible" visible, disarm the microaggression, or seek outside support and help.

For example, a common "invisible" microaggression is to laud an Asian American's English proficiency. But what appears to be a compliment is actually an insinuation that the target is not a true American. In such cases, Sue replies, "Thank you, I hope so. I was born here," which calls attention to the statement's xenophobic subtext. In another instance, a target or

FURTHER READING

Psychological impact of anti-Asian stigma due to the COVID-19 pandemic: A call for research, practice, and policy responses
Misra, S., et al.
Psychological Trauma: Theory, Research, Practice, and Policy,
2020

Microintervention strategies: What you can do to disarm and dismantle individual and systemic racism and bias
Sue, D. W., et al.
Wiley,
2021

COVID-19 racism and mental health in Chinese American families
Cheah, C. S. L., et al.
Pediatrics,
2020

HISTORICAL/GETTY IMAGES

At the foot of the Sierra Nevada mountains in California, the Manzanar War Relocation Center housed forcibly relocated Japanese Americans during World War II. It is now preserved as a U.S. national historic site.

bystander might "disarm" a racist joke by interrupting to say they do not want to hear the punchline (*American Psychologist*, Vol. 74, No. 1, 2019).

"Microaggressions do not occur in isolation from others. If no one intervenes, it fosters a false consensus—that it's OK to make racist comments or jokes," Sue said. "It should not be the sole responsibility of targets to deal with these everyday slights."

Sue and his colleagues also found that targets who intervened felt an increased sense of empowerment, health, and well-being, while bystanders who intervened felt that they were staying true to their moral values.

In addition to intervention by bystanders—especially White allies, who can be particularly effective because they are part of a dominant social group—other people of color can help bring awareness to the AAPI experience, says Wendi Williams, PhD, president of APA's Div. 35 (Society for the Psychology of Women) and dean of the School of Education at Mills College in Oakland, California.

"BIPOC folks know what being targeted because of our race feels like, and we also know how empowering it is to have others join our fight," she said. "Realizing dignity, safety, and respect for all people is our shared struggle."

The campaign for allyship has reached the highest level of U.S. government, where Judy Chu, PhD, a psychologist and representative for California's 27th Congressional District, released a tool kit to encourage culturally sensitive rhetoric around COVID-19. For instance, the tool kit recommends that lawmakers make statements about specific actions taken by the Chinese government rather than repeat the term "Chinese virus" or other xenophobic slurs. Chu is also backing the NO HATE Act to give local law enforcement more resources to stop hate crimes and has called for a national awareness day for anti-Asian hate.

"There is so much we can do, but healing the damage will take a societal change," she said. "We need to stop treating people of color as others and tear down the divisions between us that create isolation and mistrust."

OPPORTUNITIES FOR IMPACT

To further maximize their impact with AAPI communities, psychologists should focus on interventions that may carry less stigma than one-on-one therapy, such as psychoeducational workshops and support groups, said Cheng. They can also collaborate with community leaders—peer counselors and grassroots organizers, for instance—on mental health advocacy and anti-stigma campaigns. For example, AAPA is collaborating with Asian American immigrant organizations in Northern California to provide guidance on delivering trauma-informed care and culturally adapted services.

Future research efforts should continue to explore new approaches to mental health care that may be more culturally relevant to various AAPI groups. Cheng added that more work is needed to understand the effects of increasing incidents of online racism, particularly on youth and young adults, who are highly vulnerable to the negative effects of racism on mental health and identity development (*Journal of Interdisciplinary Perspectives and Scholarship*, Vol. 3, No. 3, 2020).

"The pandemic has showcased inequities—like anti-Asian racism and the racialization of infectious disease—that have existed for a long time in our country," Wang said. "Now that we know that 'business as usual' is racist, what are we going to do about it?" ■

THE EXTRA WEIGHT OF COVID-19

Weight gain and disordered eating spiked during the stress of the pandemic. Health psychologists discuss why it matters—and how to get back on track. **BY KIRSTEN WEIR**

The COVID-19 pandemic changed us inside and out. For many people, those outward changes weren't especially welcome.

An APA Stress in America survey conducted in late February 2021 found 42% of U.S. adults reported undesired weight gain since the start of the pandemic, with an average gain of 29 pounds.

Weight changes have come with good reason, as people's diets, activity levels, sleep habits, and daily routines have been turned upside down by the pandemic, said David Sarwer, PhD, director of the Center for Obesity Research and Education at the College of Public Health at Temple University. "The stress, isolation, and challenges of making life work over the past year have necessitated changes in our behavior," he said. "For those of us in the obesity field, the weight changes aren't surprising—but they are concerning."

Obesity and obesity-related diseases were already a significant public health problem even before COVID-19 wreaked havoc on our routines. Amid the pandemic, the concerns have only grown. "This is something that mental health professionals can and should address. The size and scope of this public health problem almost demands it," Sarwer said.

Psychologists can help patients realize that weight change is a normal reaction to an abnormal circumstance and help those who want to change their weight adopt healthier habits.

PANDEMIC WEIGHT GAIN

The pandemic hasn't affected all Americans equally. People from marginalized groups were more likely to become infected and die from COVID-19 and were also hardest hit by the economic difficulties it wrought. Obesity was already more prevalent in lower-income populations and in non-White groups such as Black, Hispanic, and Indigenous populations. Those groups have also seen greater weight gain during the past year, said Amy Walters, PhD, a clinical health psychologist and the director of Behavioral Health Services for St. Luke's Humphreys Diabetes Center. "Those disparities have been amplified by the pandemic."

People in marginalized groups are more likely to live in "food deserts" with limited access to fresh foods (Walker, R. E., et al., *Health & Place*, Vol. 16, No. 5, 2010). That lack of access to healthy food was even more challenging during lockdown orders. Compared with privileged groups, at-risk populations are less likely to have access to safe outdoor green space—and research has shown that the average body mass index of a community is lower in places with greater access to parks and public recreation lands (Ghimire, R., et al., *Ecological Economics*, Vol. 136, No. 1, 2017). Underserved groups are also more likely to work as essential workers. That put them at greater risk not only of contracting COVID but also of experiencing heightened stress as they juggled working outside the home, staying safe, and caring for family members with schools and daycares closed.

Children, too, have gained weight during the pandemic. In an analysis of more than 500,000 visits to the Children's Hospital of Philadelphia Care Network in 2019 and 2020, researchers found the prevalence of pediatric obesity increased from 13.7% pre-pandemic to 15.4% during the pandemic. The increase was more pronounced among His-

STOCKVISUAL/GETTY IMAGES

panic, Black, lower-income, or publicly insured children. Prior to the pandemic, obesity rates were falling in children from more affluent households but increasing in other groups. The pandemic appeared to widen that disparity, the researchers found (Jenssen, B. P., et al., *Pediatrics*, Vol. 147, No. 5, 2021).

Kids have encountered many of the same factors that caused their parents to gain weight, including a lot of time sitting in front of screens, poor sleep, and high stress that can boost hunger and cravings for snacks and comfort foods, said Stacy Ogbeide, PsyD, ABPP, a clinical health psychologist and board-certified specialist in obesity and weight management at the University of Texas Health Science Center at San Antonio who specializes in obesity and weight management in primary care. "The biggest factor has been the impact of virtual schooling," she said. "Working with children at risk of overweight and obesity, we recommend 2 hours or less of screen time per day. It's hard to deal with that number when they're on a screen for 7 or 8 hours doing virtual school."

THE TOLL OF WEIGHT STIGMA

Weight gain is about so much more than a number on the scale. "There's a tremendous amount of guilt and shame," Walters said. "As psychologists, we should help patients realize that weight gain is a normal reaction to an abnormal circumstance. So many of our coping strategies have been unavailable to us this year. It's not a character flaw."

It can help to remind people how many factors are stacked against them when it comes to maintaining one's weight, Sarwer said. "People are so quick to personalize their weight and see themselves as being at fault. In fact, countless physical and environmental factors contribute to weight gain," he said. "If you think about the way we interact with food in the U.S., where there is such an availability of high-calorie foods and beverages at relatively low cost, it's easier to gain weight than it is to maintain or lose it."

Still, weight stigma runs deep. "There are so many memes and jokes about COVID weight gain, and that shows a real insensitivity to the eating behavior challenges people are dealing with. It also puts pressure on people to emerge from the pandemic with an ideal body shape," said Rebecca Puhl, PhD, a clinical psychologist at the Rudd Center for Food Policy & Obesity. During the pandemic, she and her colleagues followed up with 584 young adults who had participated in a longitudinal study of eating and activity behaviors from 2010 to 2018. They found those who had reported being stigmatized for their weight pre-pandemic experienced more stress, depressive symptoms, binge eating, and eating to cope with stress during the pandemic. That was true for males and females, regardless of their body weight (*Annals of Behavioral Medicine*, Vol. 54, No. 10, 2020).

"Even before the pandemic, we've known that weight stigma contributes to depression and anxiety, emotional distress, and disordered eating," Puhl said. "Weight stigma is an added stressor during an already stressful time."

FURTHER READING

Obesity: Psychosocial and behavioral aspects of a modern epidemic
Special issue of *American Psychologist*, 2020

Clinical practice guideline for the treatment of obesity and overweight in children and adolescents
APA, 2018

For people with anorexia, COVID-19 presents new challenges
Huff, C.
APA, 2020

Weight stigma also has important implications for public health. People at higher weights are at increased risk of complications from COVID-19. Yet those who have experienced weight stigma in health care settings may be more likely to avoid or delay seeking care, even if they're experiencing symptoms. "People with obesity face more weight stigma in the context of health care, and we don't yet know how that might impact things like vaccination rates or health care outcomes," Puhl said.

For people seeking help with overweight and obesity, addressing stigma and working through shame and self-blame is an important piece of the puzzle. "Patients often feel very alone in this," Puhl said. "It's important to normalize pandemic weight changes as a legitimate experience, help people cope with the distress of stigma, and work with them to lessen self-blame and self-recrimination."

BEHAVIOR CHANGE FOR WEIGHT LOSS

Self-compassion is step one. But for people who want to lose weight, psychologists can also help them adopt healthier habits. Obesity experts draw on behavior change research and share where to begin:

■ **Start with modest goals.** "It's important to start with sustainable and realistic targets for change," Sarwer said. "If you have a habit of eating ice cream three nights a week, can you reduce that to once a week? Can you eliminate some of the cream and sugar from your daily coffee?" When people make small changes, they're more likely to succeed. Those successes give people the confidence to set more goals. What's more, small changes themselves can have a positive effect on health, Sarwer added. "A 5% weight loss—a 200-pound person losing 10 pounds, for instance—can be clinically significant in terms of improving blood pressure, blood sugar, and other weight-related comorbidities."

■ **Establish new routines.** Disruptions to routines during the pandemic contributed to weight gain. Creating new schedules is important for establishing healthy habits, Walters said. "Routines can help people get back to the healthy basics," she added, in terms of eating habits, physical activity, sleep, and self-care.

■ **Create an environment for success.** In a home full of junk food, snacks are nearly impossible to resist. Walters suggests removing processed foods and sweets from the kitchen and replacing them with healthy snacks that are prepped and ready to grab when hunger strikes. "Changing your home environment is the low-hanging fruit. You can make the healthy choice the easy choice," she said.

■ **Track yourself.** "The more people self-monitor their behaviors, the more weight they lose over time," said Sarwer. That monitoring can be in the form of a handwritten paper log or digital apps to help track food intake and physical activity. Frequent self-monitoring is associated both with higher rates of weight loss during behavioral treatment for obesity and

DISORDERED EATING

EATING DISORDERS DURING COVID-19

For many people with eating disorders such as anorexia and bulimia, COVID-19 was a step backward. A study of United Kingdom residents during the pandemic lockdown found that 87% of people with eating disorders reported their symptoms worsened during the pandemic (Branley-Bell, D., & Talbot, C. V., *Journal of Eating Disorders*, Vol. 8, No. 44, 2020). A study in Australia found that among people with a self-reported history of eating disorders, food restriction, binge eating, purging, and exercise behaviors increased during the pandemic (Phillipou, A., et al., *International Journal of Eating Disorders*, Vol. 53, No. 7, 2020).

"Social isolation and anxiety can drive disordered eating," said Denise Wilfley, PhD, a professor of psychiatry and psychological and brain sciences at Washington University in St. Louis. "People's eating behaviors, physical activity, and routines have all been thrown off, which can all increase stress and fuel eating disorder psychopathology."

Lack of access to in-person treatments may have been a setback for people in treatment for eating disorders, especially if telehealth was not an option. Meanwhile, public health guidance often worked against healthy eating habits. Recommendations to limit grocery shopping trips and stock up on food make sense for minimizing the risk of contracting COVID-19 but can be problematic for people with eating disorders. Food shortages and food insecurity from job losses can also factor in, Wilfley said. "Not knowing when you'll have access to food again can trigger episodes of binge eating and disordered eating."

When talking with patients about the stress of the pandemic, psychologists should be on the lookout for signs of disordered eating and assess patients when there's a concern, Wilfley said. "Eating disorders are treatable. It's important to instill some hope and optimism, and connect patients with resources and support."

FATCAMERA/GETTY IMAGES

Experts recommend involving all family members—including young children—in setting goals to improve eating and exercise habits.

with maintaining the weight loss over time (Laitner, M. H., et al., *Eating Behaviors*, Vol. 21, No. 1, 2016).

■ **Emphasize health, not weight.** "Focusing on nutrition, activity, sleep, and screen time can take some of the stigma away from talking about weight or body mass index," Puhl said. And making healthier choices in those areas can benefit anyone, no matter their shape or weight. "We want to improve health regardless of the number on the scale."

■ **Make it a family affair.** APA's Clinical Practice Guideline for the Treatment of Obesity and Overweight in Children and Adolescents recommends family-based multicomponent behavioral interventions. "Everyone in the family can work on goals like increasing the amount of produce they eat, being more active, decreasing sugary drinks, and having less screen time," Walters said. When working with children, it's also important to make sure they're involved in the discussion, Ogbeide added. "As providers, we have to make sure the child or teen is involved in the choices that are discussed. Just because they're 6 or 7 doesn't mean they don't have a voice in their care."

HOW PSYCHOLOGISTS CAN HELP WITH WEIGHT MANAGEMENT

Given the scope of overweight and obesity in the United States—especially post-pandemic—weight loss, weight stigma, and body dissatisfaction are topics that are likely to come up for most clinicians, even those who don't specialize in weight management. "It may not be in your typical repertoire, but patients may be looking to you for guidance," Sarwer said. "There is a lot of noise out there for consumers, all sorts of weight-loss books, diet plans, and supplements that don't have evidence to support them. Psychologists can help patients make changes that are evidence-based."

While psychologists have much to offer in terms of behavior change, it's important to come to the subject prepared. That should start with checking their own beliefs and biases to best support their patients. "Obesity bias has been around for a long time, and it's still around. There's a great deal of research showing that medical providers treat patients with obesity differently—and that includes psychologists, too," Ogbeide said. "It's important to be aware of your biases and work to combat them."

It's also critical for psychologists to really listen to a patient's needs. "As a clinician, you might be in a very different place than the patient in terms of connecting them with a dietitian, working with them on goal setting, creating an exercise plan. Clinicians can get into fix-it mode, but they may be working in a stage of change that the patient isn't ready for," Ogbeide said. "Maybe the patient is ready to start a weight management plan, or maybe they just need a safe place to share what they're feeling about their weight. As clinicians, we really need to listen to patients and meet them where they are." ■

BUILDING MENTAL HEALTH INTO EMERGENCY RESPONSES

More cities are pairing mental health professionals with police to better help people in crisis **BY ASHLEY ABRAMSON**

Psychologists have long played an important role in policing, including assessing the mental health of officer candidates, counseling officers who may be struggling after suffering traumatic incidents, and informing efforts to reduce aggressive and biased policing. Now, after an increase in mental health–related cases and incidents that have brought into question the adequacy of officers' training to respond to mental health crisis calls, police and clinicians are collaborating more closely on emergency call responses.

While George Floyd's murder at the hands of an aggressive and biased police officer in May 2020 and widespread concerns about police brutality are part of what is prompting more departments to adopt a different approach, concerns about law enforcement's relationship with mentally ill individuals aren't new.

It's estimated that at least 20% of police calls for service involve a mental health or substance use crisis, and for many departments, that demand is growing. In a nationwide survey of more than 2,400 senior law enforcement officials conducted by Michael C. Biasotti, formerly of the New York State Association of Chiefs of Police and the Naval Postgraduate School, around 84% said mental health–related calls have increased during their careers, and 63% said the amount of time their department spends on mental illness calls has increased during their careers. More than half reported the increased time is due to an inability to refer people to needed treatment. Referring to appropriate mental health resources—and following up on progress—takes time and resources that already strained police, especially those from smaller departments, don't always have.

A 911 call taker works the phones in the Arapahoe County Dispatch Center in Colorado.

As a result, more police departments are teaming with mental health clinicians—including psychologists—out in the field or behind the scenes via crisis intervention training. When these groups collaborate well, people with mental illness in crisis can access mental health care more easily, police experience less trauma and stress, and clinicians have an opportunity to make an even bigger difference in the community. Early data also indicate that these partnerships are making communities healthier, safer, and more financially secure.

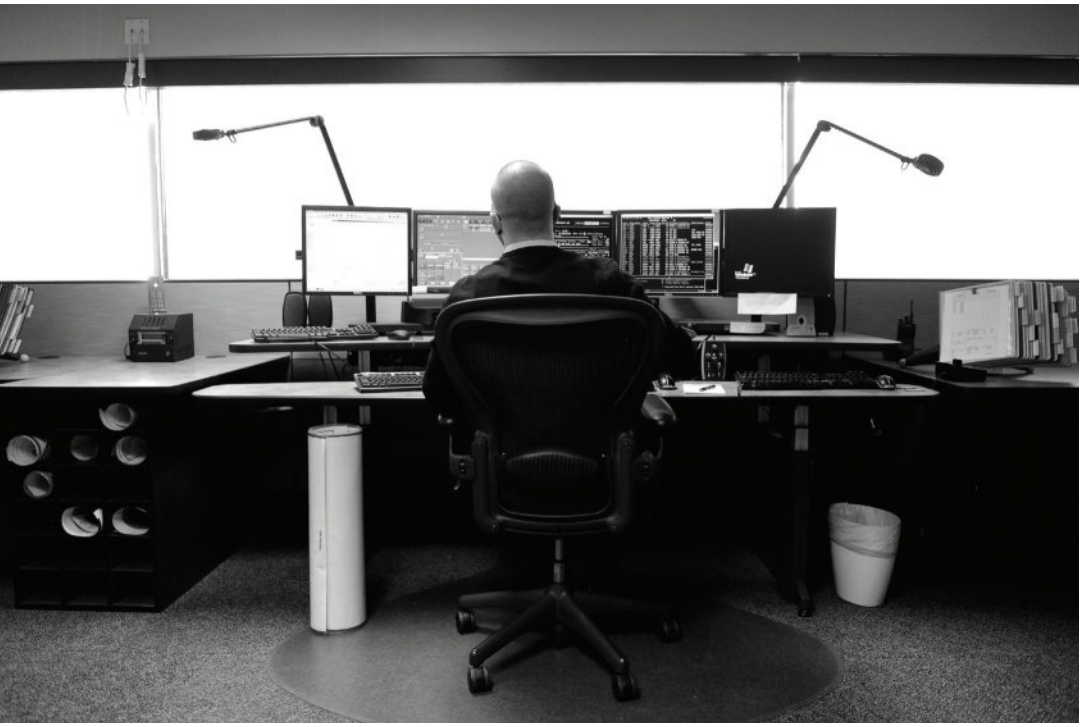
"Problems come up when mental health and law enforcement only work side by side but not together," said Joel Fay, PsyD, ABPP, a former police officer who is now a police psychologist in San Rafael, California. "The more they can work together with people with mental illness, the better off we'll all be."

CRISIS INTERVENTION TRAINING

One of the most common models police departments use to fold mental health expertise into emergency calls is crisis intervention training. In this system, psychologists and other clinicians train police officers on how to determine if an incident they are responding to involves mental illness, apply appropriate de-escalation skills, and triage cases that require psychological intervention rather than making arrests and incarcerating the mentally ill.

In Miami-Dade County, Florida, for example, police officers attend a 40-hour program led by a mental health counselor and facilitated by other relevant experts. A representative from the National Autism Association teaches officers about how to interact with neurodivergent individuals, for example, and several local psychologists and psychiatrists offer background about mental illness—such as how to differentiate between schizophrenia and bipolar disorder.

ANDY CROSS/GETTY IMAGES



Miami-Dade County liaison police officers also meet frequently with local clinicians to improve continuity of care. It can be frustrating for officers to respond to call after call involving the same members of the community and see that they aren't getting the care they need, said Steven Leifman, JD, a judge in Miami-Dade County who works closely with the officer training program and is an advocate for keeping people with mental illness out of jail. "This ongoing communication empowers police to want to do the [mental health] program because they know we're listening," Leifman said.

So far, the Miami-Dade Police Department has trained more than 7,600 officers in crisis intervention training, with positive results. Unnecessary arrests and shootings have declined because officers have learned ways to extend empathy and compassion to those with mental illness and how to stay calm as situations escalate. The county has also found that workers' compensation claims have decreased among police because officers are involved in fewer physical altercations.

