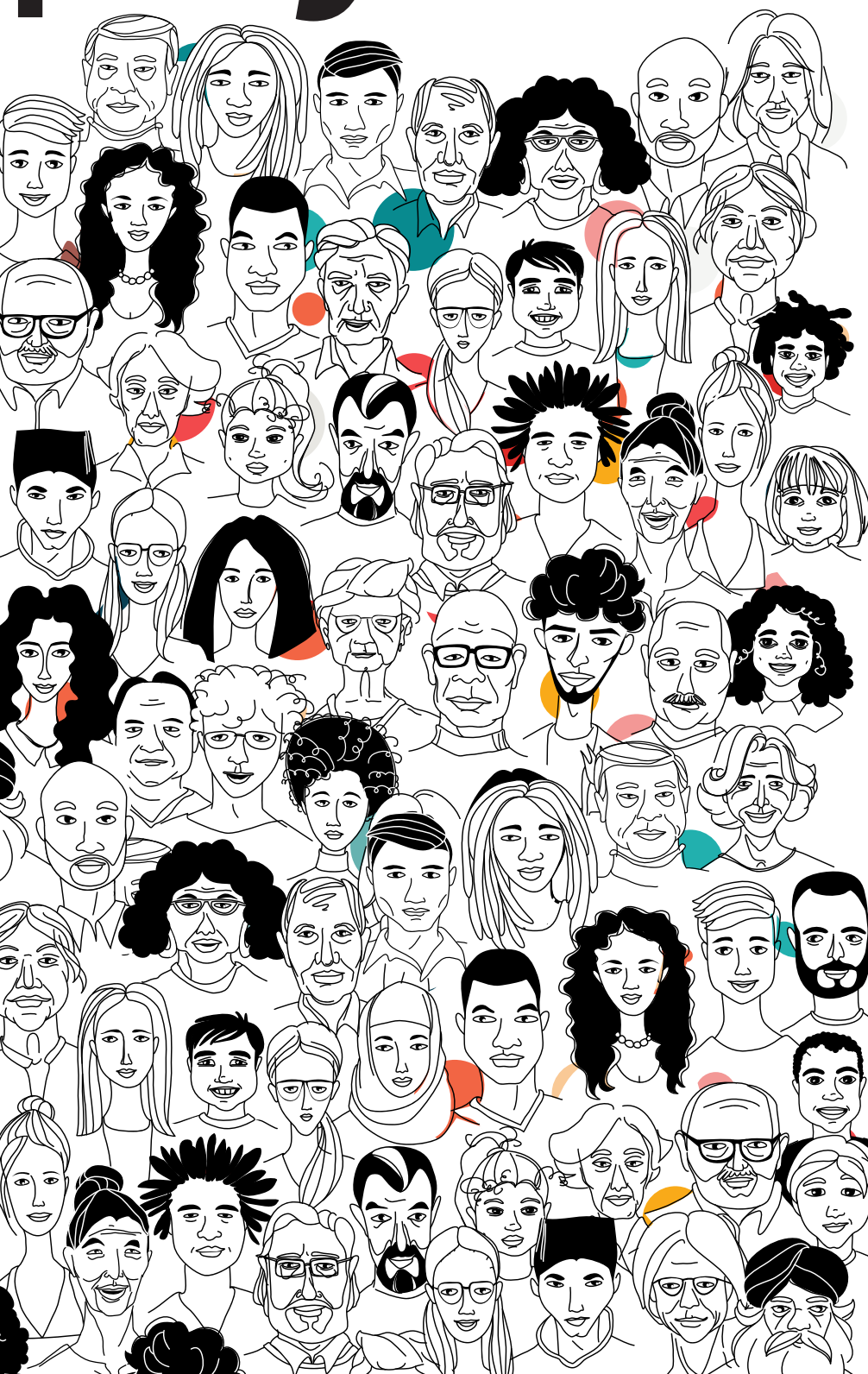




APA MONITOR NAMED TOP ASSOCIATION MAGAZINE BY AM&P

NOV/DEC 2022

monitor on psychology



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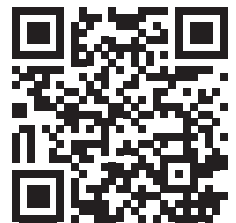
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RESOURCES, OPPORTUNITIES, AND NEWS FOR PSYCHOLOGISTS FROM APA



WELL-BEING

UNDERSTAND HOW NUTRITION AFFECTS MENTAL HEALTH

APA's Office of Continuing Education in Psychology and the American Nutrition Association are co-sponsoring three one-hour continuing-education webinars this fall that explore the relationship between nutrition and mental health by taking a closer look at the behavioral elements of eating, the impact of nutrition on anxiety, and the gut-brain connection.

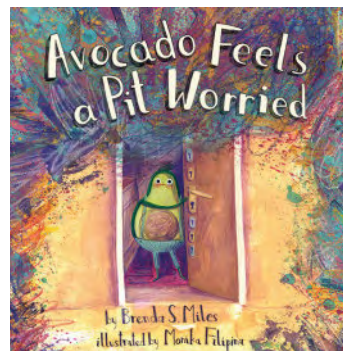
■ **"Food and Mood: Scientific Understanding and Clinical Strategies,"** on Nov. 2

■ **"Overcoming Anxiety With Nutrition,"** on Nov. 9

■ **"The 5 M's of Nutrition and Mental Health: Why Meals, Maternity, Migration, Metabolism, and Microbes Matter"** on Nov. 16

Each webinar, viewed live or later via video on-demand, offers 1 CE credit. Registrants will receive an archived version of the aired webinars within 5 days of the live broadcast. Closed captioning is included in the archived version.

Learn more about the Understanding Nutrition and Mental Health webinar series and register at <https://apa.contentonline/>.



PARENTING

Overcoming Fear and Anxiety

The new Magination Press book **Avocado Feels a Pit Worried** by clinical pediatric neuropsychologist Brenda Miles, PhD, is a story about worry and social anxiety that features strategies for learning how to face one's fears head-on and navigate difficult situations with courage. The book includes guidance for parents, caregivers, and teachers.

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

MENTORING

Research and Grant-Writing Support

Applications open in November for the APA Minority Fellowship **Leadership and Education Advancement Program (LEAP) for Diverse Scholars Program**, a mentoring and leadership development program for early career social and behavioral scientists from underrepresented racial and ethnic populations. Applicants must have a research focus that aligns with the mission of the National Institute of Diabetes and Digestive and Kidney Diseases.

Learn more about the eligibility requirements and apply at www.apa.org/pi/mfp/leap.



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.

IDEAS

3 Things to Do This Month

Advance your research & learn something new

TRY TOPIC MAPPER

1 Topic Mapper is a new visual exploration tool within APA's PsycInfo research updates service that offers a deeper dive into the research topics you are already following. The tool visualizes the connections between your topics of interest, identifies top-cited articles for each, provides definitions for unfamiliar terms, and more. Watch a 2-minute tutorial at <https://www.youtube.com/watch?v=n0326mYxpbw>.

CHECK OUT

APA 2022 ON DEMAND

2 Watch more than 40 hours of previously livestreamed content from the Main and Feature Stages at APA 2022 when and where you want with on-demand access. If you already registered for APA 2022, you

automatically have access to APA 2022 On Demand. If you haven't registered, you can register to access on-demand content through Nov. 30 at convention.apa.org. Subscribe to the APA Style monthly newsletter for updates and writing tips at <https://apastyle.apa.org>.

LEARN HOW TO COMBAT PROCRASTINATION

3 Fuschia Sirois, PhD, of Durham University in the United Kingdom, joins APA's award-winning *Speaking of Psychology* podcast to talk about how procrastination is driven by emotions—not by laziness or poor time management skills—and how emotion regulation strategies can help people stop procrastinating. Listen wherever you get your podcasts.

KUDOS

Monitor Honored for Excellence

APA's *Monitor on Psychology* magazine has won the 2022 APEX Grand Award for publications excellence in magazines, journals, and tabloids. The magazine was one of more than 1,200 publications from across all categories in the annual awards, which honor outstanding works in publishing. The *Monitor's* June 2021 article "Raising Anti-Racist Children" by Kirsten Weir also won a grand award in the writing category, and the magazine won three additional awards of excellence in the categories of COVID Media, News Writing, and Interviews and Profiles.



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VOLUME 53 | NUMBER 8

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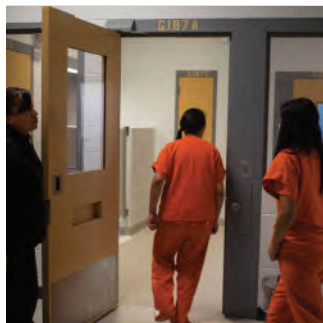
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Psychologists, in partnership with local justice systems, are restructuring policies and practices to help young people make better choices.



56 PREVENTING SUICIDE AMONG VETERANS

Psychologists working for the Department of Veterans Affairs and the Department of Defense are casting a wide net to help prevent suicide among veterans and service members.

COVER STORY

PUBLIC PSYCHOLOGY

A growing contingent of public psychologists across the field is advocating for a paradigm shift toward putting social problems at the center of psychological research. *See page 40*



ON THE COVER: ILLUSTRATION BY SUNNY VERMA, GETTY IMAGES/ISTOCKPHOTO



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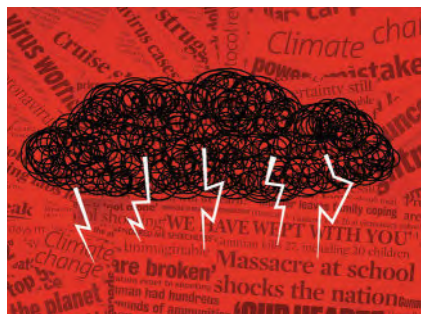
NEW RESEARCH

THE COGNITIVE AND NEUROPSYCHOLOGICAL IMPACT OF LONG COVID

Psychologists are breaking new research ground to understand the causes, effects, and possible treatments for so-called “long COVID,” particularly related to its impact on cognition and mental health. Neuroscientists have detected measurable changes even in the brains of people who had less severe cases. *See page 24*



Starting a therapy group. Page 65



Media overload. Page 20



Inclusive teaching. Page 70

NEW APA MEMBER BENEFIT



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A YEAR OF FIRSTS FOR APA

It was an honor of a lifetime to be part of our association's journey

BY FRANK C. WORRELL, PHD



In January, I argued that the world needs psychologists more than ever. I am finishing this year feeling optimistic about the role we play in solving some of our world's most seemingly insurmountable challenges.

Throughout the year, it was an honor to speak about many societal issues, looking to both our strategic plan and the science you produce for guidance. In doing so, we helped to inform the first major set of legislation on gun violence that Congress has passed in decades.

Congress also passed important climate change legislation, enacting policies that will begin to mitigate some of the negative impacts our industrial and technological advances have unleashed. Paralleling congressional action, APA co-sponsored a summit with psychological associations from around the world focused on how psychological science can be used to facilitate well-being, reduce societal inequalities, and address climate change. We continue to work with our international partners to develop the next generation of psychology leaders.

● **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.

These developments give me hope, and I am similarly optimistic about APA's progress as an organization. APA's apology to people of color passed by our Council of Representatives last fall? was a first. The apology led to a new racial equity action plan passed in August of this year. For the first time, we had a Main Stage session with representatives from the five Ethnic

Minority Psychological Associations and APA at our annual convention. For the first time, APA has a gay president and a gay Council Leadership Team chair. And in another historic first, APA also has an all-Black presidential trio.

Two steps forward and one step backward leaves us ahead of where we started. Changes in society and in organizations require planning, commitment, and resolve, and must be sustained over time. APA is working toward being an organization that supports a discipline and a profession for all of society. Thank you for the honor of serving as APA president in this historical moment. With some work, America can be America for all of us. ■



APA's first all-Black presidential trio includes (from left) incoming 2023 President Dr. Thema Bryant, Past President Dr. Jennifer Kelly, and 2022 President Dr. Frank Worrell.

APA PHOTO



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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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INFUSING PUBLIC PSYCHOLOGY INTO YOUR WORK

As the world demands more from psychology, we must change the frame for how we respond

BY ARTHUR C. EVANS JR., PhD



This issue's feature story on public psychologists makes clear that we, as a field, have a choice to make around how we do our work.

One option is to stay with the familiar, even as the world around us changes.

While this may feel comfortable, it has unintended consequences—like the potential to

stifle diversity in our scholarship, deter bright minds from pursuing psychology, and reduce psychology's applicability to the issues of the day. As societal challenges beg for new and innovative solutions, this path is becoming increasingly difficult to navigate.

Or we can push for a paradigm shift across our field to make psychology more inclusive, available, and impactful. Whether or not we call ourselves public psychologists, here are three ways to contribute to this approach to our work:

■ **"Inherent in every community is the wisdom to solve its own problems"** is a principle that has guided my work for decades. It recognizes that while psychological expertise is critical to solving many of society's most complex and intractable problems, any solutions we develop must include the voices of the communities we are trying to help. Integrating our knowledge with the voices of people with lived experience will yield the greatest impact and most powerful solutions.

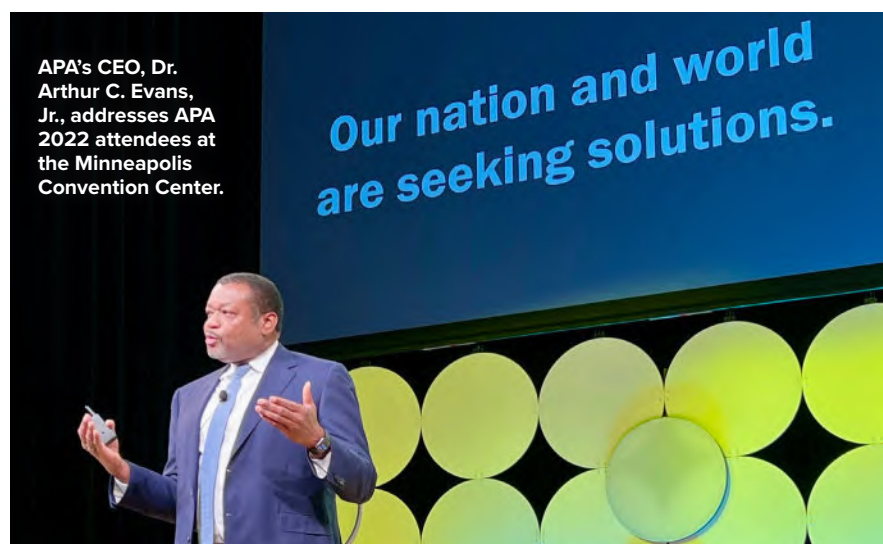
● Arthur C. Evans Jr., PhD, is the chief executive officer of APA. Follow him on Twitter: @ArthurCEvans.

■ Effectively applying psychological knowledge requires our field to better reach diverse groups—from indigenous communities to first responders—with **information packaged in acceptable and understandable ways**. We must be intentional about developing these skills, like through APA's trainings

with the Alan Alda Center for Communicating Science, which is designed to help participants translate psychological science for broad audiences.

■ Historically, we have measured success using individually oriented metrics like the impact factor of the journals in which we publish or the size of our clinical practice. While these indicators are important for our career success, **as a field, we must also think about our collective impact**. APA's highly successful amicus briefs remind us that when we pull together and synthesize information from across our field, we can significantly affect critical societal issues.

Voice, communication, and collective action are critical for our field to reach the next level of impact. Each of us can be intentional about infusing these concepts into our own work every day. ■



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WEEKEND FORECAST: SAVINGS!

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In Brief



FUNCTION OVER FORM

According to research in *Technology, Mind, and Behavior*, people may perceive robots attempting to engage with people and displaying human-like emotions as capable of “thinking” and behaving “intentionally”—that is, in a manner beyond their programming. In the first two of three studies conducted with participants in Italy, researchers remotely controlled a gregarious humanlike robot, the iCub, as it watched videos with 81 participants. Researchers programmed the iCub to respond with sounds and facial expressions of sadness, awe, or

happiness. In the third study, 41 participants watched videos with the iCub programmed to behave more machinelike, responding to the videos with beeps and repetitive movements. The researchers found that the participants who watched videos with the humanlike robot were more likely to rate the robot’s actions as intentional rather than programmed. This result demonstrates that humanlike behavior is needed above and beyond humanlike appearance to make people believe a robot is capable of thoughts and emotions.

DOI: 10.1037/tmb0000072

HATE LAWS AND SUICIDE ATTEMPTS

Research in *Psychology, Public Policy, and Law* reveals that fewer youth attempt suicide in states with hate crime laws that protect LGBTQ individuals. Researchers analyzed health-related responses of more than 83,000 students in the United States surveyed between 2015 and 2018. They found that suicide attempt rates were significantly higher for students who identified as gay or lesbian (25.7%), bisexual (27.1%), or questioning (18.5%) than among their heterosexual counterparts (6.3%). Suicide attempts during the study period decreased by 1.2% for all students in states with hate crime laws protecting sexual and gender minorities, translating into an overall decrease of 16% in annual suicide attempts in those states. There was no decrease in student suicide attempts in states that enacted hate crime laws that excluded sexual minorities as a protected class.

DOI: 10.1037/law0000360

IF THE ALGORITHM SAID IT ...

People find gender discrimination more acceptable when it occurs because of an algorithm rather than direct human involvement, according to research in the *Journal of Experimental Psychology: General*. Across three studies, researchers presented various scenarios to 1,526 participants in the United States and found they were less morally outraged by discriminatory hiring practices directed by an algorithm than by a human.



Additional studies with 2,405 participants in the United States, Canada, and Norway revealed several findings. Companies were criticized when their screening algorithm generated low gender equality but were not praised when the algorithm produced high gender equality. More outrage occurred when algorithm-generated gender discrimination sprung from male programmers at a company known for sexist practices. Also, people were more likely to attribute prejudiced motivation when algorithms were anthropomorphized, and people found companies less legally liable for algorithm-directed versus human-directed discrimination. Finally, knowledge about artificial intelligence did not influence ratings of discrimination.

DOI: 10.1037/xge0001250

ADHD MEDICATION EFFECTS

A study in the *Journal of Consulting and Clinical Psychology* indicates that medication for attention-deficit/hyperactivity disorder (ADHD) has no

Fewer youth attempt suicide in states with hate crime laws that protect LGBTQ individuals.

detectable impact on how much children with ADHD learn in the classroom, but it does impact their classroom behavior. Researchers evaluated 173 children in the United States between the ages of 7 and 12 with ADHD who were participating in a therapeutic summer camp. Over 8 weeks, children engaged in two daily half-hour instruction sessions in vocabulary as well as in science and social studies. Each child was randomly given a stimulant medication during either the first or second instructional session, and a placebo during the other. Children learned the same amount of science, social studies, and vocabulary content whether they took the medication or the placebo. Medication did, however, help children complete a higher percentage of in-class assignments and improve their classroom behavior. When taking medication, children completed 37% more arithmetic problems and committed 53% fewer classroom rule violations.

DOI: 10.1037/ccp0000725

MISINFORMATION EASIER TO PROCESS

Research in *Humanities and Social Sciences Communications* suggests that misinformation requires less cognitive effort to process and appeals more to emotions than information from reliable sources. A researcher classified 92,112 misinformation news articles into several categories: clickbait, conspiracy theories, fake news, hate speech, junk science, and rumors. The researcher then compared stories

in these categories with factual news, measuring the cognitive effort needed to process the content (grammar and lexical complexity) and emotional evocation (sentiment analysis and appeal to morality). The results indicate that factual information is 15% more lexically diverse than fake news, making the misinformation easier to process. In addition, fake news is, on average, 18 times more negative than factual news, while hate speech is 30 times more negative

Misinformation requires less cognitive effort to process and appeals to emotions more than information from reliable sources.

than real news. Finally, fake news and hate speech appealed to moral values 37% and 50% more, respectively, than factual content.

DOI: 10.1057/s41599-022-01174-9

HALLUCINOGENS AND DEPRESSION

People reporting past-year use of certain hallucinogens experienced some combination of depression and suicidality, while past-year ecstasy use was associated with less depression and suicidality, according to





research in *Addictive Behaviors*. Researchers examined data from a representative sample of 241,675 people in the United States. They evaluated whether past-year use of specific psychoactive drugs—LSD, DMT, *salvia divinorum*, ecstasy, and ketamine—was associated with past-year serious psychological distress (SPD), major depressive episode (MDE), and suicidality. They found LSD use was associated with an increased likelihood of MDE and suicidal thinking. Similar associations were observed between *salvia divinorum* use and suicidal thinking and between DMT use and suicidal planning. In contrast, ecstasy use was linked to a decreased likelihood of SPD, MDE, and suicidal thinking.

DOI: 10.1016/j.addbeh.2022.107343

SHOPPING ON A CAFFEINE HIGH

Shoppers spend more money and buy more items after imbibing a caffeinated beverage, suggests research in the *Journal of Marketing*. In the first of four studies, researchers set up an espresso station at a large chain store in France. Ninety-six shoppers were given espresso with caffeine, while an equal number were given decaf. Participants shared their receipts upon leaving the store and answered questions about how excited, alert, and sleepy they felt while shopping. The results showed that caffeinated shoppers felt more excited and alert than decaf drinkers. They also bought 30% more items and spent 50% more overall. The second study, performed at a different retail

Caffeinated shoppers seem to spend more money and buy more items.

location in France, showed that 145 caffeinated participants were more likely to buy “high hedonic” items such as buttery or rich foods, but not more utilitarian purchases. The first and second studies were replicated in the field in Spain and in a lab setting, respectively, with 90 and 209 participants, respectively.

DOI: 10.1177/00222429221109247

AUTISM DIAGNOSIS ON RISE

The prevalence of autism spectrum disorder (ASD) among children and adolescents in the United States was 3.14% in 2019 and 2020 overall, up from 2.24% in 2014, according to a study in *JAMA Pediatrics*. Researchers analyzed data from the 2019 and 2020 editions of a nationally representative study and found

that 410 of 12,554 children and adolescents between the ages of 3 and 17 years were given a diagnosis of ASD, with a higher prevalence in boys than in girls. The researchers also saw a higher incidence in low-income families, possibly because these families are less able to avoid environmental exposures linked to ASD and have fewer resources to take steps to curb its severity early on.

