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monitor on psychology

GST# R127612802

The Benefits of Remote Learning

Lessons from the
pandemic are creating
positive outcomes
for all students

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ADDRESSING
SCIENTIFIC
MISCONDUCT

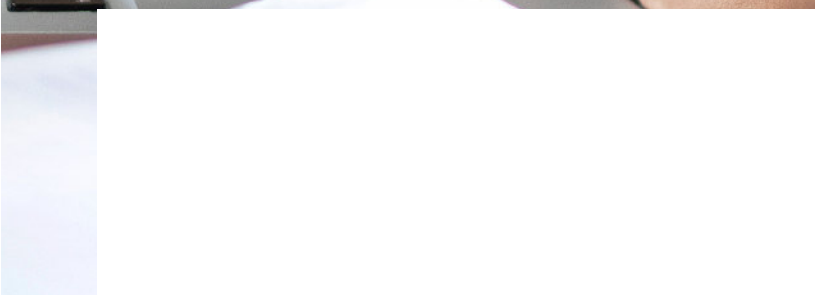
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CREATING CONTENT
TO BROADEN
YOUR PRACTICE

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BIG COLLABORATIONS
FOR MORE EFFECTIVE
PSYCHOLOGY

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RESOURCES, OPPORTUNITIES, AND NEWS FOR PSYCHOLOGISTS FROM APA

CHALLENGES

Easing Children's Anxiety

APA's Magination Press has three new titles aimed at helping children cope with worrisome events in the news and the lingering stress of the pandemic.

All the Feelings Under the Sun: How to Deal With Climate Change Informative text and activities help young readers manage anxiety about the climate crisis and learn how they can help change things for the better.

Go to www.apa.org/pubs/magination/all-feelings-under-sun.

What to Do When the News Scares You: A Kid's Guide to Understanding Current Events

This guide—coming in October in both English and Spanish—tackles children's feelings of anxiety around many different types of current events and provides a way to help children put scary events like violence and extreme weather into perspective.

Go to www.apa.org/pubs/magination/what-to-do-when-news-scares-you.

Something Happened in Our Park: Standing Together After Gun Violence

This follow-up to the best-selling *Something Happened in Our Town* explores gun violence: its effects on communities, how people can work together to reduce its likelihood, and how children can manage their fears in the aftermath of a shooting.

Go to www.apa.org/pubs/magination/something-happened-in-our-park.



MONITOR, PODCAST HONORED FOR EXCELLENCE

APA earned five Excel Awards in June from the Association Media & Publishing Network. The *Monitor* earned a gold award for its June 2020 pandemic response issue and bronze awards in three categories: general excellence for overall editorial content and coverage across all eight 2020 issues, excellence for the magazine's design across all eight 2020 issues, and pandemic response feature article ("How COVID-19 Attacks the Brain" in the November/December 2020 issue). APA's podcast, *Speaking of Psychology*, won a gold award for best podcast.



SAVE THE DATE

Health Equity in Psychotherapy

Attend APA's **Professional Development Training Institute: Health Equity, Social Justice, and Cultural Competence in Psychotherapy** on Oct. 15. The daylong virtual institute will focus on critical issues regarding health disparities and psychology's contributions to ensuring equitable access to, and delivery of, effective services to diverse populations. Attendees earn 1.5 continuing-education credits for each of four 90-minute live webinars; up to 6 credits total.

Register at <https://apa.content.online>.

Psychology, Technology, and the Future

Learn more about the critical role psychology plays in human-technology interaction at **APA's fourth annual Technology, Mind & Society conference, held virtually Nov. 3–5**. Keynote speakers will include Alison Gopnik, PhD, of the University of California, Berkeley; Rosemary Luckin, PhD, of University College London; Tsedal Neeley, PhD, of Harvard Business School; and Frank Pasquale, JD, of Brooklyn Law School.

Sign up to receive conference updates and registration information at <https://tms.apa.org/>.

Attract New Clients via Social Media

Learn the latest strategies for marketing your practice on social media at the Nov. 12 webinar "**How to Grow Your Private Practice with Social Media Marketing**," hosted by Brighter Vision. The session will cover common questions about ethical posting, privacy, HIPAA violations, and more. Can't attend? Register anyway to receive the recording 2 weeks after the live event.

Register at <http://at.apa.org/grow-practice>.



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

IDEAS

3 Things to Do This Month

Raise your voice & advance your work

VOTE FOR APA'S PRESIDENT ELECT

1 APA members have nominated Kirk J. Schneider, PhD; Thema S. Bryant-Davis, PhD; Mary Ann McCabe, PhD; Diana L. Prescott, PhD; and Beth N. Rom-Rymer, PhD, to run for APA's 2023 presidency. The five candidates responded to six questions from APA's boards and committees throughout the summer at www.apa.org/about/governance/elections/president-elect-candidates. **APA will send ballots to all voting members on Sept. 15.** The ballot will also list two slates of candidates for APA's Board of Directors. Send questions about the election to elections@apa.org.

HELP STUDENTS MASTER APA STYLE

2 APA's *Mastering APA Style Student Workbook*, an online, interactive instructional tool for learning APA Style, will be available for purchase in September. Designed specifically for students and others new to APA Style, the digital workbook includes more than 1,000 questions across nine modules on topics such as bias-free language, writing style and grammar, numbers and statistics, in-text citations, and more. APA Style experts wrote the questions and used best practices in learning design to provide

comprehensive instruction, real-time feedback, and multiple opportunities to practice and learn. The workbook can be purchased by individual users or adopted by an instructor or institution as part of a course or workshop. Subscribe to the APA Style monthly newsletter for updates and writing tips at <https://apastyle.apa.org>.

STREAM APA 2021 CONTENT

3 More than 1,000 presentations from APA's 2021 convention last month are now available to stream through Nov. 15 at <http://convention.apa.org>. Convention registrants are automatically able to view all of the on-demand content; those who missed the live meeting can register for on-demand access prior to Nov. 15.



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APA 2021

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IMPLEMENTATION SCIENCE

BIGGER COLLABORATION FOR MORE EFFECTIVE PSYCHOLOGY

Large-scale teams are improving uptake of evidence-based practices in a range of demanding real-world settings. While implementation science often faces numerous challenges, experts point to modest successes as reason to be optimistic about eventually having impact at scale across populations. *See page 62*



54 SHUTTING DOWN MICROAGGRESSIONS

Psychologists studying intergroup relations and perspective-taking offer advice for how bystanders can intervene when they see someone being targeted for an aspect of their identity.

46 CAPTURING THE BENEFITS OF REMOTE LEARNING

COVER STORY Education experts are applying lessons learned in the pandemic to promote positive outcomes for all students.



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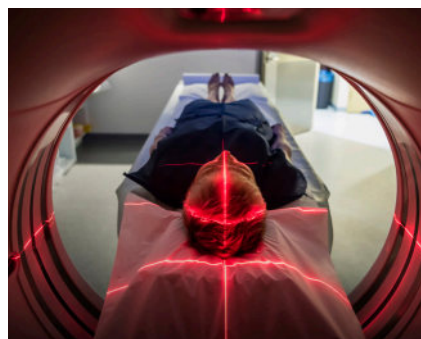
Preventing
gun suicides
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CE CORNER

EFFECTIVE TREATMENT FOR BLACK MEN

Culturally competent treatments for Black men take the realities of structural racism into account and share certain ingredients, including addressing masculine norms, racism, and within-group differences, and incorporating group work. *See page 40*



The role of inflammation and motivation
in depression. Page 81



Feeling younger buffers against
stress. Page 14

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2021 KEYNOTES

- **Alison Gopnik, PhD** (*University of California at Berkeley*)
What 4-Year-Olds Can Do That AI Can't (Yet):
Model-Building, Exploration and Social Learning
- **Rosemary Luckin, PhD** (*UCL Knowledge Lab*)
Two Reasons Why It Matters for Education That AI Is
Intelligence, 'But Not as We Know It'
- **Tsedal Neeley, PhD** (*Harvard Business School*)
The Future of Digital Work
- **Frank Pasquale, JD** (*Brooklyn Law School*)
The Political Economy of Affective Computing:
How Reimbursement Policies and Malpractice Law
May Shape the Future of Chatbot Therapy

ENGAGING THE UNITED NATIONS COMMUNITY

The pursuit of health equity is vital globally, particularly as nations attempt to build back from COVID-19 **BY JENNIFER F. KELLY, PhD, ABPP**



Marginalized populations around the world disproportionately experience adverse social determinants of health, which contribute to poor physical and mental health outcomes. As part of my presidential initiative on health equity, I was delighted to offer opening remarks at the July 12 United Nations High-level Political Forum on Sustainable Development, which was developed and cosponsored by APA, along with the International Association of Applied Psychology and the United African Congress.

The virtual event, Building Back Better after COVID-19 through Addressing Health Equity, Mental Health and Well-Being: Contributions of Psychological Science and Practice to Leave No One Behind, was sponsored by the Mission of the Republic of Sierra Leone to the U.N. and cosponsored by 14 other missions, as well as the World Health Organization.

The presenters—including global political leaders, ambassadors to the U.N., and psychological scientists—explained the critical role of psychology in advancing health equity, which is at the nexus of the U.N.'s goals of ensuring healthy lives and well-being and reducing inequality within and between nations.

Geoff Reed, PhD, the co-chair of my Presidential Task Force on Health Equity, explained that, on average, people with mental disorders suffer disproportionately high rates of mortality and that COVID-19 has disrupted or

halted mental health services in 93% of countries. He urged nations to provide universal health coverage that includes mental health and to increase the share of health spending allocated to mental health, with particular attention to vulnerable groups.

Other distinguished scientific speakers addressed the specific needs of migrant populations and the importance

of vaccine equity across nations to recover from COVID-19.

The U.N. ambassador from the Mission of Mexico to the U.N. welcomed the application of psychological science to address the need for increased access to mental health care. The vice president of Costa Rica discussed her country's new task force on women and mental health, and the ambassador of Lebanon to the U.N. highlighted the physical and mental health needs of those suffering long-term harms from COVID-19.

APA will continue to strengthen our global partnerships to promote the application of psychology to advance health equity. A recording of the U.N. event and background materials are available at www.apa.org/international/united-nations/activities. ■



Malian refugees in Goudebou, a refugee camp in Burkina Faso

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

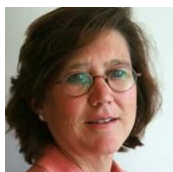
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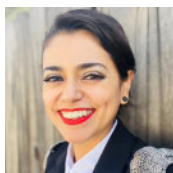
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It is incumbent on all of us to nurture tomorrow's psychologists, expand the public's understanding of psychology, and push for positive change

BY ARTHUR C. EVANS JR., PhD



As a young Boy Scout, I learned always to leave the forest better than you found it. This philosophy—leaving things in better shape than we inherit them—has guided my three decades of work as a psychologist and administrator and my service in public policy. I also believe it serves as a valuable lesson for our field. ¶ It is up to us to leave the

field of psychology better than we found it. We can choose to focus solely on excelling in our careers, but—if we want to ensure our field thrives in the

years ahead—we can also be intentional about seeing ourselves as stewards of psychology. Here are three examples of how we can accomplish this:

■ **Be an advisor.** It is critical both to prepare students already in pursuit of a career in psychology and proactively draw students to psychology. We want to

take time to educate and mentor students and have conversations with them about emerging challenges and opportunities for the field. We can attract bright students to psychology by exposing them to the full breadth of the field and showing them how psychology is relevant to a wide range of real-world issues.

■ **Be an ambassador.** By broadening what the public understands as psychology and connecting the dots between people's real-world challenges and how psychological knowledge can help, we can elevate people's understanding of the vibrancy and breadth of the field. For instance, psychologists working in areas like artificial intelligence and climate change—not typically associated with psychology—can see their role as both generating important work and *also* sharing the value that psychology offers. Building people's interest in and enthusiasm for our work helps to draw the best and brightest into our field.

■ **Be an advocate.** Giving back to psychology involves ensuring that diversity, in its many forms, meaningfully permeates and improves all that we do—our research, practice, and training. The broad range of perspectives that inform our science naturally lend themselves to improving our field, whether through challenging the status quo in systems and institutions or bringing to light new ideas. We can help the world operate differently, in a way that more regularly uses psychological knowledge to have a positive impact on society.

So, I ask—who are you advising? Are you being an ambassador? What are you advocating for? ■

● **Arthur C. Evans Jr., PhD**, is the Chief Executive Officer of APA. Follow him on Twitter @ArthurCEvans.





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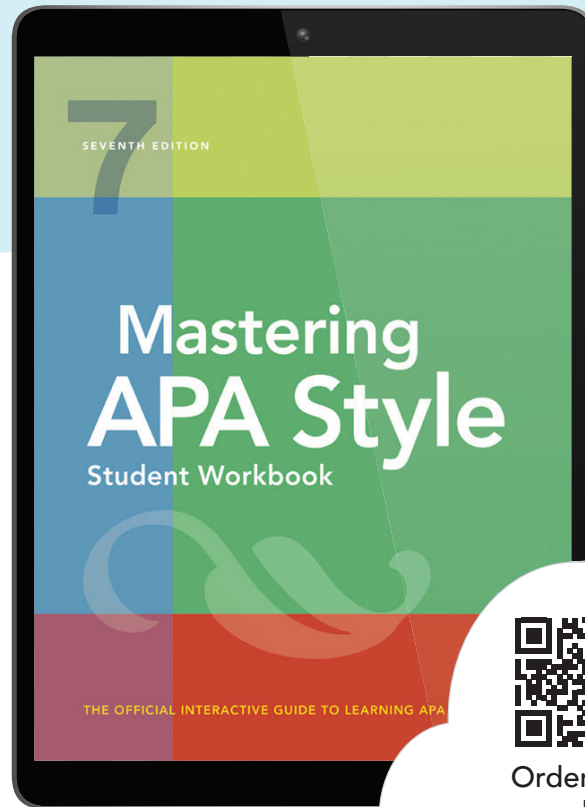


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In Brief

THE LATEST PEER-REVIEWED STUDIES WITHIN PSYCHOLOGY AND RELATED FIELDS



GEN Z MORE OUT TO PARENTS

Half or more of gay and bisexual Generation Z teenage boys report being out to their parents, according to a study in *Psychology of Sexual Orientation and Gender Diversity*. Researchers examined data collected between 2018 and 2020 from an online HIV-prevention study of 1,194 13- to 18-year-old sexually active boys in the United States, all of whom identified as gay or bisexual. They found that 66% of those surveyed were out to their mothers

or female parental figures and 49% were out to their fathers or male parental figures. Those percentages had increased by more than 50% since the 1990s, when an estimated 40% of teen boys were out to their mothers and less than 30% were out to their fathers. Among the other findings were that White (vs. Black), gay (vs. bisexual), and nonreligious (vs. religious) teen participants were more likely to be out to a parent.

DOI: 10.1037/sgd0000484

ZOOM FATIGUE

During the COVID-19 pandemic, many employees who worked at home regularly experienced videoconference fatigue, suggests research in the *Journal of Applied Psychology*. In September 2020, researchers asked 55 employees in a variety of industries in the United States who were working remotely how they felt about videoconferencing. Earlier, in May 2020, they had asked the employees to complete hourly surveys for 5 consecutive workdays about how they used videoconferencing software and their feelings following videoconferences. In September, nearly 93% of participants reported experiencing videoconference fatigue, with peak fatigue coming after late-afternoon meetings. Results from responses about 279 videoconference meetings suggest that muting one's own microphone and having higher feelings of group belongingness were related to lower post-videoconference fatigue. Watching oneself on a webcam or turning the webcam off had no impact on post-meeting fatigue.

DOI: 10.1037/apl0000906

FEELING YOUNGER BUFFERS AGAINST STRESS

Feeling younger than one's chronological age buffers middle-aged and older adults against the damaging effects of stress, indicates research in *Psychology and Aging*. Researchers analyzed data from 5,039 participants in a longitudinal survey of German residents age 40 and older, spanning 2014 to 2017. The survey included questions about the amount of stress in the



Feeling younger than one's chronological age buffers middle-aged and older adults against the damaging effects of stress.

participants' lives, their functional health (e.g., how well they could complete everyday activities), and their subjective age ("How old do you feel?"). The researchers found that participants who reported more stress experienced steeper declines in functional health over the 3 years. This link between stress and health decline was greatest for chronologically older participants. Among people who felt subjectively younger than their actual age, the link between stress and poor health was reduced. That protective effect of feeling younger was strongest among the oldest participants.

DOI: 10.1037/pag0000608

PRECISION MEDICINE FOR MOOD DISORDERS

According to a study in *Molecular Psychiatry*, a new blood test can indicate the severity of a patient's depression and predict the likelihood they will develop

severe depression or bipolar disorder in the future. Researchers followed 44 participants in the United States over 18 to 36 months and recorded fluctuations in blood levels of candidate RNA biomarkers along with measures of high and low moods. They then validated the top 26 candidate biomarkers in an independent group of 47 participants from previous studies with clinically severe depression or mania. Finally, the researchers tested the biomarkers in an additional 586 participants and found that six biomarkers were most accurate for tracking and predicting both depression and bipolar mood disorders. The researchers note that these findings might be used to match patients to existing medications that are known to affect levels of the biomarkers as well as to guide development of new medications.

DOI: 10.1038/s41380-021-01061-w

QUICK GUESSES

According to research in *Cognition*, quick estimations of the relative numbers of men and women in a large group typically result in overestimating the smaller group and underestimating the larger group. In one study, researchers presented 48 participants in the United States with grids of 12 faces for 1 second each and asked them to estimate the number of men and women in each grid. When the grid contained all men or all women, participants' estimates were accurate. But if a grid contained fewer women, for example, participants overestimated the number of women present (the same patterns held when there were fewer men). Tracking participants' eye movements revealed that participants looked more often at members of whichever group was in the minority. In a second study, participants showed the same tendency to overestimate the smaller group in snap judgments of collections of other kinds of images, such as indoor versus outdoor scenes.

DOI: 10.1016/j.cognition.2021.104756

MDMA MAY BE EFFECTIVE FOR PTSD

MDMA-assisted therapy may be an effective, low-cost treatment for post-traumatic stress disorder (PTSD), according to a study in *Nature Medicine*. In the first phase 3 clinical trial of a psychedelic-assisted therapy,

90 participants in the United States, Canada, and Israel with severe, chronic PTSD received psychotherapy plus either MDMA or a placebo. Two thirds of the group who received MDMA-assisted therapy no longer qualified for a PTSD diagnosis after three treatment sessions, compared with one third of the group who received the placebo-assisted therapy. In addition, 88% of the MDMA group experienced a clinically significant reduction in symptoms, compared with 60% of the placebo group. Finally, MDMA did not increase the risk of suicidal thoughts or behaviors, adverse cardiovascular events, or abuse potential compared with the placebo.

DOI: 10.1038/s41591-021-01336-3

People tend to overestimate the relative number of smaller groups in a large group when making snap judgments of images.



BY MY BOOTSTRAPS. REALLY.

When confronted with evidence of societal inequality, privileged people may make exaggerated claims of having gotten ahead by overcoming adversity or pulling themselves up by their bootstraps, suggests research in the *Journal of Personality and*

Social Psychology. In the first of six studies, researchers showed that when 425 participants in the United States were provided evidence of their own class privilege, they claimed to have suffered more personal life hardships. A second study with 202 participants suggested these claims were driven in part by threats to self-regard, while a third study with 434 participants found that when given the chance to first safeguard their sense of personal merit, those benefiting from privilege no longer claimed hardships in response to evidence of their privilege. Two additional studies with 889 participants indicated that only evidence of personal privilege evoked defensive responses and that thinking about personal strengths reduced

claims of hardships more than making statements about societal strengths. Finally, a sixth study with 226 participants suggested that people claim hardships because they believe such experiences imply their own personal merit.

DOI: 10.1037/pspi0000240

MOOD BOOST MINUS THE MIND BENDING

Even when its psychedelic effects are blocked, psilocybin—the active chemical in “magic mushrooms”—has antidepressant-like benefits, according to a mouse study in the *Proceedings of the National Academy of Sciences*. Researchers stressed a group of mice for several hours per day over 2 to 3 days. (Typically, in this mouse model of depression, mice fail to work for pleasurable rewards.) The researchers then administered psilocybin to a subset of these mice, and within 24 hours the mice again worked for pleasurable rewards. Finally, the researchers administered to another subset of the stressed mice both psilocybin and ketanserin—a drug that blocks the serotonin receptor thought to mediate psilocybin’s psychedelic effects—and found that 24 hours later these mice were also back to working for pleasurable rewards. The findings suggest the possibility that the fast-acting antidepressant effects of psilocybin could be achieved in humans without leading to hallucinations and the need to manage them.

DOI: 10.1073/pnas.2022489118

PEOPLE RARELY THINK LESS IS MORE

When people confront an object or situation that requires improvement, their solutions almost always involve adding something rather than removing something, suggests research in *Nature*. Researchers asked 2,330 participants in the United States to solve eight problems where

adding or removing elements led to equally valid solutions (e.g., erasing or shading in squares in a grid to make a symmetric image). Across all types of problems, the vast majority of participants chose addition over subtraction, even when the researchers provided incentives to solve the problem by removing something. Practice, however, nudged



“Magic mushrooms” have antidepressant-like benefits even when their psychedelic effects are blocked.

participants to think of subtraction solutions. Participants who had three practice trials in which subtraction yielded the superior solution were more likely, for example, to erase squares in the actual task than participants who did not participate in practice trials. The researchers also found that overloading participants with extraneous information led to fewer solutions involving subtraction.

DOI: 10.1038/s41586-021-03380-y

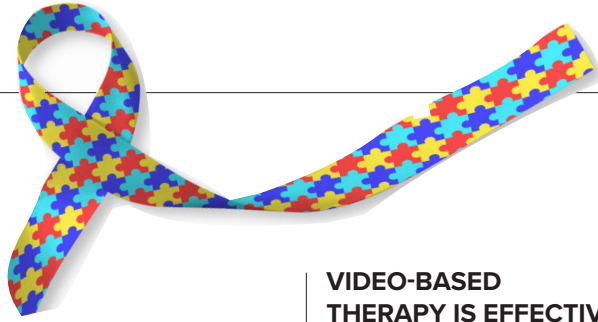
AUTISM DEVELOPS DIFFERENTLY

Research in *Brain* points to differences between girls and boys in the neural and genetic underpinnings of autism spectrum disorder (ASD). Researchers used fMRI to examine the brain activity of 184 young people in the United States ages 8 to 17. They found that the differences in brain activation patterns between girls with and without ASD were not the same as the differences between boys with and without ASD. Among the brain regions showing reduced activation in girls with ASD was the striatum, which is involved in interpreting social interaction and language. Further, genetic analyses with an additional 250 people suggest that girls with ASD have larger numbers of rare variants of genes that are active during the early development of the striatum than do boys with ASD. As the researchers note, these findings indicate that results from studies of ASD may not generalize across girls and boys.

DOI: 10.1093/brain/awab064

BETTER SEX, BETTER SELF-CARE

When people with epilepsy are more sexually satisfied, they may manage their conditions better, according to a study in *Epilepsy & Behavior*. Researchers asked 88 participants with epilepsy in the United States about their intimate relationships and their self-management practices. They found that greater relationship and sexual satisfaction was linked with better self-management on measures of 7 of 11 factors:



health communication, coping skills, social support, seizure tracking, seizure response, stress management, and wellness. No association was found with factors related to treatment, safety, medical adherence, and proactivity. These results held across variations in age, gender, social support, and presence of comorbidities.

DOI: 10.1016/j.jybeh.2021.107937

VIDEO-BASED THERAPY IS EFFECTIVE

Online, video-based therapy may be as effective as traditional, in-person forms of therapy, according to a meta-analysis in *Clinical Psychology & Psychotherapy*. Researchers analyzed 103 studies with 5,245 participants, and the results showed that video-based therapy participants saw significant improvements compared with

fMRI scans indicate differences between girls and boys in the neural underpinnings of autism spectrum disorder.

control participants who had experienced no therapy. Additionally, participants engaging in either video-based or in-person therapy showed essentially identical outcomes. A breakdown of the data by therapy type and condition being treated indicated that video-based therapy was most efficacious for cognitive behavioral therapy being used to treat anxiety, depression, or post-traumatic stress disorder.

DOI: 10.1002/cpp.2594



When people with epilepsy are more sexually satisfied, they may manage their conditions better.