Some departments triage mental health calls during dispatch. The community of Long Island, New York, recently proposed an initiative to give 911 operators the choice to dispatch a team of "clinical professionals" to mental health emergencies, the result of a collaboration with the Center for Policing Equity, led by psychologist Phillip Atiba Goff, PhD.

And as of February 2021, 911 callers in Austin, Texas, can opt for mental health services when they seek help for an emergency. Each caller can request the assistance of police, firefighters, medical responders, or mental health support, and dispatchers route those calls accordingly.

Still, not all callers recognize they're in need of mental health services, said Andy Hofmeister, assistant chief of Austin–Travis County Emergency Medical Services. Someone might dial 911 reporting a possible prowler in their backyard when they are actually experiencing paranoia. Common signs of mental crisis in this scenario, Hofmeister said, include repeat calls and outrageous claims. For example, the caller might think they're being followed by the FBI.

To that end, Hofmeister says it's important to train call takers and dispatchers to properly route calls. Every call taker in the Austin Police Department undergoes mental health first-aid training to help them recognize mental health emergencies and get critical information from people experiencing a mental health crisis. Call takers learn how to recognize signs of suicidal or homicidal ideation, self-injurious behavior, mood disorders, psychotic disorders, and substance misuse—and just as important, how to take a person-centered, compassionate approach that ultimately de-escalates the person until help arrives.

The city of Austin also hired an outside consultant, who is a master's-level clinician with a law enforcement background, to help implement the city's mental health first response initiative, including equipping call takers

with additional training for de-escalating people in crisis over the phone. Dispatchers also draw on these skills to prepare officers for what they can expect at the scene. Typically, Hofmeister said, the call taker transcribes details from the person in crisis that officers can access in real time to help them determine the caller's state of mind.

All of Austin's officers have crisis intervention training, but the department also sends master's-level clinicians out on calls they believe will require significant mental health assessment, de-escalation, or referral to mental health services.

"What we're working toward as a system is sending law enforcement only when it is absolutely necessary and sending clinicians alone on nonviolent calls that don't pose a risk to the public so people have as direct of a door to mental health services as possible," said Hofmeister.

MENTAL HEALTH CRISIS TEAMS

Other police departments delegate specific law enforcement officers to mental health calls and involve mental health professionals whenever necessary. One of the oldest programs in the United States is the CAHOOTS public safety system in Eugene, Oregon, started in 1989, a model that many police departments and cities have looked to for guidance in developing their own programs. When a call involving a mental health crisis comes in to the CAHOOTS nonemergency line, responders send a medic and a trained mental health crisis worker; if the call involves violence or medical emergencies, they involve law enforcement. In 2019, out of 24,000 CAHOOTS calls, mobile teams only requested police backup 150 times. The city estimates that CAHOOTS saves taxpayers an average of $8.5 million per year by handling crisis calls that would otherwise fall to police.

In San Francisco, members of the Street Crisis Response Team, like the CAHOOTS units, serve as a first response to nonviolent mental health calls and only involve law enforcement interventions when necessary. As of November 2020, the city's fire department and public health department contract with a local behavioral health organization to deploy these psychologist-trained response teams, which are made up of a community paramedic, a mental health clinician, and one peer counselor. That peer counselor must also have some sort of personal experience with mental illness, substance use, or homelessness to build trust with people experiencing mental health or behavioral crises.

The team members use trauma-informed harm-reduction techniques to de-escalate crises and, if necessary, transport clients to outpatient care, reducing unnecessary emergency room visits and jail time.

Psychologist Joanne Chao, PsyD, HealthRIGHT 360's director of San Francisco Behavioral Health Training, oversees the five clinical supervisors who manage the doctoral and master's-level clinicians responding to emergency mental health calls. She said that so far, no call has escalated to the point where a team has had to request police support. "Instead of having police respond, why not bring in a team that specializes in working with these clients so police can focus on public safety?" Chao said.

The San Antonio Police Department has an internal mental health unit with an assigned sergeant, two detectives, 10 patrol officers, and three civilian clinicians who are master's-level professional counselors. One counselor in the unit specializes in drug and alcohol treatment.

Each law enforcement member on the team has been trained in crisis intervention techniques and how to de-escalate people in crisis and connect them with necessary mental health resources.

Jon Sabo, a patrol officer in the mental health unit, says the officers trained in crisis intervention on his team can respond directly to calls with or without clinicians. For any follow-up visits, clinicians always come along to ensure people are accessing necessary services and adhering to treatment plans. In 2020, the department made more than 21,000 visits to people in mental health crisis. "The reality is, if we can get them into service and get them the help they need, we're not making calls there anymore. They're able to progress," said Sabo.

The police department in Tucson, Arizona, has a similar structure, known as the Mental Health Support Team—a mobile team of civilian mental health counselors with training from

FURTHER READING

Crisis Assistance Helping Out On The Streets (CAHOOTS)
https://whitebirdclinic.org/what-is-cahoots

Effectiveness of police crisis intervention training programs
Rogers, M. S., et al. *The Journal of the American Academy of Psychiatry and the Law,* 2019

Policing in black & white
Weir, K. *Monitor on Psychology,* December 2016

the police academy to handle themselves in the field. Officers assigned to the team work with mental health clinicians to de-escalate people in crisis. "There are calls we go on where clinicians do almost everything and we're in the background," said Sergeant Jason Winsky, an officer on the support team. Other times, when there's a safety threat, police apply their expertise.

The Mental Health Support Team also serves court orders for mental health treatments. While most police departments send patrol officers to serve such orders, Tucson has found that the support team has the time and the skill set needed to resolve such visits effectively and without force. "If they need to talk to someone for 3 hours for a peaceful resolution, that's what they'll do, and they're not distracted by the 911 radio going off," Winsky said.

REDUCING POLICE AND COMMUNITY STRESS

In cities without such programs, police are among the first responders to 911 calls that involve a mental or behavioral health crisis like a psychotic episode, and officers may not be adequately trained to handle these incidents.

"On average, over the course of their career, police officers encounter 188 critical incidents that overwhelm their normal coping skills," such as serious bodily injuries or near-death experiences, said David Black, PhD, a clinical psychologist and president and founder of Cordico, a wellness app for high-stress professionals, like law enforcement officers. "Over time, they encounter an enormous amount of stress, pressure, and trauma."

ANDREW DONOVAN VALDIVIA/UNSPLASH

This internal stress, paired with lack of mental health training, can cause officers to unintentionally escalate mental health crises, said Black. Since 2015, close to a quarter of people killed by police officers in the United States had a known mental health condition, and a November 2016 study in the *American Journal of Preventive Medicine* estimated that 20% to 50% of law enforcement fatalities involved an individual with a mental illness.

According to Fay, when police don't know how to recognize and de-escalate such crises, they also can't advocate for appropriate long-term treatment. This can result in a continuing cycle of unnecessary arrests that frustrate police and harm people who need care.

Having officers who are trained to help people with mental illness can result in better mental health outcomes and fewer unnecessary arrests.

"There'd be many times I'd want to take someone to a hospital due to mental illness, only to have that person released," Fay said. "Then, if they cause trouble in the community, I have no choice but to arrest that person to solve the problem because I'm responsible for community safety."

Officers also feel better about their work when they have the training and resources they need to help the people they encounter. Winsky, for example, said his team once reported to an elderly woman living in her car. Because all her belongings were in the vehicle, she was hesitant to leave for a psychiatric evaluation. The mental health team and law enforcement officers worked together to find a psychiatric placement for the woman that would also accept her vehicle, alleviating her fear and allowing for a more productive evaluation and better outcome. Ultimately, Winsky said, this type of comprehensive, compassionate treatment of people with mental illness has resulted in better mental health outcomes and fewer arrests in Tucson. The street team interacts with thousands of people a year and, on average, only arrests one or two people.

Besides harming people with mental illness, unnecessary arrests can become financially costly for communities as well. At one point, Miami-Dade County spent $636,000 a day to incarcerate 2,400 people, said Leifman. Once a person is released, they often continue calling 911 if

they are in crisis, which further drains community resources. "We wouldn't put someone in jail who has dementia or cancer because they acted out in an inappropriate way," Leifman said. "We'd work to get them treated, and we should take the same attitude with mentally ill people instead of using tax money to jail them."

BETTER SUPPORT ON CAMPUS

With built-in services like mental health clinics and police departments, college campuses are also uniquely positioned to have mental health professionals involved with crisis response. The University of Utah recently partnered with the Huntsman Mental Health Institute, an inpatient facility on campus, to form a team of Mental Health First Responders made up of master's-level crisis workers supervised by a psychologist. The clinicians respond to mental health calls after hours, when students are more likely to have crises, including incidents of self-harm or substance misuse.

"Our housing and residential education team noticed students can make it through the day because they're preoccupied and have support in place, but when they're back in their residence hall, overwhelming feelings of isolation can kick in," said Rachel Lucynski, of Huntsman's Community Crisis Intervention and Support Services.

At the University of Colorado Boulder, the campus police department partners with the counseling center to prevent escalation and unnecessary hospitalization for students with mental illness.

If a crisis does occur, a campus clinician responds along with police to assess and de-escalate the situation. After hours, campus police can contact clinicians via tablets on a secure connection to work together via phone or text to determine the best course of action. "It's all part of our culture of being guardians in the community and making sure we can provide continuity of care," said Mark Heyart, commander of the campus police.

Sabo, too, sees his crisis intervention training and partnerships with clinicians as an important part of his oath to community service. "People say police aren't cut out to deal with these calls, but whether we are or not, we're doing it," he said. "So we need the training to recognize a client in a mental health crisis and get them help." ■

5 QUESTIONS FOR TARA S. BEHREND

The program director for the U.S. National Science Foundation's Science of Organizations program shares what happens behind the scenes at a funding agency

BY KATHERINE LEE

The roughly 12,000 new research grants awarded each year by the National Science Foundation (NSF) serve as fuel for discovery and innovation. For this reason, there are few roles more exciting than serving as an NSF program director, overseeing grant awards in one of the seven directorates. Tara S. Behrend, PhD, is an NSF program director in the Social, Behavioral, and Economic Sciences directorate. Specifically, she serves as director for the Science of Organizations (SoO) program, which funds projects that increase our understanding of organizations and the people within them. Behrend is also what's known as an NSF "rotator," which means she'll go back to her faculty position as an industrial and organizational psychologist at Purdue University in fall 2022.

The *Monitor* talked with Behrend about how proposals are funded and what role a program director plays in that process.

What can you tell us about how and why grants are awarded?

NSF has two merit review criteria: intellectual merit and broader impact.

Intellectual merit means: Does this project stand to advance basic science and perhaps make a transformational contribution and fundamentally change the way that some kind of research is done? Broader impact means asking how the project will contribute to society and whether it will make the world a better place in some way.

For example, a psychology project NSF funded recently has implications for cybersecurity and how insider threats can be mitigated. The researchers are developing an emotional-regulation intervention tool to help workers manage their emotions at work, specifically the kind of negative emotions that lead to people losing their temper or saying things they would regret. A lot of insider threats to the cybersecurity of U.S. businesses and other organizations start off with a disgruntled employee taking some kind of action that leads to a cybersecurity issue.

How does a scientist become an NSF program director and what does the job entail?

Their application process to become an NSF director looks a lot like selection for an academic job—you give a presentation and interview with current program directors and others in the division. The pipeline, typically, is that you get involved with NSF before you apply, such as by reviewing grants or serving on a panel of experts who meet to discuss the proposals, read the reviewers' assessments, and add their own comments about the strengths and weaknesses of intellectual merit and broader impacts for each proposal. The role of a program director is to manage the program in every way. I assign reviewers to proposals and run the panel of experts who review the proposals themselves, consider the reviews of others, and then make funding recommendations. I make my final determination based on what the panel recommends to me, what my own read of the situation is, and what I think the priorities of the program should be.

I'm here on a two-year assignment. About half of the program officers are rotators and half are permanent, which is ideal because you get a regular influx of new ideas mixed with people who know what's going on and how things work. My job as a rotator is to bring my expertise and my ideas and also learn from the people who've been here for many years.

KEVIN SERNA

What does the Science of Organizations program fund?

The SoO funds research that advances our understanding of how organizations develop, grow, and operate. In short, the research aims to improve the design, development, and management of any organizations that produce goods and services,

provide jobs, achieve social goals, and perform other crucial functions for society. For instance, during the pandemic, SoO funded a number of projects that sought to understand the effects of the pandemic on work and workers.

Can you explain how your own research may factor into your role as a program director?

I'm interested in ways that technological innovations can either make people's lives better or worse and whether social and economic lines can determine who benefits and who doesn't. It's not about the circuits and wires for me; it's about what tech can do to change people's everyday experiences.

Lately, there's been a lot of fear that innovations such as AI (artificial intelligence) and automation will take people's jobs away. But we're actually seeing that automation is used to make those jobs healthier and safer; it's not replacing the jobs—it just involves using a technological tool.

I use my experience as a researcher to help ensure that my program supports a broad range of projects. I also make sure that I don't just invite experts to the panel who think about the world the same way that I do. Their role is to give me advice, and if I only ask for advice from people who think like me, what's the value of that? So, I work hard to think about including the whole domain of the field and representing each of those corners.

What, if anything, has surprised you about the grant application and funding process?

I've been in this position since October, and I feel like I've learned an enormous amount in a short period of time. There's so much that goes into managing these programs that isn't visible to someone on the other side. Principal investigators should know that the program officers are there as a resource for them, and they should call them if they have questions. Also, almost every program holds office hours before the proposal deadline so that people can call in and ask questions and listen to other people ask their questions, which can also be helpful because sometimes people may not know what to ask.

One thing that's especially surprised and impressed me is the quality of the merit review process. The process is transparent and mindful about fairness and the conflict of interest [COI] policy is incredibly strict and detailed. If you've got a COI with a proposal, you don't see it, don't touch it—you don't have anything to do with it!

I would encourage anyone who's considering working at a funding agency at some point in their career to do it. It is a lot of work, but it's also an incredibly valuable, meaningful, and rewarding experience. ■

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DO ASIAN AMERICAN APPLICANTS FACE DISCRIMINATION IN ADMISSIONS?

The U.S. Supreme Court may revisit whether colleges and universities can factor applicants' race into admissions decisions

BY MARC W. PEARCE, JD, PHD, UNIVERSITY OF NEBRASKA COLLEGE OF LAW, AND JESSICA K. PERROTTE, PHD, TEXAS STATE UNIVERSITY

In February, the nonprofit group Students for Fair Admissions (SFFA) petitioned the U.S. Supreme Court to review whether Harvard University's use of race in its undergraduate admissions process discriminates against Asian American applicants in favor of White applicants. ¶ Decades of Supreme Court precedent hold that race-conscious admissions processes are subject to strict scrutiny (e.g., *Fisher v. Univ. of Texas*, 2016; *Grutter v. Bollinger*, 2003; *Regents of the Univ. of California v. Bakke*, 1978).

To withstand this scrutiny, an institution must demonstrate that its use of race in admissions decisions furthers a "compelling interest" and is "narrowly tailored" to do so. Institutions can show that student body diversity serves a compelling interest by "promoting cross-racial understanding, breaking down racial stereotypes, fostering a robust exchange of ideas, cultivating a set of leaders with legitimacy in the eyes of the citizenry, exposing students to different cultures, and preparing students for the challenges of an increasingly diverse workforce." To be narrowly tailored, an admissions program cannot employ racial balancing or quotas, and it cannot use race in a mechanical way, such as by applying a specific number of admissions points to all applicants of particular races. In addition, race cannot be used when an institution's diversity goals can be achieved via a workable race-neutral alternative (*Students for Fair Admissions v. Harvard*, 2020).

SFFA filed a lawsuit in 2014 alleging that Harvard's admissions process fails to meet the Supreme Court's criteria and that Harvard was intentionally discriminating against Asian American applicants. Both SFFA and Harvard presented extensive statistical evidence using applicant data from the entering classes of 2014 through 2019. Data included a "personal rating" for each applicant issued by Harvard's admissions staff—an assessment of the candidate's overall leadership, maturity, integrity, and other characteristics gleaned from application materials.

The court considered whether Harvard's personal ratings should be included in models assessing the effect of race on the probability of admission. When the personal rating was included, logistic regression showed that Asian American identity had no statistically significant effect on odds of admission. Conversely, when it was excluded, Asian American identity had a negative effect on odds of admission. The court determined that the model including the rating was more complete, and it was appropriate to include the rating despite its correlation with race. On appeal, the First Circuit agreed that Harvard's use of race to achieve diversity withstood strict scrutiny. SFFA now seeks to have the Supreme Court overrule its prior cases and hold that institutions of higher education can no longer use race as a factor in admissions decisions. Given that two of the justices who joined the majority in the court's last major affirmative action case have been replaced, it is possible that the law may change.

Psychologists continue to study the question of race in college admissions. Recent simulation research suggests that race-neutral alternatives to direct consideration of race in admissions decisions will result in reduced college access for people of color. Research also continues to support the conclusion that the careful use of race in admissions decisions leads to positive outcomes for students of color. Although ample research and legal precedent indicate that the benefits of diversity in higher education are real, so too is the possibility that the court will restrict the consideration of race in admissions decisions. ■

AT ISSUE

Will the Supreme Court revisit and overturn its precedents that permit race to be considered in college admissions decisions?

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

SHAA/THE NOUN PROJECT

A growing body of research is leading many psychologists to call for the inclusion of complex childhood trauma in various classification systems.

CE

CONTINUING EDUCATION IMPROVED TREATMENT FOR DEVELOPMENTAL TRAUMA

BY ZARA ABRAMS

James* was born to a mother who suffered from chronic depression and a substance use disorder. She never physically abused him, but she could not provide consistent care. As a result, he faced poverty, homelessness, and severe neglect throughout his childhood. At one point, James was temporarily removed from his mother's care and placed in a foster home, where he witnessed family violence and experienced emotional abuse.

When James entered preschool, he faced significant mental and behavioral health problems, including aggressive behavior, difficulty regulating his emotions, and trouble forming healthy relationships with peers. Despite all these difficulties, he did not meet the diagnostic criteria for post-traumatic stress disorder (PTSD) when he was assessed by clinicians at ages 5, 9, and 16. (More than 70% of children treated by the National Child Traumatic Stress Network [NCTSN] do not meet the criteria [Purbeck, C. A., et al., NCTSN Core Data Set Report, 2021].) By the time James started high school, he had been diagnosed with oppositional defiant disorder (ODD), bipolar disorder, borderline personality disorder, and generalized anxiety disorder. He takes a cocktail of medications, but neither his diagnoses nor his treatments address the effects of his tumultuous early years.

"So many of these kids are misdiagnosed, and as a result, they're not getting the right treatment," said Mandy Habib, PsyD, codirector of the Institute for Adolescent Trauma Treatment and Training at Adelphi University in New York. "Their trauma history just gets completely missed, and it's such a disservice to them."

To better serve children like James, a growing group of psychologists and psychiatrists is studying complex trauma—which can refer to exposure to multiple adverse events and the impacts of that exposure—and advocating for its inclusion in various classification systems. These experts argue that formalizing disorders such as complex PTSD (cPTSD) and developmental trauma disorder (DTD) enables better treatment for children like James, because those diagnoses account for the detrimental effects of chronic stressors such as neglect, emotional abuse, and family or community violence—and ensure that children receive trauma-informed care. Now, they can point to a growing research base to support that claim.

"These kids are often seen as a problem to their schools, caregivers, and society," said psychologist Joseph Spinazzola, PhD, executive director of the Foundation Trust, a philanthropic organization that supports underserved groups, and co–principal investigator of two field studies of DTD. "In the absence of a trauma diagnosis, kids are getting left out. We're working to manage and contain their behaviors, but we're not addressing the underlying factors driving those behaviors."

THE NEED FOR ACCURATE DIAGNOSES

The addition of PTSD to the Diagnostic and Statistical Manual of Mental Disorders (3rd Ed.) in 1980 sent a clear message that a harrowing experience, such as participating in violent combat or being sexually assaulted, can profoundly affect human health and behavior. Since then, the field's concept of trauma has evolved, and many say it is well past time for the DSM to catch up.

To receive a PTSD diagnosis, patients must face a "Criterion A" stressor—witnessing or experiencing actual or threatened death, serious injury, or sexual violence—and exhibit a series of resulting symptoms, such as flashbacks, hypervigilance, and emotional

* Name changed to protect patient privacy.

CE credits: 1

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

1. Describe developmental trauma disorder (DTD) and complex post-traumatic stress disorder (cPTSD) and understand how they differ from PTSD.

2. Explain how adverse experiences in childhood can impact development.

3. Describe several interventions used to treat children and adolescents with a history of complex trauma.

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

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distress. Patients with cPTSD, on the other hand, may have faced either multiple Criterion A stressors or chronic adverse experiences that may not meet the Criterion A threshold, such as impaired caregiving, emotional abuse, or prolonged separation from a caregiver. Some have faced a combination of Criterion A stressors and other adverse events—for example, a child who was neglected by a parent with a substance use disorder, then sexually abused after entering foster care. cPTSD has gained traction in clinical settings for both children and adults since the World Health Organization added it to the International Statistical Classification of Diseases and Related Health Problems (ICD-11) in 2019.