DOI: 10.1001/jamapediatrics.2022.1846

ECT FOR MANIA

Electroconvulsive therapy (ECT) may be an effective treatment for more than 5 in 6 people experiencing mania, according to a study in *JAMA Network Open*. Researchers examined data from a nationwide study in Sweden of 571 patients with mania, with or without psychotic symptoms, admitted to a hospital and administered ECT between 2012 and 2019. They found that 482 (84.4%) responded to the treatment, with 28% of responders achieving remission. Severe illness was a top predictive factor of patient response to ECT; those deemed extremely ill responded at a rate of 92%. Additionally, patients who underwent multiple ECT treatments in a series were more likely to have a clinical response, with nine or more treatments yielding the highest response rate. Clinical factors predictive of a patient not responding to ECT included comorbid anxiety and obsessive-compulsive disorder. Finally, being on an antipsychotic, antidepressant, anxiolytic, or central

stimulant had no impact on clinical response to ECT.

DOI: 10.1001/jamanetworkopen.2022.18330

VR ARMS FEEL REAL

According to research in *Scientific Reports*, people trained to use an additional set of arms in virtual reality (VR) feel as if the extra limbs are part of their own body. Researchers outfitted participants with a head-mounted display through which they saw a first-person view of their own arms and two additional virtual robotic arms. The participants then performed tasks using only the virtual robotic arms, which they controlled by moving their toes and through which they received tactile feedback. Once accustomed to the virtual system, participants reported feeling as though the virtual robotic arms belonged to them and were not merely extensions of their own arms and feet. The researchers also found that the participants' "peripersonal space," or the area people perceive as their personal space, extended to include the area around the virtual robotic arms.

DOI: 10.1038/s41598-022-13981-w

TOO QUICK OR NOT AT ALL

According to research in *Sexual and Relationship Therapy*, highly narcissistic men are more likely to experience difficulty reaching orgasm, but also report more premature ejaculation. Researchers surveyed 1,297 men in the United States about their sexual and relationship histories during the previous 12 to 24 months and any sexual dysfunctions. The researchers then categorized the participants as low, medium, or high in sexual narcissism. Men higher in sexual narcissism reported greater likelihood of having a sexual partner, more frequent masturbation and partnered sex, a greater interest in sex, lower sexual satisfaction, and lower overall relationship satisfaction. They were also more likely to prefer masturbation over partnered sex. Men higher in sexual narcissism also reported a greater tendency toward premature ejaculation and greater difficulty reaching orgasm during partnered sex.

DOI: 10.1080/14681994.2022.2073345

Virtual reality can make users feel that they have extra limbs as part of their own bodies.





ACUPUNCTURE REDUCES TENSION HEADACHES

Research in *Neurology* indicates that acupuncture can reduce the frequency of chronic tension-type headaches (CTTH). Researchers recruited 218 participants who had, on average, experienced CTTH for 130 months and had 21.5 episodes per month at baseline. Researchers randomly assigned participants to either true acupuncture or superficial acupuncture. Both groups received 20 half-hour sessions over 8 weeks. More than two-thirds (68.2%) of participants receiving real acupuncture reported half as many headache days at week 16, compared with 48.1% who had faux acupuncture. The overall effect lasted for at least 8 months. At week 32, the response rate was 68.2% in the true acupuncture

group and 50% in the superficial acupuncture group.

DOI: 10.1212/WNL.000000000000200670

ARE ROBOT COWORKERS BAD FOR YOU?

Although working alongside robots results in fewer physical injuries, Americans with robot coworkers are more likely to experience negative mental health effects, while Germans in similar work conditions suffer almost no ill effects, according to research in *Labour Economics*. Researchers analyzed data on workplace injuries in the United States, finding that physical injuries were reduced by 1.2% in regions with one standard deviation increase in exposure to robots at work. But drug- or alcohol-related deaths increased by 9.6%, and the number of poor

Acupuncture can reduce the frequency of chronic tension-type headaches.

mental health days increased by 14.9%. In Germany, the same increase in robot exposure led to a 4% reduction in physical job intensity and a 5% dip in disability, with no negative mental health effects. The researchers speculate that Germany's more worker-friendly labor laws mean its workers may feel less competitive pressure in the presence of robots than their American counterparts.

DOI: 10.1016/j.labeco.2022.102205

LIMITED WEALTH OK FOR MOST

Most people do not desire unlimited wealth, suggests research in *Nature Sustainability*. Researchers asked 7,860 individuals from 33 countries spanning six continents how much money they would need to live their ideal lives. In 86% of countries, most people thought they could achieve their ideal life with \$10 million or less, and in some countries the number was \$1 million or less. However, a minority of people (8%–39% across countries) chose an essentially unlimited amount of money (\$100 billion). Limited and unlimited wealth ideals were not related to country differences in economic development, but those whose desire for money was insatiable tended to be younger city dwellers who said they value power, success, and independence, and they lived in collectivistic countries or countries with broad acceptance of inequality.

DOI: 10.1038/s41893-022-00902-y

PTSD ACCELERATES COGNITIVE DECLINE

A study in *JAMA Network Open*

reveals that middle-age women suffering from post-traumatic stress disorder (PTSD) were more likely to experience accelerated cognitive decline. Researchers analyzed data collected between 2008 and 2019 for a longitudinal study of 12,270 female nurses in the United States with a mean age of 61. Nearly 96% of the women were White. A total of 8,218 women (67%) reported experiencing PTSD symptoms, with 5,058 (41%) reporting one to three symptoms, 151 (17%) indicating four to five symptoms, and 60 (8%) noting six to seven symptoms. Individuals with the highest level of PTSD symptoms experienced a significantly worse cognitive decline in learning and working memory over 2 years, as well as decline in psychomotor speed and attention compared with those with no PTSD symptoms.

DOI: 10.1001/jamanetworkopen.2022.17698

WHITE CHILDREN TREATED MORE FOR ADHD

Compared with other races and ethnicities, White children may be more likely to be both diagnosed with and given medication for attention-deficit/hyperactivity disorder (ADHD), according to a study in the *Journal of Learning Disabilities*. Researchers analyzed data from 1,070 elementary school children in the United States who had displayed above-average behavioral, academic, or executive functioning the year before their initial ADHD diagnoses. About 27% of White children were later diagnosed with ADHD and

20% were prescribed medication. Those numbers were lower for non-White children: 19% and 14%, respectively. Families' socioeconomic status did not explain these disparities. The researchers hypothesized that White parents are more likely to seek diagnoses and treatments because they are more likely to see ADHD as a health condition—as opposed to poor behavior stemming from bad parenting—than parents of other races and ethnicities.

DOI: 10.1177/00222194221099675

Online remote teams generate fewer ideas than in-person teams working on the same problems, and in-person-generated ideas tend to be more original.

teams working together in the same room generated 15% to 20% more ideas than their virtual counterparts. Eye-gaze data captured during both types of meetings indicated virtual meetings narrowed participants' visual scope, which the researchers suggested constrained cognitive processes underlying idea generation. In a second study involving 1,490 engineers at a multinational corporation spread across five countries in Europe and Asia, in-person teams again



ZOOM STIFLES CREATIVITY

Research in *Nature* suggests that in-person teams generate more ideas than remote teams working on the same problems, and in-person-generated ideas tend to be more original. In one study, researchers in the United States found that 150 two-person

came up with about 15% more ideas, and those ideas received higher ratings for originality. However, when it came time to select which ideas to pursue, the researchers found no evidence that videoconferencing groups were less effective than in-person groups.

DOI: 10.1038/s41586-022-04643-y

THE STRAIN OF MEDIA OVERLOAD

Psychologists are seeing an increase in the stress caused by seemingly endless negative news

BY CHARLOTTE HUFF

Many of the teens and young adults Don Grant, PhD, has worked with, both through Newport Academy treatment center and his Los Angeles–based private practice, are experiencing a stress that is directly related to news they have learned about through social media or more traditional outlets.

“They may have just read about an animal on the verge of extinction or the latest update on the melting polar ice caps,” said Grant, who is also president of APA’s Div. 46 (Society for Media Psychology and Technology). They may not even recognize at first that the news has affected their mood. But, he said, “They’re perseverating on it—it’s bothering them.”

In today’s hypercompetitive and incessant news delivery ecosystem, slightly more than half of U.S. adults report that they get their news through social media “often” or “sometimes,” according to a Pew Research Center survey conducted from Aug. 31 to Sept. 7, 2020. To drive “clickbait,” news coverage and social media postings also tend to highlight the more negative or dramatic news.

This leads to suffering from, as Grant describes it, “media saturation overload,” and he is not the only mental health professional noticing this specialized type of stress. Similar terms that have emerged recently include “doom-

scrolling,” “headline anxiety,” and “headline stress disorder.” While these terms are newer, the psychological strain of living through and absorbing dismal news is by no means confined to recent years. But lately, said Grant and other psychologists, the steady drumbeat of headlines and related social media commentary has been without pause: an ongoing pandemic, racial injustice, climate change, election controversy, mass shootings, and the list extends onward.

Though there is no formally recognized disorder or diagnostic criteria, many psychologists are seeing patients suffering from news-related stress and seeking guidance on how to help them. Researchers are working to understand the science behind the condition.

Recent research studying news seeking and emotional responses has found that more exposure to the latest headlines—whether through traditional news outlets or highlighted on social media—can undercut mental health. One study, which surveyed 2,251 adults in the spring of 2020, found that the more frequently people sought information about COVID-19 across various mediums—television, newspapers, and social media—the more likely they were to report emotional distress (Hwang, J., et al., *International Journal of Environmental*

Research and Public Health, Vol. 18, No. 24, 2021).

Another study, conducted by Matthew Price, PhD, of the University of Vermont in Burlington, followed 61 young adults for 30 days and asked them to assess how they were getting their pandemic-related news each day, along with documenting any symptoms of depression or post-traumatic stress disorder (PTSD) (*Psychological Trauma: Theory, Research, Practice, and Policy*, 2022). Price and his colleagues found an association between the amount of exposure to news on social media and more depression and PTSD symptoms.

To help patients cope in a world where news is omnipresent, psychologists with media expertise advise practicing dietary media restriction and taking steps to better process and rightsize the news in their personal lives. To guard against patients becoming overwhelmed, and developing a sense of learned helplessness, psychologists can encourage them to become more proactive in healthy ways on the issues that matter to them, added Price, the university’s George W. Albee Professor of Psychological Science.

If the news surrounding climate change is weighing a patient down, they could get more active in an advocacy organization or a local nonprofit

their emotional distress (*Psychiatry Research*, Vol. 267, 2018).

But an emotional correlation wasn't identified among adults who relied more on traditional media sources, such as newspapers or television, for news, Price said. He said that the heightened effect with social media sites might be embedded in the way they use news to reel in and retain their users.

"They're designed to be limitless scrolling," he said. "When there's a big [news-related] topic of conversation that's negative, it can dominate what you're seeing. It can give the impression that this is the only thing that's happening."

Meanwhile, the changes in infection-control guidance and other uncertainties starting from the early days of the pandemic likely further solidified people's information-seeking habits moving forward, said Chrysalis Wright, PhD, an associate lecturer in the psychology department at the University of Central Florida in Orlando, who

specializes in media psychology.

"COVID drew our attention to the news media probably more so than before, because it was a worldwide health crisis," she said. "It seemed like every hour there was a new headline."

INSTALLING MEDIA GUARDRAILS

Steven Stosny, PhD, who specializes in treating people suffering from anger and resentment, first noticed a surge in those symptoms, along with anxiety, leading into the 2016 election. For instance, many of the couples he treated were arguing more frequently, said the Darnestown, Maryland, therapist.

Stosny initially assumed the symptoms would fade after the election. But he soon realized that they had become chronic in some patients, a form of "headline stress disorder," as he described it in a *Washington Post* opinion piece in 2017.

Although Stosny acknowledged that the disorder is not a formal one with diagnostic criteria, he has observed patterns of symptoms that are clearly connected to news exposure. "The red flag is if you get this body tension, or a rise in your pulse rate, just before you check the news," he said. "Then you have intrusive thoughts about the headlines—you think about them throughout the day."

Along with propelling anger and anxiety, the constant news exposure seems to erode one's resilience, Stosny said. "It lowers your coping capacity, so things that normally you'd cope with OK, you are not coping with as well."

Other signs include drinking more, or a diminished interest

in activities outside the news, Stosny said. At their worst, he said, people can develop learned helplessness, which further fuels anger and other volatile emotions. "Whenever you focus on things you can't control, you feel powerless," he said. "Anger is really a cry of powerlessness."

In this media environment, Stosny described the smartphone as a sort of drug delivery system, incessantly delivering news and other information. Research has demonstrated that a phone alert spurs a small release of dopamine, a powerful motivator, he said. "Your phone buzzes, and you are going to reach for it, if you are hanging by one arm on a cliff."

Even so, Stosny doesn't advise his patients to drop all links to the information ecosphere, but instead to moderate their exposure. "If you try to go cold turkey, your imagination of what might be happening tends to be worse than what actually is happening," he said.

Grant similarly works with children and teens, as well as their parents, on healthy digital device management. Just as individuals with eating disorders can't avoid food entirely, it is nearly impossible for people to bypass all media, he said.

Some strategies Grant suggests: Turn off all notifications, add tech-free periods to the day, and don't bring phones to the dinner table. Limit social media checks to 15 minutes. Parents can model good behaviors by not constantly checking their phone. For instance, when they are waiting in line, they can chat with the people around them rather than stay glued to the small screen.

OVERWHELMED BY THE NEWS

The effects of reading or watching a lot of negative news coverage can harm both mind and body. Clinicians on the lookout for these symptoms can help forestall spiraling distress in patients. Signs might include the following:

- Intrusive thoughts about news articles or current events throughout the day
- Persistent anger, resentment, or anxiety generated by reading news articles
- Increased alcohol use to self-medicate related stress
- Diminished interest in activities outside the news

The payoff of moderating news exposure was reflected in the findings of a study conducted early in the pandemic during Spain's shutdown. Researchers found that two-thirds of the 5,545 Spanish adults surveyed reported anxiety or depressive symptoms. But those who limited their exposure to COVID-19 news and tried to eat healthy, along with pursuing hobbies and more time outdoors, were likely to experience less stress (Fullana, M. A., et al., *Journal of Affective Disorders*, Vol. 275, 2020).

BETTER PROCESSING STRATEGIES

Psychologists can also help their patients size up their own perception of risk more realistically as they peruse the latest news, Brauer said. Rare events, like a lightning death, can get a lot of media play. "People vastly overestimate how likely it is that unusual events will happen to them," he said.

Providing broader context, including about relative risk, is particularly important when working with children, said Jacqueline Toner, PhD, a retired psychologist and author of the Magination Press book *What to Do When the News Scares You: A Kid's Guide to Understanding Current Events*.

Parents may attempt to shield their children from scary news like a mass shooting or extreme weather, and thus the children may only hear about bits and pieces of what happened, which may result in frightening misconceptions, Toner said.

Psychologists can ask open-ended questions from the start, gaining a better sense of what the

FURTHER READING

Coping with COVID-19 stress: The role of media consumption in emotion- and problem-focused coping

Nabi, R. L., et al.
Psychology of Popular Media, 2022

Media's role in broadcasting acute stress following the Boston Marathon bombings

Holman, E. A., et al.
Proceedings of the National Academy of Sciences, 2014

Soar above: How to use the most profound part of your brain under any kind of stress

Stosny, S.
Health Communications, Inc., 2016

Storywrangler: A massive exploratorium for sociolinguistic, cultural, socioeconomic, and political timelines using Twitter

Alshaabi, T., et al.
Science Advances, 2021

MANAGING HEADLINE STRESS

Headline stress can affect anyone. Psychologists suggest these strategies:

- Write down the stressful headline on paper, to slow processing.
- Turn off smartphone news notifications.
- Set the phone's timer for 15 minutes at the start of checking social media to limit the amount of time engaged in it.
- Set a strict no-screens (including phones) policy for mealtimes.
- Add other daily tech-free periods where possible.
- Bind anxiety by taking some kind of action, perhaps donating to a cause, joining an aid group, or signing a petition.

child knows, including context, Toner said.

If the child is worried about news that might pose an ongoing risk, such as wildfires that periodically flare nearby, work with them to develop an action plan, Toner said. What would they do, and who could help them in an emergency? Ask them to list all the people in their lives who could assist, not just family members but also neighbors, teachers, and firefighters, she said. "It demonstrates to the child that there is a larger safety net for them."

One practice Stosny uses with his adult patients is to suggest they write down an anxiety-producing headline in longhand. The idea is to slow down the processing, hopefully moderating anxiety in the process, he said.

"Anxious thoughts speed by, and the faster they go, the less realistic they get," Stosny said. "If you slow down the process by writing them down, they're more realistic. And then you can assign a probability—how likely it is to happen."

Uniformly, psychologists said

that regardless of the patient's age, encourage them to be more active in issues they care about, rather than just a passive observer of the news.

If a teen is fretting about the looming extinction of an animal, they can get involved in an organization trying to save it, Grant said. "Be a part of the solution, which will bind your anxiety, and it will make you feel not so powerless [or] that the world is spinning off its axis," he said.

And it's not just patients who suffer from media oversaturation stress, Price noted. Early this year, Price realized that amid his habit of scrolling Twitter, he was too often soaking up "the deluge of negativity," as he described it.

"I became aware that, to put it clinically, it was bumming me out," he said, with a short laugh. So, he scaled back dramatically, with only occasional posts to support his students or to quip about the challenges of parenting young children. After just several days, Price said, "I had turned the temperature down on my despair and outrage." ■

NEW RESEARCH ON THE COGNITIVE AND NEUROPSYCHOLOGICAL IMPACT OF LONG COVID

Psychologists are at the forefront of research into the cognitive and neuropsychological impact of ongoing post-acute COVID

BY HANNAH CALKINS

A substantial number of people who survived the acute phase of COVID-19 have never made a full recovery. Psychologists are breaking new research ground to understand the causes, effects, and possible treatments for so-called “long COVID,” particularly related to its impact on cognition and mental health.

The perils of long COVID include fatigue, lowered endurance, reduced cognitive efficiency, and mental health effects, such as anxiety and depression.

“Data from our racially and ethnically diverse group of patients, who are assessed approximately four months after acute illness, suggest that more than two thirds are continuing to experience cognitive dysfunction,” said Tracy Vannorsdall, PhD, ABPP-CN, a clinical neuropsychologist who studies and treats patients in the Johns Hopkins Post-Acute COVID-19 Team (JH PACT) clinic in Baltimore, Maryland.

Research by Vannorsdall and other psychologists shows that patients who endured severe illness requiring a stay in the intensive care unit (ICU) display significant cognitive and neuropsychological

deficits, which tracks with long-established research on the impact of ICU treatment on the brain. However, both psychologists and neuroscientists have detected measurable changes in the brains of people who had less-severe cases, and many long COVID sufferers who had mild illness report ongoing cognitive dysfunction and psychological distress.

Untangling the risk factors for developing long COVID and its mental health symptoms is a challenge for researchers and practitioners alike. While some research indicates that people with a history of anxiety are at higher risk for developing long COVID, psychologists are learning that previous mental health issues cannot explain the myriad symptoms long COVID patients endure. Now, experts theorize that SARS-CoV-2, the virus that causes COVID, has some harmful effect on the brain, either directly through infection or through resulting inflammation. Additionally, emerging evidence suggests that there may be nonpsychological factors that make some people more susceptible to developing long COVID, such as previous infection with a different virus.

THE NUMBERS

According to the U.S. Centers for Disease Control and Prevention (CDC), long COVID symptoms may impact as many as 1 in 5 adult survivors of the illness, regardless of how mild their initial infection was. This is double the number researchers reported earlier in the pandemic (*The BMJ*, Vol. 370, No. 8258, 2020).

The CDC estimates that more than 200 million people in the United States have already been infected with COVID-19, and predicts 100 million new infections this fall. These growing numbers signal an urgent need for psychologists to learn about long COVID, lead efforts to understand how SARS-CoV-2 affects the brain, and treat the rising tide of patients struggling with cognitive and psychiatric problems as a result of COVID infection.

Definitive biomarkers for long COVID have yet to be uncovered. However, the sheer number of people affected by its often disabling symptoms has begun to erode initial skepticism by the medical and scientific establishment.

LONG COVID SYMPTOMS

Long COVID has a variety of names, including long-haul

Long COVID symptoms may impact as many as **1 in 5 adult survivors of the illness**, regardless of how mild their initial infection was.



A patient wears goggles during therapy at a specialized facility for treating long COVID in Poland.

COVID, post-acute sequelae of COVID-19 (PASC), and post-COVID condition, which is how a World Health Organization panel defined it late last year.

People with long COVID are frequently described as having “lingering symptoms,” but they often develop confounding new ones. Their experiences support the rapidly accumulating evidence that SARS-CoV-2 is not simply a respiratory virus, but one that takes a toll on nearly every major system and organ in the body, from the immune system, to the heart and vascular system, to the gastrointestinal tract, to the kidneys (Bowe, B., et al., *Clinical Epidemiology*, Vol. 32, No. 11, 2021).

The brain and the nervous system are no exceptions—

and in fact, some of the most pervasive symptoms of long COVID appear to be neurological, cognitive, or psychiatric in nature. In August, a study of more than 2.5 million people by researchers at the University of Oxford revealed that the neurological and psychiatric risks of COVID were significant and that the more severe outcomes—such as psychotic disorders, cognitive deficit, dementia, and epilepsy or seizures—may persist for years (Taquet, M., et al., *Lancet Psychiatry*, Vol. 9, No. 10, 2022).

Descriptions of “brain fog,” which is not a medical term but one that characterizes sluggish thinking, have been ubiquitous since the early days of the pandemic. Also common are reports

of altered or lost sense of taste or smell, which signals that the virus has had some neurological impact and, similarly, is observed in patients with neurodegenerative diseases. Many long COVID sufferers also report intense anxiety, anhedonia, insomnia, and debilitating fatigue, as well as short-term memory loss, confusion, and problems with concentration and attention (*Journal of the Academy of Consultation-Liaison Psychiatry*, Vol. 63, No. 2, 2022). The data bear this out. A recent meta-analysis found that up to 22% of people who have had COVID report persistent fatigue or cognitive impairment 12 weeks after infection.

