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monitor on psychology

OPIOIDS

\$2 BILLION: Psychology at the heart
of new federal funding to fight the epidemic

PAGE 44

C 3

PLUS

BLACK MATERNAL
HEALTH

PAGE 22

IMPROVING LIFE
AFTER PRISON

PAGE 52

NEW APPROACHES
TO COLLEGE
MENTAL HEALTH

PAGE 60





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RESOURCES, OPPORTUNITIES, AND NEWS FOR PSYCHOLOGISTS FROM APA



ACTION

APA ADOPTS RACIAL EQUITY ACTION PLAN

APA's new Racial Equity Action Plan outlines the next steps to prioritize and operationalize the commitments in the October 2021 apology for psychology's role in contributing to racism. The plan will ensure racial equity is embedded and sustained throughout all aspects of the association's work. It is divided into five sections: Knowledge Production, Health, APA/Workforce, Training of Psychologists, and Education. Among the recommendations is a commitment to improving the psychology workforce by advocating for inclusive practices for recruitment, hiring, and promotion and pay equity and to redesigning traditional methodologies used in psychological research to insure equity, diversity, and inclusion.

The association has already begun laying the foundation needed to implement the plan by creating a new Leadership Development Institute that will be committed to cultivating leaders who can advance EDI work and by launching the Racial Equity Fund, which will support research and other work related to the priorities and principles articulated in the plan.

Learn more at www.apa.org/news/press/releases/2022/08/racial-equity-action-plan.

FREE SCIENCE TRAININGS

Advanced Methods and Data Analysis

APA is offering a series of free science training sessions throughout the fall for early career and senior investigators and grad students on the collection and analysis of intensive longitudinal data in psychological science. All five sessions are led by experts in the field. Recordings of the sessions will be made available to APA members and to all registrants approximately two weeks after each live seminar.

Go to www.apa.org/science/programs/training-sessions.

NEW RESEARCH

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PODCAST

Speaking of Psychology

Stanford University's **Geoffrey L. Cohen**, PhD, joins APA's *Speaking of Psychology* podcast to talk about why humans feel a fundamental need to belong; how threats to belonging drive racial and gender achievement gaps and political polarization; and how "wise interventions" that increase people's sense of belonging can help solve social problems.

Listen wherever you get your podcasts.





How to Reach Us

Answers to many of your questions may be found on
APA's website: www.apa.org; for **phone service**, call (800) 374-2721;
send story ideas or comments to Monitor@apa.org.

VOTE

Weigh in on Bylaw Changes

APA's Council of Representatives has voted to submit three proposed bylaws amendments for members to vote on in November. The first amendment would align the mission of the Membership Board with its current practice of providing guidance on membership engagement. The second amendment calls for associate members to have voting privileges after 1 year instead of 5 years. The third amendment would add a graduate student member to the Board for the Advancement of Psychology in the Public Interest, the Board of Convention Affairs, the Board of Educational Affairs, the Board of Professional Affairs, the Board of Scientific Affairs, the Membership Board, and the Policy and Planning Board.

The proposed bylaws amendments are at www.apa.org/about/governance/bylaws-amendment-2022. The ballot will be emailed to the voting membership on Nov. 1. Members without email addresses on file will receive a postcard with voting instructions. To update your contact information, email membership@apa.org or call (800) 374-2721.

Cast Your Ballot for APA President

APA members are voting for APA's 2024 president through Oct. 29. The four candidates are **Kirk J. Schneider, PhD**, **Cynthia de las Fuentes, PhD**, **Diana L. Prescott, PhD**, and **Beth N. Rom-Rymer, PhD**. Video interviews with each candidate as well as details on their expertise and priorities for APA are posted at www.apa.org/about/governance/elections/president-elect-candidates, where you can also find videos and statements from the candidates for APA's Board of Directors. Access your ballot on your APA member profile page until Oct. 31.

Send questions about the election to elections@apa.org.

APPLY FOR APA FUNDING

Applications open in October for the Minority Fellowship Program's Mental Health and Substance Abuse Services Doctoral and Postdoctoral Fellowships. The doctoral fellowship is for those pursuing PhDs in clinical, counseling, and school psychology; the postdoctoral fellowship is aimed at early career doctoral recipients interested in developing a career in behavioral health services or policy. APA is also accepting applications for the Interdisciplinary Minority Fellowship Program for ethnic minority graduate students who aim to improve care for racial and ethnic minorities with co-occurring mental and substance use disorders, and for the Services for Transition Age Youth Fellowship for students in terminal master's programs in psychology who are training to provide mental health services to transition age youth—ages 16 through 25—and their families.

Go to www.apa.org/pi/mfp.



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52 COPING WITH LIFE AFTER PRISON

Psychologists are playing pivotal roles in reentry programs, but more research and investment are needed to help incarcerated individuals build successful lives after leaving prison.



60 CAMPUS CRISIS

Student mental health has deteriorated across the nation. As a result, colleges and universities are coming up with new approaches to meet the demand for care, including better equipping faculty and staff to spot students in distress.

COVER STORY

A MAJOR FEDERAL INITIATIVE TARGETS THE OPIOID EPIDEMIC

Psychologists are among the experts addressing the opioid crisis through the National Institutes of Health HEAL Initiative, an ambitious \$2 billion federal effort to turn the tide of the epidemic. Psychologists are applying their skills to a variety of science-based efforts to reduce opioid deaths and lessen the impacts of opioid use disorder on individuals, families, and communities. *See page 44*



ON THE COVER

Ian Rego, 25, photographed inside his shared room at the Stanley Street Treatment Center after enrolling in a detox program on June 24, 2019, in Fall River, Massachusetts. Rego said he overdosed on fentanyl in a gas station bathroom the day before.

ON THE COVER: PHOTO BY SALWAN GEORGES/THE WASHINGTON POST VIA GETTY IMAGES



Newly rich people may be less sensitive to poor people's challenges. Page 19

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

RESEARCH

- 13 IN BRIEF
- 80 BY THE NUMBERS

NEWS

- 22 IMPROVING CARE FOR BLACK MOTHERS AND BABIES
- 26 SUPPORT FOR PSYCHOLOGISTS TREATING NICOTINE ADDICTION
- 30 WHAT'S NEXT FOR TELEHEALTH?
- 37 JUDICIAL NOTEBOOK

PEOPLE

- 35 4 QUESTIONS FOR BYRON MCCLURE
- 68 PSYCHOLOGISTS IN THE NEWS

CE CORNER

- 38 TREATING ANXIETY IN CHILDREN AND ADOLESCENTS

CAREER

- 69 HELPING CHILDREN GRIEVE, THEN THRIVE

EMPLOYMENTS ADS

- 77 THE BEST JOBS IN PSYCHOLOGY



HEALTH EQUITY

BETTER CARE FOR BLACK MOTHERS AND BABIES

Black women, Black trans people, and their newborns continue to die at alarming rates and often fail to receive adequate medical care for safe birthing experiences. Here's how psychology can improve care for these vulnerable patients and save lives. *See page 22*



Helping smokers quit. Page 26



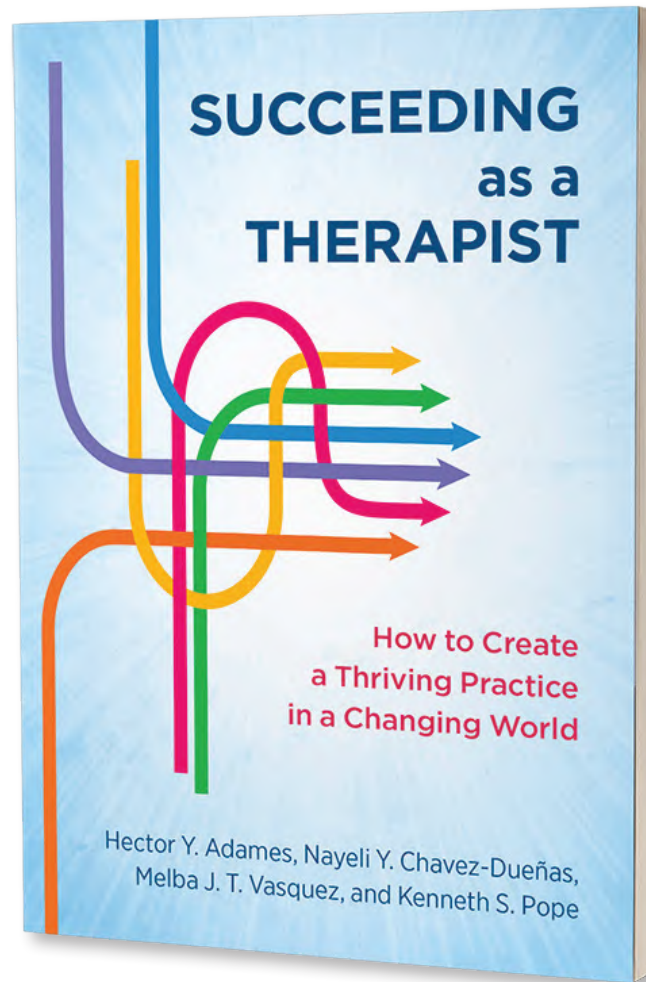
The future of telehealth. Page 30



Grief counseling for children. Page 69



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PSYCHOLOGY CAN PROVIDE SOLUTIONS AROUND THE WORLD

An investment in global partnerships pays dividends for all of humanity

BY FRANK C. WORRELL, PHD



One of the areas where APA is uniquely qualified to lead is as a resource for psychologists around the world. Over the past several years, we have collaborated with psychological associations in other countries, playing a major role in supporting the development of psychology in areas where the discipline and profession is more recent. APA has working relationships with more than 60 national psychological associations.

In a 2008 article in *American Psychologist*, Jeffrey Arnett, PhD, said the “psychological research published in APA journals focuses too narrowly on Americans, who comprise less than 5% of the world’s population.” His statement underscores the importance of increasing the scope and reach of our global partnerships.

At the International Summit on Psychology and Global Health: A Leader in Climate Action in Lisbon, Portugal, in 2019, it became clear that no single association could address the range of psychological concerns facing the world. This led to the formation of the Global Psychology Alliance (GPA), comprised of more than 70 regional, national, and international psychological organizations committed to using our science to enhance humanity’s shared well-being.

In June, I was energized about our international work after attending

GPA’s second meeting in Bogotá, Colombia, along with leaders of psychological associations from around the world. The group strategized about how to use psychological science to address global health and well-being, including working to minimize widespread inequalities and stem climate change. Learn more at www.apa.org/news/press/releases/2022/06/global-leaders-apply-psychology.

[org/news/press/releases/2022/06/global-leaders-apply-psychology](http://www.apa.org/news/press/releases/2022/06/global-leaders-apply-psychology).

GPA also runs the Global Psychology Learning Leadership Institute, which ensures that established and emerging leaders of psychology are represented in global efforts.

Your support is needed in APA’s global partnerships. APA’s Office of International Affairs, run by Amanda Clinton, PhD, connects us to the rest of the psychology world. For more information about how you can support your colleagues in other countries, you can visit www.apa.org/international. As I said at the opening of the 2022 APA convention, “Psychology is here to stay,” not just in the United States, but around the world. ■



Psychologists gathered in Bogotá to join forces on international issues.

● **Frank C. Worrell, PhD**, is the 2022 APA president and director of the School Psychology Program in the Graduate School of Education at the University of California, Berkeley. Follow him on Twitter: @FrankCWorrell.

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THANK YOU FOR BEING PART OF APA 2022

It was inspiring to see how many ways psychology benefits society and improves lives

BY ARTHUR C. EVANS JR., PhD



Convention this year was a big undertaking, especially when you consider that our last in-person convention was in 2019 and that this year's event was really two events—an in-person convention and a virtual experience. After a jam-packed 3 days of APA 2022 programming, including tens of thousands of steps alongside so many other APA members and affiliates, I felt energized.

With more than 9,000 attendees both in Minneapolis and online, it was refreshing to be able to speak to so many of you in the networking sessions and hallways. I left feeling inspired by the work that the field of psychology—and all of you—are doing to help solve some of our world's most complex societal issues.

As I said on stage in my welcoming comments, APA remains focused on maximizing psychology's impact on the world. This means, for instance, helping to frame complex issues in ways that better incorporate the science of human behavior into solutions. It means connecting the dots for the public between issues people face and relevant psychological knowledge. It means continuously seeking out ways to achieve greater impact, such as through relationships with a range of national and

global partners.

As proud as I felt while describing the state of APA, I enjoyed even more the opportunity to highlight examples of our members who are pursuing similar

strategies with their work—applying their expertise to inform influential areas like public policy, communications, and program implementation. I was especially pleased to hear members' support of APA's growing use of psychology to address critical societal issues and their willingness to have courageous conversations.

I look forward to seeing what the next year holds for our association and field. I can only imagine the level of impact that psychology will be able to achieve by APA 2023, taking place August 3–5 in Washington, D.C. I hope you will join us. ■

● **Arthur C. Evans Jr., PhD**, is the chief executive officer of APA. Follow him on Twitter: @ArthurCEvans.



Attendees take a selfie in the main hall of the Minneapolis Convention Center on the first day of APA 2022.

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- Dr. Jen Hsia, recipient of APF Katkovsky and Rom-Rymer scholarships and current APF Donor

"I'm thankful for APF funding because it helped me start my research career and become an assistant professor (my dream job)!"

- Dr. Jacob Holzman, Koppitz fellow and current APF Review Committee Member



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Food & Mood: Scientific Understanding and Clinical Strategies

Deanna Minich, PhD, CNS, FACN

November 2, 2022 at 1pm ET



Overcoming Anxiety with Nutrition

Meg Bowman, MS, CNS, LDN

November 9, 2022 at 1pm ET



The 5 M's of Navigating Anxiety, Obsession, Movement Disorder, and Social Impairments: Why Meals, Maternity, Migration, Metabolism, and Microbes Matter

Derrick MacFabe, MD, FACN

November 16, 2022 at 1pm ET

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In Brief

Research suggests that people from marginalized ethnic backgrounds have a hard time getting therapists to respond to first-time appointment requests.



TAKE ME ON, PLEASE

According to a study in the *Journal of Counseling Psychology*, therapists may be less responsive to first-time appointment requests from those with stigmatized disorders, those requesting financial accommodations, and those of marginalized ethnic backgrounds. Researchers sent email requests for therapy appointments from simulated patients with a full range of different backgrounds (i.e., race, gender, diagnosis, and ability to pay) to 725 therapists in the United States. Overall, regardless of ethnic background, disorder, or financial status, 22% did not return prospective patient emails, 32% responded that they could not take on the patient, and 46% offered an

appointment or the opportunity to discuss the matter further. Male providers were least responsive to African American and Latinx simulated patients and most responsive to White patients. In contrast, female providers had similar response rates to simulated patients regardless of the patient's race or ethnicity. Both male and female providers were more responsive to simulated patients with depression than to simulated patients with schizophrenia or borderline personality disorder. Finally, all providers were more responsive to those who could pay the full fee than those requesting a sliding scale.

DOI: 10.1037/cou0000624

EDUCATION DETERMINES EFFECT OF BRAIN CHANGES

Research in the *Journal of Psychopathology and Clinical Science* suggests that the way in which alterations in the structure of the brain play a role in depression depends on people's educational environment: Brain changes predict depression in those with adverse environmental experiences, while such changes may protect against depression in those with positive environmental experiences. Researchers used MRI to assess the thickness of 34 brain regions in 1,958 adults with major depressive disorder (MDD) and 2,291 controls. They found that thicker cortices in a variety of parietal, occipital, and frontal brain regions were more likely to predict MDD in participants with low educational attainment. For the most part, though, a thicker cortex was found to play a protective role against MDD in participants with high educational attainment.

DOI: 10.1037/abn0000738

POWER POSES

Striking a powerful pose makes people feel more confident—and maybe even behave more confidently—according to research in *Psychological Bulletin*. In a meta-analytic review, researchers analyzed data about the impact of body position on self-confidence, behavior in various tasks, and physiology from 88 studies with 9,779 participants. They found that compared with low-power poses (e.g., slumped posture),



high-power poses (e.g., standing upright with arms raised) were linked to more positive reports of self-perception and, to a lesser extent, behaviors indicative of confidence, such as task persistence. However, they found no link between posture and levels of hormones such as testosterone and cortisol. They did not find any gender or age-related differences.

DOI: 10.1037/bul0000356

IT MIGHT BECOME TRUE

People may be willing to excuse obviously false statements and even spread misinformation on social media if they believe those statements may become true in the future, according to research in the *Journal of Personality and Social Psychology*. Researchers conducted six online studies involving 3,607 participants to determine why some people find lies and misinformation acceptable. Participants in each study

Striking a powerful pose may make people feel and behave more confidently.

were shown various statements clearly labeled as false. Some were then asked to consider if the statements could one day become true. The researchers found that lies—such as false political statements, a friend's embellished résumé, and misleading claims about household products—were less likely to be considered unethical by participants who believed they could later come true. If the lies also aligned with participants' politics, those participants were more willing to share them on social media.

DOI: 10.1037/pspa0000308

MODESTY BREEDS COOPERATION

People are less likely to cooperate with those who are wealthier and occupy a higher social status, prompting those at the top to downplay their elevated status to convince others to cooperate with them, suggests research in

the *Journal of Personality and Social Psychology*. Across three online studies, 897 participants played cooperative games and imagined various social scenarios. Researchers found that participants were less likely to cooperate with partners who displayed wealth and high status compared with those who were more modest and more likely to select a modest partner when cooperation was helpful in winning the game. An additional three in-person studies with 1,946 participants in the United States showed that people refrained from signaling their own high status when it was strategically beneficial to appear cooperative.

DOI: 10.1037/pspa0000303

WIRED FOR SOUND

The ability to keep a beat has a genetic basis, according to research in *Nature Human Behaviour*. Researchers analyzed genetic variants of 606,825 individuals within the 23andMe database and asked participants whether they could clap in time to a musical beat. About 92% responded that they could. Different subsets of the participants engaged in follow-up experiments to measure beat-keeping, such as rhythm perception and tapping in time to the beat of a song. Participants who answered yes to the clapping-in-time question scored higher on the follow-up experiments. The researchers then conducted a large-scale genome-wide association study (GWAS) on the participants to identify genes associated with keeping time. They found 69 genes involved in

beat synchronization that differed between those who could and could not keep a beat. Many of the variants were found to be in or near genes involved in neural function and early brain development. In addition, the researchers discovered that beat synchronization shares some of the same genetic architecture involved in biological rhythms such as walking, breathing, and circadian patterns.

DOI: 10.1038/s41562-022-01359-x

SEND IN THE PROS

A study in *Science Advances* suggests that dispatching mental health professionals instead of police officers in response to some 911 calls can have significant benefits. Researchers investigated the outcomes of a 6-month-long pilot program in Denver conducted in 2020 in which emergency dispatchers sent a mobile team consisting of one mental health specialist and

Our ability to keep time to a musical beat is linked to our genetics.

one paramedic rather than police officers in response to calls involving low-risk infractions such as public intoxication, welfare checks, trespassing, and public disorder. The researchers found a 34% decrease in reports of such crimes during the 6-month trial and no increase in more serious crimes. They attribute the drop in reports to fewer citations handed out as well as potential repeat offenders receiving the help they needed. In addition, the direct costs of the mental health-dispatch approach were 4 times lower than the police-only approach.

DOI: 10.1126/sciadv.abm2106

POPULARITY TRUMPS TRUTH

When people are uncertain about a statement, they tend to believe it more when presented with evidence that others believe it, suggests research in *Open Mind*. Researchers asked





600 participants in the United States how certain they were about 30 statements of fact or fiction, including those about humans causing climate change, vaccines causing autism, and the U.S. government planning the 9/11 attacks. Next, the researchers told participants how many others believed or did not believe each of the 30 statements. Some of this data was manipulated to exceed participants' initial estimate to see if making a belief seem more popular would influence people to change their minds. The researchers found that participants were more likely to agree or disagree with a statement about which they were initially uncertain after seeing evidence that the belief was more popular than they expected.

DOI: 10.1162/opmi_a_00056

CHORES IMPROVE CHILDREN'S SKILLS

Children who regularly do household chores may perform better academically and have stronger problem-solving skills

than those who don't, according to research in *Australian Occupational Therapy*. Researchers surveyed parents and guardians of 207 children between the ages of 5 and 13 in Australia about the number of daily chores their children completed and their child's executive function. Researchers found that children's engagement in self-care chores (e.g., making themselves a meal) and family-care chores (e.g., making someone else a meal) predicted working memory and the ability to think before acting, after controlling for the influence of age, gender, and presence or absence of a disability. For families with a pet, there was no significant relationship between performing pet-care chores and the child's executive function.

DOI: 10.1111/1440-1630.12822

NIGHTMARES PRECEDE PARKINSON'S

Research in *eClinicalMedicine* links frequent distressing dreams or nightmares with a two-times higher risk of developing

Helping around the house may boost children's problem-solving skills and overall academic performance.

Parkinson's disease up to 5 years before diagnosis. A researcher surveyed 3,818 men ages 67 and older in the United States about their sleep quality. Over a mean follow-up period of 7.3 years, 91 of the men developed Parkinson's. The researcher found that participants who experienced bad dreams at least once per week at the beginning of the study were twice as likely to develop the disease compared with those who did not. Most of the diagnoses occurred in the first 5 years of the study. Participants who experienced more nightmares during this period were more than 3 times as likely to eventually develop Parkinson's.

DOI: 10.1016/j.eclinm.2022.101474

SUBSTANCE MISUSE SPIKES AFTER SUICIDE ATTEMPT

According to a study in *JAMA Psychiatry*, young women who attempted suicide had a significantly higher risk of developing sedative or hypnotic drug use disorders, plus a higher risk for subsequent hospitalization for substance use disorders. Researchers followed 122,234 females ages 8 to 19 years in Canada for up to 31 years. They found that 5,840 (4.8%) had attempted suicide, and 4,341 (3.6%) had developed a substance use disorder. Compared with the women who did not attempt suicide, those who did were at a 6-fold greater risk for hospitalization for a substance use disorder. Although risk remained elevated for up to 3 decades for all substances, suicide attempt was associated with

a 67-fold higher risk of developing sedative or hypnotic drug use disorder for up to 5 years. Female youths with repeated suicide attempts or who attempted suicide by hanging or suffocation were at the greatest risk of subsequent substance use disorders.

DOI: 10.1001/jamapsychiatry.2022.1025

INSTAGRAM OFFERS SUPPORT, DOUBT TO NEW MOTHERS

Instagram accounts devoted to parenting offer support to new mothers but also make them feel less competent, suggests research in *Acta Psychologica*. Researchers asked 270 mothers of children ages 0 to 6 years

in Denmark who had visited a university-run account about child development how much time they spent on Instagram and what kind of accounts they followed. The researchers found that 85% followed “influencers” who post about their parenting experiences, 90% followed accounts by child development professionals, and 87% followed the university-run account. The mothers spent, on average, 1 hour per day on the platform. On average, 84% reported feeling supported by the different kinds of profiles, and they felt most supported by the professional accounts. Some reported that the profiles made them feel

Research suggests that Instagram accounts devoted to parenting may both support and intimidate new mothers.

incompetent: 44% felt this way about the influencer accounts, 58% about the professional profiles, and 71% about the university-run account. Those who reported frequently comparing themselves with other parents were more likely to be negatively affected by each kind of profile, but they also felt more supported by the influencer profiles.

DOI: 10.1016/j.actpsy.2022.103593

MEDS NOW, LESS DRUG USE LATER

According to a study in the *Journal of Child and Adolescent Psychopharmacology*, treating pediatric mental illness with psychotropic medications lowered



PEOPLEIMAGES/GETTY IMAGES

the children's risk of developing later substance use disorders by about a third. Researchers examined 26 prior studies—21 focused on attention-deficit/hyperactivity disorder (ADHD), three on psychotic disorder, and two on major depressive disorder—that included more than 6 million individuals. They found that pharmacological treatments for the psychiatric disorders—particularly ADHD—before age 9 reduced the development of substance use disorder by about 30%–35%.