DTD is a more multifaceted diagnosis specific to children, encompassing 15 possible symptoms across several domains, including emotion, cognition, behavior, and relationships. Symptoms include behaviors such as habitual self-harm, extreme distrust, and verbal or physical aggression toward others. DTD covers adversity not described by PTSD, and it also accounts for the disruptions in development that result from sustained trauma during childhood, which typically occurs in the context of relationships.

"This is a disorder where kids are fundamentally feeling insecure and that there is something wrong with them because they are either in emotional turmoil or emotionally shut down," said clinical psychologist Julian Ford, PhD, ABPP, a professor of psychiatry and law and director of the Center for Treatment of Developmental Trauma Disorders at the University of Connecticut, who is also the co–principal investigator of the DTD field studies with Spinazzola and trauma psychiatrist Bessel van der Kolk, MD. "This emotion dysregulation occurs because they have essentially organized their development around survival."

By school age, these kids may experience impulsivity, aggression, separation anxiety, and intense mood shifts. They are likely to face problems with sleep, learning, classroom behavior, and relationships with peers. By adolescence, they may turn to addictive behaviors such as self-injury or substance use to cope with their emotional turmoil or to feel something when they are emotionally shut down. They are often diagnosed with ODD, attention-deficit/hyperactivity disorder (ADHD), bipolar disorder, and major depression, as well as various attachment, adjustment, anxiety, and personality disorders—diagnoses that cPTSD researchers say do not accurately capture these kids' experiences.

"Diagnosis matters, because it drives what treatments are approved and covered by insurance, as well as what researchers are discussing and studying," said clinical psychologist Margaret Blaustein, PhD, founder and director of the Center for Trauma Training in Needham, Massachusetts.

Children given behavioral diagnoses such as ODD and ADHD, rather than trauma-related diagnoses, are often treated with behavioral therapy and medications rather than trauma-informed approaches, Blaustein said, which fails to address the disrupted attachment and development many of these children face.

Ford, Spinazzola, van der Kolk, and others advocated unsuccessfully for the inclusion of DTD in the DSM-V. The 2011 rejection cited "no known evidence" that trauma causes developmental disruptions. Ten years later, the team has amassed substantial evidence of that link from two field trials assessing more than 500 children for DTD, PTSD, and other psychiatric disorders.

DIFFERENTIATING BETWEEN DIAGNOSES

One key finding of the first DTD field trial is that the disorder is distinct from PTSD, suggesting that it exerts different effects and requires a unique approach. Van der Kolk, Spinazzola, and Ford showed that compared with children with PTSD, children who meet the criteria for DTD are more likely to experience panic disorder, separation anxiety disorder, ADHD, and disruptive behavior disorders such as ODD (*European Journal of Psychotraumatology*, Vol. 10, No. 1, 2019). They also found that exposure to interpersonal trauma, such as family and community violence, or attachment adversity, such as from an impaired caregiver or emotional abuse, were more closely associated with DTD symptoms than PTSD symptoms (*Journal of Traumatic Stress*, Vol. 31, No. 5, 2018). Ford said this indicates that DTD likely results from a combination of one or more forms of traumatic victimization—challenges to a child's sense of safety or personal and bodily integrity—as well as a disruption in attachment bonding with a primary caregiver.

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In a separate study led by Spinazzola, youth who faced psychological maltreatment—emotional abuse or neglect that would not qualify as a PTSD Criterion A stressor—had at least as many behavioral problems and mental health disorders as children who were physically or sexually abused, but their pattern of symptoms was different (*Psychological Trauma: Theory, Research, Practice, and Policy*, Vol. 6, Suppl. 1, 2014).

"What we've found is that the symptoms we've identified as part of DTD hold together very well and are distinct from symptoms of PTSD and other psychiatric disorders," said Ford.

Another factor that distinguishes DTD from PTSD: Symptoms tend to vary based on the developmental period when trauma occurred. Child development can be seen as a progression through a series of stages, each with its own developmental tasks and opportunities. Examples include forming healthy attachments with caregivers in infancy and early childhood, establishing healthy interpersonal relationships with friends in middle and late childhood, and developing a sense of personal identity and purpose in adolescence, said Christopher Layne, PhD, a clinical psychologist and the director of education in evidence-based practice at the UCLA–Duke University National Center for Child Traumatic Stress. The successful completion of each developmental task lays the groundwork to take on and subsequently achieve others.

"We can think about complex trauma exposure as the disruption of key developmental tasks that can have a cascading forward effect," Layne said.

Formalizing complex PTSD and developmental trauma disorder in children would enable psychologists to treat disrupted attachment and development.

For example, a child who did not learn to self-soothe may exhibit adaptations such as head-banging, compulsive masturbation, or substance misuse, depending on the child's developmental stage, said Spinazzola. Those reactions can in turn make it harder to complete future developmental tasks, such as forming healthy relationships with peers (Hawes, D. J., et al., *American Psychologist*, Vol. 76, No. 2, 2021).

The source of harm also matters. Children who face complex trauma are often abused or neglected in the context of caregiver relationships, which Layne said can be more detrimental than harm done by a stranger because it challenges a child's basic understanding of healthy attachments and the benign nature of others—and violates the expectation that caregivers will reliably love, nurture, and protect their children.

"It changes your core beliefs about people, about the world, about safety, about the future—in a way that straightforward PTSD doesn't," Habib said.

While proponents say that adding DTD and cPTSD to classification systems will improve treatment, enhance research, and help better explain comorbidities, not all trauma practitioners support the change. Critics argue that the DSM and ICD are intended to define disorders based on symptoms rather than etiology, and that there is not yet a clear causal link between traumatic experiences and the symptoms of DTD (Schmid, M., et al., *BMC Psychiatry*, Vol. 13, No. 3, 2013).

Some researchers who study trauma say that adding diagnoses for disorders such as cPTSD and DTD is not necessary because there are ways to study PTSD that provide enough nuance to identify a spectrum of reactions to traumatic events.

"By focusing on the frequency and severity of a child's experiences, we can capture meaningful neurobiological, psychological, and behavioral consequences of trauma within the existing classification system," said Katie McLaughlin, PhD, a professor in Harvard University's Department of Psychology who studies the neurobiological effects of childhood trauma.

McLaughlin's team has found that as the severity and chronicity of trauma increase, so do changes in the brain. Kids exposed to more frequent or intense trauma—for example, a child sexually abused by a parent for years versus a child sexually abused one time by a stranger—have a stronger amygdala response to facial expressions of anger and fear, indicating increased sensitivity to threat (*Journal of the American Academy of Child & Adolescent Psychiatry*, Vol. 54, No. 9, 2015).

Neurobiological responses also appear to differ by developmental stage. Children who are maltreated before age 12 have lower hippocampal volumes than those exposed to trauma during adolescence or not at all (Riem, M. M. E., et al., *Development and Psychopathology*, Vol. 27, No. 2, 2015). McLaughlin said this may help explain problems with learning and academic performance, because kids exposed to trauma tend to do worse on simple memory tasks, such as word recall (*Developmental Cognitive Neuroscience*, Vol. 38, 2019).

But Ford cautions that this approach may leave out children like James who do not meet the criteria for PTSD, because without a diagnosis that links their symptoms to trauma, their health care providers are unlikely to deliver trauma-informed treatment.

EFFECTIVE TRAUMA-INFORMED TREATMENTS

The number one reason child psychologists want recognition for cPTSD and DTD is to design and deliver effective trauma-informed treatments to children and adolescents in need.

Blaustein, Spinazzola, and Ford helped craft a series of best practices for treating complex trauma among youth. These include establishing a sense of safety, teaching the patient to self-regulate and self-reflect, and supporting healthy relationships. Practitioners should also help children and teens process traumatic memories and integrate them into their life story (Cook, A., et al., *Psychiatric Annals*, Vol. 35, No. 5, 2005).

NCTSN recommends eight evidence-based interventions for children with complex trauma at the individual, family, group, and systems levels. Trauma Affect Regulation: Guide for Education and Therapy (TARGET), which Ford developed, teaches trauma survivors how the brain adapts to survive trauma and how this leads to DTD symptoms. It also provides a set of skills for shifting from a state of reactivity to one of focus and control, and it has proven effective for DTD (*Treating Complex Traumatic Stress Disorder in Adults*, Guilford Publications, 2020).

"Being able to focus and think clearly when under stress is more complicated than it seems and is especially difficult—but also especially valuable—for kids who are experiencing DTD," said Ford.

Blaustein and Kristine Kinniburgh, a licensed clinical social worker, developed Attachment, Self-Regulation, and Competence: A Comprehensive Framework (ARC), which delivers some of the same strategies used in individual therapy—teaching emotional regulation and attunement skills—in a range of settings, such as within a residential treatment or child welfare program. ARC also works with caregivers to stabilize primary attachment relationships.

"It's not enough just to build a child's skills, because it's hard to make use of those skills if they remain in a threatening, overly stressed environment," Blaustein said.

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) is a 16-session group treatment program for adolescents that emphasizes problem-solving, mindfulness, communication, and self-regulatory skills, while simultaneously helping youth develop a sense of meaning and purpose in life. Habib, who cocreated SPARCS, trains psychologists, social workers, and other counselors to deliver the program in juvenile justice settings, public schools, residential care facilities, and outpatient communities.

In addition to interventions designed specifically for children and teens facing complex trauma,

FURTHER READING

The body keeps the score: Brain, mind, and body in the healing of trauma
Van der Kolk, B. Penguin Random House, 2015

Treating complex traumatic stress disorders in children and adolescents
Ford, J. D., & Courtois, C. A. (Eds.) Guilford Press, 2015

Psychological interventions for ICD-11 complex PTSD symptoms: Systematic review and meta-analysis
Karatzias, T., et al. *Psychological Medicine*, 2019

practitioners also apply modified versions of treatments developed for PTSD.

Teresa Celada-Dalton, PhD, is a trauma psychologist at Children's Hospital Los Angeles, where she works with children exposed to an array of traumatic events, many of whom have recently migrated to the United States from Central America. Most have faced some combination of poverty, discrimination, community or family violence, and the stress of migration, she said, but very few meet the diagnostic criteria for PTSD.

For school-age children, she uses trauma-focused cognitive behavioral therapy, which focuses on exploring trauma-related cognitive distortions that cause affect dysregulation and maladaptive behaviors. She guides children and their caregivers through a series of modules to help them integrate their personal "trauma narrative"—which may take the form of a journal, comic strip, or song—into their life story. With infants and toddlers, she uses child-parent psychotherapy (CPP), which provides a safe and nurturing space for the child to bond with their caregiver and process trauma through play. For example, a 4-year-old girl who had witnessed domestic violence reenacted what she saw by playing with dolls in Celada-Dalton's office. CPP may also involve directly addressing issues such as neglect and emotional abuse to strengthen the parent-child relationship.

Celada-Dalton also modifies treatments to meet the cultural and linguistic needs of her patients. She adapts coping resources—fables or stories, knowledge from ancestors, and culturally diverse dolls—so that they feel natural and comfortable for patients.

PEKIC/GETTY IMAGES

Child-parent psychotherapy helps younger children process trauma through play while bonding with their parents in a safe and nurturing environment.

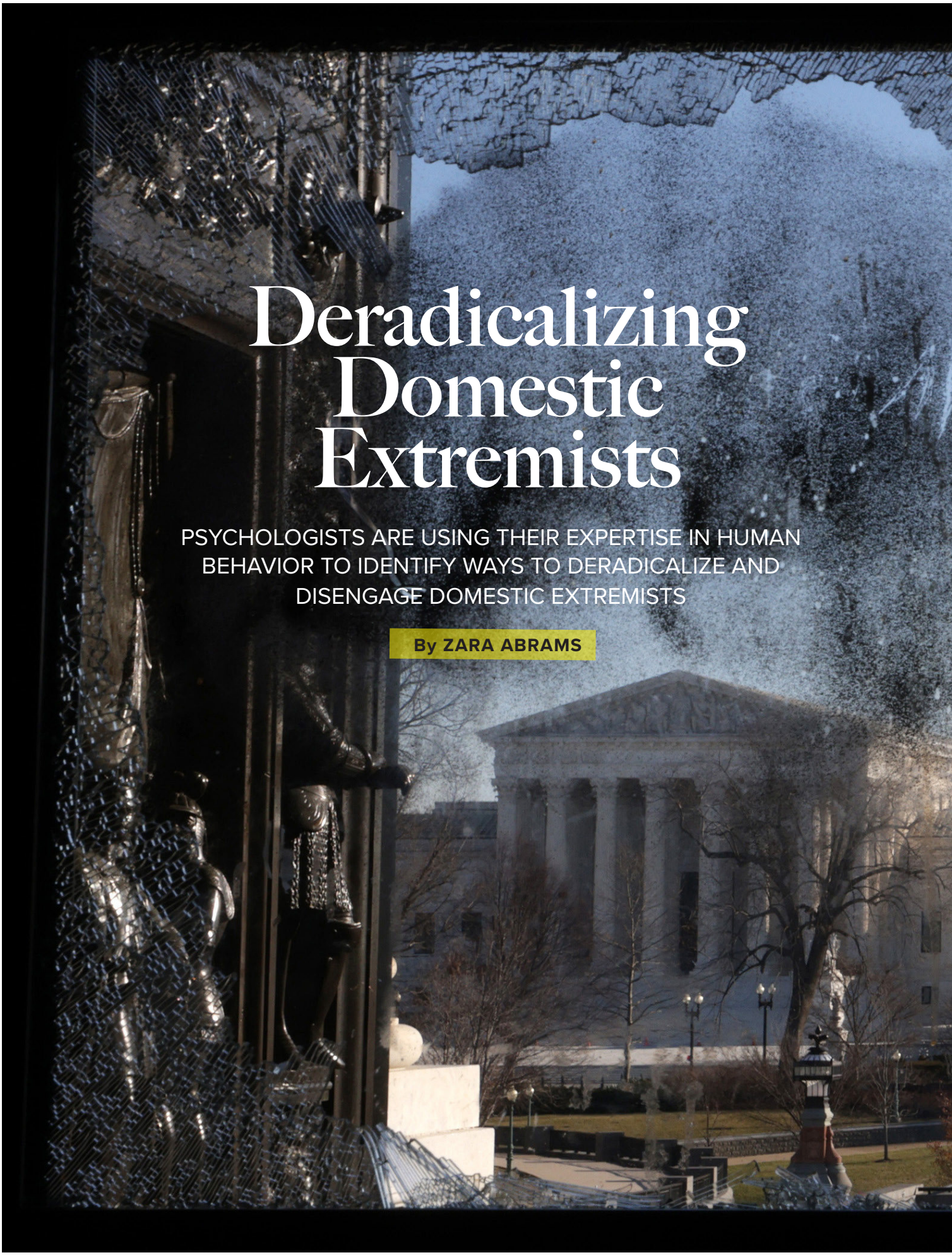
Evidence is also mounting for using nontraditional interventions to treat complex trauma. Neurofeedback training, which uses a brain-computer interface to teach patients to modulate their brain activity, can improve PTSD symptoms in children with developmental trauma, according to a study by Spinazzola, van der Kolk, and their colleagues (Rogel, A., et al., *Psychological Trauma: Theory, Research, Practice, and Policy*, Vol. 12, No. 8, 2020). For a select few, equine-facilitated psychotherapy, which pairs children with horses to develop relational and emotional regulation skills, also shows promise for treating complex trauma (Naste, T. M., et al., *Journal of Child & Adolescent Trauma*, Vol. 11, 2018).

OPPORTUNITIES TO FURTHER IMPROVE OUTCOMES

Ford, Spinazzola, van der Kolk, and their colleagues are still analyzing data from the DTD field trials to further explore each disorder's symptoms and how they are related to—or distinct from—PTSD and other disorders. Layne and Ford are also examining children's exposure histories to 19 different types of trauma—including an impaired caregiver, sexual abuse, and neglect—to understand how adverse life events tend to co-occur and impact development. Their work involves developing an expanded vocabulary of terms to describe differences in exposure histories that may help explain why some children develop PTSD, cPTSD, or DTD.

Over the long term, Ford said the field needs much more treatment outcome research, such as whether emerging and evidence-based therapies actually improve outcomes in DTD for children of various ages. Longitudinal studies that track how DTD and cPTSD symptoms develop over time, including their impacts on adult life, are also a key piece of the puzzle.

"The goal is not to throw out PTSD, because it was such a landmark change to include in the DSM a diagnosis that acknowledges the impact of trauma," Blaustein said. "But the diagnosis leaves out a lot of kids. It's important not to limit our understanding of trauma to what is currently in the DSM." ■



Deradicalizing Domestic Extremists

PSYCHOLOGISTS ARE USING THEIR EXPERTISE IN HUMAN BEHAVIOR TO IDENTIFY WAYS TO DERADICALIZE AND DISENGAGE DOMESTIC EXTREMISTS

By ZARA ABRAMS

JOHN LAMPARSKI/GETTY IMAGES

A view of the U.S. Supreme Court through a damaged entrance of the U.S. Capitol, Jan. 7, 2021

As the United States grapples with a surge of domestic extremism—

including the Capitol breach on January 6—psychologists are identifying factors that are at the root of such violence, along with ways to stop it.

Psychologists, along with experts in sociology, political science, and criminology, are helping to identify strategies for deradicalization and disengagement. It comes as the country is seeing a surge of domestic extremism not seen in decades, according to a *Washington Post* analysis of data from the Center for Strategic and International Studies (CSIS), a bipartisan think tank.

Over the past year, anti-lockdown protests, anti-racism protests, and the U.S. presidential election helped fuel the rise in violence, according to the National Consortium for the Study of Terrorism and Responses to Terrorism (START), based at the University of Maryland ("A Tragedy In Three Acts: COVID-19 and Compounding Crises," 2020).

In 2020, CSIS recorded 110 domestic extremist attacks. Of those, two thirds were from the far right, about a quarter from the far left, and the remainder were driven by religious or "ethnonationalist" causes.

In response to the uptick, the Department of Homeland Security (DHS) is expanding research into violent extremism in the United States.

"Ultimately, the decision to engage in violence on behalf of a cognitive or emotional belief is a psychological process," said psychologist Gina Scott Ligon, PhD, director of the DHS-funded National Counterterrorism Innovation, Technology, and Education Center (NCITE) at the University of Nebraska Omaha. "As experts

Trump supporters clash with police and security forces as people storm the U.S. Capitol on Jan. 6, 2021. Demonstrators entered the Capitol as Congress debated the electoral vote certification.

IDEEONE/GETTY IMAGES

in human behavior, psychologists are going to have a very important seat at the table as this conversation moves forward."

SEEKING SOLUTIONS

Though questions remain about violent extremism, psychologists have started to study how best to prevent, reverse, or neutralize the threat of radicalization. It is an area where psychologists can work as part of a broad team of interdisciplinary sciences, synthesizing their research with other fields to address a critical issue facing the nation.

Deradicalization—a shift to less extreme views—is the ideal outcome. But disengagement, which involves leaving a group and ceasing any extremist criminal activity, may be more attainable.

"Deradicalization requires changing attitudes toward extremist violence, and that is very difficult to measure," said Allard Feddes, PhD, an assistant professor of social psychology at the University of Amsterdam who studies extremism. "But in the end, you can think what you want as long as you don't use threats or violence to support it."

According to START's Profiles of Individual Radicalization in the United States (PIRUS), a database of 2,226 people who engaged in extremist crimes, researchers have evidence that about 300 people disengaged from extremism in some way. But disengagement didn't necessarily reduce their level of radicalization; in about a third of that subset, researchers found no evidence of deradicalization. In other words, these individuals have stopped enacting extremist crimes but may still hold radical views. Another fifth of that sample continued to engage in criminal activity such as theft or drug-related crimes.

"Push" factors from within a movement that drove people out included burnout, dissatisfaction with one's status in the group, and other forms of disillusionment—for instance, having a positive experience with someone the group has vilified, such as a person of color. External "pull" factors that contributed to leaving included a new romantic relationship, the birth of a child, or new employment (PIRUS-D3 research brief, 2019; Jensen, M., et al., *Studies in Conflict & Terrorism*, online first publication, 2020).

One of the main reasons people disengage from extremist groups is the same reason many people leave jobs or other organizations—because they dislike their boss, according to a study of nearly 100 exit interviews with left- and right-wing domestic extremists conducted by Ligon and her colleagues (*Studies in Conflict & Terrorism*, Vol. 42, No. 6, 2019).

"It wasn't that they realized their beliefs were wrong, it was that they didn't trust their leaders

> "Ultimately, the decision to engage in violence on behalf of a cognitive or emotional belief is a psychological process."
>
> — GINA SCOTT LIGON, PHD, NATIONAL COUNTERTERRORISM INNOVATION, TECHNOLOGY, AND EDUCATION CENTER, UNIVERSITY OF NEBRASKA OMAHA

A Trump supporter holds a Confederate flag outside the Senate chamber after demonstrators breached the U.S. Capitol on Jan. 6, 2021.

HXYUME/GETTY IMAGES

Members of the National Socialist Movement hold a swastika lighting ceremony after a rally in Newman, Georgia, on April 21, 2018.

or were dissatisfied with the way the group was being managed," Ligon said.

But disillusionment and exit do not always go hand in hand, especially for women, said Kathleen Blee, PhD, a distinguished professor of sociology at the University of Pittsburgh. Research by Blee and her colleagues on domestic White supremacy groups shows that women may remain long after becoming dissatisfied because of concerns about physical safety or losing monetary support they receive from someone else in the group (*The Sociological Quarterly*, Vol. 61, No. 3, 2020).