Additionally, patients are also reporting “a high rate of

psychological distress, as well as difficulties with daily functioning, specifically related to changes in cognition and mental well-being,” said Vannorsdall.

Delia Silva, PsyD, ABPP-CN, is a clinical neuropsychologist in San Diego, California. At her practice, Pacific Neurobehavioral Clinic, PC, Silva has seen an increasing number of referrals for patients in need of neuropsychological evaluation because of long COVID. While a “small minority” of these patients’ COVID symptoms were severe enough to require oxygen therapy or mechanical ventilation in the ICU (which raises the risk for poor cognitive outcomes), “most of the patients I have seen had relatively mild cases of COVID,” she said. She has observed that “consistent with the literature thus far, it appears that the people who were not hospitalized or intubated due to COVID have generally performed within normal limits on neuropsychological testing.”

However, these patients may struggle with dysautonomia, which involves dysfunction of the nerves that regulate non-voluntary body functions, such as heart rate, blood pressure, and sweating. This may lead to reduced cognitive efficiency related to their fatigue, she said.

Some patients with persisting symptoms have also presented with clinically significant psychiatric symptoms. According to Silva, “some of these symptoms can be attributed to the intense stress and isolation that patients have endured during the pandemic, which may contribute to worsening anxiety. Additionally, these patients may feel uncertain



about their post-COVID recovery, or have a history of prior psychiatric conditions, either of which could make anxiety or depression worse.”

Furthermore, anxiety can cause physical symptoms, such as heart palpitations, which may partially explain some of the issues that patients with long COVID are experiencing.

Punam Rahman, PsyD, ABPP, is a rehabilitation psychologist at the Shepherd Center in Atlanta, Georgia. Her patients have injuries of the spinal cord and brain, and some of them have symptoms consistent with long COVID. She describes the “COVID brain” as an additional disability.

An occupational therapist works with a patient in a brain performance training room at the Teutoburger Wald Clinic, a rehab facility specifically for long COVID sufferers in Germany.

“These patients often have persistent brain fog and other cognitive concerns, which definitely impact their rehabilitation process,” she said. Long COVID affects “their ability to carry over new learning, [their ability] to manage their care, and their ability to engage in their recovery.”

WHO GETS LONG COVID?

We don’t know why some people develop long COVID, but we do know that it occurs in people who had severe, moderate, or mild COVID illness. The relationship between the relative severity of the illness and the development of long COVID is still unclear.

“We know that people with medical comorbidities or of older age are at higher risk of having more severe COVID cases and persisting symptoms. We also know that people who were intubated are at higher risk of experiencing neurological or pulmonary symptoms,” said Silva. “We’re also seeing that with milder cases, people with premorbid psychiatric histories (anxiety, in particular) tend to have subjective reports of persisting COVID symptoms.”

At the same time, Silva said, “there are also people with mild COVID cases who seem to have persisting symptoms that might not be explained by psychiatric factors.”

Researchers speculate that COVID’s impact on the brain may explain why some people develop long COVID and experience cognitive dysfunction as a result.

In Switzerland, researchers at the University of Geneva have been tracking and analyzing neuropsychological problems in long COVID patients as part of the COVID-COG project since the spring of 2020. So far, their findings support what researchers and clinicians like Silva and Vannorsdall have observed: people who had severe acute disease display the most significant cognitive deficits. But Philippe Voruz, MSc, a doctoral candidate in neuropsychology and one of the researchers on the project, said the findings suggest that cognitive deficits appear to be caused by the virus itself.

“Our results indicate that substantial variance in long-term neuropsychological deficits

in COVID-19 is attributable to the infection, and not to previous medical history, treatment, or post-ICU effects,” said Voruz. He and his team drew this conclusion based on data showing that even patients with moderate disease—meaning they were hospitalized but did not require mechanical ventilation—showed cognitive deficits on neuropsychological tests, and neuroimaging scans revealed altered patterns of connectivity in their brains (Voruz, P., et al., *Clinical and Translational Neuroscience*, Vol. 6, No. 2, 2022, and *Brain Communications*, Vol. 4, No. 2, 2022).

Similar research by neuroscientists shows that COVID infection is linked to changes in brain structure in older adults (*Nature*, Vol. 604, 2022), even in those who were never hospitalized. This suggests that COVID has a deleterious effect on the brain in some people, regardless of how sick they were in the acute phase of the infection. But why some people are affected while others are not remains under investigation.

LONG COVID AND KIDS

Because of a presumed lower prevalence in children and subsequent lack of data, most research into how long COVID impacts the brain is focused on adults. However, children are affected too, an important note made in the August study from the University of Oxford.

Rowena Ng, PhD, and her colleagues provide neuropsychological assessment services to pediatric patients followed by the Kennedy Krieger Institute’s

Pediatric Post-COVID-19 Rehabilitation Clinic in Baltimore, Maryland.

Ng said that patients in the clinic report cognitive dysfunction, fatigue, sleep disturbance, headaches, and anxiety and depression symptoms. But they typically perform normally on cognitive tests, and many of them have histories of attention, anxiety, or mood concerns prior to infection.

“Many of these patients also have emergent physical symptoms after the infection, including headaches, fatigue, dizziness, and gastrointestinal problems—all of which may contribute to attention and concentration difficulties,” she said. “This makes it challenging to fully differentiate whether the cognitive difficulties patients report, or that we observe on testing, are a direct result of COVID-19 infection, indirect outcomes from physical symptoms associated with COVID-19, worsened anxiety or mood, pandemic-related stress, or a combination of these.”

Additionally, social isolation during “lockdown” periods of the pandemic has been noted to have a serious impact on school performance, attention, and mood in children, particularly those who already had mental health conditions. These effects may have been even worse in children who had COVID or experienced ongoing problems related to their infection.

The August study from the University of Oxford concluded that children who have had COVID were not more likely to be diagnosed with anxiety

FURTHER READING

Coping with COVID-Long-term neurologic outcomes of COVID-19

Xu, Evan et al.
Nature Medicine, 2022

One of Long COVID’s worst symptoms is its least understood

Yong, Ed
The Atlantic, 2022

or depression following their infection, and their risk of brain fog subsided over a period of 2 years. However, the study also found that children with a previous COVID infection had an increased risk of psychotic disorders and seizures, though they have an overall lower risk profile than older adults.

Additionally, Ng pointed to emergent clinical case studies suggesting that pediatric patients show changes in the brain following COVID infection, similar to what has been found in older adults (Morand, A., et al., *European Journal of Nuclear Medicine and Molecular Imaging*, Vol. 49, No. 3, 2022).

She said there is much to learn about the impact of COVID infection in children and on their subsequent brain development. She and her colleagues draw much of what they know about long COVID in children from case studies or patient (and parent) reports, but she is hopeful for more comprehensive data soon.

“The number of specialty clinics dedicated to serving pediatric patients with long COVID is growing, and some have begun to gather longitudinal clinical data that may better characterize cognitive and behavioral outcomes associated with the infection,” she said.

WHAT CAUSES LONG COVID?

“Understanding the etiology of long COVID is essential because once we comprehend the cause, we can work towards a cure,” said Julia Samton, MD, who is board certified in neurology and

psychiatry and co-owns The Midtown Practice in New York City.

Presently, there are three leading theories for what causes post-COVID cognitive and psychiatric symptoms, according to Silva, who detailed these theories in an August 2021 blog post, “Long-Haul COVID-19: What We Know, and What We Don’t,” on her practice’s website, www.neuropacific.com.

The first is cerebrovascular ischemia, which occurs when the brain doesn’t receive adequate blood flow and is a precursor to a stroke. This could largely explain why patients who had severe acute disease display the most serious deficits.

For those with moderate or mild acute disease, a second theory is that direct viral infection of the brain causes cognitive dysfunction and neurological problems, such as the hallmark loss of taste and smell experienced by many people with COVID. There is limited evidence for this theory, Silva wrote.

A third theory involves neuroinflammation, which scientists theorize is the result of an immune system in overdrive. Scientists have linked COVID infection (even mild infection) with inflammatory processes in the brain in both animal and human models (*Nature Reviews Neurology*, Vol. 18, No. 453, June 2022, and *Nature*, Vol. 595, June 2021).

Samton, who is also affiliated with New York–Presbyterian Hospital, explained that this neuroinflammation could be caused by malfunctioning mast cells, a type of white blood cell found in the body’s connective tissue.

“These cells release chemicals that lead to even more inflammation in a part of the brain called the hypothalamus, which is basically the coordinator of many functions of the nervous system,” she said. This process could lead to the brain fog and fatigue experienced by many people with long COVID.

However, in May 2022, a longitudinal study led by Michael Sneller, MD, of the National Institutes of Health, failed to identify a definitive cause of long COVID, and did not find evidence to support these theories. The study did, however, find that women with a history of anxiety were at greater risk for developing long COVID, a conclusion that many patient advocates (and even Sneller himself) were concerned would lead to further marginalization of post-COVID patients by the medical and scientific establishment (*Annals of Internal Medicine*, Vol. 175, No. 7, 2022).

Nonetheless, “emotional trauma and posttraumatic stress disorder may play a role in creating or worsening symptoms,” Samton said.

Samton also pointed out that researchers have identified some additional possible risk factors for developing long COVID, including Type 2 diabetes, fragments of SARS-Cov-2 RNA in the blood, evidence of Epstein-Barr virus (EBV) in the blood, and an increase in autoimmune antibodies (*Cell*, Vol. 185, No. 5, 2022).

There is also some evidence regarding the protective factor of vaccines, which provides some clues, although the results have been mixed. One study



suggested vaccination lowered the risk of developing long COVID by half. But a later study concluded that vaccines had a much more limited effect, and only reduced risk by 15%.

Clearly, much remains to be discovered about why some people develop long COVID, and why it causes cognitive and neuropsychological dysfunction. However, scientists and clinicians have known for a long time that viral infections can lead to long-term sequelae.

“Viruses vary in the extent to which they affect brain health,” said Vannorsdall, and she added that on the whole, the cognitive impact of SARS-CoV-2 on the

brain is less severe relative to viruses that more often cause encephalitis, such as herpes simplex virus (HSV-1) or varicella-zoster virus (VZV).

But while this particular virus is a novel one, its potential to cause chronic illness and other sequelae is not unique. There are many examples, but a significant one is the relationship between EBV infection and multiple sclerosis, which was strengthened by a study published earlier this year (*Science*, Vol. 375, No. 6578, 2022). Additionally, some researchers and many patients have noted similarities between long COVID and myalgic encephalomyelitis/chronic fatigue

syndrome (ME/CFS), which is theorized to be a post-viral illness.

Particularly relevant is the fact that some survivors of the first SARS epidemic became ill with a similar post-acute condition in 2002 (which Voruz said was a significant motivator for the COVID-COG project).

Altogether, though, this existing body of knowledge and new research have not yet added up to definitive answers.

“The variability in outcomes across patients has been marked, particularly as it relates to cognition and mental health,” said Vannorsdall. “I suspect that as our mechanistic studies evolve, we will begin to appreciate that

New Yorker Elizabeth Medina still can't smell or taste more than a year and a half after contracting COVID-19. She also suffers fatigue, has lost more than half her hair, and has neuropathy.

there are multiple etiologic pathways contributing to persistent post-COVID symptoms, with vascular, inflammatory, and psychological pathways contributing to varying degrees in different patients.”

HOPE FOR THE FUTURE

“As we work towards answering clinically important questions, there will continue to be an important role for psychologists in providing psychoeducation and setting appropriate expectations, while helping optimize health behaviors and coping strategies in order to improve patient well-being,” Vannorsdall said.

Silva agreed, and said that a cognitive behavioral approach on how mood or anxiety disorders can contribute to reduced cognitive efficiency can be helpful. “We have seen improvement with many of these patients at this practice,” she said.

She also encourages patients to continue following up with their medical doctors for further evaluation and treatment of their physical symptoms.

Rehabilitation psychologists like Rahman also have an important role to play in helping long COVID patients manage their symptoms. At both traditional rehabilitation clinics and specialty long COVID clinics, they are helping long COVID patients recover or adapt to their new levels of function.

Rahman said some of her patients have had success with several different approaches. One is “pacing,” a strategy that helps patients put their limited energy toward tasks and activities that matter the most

to them. Other organizational strategies like symptom tracking can help patients prioritize their daily tasks, improve their memory and attention, and show patterns over time. Speech and language pathologists can also help patients compensate for deficits by working with them to develop new ways of learning and communicating.

At the same time, normalizing the situation is important, Rahman said. “We have to acknowledge that yes, this is a major change, and it has so much impact on the patient’s day-to-day,” she said. “We have to be honest that we might not fix the brain right away, but we have great tools to help. We can instill hope.”

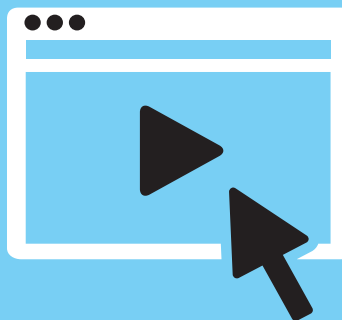
In the meantime, there are studies underway, such as the LISTEN study by researchers at the Yale School of Medicine, that may make significant strides toward uncovering what causes long COVID, and how to better treat it. The National Research Action Plan on Long COVID, announced by the White House in August, may also lead to greater understanding, improved treatments, and better social supports and other interventions for people with long COVID.

“Until we develop a treatment specifically targeted to the neuropsychiatric effects of COVID, we should rely on established therapeutics to rehabilitate affected individuals,” Samton said. “A multidisciplinary team that works together to address the different components of long COVID can make all the difference in hope and physical progress.” ■

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5 QUESTIONS FOR GABRIELA LIVAS STEIN

The child clinical psychologist explains barriers to mental health in Latinx communities and what can be done to overcome them **BY ASHLEY ABRAMSON**



MARTIN KANE/UJNCG

American youth, in general, are facing a mental health crisis—but young people of color are especially vulnerable to mental health challenges (APA Working Group for Addressing Racial and Ethnic Disparities in Youth Mental Health, 2017).

The problem is particularly pronounced among Latinx youth, or young people of Latin American descent. Data published in 2017 suggest that 20% of Latinx youth experience depression; current events compound an already troubling baseline. “The increase in deportations over the past several years, coupled with anti-immigrant rhetoric, has had a drastic impact on the mental health of Latinx youth,” said Gabriela Livas Stein, PhD, a professor and department head of clinical psychology at the University of North Carolina at Greensboro and principal investigator of the Caminos Lab, which conducts community-engaged research on Latinx youth and families.

In a recent study, Stein and her colleagues found that a third of their sample showed clinical symptoms of both depression and anxiety, a notable increase from past research (*Journal of Clinical Child and Adolescent Psychology*, under review). The *Monitor* asked Stein about her ongoing research on the complex factors affecting the mental health of Latinx youth—and what psychology suggests are the most effective methods for bolstering their resilience.

What unique barriers to mental health do Latinx youth face?

In states with more anti-immigrant policies, we see Latinx families with increased

anxiety and depression symptoms. Deportations also pose a big risk: Kids who have experienced a close family member being reported face greater symptoms of substance use and suicidality.

In Latinx cultures, there are also stigmas around mental health care or even talking about mental health. Kids don’t want to burden their families with their problems because they feel a sense of duty to honor their parents’ sacrifices.

This mindset can lead to a sort of high-functioning depression. Latinx youth, especially Mexican American kids, tend to keep pushing to get ahead and honor their parents’ sacrifices even if they’re struggling emotionally. But family values of loyalty, support, cohesion, and warmth can also have protective effects on Latinx youth and adults, driving a sense of purpose and leading to fewer symptoms of anxiety and depression, less externalizing behavior, and greater academic behaviors (*Journal of Family Issues*, Vol. 36, No. 10, 2013).

What kinds of interventions are most effective in preventing mental illness in Latinx youth?

Schools, after-school environments, and community organizations can play a role in promoting resilience among Latinx youth. One way to support kids is by learning about and honoring their values when inviting families to participate in these settings. This lessens the cultural mismatch, when kids feel torn between two sets of expectations and norms.

Specific to mental health, these spaces can help Latinx youth and their families face challenges by teaching them the skills to cope with stress. It’s also effective to normalize conversations about distress,

teaching kids that they can honor their parents and still seek out help for themselves.

What role do psychologists play in improving the mental health of Latinx youth?

Latinx youth make up a quarter of Americans who are younger than 18, so psychologists should avail themselves of research that can help them understand the strengths and difficulties of these communities. There continues to be a shortage of Spanish-speaking providers; if you have some Spanish skills, continue to develop these and use them in your practice.

Reach out to Latinx communities to show you're there in an authentic, honest way so families know how to seek out support. Don't wait for people to come

to your office; speak at schools or do outreach at Latinx events or churches.

Researchers can help, too. A lot of folks have large Latinx samples in their own research that they don't examine in a deeper way. Even having information about a sample's generation status, language, and country of origin can help us understand Latinx communities more fully. If you do research in states like California, Texas, and New York, and your samples have large swaths of the Latinx community, consider partnering with researchers who are experts in these communities. We can, for example, help you consider what variables you might be missing.

How does understanding the experiences of other communities of color enrich your own study of Latinx youth and families?

That's one of my favorite things I've been able to do: learn which processes have universality to them and which ones are unique. One protective factor we've seen across the board is optimism in the face of oppression. If someone struggles with depression, they can counteract symptoms by focusing on positive things they can accomplish. Different cultures can employ optimism in different ways for the same outcome. For Latinx families, it's embedded in familial values and immigrant optimism. African American families that typically are native-born tend to cultivate optimism in other spaces like Black churches or their larger familial environments. Because there is not that immigrant component of coming to America to seek a better life, the African American community has learned how to carve out a better life in a system that's built to oppress them.

What future research in this area are you most excited about?

We've known Latinx youth experience greater levels of depression symptoms than youth in other communities, and I've always wanted to understand why. What are the risks for depression and what protects them? Thanks to our research, we're starting to understand.

I'm excited to do more intervention and prevention work, exploring how we can better support communities. For example, how can we instill skills in Latinx youth and families to cope with discrimination, and how can these different coping skills lead to different outcomes, whether it's protecting youth from depression or from heart disease?

Most of our work has focused on interpersonal experiences of discrimination, and I am excited for work to consider discrimination on multiple levels—and what we can do about it. We want to better understand resilience and change the levers that impact mental health and the health of communities. ■



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CONFLICTS OF INTEREST AND INSURANCE COVERAGE DETERMINATIONS

Applying psychological science on conflicts of interest to behavioral health treatment coverage

BY JENNIFER K. ROBBENNOLT, JD, PHD, UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

United Behavioral Health (UBH) manages an array of health insurance plans that cover behavioral health services. A class of individuals covered under health benefit plans administered by UBH sued the company, alleging that UBH incorrectly denied their requests for coverage for mental health or substance use disorder treatment. The plaintiffs claimed that UBH's level of care and coverage determination guidelines "fell below generally accepted standards of care," were not consistent with the terms of their plans, and "prioritiz[ed] cost savings over members' recovery of benefits."

In *Wit v. United Behavioral Health* (2019), a trial judge in the U.S. District Court for the Northern District of California found that UBH's guidelines for making coverage determinations for mental health and substance use disorder treatment were more restrictive than generally accepted standards of care in a variety of ways. The judge also determined that UBH's process for developing those guidelines was "tainted" by conflict of interest and an emphasis on cost-cutting. The court therefore found UBH liable for improperly denying benefits based on the too-restrictive guidelines and for breaching its fiduciary responsibilities of loyalty, due care, and compliance with the terms of the plans. The court ordered UBH to reprocess more than 60,000 claims, adopt coverage guidelines that reflect generally accepted standards of care, and train its employees in using the appropriate criteria to fulfill their fiduciary responsibilities to plan members.

In March 2022, a three-judge panel of the Ninth U.S. Circuit Court of Appeals reversed the trial court's ruling, finding that UBH's determinations and interpretations of plan requirements were not unreasonable and that "even if UBH has a conflict of interest because it serves as plan administrator and insurer for fully insured plans that are its main

source of revenue, this would not change the outcome on these facts." A request that the full court rehear the case is pending. APA and other organizations have submitted a joint amicus brief in support of the request for a rehearing that highlights the harmful effects that the panel's decision will have on patient access to care.

The case raises many issues of interest to psychologists. Beyond questions about access to appropriate and effective treatment for behavioral health and substance use disorders and concerns about parity for such treatment, the court's assessment of UBH's conflict of interest is also important. The trial court held that less deference should be given to UBH's decisions and interpretations because UBH had a conflict of interest in acting as both a plan administrator and insurer. Consistent with this instinct, psychological research demonstrates that conflicts of interest make neutral assessments difficult, for those with a conflict rarely recognize how it affects their own decision-making. Although disclosure of a conflict is often thought to be a useful fix—albeit one that did not happen with UBH—disclosure of a conflict has its own complications, such as potentially licensing even more biased decisions.

A better option to resolve such cases is to separate the decision-makers from the conflict. One way of separating decisions about coverage and decisions about cost might require a company to choose whether it will administer the plan or insure it, but not do both. Another method would separate decisions about care and cost within the company. The trial court's remedy in *Wit* followed this approach, requiring the company to use generally accepted standards of care to guide coverage decisions to better insulate decisions about coverage from considerations about cost. No matter how *Wit* is ultimately resolved, the case highlights the importance of attending to such conflicts of interest. ■



AT ISSUE

Should behavioral health care insurers also be allowed to act as plan administrators?



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





CE

CONTINUING EDUCATION UPDATED GUIDELINES FOR SEXUAL MINORITY PEOPLE FOCUS ON RESILIENCE

BY REBECCA A. CLAY

Newly revised guidelines for psychologists working with sexual minority people aim to help practitioners understand the diversity of sexual minority identities, recognize patients' resilience as well as their challenges, and broaden the focus of research to include participants from more diverse backgrounds.

Adopted by the Council of Representatives in February 2021, the *APA Guidelines for Psychological Practice with Sexual Minority Persons* give psychologists a guide to clinical practice with lesbian, gay, bi+ (a term that includes people who describe themselves as bisexual, pansexual, and fluid), queer, and asexual orientations.

"Psychologists in all walks of life will encounter people who are sexual minorities," said Nadine Nakamura, PhD, who cochaired the task force that created the new guidelines. "The guidelines give them a starting point so that their clients feel they are working with someone who has a general understanding of what their life is like."