DOI: 10.1089/cap.2022.0016

VISUAL SYSTEM CHANGES PRECEDE AUTISM

Infants diagnosed with autism spectrum disorder (ASD) at 24 months old had abnormalities in the brain's visual processing areas at 6 months old, according to a study in *The American Journal of Psychiatry*. Researchers performed MRI brain scans at ages 6 months, 12 months, and 24 months on 384 children in the United States who are at high risk of autism because they have older siblings with ASD. Almost 25% of the infants in the study were diagnosed with autism at 24 months. Their brain scans revealed three brain abnormalities: differences in the size of an area involved in object recognition, the white matter structure of an area involved in orienting to visual stimuli, and the functional connectivity between visual regions. Such irregularities were present long before autism symptoms were detected. The extent of the alterations was associated with their older sibling's autism



severity. The researchers suggested that disruption in visual processing could interfere with how the infants interact with and learn from caregivers and their environment. These early disturbances could further affect brain development and play a role in ASD symptom strength.

DOI: 10.1176/appi.ajp.21101002

DO TOP PERFORMERS GIVE THE BEST ADVICE?

Not really. According to research in *Psychological Science*, the best performers don't give better advice, but their advice sounds better because they tend to give more of it. In one study, 1,000 participants in the United States indicated that someone's ability to play a word scramble game would be an indicator of how good their advice was. In another study, 78 participants played the word game, then advised 2,085 others on game play. In a third study, 298 participants rated the advice from the best of the 78 players as better than advice from the rest. In all of the studies, guidance from the best

Exposure to memes that satirize anti-vaxxers appears to increase people's intention to get a COVID-19 vaccine.

players was no more beneficial to the new players than guidance from lower-performing players.

DOI: 10.1177/09567976211054089

ANTI-VAX MEMES BOOST VAX INTENTION

A study in *Computers in Human Behavior* indicates that exposure to sarcastic memes about anti-vaxxers increased people's intention to receive a potential COVID-19 vaccine, an effect that weakened when the vaccine actually became available. Across two sets of online studies conducted in the United Kingdom before (between August 2020 and October 2020) and immediately after the first effective vaccine was publicly announced (November 2020), researchers briefly exposed 1,584 participants to humorous vaccination memes, many of which satirized anti-vaxxers. They found that the memes boosted the participants' intention to receive a vaccination against COVID-19. These intention-boosting effects, however, weakened once a COVID-19 vaccine became a

reality. The researchers suggest the funny memes bypassed the typical defense processes of vaccine-hesitant participants, but that such memes only shifted intentions related to decisions that had not been fully considered.

DOI: 10.1016/j.chb.2022.107218

STIMULATION AND SCHIZOPHRENIA

Noninvasive brain stimulation of a section of the prefrontal cortex can greatly reduce negative symptom severity for patients with schizophrenia, according to a study in *JAMA Psychiatry*. Researchers analyzed the results of 48 studies with 2,211 participants with schizophrenia that examined the efficacy of several kinds of excitatory noninvasive brain stimulation directed toward the left dorsolateral prefrontal cortex. They found that compared with sham stimulation, the noninvasive brain stimulation techniques were associated with significantly larger reductions in negative symptoms. They also found that the stimulation was well tolerated.

DOI: 10.1001/jamapsychiatry.2022.1513

SOCIALLY USEFUL TOPICS PIQUE CURIOSITY

Research in *Cognition* suggests that people are more curious about scientific topics deemed “socially useful.” In the first of three studies, researchers presented 296 online participants with Reddit posts about 100 scientific issues. They found a strong link between ratings of the topics’ usefulness and the participants’ curiosity. In the

second study, researchers presented 240 online participants with two scientific articles about fruit fly research, one touting the potential medical benefits of the research and one that did not list any useful applications. Participants reported being more curious about the topic and actively sought more information after reading the article highlighting the experiment’s medical benefits. In the third study with 203 online participants, researchers found that simply presenting interesting facts with no evidence of usefulness to humans or society does not induce curiosity, even if those facts were surprising and informative.

DOI: 10.1016/j.cognition.2022.105193

NOUVEAU RICHE LESS SYMPATHETIC

Newly rich people may be less sensitive to the challenges inherent in being poor than those born into wealth, suggests research in *Social Psychological and Personality Science*. In the first two of five studies, researchers surveyed 736 participants in the United States and found that they rated those who became

rich more positively than those born rich. The participants also expected the newly rich to be more supportive of the poor and social welfare. In two additional studies, the researchers surveyed 1,032 relatively wealthy individuals in the United States (with annual incomes over \$80,000 in one study and over \$142,501 in another). They found that participants who became rich thought it was easier to improve one’s socioeconomic status than participants who were born rich, a belief that a final study with 492 online participants indicated is associated with reduced sympathy toward the poor.

DOI: 10.1177/19485506221098921

NOT SO MULTIDISCIPLINARY

A study in *Humanities and Social Sciences Communications* reveals that a smaller-than-expected percentage of psychology research is actually multidisciplinary. Researchers

People who are newly wealthy believe it is easier to improve one’s socioeconomic status than do people who were born with money.



examined citations within articles published between 2008 and 2018 listed in the Social Sciences Citation Index database of the Web of Science under the subject category of “Psychology, Multidisciplinary.” They found that about 25% of the articles cited had been published in other multidisciplinary-psychology journals, about 50% had been published in psychology journals in other subfields, and only about 25% had been published in journals in different disciplines. This distribution of citations remained fairly consistent across the years examined.

DOI: 10.1057/s41599-022-01175-8

OXYTOCIN SEEDS COOPERATION

Research in the *Journal of Neuroscience* suggests that oxytocin plays a role in cooperation within social networks by increasing levels of trust and norm enforcement. In three studies, 870 participants in China were embedded in artificial social networks and made repeated decisions in a series of virtual trust games. In each network, participants with the most connections were given intranasal oxytocin or a placebo. In one game, the most connected (and therefore most influential) members received money from peripheral members and set a threshold for the minimum offer they would accept. When the influential members received oxytocin, cooperation spread through the network across many rounds of the game. In another game, oxytocin increased the trust influential members had

in peripheral members but also boosted their willingness to punish peripheral members for uncooperative behavior. These results indicate cooperation from influential group members spreads to the rest of the group, likely through increased enforcement of social norms.

DOI: 10.1523/JNEUROSCI.2303-21.2022

SEXUAL IDENTITY AND STRESS

Young women experience increased psychological distress when straying from heterosexual norms, suggests a study in the *Journal of Health and Social Behavior*. Researchers analyzed longitudinal data from 11,527 women in Australia born between 1989 and 1995. The participants reported their sexual identity in 2013, 2014, 2015, and 2017 (when participants’ ages ranged from 18 to 28). They also completed assessments of

general psychological distress and indicated how stressed they felt over the past 12 months about their relationships with family members, romantic partners, and friends. Researchers found that psychological distress was elevated when these women did not conform to the heterosexual norm and lowered when they did conform. They also found that stress about personal relationships mediated the association between sexual identity changes and psychological distress. In addition, women who questioned their identity at multiple assessment points reported greater psychological distress in the final assessment than women who were never unsure. The researchers called for increased support for those questioning their sexual identity or changing their identity from heterosexual norms.

DOI: 10.1177/00221465221086335

Research suggests that young women who are changing their identity from heterosexual norms need strong psychological support.

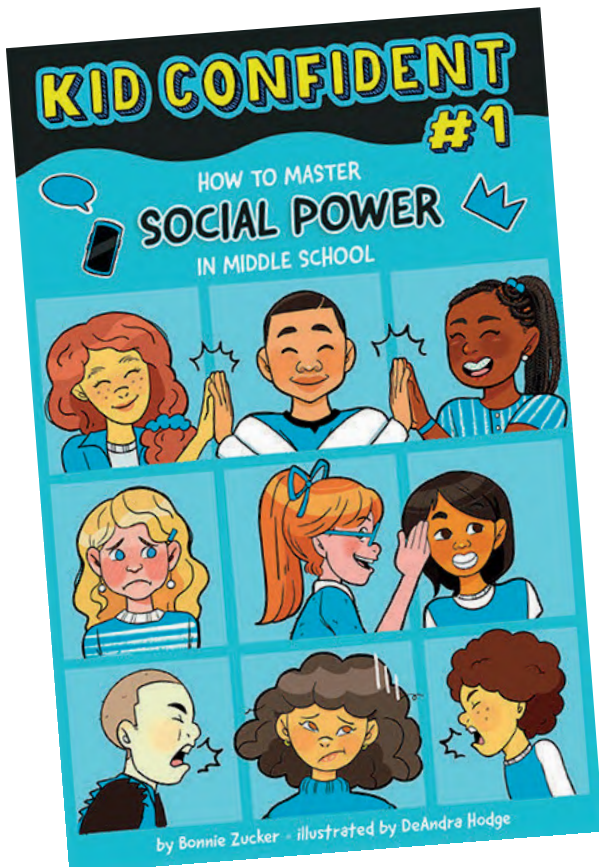
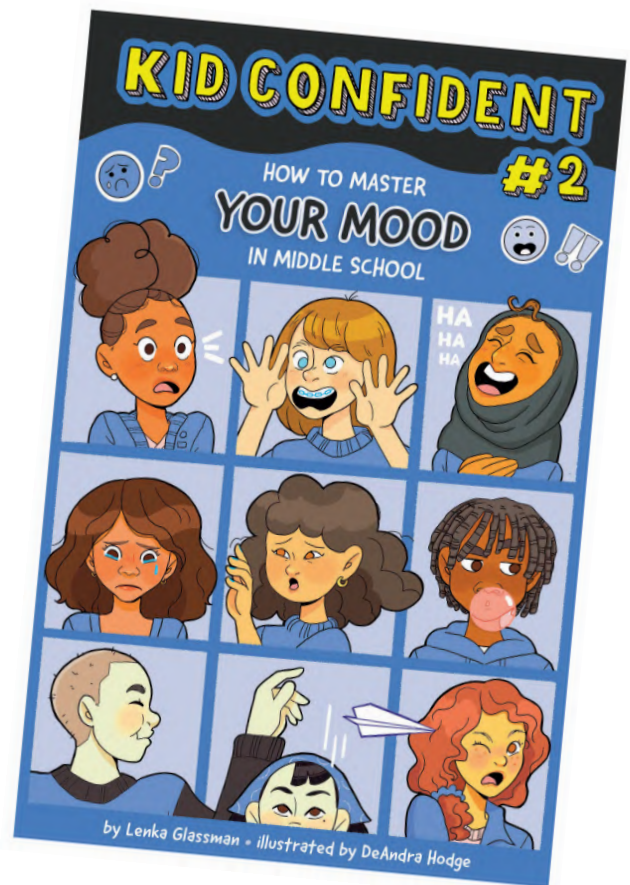


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BETTER HEALTH CARE FOR BLACK MOTHERS AND BABIES

Black women, Black trans people, and their newborns continue to die at alarming rates and often fail to receive adequate medical care for safe birthing experiences. Here's how psychology can improve care for these vulnerable patients and save lives.

BY SHALINA CHATLANI

The United States has long struggled with having one of the highest maternal mortality rates among wealthy and industrialized nations. And, the number of people in the nation dying from pregnancy-related complications is on the rise; more than 850 people died in 2020 compared with around 750 in 2019 and around 650 in 2018 (Hoyert, D. L., National Center for Health Statistics, 2022). But Black women suffer the greatest impact, as they are 3 times more likely to die during and after childbirth than White people. Similarly, Black babies are twice as likely to die as White babies (Greenwood, B. N., et al., *PNAS*, Vol. 117, No. 35, 2020). Black birthing people are also more likely to experience long-lasting mental health concerns after childbirth than their non-Black counterparts, even though they typically get less treatment for postpartum depression.

Research points to several reasons why this racial and socioeconomic disparity exists for Black people, such as lack of access to high-quality health care, missed or delayed diagnoses of issues like hypertension (Peterson, E. E., et al. *Morbid-*

ity and Mortality Weekly Report, Vol. 68, No. 18, 2019), and lack of action or knowledge from providers around warning signs. Data from the U.S. Centers for Disease Control and Prevention (CDC) suggest that 60% or more of maternal deaths could have been prevented by addressing these types of issues.

Many psychologists say stress is another factor that can contribute to poor maternal health outcomes for Black people.

"The reason we have paid little attention, I believe, to Black maternal health is because we don't listen to Black women. If we listened . . . we would understand that mental health is playing a role. Racism is a chronic, unrelenting stressor," said Angela Neal-Barnett, PhD, a psychologist at Kent State University and expert in anxiety disorders within the Black community.

Neal-Barnett, among other psychologists, says mental health screenings should be part of an initial gynecological appointment for anyone who is pregnant. She says it is particularly important to incorporate mental health into clinical practices now that *Roe v. Wade* has been overturned. CDC research shows Black women are the

group most likely to seek abortions, and the real lack of control over their bodies is adding a new layer of stress.

Psychologists like Neal-Barnett are pioneering and continuing to engage in strategies that are culturally sensitive and relevant to patients' lived experiences. Some initial data show they can work. "You want someone who understands what it's like to be a Black woman in 2022," Neal-Barnett said.

GENERATIONAL TRAUMA, MEDICAL RACISM

Historical and structural racism for Black Americans is deeply ingrained in the nation's medical history. Racial inequities across many areas have made it difficult for people of color to stay healthy, says Isabel Morgan, director of the Birth Equity Research Scholars Program at the National Birth Equity Collaborative (NBEC), a nonprofit organization dedicated to reducing birthing inequities.

"It's not just access to health care that impacts health. It's also housing, environmental toxins . . . access to food and affordable, healthy foods," Morgan said.

When it comes to reproductive health care, Morgan says

"... We don't listen to Black women. If we listened ... we would understand that mental health is playing a role. Racism is a chronic, unrelenting stressor."

DR. ANGELA NEAL-BARNETT, PHD, KENT STATE UNIVERSITY



there's long-standing distrust of the medical community that must be addressed. For example, James Marion Sims, an Alabama surgeon who is often credited with developing modern gynecological practices, experimented on enslaved Black women without using anesthesia. The contributions of those women—known only by their first names, Lucy, Betsy, Anarcha, and more—have long gone unappreciated, even though they helped advance reproductive health care systems that Black women still can't fully access.

The resulting medical distrust is compounded by the fact that Black doctors are greatly underrepresented in the medical field, and Black patients often report feeling misunderstood or ignored by their providers (Daley, G. Q., et al., *Med*, Vol. 2, No. 1, 2021).

There is some evidence to suggest that breastfeeding rates are higher among women who participate in new mother's groups.

Some research shows White doctors can harbor biases against Black patients, for example, assuming they are exaggerating their health concerns rather than trusting their expertise on their own bodies.

"So often we're thinking about the psychological stress of the birthing person. It's also important to think about the psychology of Whiteness and people who are invested in upholding White supremacy," Morgan said. Black pregnant people and Indigenous pregnant people are most often impacted by mistreatment (Chambers, B. D., et al., *Women's Health Reports*, Vol. 3, No. 1, 2022). "Being scolded, yelled at, not being listened to by providers and in maternity care settings are forms of mistreatment that adversely impact Black birthing peoples' maternity care experi-

ences," Morgan said.

Black pregnant people experience distress due to racism before, during, and after childbirth. Prior research has shown that expectant Black mothers were not only 4 times more likely to experience post-traumatic stress disorder (PTSD) than non-Black mothers, but they were also less likely to seek or receive mental health treatment. And other studies found the stress resulting from exposure to pervasive and systemic racism—like modern day instances of police brutality toward people of color and news of violence against Black people—can actually impact a person's genetic code, making them biologically more susceptible to illness (Thames, A. D., et al., *Psychoneuroendocrinology*, Vol. 106, 2019; Chatlani, S., KBPS, July 6, 2020).

"You've got these three generations of people who have had a lot of abuse and they're raising one another. ... You cannot have been traumatized and not received ... intervention for that trauma and have it not affect the next generation," Neal-Barnett said.

Neal-Barnett's research has shown that Black women experience racism, trauma, negative thinking, and perceived stress much more than non-Black women, which can impact their pregnancies (*Journal of Racial and Ethnic Health Disparities*, Vol. 8, 2020). The chronic stress results in high cortisol levels—or stress hormones—that can cause a weathering effect on the body. "Weathering does things like constrict the uterine lining.

It increases blood pressure. ... Levels of cortisol play a role in what we see medically,” she said.

Chronic stress can lead to issues like depression, which can contribute to that weathering effect. According to a 2021 study in the *Journal of Women's Health* (Chinn, J. J., et al., Vol. 30, No. 2), depression is linked to a higher risk of preeclampsia, gestational diabetes, and low-birth-weight babies. In fact, non-Hispanic Black women are twice as likely to give birth to a low-weight infant than non-Hispanic White women are.

PROMISING INTERVENTIONS

Research has shown that mental health care services are most effective when they are integrated into maternity services to reduce poor health outcomes, especially for Black women. Three interventions that can help are niche therapies and sister circles, patient advocacy, and self-advocacy and cultural-sensitivity training (Knight, M., et al., *Saving Lives, Improving Mothers' Care*, 2015).

Neal-Barnett started the Spirit of Motherhood Program in 2021, which screens expectant mothers for PTSD and chronic stress, with the hopes that treatment of these symptoms can reduce maternal mortality rates.

The program offers participants group therapy designed specifically for Black women, and it is led by community health workers, including doulas, who can guide Black expectant and new mothers through different parenting-related stressors. Neal-Barnett says the program

uses cognitive behavioral therapy and music to help reduce stress and regulate emotions for not only these expectant and new mothers but also for their older children. Neal-Barnett says the music featured in the lesson is specifically chosen for its calming properties (*JMIR mHealth and uHealth*, Vol. 7, No. 6, 2019).

“The children and the moth-



ers come together, they engage with the music, have this positive interaction with each other, and it reinforces the lessons,” said Neal-Barnett.

The program builds upon prior work around an intervention she calls “sister circles,” which are support groups. These build upon existing friendships, culturally relevant discussions, kin networks, and a sense of community to help reduce anxiety and stress among Black women (*Clinical Psychology: Science and Practice*, Vol. 18, No. 3, 2011).

Cheryl Johnson, MD, an obstetrician at Summa Health, works with Neal-Barnett and says she's seen the positive impacts of Black-centered group therapy and support groups on

the health outcomes of expectant Black mothers. Johnson works with a grassroots organization to offer sister circles to her patients. She provides medical education, and Black therapists help with reducing anxiety and offer community bonding and support. Johnson says patients talk about issues like police brutality against Black men, an issue that can cause stress to expectant mothers who are worried about their children.

“They're able to help us work through that with the mothers. Whereas when we practice in silos, just in my regular office, we're not able to address those unique needs of the patient,” Johnson said.

Johnson says they teach pregnant women and existing mothers how to engage in deep breathing, provide them with examples of positive affirmations, and give them stress-relieving strategies they can use at home.

“We have noticed that our preterm delivery rate is lower. We have also seen that our breastfeeding rates are higher among our moms who do our circles, and ... our low-birth-weight metrics have improved,” she said.

Physicians, scientific researchers, and writers who treat or discuss the health concerns of Black women are often not Black themselves. That's because pervasive racism prevents many Black people from having equitable access to career advancement and funding.

Despite a push by the National Institutes of Health to include more representational data from different racial and ethnic groups, Black women

Therapists can be effective advocates for their patients, bridging the cultural sensitivity gap to help to get patients' doctors to listen to them.

FURTHER READING

High stress levels during the pandemic are making even everyday choices difficult to navigate

Abrams, Z.
Monitor on Psychology,
June 2022

Soothe your nerves: The Black woman's guide to understanding and overcoming anxiety, panic, and fear

Neal-Barnett, A.
Simon & Schuster,
2010

Sister circles as a culturally relevant intervention for anxious Black women

Neal-Barnett, A., et al.
Clinical Psychology: Science and Practice,
2011

are largely underrepresented in medical research on effective interventions. Most of the data fails to reflect the tremendous diversity of Black women, such as birthplace and country of ancestry (Chinn, J. J., et al., *Journal of Women's Health*, Vol. 30, No. 2, 2021).

Lediya Dumessa, PhD, a clinical psychologist in Washington, D.C., says it's important for therapists to be advocates for their patients, especially if their patients feel as though their physicians aren't listening to them.

She got interested in improving patient advocacy for Black mothers when she became a mother herself and had to change her prenatal care provider numerous times to find someone whom she felt listened to her and made her feel comfortable.

"Unfortunately, I learned how common that experience is for Black mothers."

Therapists can improve their patients' relationships with their other health care providers by speaking to them on their patients' behalf. Therapists could help translate some of their patients' concerns to their physicians or tell them that they need to do a better job of listening to their patients.

There's even momentum in Congress to reduce racial disparities in maternal health. APA has endorsed federal legislation like the Black Maternal Health Momnibus Act of 2021 and the Into the Light for Maternal Mental Health and Substance Use Disorders Act of 2022, which both seek to increase access to mental health care for pregnant women.

Carrying and delivering a baby and learning how to become a parent are emotionally taxing, even under ideal circumstances. Jessica Smedley, PhD, a clinical psychologist in Washington, D.C., says that even seasoned parents can get anxious, especially if they've already experienced trauma from past experiences of racism in medical care.

"They're on their second or third child having those fears ... and then you couple that with the fear of Black women who are thinking about what it means to have a child in this world," she said. "It just feels like it's layered from the moment of conception throughout the parent journey."

Smedley says the onus is, in large part, on physicians and other health care providers to learn how to become culturally sensitive so they can be receptive to the needs of Black people.

"It starts at the foundation of training for providers who are coming through the system now. It requires intentionally deconstructing old belief systems and humanizing people of color in a way that we weren't in prior research," she said.

Given the general lack of cultural sensitivity, Smedley says another important intervention is teaching patients how to advocate for themselves. That work can begin with helping patients equip themselves with knowledge about their own health.

"Teaching self-empowerment and self-advocacy to remember that our experiences are valid and that they are real and that we deserve to have all our needs met and access all the resources that we may require," Smedley said.

Psychologists acknowledge that mental health interventions alone cannot resolve the Black maternal health crisis in the United States. Persistent and structural barriers make it difficult for people of color to access not only health care, but also other factors and services that are critical to developing a healthy life—employment that offers health insurance, a safe neighborhood, and access to public transportation, nutritious food, and quality schools, to name a few.

Lack of access to all these things negatively impacts communities of color and contributes to poor health outcomes for Black pregnant people. The accessibility and wider use of telehealth is making mental health more available, although Dumessa says that it is still not enough to meet the needs of Black mothers.

"If you don't have that kind of flexibility from work to be able to take an hour off every week, even if you're at home, you're still not going to be able to get treatment," she said.

She explained that the best way to integrate mental health services into clinical practices is to meet people where they are. The best approach, she says, is having diverse providers go into communities and offer culturally sensitive services, like sister circles, that are relevant to clients' lived experiences.

"Representation matters," Dumessa said. "Having people that share an aspect of that cultural background helps to make any kind of treatment effective for our patients." ■

APA ADVOCATES FOR PSYCHOLOGISTS WORKING TO CURB SMOKING

Medicare reimbursement code revisions are allowing more psychologists to get paid for tobacco cessation services

BY AMY NOVOTNEY

Smoking is one of the leading causes of disease, disability, and death in the United States. Psychologists have been at the forefront of smoking cessation treatment for decades, and thanks to recent advocacy by APA, they can now be reimbursed for providing screenings and brief interventions for tobacco use, both of which have contributed to a decrease in smoking rates nationwide.

According to research from the U.S. Centers for Disease Control and Prevention, smoking among all adults declined from 20.9% in 2005 to 12.5% in 2020. Experts attribute this drop in tobacco use to several efforts in which psychologists have been involved: developing new treatments for addiction, better health insurance coverage for these treatments, adopting smoke-free policies in public settings, anti-smoking educational campaigns, and new evidence-based interventions to help people avoid or quit using cigarettes.