Most psychology-informed counterterrorism strategies have been developed internationally for use with Islamist extremists. The Danish Aarhus model, for instance, relies on a partnership between researchers, authorities, mentors, and parents to support inclusion and prosocial behaviors among youth and adults vulnerable to radicalization. But experts warn that these interventions may not translate to U.S.-based groups.

"Behavior is very situationally dependent, and it's hard to transfer a method from one context to another," said Martha Crenshaw, PhD, a professor emerita at Stanford University and former president of the International Society of Political Psychology.

Research on interventions for domestic extremism is still nascent, but some early efforts aim to use inoculative messaging to prevent radicalization in the first place. In one study, participants who saw a warning about extremist messaging before exposure to left- or right-wing propaganda showed more psychological reactance, which is motivated resistance to a perceived threat to their autonomy. They also felt the extremist group was less credible and said they were less likely to support it (Braddock, K., *Terrorism and Political Violence*, 2019).

Evidence also points to the power of former group members, or "formers," in helping people leave extremist groups. Formers provide social support and can reflect on the challenges and fears associated with leaving. Such efforts, used in programs such as ExitUSA, also support individuals in extricating their identity from membership in the group (DeMichele, M., et al., "Research and Evaluation on Domestic Radicalization to Violent Extremism: Research to Support Exit USA," U.S. Office of Justice Programs, 2021).

"In order for people to successfully not just get out but stay out, they needed help in moving towards the formation of a new identity," said John Horgan, PhD, a distinguished professor of psychology and director of the Violent Extremism Research Group at Georgia State University.

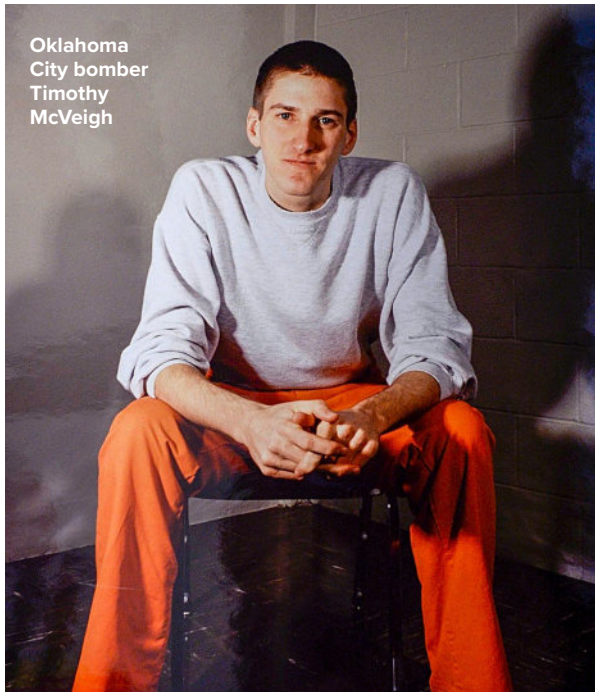
Since people are more likely to get out if they know someone else leaving, it may be wiser to focus on shifting the attitudes of entire groups rather than investing in deradicalization at the individual level, said Clark McCauley, PhD, a psychologist and professor emeritus at Bryn Mawr College in Pennsylvania. This kind of approach can reach more of the people who do not enact violence themselves but support or sympathize with those who do.

FURTHER READING

Radicalization on the internet: Virtual extremism in the U.S. from 2012–2017
Costello, M., et al.
U.S. Office of Justice Programs, 2021

I've studied terrorism for over 40 years. Let's talk about what comes next.
Crenshaw, M.
The New York Times, Feb. 10, 2021

Does deradicalization work?
Horgan, J., et al.
Radicalization and Counter-Radicalization, 2020



Oklahoma City bomber Timothy McVeigh

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WHAT CAUSES EXTREMISM

Controversy around the pandemic and 2020 presidential election may have exacerbated tensions, but experts say today's domestic extremists have ties stretching back decades to the standoffs in Ruby Ridge, Idaho, and Waco, Texas, as well as the Oklahoma City bombing.

"Many of the viewpoints we're hearing have been around for decades, but they've always been relegated to fringe groups," said social psychologist Anthony Lemieux, PhD, a professor of communication at Georgia State University and editor of the journal *Dynamics of Asymmetric Conflict*. "Now for the first time, they are being given a voice and platform in mainstream society."

TYPES OF EXTREMISM

Members of the three main domestic terrorist groups tend to fit certain profiles

Studies of domestic terrorism have largely focused on three categories: far right, far left, and Islamist. START's Profiles of Individual Radicalization in the United States (PIRUS), a database of 2,226 people who engaged in extremist crimes, points to some demographic differences between those groups.

For example, **Islamist extremists** tend to be young, male, and radicalized on the internet. Far-left extremists are typically young and well educated and are more likely to be female than members of other extremist groups. Far-right extremists tend to be older and to have engaged in criminal activity before they radicalized (PIRUS research brief, 2020).

Left-wing extremists include groups and individuals who oppose capitalism, support environmental or animal rights causes, or embrace communism, socialism, or anarchism (*The Escalating Terrorism Problem in the United States*, Center for Strategic and International Studies, 2020). Some members of the anti-fascist political protest movement Antifa have enacted violent extremist crimes, but research by psychologist Gina Scott Ligon, PhD, director of the National Counterterrorism Innovation, Technology, and Education Center (NCITE) at the University of Nebraska Omaha, shows that while Antifa-inspired individuals engaged in increasing levels of violence over the summer of 2020, it is still a decentralized movement with low levels of coordination and does not meet the criteria for an organization (*Dynamics of Asymmetric Conflict*, Vol. 14, No. 1, 2021).

Right-wing extremism, which currently eclipses all other domestic threats, accounting for almost three quarters of extremist murders in the past decade (*Murder and Extremism in the United States in 2018*, ADL Center on Extremism, 2019), falls into three main categories, said Martha Crenshaw, PhD, a professor emerita at Stanford University and former president of the International Society of Political Psychology. Militia groups, such as the Oath Keepers and Three Percenters, regard themselves as patriots upholding the founding principles of the American Revolution. They often wear military garb and engage in public displays of violence. Neo-Nazi groups, such as the National Socialist Order, formerly known as the Atomwaffen Division, ally with far-right groups in Europe and see themselves as heirs to Adolf Hitler's regime. White supremacist groups, such as the Ku Klux Klan, unite around the "great replacement theory"—the idea that a movement or conspiracy exists to replace U.S. citizens of European origin with immigrants and people of color as the country's dominant group.

A man stands by a Confederate flag as far-right militias and White pride groups rally in Stone Mountain, Georgia, on Aug. 15, 2020.

LOGAN CYRUS/GETTY IMAGES

Extremist groups can provide adherents with easy-to-digest but sometimes dangerously misinformed answers to complex societal issues, according to Feddes. "That makes them attractive to people who are vulnerable to radicalization," he said.

Terrorism—or violent extremism—describes the use of violence in service of a specific ideology, typically social, political, or religious in nature. Radicalization refers to the process by which that ideology is adopted, but researchers say holding extreme views is not inherently a bad thing.

"Radicalization of opinion can be an important precursor to meaningful social change," said Lemieux. "The problem is when people begin to feel that using violence in service of those views is not only justified but also recognized and celebrated."

Many—but not all—of the extremist crimes tracked by PIRUS are violent. Some are what experts call "paper terrorism," such as when those opposed to federal income taxes engage in tax fraud or evasion. Differentiating between violent and nonviolent crimes can help focus counterterrorism efforts on preventing loss of life.

"Why is it that some people are more vulnerable than others to enact violence, where they try to harm people because of their extremist beliefs?" said Michael Jensen, PhD, a political scientist at START who leads the PIRUS project and other studies of domestic radicalization.

He and his team found that people who had a criminal record before they radicalized were about 2.5 times more likely to engage in violence once they adopted extremist ideology (*Terrorism and Political Violence*, Vol. 32, No. 5, 2020). They also found higher rates of violence among people who isolated themselves in small cliques of two to four peers and among people with mental illness, such as post-traumatic stress disorder, major depression, or bipolar disorder (*Criminology*, Vol. 56, No. 2, 2018).

A woman holds a QAnon conspiracy theory flag at the Conservative Political Action Conference in Orlando, Florida, on Feb. 28, 2021.

For example, of 35 known QAnon followers who were arrested for extremist crimes not including the Capitol breach, 63% had a documented mental health condition, such as schizophrenia, and 44% had experienced a traumatic event (*QAnon Offenders in the United States*, START, 2021). Though the vast majority of people with mental illness are not prone to violence, a subset of the population diagnosed with psychotic disorders can be (Insel, T., *Understanding Severe Mental Illness*, National Institute of Mental Health, 2011).

Jensen also found that some factors, including being married or stably employed, appear to decrease the likelihood that individuals will enact violence.

"By now, we have a pretty good grasp on how individuals radicalize," Jensen said. "What we aren't as prepared for is how to deradicalize or demobilize

millions of people who have potentially bought in to extremist narratives."

SCOURING SOCIAL MEDIA FOR CLUES

Another key question is how extremist groups organize. Informal events such as parties or gun shows have long been the main path to joining far-right groups, but online recruitment has become increasingly important ("The Use of Social Media by United States Extremists," START, 2018).

Social media can also provide clues about when and where violence may occur. NCITE is funding research by Shane Connelly, PhD, a professor of psychology at the University of Oklahoma and a researcher at NCITE, that aims to predict extremist violence in various regions by measuring changes in the emotional valence of nearby tweets.

Psychologists are also working to better understand how extremist viewpoints and conspiracy theories spread on social media, in order to equip users to resist persuasion.

Mason Youngblood, PhD, a psychologist and researcher at the City University of New York, applied an epidemiological model to PIRUS data to track the spread of far-right radicalization in the United States between 2005 and 2017. He found that social media enhances in-person organizing efforts, likely by helping extreme ideas reach more people (*Humanities & Social Sciences Communications*, Vol. 7, 2020). In Anti-Defamation League surveys, about 10% of YouTube users and 23% of online gamers reported viewing extremist content, including White supremacist ideology ("Free To Play? Hate, Harassment, and Positive Social Experiences in Online Games, 2020; Exposure to Alternative & Extremist Content on YouTube," 2021).

"The far-right extremist movement, both in the U.S. and globally, has always gone hand in hand with conspiracy theories," Youngblood said. "And conspiracy theories do appear to spread more quickly on social media."

In that domain, Youngblood said the most important unexplored area is how cognitive biases influence the way radical ideas transform and proliferate online.

"These extreme ideas continue to spread on social media, and that may be because the cognitive biases we have evolved to navigate the world function in slightly different ways on social media," he said. ■

Psychologists are using technology to study ways to enhance driving safety among older adults and how they might adapt to automated vehicles as those become more common.

OPTIMIZING TECH FOR OLDER ADULTS

Psychologists are helping to study, design, and adapt all kinds of technologies to make them intuitively understandable for older adults **BY TORI DEANGELIS**

LEFT: RIKE_/GETTY IMAGES; RIGHT: SKYNESHER

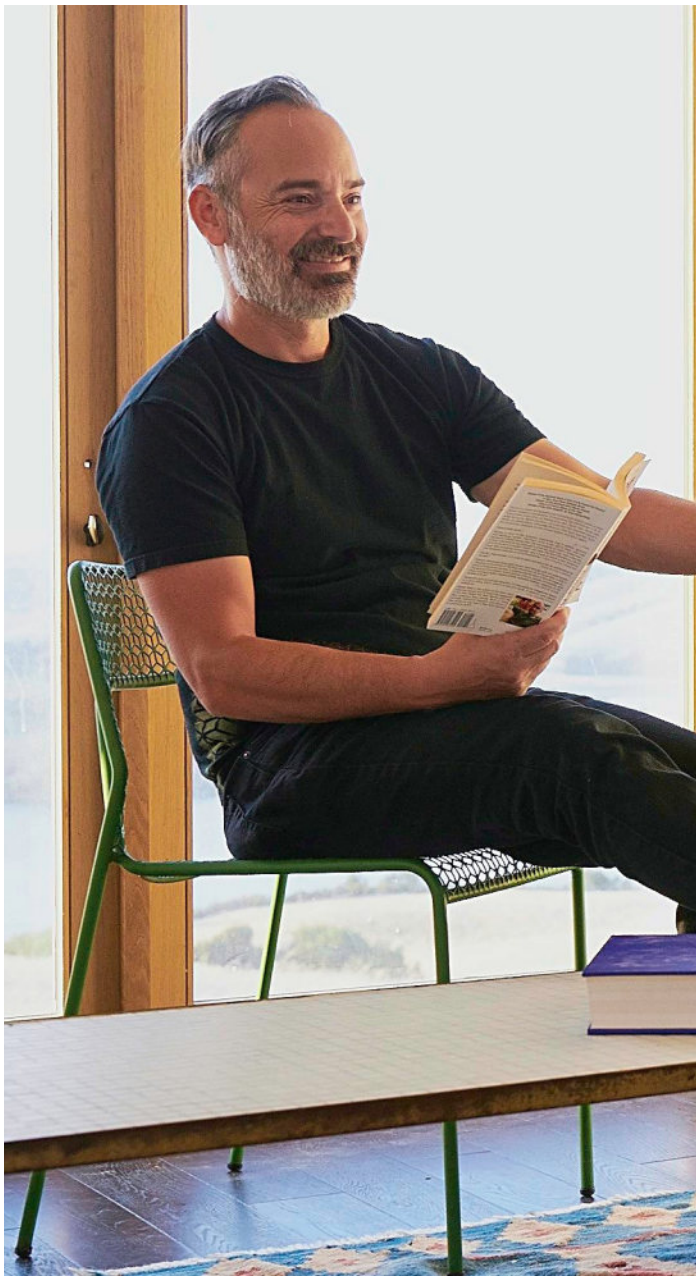
By 2040, the U.S. Census Bureau estimates that 80 million U.S. citizens—almost a quarter of the population—will be age 65 or older. As new technologies continue to enter our lives at a breakneck pace—many designed by those at the younger end of the age spectrum—what does that mean for this large cadre of people? ¶ The answer, in part, depends on how much tech companies understand these users and collaborate with them on designs and applications to best support their lives. That's challenging because sometimes older users have different needs than younger users, and also because the range of technical abilities of 65- to 95-year-olds is vast and varied.

Fortunately, thanks to extensive training and knowledge in areas like aging, cognitive psychology, human factors, neuropsychology, and more, psychologists are helping to ensure that technology will be useful for all of us in our later years.

"Augmenting support and enabling individual autonomy are uppermost in my mind when I think about designing technology for older adults," said Wendy A. Rogers, PhD, head of an interdisciplinary program at the University of Illinois at Urbana-Champaign called CHART (Collaborations in Health, Aging, Research, and Technology). "I can't emphasize enough that technology's purpose is not to do away with human support," she said, "but rather to enhance what is possible."

The COVID-19 pandemic has made it additionally clear that a comfortable relationship with technology is an important need for older adults, as evidenced by the difficulty many have had in registering for vaccines online and by the way technology has helped mitigate loneliness during a difficult time, said Sara J. Czaja, PhD, director of the Center on Aging and Behavioral Research at Weill Cornell Medicine in New York and a prominent researcher in the area.

"People who saw no value in having access to a computer or mobile device before the pandemic now see that value because having access allows them to connect with family and loved ones," she said.



Hello Robot cofounder Dr. Aaron Edsinger with Stretch™, a robot designed to perform the tasks of daily living.

DESIGNING HOMES TO SERVE

One major focus for psychologists in the area is developing home-based technologies to make life easier, safer, and more interesting for older adults. CHART is at the cutting edge

COURTESY OF HELLO ROBOT

of this work, bringing together faculty and students in community health, psychology, engineering, architecture, public health, and other disciplines to design and study technologies for successful aging.

The program's signature research space is called the McKechnie Family LIFE (Living in Interactive Future Environments) Home, and it opened its doors in January. The space looks like a roomy, ultramodern house outfitted with the latest smart technology and gadgets, including smart refrigerators, ovens, digital assistants, home sensors—even coffee makers. The facility also includes an independent control room where researchers can simulate remote activities like telehealth, as well as an innovation lab and classroom space.

Because the pandemic has made it unsafe for older adults to come to labs, a lot of current work involves tech development for the home, said Rogers. In one set of projects, researchers are testing robots to perform tasks of daily living. Stretch™, a research robot developed by the company Hello Robot, can reach up or down to pick up objects, helping older adults avoid a major cause of falls. Another technology is a type of "soft robot" developed by Girish Krishnan, PhD, an assistant professor in the Grainger College of Engineering at the University of Illinois at Urbana-Champaign. It's made of soft, elastic materials that can flexibly reach areas that a hard robot can't. Krishnan's team is testing a version with a camera on one end for potential telehealth purposes: If a person has a wound in a place that's hard to see or reach, for example, the robot could take images and forward them to a health care provider—an effective and potentially low-cost alternative to relying on home health aides.

Psychologists' role in this work is to study how people react to such devices and provide input to engineers on features that could facilitate people's ability to accept, trust, rely on, and control—to "grok," in tech terms—their mechanical

The University of Illinois at Urbana-Champaign's McKechnie Family LIFE Home is a research space outfitted with the latest technology for successful aging.

friends, said Rogers. That means fine-tuning how such robots communicate with people and how they look—a vital area of research that is still evolving.

"The idea of sociability, including appearance, could be very important for building a trust relationship," she said.

Her team and others are also working to help older adults who aren't as comfortable with technology make better use of digital assistants like Amazon's Alexa and Echo. In a pilot study with 12 older-adult Echo owners, for example, a team headed by Lyndsie M. Koon, PhD, now at the University of Kansas, found that disgruntled users cited problems such as difficulty using the voice-activation feature and low levels of perceived support for learning the technology (*Ergonomics in Design*, Vol. 28, No. 1, 2020).

To improve that situation, the team has created instructional videos that take these factors into account and is now testing them with groups of older adults. Meanwhile, researchers at the TechSAge research center at the Georgia Institute of Technology (Georgia Tech) are studying Alexa's potential to help people with limited mobility tackle home chores, connect with others, exercise, and perform health care activities, thanks to funding from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR).

SUPPORTING TECHNOLOGY UPTAKE

For those with the means and education to use it, modern technology can be a big plus. But there remains a large swath of older adults who can't afford pricey tech and lack access to and education on the basics. A February report by the nonprofit Older Adults Technology Services, for example, found that 22 million older Americans lack internet access and that older adults with less than a high school degree or an income of less than $25,000 are 10 times more likely than the general population to be offline. Meanwhile, the report found, Black and Latinx older adults are, respectively, more than 2.5 and 3.6 times more likely than the general population to lack computer access.

Twenty-two million older Americans lack internet access, and older adults with less than a high school degree or an income of less than $25,000 are 10 times more likely than the general population to be offline.

Helping these individuals access, use, and enjoy computers is the central aim of psychologists involved in an ongoing study called the PRISM (Personal Reminder Information & Social Management) trial, conducted by researchers who are part of a five-university collaborative known as CREATE (Center for Research and Education on Aging and Technology Enhancement). CREATE is directed by Czaja, who founded it in 1999 to ensure that technology benefits and can be successfully used by older adults. Since its inception, CREATE has been continuously funded by the National Institute on Aging.

Although it has undergone several iterations, PRISM is in essence a software system that's designed to be easy to use from the get-go and to support people's social connectivity, access to resources, memory, and new learning. Now, researchers in PRISM's second phase are conducting intervention studies with low-income and ethnically diverse participants in assisted living facilities in Miami, senior

MINDFUL MEDIA/GETTY IMAGES

housing in Atlanta, and rural areas in Tallahassee, Florida. They're also testing the system with individuals in New York City who have cognitive impairments.

The first phase of the trial, held at three sites, involved 300 adults ages 65 to 85 who received the PRISM system on their computers or in binders containing the same information. At 6 months, the online group reported significantly less loneliness and greater perceived social support and well-being than the binder recipients. They also showed greater computer self-efficacy, proficiency, and comfort with computers at 6 and 12 months than they did at baseline, the team found (*The Gerontologist*, Vol. 58, No. 3, 2018).

In a second, ongoing phase, 250 additional older adults in a variety of living contexts are receiving a similar PRISM intervention on a tablet with added social interaction features such as videoconferencing and social media. Researchers are comparing PRISM 2 with a typical tablet computer without the PRISM software. Results will be released later this year.

As with many studies that involve older adults in planning and testing, quantitative results don't adequately capture the importance that PRISM has for participants, said cognitive psychologist Walter "Wally" Boot, PhD, a CREATE principal investigator at Florida State University (other CREATE sites include Weill Cornell Medicine, the University of Miami, Georgia Tech, and the University of Illinois at Urbana-Champaign). One participant, for instance, was upset that her church had gone completely online and no longer mailed out church bulletins.

"She said she didn't want to be a burden and request that a copy be printed just for her," said Boot. So, when she discovered that she could connect with the church online and get her materials electronically, she was thrilled.

"In some ways, the standardized measures of loneliness and social isolation undersell the real impact that technology can have on older adults' lives," Boot said.