CE credits: 1

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

1. Discuss what affirmative psychological practice means in the context of work with sexual minority people.
2. Describe the influence of intersectional identities on the lives of sexual minority people.
3. Explain how sexual minority stress theory applies to this population.

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



When it comes to sexual minority people, too often the focus is on the negative, even to the point of pathologizing this diverse population, Nakamura said. The revised guidelines aim to upend that perception.

“Because there is so much focus on stigma, we wanted to make sure that we presented the other side of the coin—resilience,” said Nakamura, a psychology professor at the California School of Professional Psychology at Alliant International University in San Diego. “Being a sexual minority person is not all doom and gloom.”

Since the last guidelines were adopted in 2012, there has been an explosion of research on sexual minorities, said Nakamura. Convened in 2018, the task force reviewed that literature, focusing especially on scholarship by researchers of color and sexual and gender minority researchers. The task force also met with a group of young people of color in Washington, D.C., to better understand their perspective. Reviewers with both research and clinical experience with sexual minority populations then provided feedback as the

The updated guidelines urge psychologists to recognize the various types of stigma, discrimination, and stress that sexual minorities can face.

task force wrote and revised the guidelines.

The resulting guidelines use three conceptual lenses, said Nakamura and her task force cochair, Franco Dispenza, PhD, an associate professor of counseling and psychological services at Georgia State University.

First, the guidelines use the lens of affirmative psychological practice, which views sexual minority identities and sexual behavior as normal and nonpathological.

Second, the guidelines are grounded in sexual minority



stress theory. The theory acknowledges the interpersonal and societal prejudice and stigma that sexual minorities face and the harm such stressors can have on their psychological and physical health. “We tried to bring issues related to stigma to the forefront so that psychologists realize how much heterosexism, monosexism, and other environmental stressors are having an impact on their clients,” said Nakamura.

Third, the guidelines use an intersectional approach that considers how other factors, such as race, gender, age, immigration

status, and disability status, interact with each other. While those intersecting identities can result in multiple oppressions, said Dispenza, they are also sources of strength. “We all have intersectional identities that give us a source of pride, resilience, and ability to thrive,” he said. “These are all aspects that contribute to one’s well-being.”

FOUNDATIONAL KNOWLEDGE

All psychologists, whether they specialize in sexual minority issues or not, need some basic knowledge about this population, the guidelines emphasize. Psychologists should understand that people have diverse sexual orientations, and those orientations are normal variations and not mental illnesses needing treatment. Psychologists should also understand the multiple systems of oppression sexual minority individuals face, including the environmental, economic, and sociopolitical forces affecting their mental health.

The guidelines aim to clear up common misconceptions, such as conflating sexual orientation and gender identity. A person’s sexual orientation is whom that person is attracted to. That is distinct, the guidelines explain, from a person’s gender identity, or that person’s sense of their own gender.

The guidelines also call on psychologists to eradicate their monosexist bias and affirm bi+ identities. Bi+ women in the United States are a bigger population than lesbians, gay men, and bi+ men combined, the guidelines point out, yet bi+ individuals are

often overlooked or subjected to harmful, inaccurate stereotypes that cast them as hypersexual people, cheaters, and spreaders of HIV and other sexually transmitted infections.

“We know that bi-erasure and bi-negativity are incredibly common and have really negative mental health effects,” said task force member Jennifer Vencill, PhD, an assistant professor of psychiatry and psychology at the Mayo Clinic in Rochester, Minnesota. Bi+ individuals, especially women, have the highest suicide rate of any sexual orientation group, for example. Bi+ young people are at higher risk of depression.

SEXUAL MINORITY STRESS

The updated guidelines urge psychologists to recognize the various types of stigma, discrimination, and sexual minority stress this population faces and advocate to eradicate them. Such stressors occur at all levels.

At the societal level, institutional discrimination such as same-sex marriage bans and religious exclusion is associated with poorer mental, behavioral, and physical health outcomes. In states with hate crime statutes and nondiscrimination policies in place to protect sexual minorities, the prevalence of psychiatric disorders is much lower. Psychologists themselves can perpetuate this kind of discrimination through seemingly innocuous acts like defaulting to the terms “mother” and “father” on intake forms instead of using the term “parent” or “guardian,” which does not imply assumptions about family composition.

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Sexual minorities experience interpersonal discrimination, too, ranging from microaggressions to physical abuse. A psychologist could commit a microaggression by seeming to endorse heteronormativity, for example. At the other extreme, sexual minorities of all ages face higher rates of victimization than their heterosexual peers.

These stressors can lead sexual minorities to internalize heterosexism and other forms of stigma, another guideline points out. That might mean feeling anxious or trying to conceal one's identity. These stressors can result in reduced psychological well-being, increased risk-taking, and worse physical outcomes.

But psychologists should not just focus on the negative. Another guideline urges psychologists to recognize the positive aspects of being a sexual minority and the individual and collective ways this population resists stigma and oppression.

"Because oppression toward this community is so prevalent, we are often unable to see beyond disparities," said task force member Roberto Luis Abreu, PhD, an assistant professor of counseling psychology at the University of Florida. "We wanted to recognize that this population is not just coping with adversity, but many are thriving."

EVERYDAY STRESSORS AND STRENGTHS

Another set of guidelines focuses on relationships. The guidelines urge psychologists to respect diverse relationships and recognize the complexity of sexual

Critical to effective treatment is a strong understanding of the diversity of the sexual minority population.

KEY POINTS

1

Psychologists should not pathologize sexual minority identities but instead view them as a normal part of human sexuality.

2

Psychologists should understand that sexual minority status brings strengths and resilience as well as stigma and stress.

3

Psychologists should not overlook the diversity of the sexual minority population, which includes bi+ individuals and those with overlapping oppressed identities.



health for sexual minorities.

Polyamorous relationships are one example. While research suggests that heterosexual and sexual minority people engage in consensually nonmonogamous relationships at similar rates, mental health practitioners often stigmatize such behavior among sexual minorities. In addition to lacking knowledge about this relationship structure, they may claim nonmonogamy is inferior to monogamy or even push patients to renounce these relationships.

“Both socially and clinically, there are many different types of relationship structures that are healthy, normative, and appropriate,” said Dispenza. “These relationship structures should not be pathologized.” Intake forms might just have one line for spouse or partner when a patient may have multiple partners, for example.

Psychologists may hold similarly stigmatizing views about sexual health. “There is a long history of pathologizing sex in this community, connecting it with HIV and other sexually transmitted infections, high-risk behaviors, and bad relationships,” said Dispenza. While rates of new HIV infections are highest among sexual minority men, that narrow focus has meant a lack of attention to other aspects of sexual health. Sexual minority women, for instance, experience much higher rates of sexual assault than heterosexual women.

Other guidelines urge psychologists to understand sexual minority people’s families—both their families of origin and families of choice. Coming out to families of origin can result in conflict,

internalized stigma, and adverse psychological outcomes, with acceptance and rejection influenced by the family’s racial and ethnic background and religious beliefs. Psychologists should respect a patient’s decision not to disclose their identity to their families. Psychologists should recognize that sexual minority patients may have other forms of close relationships and inquire about significant relationships beyond biological family. While research shows there are no disadvantages for children raised by sexual minority parents and there are associated strengths, sexual minority parents face stigma, adverse policies, and other challenges that psychologists should strive to understand.

Psychologists also need to understand the educational issues sexual minorities face. At the high school level, for example, sexual minority students report higher levels of in-person and online bullying, violence, and sexual violence than their heterosexual peers. The victimization does not stop once students head to college. Sexual minority college students, especially those who have other forms of oppressed identities, report more isolation, drug use, depression, and suicidal ideation.

In addition, psychologists need to understand the unique issues sexual minorities face on the job. Discrimination and other factors lead to higher overall rates of poverty for this population.

A BROADER RESEARCH AGENDA

The guidelines push psychologists to educate themselves

FURTHER READING

A framework for revising psychology practice guidelines: Reflections on the development of the APA Guidelines for Psychological Practice with Sexual Minority Persons

Dispenza, F., & Nakamura, N. *Psychology of Sexual Orientation and Gender Diversity*, 2021

Guidelines for Psychological Practice with Sexual Minority Persons
APA, 2021

Planting gardens and growing beyond the guidelines: Introduction to the special issue

Dispenza, F., & Nakamura, N. *Psychology of Sexual Orientation and Gender Diversity*, 2021

The APA Guidelines for Psychological Practice with Sexual Minority Persons: An executive summary of the 2021 revision
Nakamura, N., et al., *American Psychologist*, 2022

about sexual minority people, then use that knowledge to improve education and training programs.

The final guideline urges researchers to take an affirming stance toward sexual minorities in all aspects of their work as a way of reducing health disparities and promoting well-being.

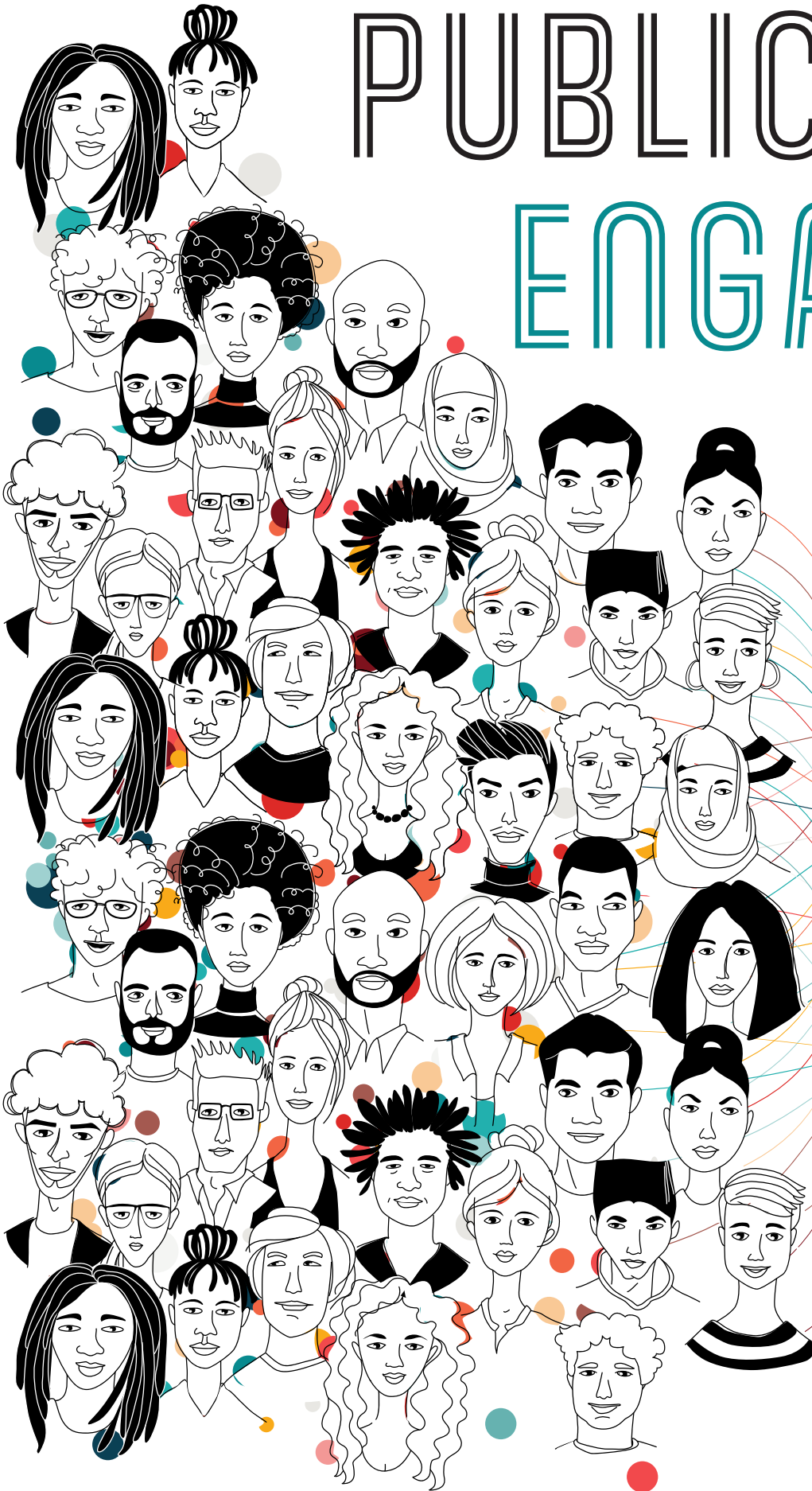
“At minimum, that means asking people about their sexual identities,” said Vencill. “That is still not routine in the psychological research that we do, and that is a huge demographic variable that is being overlooked.”

Researchers should also broaden their research population beyond upper-middle-class White urbanites and be careful not to lump all sexual minorities together, added Vencill, pointing to the unique experiences and needs of bi+ people in particular. The guidelines also identify several gaps in the research, such as research on asexuality and interracial relationships—a type of relationship more prevalent among sexual minority populations.

“The guidelines go beyond clinicians,” said Nakamura. “Every psychologist should find some kind of usefulness in the guidelines.” ■

■ Access the full text of the **APA Guidelines for Psychological Practice with Sexual Minority Persons** at www.apa.org/about/policy/psychological-sexual-minority-persons.pdf. The guidelines have already been translated into Georgian and Polish, with inquiries for permission to translate them into Chinese, Lithuanian, and Spanish.

PUBLICLY ENGAGED

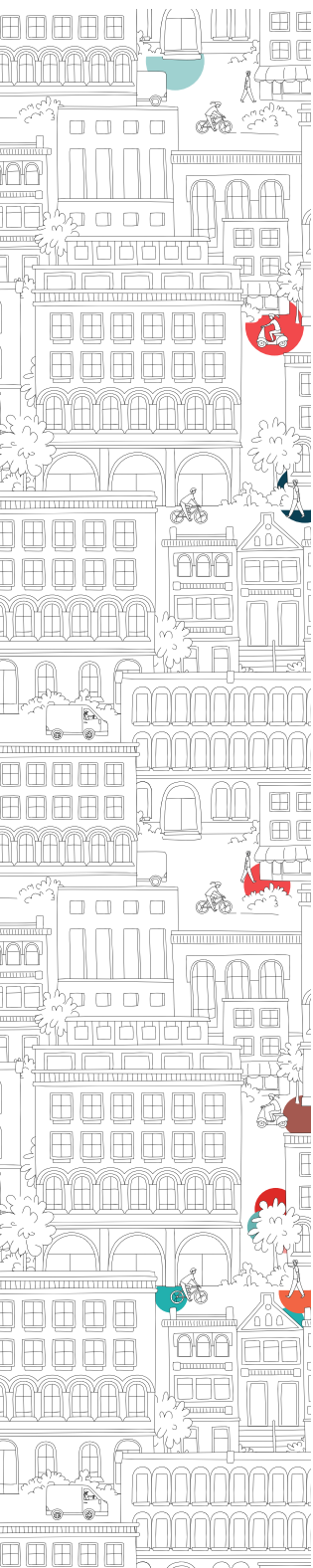


SCIENCE

An abstract graphic consisting of numerous thin, flowing lines in various colors (yellow, orange, red, pink, teal, brown) that originate from the left side and spread out towards the right, creating a sense of movement and complexity. The lines are layered and overlap, giving a three-dimensional effect.

A growing contingent of public psychologists across the field is advocating for a paradigm shift toward putting social problems at the center of psychology research

BY ZARA ABRAMS



When a federally funded task force of community health providers and cross-disciplinary researchers in Lowell, Massachusetts, was tasked with eradicating bedbugs from a low-income housing community, one provider had a simple solution: sealed mattress covers. But Linda Silka, PhD, a social and community psychologist working with the group, organized a focus group with residents—and soon found a problem with the task force’s plan. Most residents in the building did not even own mattresses.

“We can use our research to come up with wonderful solutions, but if they don’t work for these people in this context, we’ve solved the wrong problem,” said Silka, now a senior fellow at the University of Maine’s Senator George J. Mitchell Center for Sustainability Solutions.

An increasing number of psychologists are asking that very question: Has the field been solving some of the wrong problems? Amidst efforts to “give psychology away,” will the public need what psychologists have to give? In a push to remain relevant, reestablish trust and legitimacy, and enact tangible change, a growing contingent of public psychologists across the field is advocating for a paradigm shift.

Public psychology, defined as psychological science and practice for and with the public,

requires dissolving barriers between psychologists and the societies in which they operate. It challenges all psychologists—not just those in community or applied settings—to center social problems in their work, to engage directly with the groups they aim to serve, and even to reconceptualize what constitutes “good” or “legitimate” science.

“If we can overcome our internal biases about what research is valid and what isn’t, that’s the first hurdle,” said Asia Eaton, PhD, an associate professor of psychology and director of the Power, Women, and Relationships Lab at Florida International University. “We’ve got to move beyond [journal] impact factor to thinking about impact on the people we serve.”

Psychologists say this is a critical moment for action. Structural inequities in health

care and education, large-scale civil rights movements, concerns about global climate change, and attacks on democracy around the world can all benefit from the social, behavioral, and methodological expertise the field has to offer.

“We have an opportunity to fulfill our ethical obligation as psychologists to promote health and well-being in a much broader way than we’ve traditionally conceptualized our role,” said Michèle Schlehofer, PhD, a professor of psychology at Salisbury University in Maryland. “It would be great if we don’t miss this opportunity to have such a deep, substantial impact.”

CENTERING SOCIAL PROBLEMS

The idea of socially engaged psychology is not new. Informed by activists and scientists alike,

PUBLIC PSYCHOLOGY WORK IS GUIDED BY 4 KEY PRINCIPLES

- 1 Centering social problems** as the core drivers of research, teaching, and service activities
- 2 Engaging diverse publics** at every stage of the research process, from development through dissemination
- 3 Communicating and democratizing psychological knowledge** through conversations and collaborations with the public
- 4 Rethinking what constitutes psychology,** including when and where psychology work occurs

public psychology also draws on the tenets of applied, community, and liberation psychology, which aims to understand and address oppression.

“Over the years, different parts of the field have reckoned with the question of how we can do more for society with our science,” said psychologist Neil Lewis Jr., PhD, an assistant professor of communication and social behavior at Cornell University.

The effort also builds on more recent movements, including the Citizen Psychologist initiative, launched in 2018 by former APA president Jessica Henderson Daniel, PhD, ABPP, as well as renewed efforts to “give psychology away.” But where citizen psychology encourages individual scientists to enact change in their communities through leadership and

engagement, public psychology shifts the focus to team science and collective action.

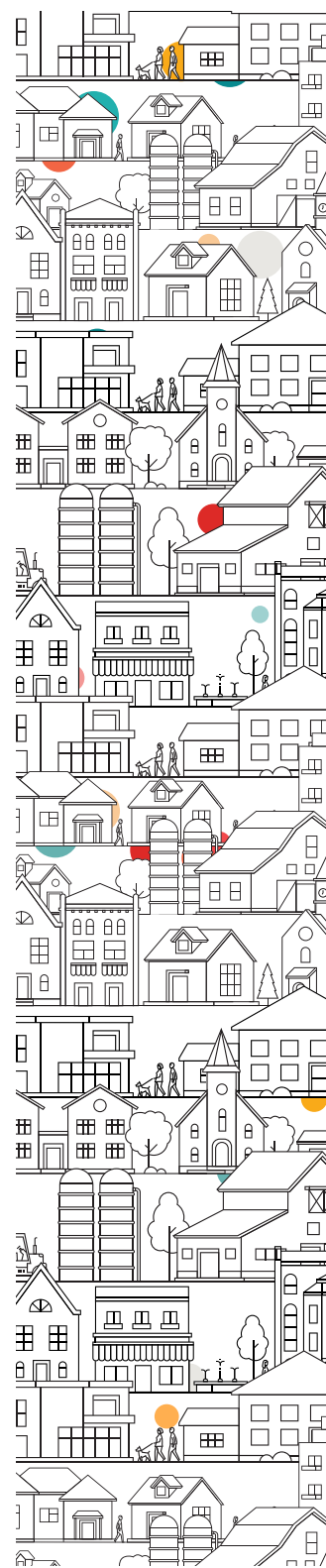
“[Public psychology] includes the public as motivating research questions and shaping research—through critiquing, codesigning, coauthoring—and as the major beneficiaries of research,” Eaton said.

She and her colleagues conceptualized public psychology through their work with APA’s Div. 9 (Society for the Psychological Study of Social Issues), then coordinated a special issue of *American Psychologist*, which is available for free online, to launch the initiative last fall.

Public psychology encompasses 4 key principles. By design, psychologists center social problems in their research, teaching, and service activities. They actively involve the public

in their work, from development through dissemination; they also find ways to communicate psychological knowledge outside of the scientific sphere. Finally, public psychology requires a profound reconsideration of what constitutes psychology. What counts as good work—and who gets to decide?

Embracing public psychology involves looking critically at traditional approaches to psychology, “which can marginalize, devalue, or even stigmatize publicly focused work, especially community-based partnerships that don’t fit neatly into our rules of ‘good’ psychological science—experimental designs, randomized controlled trials, and so forth,” said Patrick Grzanka, PhD, a professor of psychology at the University of Tennessee, Knoxville, who sits on the board of several social justice





organizations and engages regularly with the public through his work.

The product of public psychology research might be qualitative data that help a local nonprofit canvass more effectively, for example, rather than only a peer-reviewed journal article. Through a partnership with Tennessee Advocates for Planned Parenthood, Grzanka collected data on deep values canvassing, a strategy focused on empathic dialogue instead of persuasion, to help the organization learn how the technique changed attitudes not only among voters but even among the canvassers themselves.

Working hand in hand with advocacy organizations can even lead directly to policy change. Because of her past research on intimate partner violence, Eaton was approached by the Cyber Civil Rights Initiative (CCRI), a Miami-based nonprofit that works to combat cyber sexual abuse. CCRI needed data on the nonconsensual sharing of intimate photos to strengthen its appeals to state legislators and wanted the support of an experienced researcher.

Working collaboratively with the organization, Eaton

designed and delivered a survey. At CCRI's request, she adjusted language throughout the survey (for example, clarifying that "sexually explicit" images need not include nudity if they depict a sex act) so that the questions would make sense to victims. CCRI also asked her to add a question about how photos were shared (via email, social media, text message, apps, websites, DVDs, or on paper). At the time, only internet-based dissemination was illegal under Florida state law.