PHYSICAL ACTIVITY ENABLES HIGHER GRADES

Physical activity is linked to self-regulation in childhood, which in turn predicts higher academic achievement, suggests research in *PLOS ONE*. Researchers analyzed data from a longitudinal study of 4,043 children in the United Kingdom in which parents and teachers assessed the emotional and behavioral components of the children's self-regulation skills at ages 7, 11, and 14. They also quantified the children's

Increased physical activity in childhood is linked to greater self-regulation, in turn leading to higher academic achievement.

physical activity. The researchers found that increased physical activity was linked to greater emotional regulation across all three ages. For 7-year-olds, emotional regulation also mediated an association between physical activity and academic achievement throughout early primary school. In addition, for 11-year-olds, physical activity led to greater behavioral regulation, which in turn led to higher academic achievement. These effects interacted in complex ways with socioeconomic status but overall

indicate that early and sustained physical activity can enhance children's self-regulatory and academic development.

DOI: 10.1371/journal.pone.0250984

JUST FOLLOWING ORDERS

People following orders feel more culpable for resulting negative outcomes than those whose own decisions led to the undesired consequences, suggests research in *Psychological Science*. Across five experiments, researchers asked a total of 1,490 online participants to imagine

themselves either making consequential decisions (e.g., programming a self-driving car to save the driver at all costs or setting physical distancing policies during the COVID-19 pandemic) or being told by their superior how to act. After learning that a tragic outcome occurred because of their actions, participants felt more to blame when they followed their superior's orders than when it was a result of their own decision. In contrast, participants acting as third-party observers blamed superiors more than those who followed their orders. The researchers suggest that those who follow orders feel more culpable because of regret at not pushing back against directives that violated their own moral standards.

DOI: 10.1177/09567976211002821

HARMS OF MINDFULNESS MEDITATION

Mindfulness meditation may have adverse effects at a rate similar to that of other psychological treatments, suggests a study in *Clinical Psychological Science*. Researchers divided 96 participants in the United States into three groups, with each group assigned to a particular version of an 8-week mindfulness-based cognitive therapy program. After completing the programs, participants rated the emotional tone of 44 meditation-related experiences and the impact the experiences had on their life and functioning. Across the three groups, 58% of participants reported at least one short-term meditation-related adverse effect, including hypersensitivity, nightmares, and traumatic reexperiencing.

Thirty-seven percent reported short-term negative impacts on their functioning, while 6% to 14% reported impairments in functioning—primarily associated with hyperarousal and dissociation—lasting more than 1 month.

DOI: 10.1177/2167702621996340

MAKE ME FEEL SOMETHING

While online starred ratings of products and services tend to be inflated and unreliable predictors of their commercial success, higher emotionality expressed in narrative reviews for the products or services is associated with higher sales, according to research in *Nature Human Behaviour*. Researchers analyzed tweets about Super Bowl ads in 2016 and 2017, 13 years of movie reviews on Metacritic.com, hundreds of Yelp reviews of Chicago

restaurants, and reviews of books sold on Amazon from 1995 to 2005. The vast majority of these ratings were highly positive, though ultimately not predictive of economic success. The researchers then analyzed the word content of the narrative reviews with a tool called the Evaluative Lexicon, which captures a review's emotionality—how much an attitude is rooted in emotion rather than how positive or negative it is. Overall, ads, movies, restaurants, and books that evoked more emotional language in consumers' reviews ended up being more commercially successful.

DOI: 10.1038/s41562-021-01098-5

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

Mindfulness meditation may have adverse effects such as hypersensitivity and nightmares at a rate similar to that of other psychological treatments.





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— **Dr. Cassandra Hendrix**

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

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

— **Nelson O.O. Zounlome, M.S.Ed.**

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



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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

GRADUATE PSYCHOLOGY STUDIES OPEN DOORS

The skills developed in graduate psychology programs are valuable in job markets

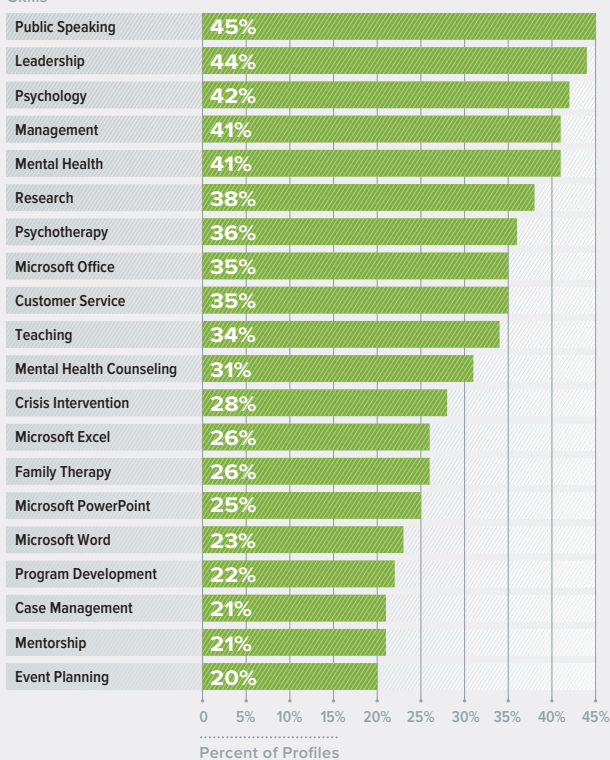
■ The skills students develop in graduate psychology programs align with skills valued in job markets, as demonstrated in an analysis of job ads posted on the APA psycCareers job board. **Leadership, cultural awareness, teamwork, and communication top the list as the most sought-after skills by employers.**¹

■ Where skills differ between the two education levels, **doctoral-level graduates have more clinical and research skills, while master's graduates have a broad set of skills.** Doctoral grads rank higher on skills such as cognitive behavioral therapy and psychological evaluations. Master's graduates rank higher on public speaking, leadership, and management.²

■ **Understanding these skills can help job-seekers** to translate their graduate level work into language easily understood by potential employers on resumes, job applications, and cover letters.

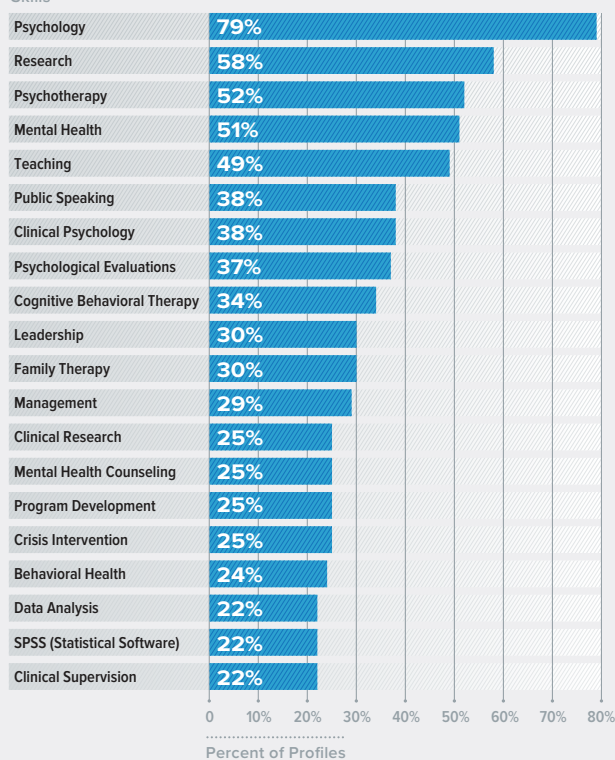
TOP 20 MASTER'S SKILLS

Skills



TOP 20 DOCTORAL SKILLS

Skills



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

¹ American Psychological Association. (2018). 2015–17 psychology job advertisements: An overview. www.apa.org/workforce/publications/job-market/2017-jobs-report.pdf. ² American Psychological Association. (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, 189,709 of which belonged to psychology master's degree holders and 37,337 to psychology doctoral degree holders. Data were extracted on Aug. 4, 2020.

ADDRESSING EQUITY GAPS IN OPEN SCIENCE

APA is tackling many of the biases and inequities that stop more people from participating in open science **BY HELEN SANTORO**

Psychology's reproducibility crisis has become a hot topic in the field. A slew of papers—from epidemiologist and biostatistician John Ioannidis's 2005 article titled "Why Most Published Research Findings Are False" (*PLOS Medicine*, Vol. 2, No. 8) to an international meta-analysis that examined the reproducibility of 28 highly cited studies in 2018 (Klein, R. A., et al., *Advances in Methods and Practices in Psychological Science*, Vol. 1, No. 4)—have called into question the validity of research shared by academic journals. Much of this is due to a flawed scientific process, according to Ioannidis, which can include anything from differing study designs to publication biases to manipulating data analysis to get the desired p value.

As a result, APA, the Center for Open Science (COS), and several other scientific organizations have been working to improve the field's credibility. Since 2017, APA has awarded "open science badges" to journal articles where studies or analysis plans were submitted to a public registry during the research stage. This process, called preregistration, allows other scientists to verify that the study adheres to the submitted plan, enhancing transparency among all collaborators. And just last year, APA became a signatory of the Transparency and Openness Promotion (TOP) Guidelines, a document created by a group of publishers, funders, and societies

under COS that lists eight open science standards for journals to implement—including transparency of a study's design, analysis, data, and code—and encourages the submission of replication studies of research published in the journal.

Practices like these are essential to furthering equity, diversity, and inclusion in science. For example, providing detailed sample demographics can reveal limitations of drawing broad conclusions from studies done on majority populations. Making more data, materials, and code available also means that more researchers can conduct replication studies or even new analyses, according to Su Yeong

FURTHER READING

Open science isn't always open to all scientists

Bahlai, C., et al.
American Scientist,
2019

Conversations with the editors: Su Yeong Kim, PhD

APA Journals,
2021

Open science—Who is left behind?

Ross-Hellauer, T., et al.
LSE (London School of Economics and Political Science) Impact Blog,
2020





This inequity is evident in the U.S. psychology workforce, where people of color comprise **only 16% of the industry population and face a litany of challenges throughout their career.**

Kim, PhD, editor in chief of the journal *Cultural Diversity & Ethnic Minority Psychology*.

But one of the major gaps that remains in the open science movement is that it has not focused enough on the needs of under-represented scientists, including racial- and ethnic-minority groups and women, according to Annie Hill, editorial director for APA's 89 journals. Hill and others at APA are coordinating an effort to promote equity in open science. "There are currently open science practices espoused that either disregard the diversity of people practicing psychological science or have unequal effects on participants," said Rose Sokol-Chang, PhD, publisher of APA's journals and books. "Our approach is to consider open science alongside equity, diversity, and inclusion."

With the help of researchers, the editors of APA's journals, and other scientists, the association is working to address the biases that influence journals' review and publication processes, such as disparities in research funding and a tendency toward large sample sizes. The goal is to make open science more equitable across psychology.

"I see this overall as a net positive," said George Banks, PhD, a board member of COS and an associate professor of management at the University of North Carolina

at Charlotte. “Open science will continue to move forward from bottom-up efforts of individual scientists openly sharing online and posting their own data and top-down efforts like this from APA.”

OPENNESS IN AN EXCLUSIVE FIELD

Many in the research community feel that open science practices are not equally accessible to all researchers because of the deeply rooted power inequities that exist within science. “Factors such as a scientist’s career stage, employment stability, financial circumstances, country of origin or residence, and cultural context (including their race, gender identity, and ethnicity) may all create barriers to specific aspects of open science,” wrote a group of researchers in a piece for *American Scientist*. The movement fails to acknowledge the “systematic barriers that make open science more accessible to some scientists than others, nor any respect for the steps taken to overcome some of these barriers.”

This inequity is evident in the U.S. psychology workforce, where people of color comprise only 16% of the industry population and face a litany of challenges throughout their career. Researchers of color, as well as women, are less likely to receive research funding than their White and male counterparts (Witteman, H. O., et al., *The Lancet*, Vol. 393, No. 10171, 2019; Hur, H., et al., *PLOS ONE*, Vol. 12, No. 2, 2017), which often makes it harder for them to complete their research and hire personnel who can prepare

data to share on open science platforms.

Open science practices like the need for a large study sample are also more difficult for researchers who don’t have the proper time, resources, or support, said Hill. Also, research done with smaller, often underrepresented populations will not have a large sample size. “In general, things like power analysis and a huge sample size are a privilege,” she said.

Additionally, for scientists who are studying vulnerable populations, data that contain personal, private, or sensitive information might put these communities at risk of exploitation if shared. A research team with the Open and Collaborative Science in Development Network that surveyed students, women in rural areas, Indigenous communities, and other ethnic groups across the globe found that members of some Indigenous populations had “strong resistance to the idea of openness, as a result of the way in which Indigenous knowledge had been historically misused, appropriated or exploited in the name of colonialism and neoliberalism” (Albornoz, D., & Chan, L., *Informação, Memória e Tecnologia*, Vol. 4, No. 1, 2018). An example of this type of exploitation is the Tuskegee syphilis study, in which scientists researched the progression of syphilis in Black men without providing them with proper medical care.

Underrepresentation in both scientists and study populations is something that Joanne Chung, PhD, an assistant professor of

psychology at the University of Toronto, has witnessed firsthand and focuses on as an instructor and research mentor. When reviewing a study, she has her students ask “Who is being researched? Who is doing the researching? And how do people who are underrepresented fit in there?” said Chung. She shared a preprint of her longitudinal study about the experiences of young Syrian adults in the Netherlands this March on PsyArXiv, the free preprint service for psychological studies that was created by the Society for the Improvement of Psychological Science (SIPS) and COS to improve open science in the field. “I want them to be skeptical of the entire process.”

ASKING MORE QUESTIONS

APA is working to bring this same skepticism into the review and publication process of the association’s journals. In 2019, APA formed an Ad Hoc Committee on Open Science and Methodology, a group of psychologists with expertise in open science that aims to develop best practices for promoting equity in publishing.

“There are a lot of challenges for people doing open science, especially when they are doing open science in communities that are underrepresented,” said Hill, the group’s staff liaison. “We want to encourage researchers to think about people who are beyond their immediate sphere.”

This involves APA mandating that its journals adopt the TOP Guidelines, standards that span from citing data, code, and



software properly to being transparent about the team's research methods to sharing links to preregistered research and analysis plans. "These guidelines are intended to provide aspirational ideal along with very practical implementation opportunities by having eight separate components and stages of adoptions of those components," said Brian Nosek, PhD, executive director of COS. "The key goal of the open science movement is not to force openness but to make openness the default."

However, Nosek, Hill, and others understand that not all researchers can follow these guidelines verbatim.

"Sometimes people mistake a call for greater transparency or a call for more open science practices as either not applicable to them or directly contradicting their ethical obligations," said Katie Corker, PhD, an associate professor of social psychology at Grand Valley State Univer-

APA is taking steps to ensure that open science practices are accessible to all psychology researchers.

sity in Michigan and a member of the ad hoc committee. "Of course, there are going to be exceptions to these new policies; of course, there are legitimate ethical limitations. It's just a matter of figuring out what these practices look like in a particular subfield or in a particular area where these concerns are more common." Corker is also an ambassador for COS and executive officer of SIPS.

Additionally, APA's Office of Publications and Databases is working to add safeguards to the journal review process that prevent the publication of articles that may blatantly or inadvertently spread scientific racism. This could include questions for reviewers such as: Does this research reinforce racial or ethnic stereotypes? Is there a larger inequality highlighted in this study or review? Do these findings contribute to the well-being of all communities?

The issue of equity in science

is even more prominent in the era of COVID. According to a report made public on GitHub, a platform that allows people to share and host code last year, the publishing rate of preprint submissions by female scientists on arXiv and bioRxiv—two preprint servers that cover many STEM fields—fell relative to the rate for male scientists in 2020. Research shows this is likely because women spent significantly more time doing household chores than men, thus making it harder for them to focus on their careers during lockdown.

In a 2020 letter to the editor published in *Nature Ecology & Evolution*, researchers from around the world also expressed their worry that hiring freezes, remote learning, and other strains on peoples' lives will gut diversity in science. The authors expressed their concern that the pandemic will disproportionately impact early career scientists from groups that are "disadvantaged and/or discriminated [against] in the fields of environmental sciences, including women, researchers from the Global South and persons with disabilities."

For this reason, APA's work to promote equity in open science is more vital than ever. "There is still a lot that we can do in terms of education, in terms of helping people to change their research practices and change the culture of their lab," said Corker. "Deploying these policy changes at APA—the largest publisher in psychology—has the potential to really improve our practices at a large scale." ■

CAN REAL-WORLD DATA LEAD TO BETTER INTERVENTIONS?

Psychologists are mining this major information source for insights on how to reach more patients, including the underserved **BY TORI DEANGELIS**

A growing number of psychologists are supporting greater use of real-world data and evidence—patient information derived from medical and insurance records, surveys, qualitative interviews, patient reports from home, and other sources outside of controlled clinical trials—to better understand and treat people, including those who tend to be absent from or underrepresented in conventional research. Among the traditionally underrepresented are individuals living in poverty, people of color, homeless individuals, and undocumented immigrants, who tend to fall off the radar of researchers, practitioners, and health care systems.

Those who use this data say it could be key to explaining why such groups are underrepresented and what treatments may or may not work for them as well as inform new ways to engage with them. In clinical practice, meanwhile, such data may help narrow what many psychologists say are serious gaps in knowledge about what happens when a patient leaves the office or when an intervention leaves the lab.

“Look at the many studies that have shown compliance with antidepressants and other

FURTHER READING

Guidelines for wrist-worn consumer wearable assessment of heart rate in biobehavioral research

Nelson, B. W., et al.
NPJ Digital Medicine, 2020

Morning brain: Real-world neural evidence that high school class times matter

Dikker, S., et al.
Social Cognitive and Affective Neuroscience, 2020

Real world evidence (RWE)—Are we (RWE) ready?

Suvarna, V. R.
Perspectives in Clinical Research, 2018

pharmacological agents,” said Rossi Hassad, PhD, MPH, a behavioral epidemiologist and psychology professor at Mercy College in Dobbs Ferry, New York. “The studies are beautifully done—they show compliance—yet patients do not comply. When people go home and report back on how they did with the medication, they’ll say, ‘The timing wasn’t right; I didn’t feel good about it; it wasn’t convenient.’ You can’t capture that information in a controlled setting.”

Advocates, however, acknowledge that real-world data and evidence have significant limitations. Studies based on these data, or the evidence that they generate, can never fully replace the internal validity of randomized controlled trials, which through rigorous controls and standards attempt to establish cause-and-effect links between treatments and outcomes, said psychologist David Bard, PhD, a professor and chief research information officer at the University of Oklahoma Health Sciences Center.

Despite their shortcomings, though, real-world data and evidence can help determine if and how an intervention works



with real people in real contexts, said Bard. And depending on the size and reliability of the data collected, they may serve as an important complement to smaller controlled trials that aren’t as good at real-world generalizability, he said.

“Real-world data is not without its flaws,” said Bard. “But we all recognize that this is definitely going to be the future. And we’re hoping that over time, we can figure out ways to add levels of rigor that existed only for small trials and pass it on to much larger trials. In the virtual world that we live in now, that’s becoming more and more practical.”

JCOMP/GETTY IMAGES



WHAT IS REAL-WORLD DATA?

There is no uniform definition for real-world data, so researchers sometimes lump the data into the amorphous category of “any data that isn’t gleaned from a controlled trial,” yet that diminishes the distinct contributions of different kinds of research. The concept is also similar to and closely aligned with other approaches, including but not limited to implementation science, translational research, participatory research, precision medicine, qualitative research, and mixed-methods research.

Psychologists hope that the use of real-world data can help determine what types of treatments may or may not work for traditionally underserved populations, such as those with unstable housing.

That said, real-world data is often associated with “big data,” which currently means large-scale data analyzed through advanced means and then used to target or predict behavior. Thanks to these expanded analytic techniques, researchers can now cull new and nuanced real-world information from electronic health records, insurance claims and billing activities, product and disease registries, even wearable devices (see sidebar). In 2016, Congress gave a green light to this methodology with the 21st Century Cures Act, which highlights the potential for these tools to determine risks and benefits

of new pharmaceuticals and help regulate those products as result. In the mental health arena, such data could eventually provide population-level information regarding variations in emotions, thoughts, and behaviors across time and contexts, Rossi noted.

In the realm of traditional clinical science, Bard sees two main ways that psychologists can use real-world data and real-world evidence, or findings derived from that data. One is trolling large data sets to find new topics or trends to study. For example, big data may reveal that a subset of people reacts more poorly to one given treatment than another, and researchers can then create hypotheses based on those findings.

Another way to use the data is to test existing treatments under real-world conditions. Called “pragmatic trials,” these are a “more intentional look at the effectiveness of a program, with some additional rigor involved,” Bard explained. “They aren’t completely exploratory, but they do relinquish some controls that we would traditionally use in the lab.”

For example, instead of running a study in which researchers use specially trained providers to deliver an evidence-based intervention in the lab, they might instead tap providers who work in community clinics or private practice to deliver the intervention. Or investigators might supplement primary outcome data with administrative data already being collected by private practices or mental health agencies, Bard explained.

Other psychologists envision using real-world data more

broadly, such as by using qualitative patient data to inform treatments or interventions. Examples include designing interventions based on data you've collected on a community you're studying, using homework data from clients to guide treatment, or using social media trends to target therapy or intervention directions.

"I think of real-world data as observational data, as what we are experiencing in the field," said Jessica L. Jackson, PhD, a counseling psychologist in Houston and clinical care lead at Modern Health, a mental health technology firm that links consumers to data-based mental health services and technology support tools. "Our ability to use it is something clinicians tend to discount because we don't always consider ourselves researchers."

Other providers agree that it's a matter of being creative. Common themes you hear from patients, such as multiple requests for a certain type of service or numerous appeals for specific information via your social media account, are real-world data that can be leveraged in multiple ways.

"When you have data that are broad in scope, you have to approach them with a mindset of discovery," said Hassad. "If everything is hypothetical and deductive in our reasoning"—as is the case with controlled trials—"then there is no room for creativity and discovery."

HOW IS REAL-WORLD DATA BEING USED?

While the significance, value, and definition of real-world data are still under debate, the field is blossoming with examples of the methodology's potential power, in both quantitative and qualitative ways.

The San Francisco Department of Public Health's behavioral health team, for example, has been using real-world data on a broad scale to pinpoint underserved individuals and communities in



Common themes that clinicians hear from patients are a type of real-world data that can help guide treatment and inform psychological interventions in multiple ways.

the city and make sure they have better access to high-quality mental and behavioral health services. Through continuous data analysis and intervention, the department also aims to improve on those services.

Their work hinges on the collaboration of an interdisciplinary set of mental health researchers, epidemiologists, data analysts, and other data experts. They deploy sophisticated, systemwide tracking and analysis of mental health data from multiple public health sources—including health and behavioral health records, local systems of health and human services, and program evaluation interviews—to determine whether programs are meeting the mental health and support-system needs of community residents or where gaps still exist. The team also relies on strong relationships with federal, state, and community partners to support and facilitate their work, said Seth Pardo, PhD, a behavioral epidemiologist on the team.

A signature program is Gender Health SF, which promotes access to medical care for uninsured and underinsured transgender people, including undocumented immigrants. Thanks to

the team's data-driven approach, the program now provides evidence-based wraparound services for those considering gender-affirming surgery. A central feature is a cadre of peer supporters who walk patients through every step of the process, connecting them with medical and mental health professionals and resources and providing emotional support, explained Pardo.

The team's analysis and curation of real-world program data—which are showing large improvements in patients' physical health, mental health, and functioning—made it possible to expand and ultimately gain full insurance reimbursement for the program, Pardo said. Yet its true benefits can't be captured in numbers, he said.

"We hear people in these communities say, 'This program saved my life,'" he said. "We know that suicide rates are really high in this community, and we have had very few in our population."

Others are creating specialized real-world data registries that are relevant to psychologists' work. Researchers at Morehouse School of Medicine in Atlanta are partnering with Trulieve

GA Inc., a medical cannabis company, to build the first real-world data and genomic data registry related to medical cannabis use and its effects on pain management, mood, performance, health behaviors, and other factors. (As of July, a Georgia commission had announced an intent to award Trulieve GA Inc. a cannabis production license.)

The registry will gather comprehensive data on between 5,000 and 10,000 licensed medical cannabis users, including medical records, insurance claims and bills, surveys and questionnaires, mobile device data, and more. That information will be paired with genetic data showing differences in how individuals process various medical cannabinoids, said immunobiologist James W. Lillard Jr., PhD, a professor and associate dean for research affairs at Morehouse, who is leading this effort.

The goal of this research partnership is to inform the growing field of precision medicine, an important potential use of medical cannabis, said Lillard. “Once we have enough data, we’ll essentially be able to create personalized medical cannabis solutions,” he said. “So perhaps this will become an alternative to things like opiates to better manage pain.”