Many of the same researchers who have been involved with CREATE and PRISM are now collaborating with additional centers that include other aging populations that could reap significant benefits from technology. One example is a new 5-year center called ENHANCE (Enhancing Neurocognitive Health, Abilities, Networks, and Community Engagement), also funded by the NIDILRR. Codirected by Czaja and Boot, its mission is to help people who have mild cognitive impairment, traumatic brain injury, or post-stroke cognitive impairment gain social support and connect with community resources through technology.

Researchers are exploring ways to help older adults make better use of digital assistants like Amazon's Echo.

KATE_SEPT2004/GETTY IMAGES

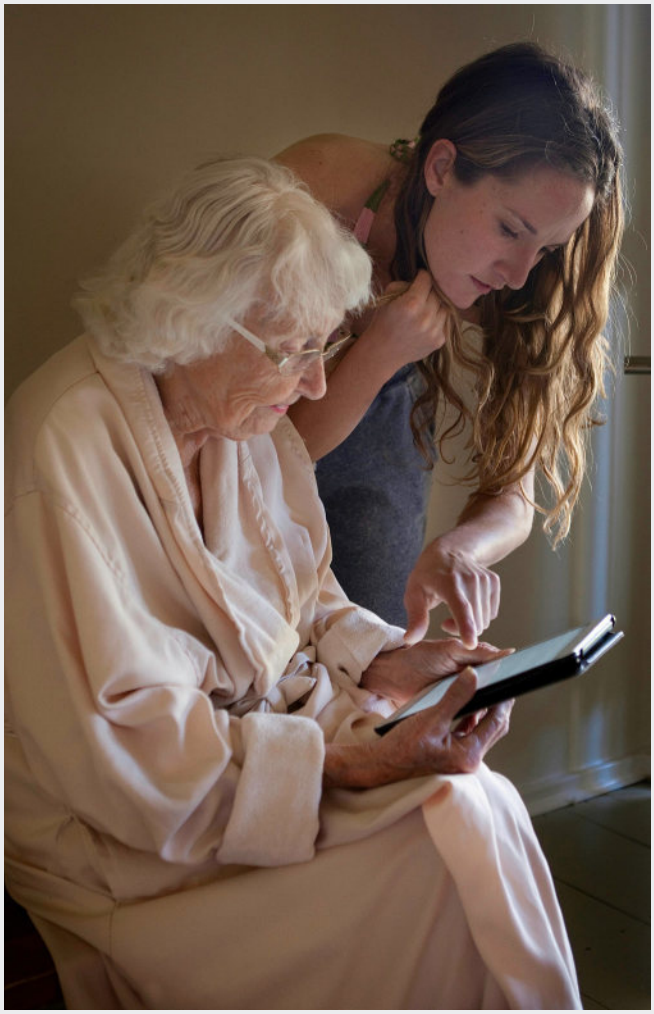
WELL-BEING

TECH BENEFITS FOR LONG-TERM CARE RESIDENTS

For the past two decades, New Jersey–based clinical neuropsychologist Laura Palmer, PhD, ABPP, and colleagues have provided comprehensive psychological and neuropsychological services to older adults at Winchester Gardens, a continuing-care facility in Maplewood, New Jersey. Seven years ago, her team added a research piece to their efforts that is intended to help these older adults incorporate technology into their lives in ways that enhance their cognitive, psychological, physical, and social well-being.

As part of this work, the team is testing the effects of the brain-training program Lumosity on residents' memory, attention, and other cognitive abilities. They're finding that it's helping residents—many in their 90s—increase their verbal fluency and maintain cognitive functioning. But their research is more holistic than that, said Adriana Dunn, PhD, an assistant professor at Seton Hall University in South Orange, New Jersey, who helped design and is running the research project with Palmer.

"We have consistently helped people think about and use technology in many other areas that we now know are important for cognitive health," including good nutrition, exercise, and social engagement, she said.



"If you try to teach them things that aren't relevant, it won't be helpful."

ADRIANA DUNN, PhD, SETON HALL UNIVERSITY

Each Wednesday, the team holds sessions on such topics and provides curated online resources that residents can explore further. They also regularly connect with residents in personal and practical ways that enhance technology uptake. Ally Chironna, a social work student at Simmons University in Boston, is on call for any technological snafus, and all team members share warm relationships with the residents, including by facilitating regular visits with Prince Harry, a certified therapy dog.

The COVID-19 pandemic has prompted the need for additional training in technology, with team members helping residents use videoconferencing platforms to visit with family and each other and to take part in team-led support groups. Some residents have made maximal use of what they've learned: One resident wrote two novels on his computer, and another is learning Spanish through Duolingo, an online language app. On a more poignant note, technology has enabled some residents to attend the virtual funeral services of loved ones, Palmer said.

As the residents gain newfound skills in and uses for technology, the work demonstrates the importance of the human touch in learning and using these devices and applications, Dunn noted.

"Psychologists have such an in-depth understanding of this population and where technology is relevant for them," she said. "If you try to teach them things that aren't relevant, it won't be helpful."

SHESTOCK/GETTY IMAGES

For example, the team plans to develop user-friendly instructional support for transportation apps like Uber and Google Maps that will include a PRISM-like system designed specifically for people with these types of cognitive impairments.

The success of these programs depends on researchers collaborating closely with end users, said Boot.

"Before you start designing technology solutions," he said, "you really need to do the homework and talk with people about their issues and challenges."

PROMOTING SAFE DRIVING

Other researchers are using technology to study the best ways to enhance driving safety among older adults, including in automated vehicles.

In one line of work, a team of researchers headed by cognitive and engineering psychology researcher Jing Feng, PhD, of North Carolina State University (NC State), have developed and are studying a task that tests people's reactions in simulated driving scenarios that require focused attention, for example driving through a busy intersection with pedestrians present.

In a study under review, two groups of drivers received training on the task, while a third group did not. Then, participants either performed the driving task, watched others doing it, or did nothing at all. Those who took the training and performed the task had fewer incidents and were better able to detect and avoid pedestrians and other obstacles than those in both control groups. If the task were tested and validated on a wider scale, it could prove a useful tool for drivers who want to assess and improve their attentional abilities on the road, Feng said.

Meanwhile, Feng and others are also studying how older adults might adapt to automated vehicles as they become more common. In one study, Hallie Clark, PhD, also of NC State, and Feng found that young and old drivers responded equally quickly to an automatic vehicle's notification to resume manual control but that, in doing so, older drivers tended to brake harder (*Accident Analysis & Prevention*, Vol. 106, 2017).

Eventually, such findings could inform training for drivers of all ages on the use of these vehicles, Feng said. "These factors need to be taken into account so that people can become more comfortable with the technology while also understanding its limitations."

INSPIRING NEW THINKING

Studying the intersection of psychology, technology, and aging tends to challenge stereotypes that older people can't cope with technology or that they only want simplistic designs. In fact, research by Georgia Tech senior research scientist Tracy Mitzner, PhD, and the CREATE team indicated that older adults generally hold positive views about technology and are open to using helpful devices in their daily lives (*Computers in Human Behavior*, Vol. 26, No. 6, 2010). What's more, they're sometimes as proficient as younger adults at some tasks. For example, Feng thought older drivers might have more difficulty and be slower in assuming control of automated vehicles than younger drivers. But "they were equally good at taking over, and they didn't really show inferior capability," she said.

Designing technology for older adults can also hold surprises, said NC State professor and human factors psychologist Anne McLaughlin, PhD. Many technology companies, for example, forge ahead with designs that they think would benefit older adults without understanding the differences in various age ranges or consulting potential users. But many would-be buyers end up finding those products clunky and unattractive. "They say, 'That's not for me—I'm going to be 70, but I'm not old,'" she said.

For these reasons and more, psychologists are important and necessary partners in this work, Rogers and others said. "Engineers and roboticists and computer scientists can do the building, but we bring that needed human perspective," she said.

Psychologists also understand that technology will never be a substitute for human interaction, Czaja added.

"But if technology is well designed and people are given the appropriate training, it can be used to augment the delivery of programs and services, especially to people who really need it," she said. "And we're certainly learning that that is not only feasible, but that people embrace it." ■

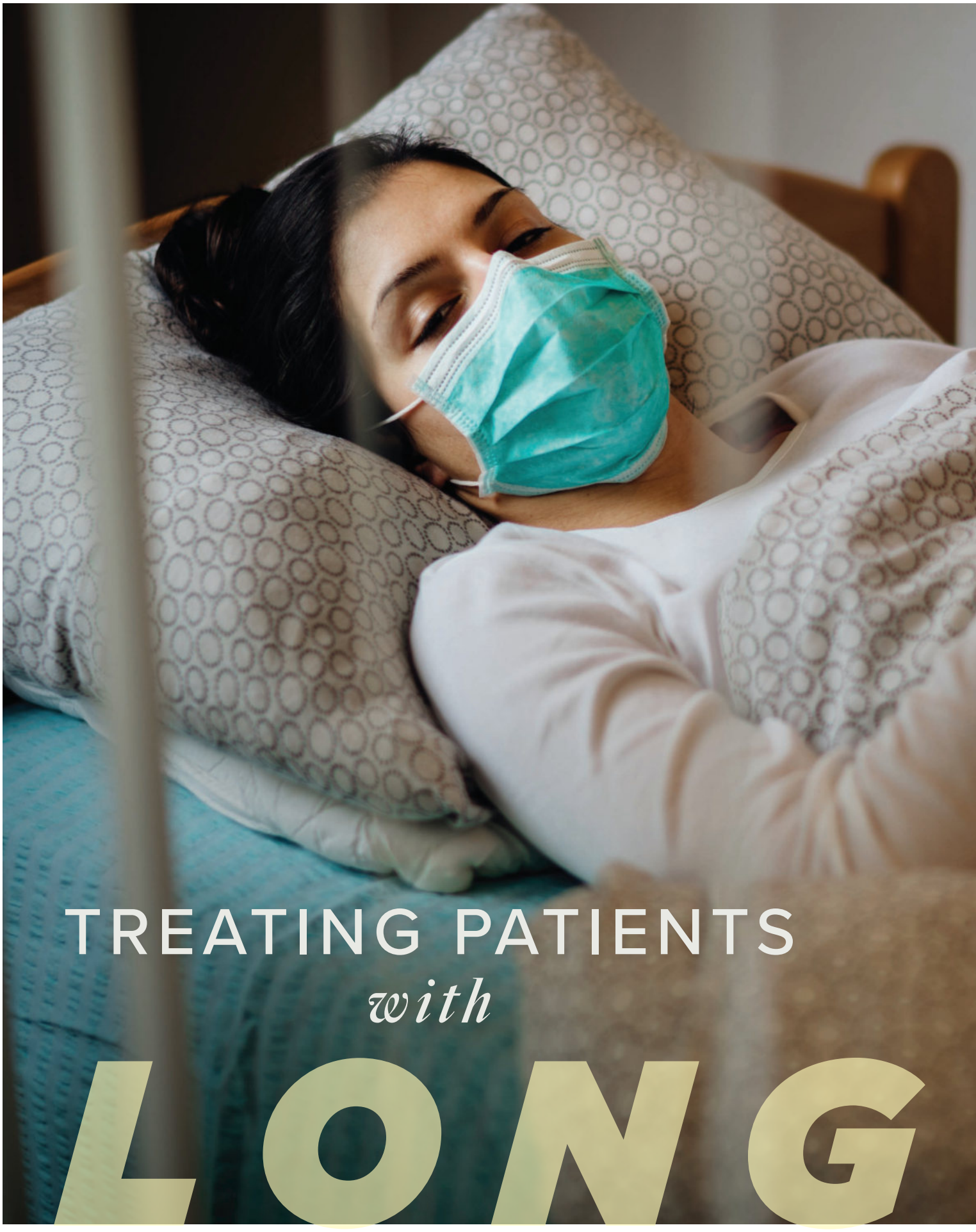
FURTHER READING

Designing for older adults: Case studies, methods, and tools
Boot, W. R., et al.
CRC Press, 2020

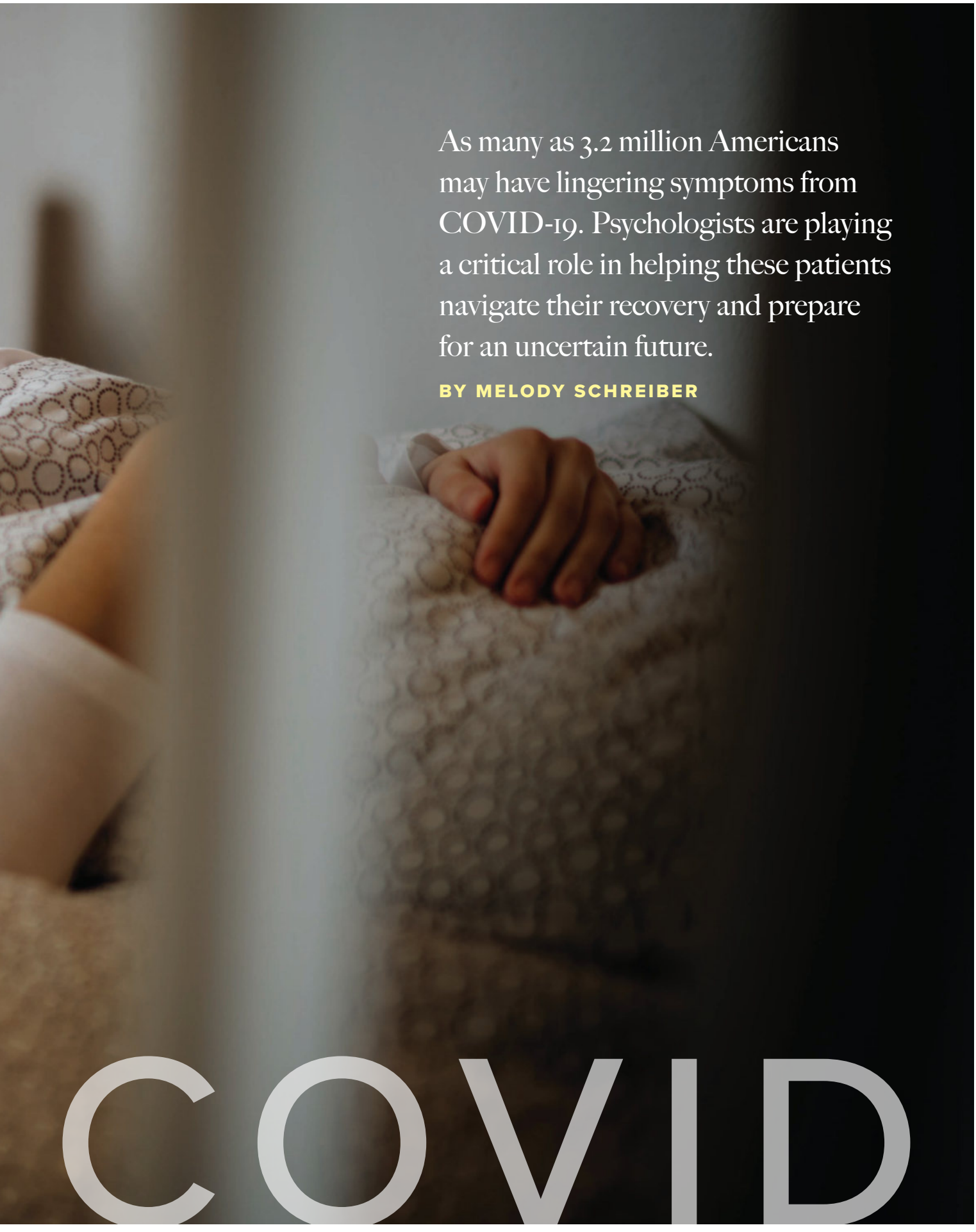
Designing for older adults: Principles and creative human factors approaches (3rd ed.)
Czaja, S. J., et al.
CRC Press, 2019

Aging, technology and health
Pak, R., & McLaughlin, A. (Eds.)
Academic Press, 2018

When robots care: Public deliberations on how technology and humans may support independent living for older adults
Lehoux, P., & Grimard, D.
Social Science & Medicine, 2018



TREATING PATIENTS *with* LONG



As many as 3.2 million Americans may have lingering symptoms from COVID-19. Psychologists are playing a critical role in helping these patients navigate their recovery and prepare for an uncertain future.

BY MELODY SCHREIBER

COVID

CONCEPTUAL FASHION ADVERTISING/GETTY IMAGES

THE STRESS BROUGHT ON BY THE COVID-19 PANDEMIC has taken a toll on almost everyone, but particularly on those who have battled COVID-19 and now have lingering symptoms, known as long COVID. About 10% of patients develop long COVID (*JAMA*, Vol. 225, No. 19, 2021; *The BMJ*, Vol. 370, No. 8258, 2020). In one recent study in Wuhan, China, researchers found that 6 months after acute infection and hospitalization for COVID-19, 63% of patients reported fatigue or muscle weakness, 26% reported sleep difficulties, and 23% reported anxiety or depression (*The Lancet*, Vol. 397, No. 10270, 2021). Others who were never hospitalized for COVID-19 also experience long-term symptoms, some even more severe than the initial illness itself (*Nature*, online first publication, 2021; *Morbidity and Mortality Weekly Report*, Vol. 70, No. 18, 2021).

Patients who have transitioned home may need help overcoming anxiety or depression.

OZGUR DONMAZ/GETTY IMAGES

With 32 million cases and counting of COVID-19 in the United States alone, that means 3.2 million Americans may be facing long-term illnesses that could reshape their relationships, jobs, and futures and take a significant toll on their mental health. And the number of COVID patients with mental health issues may end up being even higher than that: A May 2021 study found that a third of COVID-19 patients had been diagnosed with neurological or psychological symptoms, including anxiety, depression, post-traumatic stress disorder (PTSD), and psychosis, in the 6 months after they contracted COVID-19 (*The Lancet Psychiatry*, Vol. 8, No. 5, 2021).

Rehabilitation and health psychologists have been treating a steady stream of these patients since COVID began sweeping the country early last year. Some patients are entering care after transitioning from the hospital; others are seeking help for physical and psychological symptoms that appeared after their initial mild or moderate symptoms subsided. Despite the great need, only a handful of long COVID or post–intensive care unit clinics exist across the country, most in cities with large academic centers—and some of those clinics have 3- to 4-month waiting lists. But psychologists in those settings and in private practices are working to gain a foothold on how best to treat this population and share best practices with colleagues. In addition, the long-term understanding of long COVID received a major boost in February, when the National Institutes of Health announced a 4-year, $1.15 billion initiative to study the condition, including funding for studying the ways the virus and its long-term symptoms interact with neurological and mental health.

WESTEND61/GETTY IMAGES

Research has shown that COVID-19 appears to make post–intensive care syndrome worse, particularly for those with long hospital stays.

As researchers unravel those links, it's important to recognize that many long COVID patients may be facing a recovery with no clear end in sight, said Abigail S. Hardin, PhD, an assistant professor of psychiatry and behavioral sciences at Rush University Medical Center in Chicago who works with long COVID patients in the hospital and it's outpatient rehabilitation clinic.

"There is no magic treatment, there is no surgery, there is no pill that we can give that will instantaneously alleviate all these symptoms," Hardin said. But early intervention—from offering practical advice on how to counter brain fog to helping patients navigate relationship changes and overcome feelings of inadequacy over not being able to work—can make a difference in helping patients fare better. "Having that psychological understanding right from the beginning can help people find a path toward healing," she said. In addition, psychologists already have on hand several treatments that can aid many of the psychological symptoms of COVID, including trauma therapy, cognitive behavior therapy for establishing new behaviors like sleep hygiene, and acceptance and commitment therapy for those struggling with the uncertainties of their illness.

COLLABORATION AND PATIENT TRUST

For any treatment path to be effective, psychologists and physicians must work together to support long COVID patients, according to Hardin and other clinicians who have been working with these patients. Ideally, patients should continue to see physicians and medical specialists to rule out or address underlying physiological issues, and work with physical, occupational, and even sometimes speech therapists to regain some of their previous abilities. At the same time, they should work with psychologists, particularly as they attempt to find a new normal in their relationships, sleep, diets, and livelihoods.

"If we only focus on recovery from the virus, and not recovery from a holistic, whole-person perspective, people's recovery is going to be incomplete," said Megan Hosey, PhD, an assistant professor of rehabilitation psychology and neuropsychology in the Johns Hopkins Department of Physical Medicine and Rehabilitation. In Hopkins's intensive care unit (ICU) and hospital, she sees patients who are experiencing long COVID symptoms—like brain fog, fatigue, breathlessness, sleep disturbance, anxiety, and depression—and struggling to find doctors and support networks to understand what they are going through. They frequently need help with feelings of isolation, worries over lost jobs and income, and adjusting to their new lives. She also works closely with her physician colleagues to coordinate patients' care, like helping them overcome anxiety about medical procedures and making sure there are no underlying physiological reasons for their neurological issues.

The experiences of long COVID patients appear similar to those with other chronic illnesses, such as chronic fatigue syndrome or dysautonomia (dysfunction of the autonomic nervous system). To guide treatment, rehabilitation psychologists have drawn on research on treating patients with those chronic illnesses. They are also applying research findings on post–intensive care syndrome, which includes symptoms such as impaired

cognition and delirium that are caused by contextual factors like sedating medications and prolonged immobility. Early research shows that COVID-19 appears to make this condition worse, Hosey said, particularly for those with longer hospital stays who weren't able to see their families during the worst parts of their illness (*Nature Reviews Disease Primers*, Vol. 6, 2020; *Critical Care Medicine*, online first publication, 2021).