The survey revealed that nonconsensual photo sharing was most often done by text message. It led to a journal article (*Psychology of Violence*, Vol. 10, No. 1, 2020), a white paper that was distributed to policymakers and activists, and a change to Florida state law: It is no longer legal to share intimate images by text message without consent.

That same approach—centering a specific social problem and engaging directly with the people who are affected—can be applied by psychologists in virtually any setting or subspecialty. Already, public psychologists are spurring change in health, educational,

"Anybody can be a public psychologist. It's really just about rethinking what we prioritize, what we reward, and what is worthy of pursuit."

ASIA EATON, PHD, ASSOCIATE PROFESSOR OF PSYCHOLOGY, FLORIDA INTERNATIONAL UNIVERSITY

environmental, social, developmental, and other contexts (Raue, T. L., et al., *American Psychologist*, Vol. 76, No. 8, 2021; Ozer, E. J., et al., *American Psychologist*, Vol. 76, No. 8, 2021).

"Anybody can be a public psychologist," Eaton said. "It's really just about rethinking what we prioritize, what we reward, and what is worthy of pursuit."

COMMUNICATION AND ENGAGEMENT

Embedding the perspectives of diverse people and communities at the core of the discipline requires psychologists to enter partnerships with humility, Schlehofer said. Even psychologists with decades of experience designing controlled studies and collecting data can recognize what they do not know—and get comfortable asking others for help.

In Silka's case, that approach has led to some fascinating partnerships and breakthroughs. She is currently facilitating meetings with those working in commercial lobstering in Maine to explore how new environmental regulations are affecting their livelihood and to understand their ideas about how rules should be made and followed.

"The lobstermen care so much about what they're doing, but they're angry because they feel that policymakers don't understand their work," Silka said.

That sort of community engagement not only draws on the wisdom of people traditionally marginalized by science, it sends the message that their opinions matter. When Lewis explored how non-White,

low-resource communities feel about environmental issues, his participants welcomed the opportunity because, in their words, "no one usually cares what [we] think" (*MethodsX*, Vol. 7, 2020).

Scientists may have the desire to engage more with the public, Lewis said, but many do not feel prepared, trained, or incentivized to do so. In particular, psychologists receive little training on how to talk about their findings with diverse audiences, said Schlehofer.

"Many of us don't communicate with the public, and when we do, it tends to be in a top-down, expert-level manner," she said.

A researcher may contribute to a press release or promote their findings on Twitter, for example, but that communication often is not bidirectional. While social media can be a useful tool for starting conversations with harder-to-reach groups, there are plenty of other ways to "exist where other people exist," said Rachel Dyer, who is pursuing a doctorate in counseling psychology at the University of Wisconsin–Madison.

To complement her doctoral work on reproductive health legislation in Wisconsin, Dyer began volunteering for Exhale Pro-Voice, a confidential texting service that offers peer counseling to people who have had abortions (she is now the chair of the organization's board of directors). In addition to partnering with organizations that align with personal interests, Dyer says psychologists can embed themselves (and their research) in the places they frequent. One idea: Organize a talk at a local feminist bookstore.

FURTHER READING

Rebuilding the ivory tower: A bottom-up experiment in aligning research with societal needs

Hart, D., & Silka, L.
Issues in Science and Technology, 2020

Webinar: What is public psychology and why is it important?

Essential Science Conversations, APA
2022

Creating a public psychology through a scientist-practitioner-advocate training model

Miles, J. R., & Fassinger, R. E.
American Psychologist, 2021

Lewis writes for several national media outlets, including *FiveThirtyEight*, with a special focus on using social and behavioral science to help people understand current events, such as the debate about whether to teach kids about racism. He also conveys scientific findings to policymakers to help them make informed decisions, including on how to safely reopen schools during the COVID-19 pandemic ("How Schools Can Protect Our Children and Their Future When Reopening," The Brookings Institution, 2021).

To train researchers on how to forge relationships with legislative staff and provide legislators with actionable scientific evidence, Max Crowley, PhD, of Penn State University, and his colleagues developed and tested the Research-to-Policy Collaboration (RPC) model (*American Psychologist*, Vol. 76, No. 8, 2021). RPC has already facilitated partnerships to advance treatment for substance use disorders, recruit and retain a diverse workforce of teachers, improve access to child-care, and more. (Learn more at www.research2policy.org.)

RETHINKING PSYCHOLOGICAL SCIENCE

Though many psychologists want to pursue publicly engaged work, they may be afraid that doing so will harm their prospects for tenure or promotion. In social psychology, for example, the typical route to a successful career involves conducting online surveys or highly controlled lab experiments that produce "clean, isolated tests of psychological mechanisms," Lewis said—the

type of research that could end up in high-prestige journals, such as the *Journal of Personality and Social Psychology*. But that sort of methodology often does not capture how social and structural factors affect real-world communities.

“There’s certainly a place for tightly controlled experimental studies, but they can’t be the only thing that we do,” Lewis said. “We have to make space for the rest, too, otherwise we get stuck in decades-long cycles before research findings become useful, if they ever do.”

Even basic research questions with a theoretical component can still involve and benefit the public, Eaton said. A researcher studying how learning multiple languages in childhood affects executive functioning later in life, for example, can do so through a public psychology lens. They might consult multilingual people in the design of the study and share research findings with policymakers with the power to fund or approve multi-language learning programs.

Journals and funders can and should lead efforts to prioritize public psychology work, Lewis said. That may involve adjusting decision rules to require and incentivize recruiting more diverse samples—and to avoid devaluing research that relies on qualitative data, smaller sample sizes, and conditions that are less tightly controlled, because they often more effectively account for complex real-world social and structural forces. For example, journals could require authors to recruit samples that

reflect the ethnic and racial diversity of the U.S. population (*American Psychologist*, Vol. 76, No. 8, 2021).

Colleges and universities can also support faculty, students, and others who aim to conduct socially engaged science. That will likely require a more individualized approach to tenure, promotion, and evaluation, Eaton said. She and other public psychologists are working to encourage more institutions to recognize and reward efforts that lead to changes in local policy or public education rather than only prioritize such achievements as the number of articles published and citations those articles garner.

“There should be mechanisms in place to systematically assess community-based work that doesn’t necessarily result in traditional scholarly products—and make sure that work counts,” said Grzanka.

Increasingly, psychology graduate students and junior faculty are asking critical questions about the discipline, he said. They are insisting on training that centers issues of power and inequity—and many exclusively want to do work that advances the public good. Restructuring curricula accordingly, such as requiring training in multicultural psychology for all psychology doctoral students, can also ensure that students from diverse backgrounds continue to pursue training in psychology, Grzanka said.

Psychologists can adopt a public focus at any stage of their career; Silka started after she had tenure. Lewis recommends





Psychologists can adopt a public focus at any stage of their career ... Simply start with the question:
How can I help?

getting involved with organizations in your community or reaching out to your local health department, board of education, or community-based organizations. Simply start with the question: How can I help?

“So many of these organizations are swimming in data but don’t necessarily have the bandwidth or internal research capacity to use it,” he said. “Others would like to collect new data to guide their decisions but don’t know where to start. Working together, both parties can learn a lot.”

Public psychologists recognize that challenging entrenched ideals around research methods, publishing, and promotion will not be easy. But they believe that asking these tough questions—and shifting toward a more socially engaged science—is a professional obligation.

“Part of our responsibility as psychologists is to professionally evolve,” said Schlehofer. “We should be continually updating our knowledge base, not only in new research and theories, but also the practice of how we engage in psychology. We have to take it upon ourselves to learn new ways of doing.” ■

Promoting Positive Behavior in Justice- Involved Youth

Psychologists, in partnership with local justice systems, are restructuring policies and practices to better support young people

BY ZARA ABRAMS

A teen waits for services
at the Fresno County
Juvenile Hall in California.



Teenagers tend to be motivated by short-term positive rewards rather than the threat of long-term punishment. But juvenile probation systems, which often require teens to comply with 10 or more rules for months or years at a time, are frequently at odds with what researchers know about adolescent behavior and decision-making.



Students play basketball at Orange County Juvenile Hall's Otto A. Fischer School in California. These resident teens—under high levels of supervision—study all of the normal core subjects.

Psychologists, including Naomi Goldstein, PhD, a professor of psychological and brain sciences and director of the Juvenile Justice Research and Reform Lab at Drexel University in Philadelphia, are partnering with jurisdictions nationwide to revise juvenile probation policies and practices to more closely align with developmental science. For example: rewarding a teen who attends school 8 days in a 2-week period with an extended curfew, rather than punishing less than perfect attendance.

“How can we restructure the system based on what we know about adolescent development to promote positive behaviors, rather than fighting against kids’ natural instincts?” said Goldstein, who also codirects the law and psychology program at Drexel University.

Developmentally informed probation policies are just one way psychologists are helping the hundreds of thousands of teens involved in the juvenile justice system across the United States. Researchers are using their methodological expertise to test the effectiveness of risk assessment tools that inform judicial decisions, while clinicians are developing and delivering trauma-informed care. Psychologists are also synthesizing decades of research on the teenage brain to advocate for policy change at the local, state, and federal levels.

Perhaps most crucially, psychologists and other researchers are helping courts strike a balance between rehabilitating teens and protecting community safety by measuring what actually works to reduce recidivism and improve well-being.

“Judges are making decisions every day about kids, and they need to be making those decisions based on science—not on fear or assumptions that may be irrelevant to long-term outcomes,” said Elizabeth Cauffman, PhD, a professor of psychological science at the University of California, Irvine, who studies adolescent development and juvenile justice.

A CHANGE IN APPROACH

Thirty years ago, teens who committed crimes were largely treated as “problem kids” by the justice system, and the limited interventions available focused on changing psychology and behavior within the individual, said Robert Kinscherff, PhD, JD, executive director of the Center for Law, Brain & Behavior at Massachusetts General Hospital in Boston.

Breakthroughs in psychology and related fields have reshaped that understanding in a number of ways. For one, we now recognize that teens respond differently than adults do to risk and “hot” emotional contexts. We know that adverse childhood experiences (ACEs), such as various forms of abuse and neglect, increase the risk of misconduct. We also understand the crucial role that social networks—including parents and peers—play in determining health and behavior. And we have a growing appreciation for the systemic factors that disproportionately funnel people of color and those living in poverty through a “cradle to prison pipeline,” Kinscherff said.

“We’re slowly turning the ship around from a punitive mass incarceration model into a



Fisher School students leave their cells to go to lunch.

“Judges are making decisions every day about kids, and they need to be making those decisions based on science—not on fear or assumptions that may be irrelevant to long-term outcomes.”

ELIZABETH CAUFFMAN, PHD, PROFESSOR
OF PSYCHOLOGICAL SCIENCE AT UC IRVINE

system that diverts many youths into [more supportive] community-based systems,” he said.

In this population, trauma is extremely common, affecting up to 90% of justice-involved teens (Dierkhising, C. B., et al., *European Journal of Psychotraumatology*, Vol. 4, No. 1, 2013). Individual-level interventions that view problematic behaviors through that lens are more likely to resonate with teens and to be effective, said Mandy Habib, PsyD, who codirects the Institute for Adolescent Trauma Treatment and Training at Adelphi University in New York.

“All of these ‘problem’ behaviors—gang-related activity, aggression, substance use—are often also solutions to very difficult, very painful life circumstances,” she said.

A first step in many

jurisdictions is to ensure that all youth entering the system are screened for trauma and then receive psychoeducation and treatment. In Connecticut, Tracey Wheeler, PsyD, a clinical psychologist at Yale University, oversees mental health services at two intensive rehabilitation facilities for justice-involved youth. In addition to individual and family therapy, teens receive daily dialectical behavior group therapy, which teaches emotion regulation techniques such as the “stop skill” (stop, step back, observe, proceed mindfully); provides cognitive tools, including how to weigh pros, cons, and consequences; and addresses self-esteem and identity issues that may contribute to problematic behavior.

In addition to working directly with teens, psychologists are also training caregivers and

facility staff in trauma-informed approaches. Carly Baetz, JD, PhD, a clinical assistant professor in the Department of Child and Adolescent Psychiatry at New York University's Grossman School of Medicine, has helped train both staff and residents of New York City's juvenile justice facilities in Trauma Affect Regulation: Guide for Education and Therapy (TARGET), a framework developed by Julian Ford, PhD, ABPP, of the University of Connecticut. TARGET uses a shared language (for example, the "alarm" refers to a person's stress-response system; "focusing" refers to thinking before reacting) to teach teens, staff, and caregivers about trauma and emotion regulation.

Research by Baetz and her team has shown that using trauma-informed approaches can help reduce violence in detention facilities, once a critical mass of residents and staff have been trained (*Journal of Interpersonal Violence*, Vol. 36, No. 17–18, 2021).

Habib codeveloped another trauma-focused treatment,



An orange sweatshirt-clad teen resident at Fresno Juvenile Hall chats with an officer as he waits for services.

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), which she has helped deliver to more than 1,900 youth in juvenile justice facilities. The intervention led to decreases in self-harm and aggression among youth across genders, ages, and ethnicities, she reported.

One teen participant in SPARCS faced a confrontation after he was released from detention. He explained his internal

dialogue: "When I get riled up, I say to myself, 'Breathe, I'm OK, I'm not getting locked up because of this. I want a family, I want a future' . . . and then I walk away." He kept his knife in his pocket and stepped away from the fight.

"This is a really critical window for addressing trauma," Baetz said. "If we can help kids heal at this stage, we're increasing the likelihood that they can reach all the goals that are important to them, including staying out of the justice system."

A FRAMEWORK FOR DIFFUSING TENSION

TARGET (Trauma Affect Regulation: Guide For Education And Therapy) provides teens and staff in institutions with a set of tools to respond effectively to a highly charged situation, often enabling de-escalation without the use of force.

TARGET-aligned strategies for staff include the following:

- Help teens identify their warning signs, triggers, and goals.
- Maintain personal space when a teen is experiencing a traumatic stress reaction.
- Use a calm, even tone of voice when communicating.
- Give the teen choices whenever possible.
- Help stressed teens refocus their life goals and core values.

REDUCING RECIDIVISM AND PROVIDING SUPPORT

When a teen is arrested, a court decides whether to process them formally—with probation or detention—or informally. Informal processing, also known as diversion, is commonly used for first-time offenses and low- or moderate-level crimes, such as theft, vandalism, and some types of assault. At a crucial time for intervention, diversion can help

kids access behavioral health care, special education, stable housing, and other forms of support. Compared with formal processing of the same crimes, informal processing is also linked with lower recidivism rates, less violent behavior, and higher graduation rates, according to a 5-year study of more than 1,200 adolescent boys conducted by Cauffman and her colleagues (*Development and Psychopathology*, Vol. 33, No. 2, 2021).

In Orange County, Cauffman is also running one of the first randomized controlled trials of a diversion program for young adults, whose brains closely resemble those of teenagers. The Young Adult Court (YAC) guides 18- to 25-year-old men who have committed low-level felonies through a 2-year probation program. If completed, their

Oglala Lakota teenagers enter their high security cells at the Kiyuksa O'Tipi Reintegration Center, a juvenile detention center in Kyle, South Dakota. Like many Native American juveniles living in detention, they are not offered significant academic programs or counseling while incarcerated.

charges are reduced to misdemeanors or dismissed.

YAC programming includes cognitive behavioral therapy, substance use treatment, mentorship, training on basic skills (how to apply for a job, how to open a bank account), and relationship and parenting workshops. Cauffman has also received funding to create developmentally informed programming for the Orange County Jail and will test its effectiveness through a separate randomized controlled trial.

“As a judge, you want to say you can make a call based on your gut and experience, and there is something to be said for that,” said Orange County Superior Court Judge Maria D. Hernandez, who worked with Cauffman to develop the YAC. “But we also need to know what the science says about a young

person’s development, their social maturity, and the best ways to intervene to change behavior.”

Goldstein is working with several public agencies in Philadelphia to divert teens with eligible school-based offenses to voluntary preventive services, rather than arresting them and sending them into the justice system. The Philadelphia Police School Diversion Program reduces subjectivity in the referral process—where police typically have significant discretion—by automatically referring all eligible youth to free, voluntary services within their community. After the program was implemented, annual school-based arrests in Philadelphia decreased by 84% and serious behavioral incidents in schools decreased by 34% (*Law and Human Behavior*, Vol. 45, No. 2, 2021).

She has also helped Pennsylvania, Ohio, and other local and state jurisdictions across the country create developmentally informed probation policies. These programs differ based on state laws and local culture, but they broadly emphasize an incentive-based model, rather than one based on sanctions, and prioritize improvement toward goals rather than perfect compliance with a laundry list of conditions. For example, a probation officer might reward a teenager with an inexpensive item they have requested—a pair of headphones or a slice of pizza—for attending their first supervision meeting. A teen may earn the chance to attend a special school function, or the opportunity for a paid internship,



NIKKI KAHN/THE WASHINGTON POST/GETTY IMAGES



Michael Steward, director of the St. Paul YMCA IMPACT program, speaks to a 15-year-old boy at the Cultural Wellness Center in St. Paul. They are participating in an experimental Twin Cities program to divert troubled teens facing jail time to a hands-on community service program called Juvenile Detention Alternatives Initiative.

if they go to school regularly over an agreed-upon time frame.

In Michigan, developmental psychologist Caitlin Cavanagh, PhD, an assistant professor of criminal justice at Michigan State University, partners with the Family Division of the Ingham County 30th Circuit Court to answer research questions related to their policies and practices. For example, she found that court supervision reduces teens' risk of re-offending, but only for the first 19 months (*Criminal Justice and Behavior*, Vol. 49, No. 9, 2022).

"Holding kids under court supervision for more than a year and a half really is not a good use of resources," Cavanagh said.

The same study also showed that court supervision reduced the risk of recidivism more for White teens than Black teens, suggesting that current interventions used by the court may not be appropriate for addressing the needs of Black youth.

Cavanagh also tests the

accuracy of the risk assessment tools themselves, which are meant to reduce discretion-based decision-making by judges (things like "I know this kid's brother, so he will probably be trouble"). Using actuarial data, these tools aim to predict a teen's risk of recidivism and help judges decide whether diversion, probation, or detention is likely to help. They can also aid in case planning, such as whether a given teen needs a family-based intervention, substance use treatment, or another type of help based on their individual risks and strengths. Cavanagh tests whether the court's risk assessment tools are making accurate predictions and directing kids to the correct rehabilitative services.

"Juvenile courts have all of this data that they often don't know how to maximize," she said. "They need people who are well versed in statistical analyses, research methods, and the psychological literature to help them understand what they have and how to work towards better outcomes."

EFFECTING LASTING CHANGE

Experts say the surest path to influencing juvenile justice policy at the national level is through the courts, where psychological research has already helped spur change.

In 2004, Laurence Steinberg, PhD, a developmental psychologist and professor at Temple University in Philadelphia, led the APA effort to synthesize research

FURTHER READING

White paper on the science of late adolescence: A guide for judges, attorneys, and policy makers
Kinscherff, R., et al.
Center for Law, Brain & Behavior, 2022

The prospective impact of adverse childhood experiences on justice-involved youth's psychiatric symptoms and substance use.
Folk, J. B., et al.
Journal of Consulting and Clinical Psychology, 2021

APA handbook of psychology and juvenile justice
Heilbrun, K. (Ed.), 2016

Give adolescents the time and skills to mature, and most offenders will stop
Steinberg, L.
2014

To learn more about the work psychologists are doing in this area, explore APA's journal *Law & Human Behavior*, Div. 41 (American Psychology-Law Society), and Div. 18 (Psychologists in Public Service).

on the psychological differences between adolescents and adults that relate to criminal culpability. That included studies of teens' increased impulsivity and susceptibility to peer influence in certain circumstances (*American Psychologist*, Vol. 58, No. 12, 2003).

The effort led to a series of amicus briefs, heavily cited in the Supreme Court's *Roper v. Simmons* decision—which said using the death penalty before age 18 was unconstitutional—and the subsequent *Graham v. Florida*, *Miller v. Alabama*, and *Jackson v. Hobbs* decisions, which collectively outlawed sentencing people under 18 to life in prison without the possibility of parole.

Drawing on an updated body of research on developmental psychology and neuroscience,

an APA Presidential Task Force to Develop Proposed Policy on Late Adolescence and the Death Penalty compiled psychological research that supports the extension of those protections beyond age 18. In August, the APA Council of Representatives approved the policy resolution with overwhelming support.

"The fundamental argument is that the research the *Roper* court relied on to exclude 17-year-olds from eligibility for death as a penalty also applies at ages 18, 19, and 20," said Cecil Reynolds, PhD, an emeritus professor of educational psychology at Texas A&M University, who is leading the new task force. "It's a logical extension, because the same arguments apply."

In addition to the policy

brief, the task force is creating an amicus brief for the Supreme Court and a tool kit for practitioners working with 18-, 19-, and 20-year-olds facing a death penalty charge. The research summary they compiled can also serve as evidence for state legislatures weighing a similar policy change, or in individual cases where the death penalty is on the table.

Psychologists have also summarized research on brain development and trauma to inform other policy initiatives, including advocating for states to ban solitary confinement of juveniles and to raise the minimum age for trying children in the juvenile justice system.

In addition to advocating for policy change, psychologists serve as expert witnesses on individual cases, presenting developmental science to the court during the sentencing phase. Through this work, Steinberg has testified in a number of cases where 18-, 19-, and 20-year-olds have ultimately avoided the death penalty.

Many of these issues are controlled by state or local laws, policies, and practices, which means there's no one-size-fits-all solution. But researchers emphasize that partnering with courts in a true codesign process can have a very real impact.