Now that APA has secured reimbursement for psychologists to intervene with patients who smoke, the next step would be to better integrate smoking cessation therapies into existing

behavioral health treatments to help smokers who have comorbid mental health conditions, such as depression.

“It is crucial that health care providers treat all the health issues that a patient experiences, not just their depression or drug use disorder at a given point in time,” said Wilson Compton, MD, deputy director of the National Institute on Drug Abuse (NIDA). “The result will be longer and healthier lives for all people.”

STEPPING UP TO STOP THE PUFF

Over the past year, APA has taken steps toward addressing commercial tobacco use from a population health approach by advocating that health care payers reimburse psychologists and other mental health providers for tobacco cessation screenings and brief intervention services.

Medicare reimbursement codes for tobacco cessation screenings and brief interventions have been around for many years; however, an edit within the National Correct Coding Initiative (NCCI) had long prevented mental health providers from billing these codes in conjunction with psychotherapy services.

“It never made any sense, as psychologists are the ones who developed these brief motivational interviewing-based interventions and are often the ones to train physicians on how to use them with patients,” said Stephen Gillaspie, PhD, senior director of APA’s Office of Health Care Financing.

Toward the end of 2021, APA submitted paperwork to NCCI to get this edit modified, allowing psychologists and other mental health providers to use the following Current Procedural Terminology (CPT®) billing codes:

- 99406 to bill for a smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
- 99407 to bill for a smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes, while also conducting psychotherapy services for other mental health conditions.

“We made the case that psychologists are going to have more ongoing involvement with these patients than a primary-care provider, providing an ideal opportunity to intervene,” Gillaspie said. A patient’s primary-care provider, for exam-



ple, likely sees a patient only once or twice a year, whereas a psychologist providing ongoing therapy would likely treat a patient more frequently, allowing for more regular follow-up with them with regard to their smoking cessation work.

APA's efforts were successful, and now these codes can be used by psychologists to receive reimbursement for brief interventions, such as screening for tobacco use, using motivational interviewing techniques, and

Psychologists have played an integral role in the decline of smoking and tobacco use among adults.

referring to a smoking cessation expert or state tobacco quit line for help, or for conducting brief behavioral health interventions themselves in conjunction with the other mental health services the psychologist is providing.

"Psychologists can contribute to population health simply by intervening when appropriate," Gillaspay said. "To me, it helps the field move out of just being mental health providers and instead being part of the larger health care system."

CONFRONTING SMOKING IN THERAPY

In addition to a decline in overall smoking rates among adults, new research suggests that smoking rates have also been decreasing among smokers with comorbid mental health conditions—a population that in recent years has not seen substantial reductions in tobacco use.

Analyzing data from more than 558,000 people 18 years and older, NIDA researchers found that while people with

major depression, substance use disorder, or both were more likely to smoke cigarettes than people without these disorders, improvements in smoking cessation were seen among individuals with these psychiatric disorders between 2006 and 2019. Results of the study, published in April in *JAMA*, showed that past-month smoking rates declined by 13.1% during this 14-year period among adults with a past-year depressive episode and by 10.9% among adults with past-year substance use disorder.

These findings—while showcasing a step in the right direction—still highlight ongoing disparities in commercial tobacco use and the role mental health providers can play in continuing to combat smoking, said Compton, senior author of the study.

“These declines tell a public health success story,” Compton said. “However, there’s still a lot of work to be done to ensure tobacco use in patients with substance use disorder, depression, and other psychiatric conditions continues to decrease.”

One of the first steps in curbing commercial tobacco use is ensuring psychologists are asking their patients about it, said Jon Hart, PhD, a health psychologist and director of Oklahoma’s Tobacco Helpline.

“It seems simplistic, but often we’re just not focused on that,” Hart said. “The client isn’t coming in to see us with smoking as the primary thing they need help with, and a lot of times, we see what they are coming in for as the bigger problem, so the thought is often, well, we’ll

attend to the smoking later, after we’ve fixed the other problem.”

Hart recommended that psychologists ask about smoking habits, as well as advising those who smoke that it is something they should consider stopping and offering to help. If the patient shows a willingness to quit, practitioners shouldn’t just passively refer them to their state’s “quit smoking” telephone helpline, or quit line; instead, Hart suggests clinicians immediately help patients register with the quit line. Or, if the practitioner is comfortable doing so, provide some brief motivational interviewing interventions around smoking cessation.

Hart explained that all state quit lines provide, at minimum, cessation coaching from a certified tobacco treatment specialist, and most also provide nicotine replacement therapy, such as gum, patches, or lozenges, though the amount will vary by state based on funding. He also noted that some quit lines are beginning to branch out and provide counseling via text or web chat, while others have been integrating app-based approaches in conjunction with counseling.

Hart emphasized that it is also important for psychologists to circle back with patients throughout their smoking cessation transition to ask about progress and to check in periodically with smokers who have declined help with quitting.

“None of the [tobacco cessation] models say, ‘Ask once, and if the answer is no, never ask again,’” he said. As more of the patient’s acute issues, such as depression, anxiety, or a rela-

FURTHER RESOURCES

CDC Office on Smoking and Health:
www.cdc.gov/tobacco/about/osh/index.htm

This site offers tips for clinicians, printable and embeddable media for websites and blogs, and links to white papers on tobacco’s negative impact on special populations, including individuals with comorbid mental health conditions.

North American Quitline Consortium:
www.naquitline.org/default.aspx

This site offers an interactive map with details about each state’s quit line as well as the primary points of contact for that service.

UCSF Smoking Cessation Leadership Center: <https://smokingcessationleadership.ucsf.edu/behavioral-health>

This organization offers free webinars on smoking cessation and information on smoking cessation with behavioral health populations.

tionship concern, are addressed, he recommends touching base with the patient again and asking more about what role tobacco use plays in their lives and whether they recognize how destructive it can be. “If we’re treating someone with cognitive behavioral therapy or a positive psychology approach to help them with depression or anxiety or marital issues, but then they’re also actively engaging in the leading cause of preventable death, I’d think we’d want to highlight that, and ask how this might be holding them back from living the life they say they’re wanting help to live.”

BETTER INTERVENTIONS FOR WOMEN

Psychologists can also make headway on decreasing smoking rates by providing targeted interventions to populations who historically have dealt with more extensive medical risks due to smoking, particularly women.

“Female smokers experience more health consequences related to smoking but are less likely to quit and more sensitive to negative affect, stress, and depression, which all impact their efforts to quit smoking,” said MacKenzie Peltier, PhD, a clinical psychologist and assistant professor of psychiatry at the Yale School of Medicine who studies individual factors that affect quitting smoking, specifically among women.

One key factor underlying the difficulty in quitting for women is sex and gender differences in medication response, Peltier noted. Specifically, research has shown that com-

“Female smokers experience more health consequences related to smoking but are less likely to quit and more sensitive to negative affect, stress, and depression, which all impact their efforts to quit smoking.”

MACKENZIE PELTIER, PHD,
CLINICAL PSYCHOLOGIST AND ASSISTANT
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SCHOOL OF MEDICINE



One of the first steps in curbing tobacco use: Ask patients about it.

monly used nicotine replacement therapies for smoking cessation, including transdermal patches, gum, lozenges, inhalers, and nasal sprays, are 40% less effective among female smokers as compared with male smokers (*Biology of Sex Differences*, Vol. 13, No. 34, 2022).

Peltier noted, however, that a previously published study has determined that varenicline, a prescription medication used to treat smoking addiction often referred to by its brand name, Chantix, has led to relatively equal quit rates among men and women (*Nicotine and Tobacco*

Research, Vol. 18, No. 5, 2016). She also pointed to several research studies suggesting that women generally smoke to regulate negative mood and stress, more so than men.

As a result, Peltier is working with psychologist Sherry McKee, PhD, also at Yale, to target what is called the “noradrenergic” system in the brain to understand if the area is key to developing medications to treat smokers.

McKee is running a clinical trial examining whether a combination of varenicline and a medication called guanfacine—originally developed as a blood

pressure medication—can have a positive effect on stress-induced smoking behavior and help increase quit rates among women.

While obviously clinical psychologists in most of the country aren't able to prescribe medication, understanding the context in which women are more likely to smoke can be of tremendous help in smoking cessation treatment, Peltier said.

“Helping a client recognize that stress is a trigger for smoking and working with them to develop alternative thoughts and coping strategies is something even clinicians who don't specialize in tobacco cessation can do,” Peltier said. “Simply giving them more tools in their toolbox to help them cope, rather than being stressed and needing to go outside and smoke a cigarette.”

Hart agreed, noting that psychologists are in a great position to help patients who smoke through what is often an incredibly difficult, stressful transition.

“We know that, as psychologists, we're equipped to assist clients with exploring and enhancing the motivation to break free from destructive patterns and habits,” he said. “When clients succeed in running away from something destructive, we also have the privilege of assisting them with reframing that loss by considering what they are now running toward and support them in reclaiming and rebuilding aspects of life that commercial tobacco was robbing from them. To me, this is the most exciting, rewarding work of tobacco cessation.” ■

TELEHEALTH PRACTICE WILL REMAIN AND EVOLVE AFTER THE PANDEMIC

The pandemic isn't over, but the old ways of delivering care are. What's next for telehealth?

BY HANNAH CALKINS

Telehealth continues to play a significant role in the health care industry. However, psychologists who offer both in-person and virtual services are poised to meet increased demand for flexible, accessible mental health care.

In 2020, psychologists responded to the onset of the COVID-19 pandemic by making a nearly universal pivot to telehealth. This rapid and widespread adoption was largely enabled by the federal government's declaration of a public health emergency (PHE), which prompted several significant policy changes that made telehealth more feasible for both patients and providers.

Yet in the following year, an APA survey found that 50% of psychologists had moved to offering both in-person and virtual services to their patients, up from 30% in 2020. Additionally, Pew Research Center data showed that 25% of adults with low incomes do not own smartphones, and 40% of this group do not have broadband internet or computers at home, signaling significant concerns about telehealth equity.

This means that psychologists should prepare for a hybrid future in which they deliver services via both modalities.

"Telehealth is here to stay. In-person isn't going away," said Robin McLeod, PhD, a licensed psychologist and president and chief business development officer at Natalis Psychology in St. Paul, Minnesota. "I believe it is vital for most psychologists to be able and willing to provide both options for patients. It just makes good business sense."

MEETING DEMAND FOR TELEHEALTH

Like many other providers, those at McLeod's large practice made a quick pivot to virtual care during the pandemic and now offer hybrid options.

"[Our] providers have returned to providing in-person care, which many of our patients welcomed," said McLeod. "However, most every provider in our organization continues to provide telehealth services for those clients who prefer that."

Similarly, Zixuan Wang, PsyD, of Encounter Psychotherapy in Gaithersburg, Maryland, also has a robust hybrid practice. However, prior to spring 2020, she had never seriously considered offering telehealth.

"I am so appreciative that technology has enabled us to provide telehealth services, as they have been proven to be effective

and beneficial for so many people who need care," she said.

Wang and McLeod's stories are scaled-down versions of the broader narrative of telehealth during the pandemic: Rapid and sustained implementation out of necessity has led to a permanent change.

According to Diane Pedulla, JD, director of regulatory affairs in APA's Office of Health Care Financing, policy changes at the federal and state levels made it easier for providers to offer telehealth.

"A key factor in providing services to patients across the country has been the flexibilities extended by both public and private payers," Pedulla said. Many of these flexibilities in service delivery flow from the PHE declaration, which was issued on January 27, 2020, and has been renewed every 90 days since.

For one, the Centers for Medicare and Medicaid Services (CMS) removed restrictions on originating sites, which refers to the location of the patient during a telehealth encounter. Many state regulations and private payers have followed suit, said Deborah Baker, JD, director of legal and regulatory policy in APA's Office of Legal and State Advocacy.



“Prior to the PHE, the patient was often required to be in a clinical setting, such as an office, skilled nursing facility, or clinic,” Baker said. “Now, many states have followed the lead of CMS and have either removed this restriction or are silent on it, which allows patients to receive care wherever they are, such as at home, work, or school.”

The PHE also gives providers substantial flexibility in the technology they use to deliver telehealth services. Providers

While providers have returned to offering in-person services, telehealth remains popular among psychologists.

currently have temporary flexibility to provide their services via non-public facing platforms like FaceTime, Zoom, and WhatsApp. These popular platforms are not Health Insurance Portability and Accountability Act (HIPAA) compliant, so providers faced penalties for using them to provide telehealth prior to the PHE.

Public and private payers have also allowed telehealth visits using audio-only devices, such as the phone, which is crucial to

providing services to people who may not have access to videoconferencing platforms or reliable WiFi, said Pedulla.

CMS has also made telehealth more financially viable for many providers. During the PHE, it has reimbursed providers for telehealth services at federally qualified health centers (FQHCs) and rural health clinics (RHCs), and it has reimbursed all psychologists for telehealth services at the non-facility rate.

“This was a favorable change, as previously telehealth services were reimbursed at the facility rate. Facility rates pay less due to lower practice expense values,” Pedulla explained.

These policy changes enabled psychologists to rapidly meet the demand for telehealth during the pandemic. However, many of these policies are temporary and will end either immediately or shortly after the PHE expires, said Pedulla.

BEYOND THE PUBLIC HEALTH EMERGENCY

The PHE was most recently renewed on July 15, 2022, with an expiration date of October 13,

2022, if not renewed. Telehealth policies incorporated into federal law will strongly impact telehealth delivery for mental health services after the PHE ends, Pedulla said.

A federal appropriations law passed in 2021 extends several telehealth policies for 151 days after the PHE is no longer in effect. For example, patients can continue receiving telehealth services in their own homes, Pedulla said. Additionally, providers at FQHCs and RHCs will continue to be reimbursed for telehealth services during this grace period.

However, continued flexibility to use popular technology

platforms that are not HIPAA compliant for telehealth will not be extended.

“[The Department of Health and Human Services] will resume its enforcement when the PHE ends, so psychologists should begin to incorporate technology that is HIPAA compliant into their telehealth practices,” Baker said. “My hope is that they’ve heard that messaging and are making the switch.”

Pedulla said that providers will need to see a patient for an in-person visit within 6 months of an initial telehealth visit and then conduct in-person visits with them at least every 12 months. However, this require-

APA continues to advocate for preserving flexible telehealth policies enacted during the pandemic.



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PSYPACT is part of a larger trend toward interstate licensing compacts in health care.

ment will not apply until the end of the 151-day grace period after the PHE expires.

Unfortunately, CMS did not adopt an earlier recommendation by APA to permanently continue reimbursing telehealth services at the higher, non-facility rate, Pedulla said. However, APA will continue to advocate on this issue.

THE IMPACT OF PSYPACT

Irrespective of federal and state policies in response to the pandemic, the Psychology Interjurisdictional Compact, or PSYPACT, is a major force behind increased momentum for telehealth among psychologists. This interstate licensing compact for psychologists facilitates the practice of telepsychology across state boundaries in participating states as well as temporary in-person practice. Introduced by the Association of State and Provincial Psychology Boards (ASPPB) in 2015, the compact became operational in 2020.

“With the increased need for telepsychology services during the pandemic, PSYPACT was

viewed by many states to be a solution to increase access to care,” said Janet Orwig, MBA, who is the compact’s executive director.

The pandemic undoubtedly accelerated the expansion of the compact. When the pandemic began, there were 12 PSYPACT states; now, there are 34. Today, according to Orwig, more than 6,300 psychologists are authorized to practice under the compact.

“Member states have expressed gratitude in having additional providers that are available to provide mental health services to their citizens,” said Orwig.

While the PSYPACT map is filling in from coast to coast, some notable states have yet to join, such as California and Florida.

Some states are waiting until the compact has been operational for a certain amount of time before pursuing membership. Other states may have concerns that the licensure requirements of the compact do

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them, said Baker.

“While we may struggle to see a silver lining in the pandemic, we can celebrate that CMS has officially sanctioned providers to lawfully deliver services through a recognized compact,” Baker said.

This may lead to increased adoption of telehealth across the health care sector. Orwig said that counselors, audiology and speech language therapists, and occupational therapists have introduced similar interjurisdictional licensing compacts that will enable greater ease of telehealth for those professions.

For this and other reasons, Orwig is optimistic that the eventual expiration of the PHE will not negatively impact PSYPACT’s continued growth.

“From the data we have seen, it seems that consumers of mental health services have appreciated the flexibility that

“Many times, patients had concerns about lack of privacy when receiving telehealth services from their homes—for example, teens with parents who might listen in.”

ROBIN MCLEOD, PHD, PRESIDENT AND CHIEF BUSINESS DEVELOPMENT OFFICER, NATALIS PSYCHOLOGY

telepsychology offers, so we are hopeful that advocacy for telepsychology and telehealth in general will continue,” she said.

ACCESSIBILITY, PRIVACY, AND OTHER CHALLENGES

Telehealth represents increased accessibility for many patients, but it still has equity challenges.

For example, McLeod shared that because her organization serves a large number of patients from immigrant and refugee populations or who have a lower socioeconomic status, they continued to provide some in-person care throughout the pandemic.

“Many of these patients simply did not have access to the technology needed to participate in telehealth services,” said McLeod.

This underscores the importance of providing audio-only options for people without access to videoconferencing services or WiFi, which Pedulla previously noted, though sometimes the phone is not a viable option either. Notably, people with severe mental illness, neurodegenerative conditions, or other disabilities may not be able to receive services via telehealth.

While patients often appreciate the ability to receive services at home, this can also present some issues with privacy.

“Many times, patients had concerns about lack of privacy when receiving telehealth services from their homes—for example, teens with parents who might listen in,” said McLeod.

On the provider side, there are also some drawbacks. Wang said that not being able to see the patient’s whole body language through the screen can add a sense of psychological distance into the relationship.

“Also, you never know how stable the internet connection is. Pixelated images and choppy audio quality can certainly impact therapy progress as it interrupts the flow of the session,” she added.

Both the benefits and the drawbacks of telehealth add up to one clear conclusion: psychologists should remain nimble and equip themselves to offer care in both modalities as the pandemic evolves—and, eventually, ends. ■

4 QUESTIONS FOR BYRON MCCLURE

For this school psychologist, social-emotional learning and a strengths-based approach are the keys to help students—especially students of color—thrive **BY STEPHANIE PAPPAS**

Byron McClure, EdD, is a passionate advocate for school psychology. When expanding on the importance of social-emotional learning (SEL) for students, his thoughtful, measured cadence speeds up, and every word seems weighted for impact. “Can you hear me pounding on the table?” he joked.

McClure believes in a strengths-based, people-centered approach to supporting students. He’s worked in historically underserved schools, and he led the complete redesign of one high school in Southeast D.C. The company he founded, Lessons For SEL, was recently acquired by the Georgia-based social-emotional learning provider 7 Mindsets. McClure is now director of innovation for 7 Mindsets, working remotely from Houston, where he is devoted to spreading his approach to schools around the country.

McClure is also passionate about working with Black youth and Black families. Schools are an avenue to support Black kids who might not otherwise have access to a mental health professional, he said, and it was this promise that first drew him to school psychology. Today, schools and school psychology are increasingly central to national conversations around mental health. A recent example is the passage of the Bipartisan Safer Communities Act, which includes \$500 million in grants for school-based mental health services and another \$500 million in grants for training school counselors, school social workers, and school psychologists.



The *Monitor* talked to McClure about the power of school psychologists to change students’ lives.

How did you get involved in school psychology?

I don’t want to say I fell into school psychology because that’s clumsy. Instead, I believe it was divine. I went to graduate school at Abilene Christian University to become a clinical psychologist, and there was an introductory class I had to take looking at different types of psychology job prospects. One of the things I’ve always wanted to do was work with

Black youth and people of color. During that class, I realized that Black people, at that point in time, rarely actively sought out therapy. I was devastated to learn that people I wanted to work with had so many barriers and limitations to accessing therapy.

I was having an existential crisis—I always joke I was dramatically flat-out on the floor—when this woman walks by. She had this nurturing, “I can fix everything” personality, so I just poured my soul out to her. And she said, “Well, you know, you can become a school psychologist.”

That’s why it was divine. Out of all the people I could have run into, it just happened to be the director of school psychology, Dr. Jennifer Shewmaker. She introduced me to school psychology and changed the trajectory of my life.

What is the importance of social-emotional learning in schools, and why have you devoted your career to spreading SEL?

I’ve dedicated my career to this work because I’ve seen that focusing on social-emotional development, especially of Black students, equips them with the skills they need to be successful. They can go to college, they can go into the workforce, they can navigate difficult situations and use these tools and skills to make sense of the world around them. They can build strong relationships and connections with other people.

I subscribe to the philosophy of Dr. James Comer [a Black MD/MPH at the Yale School of Medicine], one of the founders of SEL. He started this work in New Haven, Connecticut, by

going to underserved schools back in the 1960s. He said the way we turn these schools around is to focus on the social-emotional learning of young people. He saw youth skills grow tremendously, and the schools went from being the last, statistically, to being some of the top elementary schools in New Haven. You give the students the skills they need, you help meet their unmet needs, and our young people will fly.

You helped lead the redesign of the high school where you worked in Southeast D.C. What did that project look like?

There were so many problems inside of the school—violence, unmet mental health needs, and poor staff and student morale. I came in as a school psychologist and focused on social-emotional learning and restorative practices. But the school

was in a position where they had to make some drastic changes, so at the end of my second year there, the chancellor made the decision to radically transform the school. I went on to become the assistant director of redesign.

I traveled across the country looking at different innovative school models. My role was elevating student voices and listening to student concerns. We looked at every single aspect of the school, from school-entry procedures to discipline practices, to SEL, to instructional models, to overall culture and climate, to assessment and grading practices. We ran pilots to see what worked. We got feedback. Every single aspect of the school was examined through a process of human-centered design. One of our initiatives including pairing every ninth-grade student with an adult who could

support them one-on-one. We called this the “Dream Team” program.

Often in schools, people get it wrong because they’re not inviting the community to the table. We ceded power; we elevated those who had been historically marginalized. We’re putting power in the hands of the people. I transitioned out of that role last July, but even now, the data continues to show that this redesign was impactful. For instance, the Dream Team program boosted student sense of belonging 11%, and we saw an 87% promotion rate of ninth graders to 10th grade, our highest rate ever.

Is the education system harnessing school psychologists for this work as much as it should be?

No, it isn’t. School psychologists are trained to use assessment and tools to place students for special education purposes. When we look at the statistics from professional surveys, that’s the biggest role and responsibility of school psychologists. We also see that the ratio is about one psychologist for every 1,200 students. The National Association of School Psychologists recommends one to 500. That’s an advocacy and funding issue. If you’re only testing and placing students, you don’t have time to tap into the full scope of your role, which includes things like mental health interventions, behavioral interventions, crisis preparedness, family-school-community collaboration, and program evaluation.

But now is an exciting time to enter the profession. Students are exhibiting significant behavioral concerns. We know there is a dire need for mental health supports. A major shift is happening in the field of school psychology, and that shift is people advocating for adequate funding for the needs of our young people. We can see those dollars translating to programs and initiatives, which means that young people are going to be impacted. It gives meaning to the work we’re doing. ■



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IS JUSTICE BLIND IF WE SAY IT IS?

A U.S. Supreme Court case raises the issue of whether jurors can determine how influenced they are by potentially biasing characteristics of a defendant

BY JONATHAN P. VALLANO, PHD, UNIVERSITY OF PITTSBURGH AT GREENSBURG

In 2007, Ervine Davenport was driving home from a social gathering with Annette White in the passenger seat. During the car ride, an altercation occurred in which Davenport allegedly assaulted and killed White, resulting in Davenport's being charged with first-degree murder. During his trial, Davenport sat at the defense table with shackles on one of his hands, his waist, and ankles. He was subsequently convicted but appealed on the basis that viewing his shackles biased the jury's verdict. During the appellate process, the trial court polled the jurors for possible bias, finding that seven of the 12 jurors did not remember the shackles, and none reported that they affected their decision. The Supreme Court of the United States (SCOTUS) recently examined this case, siding with the Michigan Court of Appeals and against Davenport. Specifically, SCOTUS agreed with the appellate court's application of relevant case law and subsequent conclusion that the shackling was harmless "because of the 'overwhelmin[g]' evidence against him, and because jurors testified that his shackling did not affect their verdict."