Importantly, this work uses a health-equity lens, Lillard added. “For precision medicine to be a reality for everybody, you need to have diverse patient populations in studies like this,” he said. “Because in many ways, we’re all the same, but we’re also very individual.”

Additionally, psychology has its own registry that may eventually contribute useful real-world data to the field, Bard said. Through its Mental and Behavioral Health Registry (MBHR), APA aims to recruit thousands of licensed psychology practitioners to use a unified measurement system to monitor patient care and outcomes, said Bard, a member of the registry’s advisory committee. This qualified clinical data registry is tied to

Medicare reimbursement so that providers who use the system and have positive outcomes receive higher reimbursement rates or incentives.

The endeavor—still in its early stages—underscores the challenges and promises of real-world data, Bard added. “It’s inevitable that these data will exist,” he said. “And then the question becomes: How accurate are the data? And what can we do to improve the reporting systems and the validity of the responses?”

“The hope,” he added, “is that these data will not only inform how we finance and evaluate the quality of the care but also allow us to probe deeper, more nuanced questions about what works for whom and under what context.”

THE QUALITATIVE SIDE OF REAL-WORLD DATA

Not every psychologist has the interest in or ability to analyze big data sets. Still, there are many ways that psychologists who are interested in more qualitative or observational approaches can tap into the power of real-world data to enhance their practices or studies, those involved say.

Psychologist Tali Ball, PhD, director of the Stanford Translational Anxiety Research Lab at Stanford University, for example, uses neuroimaging to study adult anxiety. But for a participatory research project that she is starting in the San Francisco Bay Area, she plans to collect real-world data and evidence in a more qualitative manner.

“We want to ask people in an open-minded way about their concerns and about the issues facing their community, and how our expertise might be helpful to them,” she said. “So, we’re starting with a small sample and a lot of depth.”

Clinical practice is also ripe with opportunities to use real-world data to help clients, said Jackson.

For example, during the coronavirus pandemic, Jackson and colleague Farzana Saleem, PhD, of Stanford University, launched Communicating Race Fully, a user-friendly website featuring infographics and videos to help parents talk with their children about racism. Jackson and Saleem relied on research and themes they collected from parents through their clinical practice to create the content.



Underinsured transgender people are among those now receiving better, more coordinated care in some cities thanks to the use of real-world program data.

“Parents would ask things like, ‘At what age should I talk to my child about this?’ and, ‘How do I actually have the conversation?’” Jackson said. “It’s the kind of observational qualitative data that I think a lot of clinicians have that wouldn’t necessarily show up in a research data set.”

Meanwhile, at Modern Health, researchers take information they glean from the firm’s app to determine patient preferences, both on individual and col-

lective levels, Jackson said. For instance, an individual may express a preference for online mental health coaching rather than more intensive therapy, and the team can use that information to guide them to appropriate help. Or the data may reveal that many people want more digital offerings on anxiety, parenting, or other topics.

“Our intention is not, ‘Let’s do a research study,’” said Jackson. “Our intention is, ‘How are people using our app so

that we can create resources and better pathways for mental health that support that?’”

While real-world data aren’t as neat and clean as those that emerge from controlled trials, they promise to provide a welcome and necessary balance to traditional research, added Hassad.

“Real-world data is messy data,” he said. “And because it’s messy, we want it, because it reflects the real context in which people live and operate.” ■

TECHNOLOGY

WEARABLE DEVICES AS THERAPY TOOLS

To better understand the link between poor mental and physical health, Benjamin W. Nelson, PhD, a clinical research scientist at the online mental health provider Meru Health and a postdoc at the University of North Carolina at Chapel Hill, is studying the ability of common wearable devices like Fitbits and Apple Watches to capture relationships between physiological patient variables such as cardiovascular health and physical activity, and psychological variables like patients’ mood states.

The idea came from Nelson’s clinical practice days, when he was seeing several patients who reported greater daily fluctuations in mood and behavior over the course of the week than he was seeing in cross-sectional and longitudinal lab research designs that collected data every few months.

“I started to wonder if our infrequent, controlled laboratory environment settings were actually generalizing to people’s real-world daily experiences,” said Nelson.

That curiosity inspired him to launch several studies focused on capturing

patients’ daily experiences via smartwatches and fitness-monitoring technology. After demonstrating that such commercial devices could produce accurate physiological data, he’s gone on to show differences in step count, sleep duration, and other measures among teens with varying levels of anxiety and depressive symptoms, for example (*Journal of Child Psychology and Psychiatry*, in press).

With enough research, Nelson hopes such tools will be available to therapists—with appropriate consent from patients—to better understand patterns of mood and physiology. For example, device data could partially supplant the 15 minutes of homework reviews and recalling of the past week at the start of a session by objectively showing how a person actually did over the week, thus freeing up valuable therapy time.

Eventually, such data could also be used to determine when a client might be in serious trouble, he added.

But the area is still in its infancy, and much more research needs to be done before such data could or should be used in practice, said Nelson, who along with colleagues recently published guidelines on the use of wearables in research (*NPJ Digital Medicine*, online, June 26, 2020).

Among their recommendations and concerns:

- The field needs uniform research standards on how to collect and use data tracked by wearables. Commercial devices are proprietary, and companies can change algorithms any time they want to, in ways that may quickly render research findings inaccurate. “So, we need clinicians, academic researchers, and industry to work together to ensure that any research results are optimally safe and accurate,” Nelson said.
- Studies must be large enough to capture demographic differences and address issues related to health disparities. For example, research shows that the amount of melanin in the skin—its level of pigmentation—can affect the accuracy of some heart-rate measures, so both users and clinicians need to be familiar with these types of distinctions when interpreting data. And because wearable devices are used most often by affluent individuals, there’s concern that they will be overrepresented and that other groups will be underrepresented.

“There’s great promise to a lot of these technologies,” Nelson said, “but deploying any of them prematurely could result in negative effects that we didn’t necessarily foresee.”

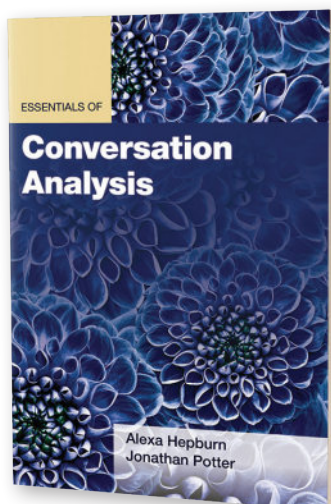




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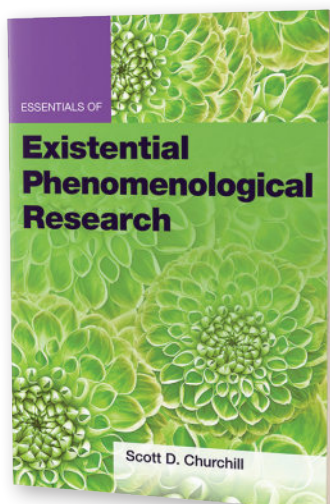
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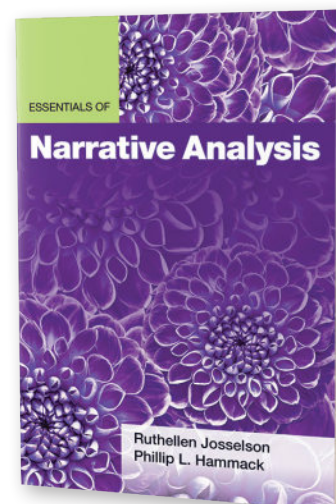
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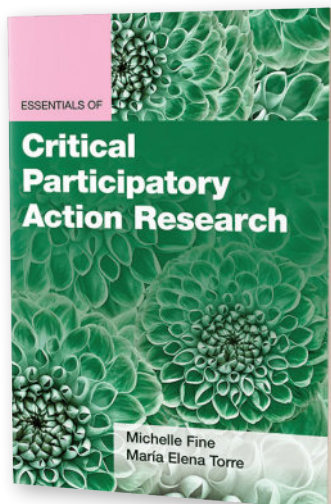
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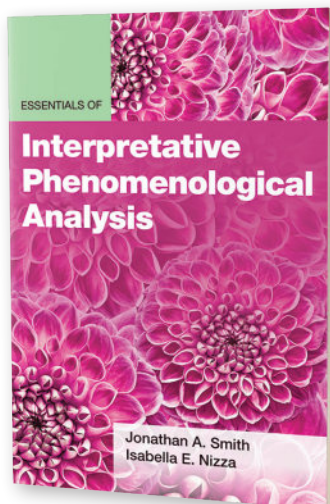
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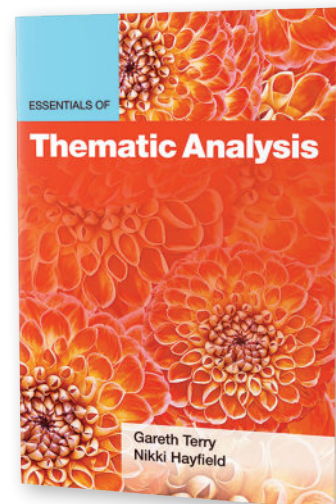
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NEW RESEARCH IN SUICIDE PREVENTION

With suicide rates stubbornly high, researchers are digging into the details of who is most at risk—and when **BY STEPHANIE PAPPAS**

The suicide rate in America remains stubbornly high. Approximately 44,800 Americans died by suicide in 2020, and if previous research holds true, most of them never saw a mental health professional leading up to their deaths.

To turn the tide, researchers are increasingly looking for more nuanced ways to understand suicide. Emerging research drills into the details around who is at risk, the different pathways suicidal ideation can take, and the common features of treatments that seem to work. Recognizing that suicidal behavior ebbs and flows, this approach aims to meet people at the period of highest risk.

“We’ve systematically been manipulating and tweaking the interventions to try to hone those really important crucial elements,” said Craig Bryan, PsyD, ABPP, a clinical psychologist at The Ohio State University Wexner Medical Center who studies suicide, “and I think we’re actually getting there.”

A key challenge will be making sure people who face barriers to accessing health care because of systemic racism or poverty benefit from these innovations. With increasing attention on digital interventions and arti-

ficially intelligent algorithms to predict risk, mental health professionals will need to work hard to ensure new treatments don’t widen health disparities (see sidebar).

ASSESSING RISK

One of the most persistent problems in suicide prevention is assessing who will make an attempt. Research led by Gregory Simon, MD, MPH, of the Group Health Research Institute in Seattle, found that of patients who endorsed suicidal ideation on the Patient Health Questionnaire Depression Scale, a commonly used outpatient measure, fewer than 10% engaged in suicidal behavior in the next year (*Psychiatric Services*, Vol. 64, No. 12, 2013). Meanwhile, around half of people who attempt or die by suicide deny suicidal ideation beforehand (McHugh, C. M., et al., *BJPsych Open*, Vol. 5, No. 2, 2019).

Further complicating matters, suicidal ideation is not constant, and even the best-monitored patients typically assess their suicidal thoughts with a clinician only once a week. This can be misleading, Bryan said: Imagine two patients with roughly the same time spent feeling suicidal each week. If one hap-

pened to report their level of suicidal thoughts during an ebb in ideation, they might appear to be at low risk. The other who fills out an assessment at a high point might seem at higher risk than they actually are. Clinicians should thus be looking for patterns, Bryan said, not single points in time. For example, recent research by Bryan and colleagues shows that an acceleration in the ups and downs in ideation—the emotional roller coaster of suicidal thinking—might be an indicator of a period of increased risk (*New Ideas in Psychology*, Vol. 57, 2020).

Tech could be a boon for continuous monitoring, said Benjamin W. Nelson, PhD, a postdoctoral scholar at the University of North Carolina at Chapel Hill and a clinical research scientist at Meru Health. Around 85% of all Americans own smartphones, a number that is similar across race and ethnicity, and these devices collect copious behavioral information on movement, communication, and affect. Wearable devices, though much less widespread, collect further data on physiological measures such as heart rate and sleep. Deviations from the baseline in a given individual can indicate an increased level of risk. Nelson and his colleagues are currently studying a community sample of adolescents using wearables to measure heart rate, step count, calories, distance traveled, and other metrics to predict affective states (measured thrice daily through a push notification on a smartphone) and self-harm

FURTHER READING

Saving lives: Recognizing and intervening with youth at risk for suicide

Arango, A., et al.
*Annual Review of
Clinical Psychology*,
2021

Gaining competency in suicide prevention (sources for graduate students)

APA
[apa.org/apags/
resources/
competency-suicide-
prevention.pdf](https://www.apa.org/apags/resources/competency-suicide-prevention.pdf)

Telehealth tips: Managing suicidal clients during the COVID-19 pandemic

Center for Practice
Innovations
[Practiceinnovations.
org/i-want-to-
learn-about/
Suicide-Prevention](https://practiceinnovations.org/i-want-to-learn-about/Suicide-Prevention)



behaviors. (Read more on Nelson's use of wearable devices to better understand patient mood on page 30.)

In order to avoid deepening racial health disparities, though, these methods require caution. Wearable users, in particular, are likely to be White and well-off. Wearables may also skew measurements like heart rate depending on skin tone, because the green light used to detect pulse doesn't penetrate melanin-rich skin, Nelson said. "It's really important for us from the get-go to be as inclusive as possible in recruiting participants and training machine-learning

Recognizing that suicidal behavior ebbs and flows, new approaches aim to meet people at the period of highest risk.

algorithms," he said.

Wearables could be particularly helpful for monitoring suicidal youth, Nelson said, because adolescents are comfortable with tech already being ingrained in their daily lives. Suicide risk in teens is perhaps even more difficult to assess than in adults, said Cheryl King, PhD, a clinical child and adolescent psychologist at the University of Michigan Medical School. The prevalence of suicidal thoughts and behavior peaks in the teen years, despite the fact that the rate of death by suicide is lower among teens than among older age groups. "They all deserve our full attention and our help,"

King said of teens experiencing suicidal thoughts, "but one of the challenges is figuring out which teens are really at high risk and need to be closely monitored and protected."

King and her colleagues are working to validate a universal screening tool, called the Computerized Adaptive Screen for Suicidal Youth (CASSY), which is designed to detect suicide risk in any teenager who visits an emergency department. As youth move through the screening, questions adapt to the user's previous answers to measure different pathways to risk, King said. For example, one at-risk teen might be using drugs and alcohol recklessly; another might never touch substances but be socially isolated and anxious. In a study at 14 pediatric emergency departments and one Indian Health Service hospital, CASSY was able to correctly identify 83% of teens who would make a suicide attempt in the next 3 months, with a specificity of 80% (*JAMA Psychiatry*, Vol. 78, No. 5, 2021).

Researchers are also working on posing better questions to adults at risk for suicide. Some patients may not want to admit suicidal thoughts because they're afraid of involuntary hospitalization, while others might experience suicidal ideation differently than what questionnaires ask. "This is where we put all of our eggs into one basket, where everything in screening hinges on this one concept: Asking, 'Are you thinking about killing yourself?'" Bryan said.

Bryan and his colleagues are working on alternative screeners

that may get at the thoughts underlying a suicide attempt. Their Suicide Cognitions Scale asks patients how much they agree with statements such as “I don’t deserve to be forgiven” or “I can’t imagine anyone tolerating this pain.”

“What we’ve found now in multiple studies is it actually predicts and identifies the patients who attempt suicide better than asking them directly if they are thinking of killing themselves,” Bryan said (*Military Psychology*, online first publication, 2021).

IMPROVING TREATMENTS

At times, helping those who are at risk has seemed an uphill battle. A meta-analysis led by Kathryn Fox, PhD, a clinical child psychologist at the University of Denver, found that 50 years of randomized control trials for

suicide-prevention interventions showed no increase in efficacy of treatments developed over that time (*Psychological Bulletin*, Vol. 146, No. 12, 2020).

However, that meta-analysis did not include several promising trials conducted in the past half decade. The latest research suggests surprisingly brief interventions can make a difference.

In a study led by University of Memphis president and clinical psychologist M. David Rudd, PhD, military members randomized to receive a brief cognitive behavioral therapy intervention were 60% less likely to make a suicide attempt in the next 2 years than those randomized to treatment as usual (*The American Journal of Psychiatry*, Vol. 172, No. 5, 2015). The intervention consisted of 12 individual psychotherapy sessions during which the clinician and

the patient developed a crisis response plan, practiced basic emotion-regulation skills, and imagined using those skills to prevent their original suicidal crisis. A follow-up study on the crisis response plan—a living document in which patients strategize coping techniques, support networks, and reducing access to lethal means—found that crisis planning alone reduced suicide attempts by 76% over the next 6 months versus filling out a basic safety contract, which simply asked the patient to promise not to harm themselves (*Journal of Affective Disorders*, Vol. 212, 2017). Researchers are also looking at ways to help patients cope with suicidal thoughts that may intrude on their daily lives. A recent study led by Columbia University clinical psychologist Barbara Stanley, PhD, which used ecological momen-

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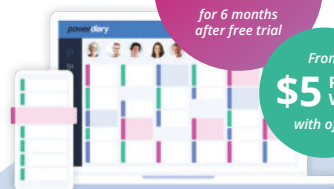


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tary assessment to track how suicidal individuals coped with suicidal thoughts, found that distraction-based techniques, such as keeping busy or socializing, were best at lowering the intensity of suicidal thoughts (*Journal of Psychiatric Research*, Vol. 133, 2021).

“More is not better,” Rudd said. “The interventions that have demonstrated efficacy are brief, and the idea that the only way to have meaningful enduring impact and behavior change is with long-term care doesn’t appear to be supported scientifically.”

Treatments that work tend to be easy to understand, grounded in theory, and focused on treating patients as partners, Rudd said. They target identifiable skills such as emotion regulation and problem-solving, emphasize patient-driven management of care, and improve access to treatment and crisis services.

Access is crucial because more than half of adults who have serious thoughts of suicide do not see a mental health professional (Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health data review, 2016). People of color are less likely to have access to mental health care, and there are hints that these communities are struggling: Preliminary data from 2020 suggests that the U.S. suicide rate declined by 5% during the pandemic, but tentative state-by-state analysis suggests that the rate may have risen in some communities of color (*The New York Times*, April 15, 2021).

Researchers are also looking for ways to expand access to the treatments with the most promise. The pandemic forced the expansion of telehealth for suicide prevention, which is still underresearched, wrote Simon Fraser University psychologist Alexander Chapman, PhD, and Philippa Hood in a recent commentary (*The Behavior Therapist*, Vol. 43, No. 8, 2020). Telehealth has the exciting ability to expand the geographic reach

PREVENTING BIAS

ALGORITHMS AND EQUITY

The rise of machine-learning has raised hopes that artificial intelligence (AI), with its skill at picking out patterns in complex data sets, might do a better job than clinicians at assessing suicide risk. **Applying AI programs to medical records is still a new endeavor**, and algorithms are generally better at predicting who won’t die by suicide (almost everyone in these data sets) than predicting who will (a much smaller and more elusive group).

A new study raises a red flag that, if not researched and deployed carefully, these algorithms could end up doing more harm than good. The study tested two algorithms designed to predict suicide deaths within 90 days of a medical visit, based on an analysis of patients’ electronic medical records. Among those gauged to be in the top 5% of suicide risk, the first algorithm correctly identified almost half of the suicide deaths among White patients, and the second identified 41% (*JAMA Psychiatry*, Vol. 78, No. 7, 2021). But **both performed abysmally with patients of color**. The first algorithm correctly identified only 7% of Black and American Indian/Alaska Native patients in the top 5% of risk who would go on to die by suicide, and the second correctly identified only 3% of Black patients and 7% of American Indian/Alaska Natives in that risk category who died by suicide.

Part of the disparity is mathematical, said lead author Yates Coley, PhD, a biostatistician at the Kaiser Permanente Washington Health Research Institute. Any algorithm will be better at making predictions on larger data sets, and there were more White patients in the medical system than Black and Indigenous people of color (BIPOC) patients. But layered upon that problem is the issue of structural racism: BIPOC populations have less access to mental health care and thus fewer records of their struggles, Coley said. “Even when BIPOC populations have access to mental health care, they are less likely to be diagnosed and treated appropriately, which means that health record data don’t accurately reflect disease severity,” she said.

The research makes clear the importance of testing, model by model, whether algorithms reinforce health disparities, Coley said. “Clinical implementation of the suicide prediction models we examined would exacerbate existing disparities in mental health access, treatment, and outcomes for Black, American Indian, and Alaska Native patients,” she said.

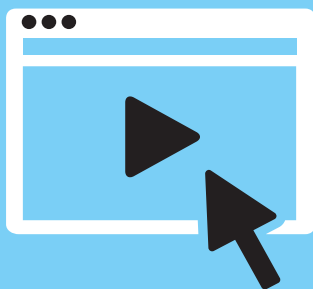
of suicide interventions, Chapman said, and it can be a natural fit for interventions like dialectical behavioral therapy (DBT), which already involves over-the-phone coaching. Researchers need to test more brief interventions in the context of telehealth, though, Chapman said, as the number of trained providers who can deliver interventions is still a limiting factor. Shorter interventions, if effective, will shorten waiting lists.

Because a large proportion of people with suicidal ideation across socioeconomic lines initially seek treatment at emergency departments, implementation science will be crucial to figuring out how best to support emergency staff in screening and then connecting patients with services that they can access and will find useful, King said. This is a particularly pressing issue for teenagers, as DBT is the only well-validated, effective

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treatment for youth suicide prevention, but most pediatric patients can't receive DBT because it is difficult to access and expensive. "I have nothing against DBT," King said, "but I think part of the question is how can we develop some other interventions and treatments that might be more accessible?"

The future may bring options for self-administered treatment. Rudd and his colleagues are testing a cognitive behavioral therapy-based app called Aviva for adult suicide prevention. The app allows patients to connect to a clinician via telehealth, but the team is also testing a version that patients can use independently to see if it works as well. If so, people having suicidal thoughts could get the app via general physicians, who have far greater reach than most mental health specialists.

Researchers are also working to reach populations that might mistrust mental health professionals or otherwise resist seeking help. Half of suicides in the United States are completed by firearm, said psychologist Michael Anestis, PhD, the executive director of the New Jersey Gun Violence Research Center. Not all gun owners are vulnerable to suicidal thoughts, but Anestis and his colleagues have found that those who buy guns in response to threatening events—such as the COVID-19 pan-

demic—are more likely to have experienced recent and lifetime suicidal ideation (*American Journal of Preventive Medicine*, Vol. 60, No. 3, 2021). "One of the things that distinguishes risk among firearms owners might be this general threat sensitivity and suspicion against the world," Anestis said. "Unfortunately, that same underlying drive to purchase might also make them at risk for things like suicidal thoughts."

Anestis and his team are working on ways to tailor messages about safe storage of firearms to gun owners (read more on his work on page 37), in hopes that safe storage will work as a deterrent to slow down suicidal behavior in the moment. A randomized control trial of Mississippi National Guard members found that a brief lethal means counseling intervention and the provision of cable locks improved safe storage of firearms over treatment as usual up to 6 months after the intervention (*American Journal of Public Health*, Vol. 111, No. 2, 2021).

It's a slightly oblique approach to suicide prevention, but it's one that can reach groups who can't or won't come talk to a therapist about their problems. "The reality is the folks who die by suicide using a firearm come from demographics who are less likely to seek help," Anestis said. "It's about planting seeds." ■

5 QUESTIONS FOR MICHAEL ANESTIS

The gun violence researcher is exploring how to start open conversations about firearm safety **BY HEATHER STRINGER**

On April 16, 2020, San Francisco Giants baseball player Drew Robinson shot himself in the head with a handgun he had purchased soon after the United States shut down because of the pandemic. Robinson survived the incident but psychologist Michael Anestis, PhD, executive director of the New Jersey Gun Violence Research Center and an associate professor at Rutgers University in the School of Public Health, says the incident reflects an alarming trend: Firearm sales surged during the pandemic, especially among first-time gun owners. More than 2.5 million Americans became first-time gun owners during the first 4 months of 2020—a 67% increase compared with previous years, according to the National Shooting Sports Foundation.

Anestis, whose role at the center combines research and public health advocacy, talked with the *Monitor* about his success with interventions and how psychologists can help prevent gun suicides.

As executive director of the New Jersey Gun Violence Research Center, how are you working to reduce gun suicides?

I feel a responsibility to reduce gun suicide throughout the country, and this new role allows me to have a greater impact, to perform cutting-edge gun suicide research, and train people to deliver interventions in New Jersey as well as other states. Suicide is 3 times more likely in homes with firearms, and guns are by far the most lethal method of suicide. Nearly 90% of suicidal acts

with a firearm resulted in death between 2007 and 2014, followed by drowning and hanging, which each resulted in death about 50% of the time. My hope is that our work directly benefits communities affected by gun violence and serves to increase public trust in science.