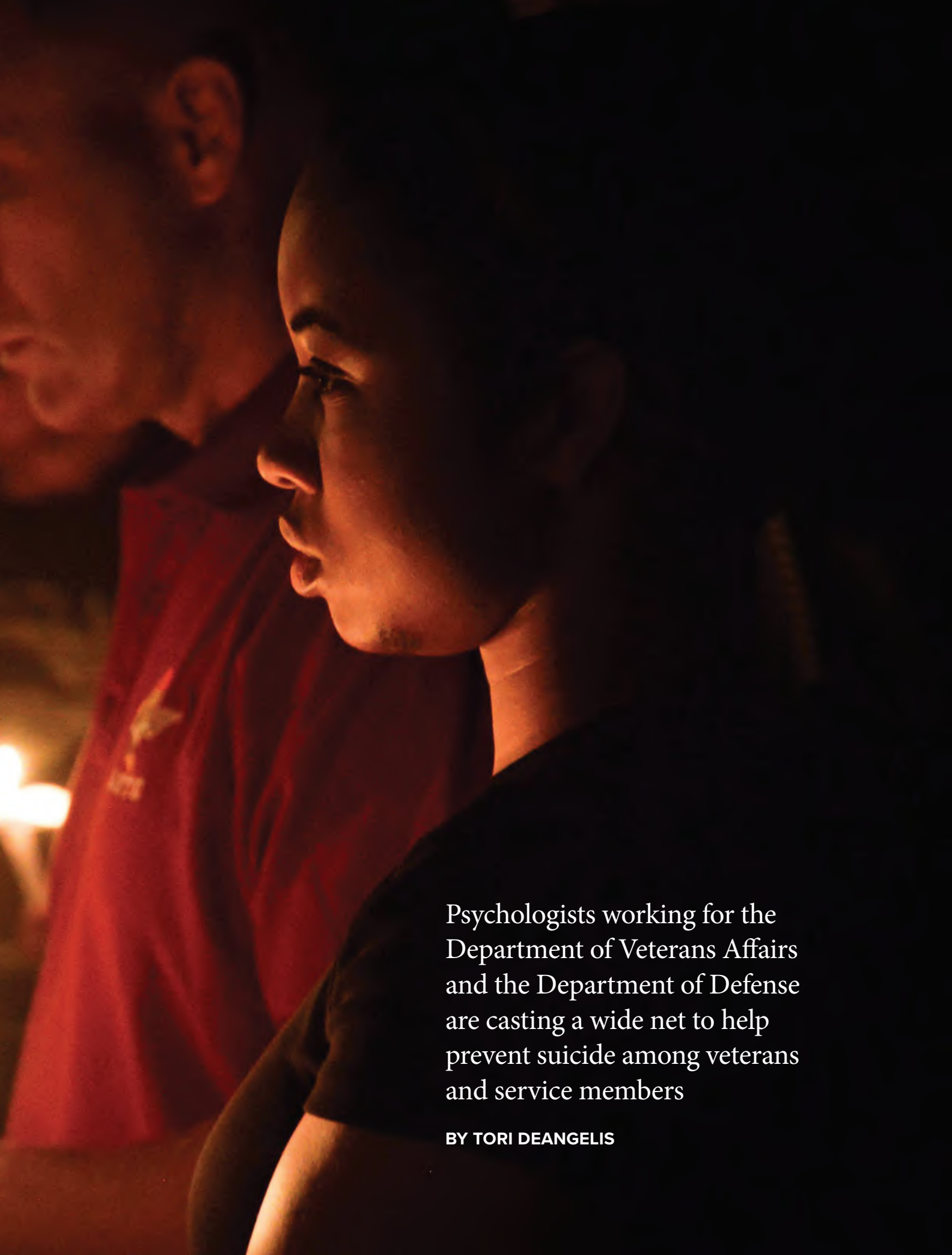
"It really does have to be a partnership, because we know how to analyze data and find answers, but practitioners [in the justice system] know what questions need to be asked," Cauffman said. "Our priority should be to continue building bridges between science and law." ■

Attendees Nikki Flionis, left, and Jummane Kendrick, right, watch a rap performance of a young man participating in Boston's Juvenile Alternative Resolution program.



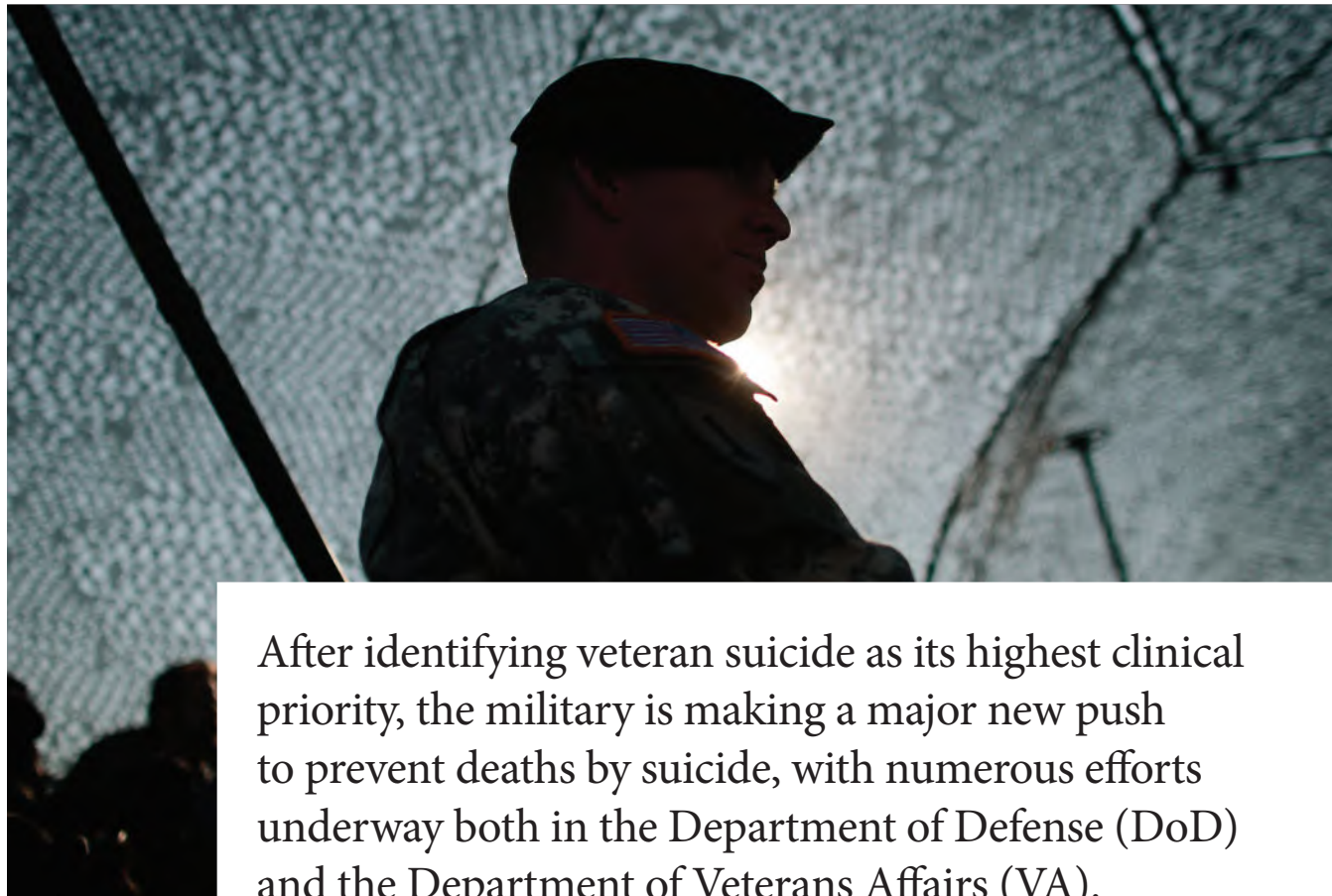


NO WRONG DOOR



Psychologists working for the
Department of Veterans Affairs
and the Department of Defense
are casting a wide net to help
prevent suicide among veterans
and service members

BY TORI DEANGELIS



After identifying veteran suicide as its highest clinical priority, the military is making a major new push to prevent deaths by suicide, with numerous efforts underway both in the Department of Defense (DoD) and the Department of Veterans Affairs (VA).

Veterans are 1.5 times more likely to die by suicide than non-veteran adults.

There is good reason for this heightened activity: For decades, suicide rates were lower among active-duty personnel than they were in the general population, but they are now about the same. Veterans, meanwhile, are 1.5 times more likely to die by suicide than non-veteran adults. Reasons for these sobering numbers may include high exposure to trauma, stress and burnout, isolation and loneliness, easy access to and familiarity with guns, and difficulties reintegrating into civilian life.

The DoD and VA recognize that standard clinical interventions, while helpful on an individual level, are not enough to address these problems, said psychologist Matthew A. Miller, PhD, MPH, executive

director for VA Suicide Prevention in the Office of Mental Health and Suicide Prevention. As a consequence, they are funding a range of so-called “upstream” approaches—public health efforts to prevent suicide on community and other environmental levels. Psychologists are playing a key role in these endeavors, which include spearheading community programs run by veterans, training fledgling Air Force personnel on team-based approaches to healthy living, and working with veteran-related organizations to make suicide prevention part of their organizational fabric.

VA clinical psychologist Bryann DeBeer, PhD, who is heading some of these initiatives,

said the approach is about giving the nation’s service members as many options for healthy living as possible. “There is no wrong door here.”

ENCOURAGING VETERAN COMMUNITIES

Veterans are highly qualified to help fellow veterans build mental health resiliency. That is the philosophy behind Together With Veterans, or TWV, an initiative funded by the VA Office of Rural Health aimed at reducing suicide rates among rural veterans. These veterans are an important group to focus on because they are about 20% more likely to die by suicide than urban-based veterans owing to factors such as greater access to

lethal means, reduced access to good health care, geographic isolation, and loneliness, said Nate Mohatt, PhD, a community psychologist who helped launch and was principal investigator of the program until 2022. (The program is now headed by VA psychologist Lisa Brenner, PhD, and will continue its funding until 2024.)

TWV draws in part from an initiative that began in Nuremberg, Germany, called the European Alliance Against Depression. That endeavor, which has grown to include some 100 partner organizations, aims to create public environments that help reduce stigma and encourage people with mental health problems to seek help.

TWV takes a similar tack, explained Mohatt, now a lead scientist at the information technology consulting company Booz Allen Hamilton, where he is advising the DoD on mental health and suicide prevention research. “Instead of taking a clinical approach to prevent suicide among a single individual who is actively suicidal,” he said, “it’s a whole-community, population-health approach to reducing suicide rates.”

Key to TWV’s successful implementation are two related factors: community buy-in and community ownership. A VA team begins the process by identifying rural veterans who are leaders in their community and are passionate about preventing suicide among fellow veterans. Once these individuals express interest, they are prompted to enlist the support of fellow local veterans—a vital step, because

the program will not work unless the entire community is on board, Mohatt said.

Next, veteran leaders undergo a series of trainings as they begin to mobilize their community partners. “We work with them to give them the tools, the training, and the technical assistance they need to implement a very complex, intensive, community-based project,” Mohatt explained. The leaders learn what it takes to become expert community organizers, from tapping fellow veterans to run meetings and coordinate logistics to creating and implementing community-wide action plans using a range of “best practice” approaches.

Overall, leaders are guided

to undertake actions in six areas geared to increasing connection, education, and safety among veterans, Mohatt added. It is important that they take all of these actions, he said, “because if you just do one, we don’t know that you’re going to reduce suicide rates. But if you do a bunch of different things—synergistically meeting your community’s gaps and needs across all of these focus areas in a coordinated way—it will reduce suicide rates.”

An example of this work is taking place near the small city of Sparta, Wisconsin, in the vicinity of the Tomah VA and Fort McCoy, a ready-reserve training center. There, TWV codirectors Tom and Laurie Graber—Tom is a veteran, and he and Laurie are cofounders of

Veteran leaders help their peers by providing gun locks and safe spaces to meet and connect.





a Christian ministry called Acres of Hope—have done extensive outreach with their board of directors to help connect veterans in the community. Some of their efforts include hosting a monthly pancake breakfast to tell veterans about TWV, establishing a local office, and supplying free gun locks to gun owners, because these devices have been shown to curb suicide rates (see, for example, Anestis, M. D., & Anestis, J. C., *American Journal of Public Health*, Vol. 105, No. 10, 2015).

In addition, the Grabers and their growing TWV team have planned regional outings, including to a veterans park called The Highground—Camp Victory, which uses therapeutic recreation and adaptive sports to bolster mind, body, and spirit.

Tom Graber said the work is incredibly synergistic—that once he meets with a veteran, a chain reaction occurs. A chat with a restaurant owner led the man to volunteer his restaurant for the pancake breakfast. A TWV board member who worked at an Ace Hardware offered to take gun locks to the store, telling Graber that she would put a Together With Veterans tag on each gun sold and hand each customer a gun lock.

These efforts tackle a root cause of suicide: loneliness and isolation, Graber said. “A lot of our rural veterans are getting older and their spouses are dying,” he said. “Maybe they have health issues and can’t get appropriate care. Most of them don’t use social media. So the bottom line is that a lot of older veterans become isolated, and

that is a major reason that people consider suicide.”

Mohatt’s team piloted the TWV model at sites in northwest Montana and in Carteret County, North Carolina, and the intervention is now being rolled out in 31 rural communities nationwide. While it will take a few years to see if it reduces suicide rates on a larger scale, interim results in northwest Montana are encouraging. Over 2 years, the TWV group there recorded nearly 10,000 positive community encounters related to veteran suicide prevention—solid numbers, considering that the overall veteran population there is only around 12,000, Mohatt said. In addition, the group trained 431 veterans in an evidence-based suicide prevention protocol, gave 216 referrals to veteran care, provided 32 homelessness services to veterans, and conducted 315 one-on-one check-ins with vulnerable veterans.

Seeing those numbers in context is important, said Mohatt, because at the time of the project there was only one VA suicide prevention coordinator serving the entire state of Montana. “It would have been impossible for that person to provide all of those services in this one large rural area,” he said. And TWV and other VA projects with a community focus will be getting a big—and much needed—boost in the near future: The VA plans to hire at least 200 community engagement and partnership coordinators “whose sole job is to collaborate with communities to do work like this,” Mohatt said. (See sidebar.)

Team cohesion, support, and shared healthy norms can provide protection against suicidal risk factors for members of the armed forces.

BUILDING RESILIENT AIR FORCE TEAMS

In another upstream suicide prevention effort, psychologist Peter A. Wyman, PhD, a professor of psychiatry at the University of Rochester, has developed a group intervention for U.S. Air Force units that has been shown to increase positive team connections and cohesion and, relatedly, reduce suicide risk and depression.

Called Wingman-Connect, the initiative—framed as training

for career success and health and well-being, rather than overtly targeting suicide prevention—squares with the growing recognition that positive social connections and shared healthy norms can facilitate mental health and reduce suicide risk, Wyman said.

“There’s been a growing concern in some parts of the military about a loss of cohesion and community among service members,” a traditional feature of military life. For example,

fewer Air Force personnel live on bases than in the past, leading to less connectedness, Wyman said.

The intervention is distinctive in its small-group focus, Wyman said. “It recognizes that protective strengths and skills aren’t just individual—that they also involve small group units, the groups that people are connected to through friendship, working, and learning relationships,” he said. “It also recognizes that individuals often learn these strengths best when they learn them together with people who are a part of their natural networks.”

In a first iteration of the model, Wyman’s team worked with Air Force personnel who were just learning about their career and job roles at the branch’s largest technical training school, in Wichita Falls, Texas. During 6 hours of training spread over 3 days, groups of 30 to 40 airmen completed group exercises emphasizing cohesion, shared purpose, and the value of a healthy unit. They also learned and shared skills related to job success and mental health, such as kinship, balance, guidance, and purpose, noting which team members—including themselves—were particularly strong in one or more of those skills. Finally, they mapped out their unit’s entire network of strengths, observing how each member contributed to the strength of the whole.

In a randomized controlled trial reported in *JAMA Network Open* (Vol. 3, No. 10, 2020), Wyman demonstrated that compared with airmen who received stress-management training only, those in the Wingman-Connect

TAPPING COMMUNITIES TO PREVENT VETERAN SUICIDES

Enhancing community connections through research and partnerships is an increasingly important strategy in how the Department of Veterans Affairs (VA) thinks about suicide prevention, noted clinical psychologist Matthew A. Miller, PhD, MPH, executive director for VA Suicide Prevention in the Office of Mental Health and Suicide Prevention. Veterans Health Administration has three complementary programs that address community connections at different levels:

1. The Governor’s Challenge, launched in 2018, is a state-based approach to community prevention headed by governor-appointed teams that are charged with developing relevant policies and programs in their states. When teams accept the VA’s invitation to join, they take part in policy and training academies related to suicide prevention, background, dynamics, and action planning. “We walk with them hand in hand to form a state-centric action plan and implementation of the plan,” Miller said. So far, most of the country is on board, with 47 states participating.

2. Regionally focused efforts. This plan, which went into effect in 2020, aims to build community coalitions and collaborations related to veteran suicide prevention through existing regional systems of VA care called Veterans Integrated Services Networks, or VISNs. There are 18 of these networks nationwide, and the VA is working with them to create and implement veteran suicide action plans at the county and city levels.

To help carry out this work, the VA recently hired more than 100 community engagement and partnership coordinators—full-time employees whose role is to reach out to communities at the county and city levels, connect them with their respective VISNs and relevant local facilities, and build or reinforce their community coalitions and action plans.

3. Together With Veterans (see main story). Funded partly by the VA Office of Rural Health, this model takes a holistic community approach to preventing veteran suicide in rural areas by building veteran leadership and networks. The program started in 2019 and is set to end in 2024, at which point veterans in charge of these programs can continue running them on their own with the help of grants, fundraisers, and volunteers.



groups had fewer suicidal thoughts, depression symptoms, and occupational problems at 1 month, and they maintained the gains related to depression at 6 months. Those who saw the biggest benefits—airmen most likely to become more connected to their team—were the airmen at greatest risk of depression and suicide before the intervention, the researchers also found. The findings suggest that team cohesion, support, and shared healthy norms can provide powerful protection against the suicidal risk factors of loneliness and isolation, Wyman noted.

With additional funding from the Air Force, Wyman is now tailoring the model for airmen who are in arguably the most stressful phase of their careers: their first few years on the job.

“The highest period of vulnerability for health problems is

really in that first year or two or three after the training, when the demands, stressors, career challenges, and personal relationship problems all come together,” he said. A pilot of the adaptation found that it could be successfully delivered and that airmen found it useful. Wyman’s team is also planning a study that will increase the length of the intervention to encompass the training and initial career phases, include a longer follow-up period, and determine how to prepare Air Force personnel to deliver the intervention with high fidelity.

The fact that the military is open to a suicide-prevention approach that is not specifically geared to suicide but could affect long-term mental health and quality of life is extremely heartening, Wyman added.

“I am very impressed by

Airmen complete trainings that emphasize the importance of having a healthy unit.

how supportive very high-level military leaders are about the importance of really proactive prevention,” he said. “The Air Force is extremely supportive of this work and is eager to work on developing it further as something that could be more of a force-wide deploy.”

HELPING ORGANIZATIONS BECOME VETERAN SAVVY

In another VA-funded project that addresses environmental factors, DeBeer, who directs the VA Patient Safety Center of Inquiry—Suicide Prevention Collaborative at the VA Rocky Mountain MIRECC (Mental Illness Research Education and Clinical Center) for Suicide Prevention, has been helping organizations develop stronger veteran suicide-prevention programs using a “learning collaborative” model. That approach brings members of organizations together with research-implementers to learn, execute, and sustain evidence-based interventions.

A central aim of this work is to bring better suicide-prevention services to the many veterans who do not use the VA health care system—some 52% of the veteran population as of 2016, according to VA data. This aligns with the purposes of the MISSION Act, passed by Congress in 2018 to expand and improve veteran care, including in the community.

“In my opinion, the VA has truly built the strongest veteran suicide prevention program available, but not everyone is coming into contact with it,” said DeBeer. “The aim of these learning collaboratives is to take

these best-practice methods that have been implemented in VA and other systems and to support organizations in implementing them.”

DeBeer headed an initial pilot of this idea from 2018 to 2021, with grant funding from the VA National Center for Patient Safety and the Rocky Mountain MIRECC. In that project, her team worked with 13 organizations in the Denver and Colorado Springs metro areas that come into contact with but do not necessarily focus on veterans, including offices of public safety, libraries, and community mental health centers (that project won the Veterans Health Administration’s Community Partnership Award for 2021 as well as a commendation from VA Secretary Denis McDonough). She is now running a second pilot project, funded by the VA National Center for Patient Safety for 2022 and 2023, that will use some of the same methods to help improve suicide-prevention services in several non-VA health care organizations that receive funding through the MISSION Act to serve veterans in the community, but with more of a focus on health care systems and care coordination.

The learning collaboratives take place over 16 months between the VA team and a team chosen by the organization, with the organization’s team making the final calls about what to use. “We don’t want to be overbearing with the organization; we want to listen to them and support them in implementing better suicide prevention,”

FURTHER READING

Psychosocial protective factors and suicidal ideation: Results from a national longitudinal study of veterans
Elbogen, E. B., et al.
Journal of Affective Disorders, 2020

The Veterans Affairs Patient Safety Center of Inquiry—Suicide Prevention Collaborative: Creating novel approaches to suicide prevention among veterans receiving community services
DeBeer, B., et al.
Federal Practitioner, 2020

Effect of the Wingman-Connect upstream suicide prevention program for Air Force personnel in training: A cluster randomized clinical trial
Wyman, P. A., et al.
JAMA Network Open, 2020

Together With Veterans: VA national strategy alignment and lessons learned from community-based suicide prevention for rural veterans
Monteith, L. L., et al.
Suicide and Life-Threatening Behavior, 2020

DeBeer said. “It’s up to them as to how that occurs.”

To start, the two groups do an assessment of the organization’s suicide-prevention status. Next, they come up with a set of recommendations and an action blueprint based on that assessment. Depending on the chosen goal, the partners then create an action plan to help realize the blueprint, using a standard implementation science methodology that involves planning a potential change, trying it out, observing the results, and acting on what is learned. They also address contextual factors such as who will actually be implementing the changes, and they develop data collection systems to assess progress and make changes as needed.

Along the way, both sides “get really specific about timelines for different goals and who is responsible for meeting them,” DeBeer said. The VA team may commit to providing resources by the next meeting, for example, while the organization’s team may agree to doing research on a specific topic and sharing their findings.

The system, described in the *Federal Practitioner* (Vol. 37, No. 11, 2020), appears to be a winning one. “People end up getting a lot done because we break it down into manageable chunks,” DeBeer said. Over 2 years, the 13 community organizations enacted 92 implementations, as well as strong measurements that they can apply to future action plans.