The court's inquiry regarding whether viewing the defendant in shackles during trial biased the jury raises some interesting empirical questions: Can jurors' legal judgments be affected by implicit (unconscious) biases initiated by viewing observable characteristics of the defendant? Moreover, can we trust jurors' reassurances that they are unaffected by such plainly visible and potentially biasing characteristics?

Although social psychologists have extensively studied the concept of implicit bias, less work has directly examined jurors' implicit biases. Nevertheless, available research evinces the existence of biases outside of jurors' awareness (Roberts, A.,

Criminal Juries in the 21st Century, Ch. 5, 2018).

For example, social psychological research has consistently demonstrated that participants are impacted by experimental stimuli despite denying their influence upon explicit inquiry. Research on schemas and stereotypes substantiates the potential biasing effects of defendant characteristics on juror decision-making, and that research routinely finds that jurors view defendants who are more consistent (versus inconsistent) with stereotypical expectations as more likely to be guilty (McKimmie, B. M., et al., *Psychology, Public Policy, and Law*, Vol. 19, No. 3, 2013; Sorby, M., & Kehn, A., *Psychiatry, Psychology and Law*, Vol. 28, No. 5, 2021).

Additionally, a juror's ability to assure the court of their unbiased nature initially assumes that they are aware of their own biases. Research finds this assumption can be tenuous; that is, such biases, by their very nature, are unconscious, therefore rendering them difficult to assess (Nisbett, R. E., & Wilson, T. D., *Psychological Review*, Vol. 84, No. 3, 1977). And even if jurors are aware of their potential biases, there is no guarantee that they will inform the court of their bias. Many jurors want to promote the veneer of impartiality, the importance of which is repeatedly instructed. Therefore, jurors may be unwilling or unable to admit that their biases have seeped into their legal judgments.

What can be done in cases where the defendant's characteristics may have irreparably, unduly, and unknowingly biased jurors? There do not appear to be any easy answers. Reforms such as jury orientation and instructions about implicit bias have been suggested and, in some cases, implemented, yet perhaps it is best to remove as many superfluous influences as possible that could bias the jurors before they enter the courtroom. ■

AT ISSUE

Can jurors be trusted to know whether their biases have influenced their legal judgments?



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

CE

CONTINUING EDUCATION TREATING CHILD AND TEEN ANXIETY

BY TORI DEANGELIS

Even before the COVID-19 pandemic, growing numbers of young people were experiencing high rates of clinical-level anxiety. About 11.6% of kids had anxiety in 2012, up 20% from 2007. But during the pandemic, those numbers nearly doubled, such that 20.5% of youth worldwide now struggle with anxiety symptoms, according to a meta-analysis of 29 studies reported in *JAMA Pediatrics* (Vol. 175, No. 11, 2021). Besides COVID-related stressors like social isolation, missed milestones, and increased family tension, background stressors such as school shootings, political unrest, and the war in Ukraine have likely fueled these increases.

These soaring numbers are clashing with a major crisis in mental health provision, and most children and teens with anxiety disorders are not getting the help they need. Factors exacerbating this problem include long waiting lists to see a psychologist, a dearth of trained providers, and a

disproportionate lack of access to quality care for low-income individuals and people of color, according to those who study and treat these disorders.

But for children and parents who find the right care, there is great news: “There are effective treatments for anxiety disorders, and those treatments are pretty darn good,” said Temple University’s Philip Kendall, PhD, who directs the Child and Adolescent Anxiety Disorders Clinic there. In a major randomized controlled study by John T. Walkup, MD, Kendall, and colleagues, 60% of young people who received a full dose of tailored cognitive behavioral therapy (CBT)—a program called “Coping Cat”—improved significantly, and those numbers rose to 80% when they also took sertraline (Zoloft), an anti-anxiety medication (*New England Journal of Medicine*, Vol. 359, No. 26, 2008).

Another positive development is that the medical community is seeing the value of homing in on anxiety disorders: In April, a group of experts making up the independent U.S. Preventive Services Task Force recommended that all young people ages 8 to 18 receive regular screening for anxiety. And thanks to increased public awareness about mental health issues, stigma surrounding anxiety is down, and psychologists say more parents are open to seeking anxiety treatment for their children.

When kids get appropriate treatment for anxiety, it can make an enormous difference in the trajectory of their lives, said Kathryn D. Boger, PhD, cofounder of the McLean Anxiety Mastery Program

at McLean Hospital in Massachusetts and cofounder and chief clinical officer of a new virtual startup company that will broadly disseminate evidence-based anxiety treatments to young people.

The right treatment provides struggling youth with “a powerful way to start to understand the world and to face new and hard challenges,” Boger said. “And they will take the skills they learn with them for the rest of their lives.”

MAIN ANXIETY DISORDER TYPES

The current iteration of the *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition),

CE credits: 1

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

1. Identify the main anxiety disorders in children and teens, the best evidence-based treatment for them, and what that treatment looks like.
2. Discuss differences and similarities in how children and teens present with anxiety disorders.
3. Identify which youth are most at risk for these disorders, and how to help them.

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



the *DSM-5-TR* (text revision), lists 11 anxiety disorders in total. That is a change from the *DSM-4*, which included obsessive-compulsive disorders and trauma-based symptoms within the anxiety disorders category. Those conditions are now listed separately, though they often overlap with anxiety disorders.

The most common anxiety disorders in children and teens are:

■ **Generalized anxiety disorder:**

This is pervasive worry or anxious feelings across all domains of life. These kids “are worried across the board—about their performance, their friend group,

their health, their pet’s health, their parents’ health,” said Ellen Flannery-Schroeder, PhD, who heads the Child Anxiety Program at the University of Rhode Island and specializes in treating anxiety disorders. These youth may experience physiological anxiety reactions such as upset stomach, muscle tension, difficulty relaxing, difficulty falling asleep, difficulty concentrating, and feeling fatigued or on edge.

■ **Separation anxiety disorder:**

Particularly common in younger children, this intense fear of being separated from a primary caregiver goes beyond the

developmental norm. Children may be reluctant or refuse to go out or sleep away from home without the caregiver and may experience nightmares about separation. They fear that something bad might happen to that person and the person will never return, leaving them alone and unprotected, explained Rachel Merson, PsyD, clinical director of the Child and Adolescent Fear and Anxiety Treatment Program at Boston University’s Center for Anxiety and Related Disorders.

■ **Social anxiety disorder:** This condition is especially likely to affect teens, though it occurs in younger children as well. These young people are intensely afraid of social situations where they might feel embarrassed or judged and will avoid the situation or endure it only with great anxiety, according to the *DSM-5*. Other common symptoms include having difficulty making friends, avoiding social situations, worrying for days before a social event, and feeling shaky, sweaty, or nauseous in feared social settings.

■ **Panic disorder:** More common in teens than in younger children, this condition is marked by recurrent, unexpected panic attacks and persistent concern and worry about having another attack. According to the *DSM-5*, panic attacks are “abrupt surges of intense fear or extreme discomfort that reach a peak within minutes, accompanied by physical and cognitive symptoms such as palpitations, sweating, shortness of breath, fear of going crazy, or fear of dying.” These reactions can occur unexpectedly

with no obvious trigger, or they may be expected, for example, in response to a feared object or situation.

■ **Specific phobias:** This condition involves strong fears of specific situations or objects. For children, these often include needles and injections, dogs and other animals, and vomiting. While most people have an immediate negative reaction to at least some of these triggers, children with these phobias can become fixated on their fears, which can cascade into other problems such as fear of leaving home and greater social anxiety.

■ **Selective mutism:** This anxiety disorder typically begins in early childhood but can persist into adulthood if untreated. Children with selective mutism have no trouble talking in situations where they are comfortable—at home or with others they feel close to—“but with new people and in new places, there is almost a freeze response, where their anxiety prevents them from being able to use their voices,” explained Merson, who specializes in treating the condition. Children with selective mutism who act normally at home often show behavioral inhibition at school and in community settings, communicating only through gestures, head nods, and pointing, she added.

All of these disorders can appear anywhere on a continuum, Merson added. “So, there can be very severe cases, but also more moderate ones that respond quickly to effective treatment,” she noted.

FURTHER READING

A developmental pathway from early behavioral inhibition to young adults’ anxiety during the COVID-19 pandemic
Zeytinoglu, S., et al.,
Journal of the American Academy of Child and Adolescent Psychiatry, 2021

Helping your anxious child: A step-by-step guide for parents (2nd ed.)
Rapee, R. M., et al.,
New Harbinger, 2008

Intolerance of uncertainty and parental accommodation: Promising targets for personalized intervention for youth anxiety
Kendall, P. C., et al.,
Current Psychiatry Reports, 2020

Mastery of your anxiety and panic: Workbook (5th ed.)
Barlow, D. H., & Craske, M. G.,
Oxford University Press, 2022

Results from the Child/Adolescent Anxiety Extended Long-term Study (CAMELS): Functional outcomes
Swan, A. J., et al.,
Journal of Consulting and Clinical Psychology, 2018

COMMONALITIES AND DIFFERENCES

Regardless of the type of disorder or the child’s age, however, the basic psychophysiology of anxiety disorders is the same, Flannery-Schroeder said.

“I think of anxiety as a false alarm of the sympathetic nervous system—it’s a fight or flight response to something that is perceived as alarming when it doesn’t need to be,” she said. That can show up as worried thinking, avoidant behavior, and physiological stress reactions. “If you think of it that way, it looks the same across all ages,” she said. While the causes of anxiety disorders are not entirely clear, both genetics and the environment, including parenting styles, traumatic events, and even one’s birth cohort, play roles, she and others noted.

While the underlying mechanisms are the same, however, anxiety disorders look somewhat different in children and adolescents depending on their developmental stage, Flannery-Schroeder added. One big difference is that young children think in concrete terms and hence lack insight into how unreasonable their anxiety may be. Teens and adults, though, can see that their level of anxiety does not necessarily make sense, but cannot stop feeling anxious anyway.

Teens’ ability to think abstractly can add an extra layer to their anxiety because they can observe their own anxiety and get down on themselves for it, Kendall noted. And because these youngsters tend to be shy and inhibited, they’re often afraid to share these thoughts and feelings

with friends, who could potentially help to normalize their thoughts. Developmentally, teens also tend toward self-focus and egocentrism, and that, too, can make anxiety worse, he noted.

A WINNING TREATMENT

The anxiety disorder treatment with the strongest evidence base for success is CBT tailored to the specific anxiety disorder, usually lasting for 12 to 20 sessions and sometimes more. While the application differs depending on the youth’s condition, the basic methodology is the same: addressing unrealistic or exaggerated anxious thoughts and exposing youth to the things they fear until they experience and learn that the anticipated catastrophe does not occur. As a result, they become less triggered when they enter similar situations.

Treatment begins with a holistic assessment of the child, said Clark Goldstein, PhD, who specializes in treating youth anxiety disorders and is founder of Growth Psychology, P.C., a private practice in Garden City, New York. He uses an evidence-based assessment tool, the Anxiety Disorders Interview Schedule, or ADIS, asking questions of the parents and child separately to gain an understanding of the child’s symptoms. He also asks questions of both to learn about mood issues, family dynamics, and family history. And he screens for other conditions such as attention-deficit/hyperactivity disorder, autism spectrum disorders, and eating disorders.

With children and teens, Goldstein begins treatment by showing them a diagram

depicting thoughts, feelings, and behaviors connected via bidirectional arrows. He explains that positive thoughts can lead to positive behaviors, and negative behaviors can lead to negative feelings, for example.

“The aim is to help kids start to understand the difference between thoughts, feelings, and behaviors, and that can be challenging sometimes, even for teenagers,” he said.

The next few sessions focus on the cognitive aspects of treatment, working with youth to recognize common cognitive distortions such as probability overestimation (believing the chances that something bad will happen are higher than they actually are) and emotional reasoning (the propensity to think, “I feel like it’s true; therefore, it’s true.”). He also teaches young people to notice and label their thoughts, which helps them separate the negative thought from the distorted take on reality that often emerges from unrealistic anxiety. For example, “‘I notice that I’m having the thought that the dog is going to bite me’ is very different from, ‘The dog’s going to bite me,’” he said.

Such strategies help set the stage for what experts agree is the most powerful part of treatment: the behavioral work. It starts with developing a “fear and avoidance hierarchy”—a list of situations the child or teen is asked to rate based on how strong their fear is, sometimes with the help of parents. Then, in a graduated fashion, the therapist helps them enter the feared situations, known as exposures or behavioral experiments. For example, if a teen’s



big fear is asking someone on a date, exposures might include practicing various scenarios with a therapist in which they are rejected, accepted, or treated neutrally. If a child has an intense fear of dogs, exposures might include helping them look at cute dogs on the internet, pet a stuffed dog, or feed a gentle, old dog.

Goldstein also has kids rate their progress along the way, including toward the end of treatment. Seeing their fear levels drop from 10 to 2, for example, “is a nice confidence boost, and it helps kids see the fruits of their labor,” he said.

Parents take part in treatment in different capacities depending on the situation, Merson added. With very young children, she may see parents and children together for all or most of the sessions, or

Children and teens with generalized anxiety disorder tend to have pervasive worry or anxious feelings across many domains of life, including about the health of their parents and pets.

just work with the parents alone. For older kids and teens, she often sees the child separately for most of a given session and then brings in the parents for the last 10 minutes to do a recap and go over homework. She may also see parents of older children alone for a few sessions to ensure that they can effectively coach their children in using new anxiety-management skills.

No matter the structure of treatment, however, parental involvement is key, Merson emphasized. Often, parents unwittingly foster a child’s anxiety by providing too much reassurance or protection. While that is a natural response, “it can actually perpetuate anxiety in the long term because the child isn’t learning how to handle difficult situations themselves,” she said. Other parents may invalidate or ignore children’s anxious reactions, which can leave kids feeling unsettled and strain the parent-child relationship.

Merson helps parents develop the winning communication strategy of acknowledging and empathizing with their child’s feelings while at the same time promoting their autonomy and not giving too much credence to their anxiety. She also works with parents to facilitate behavioral experiments at home to help kids practice facing anxiety-provoking situations.

WHO’S AT GREATEST RISK?

While anxiety disorders affect many young people, some are at greater risk than others. These include sexual- and gender-minority youth, who are much more likely than youth

Youth of color are among those at greatest risk of developing anxiety disorders.

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in general to meet criteria for anxiety disorders. In the 2022 National Survey on LGBTQ Youth Mental Health, conducted by the Trevor Project, for example, 73% of LGBTQ+ youth reported experiencing current symptoms of anxiety, and 45% said they had seriously considered attempting suicide in the past year.

To help these young people cope with anxiety and suicidal ideation that may emerge from that anxiety and then go on to develop fulfilling lives, Lily Brown, PhD, director of the University of Pennsylvania’s Center for the Treatment and Study of Anxiety, and José A. Bauermeister, PhD, MPH, a professor at Penn Nursing, launched an intervention this fall that will address known mental health risk factors for these teens, including social isolation, negative emotions like shame and guilt, and lack of safe spaces to connect with like-minded others.

Using peer chats via smartphone, the intervention will incorporate two aspects. One is CBT-based life skills training,

which helps teens transition from relying on adults to gaining greater independence by providing supports that enhance their emotional knowledge and help them find safe spaces to connect with others. The other is safety planning, an evidence-based practice for reducing the risk of future suicide attempts.

The aim is to give these young people practical tools to anticipate and weather suicidal thoughts that may arise, “but for the rest of the time, to help them build lives worth living through opportunities to get connected,” Brown said.

Another at-risk group is children of color, due to social determinants such as poor access to quality mental health care, psychological factors related to racism, and greater stigma about seeking mental health care, said Kent State University professor Angela Neal-Barnett, PhD.

For more than 30 years, Neal-Barnett has been heading the Program for Research on Anxiety Disorders among African

Americans, which develops research-based anxiety interventions for Black Americans. One project within that program is a weekly meeting called Sisters United Now (SUN), aimed at helping middle-school Black girls lower their anxiety, create connections, and build psychological resiliency. SUN uses psychoeducation along with an app to teach the girls about causes of stress and anxiety and employs culturally competent cognitive behavioral interventions to help build their confidence.

For example, girls create their own theme songs by taking parts of their favorite songs and rewriting them with self-empowering endings. Their songs are loaded into an app, “and they are there for them in times of stress and anxiety,” Neal-Barnett said. Neal-Barnett is also studying cultural factors that may make Black youth more vulnerable to anxiety than others.

Additionally, researchers are finding that certain temperamental styles are closely linked to the development of anxiety disorders.

A recent study indicates that anxious children who exhibited a temperamental style called behavioral inhibition at a very early age had a much more difficult time managing their anxiety symptoms during the pandemic than did others. The study, conducted by Selin Zeytinoglu, PhD, of the University of Maryland, and colleagues, analyzed longitudinal data on 291 young adults tracked at ages 2, 3, 7, 15, and 18, looking at measures of behavioral inhibition characterized by fearful responses to novel stimuli.

Teens with high levels of behavioral inhibition starting as toddlers were much more likely to suffer increased anxiety during the pandemic than those who did not show this behavior early on. The findings suggest the importance of pinpointing and treating behavioral inhibition as early as possible, the authors noted (*Journal of the American Academy of Child and Adolescent Psychiatry*, Vol. 60, No. 10, 2021).

IMPROVING ON GOOD TREATMENT

The effectiveness of CBT in treating anxiety disorders in young people has been well established, with recent studies showing that cognitive restructuring and exposure tasks both lead to major improvements in youth anxiety, and that the quantity of exposures is linked to better outcomes. Now, researchers are looking into what can make treatment even more successful.

One trait they are examining is called “intolerance of uncertainty,” or IU—the tendency to hold negative beliefs toward and reactions against uncertain situations and

events. Studies suggest that kids with anxiety disorders who score higher in this tendency and whose parents are overly accommodating have poorer treatment outcomes. To this end, several researchers have created adaptations of CBT for anxiety that target one or both dimensions. In a summary of this area of research in *Current Psychiatry Reports* (Vol. 22, No. 49, 2020), Kendall and colleagues noted that the work shows promising results, adding that it could lead to an important next step in CBT treatment for anxiety: tailoring interventions to particular subsets of kids.

Researchers at Boston University’s Psychotherapy and Emotion Research Lab are examining additional ways to enhance treatment. One study is adding a mindfulness-based intervention called Positive Affect Training to CBT treatment, while another will compare the effectiveness of yoga, CBT, and stress education in treating generalized anxiety disorder. Members of the lab are also looking at structural and functional brain biomarkers that may differentiate teens with anxiety and depression from healthy teens (visit www.bostonanxiety.org/currentresearch.html for a list of these projects).

Others are looking into how to better disseminate proven treatments for pediatric and adolescent anxiety to broader populations. For example, Boger is eager to make evidence-based treatments available to many more kids via her new company.

“Too many kids and teens are struggling to find treatment, particularly evidence-based care,” she said. “So, our plan

is to be a 50-state solution focused on providing access to evidence-based care for anxiety and obsessive-compulsive disorder.” Her startup works with insurance companies, operating in a value-based framework in which payments for care delivery are bundled and tied to the quality of that care, Boger noted. Treatment encompasses comprehensive, evidence-based care that includes intensive intervention, a step-down phase, and ongoing maintenance.

Providers who treat anxiety should make sure they are fully trained in CBT and up to date on new research, Goldstein added. “I’ve had people come to me who have seen providers who say they do CBT, but who didn’t really push the child to do exposures in a way that was productive,” he said. He recommends consulting with or gaining supervision from a known expert and reading key books by leaders in the field such as David H. Barlow, PhD, Michelle G. Craske, PhD, and Ronald M. Rapee, PhD (see Further Reading).

It’s important to get it right, Boger added, because untreated anxiety can spiral into worse issues like depression, substance use disorders, and even suicidality. But when kids get quality treatment, she said, it can be life changing.

“I’ve seen kids who were completely stuck and avoiding pretty much every facet of their lives—from school to social interactions, to extracurriculars, to friends—who were able to reclaim their lives,” she said. “Now they’re off to college or grad school and living their full lives. It’s really inspiring and remarkable.” ■

KEY POINTS

1

Rates of clinical anxiety in children and teens have nearly doubled during the pandemic, underscoring an urgent need for more accessible treatment.

2

The treatment for anxiety disorders with the most robust evidence base is tailored cognitive behavioral therapy, which has extensive supporting research and is highly effective.

3

Sexual- and gender-minority youth and youth of color are at especially high risk for developing anxiety disorders.

4

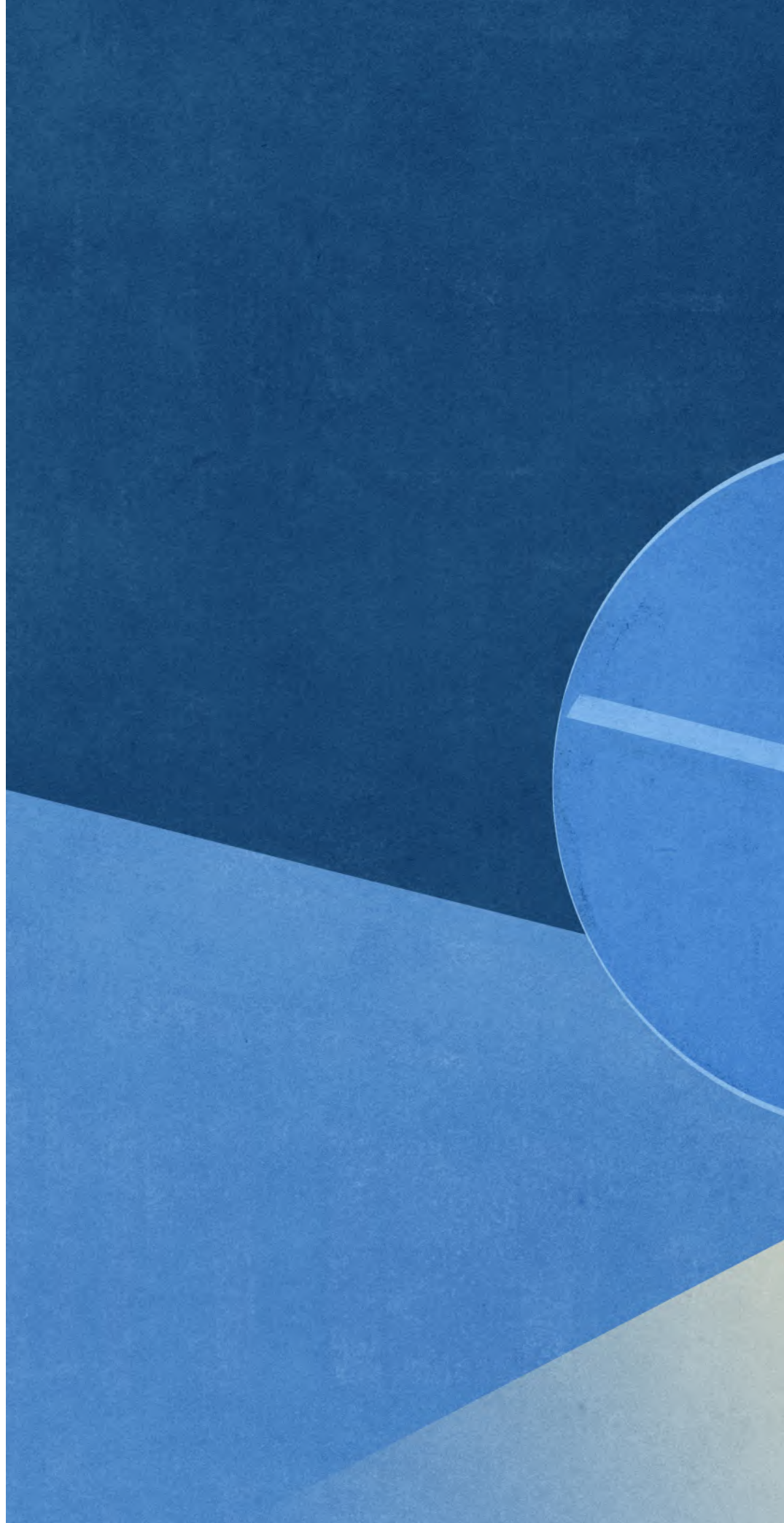
More research is needed on the traits of behavioral inhibition and intolerance of uncertainty, which could lead to more tailored treatments.