Memory issues can also be a significant area of concern for these patients, both physiologically and contextually. For example, some patients have been intubated or sedated for weeks or months, and psychologists can help them manage the resulting stretches of blank space in their memories, said Caitlin LaGrotte, PsyD, MEd, a clinical health psychologist at Cooper University Health Care and an assistant professor of medicine at Cooper Medical School of Rowan University in New Jersey who has been working with COVID patients and their families in intensive care since the pandemic began.

"It's helping them deal with that loss of time, and how their body and mind are both recovering from what they've just been through," she said.

In fact, according to emerging research, some of the mental health symptoms that patients are experiencing may be due to the experience of being sick rather than from the virus itself, said Susan Borja, PhD, a program chief in the Traumatic Stress Research Program at the National Institute of Mental Health who is helping coordinate the COVID-19 mental health research that the institute supports.

Compared with patients with a range of other medical events, like kidney stones or influenza, COVID-19 patients have higher rates of mental illness, Borja said. "But it's important to look at why and what else is going on," she said. COVID patients are diagnosed with mental health conditions at similar rates as other trauma survivors, with whom they may share some experiences—such as losing loved ones, homes, and jobs. "For many, if not most, COVID patients with new or worsening mental illness, it looks like there may be broader psychological implications of the COVID experience, rather than the virus itself," she added.

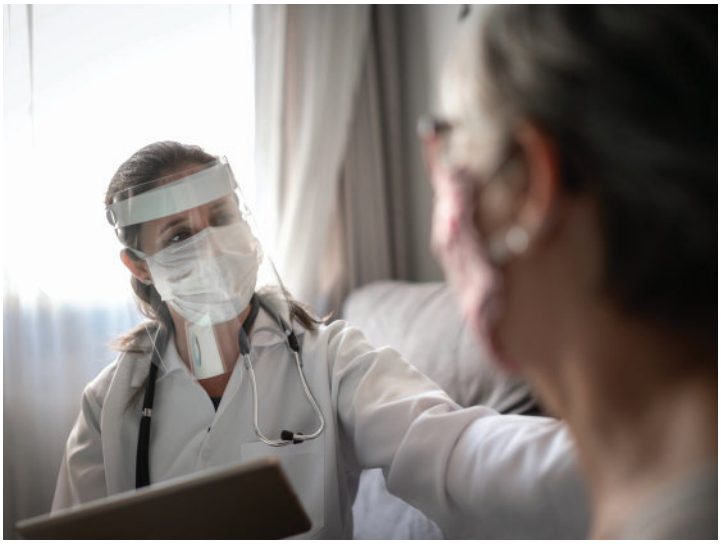
When patients are ready, they can ask family members to fill in memory gaps with what they know, and they can also ask their medical teams for details on their charts. ICU diaries, compiled by members of the medical team, can also be immensely helpful in moving beyond an account of diagnoses to what was happening in a patient's life during this lost time, Hosey said.

When it comes to lingering, day-to-day memory issues, psychologists can ask patients, "How can you set up your environment to help you? Can you ask for social support? Can you do task lists or reminders in your phone for appointments?" said Maija Broox Bruzas, PhD, a licensed health psychologist who sees long COVID patients in her private practice in Colorado. Particularly for those with memory issues, having practical plans like these "empowers them to feel more like they're able to manage everything life throws at them," she said.

On top of the symptoms patients are experiencing, many long COVID patients report dismissive attitudes by medical providers, which can make seeking care—whether psychological or physical—even more challenging. About half of Hardin's patients, for example, said they've visited physicians who

Fatigue, muscle weakness, and difficulty sleeping are among the many symptoms patients with long COVID are experiencing.

MARCO LONGARI/GETTY IMAGES



FG TRADE/GETTY IMAGES

dismissed their ongoing concerns about their condition or lingering symptoms.

"They are getting the message, intentionally or unintentionally, that this is all in their head," she said. "Meanwhile, they are having real symptoms and real suffering that is very much affecting their lives."

This denial by some in the medical system has resulted in many people avoiding care. "They would rather suffer in silence than risk what they perceive to be the scorn and rejection of the medical establishment," said psychologist James C. Jackson, PsyD, director of behavioral health at Vanderbilt University Medical Center's ICU Recovery Center. "That's a concern because to the extent that they don't pursue it, it often gets worse." Likewise, many have friends and family who are unfamiliar with the emerging science about long COVID and express doubt or surprise at how severe and persistent the symptoms are.

With these factors in mind, it is critical for physicians and psychologists to acknowledge and validate patients' symptoms and not make them prove they are suffering. "The most important take-home is: Believe the patient," Hosey said.

ROBUST MENTAL HEALTH SUPPORT

Patients with long COVID frequently rank cognitive function and mental health at the top of their concerns, Jackson said, which is why seeking psychological support can be so vital. "The language that we as psychologists speak, and the capacity we have, is hitting COVID survivors exactly where they live."

Fortunately, many of the same psychological frameworks that help other patients showing cognitive decline, anxiety, depression, and trauma appear to work well with long COVID patients, Jackson said.

"There are empirically validated treatments that have been shown to be effective in the treatment of people with PTSD, anxiety, cognitive impairment," Jackson said. While new approaches to treating long COVID patients may emerge, he said, many existing psychological and behavioral tools—acceptance and commitment therapy, cognitive behavioral therapy (CBT), group therapy and peer support, for example—seem to be effective treatments for different aspects of long COVID.

Health care professionals should validate long COVID patients' symptoms rather than make the patients prove they are suffering.

When talking with patients who have long COVID, it's important to start by asking about their most prominent concerns, said Hosey. Which parts of their illness most affect their lives? If they report high levels of anxiety, for instance, but an even higher level of worry about their relationships, psychologists should prioritize addressing those relationship concerns.

Hosey also asks patients these overarching questions: "What are you hoping to get back to?" and "If you weren't sick, what would you do today?" Answering them can help patients identify specific goals and start piecing together what a meaningful life could look like in the face of an uncertain future.

"I can't promise somebody that they will live without some kind of fatigue or some kind of vulnerability to some of these symptoms," Hosey said. "But I can promise, if we adapt and we put some of these things in place, you're able to live a life that's full and meaningful."

Therapy can also help alleviate some of the physical symptoms of long COVID, which has a bidirectional association with physical and mental health, Hardin said. "The mind-body relationship

actually can drive some of these symptoms," she said, because mood can alter pain perception. Hardin compares this relationship to stubbing your toe on the best day of your life versus the worst day—the experience can feel much different. It is important for patients to know that their symptoms are not "all in their head," she added, and that they can try to alleviate them by making changes to their mood, behavior, and more.

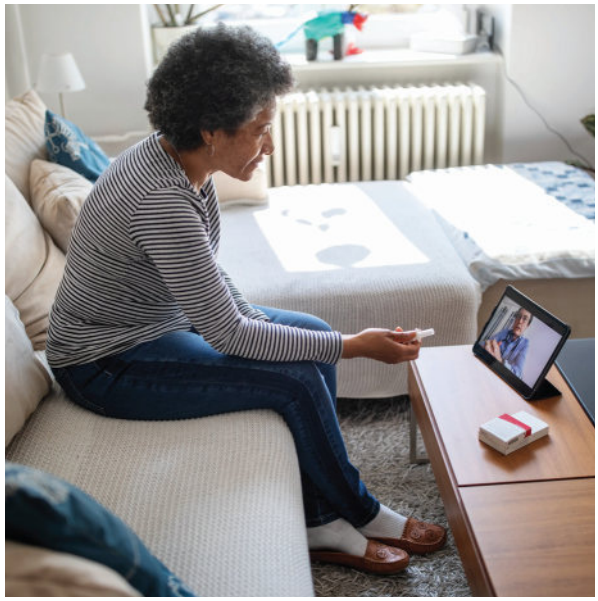
For patients experiencing issues like brain fog or memory loss, it can help to explain how mental health and cognition are deeply intertwined, said Renee Madathil, PhD, an inpatient rehabilitation neuropsychologist at the University of Rochester Medical Center. "Our brains don't operate in compartments; they operate in systems. When one part of the system is compromised, other parts are likely to run less efficiently, too."

Patients with severe cognitive issues, such as difficulty accessing important memories or lack of executive functioning, are probably best served by a specialized health psychologist or neuropsychologist, Madathil and others say. But there is plenty that all psychologists can do for patients reporting less acute symptoms: teaching anxiety management strategies; how to cope with irritability, frustration, and sadness; what behaviors patients can engage in to improve their emotional states; and how they can think positively but realistically about their situation.

Patients struggling with insomnia may benefit from CBT, while those reporting brain fog may need to work with cognitive rehabilitation therapists and discover compensatory strategies, Madathil added. Clients with fatigue may need help mapping out plans for how many tasks they can complete that day, and what they can ask their families to take on.

Therapists may also need to help clients come to terms with not being able to work as much as they did before, or at all, and the accompanying plunge in self-worth and independence that can follow. Patients may need help battling feelings of hopelessness, thoughts of self-harm and suicide, and the fear that COVID could affect the rest of their lives. Psychologists can help them manage anxiety about what their symptoms may look like in the future by teaching them to focus on the present, said Bruzas. Mindfulness therapy can be one avenue for patients to increase awareness and acceptance of their experiences and change their mental and emotional reactions to physical symptoms, and it can help control panic over symptoms like breathlessness, she added. "We can't control what the future holds," said Bruzas. "All we can control is your behaviors and thought patterns in the present."

For those experiencing symptoms of trauma, Bruzas recommends using a trauma-informed approach such as cognitive processing therapy, which can help patients change their perspectives on traumatic events. PTSD can occur among anyone who battled the virus or watched a loved one do so, but it is particularly frequent among those who were hospitalized, especially in the ICU (*The Cognitive Behaviour Therapist*, Vol. 13, 2020).



Psychologists can use mindfulness therapy to help patients manage anxiety about what their symptoms may look like in the future.

LUIS ALVAREZ/GETTY IMAGES

Patients who were sedated or experienced delirium after a stay in the ICU may also have memories and nightmares that still haunt them. "When we work with COVID survivors, especially those who were in the ICU, it's clear that a trauma-based explanatory framework—a trauma-based paradigm—is really appropriate," Jackson said. "This is really traumatizing, and these patients show the same avoidance that you see in combat veterans."

Jackson also strongly recommends group therapy and support groups for many patients experiencing long COVID symptoms, as well as their families and caregivers. At Vanderbilt's ICU Recovery Center, these groups meet once a week. The clinic will soon launch a cognitive skills group for long

COVID patients to improve their cognitive abilities, develop compensatory strategies, and learn how best to advocate for themselves and their care.

Jackson has found that members of these groups help pull one another forward. "If you ask many of them, they will say that support groups literally changed their lives, gave them their lives back," he said. There are also practical benefits to one psychologist helping many people at once, which will be particularly important as hundreds of thousands of patients may begin seeking care, he said. "Clearly, the mental health demand of COVID patients is going to vastly outstrip any supply that we have."

While clinical psychologists can already provide plenty of help, it's important to consult with neuropsychologists or health psychologists to prepare for any medical or health-related issues that arise. Clinical psychologists without much experience treating severe cognitive issues should also be ready to refer cases to specialists, said Jackson: "Know the limits of your capability." Likewise, physicians should consult with psychologists when necessary, he said.

For example, if a patient experiences brain swelling, it's important to bring in psychologists who can monitor and address any mental health symptoms that emerge. So far, research indicates that COVID-related encephalopathy may lead to other neuropsychiatric outcomes, including psychosis, Borja said.

The pandemic has highlighted what those in psychology have known all along about chronic and serious illness, Madathil said. "To get back to living, you need a whole team of people," she said.

INCREASING FAMILY AND CAREGIVER SUPPORT

It's not just long COVID patients who suffer from the fallout of the virus and its lingering symptoms. Psychologists working with long COVID patients also find that it can be difficult for patients to relate to their friends, colleagues, and even some family members. Patients and caregivers alike can grow tired of retelling or hearing the same stories or answering questions about symptoms. To address such issues, psychologists can help patients and their families create and enforce boundaries. At the same time, loneliness can also play a huge role in patients' experiences, and they often need to learn how to use their social support in new ways. Patients may be struggling to reconnect with their families or friends during and after the trauma of their illness. Many of these patients have experienced stigma over testing positive or may have missed funerals while they were isolated or hospitalized. They could also be struggling with survivor's guilt or guilt from infecting other people.

An illness like long COVID can also intensify existing issues within families. "If there were anxiety disorders or avoidant patterns at work in a family before, those are now avoidant patterns on steroids," Jackson said. "There's no longer mild anxiety; it's now profound anxiety."

Psychologists can also help loved ones protect their relationships in the family and keep caregiving from consuming their roles as spouses, children, parents, and siblings. "When I work with family members, we talk a lot about caregiver burnout, as well as how the caregivers need to take care of themselves in order to be there for their loved ones in the long term," said Anastasia Bullock, PsyD, a clinical health psychologist at Cooper University Health Care and an assistant professor of medicine at Cooper Medical School of Rowan University who has worked extensively with long COVID patients in the hospital.

Overall, the pandemic has shined a light on how little support patients and families often receive during medical crises, Hardin added.

"In the United States, we do not have good programs and policies that support families of someone who has been very ill, and that has been problematic for decades," Hardin said. She hopes one silver lining of COVID will be increased awareness of the need not just to treat the specific medical ailments of a patient but to treat the whole body and offer long-term support to individuals and their families during and after a health crisis. "As a society, we spend freely on saving lives in the emergency room and the ICU, but the money dries up when the patients need it most, after they've survived," she added. "If there is a moral imperative to save lives, there is also a moral imperative to provide the treatments that make those lives full again." ■

FURTHER READING

Bidirectional associations between COVID-19 and psychiatric disorder: Retrospective cohort studies of 62 354 COVID-19 cases in the USA
Taquet, M., et al.
The Lancet Psychiatry, 2021

Survivorship after COVID-19 ICU stay
Hosey, M. M., & Needham, D. M.
Nature Reviews Disease Primers, 2020

4 Questions for Abigail Hardin
Stringer, H.
Monitor on Psychology, June 2021

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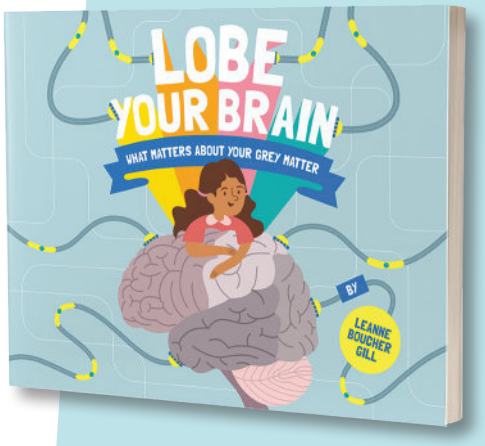

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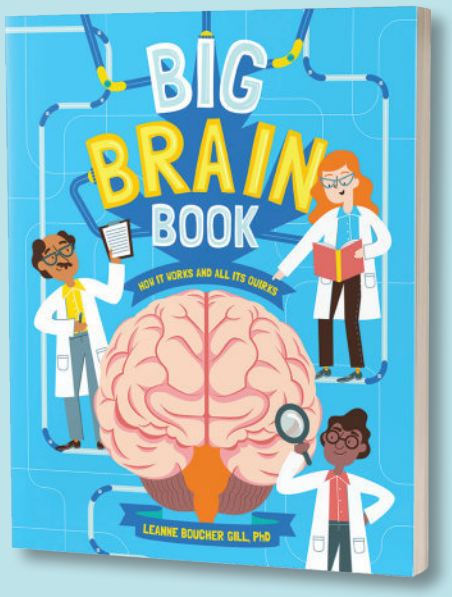

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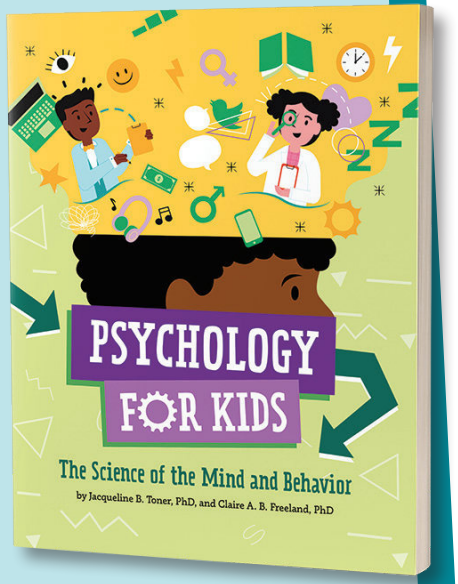

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MANAGING YOUR CLINICAL TEAM AT A GROUP PRACTICE

How to handle bad behavior by clinicians and keep misconduct from happening in the first place **BY REBECCA A. CLAY**

A psychologist who is constantly late to patient appointments or won't return patients' phone calls can quickly earn a group psychology practice a bad public image. Team morale among staff can take a hit if a clinician asks administrative staff to run personal errands for them or simply stops showing up. And problems like failing to file paperwork on time can bring financial or regulatory problems.

"One person's actions can potentially bring down the whole practice," said Larry Beer, EdD, founder and director of Child and Family Psychological Services, a group practice with about 40 clinicians in Kalamazoo, Michigan. If bad behavior by clinicians is serious enough, it can even render the practice vulnerable to legal liability.

Responding to major problems, such as ethical violations or illegal acts, is easy: Fire the person. "If someone is dating a client, 'You're gone,'" said Beer. "If someone is going into sessions drunk or stoned, 'Sorry, we don't do that.'"

But even less egregious problems, such as unreliability or rudeness, can still have a long-term impact on your practice's reputation, financial well-being, and patient care if they aren't addressed swiftly, Beer said. He and other group practice leaders offer guidance on how to prevent and address problems among your clinical team:

HIRE CONSCIENTIOUS PEOPLE

When Jason Luoma, PhD, chief executive officer of Portland Psychotherapy in Portland, Oregon, is hiring, he screens out "people who give themselves away" by failing to follow instructions or making minor errors like typos on their applications. He also spends time in interviews clarifying what both the practice and the candidate need and want. "Make sure expectations and goals for both the potential employee and the employer are well articulated so you can tell if the job matches what the person wants and where they want to go," said Luoma, who currently leads about a dozen therapists plus administrative staff. The goal is to prevent unpleasant surprises while also leaving employees better off in terms of their future career advancement, whether they stay on in the practice or eventually transition somewhere else.

Be sure to ask for letters of recommendation and follow up with a candidate's references. In addition to asking about a candidate's competence, find out how well they get along with others, how they respond to feedback, and how they manage problems,

Hosting regular meetings and support groups on topics such as ethics or cultural competency can help reduce problematic behavior.

TOM WERNER/GETTY IMAGES

FURTHER READING

Building, engaging, and supporting your team during times of uncertainty
APA continuing-education webinar, 2020

Ethical conflicts in psychology (5th ed.)
Drogin, E. Y.
APA Books, 2019

The science of teamwork: Enabling teams to thrive
APA continuing-education webinar, 2020

suggested Robin Lett, PhD, and Robyn Kittrell, PhD, cofounders of the 17-provider practice Still Waters Professional Counseling in Muncie, Indiana.

Also ask your staff if they know the candidate. "Often, they've worked with them in other instances and know if they're a pleasure to work with or a source of negativity," Beer said. "I want to hear things like that from people I already trust."

SET CLEAR EXPECTATIONS

At Portland Psychotherapy, the onboarding process for new hires lays out what's expected of practitioners. A new clinician first meets with the clinic's director of clinical operations to learn how to use the medical record system, handle billing, and perform other clinical matters. Then they meet with the office manager to learn all the administrative tasks they'll be expected to handle plus expectations for handling tasks like submitting paperwork. "They have a series of meetings they go through where they're trained in all the different procedures that are part of making the business work," Luoma said. "The more you set clear expectations, the more you don't have problems down the road."

And put those expectations in writing, said Robin McLeod, PhD, president and chief business development officer of Natalis Counseling and Psychology Solutions, which has 106 employees, including 86 providers (of whom 17 are trainees completing requirements for licensure at the master's and doctoral level) in four clinics and several satellite locations around Minnesota's Twin Cities. At Natalis, new practitioners must sign a form saying they have read and understood the 120-page employee policies and procedures manual, which covers most issues practitioners there might face, including how much continuing education they need to pursue, how they should handle a case consultation, and how to properly

encrypt personal devices.

To ensure clinicians are staying on track administratively, Luoma's practice monitors their paperwork through quarterly peer reviews. The director of clinical operations and administrative staff members select a random subset of documents to assess whether clinicians' paperwork meets the practice's standards. "It's a collegial process," said Luoma, explaining that the auditors examine clinicians' "day sheets," which summarize the services they've provided to patients, to make sure what's reported matches what's being billed for. The auditors also review a random subset of clinicians' notes to make sure they conform to the policies outlined in the practice's clinical procedures handbook. If practitioners aren't meeting expectations, the director of clinical operations comes up with a plan for how to improve their work.