One system that undertook this training was a veterans’ homelessness organization that DeBeer worked with during the

first pilot. The organization’s team was eager to undertake this work because many veterans entering the system struggled with mental health disorders and suicidal ideation and behavior, but team members did not know how to help because mental health was not an organizational focus.

Working with DeBeer’s team, the organization developed several plans that turned into actions. These included proactively screening clients for mental health symptoms, embedding mental health screening into the organization’s electronic health record, giving staff additional training in suicide prevention, and integrating that training into the organization’s policies—important, because “we know from implementation science that if we don’t codify these changes into the organization, they may not continue once those [trained] individuals leave,” DeBeer said.

When she last spoke with the team, members reported that they were excited about their progress. “After a few months, they realized that about 1 in 10 of the veterans they were seeing were positive for mental health symptoms but weren’t getting any care,” DeBeer said. “And they were connecting those individuals to care.”

The work is about much more than just training an organization’s staff, though training is a part of it, DeBeer added. “We’re supporting organizations to make comprehensive and sustainable changes that will last—empowering them to act in ways that will prevent veteran suicide.” ■



Jobes



Kofler



Winkeljohn Black



Cavell



Hutchinson

PSYCHOLOGISTS IN THE NEWS

The National Register of Health Service Psychologists has awarded the Alfred Wellner Award for Lifetime Achievement for research to **David Jobes, PhD**.

Jobes was chosen for his work to advance evidence-based and patient-centered clinical treatments for suicidality. Besides his work as a clinical psychologist, Jobes is known for his development of the widely used clinical intervention CAMS (Collaborative Assessment and Management of Suicidality) developed at Catholic University's Suicide Prevention Laboratory in Washington, D.C.

The National Institute of Mental Health has awarded \$9 million to **Michael Kofler, PhD**, to redevelop his gamified treatments for pediatric attention-deficit/hyperactivity disorder (ADHD) for young children and expand treatment options. Kofler's previous work focused on gamified treatments targeting central deficits of ADHD in older children. Kofler will use the funding to combine the existing training with behavior management-based parent training, which equips parents with skills and strategies to help their children succeed.

Through a grant from the Templeton Foundation, Stetson University awarded \$110,000 to **Stephanie Winkeljohn**

Black, PhD. Winkeljohn Black will use the funds to develop and test an online program aimed at increasing therapists' religious and spiritual competencies with patients. She seeks to address a disparity between patients interested in talking about their religious or spiritual beliefs and the lack of training available to ensure therapists are prepared for those conversations.

A research team led by University of Arkansas psychology professor **Tim Cavell, PhD**, was awarded a grant from the U.S. Department of Defense to create a digital tool to ease school transitions for military-connected students. This tool will be a web-based application that gathers information from military-connected students and parents, which is then shared with teachers in the receiving district. The tool will familiarize the teacher with the student and with military family life.

Transitional Services for New York Inc., one of New York City's leading community-based mental health organizations, has selected **Kathryn T. Hutchinson, PhD**, as its Educator of the Year. Hutchinson is the vice president of the Division of Student Affairs at St. John's University. She was chosen for her

career-long support of student mental health programs, especially during the COVID-19 pandemic as St. John's pivoted to remote learning.

The Office of the Chief of Naval Operations' 21st Century Sailor Office has selected **Nick Grant, PhD, ABPP** as a 2022 Navy Fellow for the International Career Advancement Program, a professional development program for advocates of diversity and inclusion. Grant, an active-duty clinical psychologist with an extensive background in LGBTQ+ psychology, was also recently selected as a 2023 fellow of the Atlantic Fellows for Health Equity (AFHE) program, which aims to develop global leaders who understand the foundations of health inequity and have the knowledge, skills, and courage to build more equitable organizations and communities.

The University of South Florida has presented Outstanding Research Achievement Awards to four psychologists on the faculty. They are: **Howard Goldstein, PhD, Christine Ruva, PhD, Elizabeth Schotter, PhD, and Marilyn Stern, PhD**. Each of them received \$2,000 and recognition at a campus event this fall. ■

News You Can Use

Career

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

Research shows that group therapy is just as effective—if not more so—than individual therapy.



GETTING INTO GROUP THERAPY

Group psychotherapy sessions can help you meet the increased demand for services

BY REBECCA A. CLAY

When Noelle L. Lefforge, PhD, ABPP, first tried to shift her treatment model from individual to primarily group psychotherapy, she wondered why potential patients weren't signing up. Then she discovered that the administrative staff were telling callers that all the individual therapy slots were full, but they could assign them to group therapy. The unspoken assumption? That group therapy is second best.

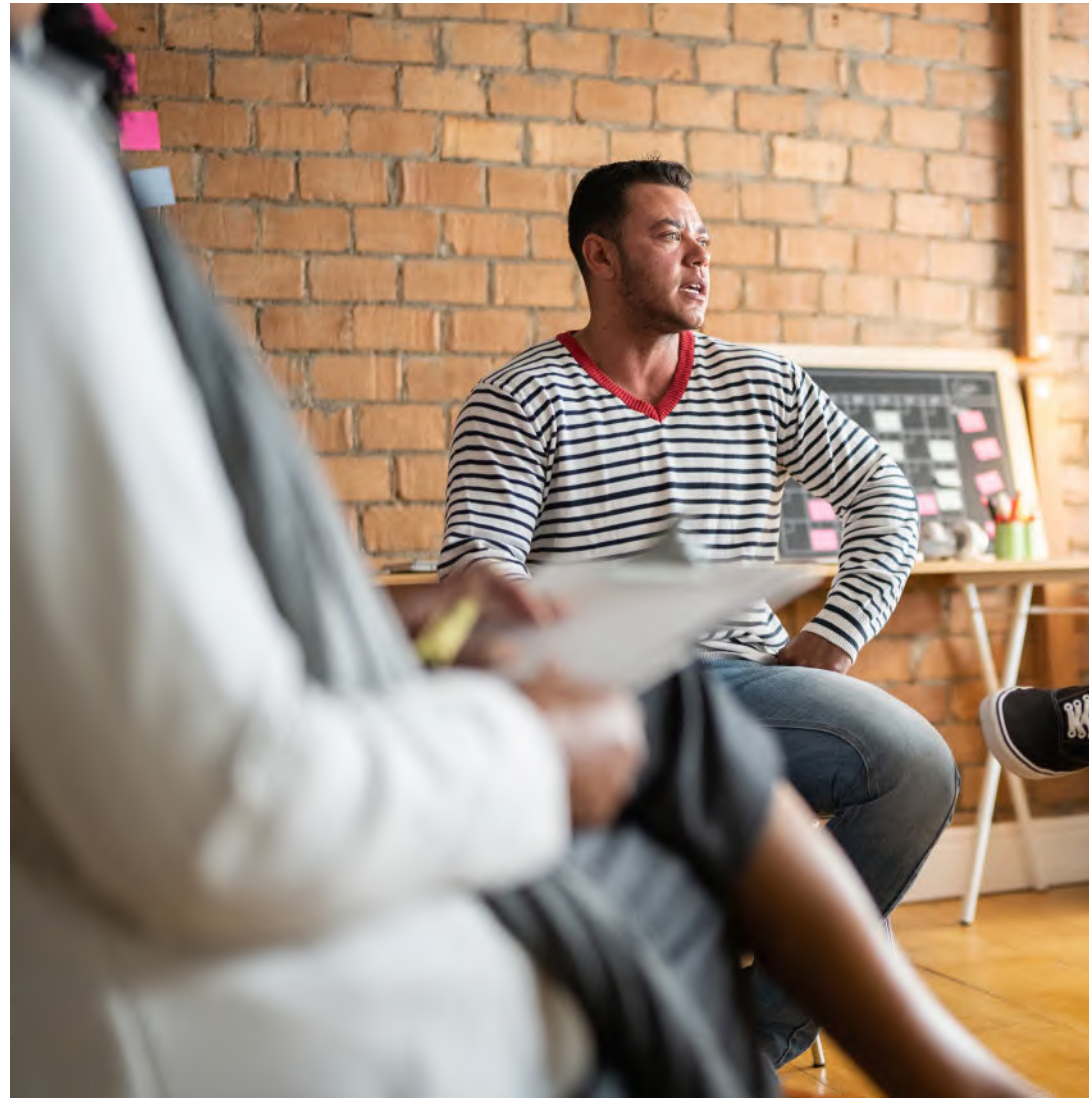
That's simply not true, said Lefforge, president-elect of APA's Div. 49 (Society of Group Psychology and Group Psychotherapy) and president of the division's Group Specialty Council, which advocates for group psychotherapy as a specialty area. "Over the past decade or so, there has been a lot of research coming out that clearly shows that, for most of the things people present to services for, group therapy is as effective—if not more so—than individual therapy," said Lefforge,

who directs the Professional Psychology Clinic at the University of Denver. “When done well, there’s the added benefit of efficiency: serving more folks with fewer clinicians in less time.”

In short, group therapy could be part of the solution to the national mental health crisis. Respondents to APA’s 2021 COVID-19 Practitioner Survey reported that demand for services was surging. Yet almost two thirds of respondents lacked the capacity to take on new patients. And more than two thirds said their waiting lists were even longer than they had been in 2020.

If you’re interested in introducing group psychotherapy into your practice, use these tips from Lefforge and other experts:

■ **Get training.** Psychologists sometimes assume that group therapy is a “generalist skill,” said Havana, Florida, private practitioner Joshua Gross, PhD, ABPP, past president of Div. 49. Or they misunderstand what group psychotherapy is all about. “Just getting five people into a room doesn’t necessarily mean group therapy,” said Gross. Most psychologists don’t get a lot of training in group psychotherapy, he said, noting that surveys show that counseling and clinical psychology programs don’t include much group work. The result? Trainees are often put into situations they are not prepared for. “I’ve talked to a lot of people who tried doing group therapy and say, ‘I had a bad experience, and I’m never going to do that again,’” said Gross. “It’s because



people are getting on the freeway too soon.”

To build those group therapy skills, Gross and others suggest taking advantage of the resources and training opportunities offered by Div. 49 and the American Group Psychotherapy Association. Review the education and training standards, draft practice guidelines, and other resources that were part of Div. 49’s successful effort to get APA’s Commission for the Recognition

of Specialties and Subspecialties in Professional Psychology to recognize group psychology and group psychotherapy as a specialty in 2018. And, although it’s not required before offering group psychotherapy, psychologists can also get credentialed in group psychotherapy via the American Board of Group Psychology or the multidisciplinary International Board for Certification of Group Psychotherapists. Once a clinician is



Bringing together groups of patients facing similar challenges can sometimes make the most sense because it allows patients to learn from each other's experiences.

providing group psychotherapy, peer consultation and supervision can also be helpful.

■ **Set the group's purpose and format.** There are two predominant kinds of group psychotherapy, said Les R. Greene, PhD, coeditor of *Core Principles of Group Psychotherapy: An Integrated Theory, Research, and Practice Training Manual* (Routledge, 2020), which serves as a curriculum for the International

Board for Certification of Group Psychotherapists credential. In heterogeneous groups, “folks with a variety of symptoms explore their interpersonal relationships via the social microcosm of the group,” said Greene, who serves on the clinical faculty at the Yale School of Medicine and maintains a private practice in Hamden, Connecticut. In homogenous groups, now the most popular format, individuals come

together to explore their shared problem, whether it's trauma, eating disorders, or substance misuse.

For Decatur, Georgia, practitioner Christina Camp, PhD, bringing together groups of patients facing similar challenges makes the most sense because it allows them to learn from each other's experiences. Since 2015, she has offered group therapy for Black women, which she calls the Sister Circle Experience, as a way of helping them dismantle the strong Black woman ideology that leads to women supporting others at the expense of their own well-being. During the pandemic, she began a second group therapy program focused on the challenges Black women face dating in a virtual world. The groups help participants overcome feelings of isolation in confronting particular challenges and help them develop new coping skills, said Camp, founder and chief executive officer of Camp Psychological and Consulting Services.

“You're in collaboration with women who might have addressed your problem in the past, and having that example could be helpful in giving you hope and perspective,” said Camp, adding that while the 12-week Sister Circle groups have an overall focus, participants are free to address any topic. “Other women might not have reached where you are now and are still struggling with what you used to struggle with, which gives you a deeper sense of your capacity and a sense of where you've been versus where you've landed.”

■ **Choose the right cofacilitator.** Managing the dynamics in group therapy can be complicated, and it can be useful to have a cofacilitator, said Lefforge. Sometimes group leaders, especially trainees, may not have a say in whom they're paired with. "Pairing supervisors and trainees is very common and often essential to training," she pointed out. In that case, it's important to recognize the power dynamics involved and carefully consider roles and expectations, she said. If possible, choose a cofacilitator you already know and whose theoretical orientation and style are compatible with your own so that conflicts don't arise.

Lefforge allots time before and after sessions to discuss goals and progress with her cofacilitator, debrief about what happened in a group, and share feedback. "Plus, if someone gets up urgently and leaves the room, it's nice to have two facilitators so one can attend to that situation while the other stays with the group," she said.

That said, having a cofacilitator can bring its own complications, Greene noted. "It's like being in a marriage," he said. "You want to speak the same language." While having someone else's perspective can be helpful, he said, involving another facilitator can add compatibility problems, whether personal or professional, to an already complex milieu.

■ **Screen and prepare participants.** Group therapy isn't appropriate for everyone, said Lefforge. People experiencing acute psychosis won't do well in

groups, for example, and those with antisocial personality disorder can derail groups unless the group specifically targets that disorder. When recruiting participants, said Lefforge, "it's helpful to have heterogeneity in terms of identities but homogeneity in terms of presenting problems or degree of functioning." To ensure a good fit, Lefforge screens potential participants in an individual session.

She also addresses any hesitations about group therapy. "People say, 'How will it help me to hear other people's problems?'" said Lefforge. "Or they say, 'I couldn't possibly talk

Ruptures within a group are inevitable, but can help patients grow.

about myself in a group.'" Such concerns are so common that Lefforge has developed a guide for administrative staff and other therapists that addresses each concern to help them normalize anxieties about group therapy and emphasize the format's effectiveness. For those concerned about baring their souls to strangers, Lefforge explains that participants only share what they're comfortable sharing. For those skeptical about the value of hearing other people's problems, Lefforge points to the therapeutic value of connecting with and helping others.

These individual sessions



should also serve as orientations that explain what group therapy is all about. To create a sense of safety and cohesion, explain how group therapy works, what they will be asked to do, and what your role as facilitator is.

Psychologists should set ground rules during these individual sessions with participants before they join the group, then reinforce those rules when the group comes together. “You want to give people the lay of the land to see if they’re okay with that,” said Greene. “You give some orientation about what the norms are—that you are going to encourage people to listen actively and carefully to what each person has to say, offer constructive feedback, and not blame or attack each other.”

■ **Repair ruptures.** So-called ruptures—hurtful interactions between a participant and other group members, between the facilitator and the group, or between cofacilitators—are an inevitable part of the experience, said Cheri L. Marmarosh, PhD, an associate professor of clinical psychology at the George Washington University. And repairing these ruptures helps patients grow, she said (*International Journal of Group Psychotherapy*, Vol. 71, No. 2, 2021). “Ruptures need to be welcomed and addressed, not avoided,” she said. “Growth really does come when patients take risks, learn that people are not perfect, and identify their contribution to relationship struggles.” Group therapy, she explained, helps participants learn skills to live in a world

where people say and do hurtful things. They learn that people can be confronted and learn to change and that people can be forgiven, for instance. “Group therapy facilitates true intimacy where there is healthy conflict and compassion for self and others,” she said.

When a participant responds to a rupture in a direct, confrontational way, said Marmarosh, the facilitator should take that seriously and help the group explore the hurt and angry feelings and then explore the underlying issues that can contribute to them, such as racism, privilege, or sexism. However, some participants may respond to ruptures in more subtle ways, such as withdrawing from discussions, changing the topic, or skipping sessions. Facilitators can invite these participants to talk about their experience of the group, said Marmarosh, adding that some facilitators ask participants to complete feedback surveys after each session so the facilitators can be more aware of ruptures during the group sessions.

■ **Be aware of special challenges with virtual groups.**

As online group therapy has become increasingly common following the shift to telehealth prompted by the pandemic, practitioners need to be aware of additional challenges. Confidentiality, already a big concern for group members, becomes more difficult when group therapy takes place online, said Haim Weinberg, PhD, who codirects the Sacramento Center for Psychotherapy (*American*

Journal of Psychotherapy, Vol. 74, No. 2, 2021). Participants need specific instructions about how to ensure privacy and avoid interruptions, whether that’s locking the door to a room or sitting in a parked car, said Weinberg.

Also, group cohesion seems to develop more slowly online, said Weinberg. “All we see are squares, not the full body,” he points out. “Participants do not sense the entity of togetherness we usually sense when we sit together in the same room.” Small gestures aren’t visible, and direct eye contact isn’t possible. “In my office, I simply move my gaze from one person to another, sending the message that I see them and hold them in my gaze,” he said. “If I try to do it online, people just see my eyes moving without understanding that I’m looking at them.” One solution is to verbalize more than you would in-person, saying a participant’s name and telling that person you are looking at them, he said.

Whether online or in-person, group therapy has the potential to ameliorate the global mental health crisis, say practitioners. For Greene, the hope is that group psychotherapy becomes much more popular in the United States. “In our society, we are sort of an individualistic culture and people by and large are going to say they want individual therapy,” said Greene, a past president of the American Group Psychotherapy Association. “In other cultures, people are much more ready to say they want to work with a group of like-minded people.” ■

ADDITIONAL RESOURCES

Special issue on group psychotherapy
American Journal of Psychotherapy, 2021

Diversity committee presentations
APA’s Div. 49, 2020

Special issue: Rupture and repair in group therapy
International Journal of Group Psychotherapy, 2021

Special issue: Structured group psychotherapies: Advantages, challenges, and possibilities
Journal of Clinical Psychology, 2022

INCLUSIVE UNDERGRADUATE PSYCHOLOGY

To be accurate and relevant, undergraduate psychology courses should delve deep into human diversity

BY STEPHANIE PAPPAS

Twenty-one years ago, Deninne Pritchett, PhD, dropped out of Central Piedmont Community College in Charlotte, North Carolina. For an African American woman raising small children, the idea of getting a doctorate seemed unreachable.

But today, Pritchett is the chair of the psychology department at that same community college. Her success, she said, was partly due to faculty who implemented inclusive practices in the classroom before “inclusivity” was a popular term. Being seen and valued in the college space was what she needed to work toward her potential—a potential, she said, she is still working to realize.

“I am now a PhD holder, and that is a big deal,” Pritchett said. “But that is because someone provided the support and believed in me. They included me and provided a space for exactly what I needed to develop into the person that I am now.”

As an instructor, Pritchett is dedicated to providing that same kind of space for her students: She has earned an American College and University Educators (ACUE) Advanced Certificate for Teaching Effectiveness and is a featured expert in an ACUE course on learner-centered, equitable

teaching practices. But diversifying the psychology curriculum and creating inclusive classrooms are not just the work of professors who have been there and seen the importance firsthand; it is now more urgent than ever to break down barriers in the field, build a more diverse psychology workforce, and make psychology a discipline that is relevant to everyone.

“This is not an issue of just being more inclusive for the sake of our diverse students,” said Irma Corral, PhD, MPH, an assistant dean for diversity and inclusion and a clinical psychologist at East Carolina University. “It’s really an issue of providing accurate and scientifically complete training for all our students.”

A MORE ACCURATE SCIENCE

The psychology profession today is less diverse than the population it serves. A 2019 APA Center for Workforce Studies (CWS) report found that 83% of the psychology workforce identified as White, 7% as Hispanic, 4% as Asian, and 3% as Black. U.S. Census data peg the percentage of Americans who identify as White alone at 60%, as Hispanic at 19%, as Asian at 6%, and as Black alone at 13.6% (U.S. Census QuickFacts, 2021).

FURTHER READING

Rethinking the course syllabus: Considerations for promoting equity, diversity, and inclusion

Fuentes, M. A., et al.
Teaching of Psychology, 2021

Culture across the curriculum: A psychology teacher's handbook

Keith, K. D. (Ed.)
Cambridge University Press, 2018

Integrating multiculturalism and intersectionality into the psychology curriculum: Strategies for instructors

Mena, J. A., & Quina, K. (Eds.)
APA, 2019

There are hints that the future of psychology will be more diverse. For example, 31% of doctoral degrees in psychology awarded in 2018 went to non-White students, according to APA's CWS. But there are still many barriers within the field, from lack of precollege exposure to psychology courses for students of color, to cost of postgraduate education, to a dearth of minority role models (see



“Psychology’s Diversity Problem,” October 2021 *Monitor*).

What’s more, skimming over human diversity or relegating non-White, non-Eurocentric experiences to siloed multicultural psychology courses provides a less accurate educational experience to all. Bringing diversity, equity, inclusion, and belonging into psychology courses is “a corrective action,” said Jasmine Mena, PhD, a

clinical psychologist at Bucknell University.

Making this corrective action starts with introspection, said Alison Koenka, PhD, an educational psychologist at the University of Oklahoma who is co-authoring a book chapter on decolonizing psychology classrooms. (*Decolonizing* refers to reorienting education toward teaching methods and knowledge that have been

Equity, diversity, and inclusion is a continual journey, and much of the reward comes with simply teaching students how to have heavy conversations in a productive way.

marginalized by the dominant culture.) Reflecting on one’s own areas of intersecting identity is important for understanding one’s interactions with the world. For some instructors, spotlighting aspects of identity for their students becomes a powerful way to signal belonging.

“I don’t think any student ever leaves my class without knowing that I’m Puerto Rican,” said Milton Fuentes, PsyD, a



clinical psychologist at Montclair State University in New Jersey. “One-third of my students are of Latinx descent, and they need to know that people like them are in front of the classroom.”

Another way to signal belonging can be to highlight issues of diversity and equity in course materials, starting with the syllabus. Inserting identity safety cues—such as representation of minoritized groups or a diversity statement—into the course syllabus improved students’ sense of belonging in an experiment led by Melanie Maimon, PhD, a social psychologist at Rutgers University–New

Brunswick (*Teaching of Psychology*, online ahead of print, 2021). A review of such cues in both educational and workplace settings coauthored by Penn State psychologist Mary Kruk, PhD, similarly found them to be successful, especially in environments where the threat of being stereotyped was salient and for people high in stigma consciousness (*Translational Issues in Psychological Science*, Vol. 7, No. 4, 2021).