I

n 2021, the United States set a grim record:

For the first time, more than 100,000 people lost their lives to drug overdoses. Substance misuse experts say the COVID-19 pandemic accelerated the opioid crisis. Lockdowns isolated people from support systems, impeded access to treatment, and increased depression and despair. At the same time, the illicit opioid market took a dangerous turn, shifting from products such as heroin to fentanyl, a potent synthetic opioid with even more deadly consequences.

“The pandemic has compounded many existing problems, including mental health crises. Meanwhile, we’ve seen a near-total transition of the illicit opioid supply to fentanyl, which is highly potent and often fatal,” said Sharon Walsh, PhD, director of the Center on Drug and Alcohol Research at the University of Kentucky. And while telehealth access improved during the pandemic, some people had more trouble accessing pharmacological treatments. “While there were some silver linings to the pandemic, such as policy changes to allow telehealth options for initiating buprenorphine treatment, all in all, we’re losing right now as fatal



A Major Federal Initiative Targets the Opioid Epidemic

Psychologists are among the
experts addressing the crisis with a \$2 billion
investment from NIH's HEAL Initiative

BY KIRSTEN WEIR





overdoses are rising,” Walsh said. Recent data show that overdose deaths are rising most quickly among people of color and particularly in low-income communities (Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, Vol. 71, No. 29, 2022).

But an ambitious federal initiative aims to turn the tide of the opioid epidemic. The National Institutes of Health (NIH) launched its Helping to End Addiction Long-term Initiative® (or NIH HEAL Initiative®) in 2018 to support science-based solutions to the opioid crisis. As of July 2022, NIH had invested \$2 billion in HEAL, funding some 600 research projects nationwide.

Those projects include new

cognitive behavioral therapy-based interventions for pain, behavioral interventions to complement pharmacological treatments, efforts to improve access to treatments in justice settings and communities, and research to understand how prenatal opioid exposure affects child development.

Psychologists are involved in many of the projects being done under the HEAL Initiative, applying their skills to a variety of efforts to reduce opioid deaths and lessen the impacts of opioid use disorder on individuals, families, and communities.

HEAL is designed to tackle the parallel problems of chronic pain and addiction, said Tisha Wiley, PhD, a psychologist and associate director for justice

Dr. Rahul Gupta (center), director of the White House Office of National Drug Control Policy, during a visit to a prison in Warren, Maine, on July 12, 2022, where he reviewed a medication treatment program for opioid addiction.

systems in the Services Research Branch at the National Institute on Drug Abuse (NIDA). “It covers the entire swath of science, from basic biomarkers to new therapeutics to getting evidence-based tools for prevention and treatment into practice,” she said. “What makes this effort different is that we’re really thinking about that whole continuum from prevention to harm reduction to treatment and recovery. We’re not going to make any progress if we don’t put that whole picture together.”

IMPROVING OPIOID TREATMENT

One major effort within HEAL targets opioid use disorder within the criminal justice setting. Research shows that 51.7%

of people with prescription opioid use disorder, and 76.8% of those with heroin use in the past year, report contact with the criminal justice system. And justice involvement increases as the level of opioid use increases (Winkelman, T. N. A., et al., *JAMA Network Open*, Vol. 1, No. 3, 2018).

Some criminal justice settings offer opioid treatments, but access to treatment services in jails and prisons varies widely. “You shouldn’t have to go to jail to get treatment. But jails and prisons are the largest mental health and substance use treatment providers in the country,” said Wiley, NIDA’s lead for the HEAL-supported Justice Community Opioid Innovation Network (JCOIN).

The average jail stay for people who misuse opioids is less than 30 days, Wiley noted, so treatment continuity is often a problem as people move from justice settings back into their home communities. JCOIN addresses gaps in treatment, with an emphasis on creating partnerships between justice systems and community-based treatment providers. The project includes a dozen research hubs, each working in multiple communities.

“The goal of the network is to ensure that everyone involved in the justice system has access to evidence-based opioid use disorder treatment,” said Rosemarie Martin, PhD, an experimental psychologist at Brown University and a principal investigator of JCOIN who oversees projects in Rhode Island, Philadelphia, and North Carolina.



Jamie Cline takes a dose of buprenorphine, a drug used to treat opioid use disorder, during a break at her job at a millwork shop in Tumwater, Washington, on Nov. 20, 2019.

The gold standard for treatment includes FDA-approved medications, including methadone, buprenorphine, or naltrexone to prevent drug cravings and/or block the effects of other opioids, alongside psychotherapy. Groups such as the American Society of Addiction Medicine recommend medications be made available to all patients (Crotty, K., et al., *Journal of Addiction Medicine*, Vol. 14, No. 2, 2020). It has been established that medications for opioid use disorder can reduce both overdose deaths and recidivism, Wiley said. But methadone and buprenorphine are highly regulated medications, which can make it challenging to establish treatment programs that deliver them in justice settings. JCOIN

is studying how best to implement those services to support justice-involved people with opioid use disorder in large-scale clinical trials.

Coordinating care between justice settings and communities presents many challenges. What happens if a person receives methadone treatment in jail, for instance, but is unable to access treatment when they’re released back to their community? How can probation officers and community providers work together to support the people they serve? “We’re taking a systems-change approach, starting with community partners,” Martin said. Local leaders are in the best position to determine their priorities, whether that’s increasing treatment capacity, improving communication between community providers and justice systems, or providing timely data so that community leaders can assess what’s working and what isn’t. “We’re focusing on helping leadership implement changes with the best science, to make sustainable changes that become part of their operations after we’re no longer involved,” Martin said.

The large-scale approach will allow researchers to collect data about what works within these settings, Martin said. “As a network, we’re more than the sum of our parts.”

HELPING COMMUNITIES HEAL

Community input is also a key element in another large-scale HEAL project, the HEALing Communities Study, which is testing the integration of

prevention, overdose education, and expansion of medications for opioid use disorder in 67 communities in Kentucky, Massachusetts, New York, and Ohio that have been hit especially hard by the opioid crisis. The goal is ambitious: to reduce overdose deaths by 40% over 3 years. The researchers hope to establish best practices for implementing prevention and treatment strategies that can be replicated nationwide.

“Communities know their strengths, resources, gaps, and vulnerabilities better than

anyone else. This study is all about providing them with data and support so that they can make data-driven decisions,” says Redonna Chandler, PhD, a licensed psychologist and director of the HEALing Communities Study at NIDA. “We’ve found there are a lot of great things happening in communi-

ties, but they’re often happening in silos. We’re developing a multipronged approach across multiple sectors and helping them implement these practices in ways they can sustain beyond the life of this study.”

people who have substance use disorders and treatments for these disorders, there’s been a failure in terms of treating this as any other medical condition,” said Walsh, principal investigator of the HEALing Communities Study in Kentucky. “It’s been a challenge to get communities to take up those practices that we

“It’s been a challenge to get communities to take up those practices that we know are most effective.”

SHARON WALSH, PHD, DIRECTOR, CENTER FOR DRUG AND ALCOHOL RESEARCH, UNIVERSITY OF KENTUCKY

ACTION

WHAT CLINICAL PSYCHOLOGISTS CAN DO

- **TALK** with patients about substance use and be aware of signs of problems and/or substance use disorders.
- **CONNECT** with experts in the treatment of substance use disorders and add them to your referral network.
- **SUPPORT** the supervision and training of other members of care teams, such as peers, in working with individuals with substance use disorders.
- **LEARN** more about overdose and the use of naloxone to reverse an opioid overdose and educate patients on what they should do if they witness an overdose in a loved one.
- **SPEAK OUT** against the stigma surrounding opioid use disorder and the medications used to treat them, which prevents people from seeking services. “Stigma is a leading cause of death,” said Rosemarie Martin, PhD, of Brown University. “As psychologists, we need to be advocates for decreasing stigma around addiction so we can break down those barriers.”
- **READ** about ways psychologists are using new treatments and interventions to help patients manage chronic pain in the September *Monitor*.

ties, but they’re often happening in silos. We’re developing a multipronged approach across multiple sectors and helping them implement these practices in ways they can sustain beyond the life of this study.”

Each of the 67 communities was randomly assigned to receive the intervention immediately or in a second wave as a wait-listed control. The investigators present the communities with a menu of evidence-based practices that fall into three categories: overdose education and distribution of naloxone, a drug that can reverse opioid overdoses; expansion of medications for opioid use disorder, including efforts to improve accessibility and treatment retention; and educating health care providers about safer prescribing and dispensing practices for pain relievers.

“Unfortunately, because of the way our health care system is designed, and because of long-standing stigma against

know are most effective.”

Like JCOIN, this study is all about getting evidence-based tools into the population. Each of the four states is using a common protocol in their communities, and the practices are designed so that communities can maintain them long term even after the study ends. “It’s a very structured decision-making process. And at the end of the process, each community has determined which interventions from our list they will deploy and in what agencies,” Walsh said.

The investigators completed the Wave 1 interventions and launched the intervention in the Wave 2 communities in the summer of 2022. They will be reviewing data to better understand what’s working and what gaps remain, and how best to ramp up efforts to save lives in other communities. “The need is greater than ever. But we know a lot about what works,” Walsh said.



OPIOID EXPOSURE AND NEURODEVELOPMENT

HEAL extends beyond intervention and implementation research. Another large initiative explores the developmental effects of prenatal opioid exposure. Modeled on the NIH's long-running Adolescent Brain Cognitive Development (ABCD) Study, the HEALthy Brain and Child Development Study (HBCD) will follow a cohort of 7,500 pregnant people and their babies through childhood, collecting biospecimens, imaging data, medical and family history, and information on social, emotional, and cognitive development.

While the study is not focused strictly on opioid

Terrence Cooper, a needle exchange coordinator at Family & Medical Counseling Service Inc. (FMCS), in Washington, D.C., stands outside the FMCS van on April 21, 2022. Organizations like FMCS are working to fight the damages caused by fentanyl, an ultra-powerful and addictive synthetic opioid, in the U.S. capital.

exposure, the researchers plan to oversample for pregnant people who have used opioids and other substances to paint a clearer picture of the effects of prenatal and postnatal exposures. "Most of the information available [on opioid use in pregnancy] comes from very limited studies," said Michelle Freund, PhD, project director for the HBCD Study at NIDA. HBCD is notable both for the magnitude of participants and the range of data that researchers will collect, including neuroimaging data for every child. "The HEAL Initiative has allowed us to take on a study that no single institute at the NIH would be able to do on its own," she said.

The longitudinal study has

the power to answer important questions not only about opioid exposure but about neurodevelopment more broadly, said Lauren Wakschlag, PhD, director of the Institute for Innovations in Developmental Sciences at Northwestern University and joint lead for her university's HBCD study site. Her team is engaging members of the community as partners in study design to ensure an equitable approach that represents the lived experiences of diverse families, she said. Recent advances in biosensors and brain-based imaging also mean the study will be able to learn things that weren't possible even a decade ago. One example is the use of what she calls "lullaby MRI,"

a technique to look at infants' brain growth, without anesthesia, while the baby sleeps.

The effort will provide a rich set of data that will be made available to the research and broader community through regular public releases. "Our ultimate goal is to conduct developmental follow-up of these children until they overlap with the age at which the ABCD study was initiated. By harmonizing the two studies, we can chart a path from the prenatal period through emergent adulthood to understand why some children do well under adverse circumstances and some do not—and ultimately, translate that to prevention efforts," Wakschlag said.

PSYCHOLOGY'S ROLE IN HEAL (AND HEALING)

Beyond these large-scale studies, the HEAL Initiative supports numerous other projects that touch on the opioid crisis in a variety of ways. Katie Witkiewitz, PhD, a professor of psychology at the University of New Mexico, is part of a team studying interventions to address risky opioid use in people who also live with chronic pain—a population thought to make up as many as 40% to 60% of people with opioid use disorder. The Integrative Management of chronic Pain and OUD for Whole Recovery (IMPOWR) study aims to treat both issues at the same time, rather than treat pain and substance use as separate problems.

In a pilot study of veterans, Witkiewitz and colleagues found that acceptance and commitment

therapy combined with mindfulness-based relapse prevention helped participants pay attention to their pain response, make room for negative sensations without choosing harmful strategies to control them, and pursue personally valued activities (*The Journal of Pain*, Vol. 21, No. 7–8, 2020). They're now conducting a larger study to assess the technique in veterans and others. "We're trying to provide a holistic intervention that gets at the core causes and conditions that lead to both chronic pain and opioid use disorder," she said.

In another psychologist-led study, Jessica Magidson, PhD, an associate professor of psychology at the University of Maryland, has support from HEAL to evaluate an intervention that employs peer recovery coaches to

Former fentanyl addict Bryan Garner, left, assists Candy Flier at the Missouri Network for Opiate Reform and Recovery, a harm reduction and outreach center in St. Louis where Garner sought help for his addiction, on May 1, 2019.

help individuals stay in treatment for opioid use disorder. These individuals with lived experience of opioid use are trained to deliver a structured, evidence-based approach that uses behavioral activation to help people with opioid use disorder identify meaningful behaviors and address barriers to staying in treatment. The intervention was originally designed to be led by peers and community health workers in international settings where access to psychologists and psychiatrists is limited, but Magidson has adapted the peer-delivered behavioral activation intervention for use in medically underserved communities in the United States (*PLOS ONE*, Vol. 15, No. 1, 2020).

"Workforce shortages are also



pervasive in the United States, and peers may play an essential role in expanding access to psychosocial support alongside medication treatment for opioid use disorder,” Magidson said. In the HEAL-funded pilot study currently under review, she found that 89% of participants in the peer intervention remained in methadone treatment at 3 months, compared with 60% in usual care. Magidson is now launching a larger trial to evaluate the intervention and has separate HEAL funding to test how the intervention may reduce stigma. “Our team is demonstrating how peers, through shared lived experience, may shift the many layers of stigma people face when seeking services for opioid use disorder,” she said.

Psychologist Sean Young, PhD, a professor at the University of California, Irvine, and executive director of the University of California Institute for Prediction Technology, is also evaluating the power of peers through an online community intervention. He and his colleagues originally developed a social media mentorship program to increase health behaviors among other populations affected by stigma, such as people living with HIV. With HEAL support, Young and his colleagues adapted the program to engage patients who use opioids to reduce risk factors for opioid misuse (*Heliyon*, Vol. 6, No. 3, 2020). He’s also testing whether the intervention can increase uptake and adherence of medications for opioid use disorder. “We’re underutilizing

behavioral science and psychology methods in public health,” Young said. “We can take these ideas and lessons from psychology and apply them to have a much bigger positive impact.”

Young isn’t the only psychologist to see a need for more psychological science in efforts to address the opioid epidemic. “We need as many brilliant psychologists working on this as possible,” Witkiewitz said. She thinks the tide is turning. “There’s now a lot of attention and a lot of money being thrown at the problem. And a lot of people who previously weren’t doing work on opioids or pain are moving into the area,” she said.

One important part of their

role is to help chip away at the stigma that continues to stand in the way of prevention, harm reduction, and treatment efforts. “Both chronic pain and opioid use disorder have tremendous stigma associated with them. In my conversations with our partners with lived experience, one of the most devastating parts has been hearing how poorly they’ve been treated by the health care system,” Witkiewitz said. “We need to be thinking about the biases and discrimination we might bring into our interactions as psychologists or researchers. And we need to do everything that we can do to reduce stigma and to reduce barriers for people who genuinely need help.” ■

FURTHER READING

The opioid guide: A resource guide for practicing psychologists

APA Cross-Divisional Task Force on Clinical Responses to the Opioid Crisis, 2018

The Healthy Brain and Child Development Study—Shedding light on opioid exposure, COVID-19, and health disparities

Volkow, N. D., et al. *JAMA Psychiatry*, 2020

Addressing opioid overdose deaths: The vision for the HEALing Communities Study

Chandler, R. K., et al. *Drug and Alcohol Dependence*, 2020

Engaging the justice system to address the opioid crisis: The Justice Community Opioid Innovation Network (JCOIN)

Ducharme, L. J., et al. *Journal of Substance Abuse Treatment*, 2021

TRAINING

USE THE FREE APA SUBSTANCE USE DISORDERS CURRICULUM

Despite the scale of the opioid crisis, courses on substance use treatment are still absent from many psychology graduate training programs. Yet with increased awareness, more trainees are asking for this education—and APA is helping to provide it.

From 2019 to 2021, with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), APA worked with experts from the Society of Addiction Psychology (APA’s Div. 50) to develop a substance use disorders curriculum for use by graduate programs, internships, and postdoctoral programs. The curriculum covers topics such as assessing and treating substance use, screening for addictive behaviors, cultural and family influences on substance use, and understanding recovery as a process of change. During the period of funding, 35 programs with 367 students used the curriculum. After using the curriculum, 94.2% of students reported their knowledge of substance use disorders was greater, and 91.4% of instructors reported increases in their ability to provide training related to substance use. The six-module curriculum is available for delivery in person or online. Faculty can access the curriculum at <https://www.apa.org/ed/graduate/substance-use/>.



COPING —WITH— LIFE AFTER PRISON

*Psychologists are playing pivotal roles in reentry programs,
but more research and investment are needed to help incarcerated
individuals build successful lives after leaving prison*

BY CHARLOTTE HUFF

Former inmate Red Gilbert works as a reentry peer specialist with Texas RioGrande Legal Aid, connecting individuals who were recently released from jail or prison with housing, behavioral health care, and other vital services.

PHOTOGRAPHS BY ANTHONY FRANCIS

F

or Red Gilbert, 6 years in state prison proved easier than living through the first 5 months after his release.

After he left jail, with no job and nothing but \$50 and a bus ticket in his pocket, Gilbert experienced daily uncertainty and stress including unstable housing, mostly in homeless shelters.

"I know that makes no sense," said Gilbert, who now works as a mental health and reentry peer specialist for Texas RioGrande Legal Aid in South Texas. "But [in prison] I didn't have to worry about eating. I didn't have to worry about having a roof over my head. I didn't have to worry about having a bed to lay down in. All of this stuff was provided for me. I was just caged in."

Gilbert, who left prison in 2007, benefited from more of a safety net than many of the more than 7 million people annually who are released from U.S. jails and prisons. He was married, and his wife stood by him while he served time for several drug convictions and then while they tried to find work and housing. But given his record, Gilbert was turned away more times than he could count, until he landed a job about 3 months after his release.

Still, he said, "You are set up to fail. I had somebody, but we didn't have anything else."

These days, Gilbert is part of a cadre of peer specialists, reentry services, and other nationwide efforts designed to connect formerly incarcerated

men and women with housing, behavioral health care, and other vital help. The goal, including the use of techniques to address criminogenic risk factors such as antisocial attitudes or antisocial peers, is to reduce the risk of reincarceration. Among former prisoners, 5 out of 6 will be arrested at least once in the first 9 years after their release, according to a U.S. Department of Justice analysis published in 2018.

Psychologists, who already provide assessment and treatment within the criminal justice system, play a notable role with reentry efforts, including holding leadership roles in programs, supervising caseworkers, and coordinating between the legal system and rehabilitation efforts. There has been evidence that such reentry initiatives can successfully reduce recidivism, according to a review of research (Peters, R. H., et al., *The American Journal of Drug and Alcohol Abuse*, Vol. 43, No. 4, 2017).

Still, such efforts are dwarfed by the massive needs of these vulnerable individuals during the first year following release, particularly the first several months, psychologists say. Despite notable programs and initiatives emerging over the past decade, more investment and focus are required at this critical juncture, said Sarah Desmarais, PhD, president of Policy

Research Associates in Delmar, New York, which oversees projects that include operating the Substance Abuse and Mental Health Services Administration's (SAMHSA) GAINS Center for Behavioral Health and Justice Transformation.

"It is the most significant period of time in a person's involvement in the criminal legal phase," she said. "I really believe we can do a lot of important work and treatment while they're in custody. And it can fall apart if we don't have the right supports and safety nets in place to support their successful reentry."

Black adults and youth are notably impacted by systemic racism at every stage of the criminal justice system, according to data compiled on racial disparities by the Prison Policy Initiative, a nonprofit research and advocacy organization in Northampton, Massachusetts. The analysis, which relies upon federal data, found that Black individuals are more likely to be arrested or incarcerated than White individuals. For instance, 2,272 out of every 100,000 Black men were incarcerated in state or federal prison in 2018, more than double the rate of Hispanic men (1,018 per 100,000) and more than 5 times the rate of non-Hispanic White men (392 per 100,000).

Once incarcerated, individuals



Gilbert's case load is supposed to be 12 to 15 clients. He now sees up to 60 people at a time who are at all stages within the justice system, from arrest to prison to release.

of all demographic backgrounds are likely to be coping with at least one behavioral health condition. Among those in U.S. prisons, 37% report a mental health diagnosis, as do 44% of people in jails, according to a 2017 report by the U.S. Department of Justice.

Moreover, no one can avoid

being incarcerated without suffering some degree of trauma on top of any preexisting sexual, psychological, or physical trauma, said Sandra Smith, PhD, a peer programs manager for Via Hope, a Texas-based nonprofit organization. She created Via Hope's reentry peer specialist certification training, which has

been completed by more than 80 formerly incarcerated men and women, including Gilbert.

"There is a specific trauma related to being incarcerated that is pretty much indescribable," said Smith, who was incarcerated herself 2 decades ago. "First of all, it's losing your liberties—losing the ability to do anything on your own. And you're constantly being yelled at. You're constantly being demeaned."

From there, individuals walk into a world where the logistics can prove overwhelming—everything from finding a job and somewhere to live to keeping up with parole and avoiding the old neighborhoods, people, and patterns that landed them behind bars in the first place. This world also may be unrecognizable. One psychologist described how case-workers in her program devote considerable time to teaching individuals how to use a smartphone, as well as how to use the subway metro cards.

"It's like climbing Mount Everest in your bare feet," said Arizona forensic psychologist Joel Dvoskin, PhD. "It's kind of amazing that a fair number of people don't come back right away," he said. "It's a tribute to the human spirit that people manage to do this without much help."

CHICKEN AND EGG

Too often, these individuals didn't receive help for mental health or substance use challenges prior to their incarceration, said Roger Peters, PhD, a clinical psychologist and emeritus professor in the Department of Mental Health Law and Policy at the University of South Florida in Tampa. Peters

coauthored a study that looked at prior treatment among more than 18,000 men in U.S. jails and found that 62% didn't report any previous behavioral health care (Hunt, E., et al., *Psychiatric Rehabilitation Journal*, Vol. 38, No. 1, 2015).

"These are people who have never engaged voluntarily in treatment, for the most part,

release, said Jessica Klaver, PhD, a forensic psychologist and chief program officer at the Center for Alternative Sentencing and Employment Services (CASES), a private nonprofit organization in New York City. They are also vulnerable to rearrest for minor crimes rooted in poverty and immediate needs, she said.

"They're coming out and they

after their release.

They aren't required to work with him, and some don't. But Gilbert, whose client load was supposed to be 12 to 15 people, was working with more than 60 individuals in various stages of the criminal justice system last summer. "There needs to be more people doing what I do," he said.