SET STAFF UP FOR SUCCESS

"My whole MO is prevention," said Mary Alvord, PhD, who directs the 19-practitioner practice Alvord, Baker & Associates, with offices in Chevy Chase and Rockville, Maryland. For Alvord, that means training, supervision, and peer consultation throughout the year. In addition to training new hires on the Health Insurance Portability and Accountability Act (HIPAA), the practice holds regular workshops on ethics, cultural competency, and other topics to help clinicians do the right thing. New hires also sign a contract agreeing to undergo an hour of supervision with Alvord each week for their first two years at the practice. Some get even more supervision, either because they want it or need it. In one case, a practitioner had five additional sessions on using cognitive behavioral therapy for depression. "Even though it's time-consuming, it's probably less time-consuming than handling a problem," Alvord said.

Ensure your employee manual clearly spells out the practice's expectations about paperwork and other administrative procedures.

Alvord's clinicians can also join peer consultation groups made up of three to six clinicians for advice and support or simply seek out colleagues for advice on sticky situations—a strategy that has helped keep problematic behavior to a minimum. In other practices, leaders assign mentors to new hires who can act as go-to resources for questions or advice. Some larger practices even try to hire several new clinicians at the same time to create cohorts that can provide mutual support.

DISCUSS ETHICS AS A GROUP

At the Behavior Therapy Center of Greater Washington in Silver Spring, Maryland, the practice's 18 practitioners can draw on the expertise of their colleagues to make decisions about how to handle situations such as invitations to patients' bar mitzvahs or family funerals. One of the practice's assistant directors serves as an ethics officer who pulls together ad hoc subcommittees of volunteers whenever an ethical conundrum arises.

"No one has to make a tightrope decision," said Charles Mansueto, PhD, the practice's founder and director. "People feel supported and heard."

CREATE A REMEDIATION PLAN FOR WHEN PROBLEMS ARISE

When a concern or complaint surfaces, whether from a patient, a clinician, or a member of the administrative staff, first ask each person involved what happened. If the complaint is warranted, figure out the best way to address the problem. At Natalis, leaders meet with the clinician and then follow up the meeting with a written summary of what was

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discussed that the practitioner can review and revise.

The practice may also consult a lawyer if the concern could lead to legal problems. That's smart risk management, said Lindsay Childress-Beatty, JD, PhD, APA's interim ethics director. "Allegations of certain behavior, such as illegal behavior or negligence that led to patient harm, should prompt a discussion with counsel," she said, adding that allegations that the practice failed to take action after being informed of similar past behavior could lead to extra risk. "The practice should also consider speaking to counsel when certain patient variables are present, such as a past history of difficulties with multiple therapists or other professionals, currently being involved in custody or other legal disputes, or directly threatening to sue." It is also wise to consult counsel before terminating an employee, Childress-Beatty added.

Then the remediation process begins. That might mean regular meetings with a supervisor charged with keeping a close eye on the practitioner's work, for example. In some practices, a formal probation period kicks in after a complaint, during which a practitioner is on notice that they must do better. Lett and Kittrell, for instance, give practitioners 30 to 60 days to align their behavior with the expectations outlined in a post-complaint meeting.

TERMINATE THE EMPLOYEE, IF NEEDED

If a problem arises, sit down and talk with the clinician to determine whether their behavior is an isolated incident or a pattern, Beer suggested. "Therapists go through our own hard times," he said, and sometimes—especially during a pandemic—those personal problems can spill over into work. If someone's behavior has changed recently, listen and try to understand what's going on. Find ways to support the person, whether it's meeting with them more frequently, suggesting a class on boundary issues, or encouraging them to get counseling of their own.

If their work or problem behavior doesn't improve, Beer said, consider telling the person to move on. "You may have to tell them it's not a good fit and suggest they go to a clinic where it doesn't matter if they're late and can do things their own way," he said.

If a practitioner has committed an ethical violation or a crime, such as sex with a patient or insurance fraud, they have to go, he added. The same goes if they are consistently prompting complaints that are harming the practice's reputation and doing nothing to improve their behavior. "You have to tell the person we can't afford to do this together because they're putting into jeopardy the reputation of the whole place," said Beer. ■

Delphin-Rittmon

Raver

De Rosa

Destin

Pollak

PSYCHOLOGISTS IN THE NEWS

U.S. President Joseph R. Biden Jr. has nominated clinical psychologist **Miriam E. Delphin-Rittmon, PhD,** to serve as assistant secretary for mental health and substance use in the U.S. Department of Health and Human Services. Delphin-Rittmon is currently the commissioner of the Connecticut State Department of Mental Health and Addiction Services.

Vanderbilt University has named developmental psychologist **C. Cybele Raver, PhD,** as its new provost and vice chancellor for academic affairs. Raver has taught at New York University (NYU) since 2007 and has served as deputy provost for the last three years. She helped lead NYU's response to the COVID-19 pandemic and manage the university's return to in-person classes last fall. Her research focuses on children's early learning and development in the contexts of poverty and policy.

The Cornell University faculty has elected **Eve De Rosa, PhD,** to serve as dean of faculty. De Rosa, a comparative cognitive psychologist and an associate professor of human development, is the first woman and person of color to serve in the position. She joined the faculty in 2013 as an associate professor and is known for bridging departments and disciplines. As the Dean's Fellow for Racial and Social Justice in the College of Human Ecology, she created the Pathways to Social Justice initiative, which focused on hiring faculty committed to advancing research and practice to address social justice.

Mesmin Destin, PhD, of Northwestern University, and **Seth Pollak, PhD,** of the University of Wisconsin–Madison, have been named John Simon Guggenheim Memorial Foundation fellows. The fellowships support the work of "exceptional individuals in pursuit of scholarship in any field of knowledge and creation in any art form, under the freest possible conditions." Destin's research explores how students' social environments and economic resources influence their motivation and academic success. Pollak's research focuses on how environmental risk factors affect children's brain and behavioral development.

Penn State University has presented psychology department head and McCourtney Professor **Kristin Buss, PhD,** with its President's Award for Excellence in Academic Integration, which honors faculty who excel at integrating teaching, research, creative accomplishment, and service. Buss, a developmental psychologist, formed Parents and Children Together (PACT), an interdisciplinary group of researchers who work with Harrisburg community members on research projects promoting the health and well-being of children, youth, and families.

Four psychology researchers are among the new members elected to the National Academy of Sciences, recognized for their achievements in original research. The new members are: **Marisa Carrasco, PhD,** of New York University; **Michele J. Gelfand, PhD,** of the University of Maryland, College Park; **Dedre Gentner, PhD,** of Northwestern University; and **Lynn Nadel, PhD,** of the University of Arizona.

The American Academy of Arts & Sciences has named eight psychologists to its newest class of members in honor of their exceptional scholarship, innovation, and leadership: **Deanna M. Barch, PhD,** Washington University in St. Louis; **BJ Casey, PhD,** Yale University; **Stephen P. Hinshaw, PhD,** University of California, Berkeley; **Marcia K. Johnson, PhD,** Yale University; **Judith Kroll, PhD,** University of California, Irvine; **Ann S. Masten, PhD,** University of Minnesota; **J. Nicole Shelton, PhD,** Princeton University; and **Eric Turkheimer, PhD,** University of Virginia. ■

MOVING INTO YOUR FIRST INDEPENDENT RESEARCH JOB

Leading a lab requires strong management skills and a knack for budgeting. Researchers share tips on making the move from postdoc to lab director a smooth one.

BY HELEN SANTORO

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The transition from graduate student, postdoctoral researcher, or fellow to an independent research position can be daunting. Stepping out from under the wings of a principal investigator or lab director to pursue your own research ideas and funding while managing postdocs, graduate students, and undergraduates can be intimidating and confusing.

To be successful, strong management and leadership skills are key. Psychology researchers at Washington University in St. Louis interviewed 52 federally funded researchers and found that cultivating a positive team environment, providing clear supervision and guidance, expressing lab values and expectations, and leading by example are all key aspects of running a lab (Antes, A. L., et al., *Accountability in Research*, Vol. 26, No. 3, 2019). However, the same researchers also surveyed principal investigators (PIs) in the field of genetics and found that

Devoting plenty of time to mentoring students and postdocs is an important part of leading a productive lab.

most felt unprepared for their lab management responsibilities, with only three out of the 30 PIs they interviewed stating they felt confident in their abilities when they started their labs (Antes, A. L., et al., *Journal of Empirical Research on Human Research Ethics*, Vol. 11, No. 5, 2016).

This is also the case for many psychologists, who do not receive much training in management skills during graduate school. "As a graduate student or a postdoc, there are not as many formal opportunities to learn to lead," said Chris Wahlheim, PhD, a cognitive psychologist at the University of North Carolina at Greensboro who launched his own memory and cognition lab in 2016. "When you step into a leadership position on your own, it really requires attention to how your behaviors are perceived and how to set the best examples."

Wahlheim and other experienced researchers share tips and tricks they have learned on the job:

OBSERVE YOUR EARLY MENTORS CAREFULLY

Find a good mentor during graduate school or your postdoc whose leadership style you admire and who will help prepare you for directing your own lab, said Luke Hyde, PhD, a clinical and developmental psychologist at the University of Michigan who founded a lab that focuses on the development of risk and resilience in children and families in 2012. "I was fortunate to have two different PhD mentors who had different styles, and I was able to take away great strengths from both of them," he said. One, who had a larger lab, provided steady guidance and support on several larger and slowly evolving projects. The other, who had a smaller lab with more time-sensitive work, met with Hyde more frequently throughout the week but focused less on long-term planning. "Both helped me learn to balance between immediate opportunities and ideas and longer-term projects," he said.

Now as an associate professor, Hyde has sought out seasoned faculty and staff at Michigan who can answer questions about lab management. "Make sure you get a mentoring committee or otherwise identify senior folks who you can bounce ideas off of," he said.

Nazbanou Nozari, MD, PhD, a cognitive psychologist at Carnegie Mellon University, was proactive at asking her postdoc adviser questions and kept a constant eye on how she ran her lab. "My adviser was really good at running a lab, and I modeled mine very closely after hers," said Nozari, who has been running her language production and executive control lab, which started at Johns Hopkins University, since 2014. "I learned how to structure my lab, how to have lab meetings, how to divide the labor, how to approach projects and progress reports."

HIRE THE RIGHT PEOPLE

A big part of leading a lab is establishing good values and a healthy culture early on, which starts at the recruitment process. "In my first few years, I focused less on the science, but I focused a lot on infrastructure," said Hyde. "I thought a lot about who we needed to hire, how we were going to collect the data, and how we could set up a lab where I didn't need to do everything."

Along with finding people whose training and expertise fit with the lab's research questions, you want to hire individuals who get along, value collaboration, and are animated about the work. This is something Wahlheim thinks about when recruiting new researchers for his team. "I have an excitable personality, so during the recruitment process, what I usually do is let them see who I am," he said. "I build that enthusiasm early, and you can tell when a student gravitates towards it, and you can tell when a student doesn't."

By creating a cohesive group, the other parts of running a lab—from data collection to writing institutional review board grants to submitting publications—will run a lot more smoothly. "That's not something you talk about in grad school, but, ultimately, the infrastructure you set up and the lab culture you create is really important in terms of the vitality of your lab," said Hyde.

GROW YOUR LEADERSHIP SKILLS

Once you have hired the appropriate staff and students, the next step is to make sure you manage your team well. Barbara Stanley, PhD, a clinical psychologist at Columbia University who studies suicide prevention and has been principal investigator on several large grants, recommends

RESOURCES

APA's Advanced Training Institutes
(held each summer)
www.apa.org/science/resources/ati

Starting your own lab
National Institute of General Medical Sciences webinar series
www.nigms.nih.gov/News/meetings/Pages/starting-your-own-lab.aspx

Becoming a principal investigator: Designing and navigating your academic adventure
Greer, P. L., & Samuel, M. A. *Neuron*, 2019

"I've had to learn to be generous and patient with my time to help students toward the goals that we promised we'd help them toward."

CHRIS WAHLHEIM, PHD, MEMORY AND COGNITION LAB, UNIVERSITY OF NORTH CAROLINA AT GREENSBORO

creating distinct order in the lab. "Try as much as possible to establish a clear structure within the lab so that people know what their responsibilities and roles are," she said. For example, set clear guidelines on how to be an author on a manuscript and the criteria for being first author. "By doing this in advance, it prevents a lot of misunderstandings, hurt feelings, and anger."

Keeping your team motivated is another challenging but essential part of leading a lab, said Wahlheim. "In academia, the reward structure is so delayed, and so you have to point out that any little victory is big," he said. This includes everything from learning new software to analyzing a large group of data. "I always do my best to congratulate people on those small victories to help them realize that it's not trivial that they're learning these skills—all of it matters and all of it contributes to this much bigger goal that we have." Maintaining this social component of the lab, especially during COVID-19 when many people are working remotely, helps build morale and boost productivity. "We are encouraging ways for folks to socialize in safe ways, like games on Zoom," said Hyde.

Wahlheim also makes sure to emphasize the student-professor relationship and budgets a significant amount of his time to mentoring. Sometimes, this means helping a student publish a paper in a journal that is not high impact or giving up first authorship as the principal investigator. But this work builds team morale, is incredibly valuable to the student, and helps build a foundation for their career, said Wahlheim. "I've had to learn to be generous and patient with my time to help students toward the goals that we promised we'd help them toward."

At the same time, it's important to learn how to tell students no if you're overbooked or need to dedicate time to fulfilling other PI duties. "You have to grow comfortable with disappointing people," Wahlheim said. "I will do everything I possibly can to help my students, but at the end of the day, I can't lose sight of what the university wants from me."

MANAGE YOUR BUDGET STRATEGICALLY

PIs spend much of their time writing grants and managing their finances, and doing both well is crucial, said Stanley. "The funders follow along with what you're doing, not just scientific progress, but what you're doing with the funding."

However, most researchers aren't taught how to manage a scientific budget in graduate school. Wahlheim learned this the hard way when he started running his own lab, which was partially supported by state funds that had to be spent in a particular timeline—the first half in Year 1 and the second half in Year 2. "I had to work quickly to think about what I needed to do that would work in an environment I didn't yet understand," said Wahlheim, who successfully spent the allotted money. "If I had to do it all over again, I probably would have had a lot more open and frank conversations with other faculty in the department before I arrived so I could get a clear understanding of how to allocate that money."

Depending on your research topic, it can also be overwhelming to decide what sort of equipment to invest in. In Wahlheim's lab, for example, researchers use high-tech devices like an eye-tracking machine. Balance those major purchases that are absolutely necessary to conduct your research with plenty of resources for staffing, Wahlheim said. "You can buy as many computers and software programs as are available, but the work really requires people."

For example, your wisest investment might be putting aside money to fund a graduate student during the summer who can help with some tough data analysis. Or you can bring on a postdoc who has prior experience working with human subjects and can greatly aid in data collection.

About once every 3 months, Nozari checks in on her finances to see how much money she's spent. "As a faculty member, you need to be your own accountant," she said. Her university does offer grant and financial workshops, but she's found the best way to learn how to write and submit grants is to consult senior researchers who have successfully received funding in the past. "In the beginning, I asked as many questions as I could about the actual process," said Nozari, who wrote her first grant for the National Science Foundation in collaboration with a colleague who could guide her through the process. "It was during the hands-on work with him that I learned how to write grants."

In the end, nothing beats the tried-and-true saying: Practice makes perfect. "You won't be successful unless you jump in it and start doing it," Nozari said.

MODEL RESILIENCE, HUMILITY, AND GROWTH

It's key to note that learning to lead is a never-ending process and nobody is perfect, said Nozari. This is particularly true when it comes to mentoring students. "As you go through your career, you'll work with new people with new dispositions, so the learning never stops."

As a result, being open to feedback and willing to acknowledge your mistakes is crucial. Creating a safe culture also boosts employee engagement, reduces workplace tension, and builds a sense of trust throughout the lab. "Don't meet feedback with a negative response," said Stanley. "Be open and respectful." And just as you would wish for someone to give you professional, constructive criticism when you make an error, you should show the same respect to your employees. "We have to be willing as leaders not to be punitive when mistakes come up," said Maryland Pao, MD, of the intramural research program at the National Institute of Mental Health, who oversees the work of 40 PIs from a range of disciplines.

Perhaps one of the most important aspects of being a PI or lab director is practicing self-care. For Nozari, a big part of that is opening up to her colleagues about her struggles and seeking help when she needs it. "That's not emphasized enough" in research settings, she said.

Wahlheim agrees that you must "be kind to yourself." "We set really high standards for ourselves," he said. A lot of the decisions that determine one's success in the field, like who wins awards, what publications get accepted, and who gets grants, are outside of your control and aren't a direct reflection of your competency or abilities as a scientist, he added.

You must remember that everyone has been in the same boat, and the ups and downs of research are unavoidable. "If you look at someone's good record, there's a lot that goes on behind the scenes that a lot of people never get to see," said Wahlheim. "Having a better understanding of how to be OK with those failures and not internalize those as reflecting one's own inability—I think that that's important to remain persistent and resilient." ■

Researchers who may be struggling with managing a scientific budget can seek out workshops at their university or guidance from seasoned lab directors.

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FINDING WELL-BEING WHERE CANCER AND AGING MEET

The Psycho-Oncology in Aging and Cancer Laboratory at Memorial Sloan Kettering Cancer Center focuses on the unique needs of older adults with cancer **BY KIRSTEN WEIR**

Age is the single most important risk factor for cancer, but older adults with cancer can be a challenging research population. People in their 60s, 70s, and beyond are more likely to have multiple health problems, including physical illness and cognitive impairments. "Older adults with comorbidities are often screened out of research," said Kelly Trevino, PhD, codirector of the Psycho-Oncology in Aging and Cancer Laboratory at Memorial Sloan Kettering Cancer Center (PAC MSK) and an associate attending psychologist in the center's Department of Psychiatry and Behavioral Sciences.

For Trevino and her colleagues, the complex physical and psychosocial factors affecting older adults with cancer aren't beside the point. They are the point. The lab's mission: Identify and address the unique psychosocial needs of older adults with cancer, as well as those of their loved ones and caregivers. "The problems facing older adults with cancer cross disciplines, so we take a collaborative approach to make sure our clinical care meets the comprehensive needs of these patients," Trevino said.

PAC MSK includes psychologists, psychiatrists, social workers, nurses, and health communications researchers—a well-oiled and influential team that won the 2020 APA Prize for Interdisciplinary Team Research. The lab was the brainchild of the late psychiatrist Jimmie Holland, MD, a founder of the field of psycho-oncology. The discipline focuses on how people react to life-threatening diagnoses and the challenges of treatment—and how best to support them during that period of their lives. Holland devoted her career to addressing the psychological needs of cancer patients and cancer survivors, cofounding the International Psycho-Oncology Society, the American Psychosocial Oncology Society, and the journal *Psycho-Oncology*. She passed away in 2017 at age 89, but her vision lives on in PAC MSK.

The lab works collaboratively to address the psychosocial needs of older cancer patients, their loved ones, and caregivers.

"When Dr. Holland started the field of psycho-oncology, there really wasn't any attention being paid to the psychosocial needs of cancer patients," Trevino said. "The landscape is vastly different now."

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Despite great strides, there is still much to learn about the unique needs of older adults with cancer. "That's a guiding force for us," said Christian Nelson, PhD, codirector of PAC MSK and chief of psychiatry in Memorial Sloan Kettering's Department of Psychiatry and Behavioral Sciences. "Whether it's thinking about the best ways to diagnose depression or provide psychotherapy to older adults with cancer, or helping clinicians better engage with patients, our overall goal is to provide the best psycho-oncology care possible to older cancer patients."

TAKING AIM AT DEPRESSION AND ANXIETY

Holland's research focused broadly on the needs of cancer patients. But over time, she became increasingly interested in the unique needs of older adults—not only because she recognized that cancer is largely a disease of aging but also because she herself was growing older, Nelson said. PAC MSK officially launched in 2005 with support from the Silbermann Foundation, which has continued to provide funding as the lab has matured. What started as weekly brainstorming lunch meetings soon grew into support groups for older cancer patients, which continue to this day. Over the years, the lab also honed its research focus.

"From the beginning, we were interested in integrating developmental themes into psychotherapy for older adults with cancer," Nelson said. "These are concepts such as wisdom and mentorship, how to give back and pass on what you've learned to the younger generation, looking back at your life in review, and the idea of facing death as you're still living."

Integrating those themes into psychotherapy, the PAC MSK team created the Cancer and Aging: Reflections for Elders (CARE) model, a telephone-based intervention to reduce depression, anxiety, and distress related to cancer diagnosis and treatment in older patients. In a pilot study, the intervention proved feasible and showed promising trends in reducing depression and anxiety among the participants, who were all over 70 and had been diagnosed with cancer at least 6 months prior (Nelson, C. J., et al., *Psycho-Oncology*, Vol. 28, No. 1, 2019). With funding from the National Cancer Institute, the team is now leading a larger randomized controlled study of the intervention.

One of the lab's interventions has shown promise in reducing depression and anxiety among older adults with cancer.

Rebecca Saracino, PhD, an assistant attending psychologist at Memorial Sloan Kettering, has worked closely with Nelson to study interventions for depression as well as approaches to refine depression diagnoses in the context of cancer and aging. She received a 2015 APA Dissertation Research Award for the work, which she began as a fellow at PAC MSK and has continued after officially joining the team as a faculty member. Physical symptoms of depression such as fatigue, sleep disturbances, and loss of appetite can overlap with cancer treatment side effects, so they may not be as useful for identifying depression in cancer patients.