Why did people buy firearms during the pandemic?

In a recent study of 3,500 Americans who represented the country's demographics for age, race/ethnicity, gender, and other factors, we discovered that 25% of people who purchased firearms during the pandemic reported suicidal

ideation in the month prior to the study. This was more than double the percentage rate reported by firearm owners who did not buy a gun during this time or people who did not own a firearm. We also found that people intending to purchase guns during the pandemic felt stress related to COVID-19, general intolerance of uncertainty, and a tendency to view the world as threatening. They may be buying firearms to protect themselves from what they perceive as a dangerous world, but most do not realize that they are putting themselves and others in their homes at risk of death by suicide. Although firearm suicide rates did not increase in 2020 compared with previous years, guns are more commonly used for suicide years after purchase. As time passes, there are more opportunities for an individual to become suicidal, comfortable with using a firearm, and to envision suicide involving a firearm.

What role does gun storage play in suicide prevention?

Most people will not tell someone that they are suicidal, so we need to change firearm storage practices before people are at risk. In a recent study of 232 Mississippi National Guard firearm owners, most participants believed that firearm ownership and storage were not related to suicide. Rather than trying to convince service members to change their gun storage practices, we used motivational interviewing techniques such as open-ended questions and reflective listening to make sure the researchers understood the perspectives of the participants. During one brief one-on-one session, we asked service members how they



stored firearms, why they used those methods, and what they would do if someone in the home was suicidal. We followed up with them 3 and 6 months later to see if they made any changes.

The results of this intervention were encouraging because the rate of safe storage practices, such as gun safes, increased significantly compared with the control group. People are often afraid these conversations will become antagonistic and political, but our work shows that if we approach the interactions with cultural humility, the interactions can be extremely productive. One participant refused to make changes after the initial session and the 3-month follow-up, but his stance changed dramatically prior to his 6-month appointment. He was so distraught after breaking up with his fiancée that he had given seven guns to

his brother to reduce the risk of suicide. He told us that he had thought about the initial conversation, and this discussion had saved his life.

How can psychologists be part of these conversations?

Psychologists often do not know whether their patients or research participants are firearm owners, and for that reason, they generally have only limited knowledge about the environmental risk for suicide. I would like to shift social norms and increase the frequency of open conversations about this topic, but it's important to take time to understand the perspective of the firearm owner before discussing safe gun storage options. In the research domain, we can make a difference by systematically assessing firearm access and storage the same way we collect other

demographic variables. This will help us better understand the scope of the issue in various populations.

Who are the best messengers for firearm safety?

To pinpoint the ideal messengers for a national campaign, we surveyed 6,200 firearms owners and non-owners of different racial and gender groups. We were surprised to find that all the subgroups ranked law enforcement and current military personnel as their top choices, while celebrities and physicians were among the least preferable messengers. Although we didn't study the reasons for their choices, the findings suggest that a public health campaign will be more successful if the message comes from people who are perceived as credible gun owners who do not have a hidden agenda. ■

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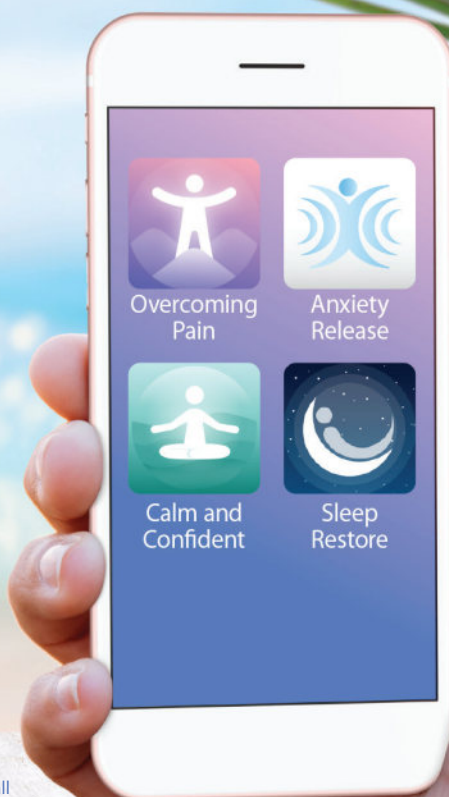
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MUCH ADO ABOUT TATTOOS

A case involving the digital concealment of tattoos for a police lineup highlights the need for more research on how eyewitnesses identify suspects with distinctive features

BY LAURA J. SHAMBAUGH, MS, FLORIDA INTERNATIONAL UNIVERSITY, JAMAL K. MANSOUR, PHD, QUEEN MARGARET UNIVERSITY, AND JONATHAN P. VALLANO, PHD, UNIVERSITY OF PITTSBURGH AT GREENSBURG

In April 2021, Tyrone Allen pleaded guilty to committing four bank and credit union robberies that occurred in Portland, Oregon. But when Allen initially became a suspect, his case posed a unique challenge: how to best construct a lineup to assess Allen's potential involvement. Surveillance video and descriptions from four bank tellers suggested a culprit with no tattoos—yet Allen has large tattoos on his forehead and right cheek. The police included an altered version of Allen's picture in a photo lineup, ostensibly reasoning that the culprit's face was partially disguised and that Allen could have hidden his tattoos with makeup

before committing the crimes. The police used Photoshop on Allen's mug shot to "[paint] over the tattoos . . . Almost like applying electronic makeup." When the lineup was presented to the four bank tellers, three selected Allen. At trial, the defense argued that the identifications should be suppressed because changing Allen's mug shot was suggestive. The prosecution countered that the police altered Allen's mug shot to "prevent [misidentifications of] the suspect," because the tattoos could have made the suspect stand out in the lineup. Ultimately, the identifications were admitted at trial.

The Allen case raises an important issue: How should police construct lineups when the suspect and/or culprit has a tattoo? Despite the importance of determining how tattoos and other distinctive features affect identification accuracy and the best remedy in such situations, the empirical literature in this area is small. Generally, research shows that when the suspect stands out in a lineup—that is, when their appearance differs noticeably from the other lineup members—they are more likely to be identified than if they do not stand out, regardless of their guilt or innocence. Whatever causes the suspect to stand out (e.g., a smile, their clothing, a tattoo) can lead an eyewitness to infer that this individual is the suspect. The eyewitness may then identify the suspect because they believe the suspect

must be the culprit, rather than because the suspect matches their memory of the culprit.

Regarding tattoos and distinctive features, a 2016 study by Melissa Colloff, PhD, and colleagues had some eyewitnesses view "unfair" lineups—where only the suspect had a distinctive feature—while others viewed "fair" lineups. For the fair lineups, researchers replicated the suspect's distinctive feature on all lineup members or concealed, pixelated, or blocked the area where the feature would have been on all lineup members. Consistent with prior research, innocent and guilty suspect identifications were higher in the unfair lineups. The various fair lineups resulted in similar eyewitness performance to each other; however, other researchers have found that replicating distinctive features is the best way to create fair lineups.

These findings correspond with the U.S. Department of Justice's rules, which state that if a suspect has a unique feature, police should select filler photographs of people with similar unique features. If police cannot find appropriate fillers, they are instructed to black out the feature and duplicate the blackout on the fillers.

But what about the Allen case, where there was a mismatch between the appearance of the culprit and the suspect? In two recent preprint studies, Jamal Mansour, PhD, and colleagues found that in unfair lineups, innocent suspects with a tattoo *similar* to the culprit's were identified as often as innocent suspects with a tattoo *identical* to the culprit's. However, very different tattoos protected innocent suspects. They concluded that a mismatch between a suspect's and a culprit's tattoo affects identification performance. But how to construct a lineup for a tattooed suspect when the eyewitness did not mention a tattoo remains an open question. This reiterates the need for more research on distinctive features—including tattoos—to ensure these identifications are reliable. ■



AT ISSUE

How can police construct fair lineups for eyewitnesses when the suspect has a tattoo but the evidence suggests the culprit did not have a tattoo?

•
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Psychologists are working to develop more effective ways of promoting Black men's mental health, including interventions that directly address racial trauma.

CE

CONTINUING EDUCATION BLACK MEN'S MENTAL HEALTH MATTERS

BY TORI DEANGELIS

Being a black man in America means being my brother's keeper. Being a black man in America means being my brother's keeper while keeping a distance from my brother because I don't trust him further than I can see him. It's believing the cops don't care about you. It's learning how not to doubt yourself because when you're born everyone else already does."

—Poet Prentice Powell, written following the fatal police shooting of Michael Brown in Ferguson, Missouri, in 2014

2020 was a year of reckoning about many things, but one central theme centered on police brutality toward Black men, sparked by the murder of George Floyd under a White officer's knee.

For psychologists who work with, study, and support Black men, that incident and the resulting protests were an added call to find better, more effective ways of promoting Black men's mental health,

CE credits: 1

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

1. Describe how Black men's mental health is challenged by racism.
2. Discuss the most critical intervention points for Black men's mental health.
3. Describe successful treatment types for Black men, both traditional and innovative.

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said Howard C. Stevenson, PhD, director of the Racial Empowerment Collaborative at the University of Pennsylvania and a national expert in helping people of color address and heal from racism.

"We should place less emphasis on whether Black men are resistant to therapy," said Stevenson, "and more on understanding the contexts in which they already feel comfortable talking about their feelings and traumas. If a Black man is able to find a treatment that is culturally responsive, that he understands, and that embraces the uniqueness of his difference, he is more likely to use that service."

There is a long way to go toward making such mental health care universal, Stevenson and others say, but psychologists are crafting several promising interventions that address issues that Black men face. Besides adaptations of individual therapy, these include community programs in barber-shops and other local venues, outreach through technology and social media, and national networks devoted to facilitating Black men's mental health and well-being.

The more that systems, programs, and providers find culturally relevant ways to foster Black men's mental health—including directly addressing racial trauma and its effects—the more society will benefit, added Wizdom Powell, PhD, an associate professor of psychiatry at the University of Connecticut and director of the university's Health Disparities Institute.

"Interventions shouldn't be just about healing and restoring Black men, though that would be enough," she said. "We also need to think about how much talent we're hemorrhaging" by not providing Black men with the proper support. "Think of all the innovators, entrepreneurs, scientists, and physicians there would be if Black men weren't being killed with impunity by police officers and if we were creating spaces for them to heal, grow, and thrive."

STATISTICS, REALITIES

While Black Americans experience similar rates of mental illness as other Americans in general, there are contextual differences. For example, Black adults living below the poverty line are more than twice as likely to report serious psychological distress as U.S. adults who enjoy greater financial security, according to the U.S. Department of Health and Human Services' Office of Minority Health. As another example, depressive symptoms among Black people are more disabling, persistent, and treatment-resistant than they are among White people (Bailey, R. K., et al., *Neuropsychiatric Disease and Treatment*, Vol. 15, 2019).

And Black men are not receiving the help they need for these problems. For example, only 26.4% of Black and Hispanic men ages 18 to 44 who experienced daily feelings of anxiety or depression were likely to have used mental health services, compared with 45.4% of non-Hispanic White men with the same feelings

(NCHS Data Brief No. 206, 2015). When Black men do seek help and would prefer a same-race provider, it can be difficult finding Black psychologists, since they still make up only about 4% of the doctoral-level psychology workforce (though that number is growing, according to 2018 APA Center for Workforce Studies data).

At the same time, Black men's mental health is more complex than statistics or clinical diagnoses indicate, according to subject matter experts. Because of structural racism and Black men's unique history in this country, their mental health and treatment are intimately tied to factors such as implicit bias on the part of medical providers, high poverty rates, and low access to quality psychological and psychiatric services. Compared with White people, for example, Black people are less likely to receive guideline-consistent care or to be included in mental health research. They are also more likely to use emergency rooms or primary care for mental health problems because they have not received appropriate preventive services. (For a summary of these findings, see the American Psychiatric Association's fact sheet on mental health disparities among African Americans at Psychiatry.org.)

Given such factors, it is not surprising that many Black men also harbor feelings of mistrust toward medical and mental health systems, Powell added. For instance, in a study reported in *Behavioral Medicine* (Vol. 42, No. 3, 2016), Powell and colleagues found that everyday and perceived racism along with internalized masculinity norms influenced Black men's reluctance to seek medical help.

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A history of racism within psychology and psychiatry likewise plays a role, she said. For example, in 1851, physician Samuel A. Cartwright floated the idea of drapetomania, "an uncontrollable or insane impulse to wander" among enslaved people who expressed a desire for freedom. In a similar vein, as racial protests began heating up in the 1960s, diagnoses of schizophrenia among Black men became far more common, a phenomenon highlighted by psychiatrist Jonathan M. Metz, MD, in the book *The Protest Psychosis* (Beacon Press, 2011).

"Black men today might not know that specific history," said Powell, "but it lives in their spirit a little bit. And it gets transmuted into practices like withdrawing from systems, having a mistrust of systems, and feeling like systems don't have your best interests at heart."

BUILDING BLOCKS FOR INTERVENTIONS

Culturally competent treatments for Black men take these realities into account and, as such, share certain ingredients, say psychologists involved in this work. These include:

■ Addressing masculine norms:

Black men are even more likely than White men to endorse aspects of traditional masculine ideology, such as the need to act tough and in control and to avoid emotional expression, research finds. According to Baron K. Rogers, a psychology doctoral student at the University of Akron in Ohio, that is because they have additional reasons beyond those of White men to assume these stances—namely, "to stave off societal pressures and oppression," he said. The idea

that racial factors intersect with unhealthy masculinity norms is also highlighted in the book *Cool Pose: The Dilemmas of Black Manhood in America* (Touchstone, 1993) by psychologist Richard Majors, PhD, and sociologist Janet Mancini Billson, PhD. They argued that poor, urban Black men sometimes assume a stance of "aloof swagger" to defend against the harsh realities and racism they encounter in daily life, which wears away at their physical and mental health.

In fact, such internalized views of masculinity "make a lot of Black men resistant to therapy and more likely to seek informal ways of addressing their mental health through barbershops, church, religion, or talking to family members," said psychologist Erlanger "Earl" Turner, PhD, an assistant professor at Pepperdine University in Los Angeles. So when a Black man does enter therapy, "it's important to tread lightly as he starts to open up and share his emotions," he said, "because if you push to discuss emotions too soon and he isn't ready, he may decide not to return." (Turner's podcast, *The Breakdown With Dr. Earl*, destigmatizes mental health treatment for Black men and boys in an engaging manner, using a psychological science focus.)

Jessica L. Jackson, PhD, a counseling psychologist in Houston and global diversity, equity, inclusion, and belonging care lead at the mental health tech firm Modern Health, has done some of this work with Black men in settings including the VA Greater Los Angeles Healthcare System, the Harris Health System (Texas), and private practice. To help these men identify and become more comfortable with their emotions, she uses a tool called the

■ Addressing within-group differences:

Working in culturally responsive ways with Black men also means understanding individual differences in terms of socioeconomic status, age, education, U.S. region, country of origin, belief systems, level of acculturation, sexual orientation, and more, Turner said.

On a broad scale, it is helpful to recognize that Black men born in the United States probably incorporate some version of both African-American cultural values—which emphasize the importance of extended family networks, interdependence with groups and relationships, spirituality, and flexible notions of time, for example—and Eurocentric values—which emphasize individuality, nuclear family structure, and competitiveness, Turner noted.

It is also important to understand the complex issues of intersectionality that Black gay, transsexual, and bisexual men face, said Lisa Bowleg, PhD, a professor of applied social psychology at The George Washington University in Washington, D.C. Her research shows that gay Black men often experience racial discrimination from gay men who are not Black, for example, while bisexual Black men experience race and sexual orientation discrimination in both gay and heterosexual communities (*Sex Roles*, Vol. 68, No. 11–12, 2013).

“Any effective mental health programs need to work with these men holistically and intersectionally,” she said. She also recommends focusing on these men’s strengths and assets—because many of their problems arise from external factors, not internal ones—and holding therapy

groups specific to the sexual orientation and race of the men served.

Clinicians also need to be aware of differences in Black men’s backgrounds and countries of origin and incorporate that knowledge into therapeutic work, Turner emphasized. For example, 8% of Black people in the United States are immigrants from countries in the Caribbean, Africa, and elsewhere, and there are significant differences among them. Those who grew up in predominantly Black cultures, for example, are less likely to view themselves as inferior because they have not been exposed to historical racism in their home country. Hence, their cultural identity may serve as a buffer, he noted.

There are many other cultural differences among these groups as well. For example, Jamaicans often identify themselves first as Jamaican and tend to frame mental, psychological, and psychiatric issues as medical or spiritual conditions that need interventions from spiritual healers such as shamans, said Turner, who discusses these topics in his book *Mental Health Among African Americans: Innovations in Research and Practice* (Lexington Books, 2019).

“As a mental health practitioner, you should be aware of these different cultural and spiritual values,” he said. “But you should also avoid overgeneralizing this information.”

■ Incorporating group work:

Working with Black men in group formats can also be a powerful intervention, thanks to the sense of camaraderie these groups foster. Seeing that other men have similar difficulties can make care less stigmatizing, Jackson explained.

When she was doing her

postdoc at the Los Angeles VA, for example, Jackson and a colleague launched a racial trauma support group for veterans of color. That arrangement proved at least as effective as one-on-one therapy, she said.

“Even after they finished the group, the biggest feedback we received is that they continued to meet outside of that setting,” Jackson said. “They became friends, and they wanted to continue. They knew they had a language [for their emotions], and they were able to use it with each other.”

At Penn State, Rogers provides group trainings to students of color on how to address racial microaggressions at the time that they occur. Part of that training includes a series of questions he developed that helps students consider details of the event itself, possible responses, possible consequences and how to handle them, and how their own values and supports can serve as protective factors.

“I felt that it was important to empower students beyond just self-care—to be directly proactive,” he said.

FURTHER READING

Mental health among African Americans: Innovations in research and practice

Turner, E. A.
Lexington Books, 2019

Recovering your sacredness

Tello, J.
Sueños Publications, 2018

The racial healing handbook

Singh, A. A.
New Harbinger Publications, 2019

13 therapy and wellness resources for Black mental health

<https://idontmind.com/journal/12-therapy-and-wellness-resources-for-black-mental-health>

Increasing the visibility of providers of color

Calkins, H.
Monitor on Psychology, Sept. 2020

EXPANDING THE TREATMENT LENS

Meanwhile, other psychologists are leaving standard treatment modalities and venues behind entirely and bringing interventions into communities that embrace the background, culture, and challenges of men of color, including Black men. Stevenson and Powell, for example, are both well known for their research and interventions in barbershops, which demonstrate that these central social meeting places and their staff can be powerful vehicles

for encouraging healthy and help-seeking behaviors. In a similar vein, mental health advocate Lorenzo Lewis leads the Confess Project, which seeks to promote a mental health culture among boys and young men of color and their families by training barbers as mental health advocates.

Among the country's most innovative and comprehensive programs is the National Compadres Network, founded in 1988 by psychologists Jerry Tello and Ricardo Carrillo, PhD. At the time, they and like-minded providers were fed up with the mass incarceration of men of color, feeling that alternative culturally based supports and interventions were desperately needed.

"It was really just throwing men away because there was no proper therapy for them," said Tello, who is Mexican and Native American and grew up with many Black peers in Compton, California. "The therapy they received just did not fit—there was no understanding of what was really going on."

The first meeting included a small group of mental health providers, lawyers, teachers, advocates, and others who worked in communities of color. The men soon realized they had their own racial traumas to address before they could help others. After an emotion-packed gathering, "we made a commitment that we first had to recover our own sacredness as men and heal from generations of wounds due to racism and oppression," Tello said.

The group has since blossomed into a major national network that includes hundreds of providers in more than 40 U.S. cities who have worked with thousands of men of color, including a large proportion



Psychological research shows that barbershops and their staff can be powerful vehicles for encouraging healthy and help-seeking behavior among Black men.

of Black men. It has satellite offices around the country and a variety of programs and trainings that cover topics including parenthood, teen fatherhood, relationships, addiction, rites of passage, acclimating to society after leaving prison, and more. Since 2011, the group has also collaborated with the Brotherhood of Elders Network, an organization that creates programs and interventions to impact the lives of Black boys and men in positive ways. Together, the organizations have launched the Healing Generations Framework, which fosters family and community healing by incorporating Indigenous, culturally based practices.

A central format for these programs is extended kinship circles, where men and boys—sometimes from multiple generations—come together to talk, share in communal ceremonies, and heal racial wounds, said Tello. The circles create a space for honest sharing about

KEY POINTS

1. Black men have less access to and poorer quality of mental health care than White men, despite significant needs.

2. For contextual reasons, including poverty and racism, Black men are more likely to endorse traditional masculinity norms such as toughness than White men.

3. Interventions that are culturally competent, understand and address diversity among Black men, and use trauma-informed principles hold the most promise.

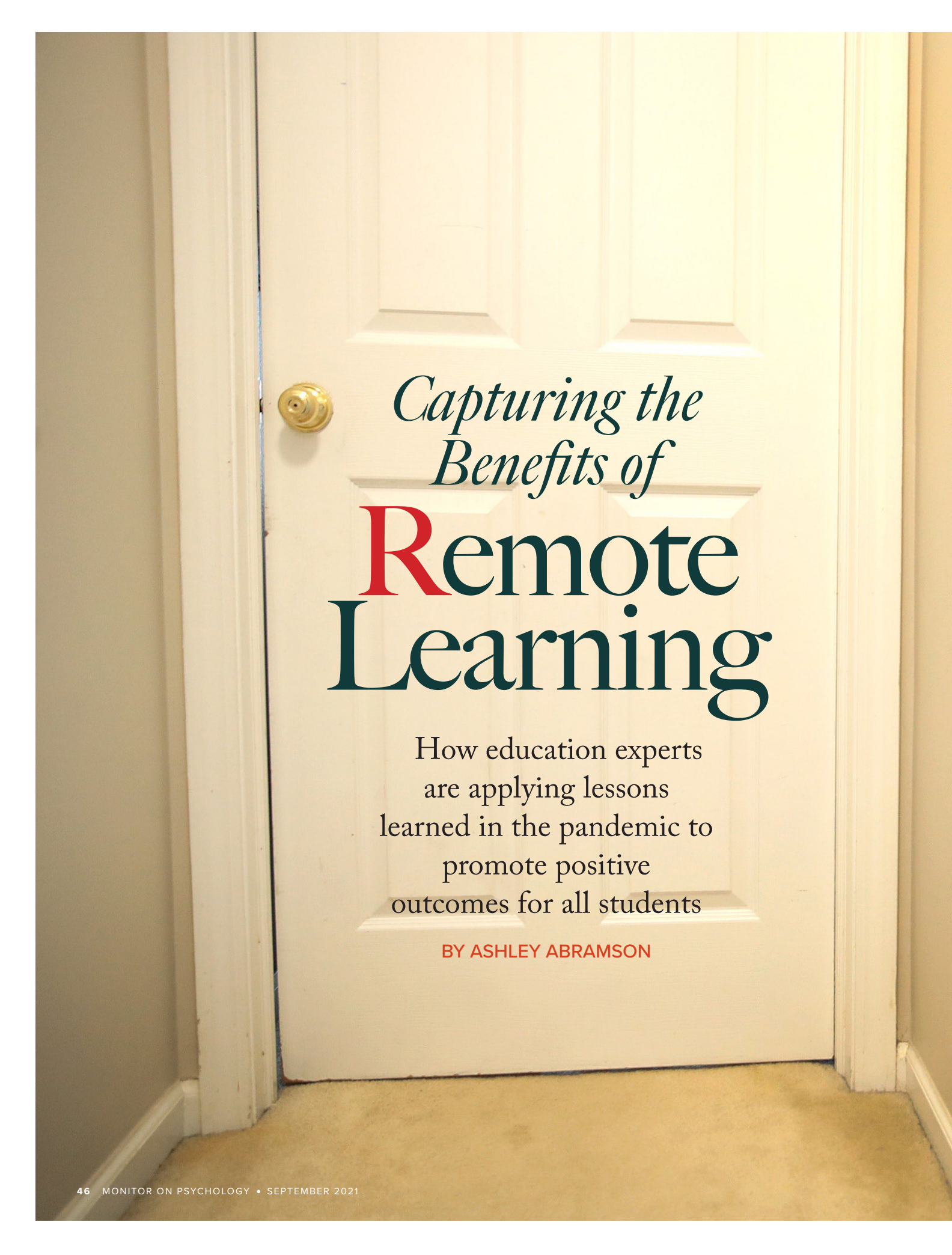
life's realities, including the internalized experiences of racism, its emotional and psychosomatic effects, and how these problems can affect members of the group as well as their community and family members.