Once released from jail, these



and who aren't savvy to what the benefits of treatment are," Peters said. Plus, amid the often macho culture of men's jails and prisons, seeking out behavioral health care can be viewed as a sign of weakness or vulnerability, he said.

In cases where individuals are taking prescribed medication while incarcerated, the clock begins to tick upon release to get them into care before their pills run out, said Robert Morgan, PhD, a researcher in mental health care and the criminal justice system, as well as dean of the College of Health and Human Sciences at Southern Illinois University in Carbondale. "Oftentimes they'll leave with a seven-day supply, something to give them at least a little bit of a start, but not much," he said.

The risk of overdose is particularly high shortly after

"THEY'RE COMING OUT AND THEY HAVE NO MONEY, THEY HAVE NO JOB. THEY STEAL THINGS LIKE TOOTHBRUSHES. THEY STEAL DEODORANT. IT'S CRIMES THAT MAKE YOU WANT TO CRY."

—JESSICA KLAVER, PHD, FORENSIC PSYCHOLOGIST
AND CHIEF PROGRAM OFFICER, THE CENTER FOR ALTERNATIVE
SENTENCING AND EMPLOYMENT SERVICES

have no money," Klaver said. "They have no job. They steal things like toothbrushes. They steal deodorant. It's crimes that make you want to cry."

Looking back, Gilbert believes that he struggled with undiagnosed depression during his first months. How could someone not, he said? "It's very, very depressing to realize that you literally have nothing but what you're carrying on your back."

In his peer specialist role, Gilbert gets referrals from a six-county region in South Texas, low-income men and women who have been arrested and have a mental health diagnosis or substance use issue. Gilbert provides support from the time of arrest through court hearings and jail, striving to line up mental health treatment, housing options, and other safety net services to help

individuals often face the same chicken-and-egg dilemma that Gilbert did. It's difficult to land a job without the stable housing that's needed to get a decent night's sleep and keep clothes clean. But to find housing—already a steep challenge when one has a prior conviction—a paycheck is required, he said.

In Gilbert's case, he frequented Goodwill's employment center in San Antonio so often, getting on the computer to search for jobs, that a director there offered him employment helping customers and restocking. "It was easier to hire me to work for them, than to look at me every day," he said with a laugh.

EASING COMMUNITY REENTRY

At one of the reentry programs operated by CASES that assists people leaving state prison,



A cross made of glass blocks admits light through the wall of the Texas RioGrande Legal Aid building where Gilbert works.

caseworkers work hard to make contact prior to release, to explain the services that the program provides, and to gain insight into their most pressing needs, Klaver said. For instance, she said, “It’s January in New York, what size boot do you wear?”

They put together a duffel bag with a few items of clothing, underwear, socks, snacks, and toiletries. The caseworker brings that bag—a small up front investment to hopefully avert minor thefts later—to the first meeting at the parole office.

At that meeting, the caseworker hopes to build the client’s trust with the organization, Klaver said. “It’s all about engagement in the beginning.” Once that baseline of trust is in

place, “maybe we could cajole them to go see that psychiatrist,” Klaver added.

Similarly, the mental health agency Community Connections reaches out to Washington, D.C., residents shortly before their prison release. Many of these individuals are typically referred because of a history of mental illness, said David Freeman, PsyD, chief clinical officer at the Washington, D.C.-based nonprofit organization that provides behavioral health and other services to marginalized residents. They assist with obtaining services, such as applying for Medicaid and housing programs, and provide psychotherapy blended with case management, he said.

“The psychotherapy part is, What is it that you want to accomplish? What are the things that are going to trip you up? Who do you trust? How do you check that out?”

Even if a plan had been developed before the release of an individual, such as housing, it can soon fall apart, Freeman said.

“Thoughtful housing plans are extremely rare,” he said. “A lot of times the plans that people make are on a wing and a prayer.” For instance, an estranged daughter might agree to having a formerly incarcerated parent live with her, not knowing what else to say. But once the parent arrives, it becomes clear that the housing situation is already overcrowded,



which causes stress levels to rise, and the plan doesn't end up working out.

To help mental health clinicians better understand the issues and logistics involved with reentry, the GAINS Center provides some online resources. In addition, Policy Research Associates also operates SAMHSA's SOAR (SSI/SSDI Outreach, Access, and Recovery) Technical Assistance Center, which among other services, offers free online training to teach clinicians, case

managers, and others how to enroll eligible individuals into disability and other programs, Desmarais said.

Finding ways to pay for behavioral health treatment and medications can pay off significantly, said Desmarais, who has conducted related research. One study she was involved with looked at hospitalized Medicaid recipients with schizophrenia or bipolar disorder and found that 31% were arrested at least once after being released from

Bob Strause, one of Gilbert's clients after his release from the Live Oak County Jail in 2015, is now a reentry peer specialist at Texas RioGrande Legal Aid.

the hospital, mostly for misdemeanor charges. But routine outpatient treatment, including medication and mental health services during the first 90 days after hospitalization, significantly reduced arrests for misdemeanors and felonies (Van Dorn, R. A., et al., *Psychiatric Services*, Vol. 64, No. 9, 2013).

Working in a leadership role, psychologists can also leverage their expertise to bridge gaps between the criminal justice, legal, and behavioral health systems, said Abigail Tucker, PsyD, a Denver-based clinical psychologist with extensive work in the criminal justice system and is the chief strategy officer for Polara Health, a nonprofit behavioral health provider in Prescott, Arizona.

In recent conversations with local county jail officials, Tucker learned how frustrated they were that people too often relapsed following release. "If you are struggling with substance use, there is a forced sobriety that happens while you're in detention," she said. "It can look like you're all clean and ready to go. But it's a controlled environment."

Starting earlier this year, formerly incarcerated individuals with substance use issues prior to incarceration are now taken directly to Polara Health's residential treatment program upon release, where they are typically treated for 2 to 4 weeks, Tucker said.

THERAPEUTIC COMPLEXITIES

In the first several months after release, individuals may often

cope relatively well, buoyed by their return to the community, Morgan said. But over time, initial plans may unravel, as their job prospects look bleaker or their living situation doesn't work out.

"Those stressors start to build," Morgan said. "And without appropriate access to mental health care to help manage things and provide support, that's when people start

criminal justice system (Bolaños, A. D., et al., *Law and Human Behavior*, Vol. 44, No. 4, 2020).

In a therapeutic session, a psychologist could work with a patient to identify friends or family members who demonstrate antisocial traits and develop strategies to minimize contact with them, Morgan said. A stoplight mnemonic approach can be useful, he said, asking the patient to sort peers into those



to get overwhelmed and start to deteriorate."

When providing therapy, it is important that psychologists address not only mental health issues but also any criminogenic risk factors that may boost the risk for recidivism, said Morgan, who is among those researchers who have studied these risk factors. One recent study that Morgan coauthored, which looked at the eight criminal risk factors among patients hospitalized in psychiatric facilities, found that those with risk factors were more likely to have been previously involved with the

who are red light individuals, with antisocial behaviors and criminal justice involvement, and others who fall into the yellow or green light categories. For an upcoming family barbecue, a psychologist might encourage a patient to think through how to limit interactions with red light individuals in pursuit of more time with prosocial friends and relatives, he said.

During meetings with patients, Freeman helps them think through how they will cope with elements of their post-release plan, particularly scenarios that might be far from

ideal. As one example, he said, someone might have planned to live with a sister while failing to consider that it would mean interacting with his or her abuser, who visits on weekends.

First, someone must be willing "to acknowledge that the plans that they have laid out are fraught," Freeman said. If no housing alternative exists, the next step is to brainstorm approaches for when the abuser visits. First, though, recognition is vital, he said. "I need a strategy. I need some help figuring out how I'm going to handle that. Other than hiding in my room, storming off, or getting high."

In her work, Tucker has trained therapists to watch out for interpersonal cues and remember that even seemingly routine questions—asked to better assist that individual—might feel more like a police interrogation. That therapist might be one of the first individuals someone who has been recently released has interacted with on the outside, she said.

If the interview seems to be off to a bumpy start, Tucker trains therapists to suggest taking a break. That way both parties can separate for a brief stretch, and the therapist can get guidance from a supervisor.

Despite the therapeutic challenges involved, this work can be profoundly meaningful, Morgan stressed.

"They have great need and not a lot of people who are willing to help them," Morgan said. "It's an opportunity to help people at their lowest point and to really make a significant impact in somebody's life." ■

FURTHER READING

Guidelines for successful transition of people with mental or substance use disorders from jail and prison: Implementation guide
Substance Abuse and Mental Health Services Administration, 2017

Interventions at the transition from prison to the community for prisoners with mental illness: A systematic review
Hopkin, G., et al.
Administration and Policy in Mental Health and Mental Health Services Research, 2018

The psychology of criminal conduct
Bonta, J., & Andrews, D. A.
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CAMPUS CRISIS

STUDENT MENTAL HEALTH

has deteriorated across the nation. As a result, colleges and universities are coming up with new approaches to meet the demand for care, including better equipping faculty and staff to spot students in distress.

BY ZARA ABRAMS



Even before the COVID-19 pandemic, colleges and universities were facing a surge in demand for mental health services that far outpaced capacity.

By nearly every metric, student mental health is worsening.

During the 2020–2021 school year, more than 60% of college students met the criteria for at least one mental health problem, according to the Healthy Minds Study, which collects data

from 373 campuses nationwide (Lipson, S. K., et al., *Journal of Affective Disorders*, Vol. 306, 2022). In another national survey, almost three quarters of students reported moderate or severe psychological distress (*National College Health Assessment*, American College Health Association, 2021).

Even before the COVID-19 pandemic, schools were facing a surge in demand for care that far outpaced capacity, and it has become increasingly clear that the traditional counseling center model is ill-equipped to solve the problem.

“Counseling centers have seen extraordinary increases in demand over the past decade,” said Michael Gerard Mason, PhD, associate dean of African American Affairs at the University of Virginia (UVA) and a longtime college counselor. “[At UVA], our counseling staff has almost tripled in size, but even if we continue hiring, I don’t think we could ever staff our way out of this challenge.”

Some of the reasons for that increase are positive. Compared with past generations, more students on campus today have accessed mental health treatment before college, suggesting that higher education is now

an option for a larger segment of society, said Micky Sharma, PsyD, who directs student life’s counseling and consultation service at The Ohio State University (OSU). Stigma around mental health issues also continues to drop, leading more people to seek help instead of suffering in silence.

But college students today are also juggling a dizzying array of challenges, from coursework, relationships, and adjustment to campus life to economic strain, social injustice, mass violence, and various forms of loss related to COVID-19.

As a result, school leaders are starting to think outside the box about how to help. Institutions across the country are embracing approaches such as group therapy, peer counseling, and telehealth. They’re also better equipping faculty and staff to spot—and support—students in distress, and rethinking how to respond when a crisis occurs. And many schools are finding ways to incorporate a broader culture of wellness into their policies, systems, and day-to-day campus life.

“This increase in demand has challenged institutions to think holistically and take a multifaceted approach to supporting students,” said Kevin

Shollenberger, the vice provost for student health and well-being at Johns Hopkins University. “It really has to be everyone’s responsibility at the university to create a culture of well-being.”

HIGHER CASELOADS, CREATIVE SOLUTIONS

The number of students seeking help at campus counseling centers increased almost 40% between 2009 and 2015 and continued to rise until the pandemic began, according to data from Penn State University’s Center for Collegiate Mental Health (CCMH), a research-practice network of more than 700 college and university counseling centers (*CCMH Annual Report*, 2015).

That rising demand hasn’t been matched by a corresponding rise in funding, which has led to higher caseloads. Nationwide, the average annual caseload for a typical full-time college counselor is about 120 students, with some centers averaging more than 300 students per counselor (*CCMH Annual Report*, 2021).

“We find that high-caseload centers tend to provide less care to students experiencing a wide range of problems, including those with safety concerns and critical issues—such as suicidality and trauma—that are often prioritized by institutions,” said psychologist Brett Scofield, PhD, executive director of CCMH.

To minimize students slipping through the cracks, schools are dedicating more resources to rapid access and assessment, where students can walk in for a same-day intake or single counseling session, rather than



“OUR COUNSELING STAFF HAS ALMOST TRIPLED IN SIZE, BUT EVEN IF WE CONTINUE HIRING, I DON’T THINK WE COULD EVER STAFF OUR WAY OUT OF THIS CHALLENGE.”

MICHAEL GERARD MASON, PHD,
ASSOCIATE DEAN OF AFRICAN
AMERICAN AFFAIRS, THE
UNIVERSITY OF VIRGINIA

languish on a waitlist for weeks or months. Following an evaluation, many schools employ a stepped-care model, where the students who are most in need receive the most intensive care.

Given the wide range of concerns students are facing, experts say this approach makes more sense than offering traditional therapy to everyone.

“Early on, it was just about more, more, more clinicians,” said counseling psychologist Carla McCowan, PhD, director of the counseling center at the University of Illinois at Urbana-Champaign. “In the past few years, more centers are thinking creatively about how to meet the demand. Not every student needs individual therapy, but many need

Many schools can’t offer students unlimited weekly counseling sessions, so students who need a high level of care are often referred to a community provider.

opportunities to increase their resilience, build new skills, and connect with one another.”

Students who are struggling with academic demands, for instance, may benefit from workshops on stress, sleep, time management, and goal-setting. Those who are mourning the loss of a typical college experience because of the pandemic—or facing adjustment issues such as loneliness, low self-esteem, or interpersonal conflict—are good candidates for peer counseling. Meanwhile, students with more acute concerns, including disordered eating, trauma following a sexual assault, or depression, can still access one-on-one sessions with professional counselors.

As they move away from a

sole reliance on individual therapy, schools are also working to shift the narrative about what mental health care on campus looks like. Scofield said it’s crucial to manage expectations among students and their families, ideally shortly after (or even before) enrollment. For example, most counseling centers won’t be able to offer unlimited weekly sessions throughout a student’s college career—and those who require that level of support will likely be better served with a referral to a community provider.

“We really want to encourage institutions to be transparent about the services they can realistically provide based on the current staffing levels at a counseling center,” Scofield said.



Faculty at many schools are learning how to better support students and show them they care about their mental health.

THE FIRST LINE OF DEFENSE

Faculty may be hired to teach, but schools are also starting to rely on them as “first responders” who can help identify students in distress, said psychologist Hideko Sera, PsyD, director of the Office of Equity, Inclusion, and Belonging at Morehouse College, a historically Black men’s college in Atlanta. During the pandemic, that trend accelerated.

“Throughout the remote learning phase of the pandemic, faculty really became students’ main points of contact with the university,” said Bridgette Hard, PhD, an associate professor and director of undergraduate studies in psychology and neuroscience

at Duke University. “It became more important than ever for faculty to be able to detect when a student might be struggling.”

Many felt ill-equipped to do so, though, with some wondering if it was even in their scope of practice to approach students about their mental health without specialized training, Mason said.

Schools are using several approaches to clarify expectations of faculty and give them tools to help. About 900 faculty and staff at the University of North Carolina have received Mental Health First Aid training, which provides basic skills for supporting people with mental health and substance use issues. Other institutions are offering workshops and materials that teach

faculty to “recognize, respond, and refer,” including Penn State’s Red Folder campaign.

Faculty are taught that a sudden change in behavior—including a drop in attendance, failure to submit assignments, or a disheveled appearance—may indicate that a student is struggling. Staff across campus, including athletic coaches and academic advisers, can also monitor students for signs of distress. (At Penn State, eating disorder referrals can even come from staff working in food service, said counseling psychologist Natalie Hernandez DePalma, PhD, senior director of the school’s Counseling and Psychological Services.) Responding can be as simple as reaching out and

asking if everything is going OK.

Referral options vary but may include directing a student to a wellness seminar or calling the counseling center to make an appointment, which can help students access services that they may be less likely to seek on their own, Hernandez DePalma said. Many schools also offer reporting systems, such as DukeReach at Duke University, that allow anyone on campus to express concern about a student if they are unsure how to respond. Trained care providers can then follow up with a welfare check or offer other forms of support.

“Faculty aren’t expected to be counselors, just to show a sense of care that they notice something might be going on, and to know where to refer students,” Shollenberger said.

At Johns Hopkins, he and his team have also worked with faculty on ways to discuss difficult world events during class after hearing from students that it felt jarring when major incidents such as George Floyd’s murder or the war in Ukraine went unacknowledged during class.

Many schools also support faculty by embedding counselors within academic units, where they are more visible to students and can develop cultural expertise (the needs of students studying engineering may differ somewhat from those in fine arts, for instance).

When it comes to course policy, even small changes can make a big difference for students, said Diana Brecher, PhD, a clinical psychologist and scholar-in-residence for positive psychology at Toronto Metropolitan University

FURTHER READING

Overwhelmed: The real campus mental-health crisis and new models for well-being

*The Chronicle of
Higher Education,*
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Mental health in college populations: A multidisciplinary review of what works, evidence gaps, and paths forward

Abelson, S., et al.
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Student mental health status report: Struggles, stressors, supports

Ezarik, M.
Inside Higher Ed,
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Before heading to college, make a men- tal health checklist

Caron, C.
The New York Times,
July 8, 2022

(TMU), formerly Ryerson University. For example, instructors might allow students a 7-day window to submit assignments, giving them agency to coordinate with other coursework and obligations. Setting deadlines in the late afternoon or early evening, as opposed to at midnight, can also help promote student wellness.

At Moraine Valley Community College (MVCC) near Chicago, Shelita Shaw, an assistant professor of communications, devised new class policies and assignments when she noticed students struggling with mental health and motivation. Those included mental health days, mindful journaling, and a trip with family and friends to a Chicago landmark, such as Millennium Park or Navy Pier—where many MVCC students had never been.

Faculty in the psychology department may have a unique opportunity to leverage insights from their own discipline to improve student well-being. Hard, who teaches introductory psychology at Duke, weaves in messages about how students can apply research insights on emotion regulation, learning and memory, and a positive “stress mindset” to their lives (Crum, A. J., et al., *Anxiety, Stress, & Coping*, Vol. 30, No. 4, 2017).

Along with her colleague Deena Kara Shaffer, PhD, Brecher co-created TMU’s Thriving in Action curriculum, which is delivered through a 10-week in-person workshop series and via a for-credit elective course. The material is also freely available for students to explore

online. The for-credit course includes lectures on gratitude, attention, healthy habits, and other topics informed by psychological research that are intended to set students up for success in studying, relationships, and campus life.

“We try to embed a healthy approach to studying in the way we teach the class,” Brecher said. “For example, we shift activities every 20 minutes or so to help students sustain attention and stamina throughout the lesson.”

CREATIVE APPROACHES TO SUPPORT

Given the crucial role of social connection in maintaining and restoring mental health, many schools have invested in group therapy. Groups can help students work through challenges such as social anxiety, eating disorders, sexual assault, racial trauma, grief and loss, chronic illness, and more—with the support of professional counselors and peers. Some cater to specific populations, including those who tend to engage less with traditional counseling services. At Florida Gulf Coast University (FGCU), for example, the “Bold Eagles” support group welcomes men who are exploring their emotions and gender roles.

The widespread popularity of group therapy highlights the decrease in stigma around mental health services on college campuses, said Jon Brunner, PhD, the senior director of counseling and wellness services at FGCU. At smaller schools, creating peer support groups that feel anonymous may be more challenging, but providing clear

guidelines about group participation, including confidentiality, can help put students at ease, Brunner said.

Less formal groups, sometimes called “counselor chats,” meet in public spaces around campus and can be especially helpful for reaching underserved groups—such as international students, first-generation college students, and students of color—who may be less likely to seek services at a counseling center. At Johns Hopkins, a thriving international student support group holds weekly meetings in a café next to the library. Counselors typically facilitate such meetings, often through partnerships with campus centers or groups that support specific populations, such as LGBTQ students or student athletes.

“It’s important for students to see counselors out and about, engaging with the campus community,” McCowan said. “Otherwise, you’re only seeing the students who are comfortable coming in the door.”

Peer counseling is another means of leveraging social connectedness to help students stay well. At UVA, Mason and his colleagues found that about 75% of students reached out to a peer first when they were in distress, while only about 11% contacted faculty, staff, or administrators.

“What we started to understand was that in many ways, the people who had the least capacity to provide a professional level of help were the ones most likely to provide it,” he said.

Project RISE, a peer counseling service created by and for Black students at UVA, was

one antidote to this. Mason also helped launch a two-part course, “Hoos Helping Hoos,” (a nod to UVA’s unofficial nickname, the Wahoos), to train students across the university on empathy, mentoring, and active listening skills.

At Washington University in St. Louis, Uncle Joe’s Peer Counseling and Resource Center offers confidential one-on-one sessions, in person and over the phone, to help fellow students manage anxiety, depression, academic stress, and other campus-life issues. Their peer counselors each receive more than 100 hours of training, including everything from basic counseling skills to handling suicidality.

Uncle Joe’s codirectors, Colleen Avila and Ruchika Kamojjala, say the service is popular because it’s run by students and doesn’t require a long-term investment the way traditional psychotherapy does.

“We can form a connection, but it doesn’t have to feel like a commitment,” said Avila, a senior studying studio art and philosophy-neuroscience-psychology. “It’s completely anonymous, one time per issue, and it’s there whenever you feel like you need it.”

As part of the shift toward rapid access, many schools also offer “Let’s Talk” programs, which allow students to drop in for an informal one-on-one session with a counselor. Some also contract with telehealth platforms, such as WellTrack and SilverCloud, to ensure that services are available whenever students need them. A range of additional resources—including sleep seminars, stress

“THIS INCREASE IN DEMAND HAS CHALLENGED INSTITUTIONS TO THINK HOLISTICALLY AND TAKE A MULTIFACETED APPROACH TO SUPPORTING STUDENTS.”

KEVIN SHOLLENBERGER,
VICE PROVOST FOR STUDENT
HEALTH AND WELL-BEING,
JOHNS HOPKINS UNIVERSITY



management workshops, wellness coaching, and free subscriptions to Calm, Headspace, and other apps—are also becoming increasingly available to students.

Those approaches can address many student concerns, but institutions also need to be prepared to aid students during a mental health crisis, and some are rethinking how best to do so. Penn State offers a crisis line, available anytime, staffed with counselors ready to talk or deploy on an active rescue. Johns Hopkins is piloting a behavioral health crisis support program, similar to one used by the New York City



Police Department, that dispatches trained crisis clinicians alongside public safety officers to conduct wellness checks.

A CULTURE OF WELLNESS

With mental health resources no longer confined to the counseling center, schools need a way to connect students to a range of available services. At OSU, Sharma was part of a group of students, staff, and administrators who visited Apple Park in Cupertino, California, to develop the Ohio State: Wellness app.

Students can use the app to create their own “wellness plan”

Creating peer support groups that leverage social connectedness is another way schools are helping students stay well.

and access timely content, such as advice for managing stress during final exams. They can also connect with friends to share articles and set goals—for instance, challenging a friend to attend two yoga classes every week for a month. OSU’s app had more than 240,000 users last year.

At Johns Hopkins, administrators are exploring how to adapt school policies and procedures to better support student wellness, Shollenberger said. For example, they adapted their leave policy—including how refunds, grades, and health insurance are handled—so that students can

take time off with fewer barriers. The university also launched an educational campaign this fall to help international students navigate student health insurance plans after noticing below average use by that group.

Students are a key part of the effort to improve mental health care, including at the systemic level. At Morehouse College, Sera serves as the adviser for CHILL, a student-led advocacy and allyship organization that includes members from Spelman College and Clark Atlanta University, two other historically Black colleges and universities (HBCUs) in the area. The group, which received training on federal advocacy from APA’s Advocacy Office earlier this year, aims to lobby public officials—including U.S. Senator Raphael Warnock, a Morehouse College alumnus—to increase mental health resources for students of color.