The key, Mena said, is to make diversity, equity, and inclusion central to the course, not a mere sideline on the syllabus. It is also important to be

Many instructors allow students to weigh in on what they most want to cover under the umbrella of human diversity.

straightforward about experts’ identities, Fuentes said: “I really encourage folks to not just include diverse scholars on the syllabus but make [their backgrounds] explicit.” Otherwise, he said, students may automatically assume that their reading list is not from a diverse set of scholars.

Diversity can also be woven into coursework in numerous ways, from bringing in research done in different groups of people to highlighting scholars of differing backgrounds and identities.

People of color were often locked out of psychology as the field was developing, said Alicia

Trotman, PhD, an assistant professor of psychology at Sul Ross State University in Alpine, Texas, but this gatekeeping should not be allowed to obscure the psychological advances that racial and ethnic minorities and women made in the field's early days. Sometimes, teaching these pioneers requires digging into related fields like sociology or African American or Chicano studies, Trotman said. For instance, James Comer, MD, MPH, a Black child psychiatrist at the Yale School of Medicine, is one of the pioneers of social emotional learning. Other pioneers were denied degrees. "We want to let students know that people just like them were part of the development of psychology," said Tiffany Culver, PhD, as assistant professor of psychology at Schreiner University in Kerrville, Texas.

In collaboration with the Smithsonian Learning Lab, APA has created a virtual exhibit highlighting such pioneers. The "I am Psyched!" multimedia exhibit, spotlights women of color in psychology, from historical figures such as Mamie Phipps Clark, whose work was cited in the 1954 *Brown v. Board of Education* Supreme Court decision ending segregation in public schools, to psychologists today such as Hortensia Amaro, PhD, a Latina psychologist who develops programs to combat health problems in low-income women of color.

FLEXIBILITY AND AUTONOMY

Beyond representation, instructors can work to make their classes more welcoming by

thinking of their students as partners in learning. This means focusing on building community within the classroom, offering flexibility and autonomy on assignments, and even sharing control over what is taught.

Fuentes builds community by making sure to put people of different identities and backgrounds together in small group discussions. He also brings in undergraduate teaching assistants, often students of color, from previous years' courses to assist—both providing another example of representation and enabling peer-to-peer mentoring. This year, he plans to administer a survey asking students in his class about their backgrounds and circumstances to better understand the mix of students he has and what challenges they are facing.

Teceta Tormala, PhD, a social psychologist at Palo Alto University in California, creates affinity groups for her students, allowing them to choose an aspect of identity such as race, gender, sexual orientation, or social class. These groups then meet before class to discuss structured questions related to course content. "Students got to have these deep, rich, complicated conversations with folks who shared one identity but didn't share other identities," Tormala said. "Students talked about how impactful these were for both self-understanding and in-group understanding, but also for understanding other groups' experience in the world."

Many instructors leave some free space on the syllabus and allow students to weigh in on

what they most want to cover under the umbrella of human diversity. Mena's students at Bucknell recently ran with this autonomy, finding readings and creating their own discussions on a topic Mena had not previously delved into: Latinx gender representation in the media. It was a very salient topic for the students, Mena said, and they jumped into the project.

Similarly, Trotman assigns an activity asking students to find something on social media that they can tie to a concept learned in class. In her intro classes, this assignment tends to reveal which students have a knack for thinking like a psychologist, she said. "This is the activity I love the most because that is when I'm able to recruit some of the best students to psychology," she said.

Students learn from each other, Pritchett said. They also

RESOURCES FOR CHANGE

There are many ways to make a classroom more inclusive. Instructors recommend these resources to start or deepen the journey:

■ What inclusive instructors do: Principles and practices for excellence in college teaching

Addy, T. M., et al. Stylus Publishing, 2021

■ No study without struggle: Confronting settler colonialism in higher education

Patel, L., Beacon Press, 2021

■ BIPOC Psych Papers Spreadsheet

A crowd-sourced database moderated by Skidmore College psychology professor Erica Hsiung Wojcik <https://sites.google.com/site/ericahwojcik/bipoc-psych-papers-spreadsheet>

■ Breaking the Prejudice Habit

Resources for activities and assignments about discrimination and prejudice <http://breakingprejudice.org/>

learn when they can tie their own experiences to what's happening in class. "If you can engage a student by using who they are as part of the learning process, the other students get to see that, which in turn tells them that what they are contributing is valuable," she said. "They are part of that process."

Inclusive instructors also offer autonomy over when and how assignments are completed. Flexible deadlines can be a boon, particularly for nontraditional students who might be juggling work and family obligations. Building trust is important, Pritchett said: Students are more likely to succeed and do the work if they feel comfortable asking for help or flexibility from their instructor.

Another example of flexibility that benefits all students has been nixing timed exams, Koenka said. Allowing students to demonstrate what they know without the pressure of a stopwatch gives a better sense of what the class does and does not understand, she said. And the practice may particularly benefit minority students, because a lower-pressure exam experience reduces the stress that comes from feeling like one might fail to measure up, thus confirming stereotypes about one's group.

Labor-based grading, which emphasizes effort over final product, is another way to encourage students to keep learning in the face of challenges instead of shutting down, said Mena (*Teaching of Psychology*, 2022). In a typical class, a student takes a quiz, gets a grade, and stuffs the paper into

the back of a notebook after seeing the score. In a labor-based grading scheme, Mena said, the quiz itself is not worth any points. Instead, the instructor marks wrong answers without explaining why they are wrong. Students then earn points for researching and explaining the correct answers.

"The quiz will allow them to practice their recall and retrieval," Mena said. "However, [researching and explaining the answers] will force them to return to the work, because doing something once is not sufficient."

A COLLABORATIVE EFFORT

As any instructor can attest, updating or overhauling a course is a lot of work. This is particularly true for a diversity, equity, inclusion, and belonging update, which requires a lot of reflection and adjustment in response to students' input.

ASSISTANCE FROM APA

■ Diversity Resources for Teachers of Psychology from Div. 2 (Society for the Teaching of Psychology)

<http://teachpsych.org/page-1603066#diversity>

■ DEIB (Diversity, Equity, Inclusion, and Belonging) Teaching Resources

A document covering ability/disability, inclusive pedagogy, gender and sexual orientation, race and ethnicity, religion, example syllabi and projects, updated 2022. Available at <https://teachpsych.org/Diversity/International-Resources>

■ Course Design Institute

A virtual course on integrating recommendations from APA's Introductory Psychology Initiative. Available at <https://www.apa.org/ed/precollege/undergrad/introductory-psychology-initiative/index#cdi>

The amount of support for this work varies by institution, but instructors who have done their own overhauls all urge seeking out resources and collaboration. Institutions should prepare their instructors to moderate difficult discussions that might arise when topics such as discrimination, sexism, racism, and ableism are raised in the classroom, said Karlene Cunningham, PhD, the vice-chair of diversity and inclusion and a clinical psychologist at the East Carolina University Brody School of Medicine who helps run these kinds of trainings for faculty. Untrained instructors sometimes feel anxious about saying the wrong thing, causing them to shy away from tough topics, Cunningham said. "Students can then pick up on that," she said. "They then shut down and disengage [as well]."

Instructors should get comfortable with the fact that bringing up these topics will not resolve them, Cunningham said. Diversity, equity, and inclusion (DEI) is a continual journey, and much of the reward comes with simply teaching students how to have heavy conversations in a productive way.

Most institutions now have DEI offices that offer resources and workshops for faculty. Organizations such as APA's Div. 2 (Society for the Teaching of Psychology) also maintain libraries of resources on diversifying classrooms. (A document of resources on decolonizing will be available from Div. 2 by 2023.) APA Teachers of Psychology in Secondary Schools (TOPPS) is also working to

introduce diversity content on a precollege level, with policy documents and virtual courses on integrating DEI into introductory courses (see sidebar on opposite page).

There is much more work to be done, said Korinthia Nicolai, a doctoral student in psychology advised by Koenka. For example, student teaching assistants and graduate students often lack access to the diversity resources that colleges and universities curate for their faculty. Department-level collaborations are also an unmined vein at many institutions, Mena said. When faculty develop their courses in a vacuum, students may find themselves getting the same information repeatedly—or may miss major topics entirely. Coordinating across the curriculum can help scaffold what students learn about diversity and multiculturalism. Coordination can also be useful for courses taught by multiple faculty, such as introductory psychology, research methods, and statistics.

“We need to work on building community across faculty members and departments,” Mena said. “I think we are too individualized and could gain a great deal of support if we could help one another.”

Ultimately, these efforts can reach beyond psychology. Many non-psychology majors take psychology courses on their way to careers in other fields. Richard Garries, an undergraduate fine arts student at Virginia Commonwealth University who took a course with Koenka and Nicolai, worked with the pair to write a book chapter on centering inclusion and equity in human development courses. The strategies were important in his student-teaching experience, Garries said, where he incorporated as much choice as possible for his students in a fine arts course. In one lesson geared toward helping students develop their own artistic style, for example, he gave students the leeway to choose which artists they wanted to study.

Offering students that type of deeper understanding of identity and modeling deep conversations is also important for building a less hyperpartisan, culturally fractured future, Tormala said.

“Unless we have this ability to bridge these gaps, I’m sad for where we might be going as a country and as a set of human beings,” she said. “But if we build these skills to understand the foundation of our belief systems, our values, our social location, our understanding of our identity and lived experience, it gives us this broader vantage point for understanding other folks.” ■

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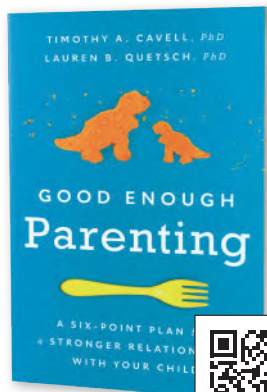
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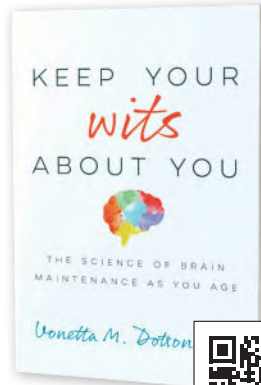
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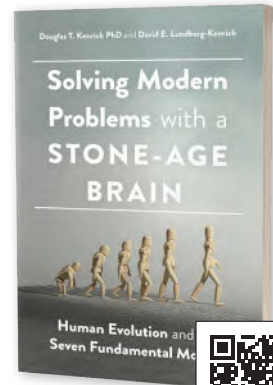
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GEORGIA

LANGUAGE AND LITERACY FACULTY POSITION AT GEORGIA STATE UNIVERSITY

UNIVERSITY: Georgia State University (www.gsu.edu) invites applications for one anticipated tenure track (rank of Assistant) faculty position to contribute to its funded Center: Research on the Challenges of Acquiring Language and Literacy (RCALL). The focus of RCALL is research with children and adults, with or without disabilities, who face challenges in acquiring language and literacy. The Center's faculty has a broad range of external funding support including from the Institute of Education Sciences, the National Institutes of Health, and the National Science Foundation. We encourage applicants whose program of research addresses basic or applied, conceptual or methodological issues concerning challenges in the acquisition of language and literacy with a particular interest in intervention research. Applicants must have a PhD degree in special education, psychology, educational psychology, communication sciences and disorders or related areas. The successful applicant will be the individual who is prepared to take advantage of the interdisciplinary collaborative research opportunities available, has a strong record of programmatic research, can obtain external grant support, and has a commitment to, and experience in, the instruction of undergraduate and graduate students. We are particularly interested in applicants whose research complements other faculty within this Center. (www.researchlanglit.gsu.edu). **The review of applications began on October 1, 2022 and will continue until the position is filled.** Submit curriculum vitae, a brief statement of professional goals and research interests, evidence related to teaching interests and effectiveness, and three letters of reference electronically to Keneé Stephens at kstephens@gsu.edu, with the subject line "Language & Literacy Faculty Search."

KANSAS

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MINNESOTA

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PENNSYLVANIA

INTRODUCTION TO PSYCHOLOGICAL SCIENCE LAB ASSOCIATE

The Department of Psychology at Lafayette College invites applications for an Introduction to Psychological Science Lab Associate. This is an ongoing, full-time, non-tenure track position that begins on January 15, 2023. Applicants should have a master's degree or higher in Psychology or a related field; a dedication to undergraduate education and to working with undergraduate students; a commitment to teach

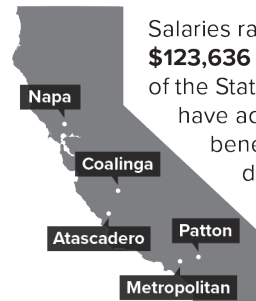
the scientific method as applied to psychological science; and strong organizational, communication, and collaboration skills. Prior teaching experience at the undergraduate level is strongly preferred. More information about the department is available at <http://psychology.lafayette.edu>. In collaboration with the faculty of the Psychology Department and the Introduction to Psychological Science Lab Coordinator, the Lab Associate is responsible for the following: teaching four Lab sections of PSYC 110 each semester; supervising undergraduate laboratory assistants for those sections;

coordinating with instructors of the other Psyc 110 Lab sections and the Psyc 110 Lecture sections; handling other duties associated with being a lab instructor. Applications should be submitted to <http://apply.interfolio.com/113676> and include a cover letter, curriculum vitae, and the names and contact information of three references. In the cover letter, candidates should address how their teaching will support Lafayette's commitment to diversity and inclusion articulated in the College's diversity statement (<http://www.lafayette.edu/about/diversity-statement>). **Review of**

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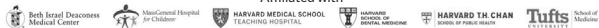
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applications began October 15, 2022 and will continue until the position is filled. Lafayette College is a highly selective, private undergraduate-only liberal arts college with 2,700 students located within 70 miles of New York City and Philadelphia. The college is deeply committed to creating a diverse community: one that is inclusive and responsive, and is supportive of each and all of its faculty, students, and staff. All members of the college community share in the responsibility for creating, maintaining, and developing a learning environment in which difference is valued, equity is sought, and inclusiveness is practiced. All Lafayette operations reflect the college's commitment to Diversity, Equity, Access, and Inclusion (DEAI) initiatives, and Lafayette welcomes applicants from diverse backgrounds.

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 to 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 of 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, and 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

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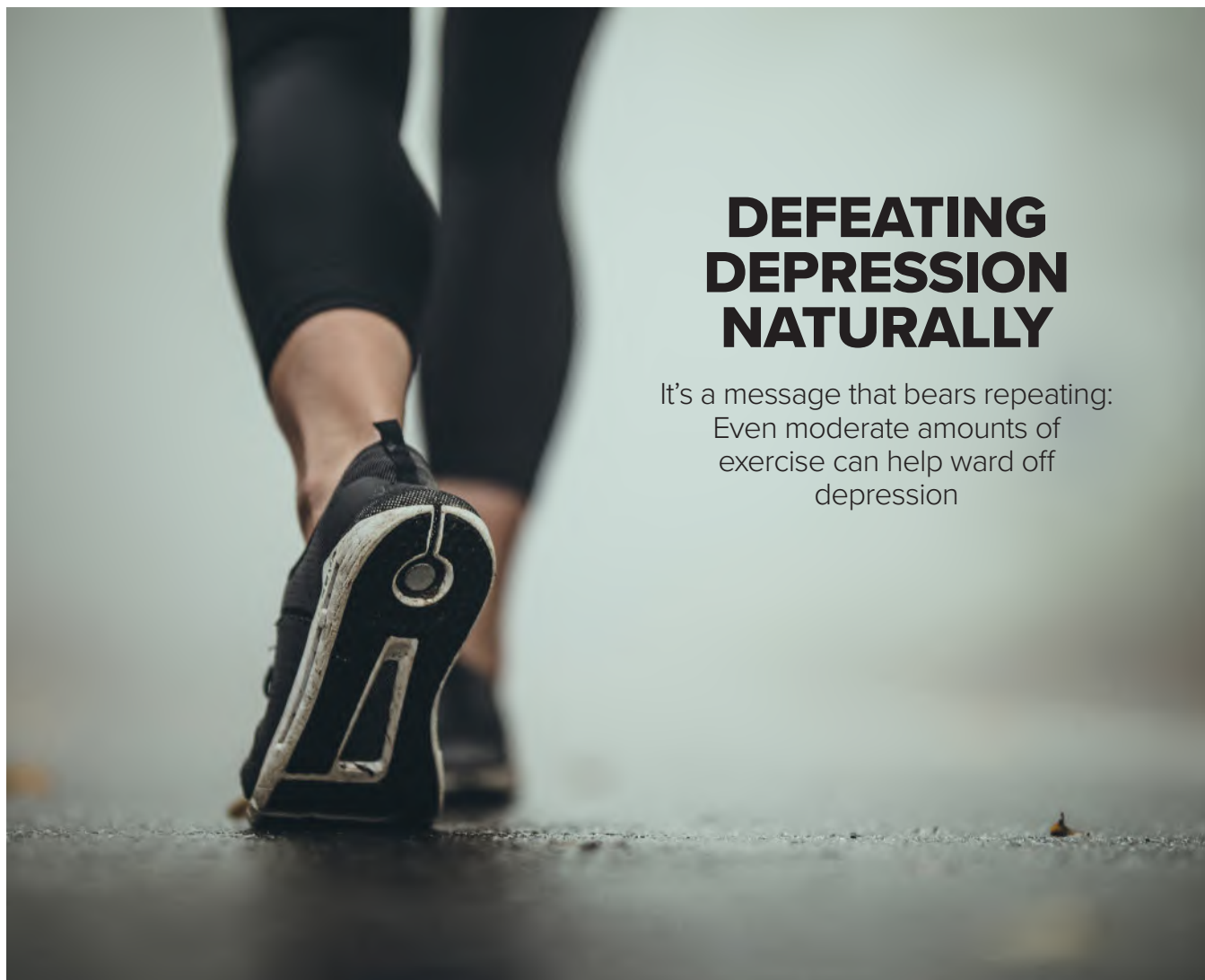
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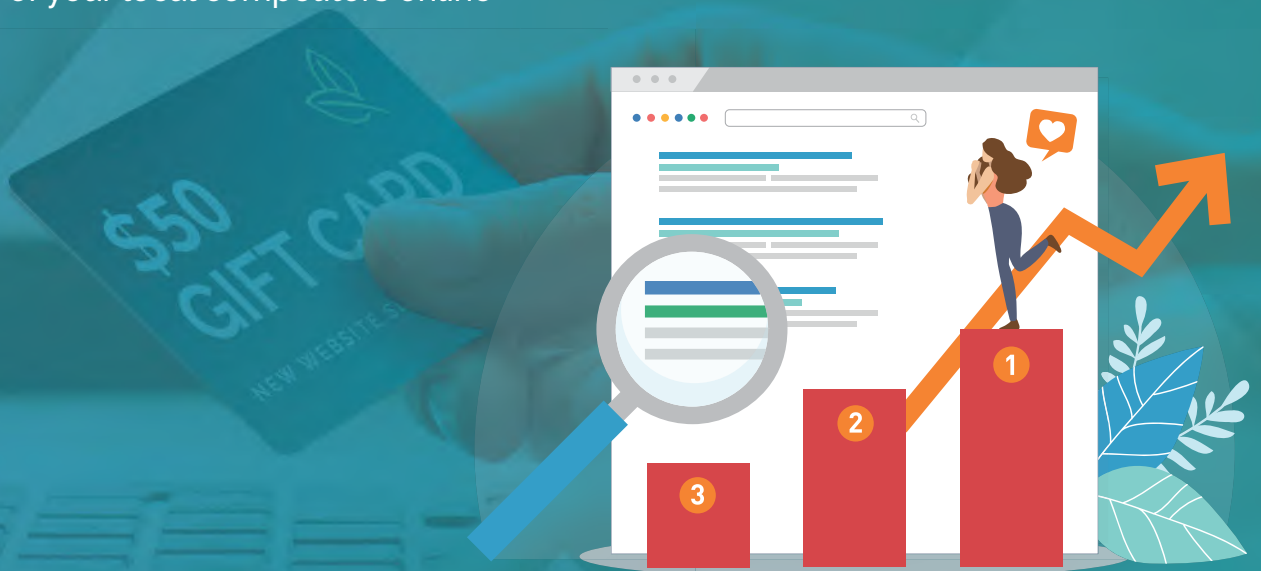
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Source: Pearce, M., et al. (2022). Association between physical activity and risk of depression: A systematic review and meta-analysis. *JAMA Psychiatry*, 79(6), 550-559. This meta-analysis covers 15 prospective studies involving 191,130 participants.

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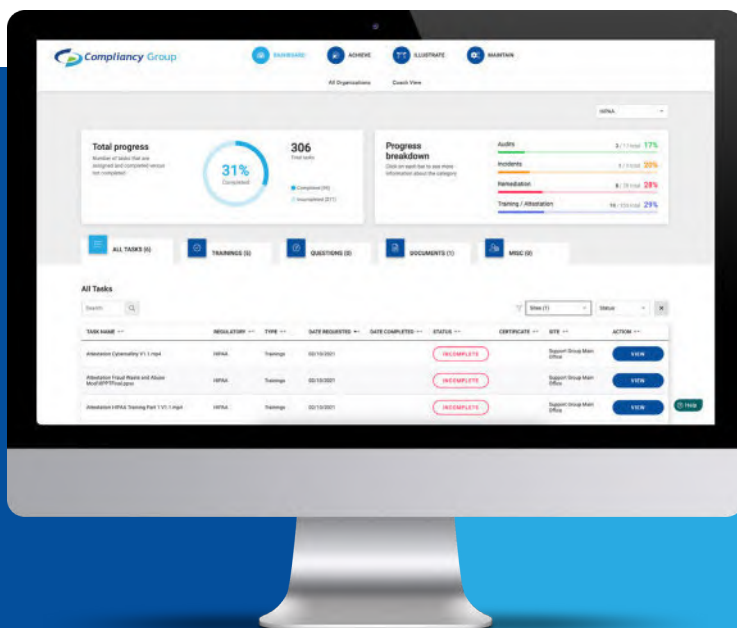
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