"Black and brown people kill ourselves because we've been indoctrinated [about how bad we are] and now we believe that," said Tello. "So that woundedness is very deep."

To counter these traumas, group leaders hold that all men—like all beings—are sacred and have a sacred purpose. When men or boys have trouble believing this because of internalized self-hatred or actions they have taken because of it, program guides underscore that it is their wounds that are talking, not their authentic selves. For example, a man may confess that he has harmed his wife, taken drugs, or acted out in another way. But leaders do not chastise him. Instead, they ask him to take responsibility for his actions, and then they support him in exploring the underlying trauma and sometimes intergenerational wounds that led to those actions and drew him out of his sacredness.

Thanks to this deep, community-oriented support, members eventually see themselves more clearly and gain insights that lead to healthier behaviors, Tello said. The overall aim, he added, is to help men of color make positive choices despite their lived experiences and traumas.

"Yes, we experience racism," he said. "But the choice is, do you transform it, or do you transfer it? If you want to transform it, come sit with us. If you want to transfer it, then keep doing what you're doing." ■



Capturing the Benefits of **Remote Learning**

How education experts
are applying lessons
learned in the pandemic to
promote positive
outcomes for all students

BY ASHLEY ABRAMSON



Seven-year-old Hamza Haqqani, a second grade student at Al-Huda Academy in Hanover Park, Illinois, attends school online along with his teacher and classmates in May 2020.

With schools open again after more than a year of teaching students outside the classroom, the pandemic sometimes feels like a distant memory. The return to classrooms

this fall brings major relief for many families and educators. Factors such as a lack of reliable technology and family support, along with an absence of school resources, resulted in significant academic setbacks, not to mention stress for everyone involved. ¶ But for all the downsides of distance learning, educators, psychologists, and parents have seen some benefits as well. For example, certain populations of students found new ways to be more engaged in learning, without the distractions and difficulties they faced in the classroom, and the general challenges of remote learning and the pandemic brought mental health to the forefront of the classroom experience.

Peter Faustino, PsyD, a school psychologist in Scarsdale, New York, said the pandemic also prompted educators and school psychologists to find creative new ways of ensuring students' emotional and academic well-being. "So many students were impacted by the pandemic, so we couldn't just assume they would find resources on their own," said Faustino. "We had to work hard at figuring out new ways to connect with them."

Here are some of the benefits of distance learning that school psychologists and educators have observed and the ways in which they're implementing those lessons post-pandemic, with the

goal of creating a more equitable, productive environment for all students.

PRIORITIZING MENTAL HEALTH

Faustino said that during the pandemic, he had more mental health conversations with students, families, and teachers than ever. "Because COVID-19 affected everyone, we're now having mental health discussions as school leaders on a daily and weekly basis," he said.

This renewed focus on mental health has the potential to improve students' well-being in profound ways—starting with helping them recover from



the pandemic's effects. In New York City, for example, schools are hiring more than 600 new clinicians, including psychologists, to screen students' mental health and help them process pandemic-related trauma and adjust to the "new normal" of attending school in person.

Educators and families are also realizing the importance of protecting students' mental

Belgian twins Billie and Suzanne work on school assignments in their kitchen in March 2020. Families throughout the world turned kitchens into makeshift classrooms during the pandemic.



health more generally—not only for their health and safety but for their learning. “We’ve been seeing a broader appreciation for the fact that mental health is a prerequisite for learning rather than an extracurricular pursuit,” said Eric Rossen, PhD, director of professional development and standards at the National Association of School Psychologists. As a result, Rossen hopes

educators will embed social and emotional learning components into daily instruction. For example, teachers could teach mindfulness techniques in the classroom and take in-the-moment opportunities to help kids resolve conflicts or manage stress.

Improved access to mental health resources in schools is another positive effect. Because

of physical distancing guidelines, school leaders had to find ways to deliver mental health services remotely, including via online referrals and teletherapy with school psychologists and counselors.

Early in the pandemic, Faustino said he was hesitant about teletherapy’s effectiveness; now, he hopes to continue offering a virtual option. Online scheduling and remote appointments make it easier for students to access mental health resources, and some students even enjoy virtual appointments more, as they can attend therapy in their own spaces rather than showing up in the counselor’s office. For older students, Faustino said that level of comfort often leads to more productive, open conversations.

AUTONOMY AS A KEY TO MOTIVATION

Research suggests that when students have more choices about their materials and activities, they’re more motivated—which may translate to increased learning and academic success. In a 2016 paper, psychology researcher Allan Wigfield, PhD, and colleagues make the case that control and autonomy in reading activities can improve both motivation and comprehension (*Child Development Perspectives*, Vol. 10, No. 3).

During the period of online teaching, some students had opportunities to learn at their own pace, which educators say improved their learning outcomes—especially in older students. In a 2020 survey of more than 600 parents, research-



ers found the second-most-valued benefit of distance learning was flexibility—not only in schedule but in method of learning.

In a recent study, researchers found that 18% of parents pointed to greater flexibility in a child's schedule or way of learning as the biggest benefit or positive outcome related to remote learning (*School Psychology*, Roy, A., et al., in press).

This individualized learning helps students find more free time for interests and also allows them to conduct their learning at a time they're most likely to succeed. During the pandemic, Mark Gardner, an English teacher at Hayes Freedom High School in Camas, Washington, said he realized how important student-centered learning is and that whether learning happens should take precedence over how and when it occurs.

For example, one of his

students thrived when he had the choice to do work later at night because he took care of his siblings during the day. Now, Gardner posts homework online on Sundays so students can work at their own pace during the week. "Going forward, we want to create as many access points as we can for kids to engage with learning," he said.

Rosanna Breaux, PhD, an assistant professor of psychology and assistant director of the Child Study Center at Virginia Tech, agrees. "I'd like to see this flexibility continue in some way, where—similar to college—students can guide their own learning based on their interests or when they're most productive," she said.

During the pandemic, many educators were forced to rethink how to keep students engaged. Rossen said because many school districts shared virtual curricula

during the period of remote learning, older students could take more challenging or interesting courses than they could in person. The same is true for younger students: Megan Hibbard, a teacher in White Bear Lake, Minnesota, said many of her fifth graders enjoyed distance learning more than in-person because they could work on projects that aligned with their interests.

"So much of motivation is discovering the unique things the student finds interesting," said Hunter Gehlbach, PhD, a professor and vice dean at the Johns Hopkins School of Education. "The more you can facilitate students spending more time on the things they're really interested in, the better."

Going forward, Rossen hopes virtual curricula will allow students greater opportunities to pursue their interests, such as by taking AP classes, foreign languages, or vocational electives not available at their own schools.

Conversely, Hibbard's goal is to increase opportunities for students to pursue their interests in the in-person setting. For example, she plans to increase what she calls "Genius Hours," a time at the end of the school day when students can focus on high-interest projects they'll eventually share with the class.

BETTER UNDERSTANDING OF CHILDREN'S NEEDS

One of the most important predictors of a child's success in school is parental involvement in their education. For example, in a meta-analysis of

Pandemic school closures provided parents with proximity to their kids' learning that many said allowed them a better understanding of their child's learning style, needs, or curriculum.

studies, researchers linked parental engagement in their middle schoolers' education with greater measures of success (Hill, N. E., & Tyson, D. F., *Developmental Psychology*, Vol. 45, No. 3, 2009).

During the pandemic, parents had new opportunities to learn about their kids and, as a result, help them learn. According to a study by Breaux and colleagues, many parents reported that the pandemic allowed them a better understanding of their child's learning style, needs, or curriculum.

James C. Kaufman, PhD, a professor of educational psychology at the University of Connecticut and the father of an elementary schooler and a high schooler, said he's had a front-row seat for his sons' learning for the first time. "Watching my kids learn and engage with classmates has given me some insight in how to parent them," he said.

Stephen Becker, PhD, a pediatric psychologist at Cincinnati Children's Hospital Medical Center, said some parents have observed their children's behavior or learning needs for the first time, which could prompt them to consider assessment and Individualized Education Program (IEP) services. Across the board, Gehlbach said parents are realizing how they can better partner with schools to ensure their kids' well-being and academic success.

For example, Samantha Marks, PsyD, a Florida-based clinical psychologist, said she realized how much help her middle school daughter, a gifted and talented student with a 504 plan (a plan for how the school will offer support for a student's dis-

ability) for anxiety, needed with independence. "Bringing the learning home made it crystal clear what we needed to teach our daughter to be independent and improve executive functioning," she said. "My takeaway from this is that more parents need to be involved in their children's education in a healthy, helpful way."

Marks also gained a deeper understanding of her daughter's mental health needs. Through her 504 plan, she received help managing her anxiety at school—at home, though, Marks wasn't always available to help, which taught her the importance of helping her daughter manage her anxiety independently.

Along with parents gaining a deeper understanding of their kids' needs, the pandemic also prompted greater parent participation in school. For example, Rossen said his kids' school had virtual school

board meetings; he hopes virtual options continue for events like back-to-school information sessions and parenting workshops. "These meetings are often in the evening, and if you're a single parent or sole caregiver, you may not want to pay a babysitter in order to attend," he said.

Brittany Greiert, PhD, a school psychologist in Aurora, Colorado, says culturally and linguistically diverse families at her schools benefited from streamlined opportunities to communicate with administrators and teachers. Her district used an app that translates parent communication into 150 languages. Parents can also remotely participate in meetings with school psychologists or teachers, which Greiert says she plans to continue post-pandemic.

DECREASED BULLYING

During stay-at-home orders, kids with neurodevelopmental

Some students have thrived in distance learning, with more time to pursue topics or activities that interest them.



FURTHER READING

Why are some kids thriving during remote learning?

Fleming, N.
Edutopia,
2020

Remote learning has been a disaster for many students. But some kids have thrived.

Gilman, A.
The Washington Post,
Oct. 3, 2020

A preliminary examination of key strategies, challenges, and benefits of remote learning expressed by parents during the COVID-19 pandemic

Roy, A., et al.
School Psychology,
in press

Remote learning during COVID-19: Examining school practices, service continuation, and difficulties for adolescents with and without attention-deficit/hyperactivity disorder

Becker, S. P., et al.
Journal of Adolescent Health,
2020

disorders experienced less bullying than pre-pandemic (McFayden, T. C., et al., *Journal of Rural Mental Health*, No. 45, Vol. 2, 2021). According to 2019 research, children with emotional, behavioral, and physical health needs experience increased rates of bullying victimization (Lebrun-Harris, L. A., et al., *Journal of Child and Family Studies*, Vol. 28), and data from the U.S. Department of Education suggests the majority of bullying takes place in person and in unsupervised areas.

Scott Graves, PhD, an associate professor of educational studies at The Ohio State University and a member of APA's Coalition for Psychology in Schools and Education (CPSE), said the supervision by parents and teachers in remote learning likely played a part in reducing bullying. As a result, he's less worried his Black sons will be victims of microaggressions and racist behavior during online learning.

Some Asian American families also report that remote learning offered protection against racism students may have experienced in person. Shereen Naser, PhD, an associate professor of psychology at Cleveland State University and a member of CPSE, and colleagues found that students are more comfortable saying discriminatory things in school when their teachers are also doing so; Naser suspects this trickle-down effect is less likely to happen when students learn from home (*School Psychology International*, Vol. 40, No. 3, 2019).

Reductions in bullying and microaggressions aren't just

beneficial for students' long-term mental health. Breaux said less bullying at school results in less stress, which can improve students' self-esteem and mood—both of which impact their ability to learn.

Patricia Perez, PhD, an associate professor of international psychology at The Chicago School of Professional Psychology and a member of CPSE, said it's important for schools to be proactive in providing spaces for support and cultural expression for students from vulnerable backgrounds, whether in culture-specific clubs, all-school assemblies that address racism and other diversity-related topics, or safe spaces to process feelings with teachers.

According to Rossen, many schools are already considering how to continue supporting students at risk for bullying, including by restructuring the school environment.

One principal, Rossen said, recently switched to single-use bathrooms to avoid congregating

in those spaces once in-person learning commences to maintain social distancing requirements. "The principal received feedback from students about how going to the bathroom is much less stressful for these students in part due to less bullying," he said.

MORE OPPORTUNITIES FOR SPECIAL NEEDS STUDENTS

In Becker and Breaux's research, parents of students with attention-deficit/hyperactivity disorder (ADHD), particularly those with a 504 plan and IEP, reported greater difficulties with remote learning. But some students with special learning needs—including those with IEPs and 504 plans—thrived in an at-home learning environment. Recent reporting in *The New York Times* suggests this is one reason many students want to continue online learning.

According to Cara Laitusis, PhD, a principal research scientist at Educational Testing Service (ETS) and a member of CPSE, reduced distractions



Many hope that the flexible schedules of pandemic-era education, which allowed some teens to work part-time jobs more easily, will continue.

STURTI/GETTY IMAGES



may improve learning outcomes for some students with disabilities that impact attention in a group setting. “In assessments, small group or individual settings are frequently requested accommodations for some students with ADHD, anxiety, or autism. Being in a quiet place alone without peers for part of the instructional day may also allow for more focus,” she said. However, she also pointed out the benefits of inclusion in the classroom for developing social skills with peers.

Remote learning has improved academic outcomes for students with different learning needs, too. Marks said her seventh-grade daughter, a visual learner, appreciated the increase in video presentations and graphics. Similarly, Hibbard said many of her students who struggle to grasp lessons on the first try have benefited from the ability to watch videos over again until they under-

stand. Post-pandemic, she plans to record bite-size lessons—for example, a 1-minute video of a long division problem—so her students can rewatch and process at their own rate.

Learners with anxiety also appreciate the option not to be in the classroom, because the social pressures of being surrounded by peers can make it hard to focus on academics. “Several of my students have learned more in the last year simply due to the absence of anxiety,” said Rosie Reid, an English teacher at Ygnacio Valley High School in Concord, California, and a 2019 California Teacher of the Year. “It’s just one less thing to negotiate in a learning environment.”

On online learning platforms, it’s easier for kids with social anxiety or shyness to participate. One of Gardner’s students with social anxiety participated far more in virtual settings and chats. Now, Gardner is brain-

storming ways to encourage students to chat in person, such as by projecting a chat screen on the blackboard.

Technology has helped school psychologists better engage students, too. For example, Greiert said the virtual setting gave her a new understanding of her students’ personalities and needs. “Typing out their thoughts, they were able to demonstrate humor or complex thoughts they never demonstrated in person,” she said. “I really want to keep incorporating technology into sessions so kids can keep building on their strengths.”

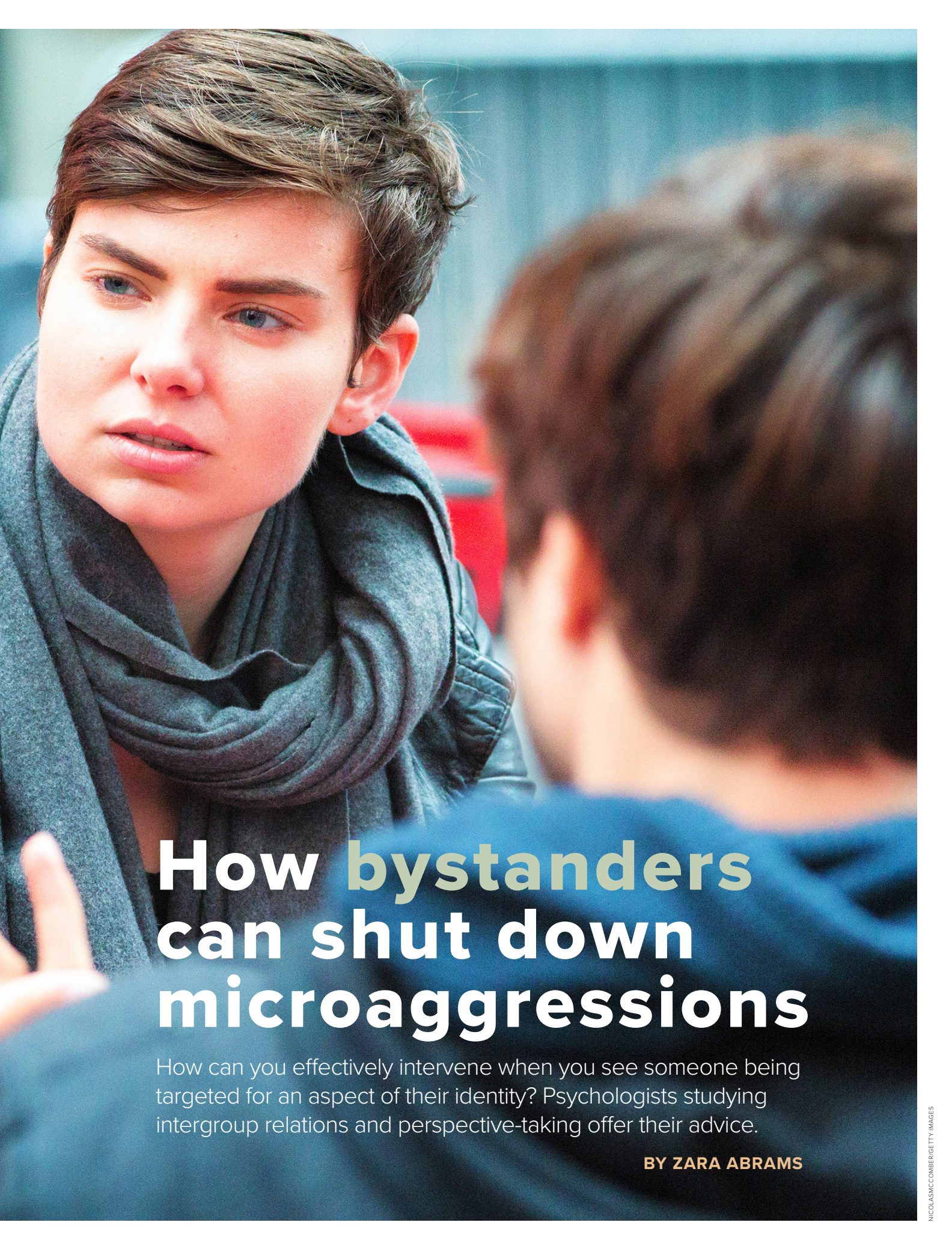
Reid says that along with the high school students she teaches, she’s seen her 6-year-old daughter benefit from learning at her own pace in the familiarity of her home. Before the pandemic, she was behind academically, but by guiding her own learning—writing poems, reading books, playing outside with her siblings—she’s blossomed. “For me, as both a mother and as a teacher, this whole phenomenon has opened the door to what education can be,” Reid said.

Eleanor DiMarino-Linnen, PhD, a psychologist and superintendent of the Rose Tree Media School District in Media, Pennsylvania, says the pandemic afforded her district a chance to rethink old routines and implement new ones. “As challenging as it is, it’s definitely an exciting time to be in education when we have a chance to envision what schools have looked like for many years,” she said. “We want to capitalize on what we’ve learned.” ■

Kids with social anxiety or shyness often find that online learning platforms are a more comfortable way for them to enjoy positive interactions with their classmates.

A photograph of a woman with voluminous, curly blonde hair. She has a pained or distressed expression on her face, with her mouth slightly open and eyes looking away. She is holding a brown disposable coffee cup with a white lid. To her right, the arm and shoulder of another person wearing a black leather jacket are visible. The background is blurred, showing what appears to be a city street with a red fire truck. The overall mood is somber and suggests a narrative of social interaction or conflict.

Targets of microaggressions cannot be solely responsible for responding to biased comments often disguised as compliments or innocent questions. Allies of marginalized groups need to commit to intervene.



How bystanders can shut down microaggressions

How can you effectively intervene when you see someone being targeted for an aspect of their identity? Psychologists studying intergroup relations and perspective-taking offer their advice.

BY ZARA ABRAMS

If you overheard one of these statements, what would you do?

“Your English is very good.”

“You’re pretty for a Black girl.”

“What do gay people think about the state of marriage equality?”

“You’re so brave—I could never live with a disability.”

Microaggressions, subtle everyday interactions that convey bias toward a marginalized group, are often disguised as compliments or innocent questions. Though some are meant to cause harm, many are unintentional. But targets of such comments suffer psychological distress, including an increase in symptoms of depression, anxiety, and post-traumatic stress disorder, and can face backlash if they speak up (Torres, L., & Taknint, J. T., *Journal of Counseling Psychology*, Vol. 62, No. 3, 2015; Abdullah, T., et al., *Traumatology*, online first publication, 2021).

For that reason, targets shouldn’t be solely responsible for responding to microaggressions, said Derald Wing Sue, PhD, a professor of psychology and education at Columbia University’s Teachers College.

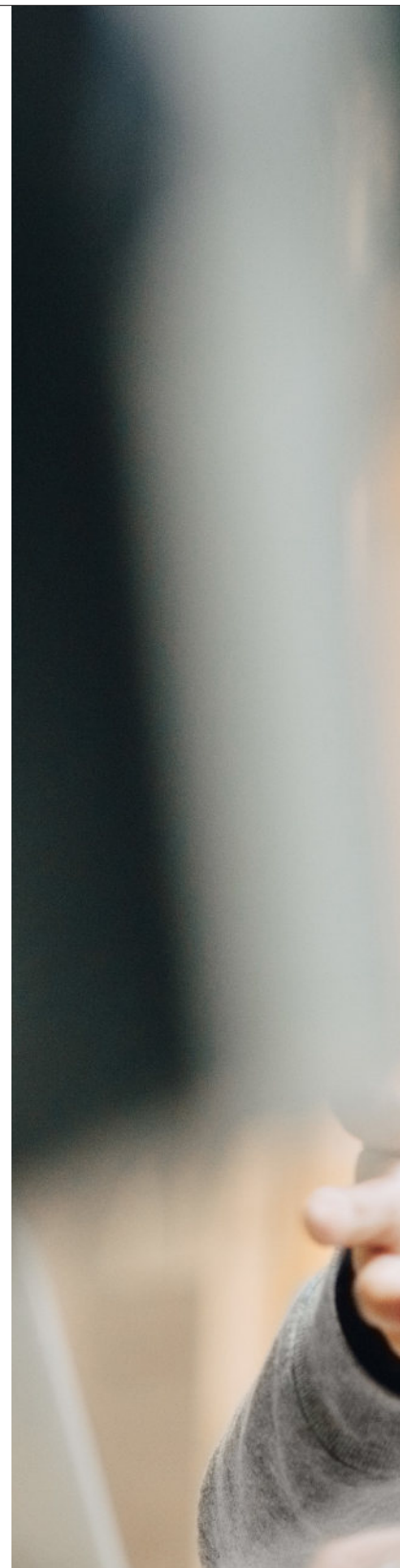
“Well-intentioned bystanders can also learn to be allies and help stop the onslaught of bias that we are witnessing in our society,” he said.

An ally, who is typically from a privileged social group, is someone who supports and advocates for marginalized people. Intervention from an ally—for example, when a White man addresses a racial microaggression—can be powerful (Xie, T., “Responding to Microaggressions: Evaluation of Bystander Intervention Strategies,” 2019).

“When someone from a dominant

identity group intervenes, they’re perceived as more knowledgeable, more persuasive, and less biased than if the exact same comment was made by a member of a marginalized group,” said NiCole Buchanan, PhD, a professor of psychology at Michigan State University who leads workshops on reducing harassment and bias. “That really puts the onus on privileged people to step in as allies if they are committed to change.”

But responding effectively to microaggressions takes practice, and people often don’t speak up because they’re afraid of causing more harm or aren’t sure what to say, said psychologist Nicole Jacobs, PhD, associate dean of diversity and inclusion at the University of Nevada, Reno, School of Medicine.





Responding effectively to microaggressions takes practice, and experts recommend thinking ahead about ways to intervene when a microaggression does occur.

MASKOT/GETTY IMAGES

So, how can you intervene when you see a friend, colleague, or stranger targeted by a microaggression because of their race, gender, sexual orientation, nationality, age, weight, or any other aspect of their intersectional, social, or personal identity? Here's advice from psychologists—informed by research on intergroup relations, motivational interviewing, empathy, mindfulness, and perspective-taking—on how to move from being a passive witness to an active ally.

HOW TO EFFECTIVELY INTERVENE AS A BYSTANDER

■ **Plan ahead.** Even in an emergency, witnesses don't always step in to help, according to classic research by psychologists Bibb Latané, PhD, and John Darley, PhD, on the bystander effect and diffusion of responsibility (*Journal of Personality and Social Psychology*, Vol. 10, No. 3, 1968). Responding to a microaggression can be especially tricky because it's not always clear to a bystander whether harm occurred or was intended, said John Dovidio, PhD, a professor emeritus of psychology at Yale University who studies aversive racism and unconscious bias. That's why, he and other psychologists point out, it's crucial to think ahead about ways to intervene when a microaggression does occur.