“This work is very aligned with the spirit of HBCUs, which are often the ones raising voices at the national level to advocate for the betterment of Black and Brown communities,” Sera said.

Despite the creative approaches that students, faculty, staff, and administrators are employing, students continue to struggle, and most of those doing this work agree that more support is still urgently needed.

“The work we do is important, but it can also be exhausting,” said Kamojjala, of Uncle Joe’s peer counseling, which operates on a volunteer basis. “Students just need more support, and this work won’t be sustainable in the long run if that doesn’t arrive.” ■



Plaut



Beilock



Brooke



Davis



Niemi

PSYCHOLOGISTS IN THE NEWS

The University of California, Berkeley, has named **Victoria Plaut, PhD**, as its new vice provost for the faculty. Plaut is known for her work and research in the psychological science of diversity. She is also the Claire Sanders Clements Dean's Professor of Law at Berkeley Law. Plaut previously served as the chair of Berkeley's campus-wide academic personnel committee and as the law school's associate dean for equity and inclusion.

Sian Leah Beilock, PhD, will serve as the first elected woman president of Dartmouth College starting on July 1, 2023. Beilock is a cognitive scientist and the current president of Barnard College. She has raised Barnard's eminence in STEM to parallel its renown in the arts and humanities, and led the college to record fundraising, increased applications for admission, and diversity among students, faculty and staff. Before joining Barnard, Beilock spent 12 years at the University of Chicago, where she was the executive vice provost, an officer of the university, and the Stella M. Rowley Professor of Psychology.

Muhlenberg College appointed **Sarah Brooke Vick, PhD**, as its first chief diversity officer and associate provost

for equity and inclusion. As the chief diversity officer, Vick serves as part of the president's senior staff and as the chair of the President's Diversity Advisory Council, where she will collaborate with the president to identify annual priorities. Previously, Vick was an associate professor of psychology at Muhlenberg and, before that, served in a similar position at Whitman College.

Rosalyn Davis, PhD, has won one of the first Luminary Awards from the Indiana University Kokomo (IUK) Office of the Vice President for Diversity, Equity and Multicultural Affairs. The award recognizes her efforts to create a more diverse, inclusive environment on campus. A few of her accomplishments

at IUK include establishing safe space training for faculty and staff, mentoring minority students, and moderating the first of a town hall series of community conversations about issues of race and racism in the United States.

Cornell University has presented the Kaplan Family Distinguished Faculty Fellowship to **Laura Niemi, PhD**, for her work teaching applied moral psychology through community-engaged learning. Niemi is an assistant professor of psychology in the College of Arts and Sciences and of management and organizations in the Cornell SC Johnson College of Business. She focuses her research on the psychological underpinnings of why and how people judge each other and decide what is right and wrong.

The University of California, Santa Barbara, College of Letters and Science presented **Daniel Conroy-Beam, PhD**, with the Harold J. Plous Award. Conroy-Beam is a professor in UC Santa Barbara's Department of Psychology & Brain Sciences and directs the Computational Mate Choice Lab. His research focuses on computational explorations into the psychology of dating and relationships. ■

CONGRATULATIONS TO APA'S AWARD WINNERS

APA and the American Psychological Foundation presented awards to psychologists and students for excellence in scholarship, teaching, practice, and more at the association's convention in Minneapolis in August. Read about the winners and their work at <https://convention.apa.org/apa-awards-ceremony/2022>.

News You Can Use

Career

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



TOMWANG12/GETTY IMAGES

HELPING CHILDREN GRIEVE, THEN THRIVE

More than 1 million Americans have died of COVID-19, leaving thousands of children without one or more of their primary caregivers. Psychologists can help young people live with this profound loss and lead healthy lives.

BY TORI DEANGELIS

At least 204,000 U.S. children and teens have lost parents and other in-home caregivers to COVID-19—more than 1 in every 360 youth, according to COVID Collaborative, an interdisciplinary group of experts that is raising awareness and support for COVID-bereaved children.

The growing number of children facing these tragedies highlights the pressing need for clinicians to become versed in helping them cope and ultimately lead fulfilling lives, say those who study and treat these youth. Basic clinical skills can go a long way, but because childhood grief is not a big focus

in graduate school training, getting extra education in the area could be really helpful.

Fortunately, most children don't need intensive therapy for these losses; many will adjust and fare well over time without clinical intervention, said Irwin Sandler, PhD, a professor emeritus and research professor at Arizona State University (ASU) who has studied childhood grief for more than 3 decades. But a significant subset of children, about 20%, “experience serious long-term problems, including long-term development of depression and long-term higher risk of suicide,” he said. Factors associated with this elevated risk

include higher rates of psychiatric disorders in the child and/or parents, child maltreatment before the caregiver's death, a greater number of stressful events, and less family support following the caregiver's death, research shows.

Many children who need help or treatment—often those who need it the most—lack access to these services, said Joy Osofsky, PhD, a professor of pediatrics and psychiatry at LSU Health in New Orleans. Psychologists can help to fill this gap by partnering with educators, primary-care providers, religious institutions, and other community partners to share research-based knowledge on childhood trauma and grief on a broader scale.

"It's about training those who are in regular contact with children to recognize the signs that they need help," said Osofsky, who coordinated child and adolescent services for the state of Louisiana following Hurricane Katrina and continues various kinds of community outreach. That may be especially pertinent with COVID: "It's been such an unusual kind of loss," she said, "because there's been no real closure for so many families."

WHAT CHILDHOOD GRIEF LOOKS LIKE

Children who have lost a caregiver vary in their expressions of grief based on factors including age, their support systems, and the circumstances surrounding their caregiver's death, said Robin Goodman, PhD, a New York-based clinical psychologist who treats childhood grief and trauma and has conducted



It is common for grieving children to feel sad, helpless, and anxious.

research with bereaved families of 9/11 first responders.

That said, grieving youth share commonalities in how they think, feel, and behave, Goodman noted. Common reactions include feeling sad, helpless, lonely, isolated, nervous, anxious, guilty, and angry. Some youth can't concentrate at school and feel worried and confused—or they withdraw or act out.

There are good reasons for these reactions, Goodman said. "Children are trying to manage

CHILDREN'S GRIEF: RESOURCES FOR APA MEMBERS

APA offers continuing-education modules that address this topic, including a book-based exam available at www.apa.org/education-career/ce/1360315 and an on-demand video available at www.apa.org/education-career/ce/convention-2021-307.

an array of feelings and adapt to a life that will never be the same," she said. In essence, the loss of a central caregiver creates profound changes in all areas of life, including their sense of self, level of security, relationships, and sense of meaning and goals. Those changes aren't always negative, however: "We do know that the resulting changes can lead to positive personal growth," she said.

Experts share their thoughts on how to help children deal

with these serious losses and help them on the path to growth.

CHOOSE THE RIGHT INTERVENTION

While most grieving children don't need intensive therapy, they do need some type of psychological support, Goodman said. She and colleague Elissa Brown, PhD, a professor of psychology at St. John's University in Queens, New York, suggest that there are four categories of grieving youth and each needs a different type of care. The first is kids who are adjusting well and have a strong support system at home, at school, and with peers. For them, basic psychoeducation and family and school support may be enough. The second level is children who are functioning OK but are showing mild to moderate signs of distress. Good support groups can provide a safe place for these youth to express their feelings, develop coping skills, engage in memory making, and know they are not alone (Goodman has developed a group intervention for this purpose called Making Connections).

Children at the third level have more serious problems such as severe depression, trauma symptoms, and post-traumatic stress disorder. For them, it's important to use more intensive evidence-based treatments that address both trauma and grief (see sidebar), Goodman noted. Finally, children with even more complex problems—a history of substance abuse, violence, or serious mental illness in the family, for instance—may need even more comprehensive treatment.

"It is key to understand their

situation in total—who the child is—and to involve the caregivers at all levels," Goodman said.

TAILOR THERAPY

Specific evidence-based practices for childhood grief and trauma are the best approach if the family has sufficient mental health insurance coverage and the child's situation calls for more intensive treatment. If you're not specifically trained in such techniques, you can apply basic clinical skills with modifications for the age of the patient, said Christina Cammarata, PhD, clinical director of the outpatient clinical child and community program at Nemours Children's Hospital in Wilmington, Delaware.

For example, she uses psychoeducation that she frames in young people's terms. For instance, she tells them that "grief is kind of like a wave—it will come and go," or, "You might be feeling really mad sometimes, you might be feeling sad, you might want to cling to your mom or dad or aunt, you might feel very worried." The aim "is to normalize those feelings—to help the child talk about them if they want to," she said.

Cognitive behavioral therapy techniques are key as well, including when kids express negative and unrealistic thoughts about their caregiver's death, said Bonnie Zucker, PsyD, who has a private practice in Rockville, Maryland, and is author of *Something Very Sad Happened* (Magination Press, 2016), written for children ages 2 and 3 who have lost a parent or caregiver.

CHILDREN WHO HAVE LOST CAREGIVERS TO COVID

Between January 2020 and February 2022:

203,649
children younger than 18 lost a caregiver to COVID-19

91,000
children lost a parent

79,000
children lost an in-home grandparent caregiver

15,000
children lost their only in-home caregiver

Of these children:

143,460
were age 13 or younger

102,118
were ages 5 to 13

41,342
were between infancy and age 4

Non-White children have been most affected.

American Indian and Alaska Native and Native Hawaiian and Pacific Islander children lost caregivers at 3.5 times the rate, Black and Hispanic children at nearly 2 times the rate, and Asian children at 1.4 times the rate of White children.

Source: *Hidden Pain*, a report by COVID Collaborative, updated on Feb. 28, 2022.

Often, these thoughts center on guilt and self-blame, Zucker said. She talks with kids about "thinking traps" they may get into—negative ways that their belief systems may have changed as a function of their loved one's death. For example, teens tend to feel guilty about previous bad behavior or feel ashamed that their parent died right after they'd had a fight with him or her. Addressing and countering these thoughts can help young people gain more realistic, balanced thinking and move to a more positive, future-oriented mindset.

ENLIST CAREGIVERS

Research shows that kids fare better when parents and other caring adults help them process their grief, Cammarata said.

"We know it makes a huge difference for children to have at least one supportive adult who can be a consistent presence for them," she said. In sessions with children's caregivers at her hospital, "we encourage them to be the best sort of supports that they can be, including by returning family routines to as close to normal as possible."

Sandler of ASU developed the Family Bereavement Program, which helps grieving children and caregivers build new and positive family structures and relationships (see sidebar). Not only does the program build mental health and resilience in kids, but he has found that it benefits caregivers as well—suggesting that creating and maintaining an environment that's good for kids is also good for the caregivers. Recently, he

and his colleagues launched an additional program designed specifically for caregivers: Resilient Parenting for Bereaved Families. This program helps caregivers of bereaved children gain the practical skills to create supportive family environments.

USE CLEAR LANGUAGE

Many children who are grieving the loss of a parent or caregiver keep quiet because they are afraid they'll burden others by talking about it; conversely, caregivers may not understand the best way to talk with them about it, either.

Clinicians can help by modeling clear and direct language—for example, using terms like “death” and “dying” instead of euphemisms like “passed away” or “is gone,” said Komal Sharma-Patel, PhD, a clinical psychologist who works with children and families at Children's National Hospital in Washington, D.C.

“Simple explanations go a long way,” she said. “When parents use direct language with their children, it communicates that they are a source of information and safety.”

CONSIDER AGE

Also key is understanding developmental differences among grieving youngsters and how to address them, said clinical psychologist Julie Kaplow, PhD, ABPP, executive director of the Trauma and Grief Centers in Houston and New Orleans and professor of psychiatry at Tulane University School of Medicine. For example, children younger than 6 don't grasp that death is

permanent, so they may continue to seek the person out, for example, waiting by the door or window for the person to return. When they become aware that the person is no longer present, they may react with temper tantrums, as well as regressive behaviors in their use of language, eating, and sleeping.

By school age, children begin to understand that the loss is permanent. As a result, they're more likely to develop symptoms of depression and to express more intense distress. Some might become more concerned about the safety of caregivers or develop separation anxiety, while others might act out in school. Teens, meanwhile, may develop a sense of hopelessness or helplessness—the feeling their life is meaningless without the person there. In turn, that can lead to risk-taking behaviors and even suicidal thoughts and actions.

Take these stages into account when working with

RESOURCES

National Child Traumatic Stress Network (NCTSN)

Offers training, support, and resources, including children's books, to providers who work with children and families exposed to trauma
www.nctsn.org.

NCTSN webinars on childhood grief

www.nctsn.org/resources/training/webinars

COVID Collaborative:

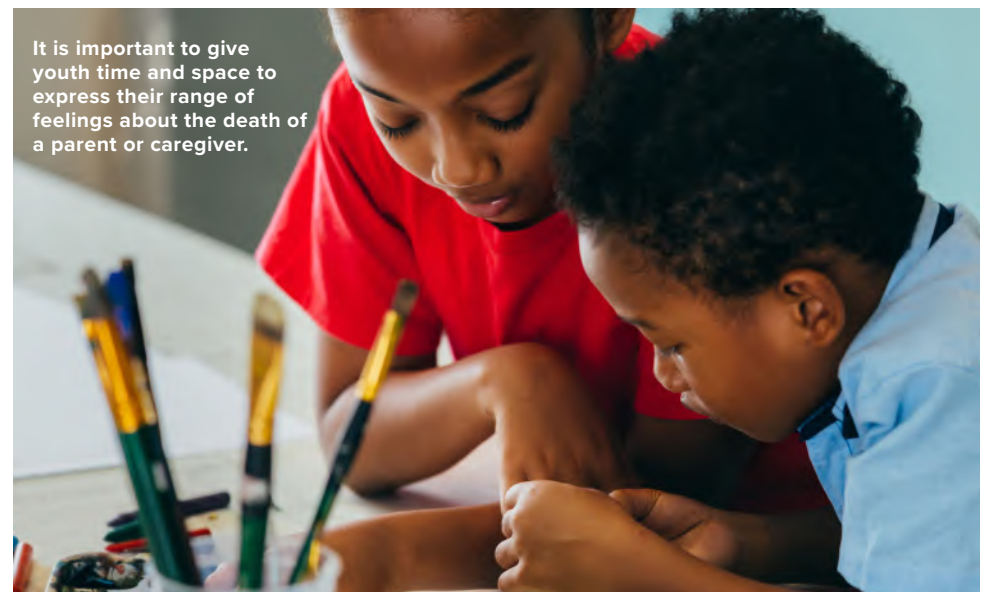
An interdisciplinary group of experts devoted to supporting COVID-bereaved children
www.covidcollaborative.us

The collaborative's report on the topic, Hidden pain, is available at www.covidcollaborative.us/assets/uploads/pdf/HIDDEN-PAIN.Report.Final.pdf

grieving kids, Kaplow advised. For example, younger children benefit from routine and structure, school-age kids may need help forming new relationships and connecting with people outside the family, and teens may need extra emotional support and space to process their feelings with peers. With teens, it's also important to be alert to signs of suicidal thoughts or behavior, she noted.

ENCOURAGE EXPRESSION

Giving young people the time and space to express their range of feelings about the death is essential, and it's vital to teach caregivers how to do that, too. Psychologists are well suited to this task, Zucker added. “There isn't as much opportunity to do this with school counselors, for example, where there is less time and the environment is different,” she said, though any intervention can help.



It is important to give youth time and space to express their range of feelings about the death of a parent or caregiver.

TREATMENT OPTIONS

EVIDENCE-BASED PRACTICES FOR CHILDHOOD GRIEF AND TRAUMA

There are several effective evidence-based practices designed to help children or teens who are grieving or experiencing trauma and grief. They include:

■ **Trauma-focused cognitive behavioral therapy or TF-CBT, tailored to childhood grief and trauma.** Originally developed by psychiatrist Judith A. Cohen, MD, and psychologists Esther Deblinger, PhD, and Anthony P. Mannarino, PhD, to treat children who have been sexually abused, the modified intervention recognizes that children's trauma must be addressed before they can move on to grief. Children learn to manage their trauma reactions, write or record "trauma narratives" that help them become desensitized to the traumatic events, and learn skills to help them move forward. For training, visit <https://tfcbt.org/training/>.

■ **Multidimensional grief therapy,** developed by Julie Kaplow, PhD, ABPP, executive director of the Trauma and Grief Centers in Houston and New Orleans, and colleagues Christopher Layne, PhD, Robert Pynoos, MD, and William Saltzman, PhD. The intervention recognizes that youth can experience grief reactions in any or all of three domains: separation distress, existential or identity distress, and circumstance-related distress. In turn, there are adaptive strategies specific to each kind of grief that can help children adapt and grow in positive ways from the loss. The treatment is guided by an assessment tool that measures distress levels across each dimension. Starting this fall, the Trauma and Grief Center in Houston will begin hosting no-cost learning collaboratives to train clinicians

in this intervention. Learn more at www.tagcenter.org, and for alerts on upcoming trainings and registration information, visit <https://lp.constantcontactpages.com/su/c5Z2Qlg/TAGtrainings>.

■ **Resilient Parenting for Bereaved Families,** developed by Irwin Sandler, PhD, and colleagues, is based on research on the Family Bereavement Program, which builds family cohesion and connections by helping caregivers develop good listening skills and foster open family communication, structure, and bonding time with bereaved kids. Caregiver self-care is an important component of the program. Research on the program found that 15 years after young people joined, they had significantly less prolonged grief, mental health problems, and suicidal ideation and attempts than controls, and that quality of parenting was the primary mediator for reduced suicidal thoughts and behaviors (*Journal of Consulting and Clinical Psychology*, Vol. 86, No. 10, 2018). For training, visit www.bereavedparenting.org.

■ Other evidence-based treatments include the **Grief and Trauma Intervention**, developed by Alison Salloum, PhD, for children ages 7 to 12 who have witnessed or been victims of one or more types of violence or a disaster; and **Trauma and Grief Component Therapy for Adolescents**, a group or individual treatment program for older children and teens who have been traumatically bereaved or exposed to trauma.

Sandler's Resilient Parenting for Bereaved Families program encourages caregivers to listen to grieving children rather than talk at them. "We very deliberately teach listening skills," such as how to ask open-ended questions, make eye contact, and let the child know that you are there for them. "We encourage caregivers to stay away from the quick fix, which often shuts down the conversation," he said. These skills can help children deal with anything from grief-related conversations to everyday stressors, he added.

Caregivers should be encouraged to open up as well, Cammarata added. Ideally, caregivers should "do it in a way that is real and honest, but that doesn't shut the child down or make the child afraid because of their emotions."

NURTURE RESILIENCE

Helping youth build inner strength is another main component of reducing grief-related distress and enhancing adaptive grief reactions, clinicians and researchers emphasized. With this in mind, Kaplow and colleagues developed a theoretically driven intervention called multidimensional grief therapy (see sidebar), which holds that grieving children can experience challenges in any of three areas: separation distress, or yearning for the person who died; existential or identity distress—feeling that life lacks meaning without that person; and circumstance-related distress, or becoming preoccupied with the way the person died. The model also holds that there are



parallel strategies in each domain to help children adapt and grow.

An example of circumstance-related distress is a teen who is fixated on her mother's death from breast cancer. Adaptive strategies for her might include joining a breast-cancer walk or considering a career in medicine. If a boy is suffering from existential distress, a helpful practice might be helping him identify and emulate traits that he loved in his caregiver, such as kindness or creativity.

Luckily, kids are more than willing to engage in these processes, Kaplow noted. "Kids naturally gravitate toward wanting to do something that would

help prevent the kind of suffering that their caregiver went through," she said.

EMPLOY CULTURAL AWARENESS

Ask caregivers, and if age appropriate, their grieving children, to discuss their cultural and religious identities and how those may relate to commemorating the person's death, Sharma-Patel advised. Ask about grief rituals that they practice in their tradition, as well as how their cultural identity may impact their understanding of mental health, emotions, thoughts, and behaviors. "You want to integrate this understanding and

Establishing memorials or other tributes can help promote closure for grieving children.

FURTHER READING

CBT for prolonged grief in children and adolescents: A randomized clinical trial

Boelen, P. A., et al., *American Journal of Psychiatry*, 2021

Multidimensional grief therapy: A flexible approach to assessing and supporting bereaved youth

Kaplow, J. B., et al., Cambridge University Press
In press

Treatment of childhood traumatic grief

Cohen, J. A., & Mannarino, A. P. *Journal of Clinical Child & Adolescent Psychology*, 2004

Evaluation of individual and group grief and trauma interventions for children post disaster

Salloum, A., & Overstreet, O. *Journal of Clinical Child & Adolescent Psychology*, 2008

conversation from the beginning, from the assessment and on into treatment," she said.

Also important is discussing similarities and differences between what you as the therapist see as a treatment pathway and the patient's concept of grieving, Sharma-Patel added. For example, some traditions may ask that people stay home for a period of time to grieve. However, if that time goes on too long, it's time to explore what might be happening from a psychological perspective, she said.

The goal is "to find a middle path on giving information that's important to the family," she said, "while still respecting their cultural values and beliefs."

ENCOURAGE NEW TRADITIONS

Finally, memorials can promote closure and prompt children and families to think about the future, said Sharma-Patel. "They can serve as both a permission to celebrate the death and the life of the person who died, as well as a permission to move forward, to be happy," she said.

Therapists can help families think about how to craft these commemorations and modify future traditions to incorporate the memory of the deceased caregiver while creating and celebrating new hopes and directions, she said.

Memorials are useful because they're about doing something instead of feeling stuck, Zucker added.