Alternative criteria for diagnosing depression in older cancer patients, proposed by psychologist Jean Endicott, PhD, of Columbia University, in the 1980s—including tearfulness or depressed appearance, social withdrawal, self-pity or pessimism, and an inability to be cheered up by good news or funny situations—may be more useful, Saracino and colleagues found (*Psychological Assessment*, Vol. 32, No. 1, 2020). "Overall, we've found that physical symptoms aren't reliable indicators for diagnosing depression in older adults in the cancer setting," Saracino said. "We need to look toward more alternative criteria, including additional cognitive and affective symptoms."

Saracino is also launching a new study of behavioral activation in older adult cancer survivors with depression, with funding from the National Cancer Institute. Behavioral activation, which aims to increase people's contact with rewards by helping them engage in positive experiences and social activities, is a key piece of many depression interventions. But scheduling meaningful and enjoyable activities can be challenging in a population of older adults who may have poor health or limited mobility. Saracino's study will explore whether

FG TRADE/GETTY IMAGES

researchers can tailor behavioral activation interventions to the physical and cognitive status of older adults with a history of cancer. "We know they are at risk for depression, and they may have lost their social connections or stopped doing things they once enjoyed," she said. "We have this evidence-based treatment. Let's make sure we can deploy it effectively to reach our patients."

Trevino, meanwhile, is taking aim at anxiety. With funding from the National Institute on Aging, she and her colleagues developed an anxiety intervention for older adults with cancer and their caregivers. The cognitive behavioral therapy–based intervention, delivered by social workers over the telephone, was modified to help older adults draw on their values and lived experiences. "In the first session, the therapist works with older adults to identify what is important to them, how those things have changed over time, and the areas of strength or expertise they've developed over their lifetime," Trevino said. "Throughout the intervention, the therapist taps into that life experience and works with them to find ways to apply those strengths to managing their anxiety."

Patients' caregivers often experience anxiety as well, including worries about what the future holds and whether they are doing enough to care for their loved one. Trevino's intervention also included one-on-one phone sessions with caregivers to address those concerns in a confidential space, without the care recipient present. The initial pilot study suggested the intervention was associated with reductions in anxiety in patients, and even larger reductions in caregivers (*Journal of Geriatric Oncology*, Vol. 11, No. 8, 2020). "It was a small study, but promising. We're hoping to get funding for a larger trial to more closely examine the effects and also to take a closer look at the intervention for caregivers," Trevino said.

IMPROVING COMMUNICATION

While most of the lab's research focuses on the experience of patients and caregivers, the team is also interested in helping clinicians improve the way they think about and interact with older adult patients. Since 2005, Memorial Sloan Kettering's Communications Skills Training Program and Research Laboratory (Comskil) has developed trainings for health care providers on a variety of topics, based on clinical need. For several years, Comskil and PAC MSK have collaborated to develop trainings to improve providers' ability to communicate with older adult patients and their caregivers—skills that are often lacking in health care training. "Many of our participants say they've had no specific training for working with older adult patients," said Patricia Parker, PhD, a psychologist and director of Comskil.

She's leading a project to study a training program for providers including oncologists, primary care physicians, nurses, psychologists, social workers, and physical and occupational therapists. The two-day program aims to help providers better assess patients for cognitive impairment and communicate more effectively with patients and their caregivers. For example, participants learn skills related to recognizing ageism and geriatric syndromes, improving communication with patients who have functional or sensory impairments, and ensuring that both patient and caregiver are included in discussions. "This provides an opportunity to introduce providers to ideas they haven't thought about and teaches them concrete skills they can use when working with older adults," Parker said.

The Comskil model follows a predictable process, said behavioral scientist Smita Banerjee, PhD, a Comskil faculty member whose work focuses on health communication. The researchers take a deep dive into the literature, develop a training model based on the research, and test it with providers. If it seems promising, they follow up with a larger study to evaluate its effectiveness, offering the training to providers both within and outside the Memorial Sloan Kettering system. With colleagues from the geriatrics division, Banerjee developed and tested a geriatrics-focused training program to improve verbal and nonverbal communication between oncology care providers, older adult patients, and their caregivers. The training involves didactic learning modules as well as hands-on practice communicating with patient-actors. In one role-play scenario, for instance, clinicians practice speaking with an 85-year-old patient with colon cancer and the patient's adult child caregiver, who is worried about the parent's weight loss,

FURTHER READING

Identification and treatment of depressive disorders in older adults with cancer
Saracino, R. M., & Nelson, C. J. *Journal of Geriatric Oncology*, 2019

Symptomatology, assessment, and treatment of anxiety in older adults with cancer
Trevino, K. M., et al. *Journal of Geriatric Oncology*, 2021

Addressing communication challenges in older patients with cancer and geriatric syndromes: A communication skills training module for health care providers
Alexander, K., et al. *European Geriatric Medicine*, 2019

Addressing the quality of communication with older cancer patients with cognitive deficits: Development of a communication skills training module
Korc-Grodzicki, B., et al. *Palliative & Supportive Care*, 2020

Members of the Psycho-Oncology in Aging and Cancer Lab with a portrait of the late Dr. Jimmie Holland, founder of the field of psycho-oncology.

COURTESY OF PSYCHO-ONCOLOGY IN AGING AND CANCER LABORATORY

weakness, and ability to continue living alone. In another, the provider practices a difficult conversation with a patient who wishes to discontinue cancer treatment and the patient's adult child, who is unwilling to accept that option.

The results are not yet published, but Banerjee said participants showed improvement in their communication skills. Participants were more likely to ask patients for permission to include caregivers in the conversation and to connect patients with additional resources and referrals. The participants also rated the training positively, reporting significant improvements in feelings of self-confidence and self-efficacy. "In a busy clinical setting, clinicians don't often have time to stop and reflect on what went well and what didn't," Parker said. "What really differentiates our trainings is the experiential component and the opportunity for immediate feedback from the facilitators, from colleagues, and from the actors themselves."

LEADERS IN TEAM RESEARCH

The core PAC MSK team includes nine faculty and five research staff members. The faculty members all have dual roles as clinicians and researchers—experience that closely informs the lab's mission. "Because we are also clinicians, we're all very aware of the day-to-day struggles our patients are having," said Saracino. "When someone discusses a new idea or a new project, it resonates because many of us have seen the same thing in our clinical practice."

Working with older adults with cancer requires flexibility. "The people in our study samples are sick, and many of them are going through toxic treatments. Their lives have been significantly disrupted," said Trevino. "That creates challenges for recruitment, but it also means we have to be particularly sensitive to our participants' needs. At the end of the day, we're focused on patient care."

The lab faculty and their collaborators come from psychology, psychiatry, nursing, oncology, geriatrics, social work, and health communication backgrounds. That commitment to collaboration—and the scientific contributions that were born from the teamwork—is what earned the lab APA's interdisciplinary research prize last year. The interest in collaboration dates back to Holland, who was known to have an open-door policy for clinicians and researchers from any department, Saracino said. "Our lab perpetuates that by welcoming people from disciplines across the hospital and having new voices represented," she said. "We have a team that's nonjudgmental and receptive to getting feedback. To do interdisciplinary work, you need to be humble enough to recognize you have a lot to learn."

Indeed, Trevino added, almost all psychologists would benefit from being open to learning more about the unique needs of older adults. "The population is getting older, and most of the people working in psychology will interface with older adults in some way," she said. "There are so many myths about older adults. There's a real benefit for psychologists to gain knowledge of adult development and the unique issues facing this population." ■

RESEARCH FOCI

The Psycho-Oncology in Aging and Cancer Laboratory is:

1. **Studying the assessment of distress in older adults with cancer**
2. **Developing interventions to treat depression and anxiety in older patients with cancer and their caregivers**
3. **Developing training programs to improve health care providers' communication skills relating to older adult cancer patients**

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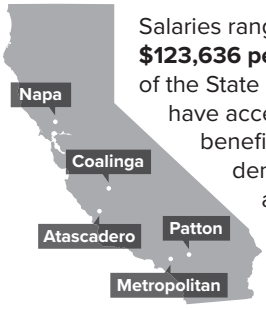

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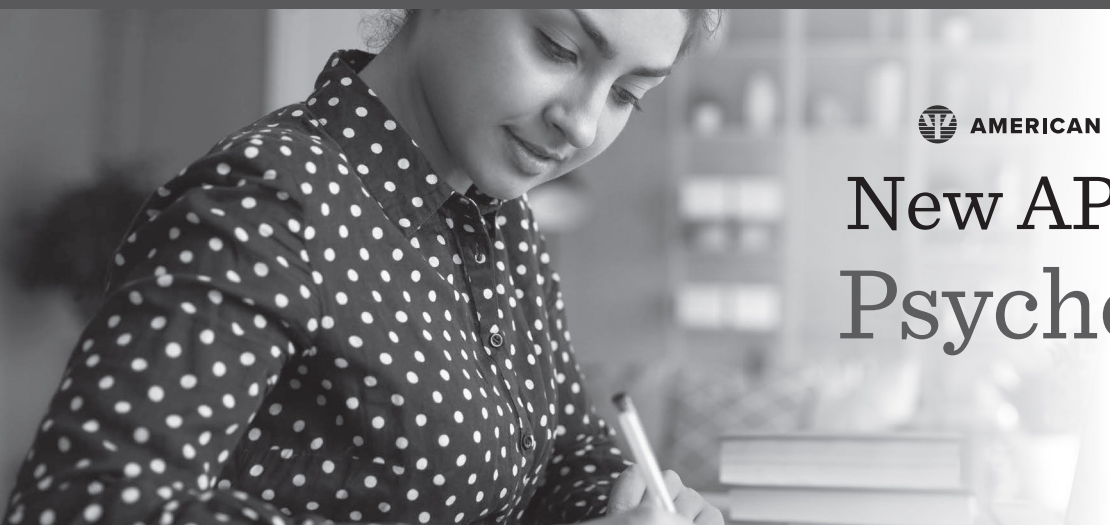

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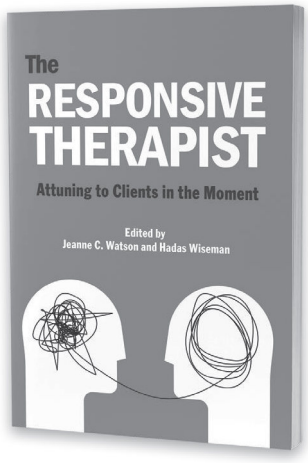

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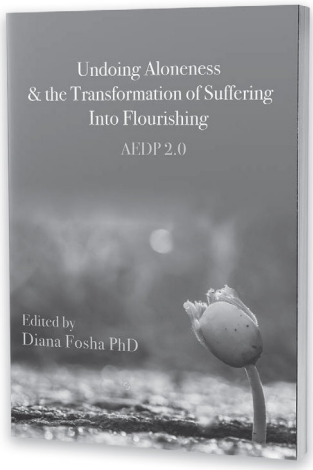

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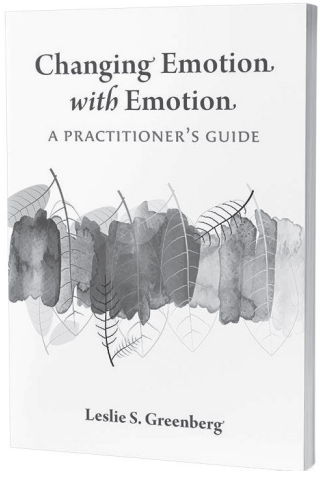

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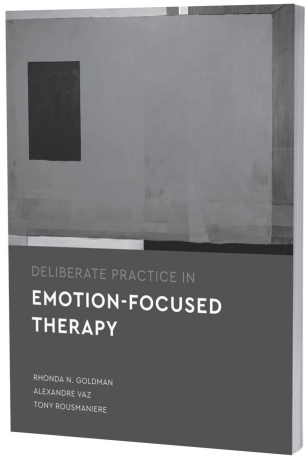

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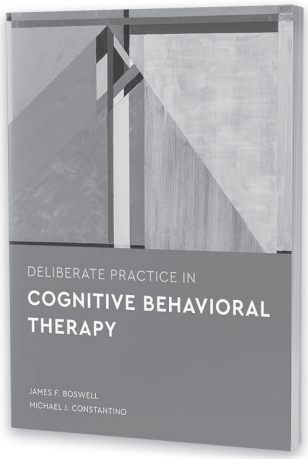

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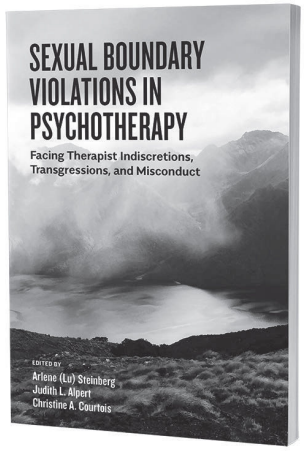

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BY TORI DEANGELIS

DARK CLOUDS, SILVER LININGS

While most Americans cited negative effects of the COVID pandemic on their lives and relationships, there were upsides for many.

89%

Percentage of Americans who **reported at least one negative change** in their lives, jobs, finances, or relationships as a result of the COVID-19 pandemic. **But 73% also mentioned at least one unexpected benefit.** And most people experienced these negative impacts and silver linings at the same time: Two thirds (67%) of Americans mentioned at least one negative and at least one positive change since the pandemic began.

33%

Percentage of Americans who said **their relationships improved during the pandemic.** While lockdown wasn't fun for anyone, these respondents said it let them spend more valuable time with spouses, children, or other family members who no longer had to commute to work or school. Others noted that regular video chats brought them closer to distant family members, and some were happy having fewer social obligations.

26%

Percentage of Americans who said **the pandemic created positive changes in their daily lives** such as helping them slow down, adopt new hobbies, and get more things done around the house thanks to extra time. Meanwhile, 13% overall—and more if they had higher levels of education and income—said their work lives had changed for the better, mainly owing to the pluses of working remotely.

14%

Percentage of Americans who said **their health or that of loved ones actually improved as a result of the pandemic.** Some said that the pandemic lifestyle led to healthier eating habits and more exercise, while others cited less overall stress and greater appreciation for the things that matter to them. About 13% also mentioned positive financial changes, mainly because the restrictions helped them save more money than usual.

Source: Kessel, P., et al. (2020). In their own words, Americans describe the struggles and silver linings of the COVID-19 pandemic. Pew Research Center survey of 9,220 U.S. adults conducted between Aug. 31 and Sept. 7, 2020. Available at https://www.pewresearch.org/2021/03/05/in-their-own-words-americans-describe-the-struggles-and-silver-linings-of-the-covid-19-pandemic.

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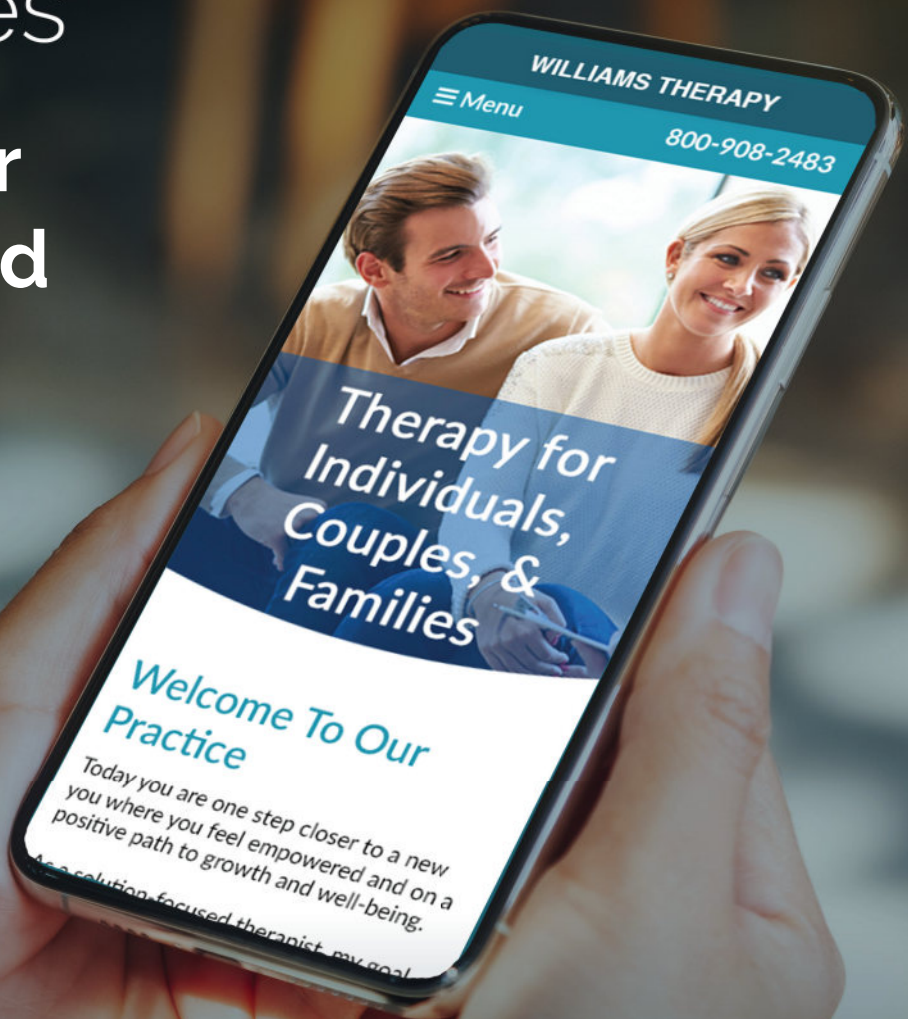

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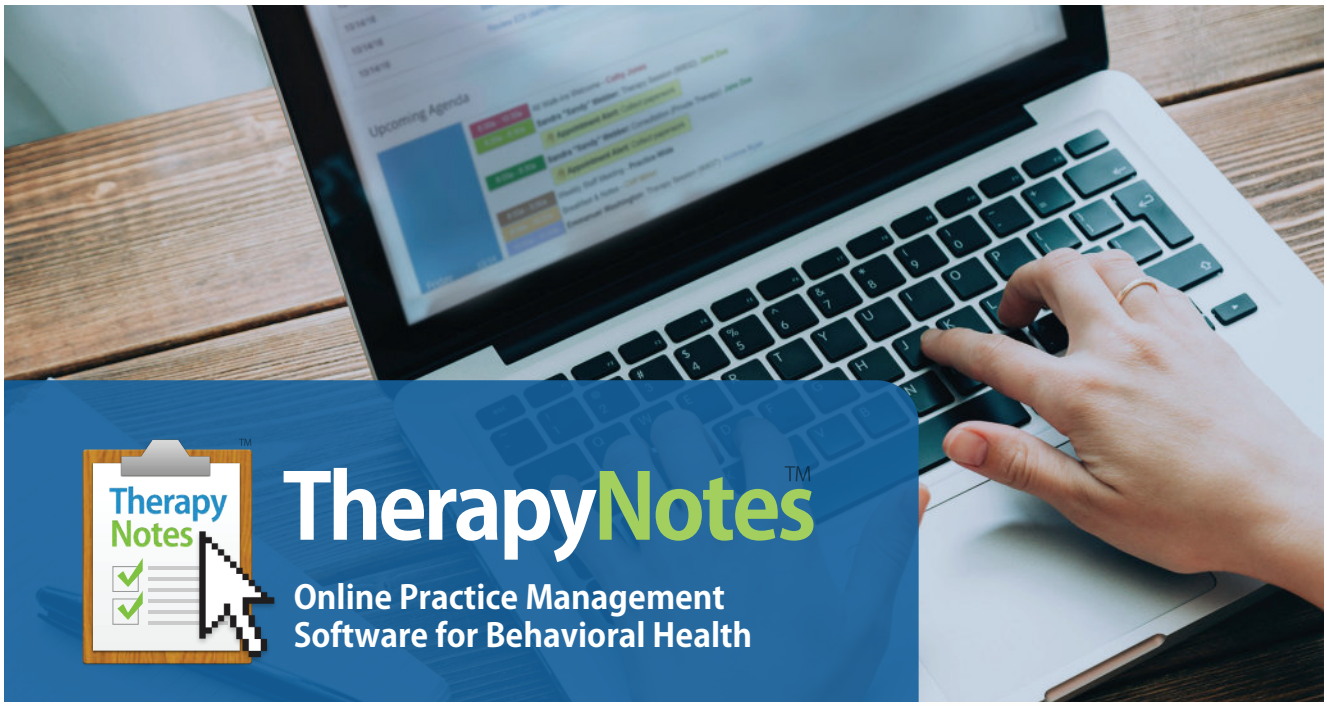

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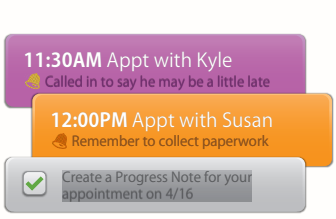

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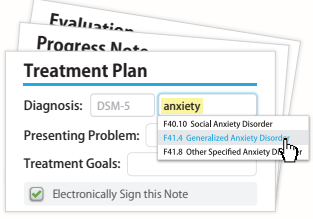

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> Firstly, the system is easy to navigate, thorough, flexible, and extremely clinically intuitive. Secondly, technical and customer support has been efficient, fast, and very personal. I am leaving another EHR system for TherapyNotes...gladly. I'm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