"One of the most important things people need to do if they want to be effective as an ally is to practice and rehearse what they will say," Buchanan said.

FURTHER READING

Microaggressions in everyday life (2nd ed.)

Sue, D. W., & Spanierman, L. B.
Wiley,
2020

Microaggression theory: Influence and implications

Torino, G. C., et al.
(Eds.)
Wiley,
2018

A guide to responding to microaggressions

Nadal, K. L.
CUNY Forum,
2014

■ **Tailor your approach to the situation.** Microaggressions can take several forms, ranging from explicit and intentional "microassaults"—such as racist jokes—to more subtle "micro-insults" and "microinvalidations," which tend to be unintentional, such as implying that a person of color got their job because of a diversity quota, according to Sue. Situational factors such as the type of microaggression and the relationship between the bystander, target, and perpetrator can help determine what approach will be most effective (*Microintervention Strategies: What You Can Do to Disarm and Dismantle Individual and Systemic Racism and Bias*, Wiley, 2020).

One strategy Sue recommends is to disarm the microaggression, for instance by voicing your disapproval of a racist joke by saying, "Not OK" or "I don't agree with what you just said." Another approach he suggests is to call attention to subtle or "invisible" microaggressions behind the perpetrator's comment. That could take the form of a statement, such as "Not all Asian Americans are good at math," or a question, such as "Do you have evidence to back that up?" or "Is this person's race, religion, or identity really relevant to this conversation?"

When a microaggression appears to be unintentional, educating the perpetrator can stimulate an ongoing discussion about the beliefs behind the statement. For example, a bystander might respond to a hurtful comment or joke by say-

ing, "I know you meant well, but that stereotype is hurtful."

■ **Speak for yourself.** Which-ever response you choose should reflect your own perspective and feelings about the microaggression, said Kevin Nadal, PhD, a professor of psychology at the City University of New York.

"Don't presume that other people are offended, hurt, or debilitated by the microaggress-



sion,” he said. “If you speak on behalf of others, that can be seen as a microaggression in itself, for instance if a White person says, ‘What you said is offensive to this Black person.’”

Such a statement could indicate a “savior complex,” which involves helping others in a self-serving way and can perpetuate narratives of White supremacy and racial bias.

Instead, speak in the first

person: “What you said made me feel uncomfortable.”

■ **Target the behavior, not the person.** Regardless of the circumstances, bystanders should avoid calling a perpetrator racist or otherwise attacking their character, which tends to trigger defensiveness and diminish the rapport that leads to growth and understanding.

“You’re also throwing away

Bystanders can stimulate an ongoing discussion by questioning the beliefs behind unintentional microaggressions.

one of the most powerful weapons you have to create change, which is a person’s desire to modify their own behavior,” Dovidio said.

Instead of making a broad statement about the perpetrator’s nature, Nadal suggests targeting the comment itself by saying, “That statement was hurtful, and I felt that it reflected some racial bias” or by asking a clarifying question, such as “What



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do you mean by that?” or “Are you aware of how that might be interpreted?”

■ **Consider circling back.** An immediate and public response to a microaggression is a good way to model appropriate behavior for other bystanders, but such a direct approach is not always possible. Some discussions—for instance, pointing out biased remarks made by a supervisor during a company meeting—may be more effective behind closed doors. If you anticipate that an in-the-moment response could lead to defensiveness or hostility, make an appointment for a follow-up discussion, Nadal suggests.

■ **Seek outside support.** In some cases, bystanders may need to solicit outside help, for instance when microaggressions occur repeatedly and other strategies are not effective, Sue said. An

ally might seek backup support from social media companies for comments made by users on their platforms, school authorities if bullying is occurring on campus, or human rights organizations that can bring additional attention to the issue, said Amanda Nickerson, PhD, director of the Alberti Center for Bullying Abuse Prevention and a professor of school psychology at the University of Buffalo Graduate School of Education.

“There are many different actions that we can take, but inaction should not be an option,” she said.

EDUCATING ALLIES

Drawing on this research-backed advice for handling microaggressions, psychologists are designing, delivering, and evaluating interventions that train bystanders in how to respond. Jacobs at the University of Nevada, Reno, has

While a public response is a good way to model intervention, some discussions may be more effective in private.

teamed up with Kupiri Ackerman-Barger, PhD, RN, of the University of California, Davis, to create the Microaggressions Triangle Model, which challenges participants to practice responding to microaggressions as a bystander, target, and source (*Academic Medicine*, Vol. 95, No. 12S, 2020). After testing the model with students, faculty, and leadership across three academic institutions, Jacobs and Ackerman-Barger found that it improved knowledge, self-efficacy, and commitment to being an active bystander. Handouts and facilitator guides for the free program are available for download at the Association of American Medical Colleges’ MedEd Portal.

Buchanan also delivers workshops on understanding and responding to microaggressions and implicit bias, including how a perpetrator can make things right after learning that they’ve said something hurtful. She works with academics, clinicians, corporations, and police departments.

While it’s important to practice addressing microaggressions, allies can also take steps to prevent them from occurring in the first place, Buchanan said. That involves evaluating systems and practices that may make assumptions about a person’s identity—such as bathroom signage or pronoun choices on applications—and adjusting them to be more inclusive.

“Allyship is about what you do in the moment,” she said, “but it’s also what do you do proactively to make sure that these things don’t happen.” ■



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COLLABORATIONS

FOR MORE EFFECTIVE

PSYCHOLOGY

How large-scale teams are improving uptake of evidence-based practices in a range of demanding real-world settings

By **TORI DEANGELIS**





When

Rinad Beidas, PhD, was completing her doctorate at the Temple University Child and Adolescent Anxiety Disorders Clinic in the mid-2000s, she noticed a pattern that “kept me up at night,” as she put it. Children who came to the research-based clinic said they were afraid that therapy wasn’t going to work; they had tried it before, but they remained as anxious as ever. ¶ Beidas gleaned that often when these children had been treated in the community, they hadn’t received the gold-standard evidence-based treatment for pediatric anxiety: individualized cognitive behavioral therapy (CBT). She wanted to fix that. ¶ “I developed a passion for and commitment to radically transforming mental health so it aligns with the deep evidence base that we have,” said Beidas, now an associate professor at the University of Pennsylvania (Penn).

Today, she is realizing that calling on a much larger scale, including working to improve uptake of evidence-based practices throughout Philadelphia’s community mental health system. She’s also coleading one of 11 ALACRITY (Advanced Laboratories for Accelerating the Reach and Impact of Treatments for Youth and Adults with Mental Illness) Research Centers, funded by the National Institute of Mental Health (NIMH) to foster innovation and accelerate the translation of research into clinical practice.

Beidas is one of a number of psychologists committed to making the growing field of implementation science a success story for mental and physical health. The work poses more challenges than traditional research because it entails working closely with front-line clinicians and agencies who are doing the best that they can to implement evidence-based practices in the face of real-world barriers including inadequate funding, challenging organizational climates, and lack of training. An additional challenge is that behavioral treatments are harder

to implement than medical treatments because they are often more complex and nuanced.

“There was a time when we thought that if we just did the research and dropped it off at the river’s edge, others would pick it up,” said psychologist William T. Riley, PhD, director of the Office of Behavioral and Social Sciences Research at the National Institutes of Health (NIH). “The movement toward implementation has allowed us to reach further than that—to think not only about whether an intervention is efficacious or effective, but to look at barriers to implementation and how to overcome those. That’s become more of a research process in the field, and I think it’s been a really useful direction.”

That said, dissemination and implementation grants remain a small percentage of the overall NIH research portfolio, and most funding still goes to discovery-based grants. Nevertheless, “NIH will continue to fund this work because it’s clearly of value,” said Riley. “It increases the likelihood that all the research we’re doing will actually get implemented in practice, which is what we’re all about.”

EARLY INTERVENTION FOR PSYCHOSIS

Given this backdrop, a number of large-scale, longitudinal efforts show what is possible in the domain of implementation science and translational research. One is a comprehensive, far-reaching effort aimed at improving care for young people with first-episode psychosis. Starting with a handful of early psychosis treatment programs in the early 2000s, this work has grown to include more than 300 programs across the country using a model called coordinated specialty care, which is now considered the standard of practice for early psychosis in the United States. Recently, this work has added a new component called EPINET

FURTHER READING

Scoping implementation science for the beginner: Locating yourself on the “subway line” of translational research

Lane-Fall, M. B., et al.
BMC Medical Research Methodology, 2019

Special issue on the National Drug Abuse Treatment Clinical Trials Network

McCarty, D., & Donovan, D. (Eds.)
Journal of Substance Abuse Treatment, 2020

Transforming the treatment of schizophrenia in the United States: The RAISE initiative

Dixon, L. B., et al.
Annual Review of Clinical Psychology, 2018

What can implementation science do for you? Key success stories from the field

Kilbourne, A. M., et al.
Journal of General Internal Medicine, 2020

(Early Psychosis Intervention Network) that systematically collects deidentified data from coordinated specialty care programs nationwide, combines these data, and uses them to create a national learning system for early psychosis. (Learning health care, of which this effort is an example, is an aspirational goal for health systems “in which science, informatics, incentives, and culture are aligned for continuous improvement and innovation,” according to the National Academy of Medicine.)

The overall effort began in 2008 with a project sponsored by NIMH called RAISE (Recovery After an Initial Schizophrenia Episode). The program official who led this initiative—psychologist Robert K. Heinszen, PhD, ABPP, director of NIMH’s Division of Services and Intervention Research—was studying successes in Australia, Europe, and elsewhere that used comprehensive wraparound services to find and treat young people with early psychosis as soon as possible. These included intensive medical management and mental health services, as well as ongoing supports related to social and family functioning, relationships, work, and school.

To make this type of intervention work in the United States, Heinszen thought it imperative that it be viable in actual practice settings—that it could translate effectively into systems that were under-resourced and lacked provider training.

“The challenge we posed to investigators was asking them to conduct a study of early inter-

vention in community treatment centers rather than in academic research clinics—that took into account characteristics of the real-world patients, providers, and settings where these services would be implemented,” Heinszen said.

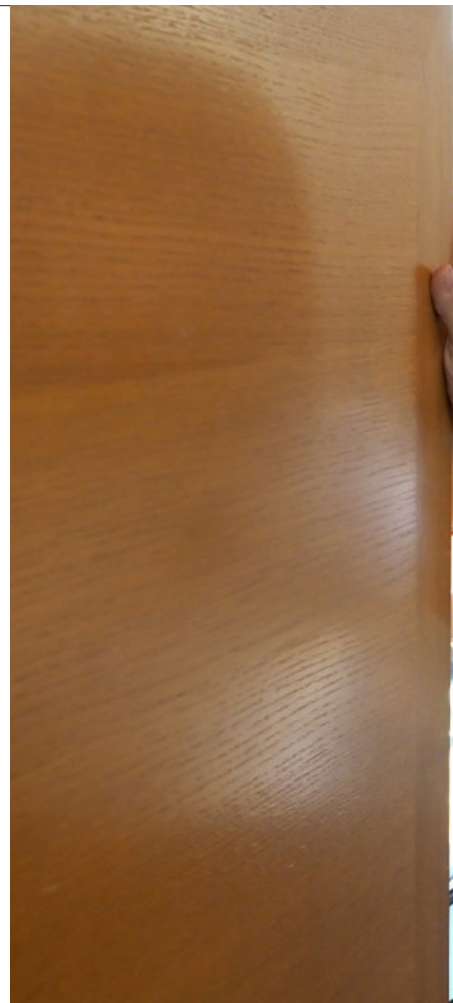
RAISE research found that this kind of practice-level implementation was possible. A study headed by psychiatrist John M. Kane, MD, of the Feinstein Institutes for Medical Research, found that among 404 patients across 34 community sites, those who received coordinated specialty care stayed in treatment longer, had greater improvement in psychiatric symptoms and quality of life, and were more fully engaged in work and school than those in usual care (*The American Journal of Psychiatry*, Vol. 173, No. 4, 2016).

A second study headed by psychiatrist Lisa B. Dixon, MD, MPH, of Columbia University, investigated and addressed barriers to implementing this care in New York and Maryland. It involved the commissioners of mental health in those states as coinvestigators to ensure that the treatment could be implemented and sustained within their existing mental health systems. That study, too, showed positive clinical outcomes and produced a suite of practice-based tools, manuals, and other resources for implementing coordinated specialty care programs in similar public health settings across the country (*Annual Review of Clinical Psychology*, Vol. 14, 2018).

Fortuitously, these research efforts intersected with a

strong congressional interest in addressing early psychosis, given estimates that untreated psychosis was costing the U.S. economy some \$155.7 billion a year in direct health care costs, unemployment, and lost productivity for caregivers (Cloutier, M., et al., *Journal of Clinical Psychiatry*, Vol. 77, No. 6, 2016).

Starting in 2014, Congress increased funding for the community mental health block grant program administered by the Substance Abuse and Mental Health Services Administration to implement evidence-based early psychosis treatment programs like those demonstrated





“The reason I get up in the morning, the reason I stay excited about this work, is the idea of eventually having impact at scale across populations.” —RINAD BEIDAS, PHD, UNIVERSITY OF PENNSYLVANIA

to be effective by RAISE. Congress continues to appropriate funds annually for this purpose, investing more than \$300 million since 2014.

The most recent phase of this work began in 2018, when Heinssen and psychologist Susan T. Azrin, PhD, chief of NIMH's Early Psychosis Prediction and Prevention Unit, launched EPINET, the country's

first learning health care system for people with serious mental illness. NIMH awarded the first EPINET grants in the fall of 2019, funding five regional scientific hubs and a national data coordinating center, and it added three more hubs a year later. EPINET now has eight regional scientific hubs, which include 101 coordinated specialty care programs in 17 states, serving

Dr. Rinad Beidas is working to improve uptake of evidence-based practices throughout Philadelphia's community mental health system.

tens of thousands of young people with early psychosis.

EPINET's mission, said Azrin, is to accelerate advances in early psychosis care, patient recovery outcomes, and scientific discovery via a national early psychosis learning health system. Here's how it works: All EPINET clinics collect standardized, patient-level data using a core assessment battery

that measures treatment characteristics, symptoms, recovery outcomes, and other factors important to the treatment and outcome of patients with early psychosis. Individual hubs then submit deidentified data to the EPINET National Data Coordinating Center, where analysts synthesize and aggregate it into a large data set representing thousands of patients who are followed over the course of their treatment.

There are many uses for the data, says Azrin, but a central one is rapidly feeding the data back to clinics so they can view their performance compared with national metrics, with their own previous data, and with data from other clinics, thus supporting quality improvement efforts. This large-scale data set will also help identify systemic gaps in early psychosis care and provide opportunities for improving treatments and generating new research, she says.

“EPINET is a forward-looking platform for studying early psychosis care—how to personalize it and how to improve it,” said Azrin. “NIMH is committed to generating the knowledge and the practice tools that support these young people’s recovery.”

SCALING UP BEHAVIORAL HEALTH IN PHILLY

Psychologists are also studying full-scale implementation of evidence-based programs in the public behavioral health system in Philadelphia, an effort that began in 2007, when Arthur C. Evans Jr., PhD, now APA’s chief executive officer, headed the Department of Behavioral Health and Intellectual disability Services there. Since then, psychologists and other researchers have been collaborating with providers and other community partners to implement evidence-based practices within that system, with the goals of improving outcomes, championing recovery, and decreasing health disparities. In 2013, the Evidence-Based

Practice and Innovation Center was created to support these efforts in a centralized way.

Beidas has been involved in this work for a number of years as a research partner and evaluator. To date, these efforts—which now involve some 200 clinics throughout the city—show positive, if modest, results. In analyzing three waves of data gleaned from 340 providers at 20 clinics, Beidas and colleagues found a 6% increase in clinician self-reported use of CBT—the evidence-based treatment in which they received training—over 5 years. The more training and ongoing support that clinicians received, the more likely they were to report using CBT, with a 9% increase in use among those who took part in three or more trainings, the team found (*Implementation Science*, Vol. 14, No. 1, 2019).

To determine why more clinicians weren’t using CBT, Beidas and colleagues have since gone on to conduct extensive surveys and interviews with agency leaders and clinicians, findings they spelled out in an issue brief for Penn’s Leonard Davis Institute of Health Economics (Vol. 23, No. 5, 2020).

One overarching barrier to implementation, they found, related to finances. Agency leaders talked about struggling to make ends meet and the challenges of trying to deliver high-quality care in the context of inadequate resources. Clinicians’ personal financial situations were also a problem. Many are master’s-level therapists who receive scant pay, which in turn is related to high rates of turnover. The Philadelphia system, for example, loses 24% of its clinicians each year. What’s more, many clinicians are paid by contract rather than salary. “If a client doesn’t come to a session, the therapist doesn’t get paid,” Beidas said.

On a positive note, the researchers found that regardless of finances, systems

that foster what they call “proficient organizational cultures”—those that expect therapists to be responsive to clients’ needs, have up-to-date knowledge, and be competent via established and validated measures—were more likely to implement CBT and less likely to experience turnover than agencies lacking those features. In fact, organizational factors were more important than individual therapist factors in influencing successful practice change, the team found. Given these findings, “investing in organizations themselves seems like a really important [next] target,” Beidas said.

BETTER SERVING THE UNDERSERVED

In an effort to boost innovations in implementation science that could lead to rapid breakthroughs in application, in 2018 NIMH began to fund the 11 ALACRITY centers across the country. Beidas and a number of Penn colleagues, including co-principal investigators David Mandell, ScD, and Alison Buttenheim, PhD, received one of these grants. The team has partnered with Penn’s Center for Health Incentives and Behavioral Economics to study how behavioral economics principles could boost their work in Philadelphia by helping to improve treatment adherence, increase clinician collection of data, and spark implementation innovations by crowdsourcing strategies from front-line clinicians, for example.

Another ALACRITY center is housed at the University of Washington. There, psychologist Patricia Areán, PhD, a professor in the Department of Psychiatry and Behavioral Sciences, and others are working to increase the use of evidence-based psychosocial treatments in underserved communities, including with rural mental health patients and Spanish-speaking migrant farmworkers.

A key element of their work is using a human design-centered approach



Through large-scale collaborations, psychologists can accelerate advances in care, patient recovery outcomes, and scientific discovery for such conditions as early psychosis.

called Discover, Design, Build, Test (DDBT). The protocol targets usability challenges—determining why it’s difficult to do evidence-based practices in a particular setting with particular providers—then applies an iterative design process to come up with solutions. The team is using this strategy in about a dozen ALACRITY incubator projects that it is undertaking.

One example is a project aimed at improving uptake of evidence-based practices among rural and Indigenous clients in Big Horn County, Montana, who have been diagnosed with depression and post-traumatic stress disorder (PTSD). When Areán’s team sat down with local clinic leaders to discuss challenges, two central problems emerged: a dearth of licensed mental health professionals to properly deliver treatment, and client attrition—clients who leave before they get full benefit from treatment.

After a few rounds of codesigned workshops, the research team, clinicians,

and clinic leaders landed on a solution that could address both provider overload and client attrition and stay within budget: hiring a bachelor’s-level physician extender who could assume aspects of care. With provider supervision, the extender would regularly check in with patients and offer guidance and encouragement on their treatment plans. At points where the original provider’s expertise was needed—for example, when patients started talking about premature termination—the extender could tap them to intervene and get treatment back on track.

The researchers are launching a pilot project of this design with five teams at five clinics and will follow 10 patients per team to assess the impact on clinical care. If results are favorable, this change in service delivery could quickly be deployed on a larger scale and help address another long-standing problem in the field: mental health workforce shortages in rural areas. Because the extenders are often

working toward advanced degrees at local universities, taking on such “gateway” roles could easily set them up for more demanding positions, Areán noted.

As with other implementation and dissemination efforts, Areán hopes to eventually gather enough data from these projects to better understand common themes, problems, and solutions. In turn, those data could serve as starting points for other providers or systems that want to adapt or create interventions. That said, one finding is that “some solutions seem to be fairly unique to each setting,” Areán added—so her team is also considering how to disseminate the DDBT model itself.

LOOKING AHEAD

These projects are just a taste of what’s happening in the field of implementation science and translational research. Many other NIH institutes, as well as the Centers for Disease Control and Prevention, are supporting work in the area, too. For example, since 1999, the National Institute on Drug Abuse has continuously funded the Clinical Trials Network, which to date has supported some 117 research projects looking at innovative ways to improve uptake of evidence-based substance use treatments. There is even an institute devoted to translating research into practice, primarily in biomedicine: the National Center for Advancing Translational Sciences.

While the field has a long way to go to meet all implementation challenges, those doing this work say they wouldn’t want to do anything else.

“We’re a fairly young field, and so far, I can’t point to many projects where we can say that we’ve absolutely figured it out and we know exactly what to do,” said Beidas. “But the reason I get up in the morning, the reason I stay excited about this work, is the idea of eventually having impact at scale across populations.” ■



Neblett



Grills



Leary



Brown



Rivera

PSYCHOLOGISTS IN THE NEWS

The National Institute of Mental Health has named **Enrique W. Neblett Jr., PhD**, as the first winner of its James Jackson Memorial Award. The award recognizes scholars who have a record of outstanding research on mental health disparities and have demonstrated excellence in mentorship, influence, and support of BIPOC students. Neblett is a professor of health behavior and health education at the University of Michigan School of Public Health and associate director of the Detroit Community-Academic Urban Research Center. The award honors the legacy of renowned social psychologist **James Jackson, PhD**, who died in 2020.

California Governor Gavin Newsom has appointed **Cheryl N. Grills, PhD**, to the state's newly formed Task Force to Study and Develop Reparation Proposals for African Americans. Grills's work focuses on racial stress and trauma, implicit bias, and community healing centered on the needs of people of African ancestry. She is a President's Professor at Loyola Marymount University, where she has taught for 34 years.

Kimberlyn Leary, PhD, joined the White House Office of Management and Budget as its first senior equity fellow to help

support the implementation of President Joseph Biden's executive order on advancing equity. Leary is a senior vice president at the Urban Institute and an associate professor at Harvard University, with posts at the university's T.H. Chan School of Public Health, Harvard Medical School (McLean), and the Harvard Kennedy School. She was also an advisor to the White House Council on Women and Girls during the Obama administration.

West Chester University has presented its Service-Learning Teaching Excellence Award to psychology professor **Ellie Brown, PhD**, for infusing service-learning opportunities into her psychology courses. Brown conducts research in her community on how intensive arts programs can improve the lives of children experiencing poverty and reduce their stress. Brown has adapted her work to COVID-19 conditions to keep the research program going throughout the pandemic and to continue to support local children and families.

University of California, Davis psychology professor and department chair **Susan Rivera, PhD**, has been named to a three-year term on the federal Inter-agency Autism Coordinating Committee,

which provides guidance to Secretary of Health and Human Services Xavier Becerra on autism research, services, and policy. Rivera has been studying neuro-cognitive development in people with autism and other developmental disabilities using brain imaging and eye tracking techniques for 20 years.

Seton Hall University has named **Georita M. Frierson, PhD**, as the new dean of the College of Arts and Sciences. Frierson's previous roles include serving as interim vice president of academic affairs at D'Youville College and as psychology department chair at Rowan University. She is also the incoming chair of APA's Commission on Accreditation.

Anjali Forber-Pratt, PhD, has joined the U.S. Department of Health and Human Services as the new director of the National Institute on Disability, Independent Living, and Rehabilitation Research. Forber-Pratt was previously an assistant professor of psychology at Vanderbilt University, where she studied disability identity development. She is also a two-time Paralympian and medalist in the sport of wheelchair racing and an advocate for access to employment, education, and sports for the international disability community. ■

News You Can Use

Career

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

LEADING THE CHARGE TO ADDRESS RESEARCH MISCONDUCT

Like all science, the field of psychology is vulnerable to fabrication, falsification, and poor research practices, but psychologists are leading the charge for change

BY STEPHANIE PAPPAS

When James DuBois, ScD, PhD, launched a training program in 2013 for researchers caught failing to comply with research protocols, plagiarizing, or falsifying and fabricating data, it was controversial, to say the least. The program's launch was accompanied by a feature article in *Nature's* news section, and much of the feedback was incensed (Cressey, D., Vol. 493, No. 197).

"Oh, my goodness, the chat for the online story!" DuBois, an applied psychologist at the Washington University School of Medicine in St. Louis, recalled. "There was so much hate."