"People transcend grief and trauma through movement," she said. "We want to support children to do the same." ■



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US OPPORTUNITIES

INTERPROFESSIONAL FELLOWSHIP PROGRAM IN PSYCHOSOCIAL REHABILITATION AND RECOVERY ORIENTED SERVICES:

The U.S. Department of Veterans Affairs (VA) announces openings for the 2023 – 2024 academic year of its Interprofessional Fellowship Program in Psychosocial Rehabilitation and Recovery Oriented Services for Veterans with serious mental illness. The Fellowship Program is a state-of-the-art, advanced clinical training program that focuses on the theory and practice of psychosocial rehabilitation. Individualized, mentored clinical training is combined with a curriculum that emphasizes a comprehensive psychosocial rehabilitation approach to service delivery, education, and implementing change in mental health care settings. Fellows will work with Veterans diagnosed with serious mental illnesses, including schizophrenia, schizoaffective disorder, bipolar disorder, and major

depression and receive training in delivering a range of evidence-based services. The purpose of the Interprofessional Fellowship Program is to develop future mental health leaders with vision, knowledge, and commitment to transforming mental health care systems in the 21st century by emphasizing functional capability, rehabilitation, and recovery. The Fellowship Year runs from September 2023 to August 2024. It is a one-year, full-time onsite post graduate VA trainee position at the nine Veterans Affairs Medical Centers that are indicated below, with salary commensurate to VA trainee status. Applications are being solicited across a range of disciplines (including psychology, psychiatry, nursing, social work, vocational rehabilitation, clinical pastoral education, marriage and family therapy, licensed professional mental health counselors and occupational therapy) and each fellowship class is interdisciplinary. Application and position details vary across disciplines. Psychology fellows must be U.S. citizens and must be graduates of APA-accredited academic programs in Clinical or Counseling Psychology and APA-accredited internships. Stipends are competitive and based in part on location. Psychology fellows are eligible for health and life insurance benefits. All fellows earn annual and sick leave and are entitled to all Federal holidays. The PSR Fellowship sites follow APPIC Postdoctoral Selection Guidelines - Psychology Fellow selection. Application requirements and specifications differ across sites, so please contact the Fellowship Director at each site of interest for detailed information (see contact information for each site below). For general information and available applications and program descriptions for the fellowship sites see also: http://www.mirecc.va.gov/vsn5/training/interprofessional_fellowship_program.asp Application deadlines are in December but dates vary by site, contact each site to confirm deadlines. Bedford, MA: Co-Directors: Andrew Peckham, PhD and Elizabeth Naughton, LICSW, 200 Springs Road, Bedford, MA 01730; Andrew.Peckham@va.gov or (781) 687-4329; Elizabeth.Naughton@va.gov or (781) 687-2149. <https://www.bedford.va.gov/careers/psychologytraining.asp>. Cheyenne, WY: Director: Charles Drebing, PhD; Associate Director: Kyle Bewsey, PhD; VA

Advanced Fellowship in Psychosocial Rehabilitation, 2360 East Pershing Blvd. (116A), Cheyenne VA Healthcare System, Cheyenne, WY 82001; Charles.Drebing@va.gov or (307) 778-7550, x7450; Kyle.Bewsey@va.gov or 307-778-7550 ext. 4708. https://www.cheyenne.va.gov/careers/Psychosocial_Rehabilitation_Fellowship.asp. Denver, CO: Co-Directors: Allison Douglas, LCSW and Aaron Murray-Swank, PhD, Rocky Mountain Regional VA Medical Center, 1700 North Wheeling Street, Aurora, CO 80045; Allison.Douglas@va.gov, (720) 857-5314; Aaron.Murray-Swank, Aaron.Murray-Swank2@va.gov, (720) 857-5309. Durham, NC: Co-Directors: J. Murray McNiel, PhD, Julie C. McCormick, LCSW, CPRP, Hillandale II VA Clinic, 1830 Hillandale Road, Durham, NC 27705; Jesse.McNiel@va.gov or (919) 286-0411, Ext. 177777; Julie.McCormick@va.gov or (919) 286-0411, Ext. 175111; <https://www.durham.va.gov/services/psychology-postdoc.asp>. Little Rock, AR: Director of Post-Doctoral Training: Erica Moseby, PhD, 2200 Fort Roots Drive (116/NLR), Bldg. 170, 2L-163 (MH Admin), North Little Rock, AR 72114; Applications to: Erica.Moseby@va.gov (501) 257-3457 and/or Ms. Phiffany Spruill (501) 257-3793. PSR Fellowship Inquiries to: Sarah.Henderson3@va.gov (501) 231-6981 and/or Ms. Phiffany Spruill (501) 257-3793. <https://www.va.gov/central-arkansas-health-care/work-with-us/internships-and-fellowships/clinical-psychology-postdoctoral-and-inter-professional-fellowship-program/>. Milwaukee, WI: Co-Directors: Alison Minkin, PhD, Michael McBride, MD, Milwaukee VA Medical Center, 5000 W National Ave, Milwaukee, WI 53295; alison.minkin@va.gov; (414) 384-2000, ext. 45860; www.va.gov/milwaukee-health-care. Palo Alto, CA: Director: Stephen T. Black, PhD, Psychology Service, VA Palo Alto Health Care System, 3801 Miranda Ave (116B), Palo Alto, CA 94304; Stephen.Black2@va.gov or (650) 493-5000, Ext. 67556; <https://www.paloalto.va.gov/services/mental/PsychologyTraining.asp>; <https://www.paloalto.va.gov/docs/PostdocProgramDescription.pdf>. San Diego, CA: Director: Dimitri Perivoliotis, PhD, VA San Diego Healthcare System (116B), 3350 La Jolla Village Drive, San Diego,

CA 92161; Dimitri.perivoliotis@va.gov (preferred) or (619) 228-8028. www.va.gov/san-diego-health-care/. West Haven, CT: Director, PSR Interprofessional Fellowship: Anne Klee, PhD, CPRP, Errera Annex, 200 Edison Road, Orange, CT 06477; Anne.Klee@va.gov or (203) 640-1727; https://www.connecticut.va.gov/PSR_Interprofessional_Fellowship.asp; Director, Psychology Training: Joshua Bullock, PhD, Joshua.Bullock@va.gov or (203) 516-8013, <http://www.connecticut.va.gov/careers/psychologytraining.asp>; For general information, contact: Ralf Schneider, MA, CPRP, Coordinator of Psychosocial Rehabilitation Fellowship Hub Site, *VA Maryland Health Care System, 10 N. Greene St., Attn: MIRECC, Annex Bldg., 7th Floor, Baltimore, MD 21201; Ralf.Schneider@va.gov; http://www.mirecc.va.gov/vsn5/training/interprofessional_fellowship_program.asp. *Note: Hub Site does not host a training program. Each site coordinates its own admissions processes.

CALIFORNIA

TENURE TRACK FACULTY POSITION (ASSISTANT PROFESSOR): Take a chance, make a change, and make a difference. The University of San Francisco Clinical Psychology PsyD Program invites applications for a tenure track faculty position (Assistant Professor) with a start date of August 2023. The position carries an expectation for excellence in teaching, scholarly productivity, and academic and professional service. Candidates with expertise in African Centered/Black Psychology and/or psychological assessment (i.e., administration and integrated reports) and whose area of scholarship adds to the breadth of the existing faculty's research areas are strongly encouraged to apply. The mission of the PsyD Program is to offer a rigorous program of study that emphasizes clinical and scholarly work with underserved populations and focuses on training culturally responsive health service psychologists to work in interprofessional, integrated behavioral health settings. The PsyD program is committed to recruiting and retaining diverse faculty, staff, and students. Faculty retention efforts include mentoring, scholarship focus, clinical opportunities, networking and professional development, and university-level initiatives. For full

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consideration, applications must be received by October 1, 2022. The full description is available on <https://www.usfca.edu/hr>.

ILLINOIS

PSYCHIATRY RESEARCH: The University of Chicago's Department of Psychiatry and Behavioral Neuroscience is searching for tenured or tenure track faculty members to join our interdisciplinary faculty. We seek applicants pursuing research that complements existing programs in addictions, serious mental illness, psychiatric genetics, eating disorders, developmental psychopathology, and health disparities. Our faculty conduct innovative basic, translational, and clinical research and secure high levels of NIH grant funding. We especially welcome applications from basic, translational, and applied clinical scientists who have demonstrated the capacity for, or success in, conducting impactful science, publishing research of high quality, and competing for external funding. Other duties will include teaching at the graduate and/or undergraduate level and supervision of students and trainees. The University is a vibrant center of scientific discovery and innovation, and opportunities for multidisciplinary collaboration are abundant, both within and outside the Biological Sciences Division. The Division, other academic units of the University, and the University of Chicago Medical Center, are all contained within the compact campus in Hyde Park. Appointees will have access to state-of-the-art core facilities and to outstanding colleagues and graduate students affiliated with numerous degree-granting programs within and outside the biological sciences. Early career scientists will be mentored by senior faculty and have access to internal funding mechanisms. Competitive research space and start-up funding will be available. Academic rank and compensation (including a generous package of fringe benefits) are dependent upon qualifications. Prior to the start of employment, qualified applicants must have a doctoral degree (MD, PhD, MD/PhD) or equivalent. MD qualified applicants who will provide clinical service must: 1) have a medical doctorate or equivalent and 2) hold or be eligible for medical licensure in the State of Illinois prior to the start of employment.

PhD-qualified applicants who will provide clinical service must: 1) hold a doctoral degree in Clinical Psychology from an American Psychological Association (APA) accredited University-based training program, and 2) hold or be eligible for an Illinois license in Clinical Psychology. To be considered, those interested must apply through The University of Chicago, Academic Recruitment job board, which uses Interfolio to accept applications: <http://apply.interfolio.com/104023>.

MASSACHUSETTS

CLINICAL PSYCHOLOGIST: Boston Medical Center is seeking inpatient psychologists for its 82-bed, behavioral health hospital, located in Brockton, Massachusetts. Brockton hospital operates as a behavioral health accountable care organization that provides cutting-edge, inpatient treatment and stabilization for individuals experiencing complex mental health and substance use needs. Inpatient psychologists are a critical part of a multi-disciplinary/multi-cultural team that possess unique expertise and focus on providing quality behavioral health care to acute populations. Under general direction of the Patient Care Director, the psychologist works collaboratively with a multidisciplinary team to take care of the mental, emotional or behavioral disorders for those patients engaged in services. Responsibilities include: Performing psychological evaluation for mental, emotional and behavioral disorders. Provide appropriate diagnosis based on history and presenting symptoms and makes appropriate treatment recommendations. Facilitating individual and group therapy specific to patients' unique needs. Acting as a liaison between patients, families and the treatment team in the development of treatment plans. Providing in-service education for staff as required. Perform and train staff on crisis intervention techniques as required. Supervising Psychology, Psychiatry, and Social Work trainees. This search is open to candidates at all levels of career experience. Strongly encourage clinicians of multicultural backgrounds and multi-language capacities to apply. Salary and academic appointment at Boston University School of Medicine will be commensurate with experience, qualifications, and academic

experience. For more information: <https://bmcbrocktoncareers.org>.

MINNESOTA

MEDICAL PSYCHOLOGY FELLOWSHIP PROGRAM: The Department of Psychiatry and Psychology, Mayo Clinic Rochester, is accepting applications for our APA-Accredited two-year specialty practice programs. Applicants must come from APA- or CPA-accredited graduate programs and internships and apply to one of our three programs. Fellowship positions are available for July 1, 2023; Start dates are flexible. The program's aim is for fellows to achieve advanced competencies in their respective areas of specialty (clinical child psychology, clinical health psychology, clinical neuropsychology) to prepare them for employment in academic health centers and board certification in professional psychology. The Medical Psychology Fellow's experience in each specialty practice area combines clinical, educational, and research activities, with at least 50% time in clinical activities. Fellows select research mentors and have 30% protected research time. Educational opportunities are tailored and include weekly departmental grand rounds, case conferences, diversity seminars, journal club, and didactic seminars. Fellows also receive funding for attendance and/or presenting at professional conferences. Application materials and more information: <http://www.mayo.edu/msgme/psychology-rch.html>.

NEW YORK

(*) PROFESSOR OR ASSOCIATE PROFESSOR, PSYCHOLOGY: The Department of Psychology at the University at Buffalo (UB), The State University of New York, is recruiting for a faculty hire at the rank of late Associate or Full Professor in the area of mental health and mental health disparities, from a developmental/lifespan perspective. This is the first of three anticipated hires that are part of a disciplinary excellence investment with the goal of building on departmental expertise in mental health equity. The expectation is that the incumbent will help to build the cluster. The specific area within Psychology is open, as is the particular lifespan period of research focus, and which could include early childhood or late-life development. The focus on mental health

disparities could pertain to mental health care utilization or access, etiology, treatment development, or basic biological or neurological processes. The COVID-19 pandemic has brought forward how structural inequities may undermine mental and physical health, creating stark disparities among different communities. Psychology can play a key role in creating innovative solutions to address these disparities. The goal of the cluster hires in the area of mental health equity across the lifespan is to bring together scholars focused on addressing the ways in which the field of Psychology can seek to understand and ultimately to ameliorate inequality. University at Buffalo is an Affirmative Action/Equal Opportunity Employer and, in keeping with our commitment, welcomes all to apply including veterans and individuals with disabilities. Inquiries can be directed to Dr. Sandra Murray, Chair of the Search Committee (smurray@buffalo.edu). Use this posting link to learn more and to apply: <https://www.ubjobs.buffalo.edu/postings/36169>.

NORTH CAROLINA

NON-TENURE TRACK 9-MONTH ASSISTANT PROFESSOR OF PSYCHOLOGY: High Point University, Department of Psychology, is seeking qualified candidates for 3 full-time non-tenure track faculty positions at the undergraduate level beginning August 2023. The positions are 3-year contract positions. Position one: area of concentration is open with strong preference given to clinical or counseling psychology. Position two and three: area of concentration is open with strong preference given to biopsychology, cognitive psychology, or developmental psychology. HPU is a liberal arts university with approximately 5,000 undergraduate students. The Psychology Department offers a BS in psychology with approximately 270 majors and 250 minors. Successful candidates will demonstrate a commitment to excellence in teaching and student mentorship. Candidates should be actively engaged in scholarship, with expectations to maintain an ongoing program of research. Teaching responsibilities include Introduction to Psychology, Research Methods, and established departmental courses within the applicant's area of training. PhD in Psychology is required at time of employment.

Applicants will be required to submit an application, cover letter, curriculum vitae, graduate transcripts, a statement of teaching philosophy, experience, and evidence of teaching excellence, statement of research interests, reprints or pre-prints, and three confidential letters of recommendation. Review process begins October 1, 2022. For position one: clinical/counseling, submit your application packet online at: https://highpoint.wd1.myworkdayjobs.com/en-US/Highpoint-Faculty/details/Assistant-Professor-of-Psychology-Non-tenure-track_R0003479. For questions regarding this position, contact Dr. Laura Nagy, Assistant Professor of Psychology at Inagy@highpoint.edu. For positions two and three: biopsychology/cognitive/developmental, submit your application packet online at: https://highpoint.wd1.myworkdayjobs.com/en-US/Highpoint-Faculty/details/Assistant-Professor-of-Psychology-Non-tenure-track_R0004524. For questions regarding these positions, contact Dr. Kimberly Wear Jones, Associate Professor of Psychology, at kwjones@highpoint.edu.

RHODE ISLAND

POSTDOCTORAL FELLOWSHIPS: The Department of Psychiatry and Human Behavior at the Alpert Medical School of Brown University

offers postdoctoral fellowships in four divisions: Clinical Psychology Program (CPP), an APA-accredited Traditional Practice Program; Clinical Child Psychology Specialty Program (CCPSP), currently part of the APA-accredited CPP and has submitted for specialty accreditation and currently under review; Clinical Neuropsychology Specialty Program (CNSP), APA-accredited on contingency; and Research Fellowship Program (RFP), which is not APA-accredited. Experiences range from primarily clinical to 100% research. Application: Applicants to Clinical Neuropsychology Specialty Program (CNSP)- Adult emphasis fellowships have an earlier hard application deadline of December 9, 2022. The CNSP adult emphasis fellowships do not participate in rolling admission. Applicants to CNSP - Pediatric emphasis fellowships have a hard application deadline from December 9, 2022-January 4, 2023. Applicants to Clinical Psychology Program (CPP) fellowships adhere to the regular application deadline of January 4, 2023, with rolling admission, and will adhere to APPIC Selection Guidelines. Applicants to Clinical Child Psychology Specialty Program (CCPSP) have an application deadline for December 14, 2022, with rolling admissions, and will adhere to APPIC Selection Guidelines. Applicants to Research

Fellowship Program (RFP) fellowships may have the option of submitting for Early Decision (participating fellowships noted on website) on December 9, 2022. (This application deadline is for those RFP applicants whose first choice is Brown. By applying, applicant agrees to attend the program, if accepted. Applicants not accepted at the early decision deadline will automatically be considered for the regular application deadline). Regular application deadline for RFP is January 4, 2023, with rolling admissions. For application, program details, available fellowships (average of 20 per year), visit the Postdoctoral Fellowship page on our website: <https://clinical-psychology.med.brown.edu/postdoctoral-fellowship/fellowship-applicants>. For further information, email: postdoc_training@brown.edu. Applicants must hold a doctoral degree at the time the fellowship begins. Appointments are initially for one year; in some fellowships, second year may be available, contingent on funding and satisfactory progress. Second year appointments are negotiated between fellow and supervisor. Competitive stipends and/or salary and benefits are provided. The Alpert Medical School of Brown University is an Equal Opportunity/Affirmative Action Employer and actively solicits applications from women and minorities.

TEXAS

PHD CLINICAL PSYCHOLOGIST: The University of Texas Medical Branch Health is seeking a PhD Clinical Psychologist for a full-time Faculty position in the Department of Psychiatry and Behavioral Sciences. Job Description: Provides initial evaluations and short-term evidenced-based individual psychotherapy for a diverse student body experiencing a wide range of mental health concerns. Provides case management services and referrals for medication evaluations and medical evaluations as needed. Develops and conducts psychoeducational outreach presentations to educate the campus community on a variety of mental health concerns. Provides clinical supervision to third-year psychiatry residents during their psychotherapy rotation at Student Health and Counseling. Develops and presents didactic training for residents and fellows regarding psychotherapy and various mental health topics. Provides crisis intervention counseling when needed. Minimum Requirements: PhD in Psychology, licensed or eligible for licensure in Texas. To apply, visit our Careers page at www.utmb.edu.

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US OPPORTUNITIES

MAT DRUG ABUSE COORDINATOR:

Positively changing lives is what being a psychologist is all about and there is nowhere more exciting to do that than at the Federal Bureau of Prisons. As the Medication-Assisted Treatment (MAT) Drug Abuse Program Coordinator (DAPC) you would be joining a nationally recognized drug treatment program at FCI La Tuna. The case diversity and complexity are unmatched! In your role as the MAT DAPC, you will work with our Health Services staff and determine what

inmates are appropriate for MAT services. You will also be responsible for screening inmates for the agency's 500 Hour Residential Drug Abuse Program as well as provide group and individual treatment for inmates involved in MAT and First Step Act programming; and you will serve as the institution's advocate for drug programming with all staff. If you would like to consider a career with FCI La Tuna and would like to schedule a tour, contact: Dr. Abbe Egan, Chief Psychologist, at (915) 791-9000, x 180, aegan@bop.gov or Ms. Nayeli Arriola, Human Resource Specialist, at

(915) 791-9000, x 231, narriola@bop.gov. Visit www.usajobs.gov.

TEXAS

PRIVATE PRACTICE IMMEDIATE

OPPORTUNITIES: Neuropsychologist, Psychologist, (Formal Internships, Post Doc/PLP, LCSW, LPCs, LPC Associates, LPA, Psychiatrist, Nurse Practitioner positions available at The Ludden Group P.C. for Outpatient working with clients ranging from childhood to adulthood and nursing homes. Visit <https://www.psycareers.com/company/the-ludden-group-p.c.-99958> for details or to apply. Locations: Rockwall, Dallas, Round Rock, Ennis, Terrell, Greenville, and Athens, Texas.

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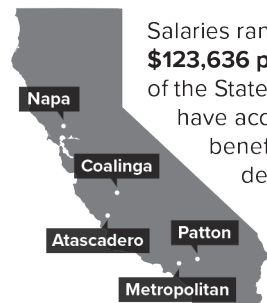
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MOST AMERICANS OPPOSE DECISION TO OVERTURN ROE V. WADE



While the effects of the U.S. Supreme Court's decision are still unfolding, research suggests that women who are denied abortions have more mental health problems than those who receive them

57% Percentage of U.S. adults who **disapprove of the Supreme Court's June 24 decision to overturn *Roe v. Wade***, including 43% who strongly disapprove. Most Democrats or Democratic-leaning independents disapprove (82%). That's in sharp contrast to Republicans, 70% of whom approve (including 48% who strongly approve) of the decision. *Roe* had provided women the constitutional right to an abortion, but **the new decision allows each state to decide** whether to restrict or ban the practice.

62% Percentage of women overall who disapprove of the decision to end the federal right to an abortion, as was upheld in *Roe*. **More than twice the number of women strongly disapprove of the decision (47%) than strongly approve of it (21%).** In terms of political affiliation, 63% of Republican women and 76% of Republican men approve of the decision, while 83% of Democratic men and 81% of Democratic women disapprove.

71% **Percentage of White evangelical Protestants who approve** of the decision, including 54% who strongly approve. By contrast, only 47% of White Protestants who are not evangelical approve, while 52% disapprove. Among other religious groups, most Black Protestants (68%) disapprove, 48% strongly disapprove, and 29% approve of the decision, while **48% of Catholics approve** and 51% disapprove of the decision.

70% Percentage of adults ages 18 to 29 who say abortion should be legal in all or most cases, compared with 64% of those 30 to 49 and 57% of those 50 and older. **The vast majority of Americans with postgraduate degrees—72%—say abortion should be legal** in at least most cases, which was also the case for most religiously unaffiliated adults (77%). In terms of ethnicity, **72% of Asian American adults disapprove** of the high court's decision, compared with 67% of Black adults, 56% of Hispanic adults, and 55% of White adults.

Source: Pew Research Center. (July 6, 2022). Majority of public disapproves of Supreme Court's decision to overturn *Roe v. Wade*. www.pewresearch.org/politics/2022/07/06/majority-of-public-disapproves-of-supreme-courts-decision-to-overturn-roe-v-wade. Survey of 6,174 U.S. adults conducted between June 27 and July 4, 2022.

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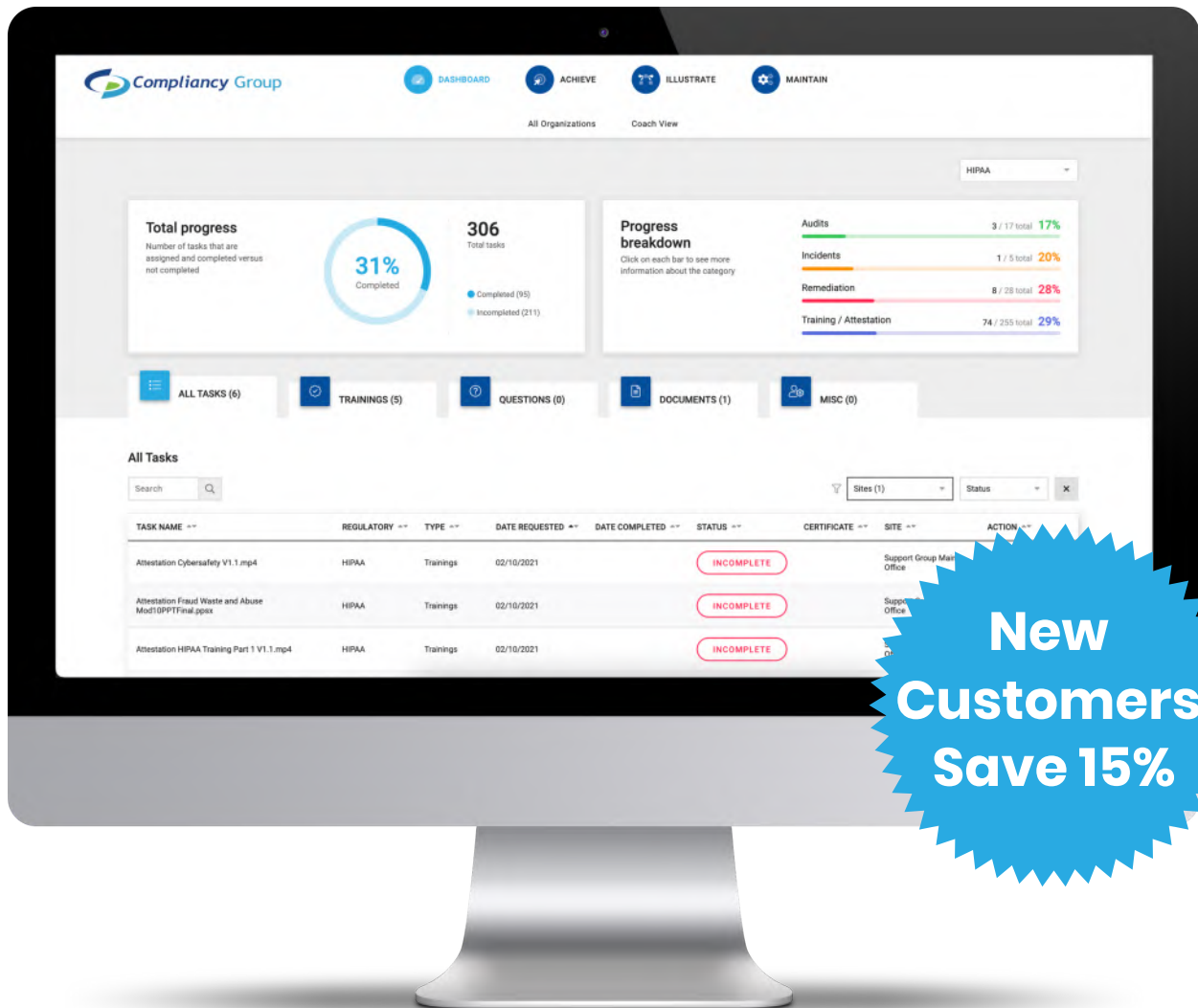
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