It's no wonder. Misconduct flies in the face of the values of scientific research, which at its heart is about the search for truth. But the reality is that misconduct and its cousin, questionable research practices, occur on a spectrum. The most egregious cases are from outright hucksters who don't generally qualify for second chances. The majority, though, live in a gray area where an honest mistake, publish-or-perish pressure, and lack of clear norms or quality training can lead to blunders. Anyone, no matter how well intentioned, could be vulnerable.

Psychology as a research field is susceptible to all these pressures, but psychologists are also a



ROMEOCANE/GETTY IMAGES

major force in solving the problem. With expertise in behavior change, motivations, and incentives, psychological researchers are tackling misconduct at both the individual and structural level. It's an effort that has already led to big shifts in the field, with more likely to come.

"Psychologists are leading the charge in changing their individual behaviors and the structural components that lead to questionable research practices, including misconduct," said Brian Nosek, PhD, a social psychologist at the University of Virginia and a proponent of the open science movement as a bulwark for improving credibility. "Most changes have occurred in journals so far. Funders and institutions have begun to change, but there's still a lot to do."

THE SCOPE OF THE PROBLEM

There are no firm numbers on how much research misconduct goes on. Attempts to quantify the problem usually either count retractions, survey scientists about their own and colleagues' practices, or statistically reanalyze published papers. A 2019 review of studies using all three methods found that between 0.6% and 2.3% of psychologists surveyed admitted to falsifying data themselves, and between 9.3% and 18.7% said they'd witnessed another researcher doing so (*Zeitschrift für Psychologie*, Vol. 227, No. 1). Statistical reanalyses suggested that there were major inconsistencies in between 12.4% and 20.5% of published studies, but it's unclear whether these were examples of



Misconduct is all too often incentivized by the academic structure. Early career researchers are under incredible pressure to have lots of publications in top journals.

outright misconduct, questionable research practices, or errors. Finally, a count of retractions found that 64.84% of retractions in PsycINFO were due to misconduct, similar to rates in other scientific fields.

It's best to take these numbers with a grain of salt, said Armin Günther, PhD, a research associate at the Leibniz Institute for Psychology in Germany who coauthored the review. Misconduct can be tricky to define, and there are many poor practices that can easily slip by unnoticed.

"I'm not sure if it is so important to have a number, to say 'It's 3% of articles,' or 'It's 10%,'" Günther said. "It's more of a qualitative issue, because if you suspect that research and scientific work is basically not trustworthy, that's a problem."

Setting aside egregious fraudsters, misconduct can be a slippery slope—and one that is all too often incentivized by the academic structure, says Jennifer Crocker, PhD, the chief editorial advisor at APA and a social psychologist at The Ohio State

University. "People's careers, livelihoods, and reputations depend on their ability to publish in the scientific literature," Crocker said. "There is incredible pressure for early career researchers to have not only publications but lots of them—first-authored publications, publications in top journals. And that pressure doesn't go away over the course of a career."

Participants in DuBois's course, the P.I. Program at the Washington University in St. Louis, are usually referred by their universities as a requirement for continued employment or research privileges. One common reason for referrals is failure to provide adequate oversight when someone else in a lab falsifies data, DuBois said. Often, the root cause is being overextended and failing to prioritize compliance.

In a study of 120 cases of misconduct pulled from the research literature and from records of federal research oversight agencies, DuBois and his colleagues found that in these cases at least,

oversight failures were common (*Accountability in Research*, Vol. 20, No. 5–6, 2013). Motivated reasoning and narcissistic thinking were common, with primary investigators who fabricated or falsified data often talking about the pressure to publish or get grants in the pursuit of fame. “They’re not falsifying data just to keep their career afloat, but really to become a superstar,” DuBois said.

CHANGING INCENTIVES

It can be fraught to link misconduct directly to publish-or-perish culture, DuBois said; after all, many researchers cope with the pressure without lapses in ethics, and individual psychological traits seem to play a role for those who don’t. Nevertheless, the past decade or so has seen calls for a change in the incentive structure that links top-tier jobs to flashy results in high-impact journals. The San Francisco Declaration on Research Assessment (DORA), first drafted in 2012, recommends that employers and funders “not use journal-based metrics, such as Journal Impact Factors, as a surrogate measure of the quality of individual research articles, to assess an individual scientist’s contributions, or in hiring, promotion, or funding decisions.”

A few universities have tried to put that recommendation into practice. In the Netherlands, a program called Recognition & Rewards aims to inject balance into how academics at participating universities are judged. The goal is to put more focus on aspects outside of publications,

FURTHER READING

Scientists’ reputations are based on getting it right, not being right
Ebersole, C. R., et al.
PLOS Biology,
2016

Fostering integrity in research
National Academies of Sciences, Engineering, and Medicine,
2017

Assessing the climate for research ethics in labs: Development and validation of a brief measure
Solomon, E. D., et al.
Accountability in Research,
online first publication

including teaching, leadership, and patient care. Even among those who support these ideals, some signatories to DORA have found change to be challenging: In 2019, a chemical systems engineer at ETH Zurich, one of the DORA supporters, had to apologize after including a requirement that postdoctoral applicants must have published in a journal with an impact factor of 10 or higher. And DORA still lacks a critical mass of signatories. Fewer than 50 psychological journals, associations, and programs around the world have endorsed the recommendations.

“Everybody knows that the impact factor is not a good criterion for the scientific work of single persons, but even though everybody knows, it is quite hard to get rid of these kinds of evaluations,” Günther said. “I hope and I think that we will go in the right direction, but it is very slow, like a big ship you have to turn in the ocean.”

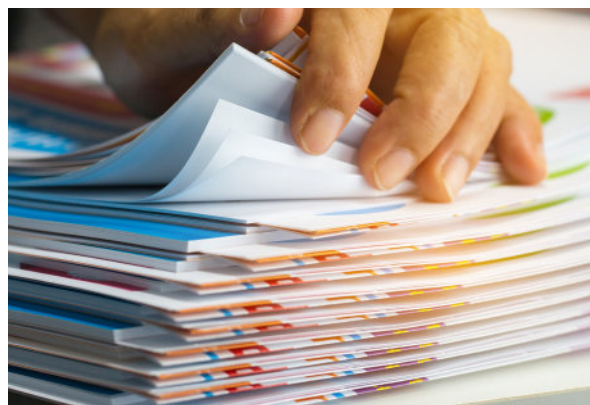
If it’s hard to drop the prestige associated with big-name journals altogether, attempts to change the kind of research

those journals publish seem to be making more headway. One goal of the open science movement is to ensure that journals don’t just jump on splashy positive results; to better represent the state of science, they should also publish negative results and incremental work. As a result, open science should take the pressure off researchers to produce always flashy, always significant results, reducing one major incentive that leads to questionable research practices.

Open science also elevates transparency as a core value, which makes it more difficult to fabricate or falsify data on the way to a conclusion. Research led by Daniele Fanelli, PhD, a fellow in quantitative methodology at the London School of Economics and Political Science, found that a culture of transparency and communication, paired with strong rules around misconduct, is associated with fewer misconduct-related retractions (*PLOS ONE*, Vol. 10, No. 6, 2015).

“Transparency does a few things,” Nosek said. “As an author, it gives me some additional accountability. As a reader, it gives you a means to evaluate the basis of my claims. And as a community, it gives us shared evidence to debate credibility and whether biases were injected in practice.”

This kind of transparency is likely familiar to many psychological researchers. In November 2020, APA signed on to the Transparency and Openness Promotion (TOP) Guidelines for all its journals, which require certain disclosure of data and research



A culture of research transparency can help reduce misconduct.



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Career

materials and encourage full data transparency when ethically possible.

Research suggests these efforts are having the desired effect. A study led by Anne Scheel, a doctoral candidate at the Eindhoven University of Technology in the Netherlands, found that registered reports in psychology—in which methods and data analysis plans are laid out prior to the study being done, and publication is guaranteed if those plans are met—return findings consistent with their hypotheses about half the time, compared with 95% of journal papers published without preregistration (*Advances in Methods and Practices in Psychological Science*, Vol. 4, No. 2, 2021). This is a good sign, Nosek said, because the registered reports more accurately reflect the reality of research—and they dispense with the unrealistic expectation that researchers publish a stream of positive results.

INDIVIDUAL INTERVENTIONS

Open science is a promising way to change incentives, but it can't combat fraud alone. Any set of new rules can be abused. And total data transparency is not always possible, Crocker said. Imagine, for example, a longitudinal study of romantic dyads. "If people know that they were in the study and they know their own characteristics and responses, they can find their own data in the

data set," Crocker said. "Then they can find their partner's data in the data set, so anything the partner says is no longer confidential."

So other kinds of change matter, too. "Responsible Conduct of Research" courses are now de rigueur in psychology training, but there are still gaps in how much funding and attention research institutions give to research integrity, said Nicholas Steneck, PhD, a historian of science, emeritus professor at the University of Michigan, and founder of the World Conferences on Research Integrity. If anything, Steneck said, pressures are worsening on research faculty at universities: State funding of higher education never fully recovered after the 2008 recession, and federal research dollars have flatlined, meaning steeper competition for jobs and grants. "What's that going to do?" Steneck said. "It's going to increase pressure on researchers."

The research community is pushing for structural changes, but institutions haven't been as proactive, Steneck said. Many rely on volunteer-only staffs in their research integrity offices, and upper administration is often stretched too thin to monitor the university research climate. One of the main goals of the World Conferences on Research Integrity is to get institutional research leaders involved in identifying the problem and solutions, Steneck said. One of his cur-

rent projects is disseminating an online research integrity training program via Oxford University Press and using it to help university leadership understand potential problem spots in their own programs: In which fields are researchers under extreme pressure to get grants? In which labs are graduate students lacking support from their mentors?

DuBois's P.I. Program offers a unique opportunity to correct these problems on a case-by-case basis. More than 100 researchers from 57 institutions have attended so far. They're usually referred by their institutions after a lapse of moderate severity, such as failing to catch a lab member's data falsification or dropping outliers from their reports without any change to the conclusion.

Evidence suggests that many researchers who make these kinds of errors will not be unceremoniously booted from the field; a study by Kyle L. Galbraith, PhD, a research ethicist now at the Piedmont Athens Regional Medical Center in Georgia, found that of 284 researchers disciplined by the U.S. Office of Research Integrity, at least 47% went on to continue doing research (*Journal of Empirical Research on Human Research Ethics*, Vol. 12, No. 1, 2017). DuBois's program aims to ensure that these researchers don't continue making the same mistakes.

The program was founded with a National Institutes of Health (NIH) grant and is also funded by fees paid by participants. The three-day course is grounded in psychology. "Motivational interviewing plays a big role for us," DuBois said. "People sometimes feel they have been treated unfairly by their institutions and that becomes a real barrier to change. We try to get them to ask themselves a question like, 'How do you think you're perceived at your institution? Is that helping your career?' Pretty soon they are making exactly the changes you want to see without having to concede that it's all their fault."

DuBois and his team follow up with clients with a survey after a year. The results are self-reported but suggest that graduates of the program apply lessons they've learned in the course, such as implementing standard operating procedures, holding regular lab meetings, and reducing work stressors (*Academic Medicine*, Vol. 93, No. 4, 2018). Although DuBois and his team can't audit these claims themselves, there has not been a case to his knowledge of a program graduate being disciplined a second time for misconduct.

RESOURCES

REPORTING MISCONDUCT

Part of combating misconduct is knowing what it is and how to report it. These websites can help.

■ APA Publication Practices & Responsible Authorship

apa.org/research/responsible/publication

■ APA Research Misconduct Information

apa.org/research/responsible/misconduct

■ U.S. Department of Health & Human Services Office of Research Integrity

ori.hhs.gov/research-misconduct

■ NIH Grants & Funding Research Misconduct Overview

grants.nih.gov/policy/research_integrity/overview.htm



With an eye toward prevention, one of the coleaders of the P.I. Program is now developing a management and leadership training program for early career researchers. Alison Antes, PhD, an industrial and organizational psychologist at the Washington University School of Medicine in St. Louis, has just received NIH funding to launch an online program that would offer training in these skills for running labs with integrity and compliance.

Most researchers aren't formally trained in management, even though primary investigators take on the roles of executive management, middle management, and basic supervision all at once, Antes said. "It is really a lot that researchers are asked to manage and deal with while at the same time trying to get grants, trying to get their papers out," she said.

Antes's research found that scientists who are rated as exemplary by their peers use seven key practices: holding regular team meetings, providing supervision, encouraging shared ownership, ensuring good training, communicating positive attitudes about compliance, reviewing data and findings, and following standard operating procedures (*PLOS ONE*, Vol. 14, No. 4, 2019). Her new program aims to address failures in these domains. Leadership training goes hand in hand with management training, she added: Leadership involves bigger-picture concepts such as communicating values, setting expectations, and creating an environment that fosters good practices.

The COVID-19 pandemic made clear the costs of public distrust in the scientific process, Steneck said. But public trust must be earned, making dealing with research misconduct an urgent matter.

"If we don't get our house in order when it comes to integrity, there's a perfectly good reason for not believing researchers," Steneck said. "We have to be concerned about that. We have to be above criticism, above fault." ■

GROW YOUR PRACTICE THROUGH CONTENT CREATION

How to use blogs, podcasts, ecourses, and other content to attract patients and boost your profile **BY REBECCA A. CLAY**

When Washington, D.C., private practitioner Kathleen Smith, PhD, launched her weekly electronic newsletter, *The Anxious Overachiever*, in 2017, she saw it mostly as a way to flesh out her own thinking about her work. But the newsletter—which now has 10,000 subscribers—has also proven to be a useful way to market her practice. About half of Smith’s patients connect to her via her newsletter, her articles on

websites such as *Salon* and *Slate*, or her book, *Everything Isn’t Terrible: Conquer Your Insecurities, Interrupt Your Anxiety, and Finally Calm Down* (Hachette Books, 2019). And they’re more likely to stay in therapy because they have a better idea of what they are signing up for, she said.

Creating a newsletter, or any other type of content, might sound like a lot of extra work on top of your “real” work, said Katy Hill, marketing manager at Brighter Vision, a firm that

After determining your goals for your content, think about your platform: Would you enjoy being in front of a camera or would you be more comfortable with written content?

helps clinicians market their practices. But it’s an investment in your career, she emphasized. “Content marketing is one of the most powerful—and cheapest—ways to market your practice,” she said. “It establishes trust with prospective and current clients, builds relationships, and proves you’re an expert in a topic.”

If you’re interested in launching a newsletter or podcast, starting a blog, or writing an ebook or online course, follow these psychologists’ tips on getting started:

■ **Determine the purpose of your content.** “A lot of people create content because they think they should, or they do a podcast just because they want to have a podcast,” said West L.A.-based private practitioner Elisha Goldstein, PhD, who has created online courses like “Uncover the Power Within” to promote mindfulness and mental health and launched the Mindful Living Collective to serve as an online community for those interested in learning about and practicing mindfulness. Instead, he suggested, consider how creating content can help you. Are you trying to expand your practice, for example, or build a platform that will make your book proposal



LEFT: KIWIS/GETTY IMAGES; OPPOSITE: POLINA LEBED/GETTY IMAGES



If you'd like to start creating content but don't want to overcommit, consider a team approach, such as rotating podcast host duties with colleagues.

more attractive to publishers?

Also think about how your content can help your patients. Smith's newsletter on managing anxiety has several purposes: It serves her current patients—whom she describes as “Type A overachievers who want therapy homework”—by keeping them engaged between sessions without making them do anything more taxing than reading. For former patients, the newsletter is a way to stay connected and remind people that Smith is available to help them face new challenges. For people who are thinking about therapy, the newsletter gives them a sense of what the work looks like and Smith's theoretical orientation without having to schedule an appointment.

Smith's newsletter also shows publishers—both the publisher of her own book and publishers of books she reviews—that she already has a platform. It also gives her a way to stay in touch with the audience anytime she gives a talk to the public. “If you're speaking somewhere or being interviewed and you don't have something to connect listeners or the audience to, that's just a lost opportunity,” she said.

Once you clarify why you want to create content, choose the platform that best suits your personality so that you won't contribute to the plethora of blogs and podcasts that haven't been updated in years. Your preferred platform may change over time as your interests and technology evolve. Goldstein was creating CDs with guided mindfulness meditations in 2005 before he became a blogger. He is now

creating videos for his YouTube channel, where he offers what he calls “simple mental health hacks” for using meditation to battle anxiety and promote mental health. “I personally enjoy going in front of a camera,” he said, adding that it's helpful to go “all in” on one platform at a time to avoid spreading yourself too thin.

■ **Use content to build relationships.** Your content can help move people along what marketing gurus call your “funnel,” from becoming aware of you as a provider to becoming your patient or somehow involved with your work.

Daniel José Gaztambide, PsyD, a Manhattan private practitioner and assistant professor of clinical practice at the New School for Social Research, starts by offering a free ebook with tips for managing anxiety to new and potential patients or anyone else who wants it. “It's both a gift and a way of starting a relationship before we've even gotten on a call,” he said. Recipients then receive an invitation to join Gaztambide's mailing list, which he uses to share blog posts and other news items that help him promote his expertise and give a sense of his personality. Increased blog readership brings more traffic to his practice website, which features a video in which Gaztambide introduces himself. “The video seems to clinch the deal,” he said. The result of Gaztambide's integrated, client-centered approach? His practice is currently full.

And just like in any good relationship, Gaztambide added, don't monopolize the

conversation by talking too much about yourself in your content. Instead, focus on how you can help would-be clients.

■ **Repurpose your content often.** If you're going to take the time to create content, reuse it across multiple platforms, suggested Amanda Zelechowski, JD, PhD, an associate psychology professor at Valparaiso University who, along with colleague Lindsay Malloy, PhD, cofounded Pandemic Parenting, a digital web platform to share free psychology-based resources, including the *Pandemic Parenting Podcast*.

Many parents don't have time to read a 300-page book, said Zelechowski. “What can we give them in a few minutes when they're Googling in the middle of the night?” she said, adding that there aren't nearly enough psychologists and other clinicians to meet the demand for help. Zelechowski and Malloy share content—which they try to keep “evergreen,” or non-time sensitive—on as many platforms as possible as a way of meeting people where they are, she said. Facebook, YouTube, LinkedIn, Instagram, Twitter, podcasts, and other platforms all reach different users, Zelechowski noted.

There are plenty of tools to help you reuse your content. Canva is an online design and publishing tool that can help you pull bullet points from your blog and transform them into a social media post, for example. You can turn your blog into a podcast with a tool like Anchor by Spotify. And a site called Uber-suggest helps identify keywords

RESOURCES

APA sponsors webinars on practice growth offered by its corporate partner, Brighter Vision:

Growing your practice with your website: How to attract more clients

Watch at www.apa.org/members/content/brighter-vision-series/growing-your-practice.

Successfully marketing your telehealth practice
Watch at www.apa.org/members/content/brighter-vision-series/telehealth-practice.

How to grow your practice with social media marketing (on Nov. 12)

Sign up at www.apa.org/news/events/2021/practice-social-media-marketing.



that work best for search engine optimization (SEO).

■ **Be mindful of your license.**

Keep in mind that most content goes out to a broad audience, not just the people in the jurisdictions where you are licensed to practice, said Adia Gooden, PhD, a Chicago private practitioner who offers the *Unconditionally Worthy* podcast and a related ecourse on overcoming anxiety, perfectionism, and low self-worth. Keep your content general, focusing on psychoeducation, she advised.

Some psychologists also add disclaimers to their podcasts, blog posts, and other content emphasizing that the information is psychoeducation, not a substitute for mental health treatment. Others are careful to avoid engaging with their audience on questions so specific that

answers could be perceived as clinical advice.

At the same time, said Gooden, you may want to encourage members of your audience in the state or states where you're licensed to join your practice as a patient. Communicating the limits of your license can be a challenge, she admitted, noting that the public often doesn't understand those limits, especially with the rise in teletherapy. "There's an assumption that if you do teletherapy, you should be able to work with anyone anywhere," she said. "But that's not the case." In general, you can only provide psychological services—via telehealth or in-person—to patients who are located in the jurisdictions where you are licensed.

■ **Take a team approach.** To help support their content creation

Newsletters can have several purposes, including keeping current patients engaged, staying connected with former patients, and giving potential patients a peek at what your practice looks like.

efforts, Zelechowski and Malloy set up a nonprofit with a nine-person staff that includes an executive director, marketing director, and digital content producer.

But getting help with your content creation doesn't have to be elaborate. Denver private practitioner Debbie Sorensen, PhD, for instance, is one of the four hosts of the *Psychologists Off the Clock* podcast. "Having a team helps a lot," said Sorensen, who now hosts one episode a month. "If one of us is too busy or burned out, we know the podcast will still go on." Plus, she said, learning all the new skills involved in podcasting—everything from editing audio to figuring out how to get your podcast on popular apps and directories—has been more fun to do with colleagues. The hosts, who are all clinical psychologists with a similar theoretical orientation, recently added behind-the-scenes volunteers to the team to help with social media, show notes, and a newsletter. Sorensen also credits the Facebook group She Podcasts as a helpful source of information and support as the podcast has grown to 70,000 downloads a month in less than 5 years.

Getting help can also make it more likely that you will be consistent and live up to your audience's expectation that they can count on your content, added Gooden. "You're building trust through the content you share and how you share it, and that includes consistency," she said. Gooden has hired a podcast manager who handles editing, scheduling, uploading, graphics, show notes, and

other administrative details. In addition to making your audience happy, regular updates help push your content toward the top of Google searches.

■ **Don't get caught up in metrics.** It's easy to get distracted by how many people unsubscribe or don't bother to open your email, said Smith. Don't let that negative feedback derail you. "It doesn't mean you're doing something wrong; it just means they're not your audience," she said. "We all unsubscribe from mailing lists all the time." Think about which metrics are important to you, such as the number of patients your content brings to your practice, and ignore the rest, recommended Smith, who follows other psychologists' content so she can see what appeals to audiences and what doesn't and then build off that for her own work.

You also need to decide how much you want to engage with your audience, said Smith. "You'll get mean emails from people," she said. Smith usually sends a brief response to readers' emails. She also limits her marketing-oriented calls to action to a small section at the bottom of each newsletter, where she invites readers to listen to an interview she has done or email her for more information about working with her in therapy. "People can be annoyed by that, but they don't have to read the newsletter until the very end," she pointed out.

■ **Do it because you like it.** Don't waste energy on something you're not enjoying, said Seattle practitioner Jon Reeves, PhD, who experimented with a podcast during the pandemic. He wanted to improve the SEO for his website by adding audio and

to help would-be patients find the right therapist for them. After four episodes of the podcast, Reeves ditched *The Sound of Therapy*. "I was doing it because I thought it was a good idea, not because I wanted to do it. I was having to force myself to do it," said Reeves, who ultimately redirected his energies back to his blog.

Reeves was transparent about the podcast's experimental nature from the get-go. "New episodes will come out every . . . sometimes," he wrote in his introduction. "As a new project, it may just not work out."

Still, his brief foray into podcasting was worth it. "It's something I encourage my own patients to do—to try things out and see how they like them, how it feels," he said. "It's important for me to do the same." ■



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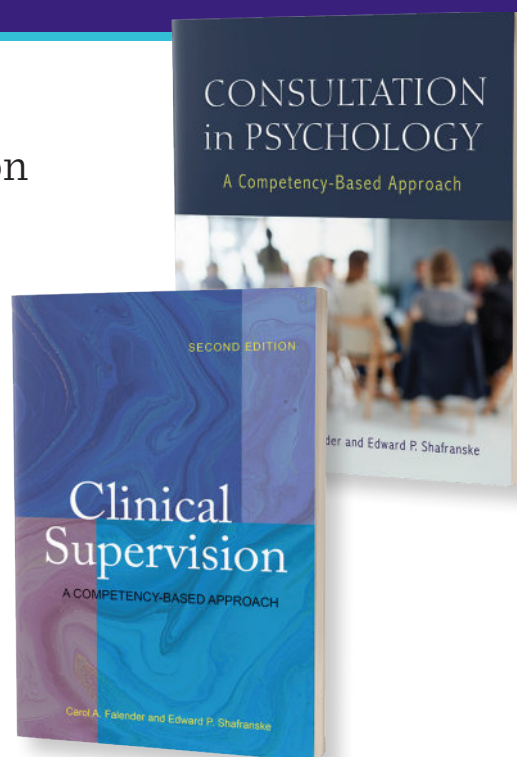
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DISSECTING DEPRESSION

Michael Treadway's Emory University lab investigates how inflammation, stress, and other disruptions to the neural circuitry underlying motivation can lead to depression and other mental disorders **BY CHRIS PALMER**

In 1991, the U.S. Food and Drug Administration approved the first ever treatment for chronic hepatitis C. The drug, called interferon-alpha, was also used to treat certain kinds of cancer. It works by sending the immune system into overdrive—but it also induces significant depressive episodes in around 30% of people who take it. Physicians halted many patients' treatment with the drug because their risk of suicide was greater than the risk of their underlying disease. Multiple studies went on to indicate interferon-alpha could be used safely if patients were pretreated with an

antidepressant medication, but the mystery behind why the drug caused depression among some patients remained.

More than two decades later, Michael Treadway, PhD, a professor of psychology at Emory University, and other researchers proposed an explanation. They suggested interferon-alpha induces chronic inflammation, kicking off a biochemical chain reaction that results in a reduction in the brain's supply of dopamine, which is necessary for reward-driven motivation. "When the body becomes inflamed, immune cells shift their metabolism and they start

The TReAD Lab uses neuroimaging to understand why disruptors of the brain's dopamine system cause depression in some people but not others.

consuming a lot more energy," Treadway explained. "We think this shift triggers a reduction in dopamine levels as a way to signal to key motivation systems that you have less in the tank than you might think, and you'd better lay low for a while."

Understanding why (and how) inflammation, stress, and other disruptors of the brain's dopamine system cause depression and other mental disorders in some people but not others is a primary focus of Treadway's Translational Research in Affective Disorders (TReAD) Lab at Emory. "A central question for me has always been why the

dopamine system is vulnerable only in a certain subset of patients,” Treadway said.

For Treadway, one key aspect of the inflammation theory of depression is the dip in motivation. Learning about other sources of impairments in motivation and their role in mental disorders makes up the other major thrust of the TReAD Lab. Members of the lab explore questions about the links among inflammation, stress, motivation, and mental illness using novel behavioral paradigms, computational modeling, neuroimaging, magnetic resonance spectroscopy, transcranial magnetic stimulation, and genetic studies—all with an eye toward translating their research into treatments.

“Our basic science really sets the stage for some interesting and important clinical questions,” said graduate student Amanda Arulpragasam. Among the lab’s translational efforts are clinical trials to test the effectiveness of anti-inflammatory drugs and other therapies as treatments for depression, schizophrenia, and post-traumatic stress disorder (PTSD).

INDIRECT ROUTE TO THE STUDY OF DEPRESSION

As an undergraduate at Columbia University, Treadway took a handful of psychology classes, but in what he calls “an act of adolescent rebellion,” he ultimately majored in music, eschewing the academic path taken by his physician mother and family therapist father. After graduating, he bounced around a few dot-com start-ups but found the work unfulfilling.

He then discovered Buddhism as a way of working through some of his own depression. “That experience pulled me back into psychology and made me aware of how much psychological questions had always been of interest to me,” Treadway said. “That was an aha moment: ‘Why haven’t I been studying this all along?’ My early adolescent resistance faded away, and I realized that psychology could be a really great fit for me.”

Inspired to take psychology classes as a postbaccalaureate student, Treadway soon found a full-time research assistant position, and then he enrolled in a doctoral program at Vanderbilt University. In his early years, he took a few courses with Steven Hollon, PhD, a well-known researcher of cognitive behavioral therapy for depression. “Steve often talked about the importance of anhedonia in depression,” Treadway said. “Lots of depression researchers focus on negative mood, but the inability to enjoy things and feeling unmotivated seemed equally important in terms of treating depression, and less well understood.”

Inspired to learn more about anhedonia’s role in depression, Treadway joined the lab of Vanderbilt psychology professor David Zald, PhD, who at the time was developing innovative methods for using positron emission tomography (PET) to image the dopamine system in humans.

The first fruit of their collaboration was a behavioral measure called the Effort Expenditure for Rewards Task (EEfRT, pronounced “effort”) (*PLOS ONE*, Vol. 12, No. 4, 2009), which has

The lab studies anhedonia as two components—an inability to enjoy things and a lack of motivation to do things—that are encoded separately in the brain.

since been widely used to measure how much effort people are willing to put into tasks varying in levels of difficulty and reward. They then published a pair of studies incorporating the EEfRT. One showed that patients with depression were less willing to work hard for rewards than people without depression (*Journal of Abnormal Psychology*, Vol. 121, No. 3, 2012). The other used PET imaging to show that dopamine release in healthy humans predicted how much effort they were willing to expend for rewards, a finding that had been seen in rodents but never before in people (*The Journal of Neuroscience*, Vol. 32, No. 18, 2012).

Treadway and Zald also wrote an influential review paper proposing that anhedo-



nia should be divided into two components—an inability to enjoy things and a lack of motivation to do things—and that these components were encoded separately in the brain (*Neuroscience & Biobehavioral Reviews*, Vol. 35, No. 3, 2011). “There’s a lot of animal work suggesting those processes depend on very different circuits, and so one of our earliest contributions was to

push the field toward thinking about anhedonia subdomains,” Treadway said.

Upon earning his PhD at Vanderbilt and completing a clinical internship at Harvard Medical School, Treadway landed a postdoctoral position at McLean Hospital in Belmont, Massachusetts. He worked with Diego Pizzagalli, PhD, a professor of psychiatry who is known for his work on reward circuitry dysfunction in depression and ways to treat it and for his research on stress. “Stress is one of the most significant proximal causes of depression, with almost 80% of first episodes of depression preceded by a period of significant life stress,” Treadway said. “We knew that in animals, stress induces several direct changes to the dopamine system. Could it be contributing to depression in humans by hindering motivation?”

In a series of papers, Treadway and Pizzagalli examined the impact of stress-related hormones on dopamine-reward pathways. In one paper, they showed that stress induced an increase in cortisol release across all participants, but those with either a high or low cortisol response reported more negative affect than those who had a moderate response, indicating that the effects of cortisol levels are not linear (*The Journal of Neuroscience*, Vol. 37, No. 33, 2017). They also found that individual differences in stress-induced increases in the hormone interleukin-6 were associated with levels of signaling in the ventral striatum, a dopamine-rich brain region that

plays a key role in reward learning (*Biological Psychiatry*, Vol. 82, No. 8, 2017).

INFLAMMATION, MOTIVATION, AND DEPRESSION

When Treadway began searching for a faculty position and a spot to launch his lab, he was immediately attracted to Emory by the pioneering work of psychiatrist and neuroscientist Andrew Miller, MD, who had first described the link between interferon-alpha and depression in cancer and hepatitis patients. “Being able to collaborate with Andy was a huge factor in my decision,” Treadway said. “He’s been trying to understand the role of inflammation in depression for several decades.”

Treadway went on to collaborate with Miller on the theory of the links among inflammation, depression, and motivation (*Trends in Cognitive Sciences*, Vol. 23, No. 5, 2019). The TReAD Lab is now testing a prediction of the theory with a clinical trial of a powerful anti-inflammatory drug called infliximab. With funding from the National Institute of Mental Health (NIMH), the lab is investigating whether the drug might alter how the brain makes decisions about effort in patients with depression and high inflammation. The lab has also recently received additional grants from NIMH to investigate the impact of levodopa and the anti-inflammatory drug XPro1595 on depression and to study the role of dopamine and inflammation in PTSD. “There are lots of different

ways to get depressed, and immune-metabolic processes might be one subtype that could have its own treatments beyond SSRIs or even conventional talk therapy,” Treadway said. “Targeting inflammation may be key in some patients.”

In addition, Treadway has been collaborating with stem cell biologists at Emory to develop neurons from induced stem cells to identify genetic vulnerabilities of the dopamine system to the effects of inflammation, with the goal of creating personalized treatments for a variety of mental disorders.

DECIDING WHAT IS WORTH THE EFFORT

When he launched the TReAD Lab in 2015, Treadway not only continued with the work on inflammation and depression that he had started as a postdoctoral fellow but also expanded upon his graduate school research on the role effort plays in depression.

One of Treadway’s initial goals was better understanding how effort is encoded in the brain and whether it is treated the same as other response costs.

Previous research on rodents showed evidence for two opposing signals in the ventral striatum related to effort: an activation signal that prepares an animal to exert effort and an effort-discounting signal that helps the animal select rewards requiring the least effort. These signals, which had never been seen in humans, help animals work for what they need while ensuring they don’t work too hard for small rewards.

Led by graduate student Sho

FURTHER READING

Can’t or won’t? Immunometabolic constraints on dopaminergic drive
Treadway, M. T., et al.
Trends in Cognitive Sciences, 2019

Anhedonia in depression: Biological mechanisms and computational models
Cooper, J. A., et al.
Current Opinion in Behavioral Sciences, 2018

Reward processing, neuroeconomics, and psychopathology
Zald, D. H., & Treadway, M. T.
Annual Review of Clinical Psychology, 2017



Dr. Michael Treadway (left), graduate student Amanda Arulpragasam (right), and other members of the TReAD Lab are working to translate their basic science into new treatments for depression.

Suzuki, TReAD Lab researchers developed an fMRI task to examine effort-related signals in the ventral striatum in people navigating virtual reality mazes. The researchers scanned the brains of study participants as they were presented with maze navigation tasks that required different levels of effort and that offered varying amounts of reward. The researchers presented the effort and reward amounts sequentially to try to isolate the effort-activation signal during the anticipation and initiation of exerting various amounts of effort. The results indicated that two distinct regions of the ventral striatum were active during different phases when people exerted physical effort. Activity in the dorsal medial region was mainly associated with initiating effortful movement, while activity in the anterior region was mainly associated with assessing

the potential costs and benefits of putting in the effort to move (*Nature Human Behaviour*, Vol. 5, No. 3, 2021).

Suzuki is now creating more elaborate virtual environments to help identify specific modes of neural signaling when people are spontaneously motivated to initiate actions. “We want to model people’s decision-making tendencies in more realistic settings, which may provide a better measure of motivation in clinical populations,” he said.

Another disorder associated with low motivation is schizophrenia. Using the EEfRT to study people with and without schizophrenia, Treadway found that both groups were willing to exert low effort for small rewards, but only those without schizophrenia were willing to work harder for larger rewards. To better understand this, postdoc Jessica Cooper, PhD,

RESEARCH FOCI

The Translational Research in Affective Disorders (TReAD) Lab at Emory University is:

- 1**
Probing the molecular and circuit-level mechanisms of motivation, affective disorders, and schizophrenia
- 2**
Understanding the role effort plays in decision-making
- 3**
Investigating how inflammation can disrupt dopamine-driven reward mechanisms, leading to impairments in motivation

developed a computational model to understand what information the two groups were using to make choices. She found that while many of those with schizophrenia used information about reward, probability, and effort expenditure to guide their decisions, more than half with the disease ignored this information and performed the task essentially randomly (*Journal of Abnormal Psychology*, Vol. 128, No. 7, 2019). “The model indicated that in these patients, the random behavior in the task was most likely related to cognitive impairments that commonly occur in schizophrenia, rather than a lack of motivation,” Treadway said.

Treadway recently won an NIMH grant to study whether cellular and molecular pathways for immune function and metabolism are related to this random task behavior and could be used to define a distinct subpopulation of schizophrenia patients.

“What I’m seeing with my research, and that of others, is that there are many types of depression, schizophrenia, or any number of mental illnesses, each with its own source,” Treadway said. “I would really like to get to the point where we have discrete definable pathologies that are measurable, using objective tests, for different types of depression, for example, or even different symptoms of depression. That could really open up a world of new treatment possibilities.” ■

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

CALIFORNIA

ASSISTANT PROFESSOR OF PSYCHOLOGY (CLINICAL PSYCHOLOGY): California State University, Los Angeles. For minimum and preferred qualifications and other information visit our website: www.calstatela.edu/2022/college-natural-social-sciences/nss-psy-ttf2.

IDAHO

PSYCHOLOGIST: The Bingham Healthcare Medical Group is a hospital-based, multi-disciplinary specialty group in eastern Idaho with a growing mental health service line. We currently have 2 psychologists, 1 neuropsychologist, 1 psychiatrist, and several licensed clinical social workers who work collaboratively in the assessment, treatment, and counseling of Bingham Healthcare patients – but we need YOU. The psychologist maintains an outpatient therapy service in addition to providing behavioral and emotional evaluations used in the diagnosis and treatment of patients in bariatrics, pain medicine, and other medical specialties. At Bingham Healthcare, we place a premium on family- and work-life balance. Eastern Idaho offers an abundance of activities for the outdoors lifestyle, from world-class fly fishing, hiking, biking, skiing and camping. Make a difference in your patients' lives and enjoy the many benefits of living and working where the rest of the world vacations – Yellowstone National Park, the Grand Tetons, Sun Valley, and Jackson Hole are waiting for you. Contact Mark Baker at (208) 690-9243 regarding this position, or visit www.PlayWhereYouWork.com to learn more.

ILLINOIS

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CLINICAL PSYCHOLOGIST AND POST-DOCTORAL POSITIONS IN PREMIER CHICAGO GROUP PRACTICE - UP TO \$100,000: Gersten Center for Behavioral Health, a premier group practice in the Chicagoland area, currently has eight amazing psychology opportunities available: three Licensed Psychologist positions and five Postdoctoral positions. Interested candidates should have a broad range of experience. Specialization with children, adolescents, and families is a plus. 1) Licensed Psychologist Positions: Salary: \$90,000 – \$100,000 (eligible for an increase over time). Start Date: Immediate openings. Outpatient individual, child, adolescent, couples, and family therapy; opportunities to work with patients of all ages and clinical needs, and to provide psychological testing if interested; weekly individual and group consultation; additional training opportunities. 2) Postdoctoral

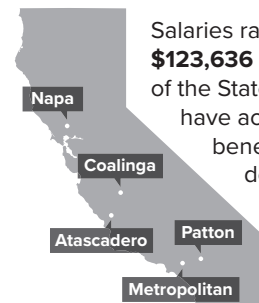
Positions: Salary: \$40,000. Start Date: five positions to start September 2020. Outpatient individual, child, adolescent, couples, and family therapy; opportunities to work with patients of all ages and clinical needs, and to provide psychological testing if interested; weekly individual and group supervision; additional training opportunities; time will be allocated to study for licensure exam. Benefits: For full-time eligible candidates, the position offers excellent benefits such as: W-2 employment status; medical, dental, and vision coverage; flexible spending account (FSA); 401(k)

retirement plan with a company match [only available for full-time licensed psychologists]; short-term disability (STD) including a maternity benefit; life insurance; liability/malpractice insurance coverage; sick pay; in-house continuing education; highest reimbursement rates and pay in the industry; over 300 practice referrals per month, allowing for quickly developing and easily maintaining a stable practice; outstanding billing and administrative support; a warm, supportive, and collegial environment with a beautiful work space; flexible work hours conducive to work-life

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LICENSED CLINICAL PSYCHOLOGIST: Elgin private practice seeking licensed Clinical Psychologist to provide assessment and individual psychotherapy to children, teens and adults. Clients are seen in office and/or telehealth. All marketing, billing and collection are taken care of. You just need to deliver quality care and timely documentation. Competitive pay with vacation and bonus included. Email resume to drklfalk@gmail.com.

NEW YORK

SUPERVISING CLINICAL

PSYCHOLOGISTS: Supervising Clinical Psychologists are employed at each Center for Anxiety office location. Duties include carrying a caseload of approximately 20–24 patient hours/week (including intakes, individual/group treatment, and consultation), supervising 2–4 trainees (externs, interns, postdoctoral fellows), and playing a broader role in our APPIC approved doctoral psychology internship program by teaching didactics sessions and providing regular

feedback to trainees. Opportunities to contribute to our program-wide training and research programs are also available, depending on skill level and interest. Qualifications of applicants must include all of the following: 1) Current licensure in good standing, or license-eligible as a psychologist in the State of New York. 2) Significant clinical training and experience in providing Cognitive and Dialectical Behavior Therapy (CBT/DBT) to adults, adolescents, and/or children, including the capacity to handle high risk cases on an outpatient and intensive outpatient basis. 3) A



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POSITION AVAILABLE:

DIRECTOR OF PSYCHOLOGY FOR THE DEVELOPMENTAL MEDICINE CENTER (DMC)

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

The DMC is one of the largest clinical programs for the diagnosis and treatment of neurodevelopmental disorders in the world, and is dedicated to promoting research, teaching, and service innovations designed to improve the lives of children, adolescents, and families. The DMC provides services for youth from infancy through adolescence who present with complex neurodevelopmental disorders including autism spectrum disorders, medical and genetic conditions, intellectual disabilities, and learning, attentional, and behavioral disorders. The DMC is interdisciplinary in its culture and psychologists work closely with faculty in Developmental Behavioral Pediatrics. The Psychology Director's role includes providing a vision for mentoring junior faculty in this dynamic, team environment and leading a group of psychologists and postdoctoral fellows in their care for children with neurodevelopmental disorders.

Depending on the qualifications and interests of the Psychology Director, the role may also include oversight of the Human Neurobehavioral Core Service (HNBCS). The HNBCS is a research core that serves faculty throughout the hospital by providing cognitive and behavioral assessments for clinical research studies involving children and young adults with a range of neurodevelopmental disorders.

Finally, in addition to clinical leadership the DDM has a large, well-developed clinical research infrastructure and an extensive portfolio of ongoing extramurally funded studies. There are many opportunities

to contribute to research, and DDM psychologists actively participate in the education of psychology post-doctoral fellows, Developmental-Behavioral Pediatrics fellows, and Harvard Medical School students.

Applicants must possess a Massachusetts health service provider license in psychology prior to assuming the position, and preferably have ten or more years of relevant experience which includes a strong academic record and history of leadership in psychology. Appointment at Harvard Medical School as Instructor, Assistant Professor, or Associate Professor will be commensurate with experience and will require ongoing teaching. Graduates of APA/CPA-approved doctoral programs and internships required.

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

Please send hard copies to: Search Committee, Attention: Sandra Maislen, Division Director, Division of Developmental Medicine, Boston Children's Hospital, 300 Longwood Ave., Boston, MA 02115

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



PSYCHOLOGY OPPORTUNITIES

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In keeping with federal, state and local laws, Cambridge Health Alliance (CHA) policy forbids employees and associates to discriminate against anyone based on race, religion, color, gender, age, marital status, national origin, sexual orientation, relationship identity or relationship structure, gender identity or expression, veteran status, disability or any other characteristic protected by law. We are committed to establishing and maintaining a workplace free of discrimination. We are fully committed to equal employment opportunity. We will not tolerate unlawful discrimination in the recruitment, hiring, termination, promotion, salary treatment or any other condition of employment or career development. Furthermore, we will not tolerate the use of discriminatory slurs, or other remarks, jokes or conduct, that in the judgment of CHA, encourage or permit an offensive or hostile work environment.



dedication to provide the highest standard of evidence-based care. The ideal candidate will have previous experience providing supervision, though more junior candidates with stellar clinical experience and potential for leadership will be considered. Interested individuals should send a letter of interest, current curriculum vitae, and names of 2–3 references to the attention of David H. Rosmarin, PhD, ABPP, via email at info@centerforanxiety.org. References will only be contacted after interviews are conducted.

TEXAS

GROUP PRIVATE PRACTICE/INDEPENDENT CONTRACTORS: Neuropsychologist, Psychologist, Provisionally Licensed Psychologist, Licensed Clinical Social Worker, Psychiatrist, and Informal Psychology Internship available. LPC Associates, LPCs positions also available. Visit <https://www.psycareers.com/company/the-ludden-group-p.c.-99958> for details or to apply. The Ludden Group Locations Needing Candidates: Round Rock, Rockwall, Ennis, Dallas, Terrell, and Greenville, Texas.

VIRGINIA

CLINICAL PSYCHOLOGIST WITH SOME NEUROPSYCHOLOGY SKILLS PREFERRED:

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http://www.mirecc.va.gov/mirecc_fellowship.asp, or contact the National Co-Director, Viktoriya Samarina, PhD at Viktoriya.Samarina@va.gov.



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NON-WHITE YOUTH STILL FACE HIGH LEVELS OF DISCRIMINATION

Black youth experience the highest incidence of racial and ethnic discrimination in the United States, followed closely by Native American youth

10%

Percentage of Black children ages 10 and 11 who reported **being discriminated against** because of race, ethnicity, or color. That compares with 6.5% of Native American children of the same ages, 6.2% of Asian/Pacific Islander children, 5.4% of Latino/Hispanic children, and 2.8% of White children.

20.5%

Percentage of Native American children who said their **peers treated them unfairly** or negatively because of their ethnic background, compared with 20.1% of Black children, 10.9% of Asian/Pacific Islander children, 13% of Latino/Hispanic children, and 8.9% of White children.

8.4%

Percentage of Black children who reported **unfair or negative treatment from teachers** because of their ethnic background, compared with 7.6% of Native American children, 5.2% of Latino/Hispanic children, 2.2% of Asian/Pacific Islander children, and 1.8% of White children.

6.4%

Percentage of Black children who said they **didn't feel accepted** in American society, compared with 3.6% of Latino/Hispanic children, 3.1% of Native American children, 2% of Asian/Pacific Islander children, and 1.5% of White children.

Source: Nagata, J. M., et al. (2021). Prevalence of perceived racism and discrimination among U.S. children aged 10 and 11 years: The Adolescent Brain Cognitive Development (ABCD) Study. Available at <https://jamanetwork.com/journals/jamapediatrics/article-abstract/2780016>.

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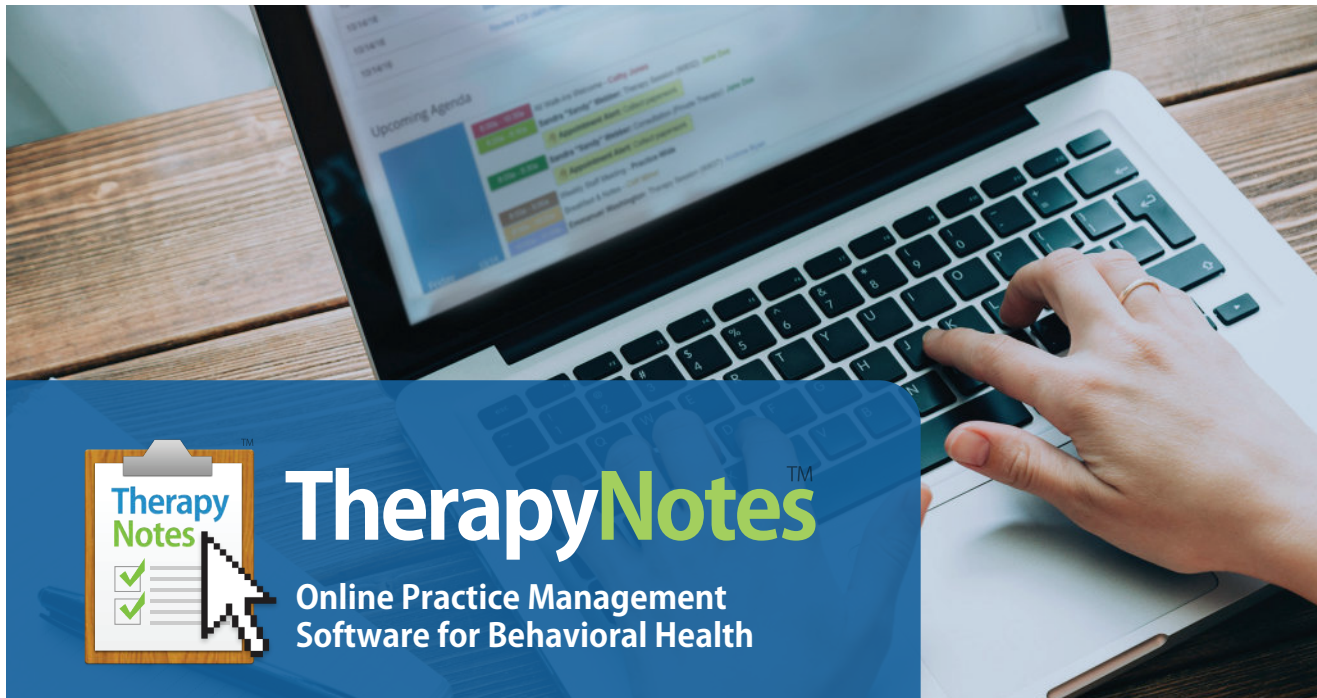
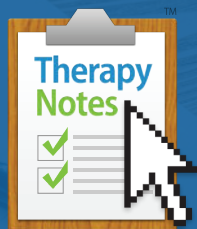


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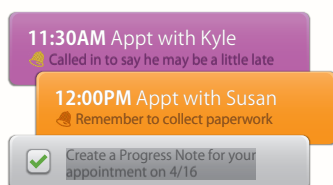
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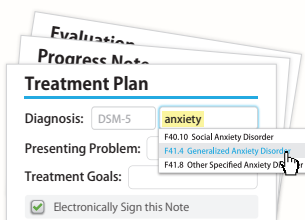
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