



monitor on

GST# R127612802

# psychology



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## EMERGING TRENDS *in* PSYCHOLOGY

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RESOURCES, OPPORTUNITIES, AND NEWS FOR PSYCHOLOGISTS FROM APA

### PUBLISHING PRACTICES

## Promoting Equity and Inclusion in Journals

**A**APA's Journals program has been measuring uptake on many of the 30 recommended equity, diversity, and inclusion (EDI) actions highlighted in APA's EDI Toolkit for Journal Editors, which offers resources, standards, initiatives, and recommendations from APA Publishing to support editors in promoting EDI in their journals. At the beginning of 2022, only five of APA's journals asked authors to justify the demographic distribution of their samples. As of this fall, 24 journals (26% of those published by APA) now recommend or require this information from submitting authors. In addition, 25 APA-published journals now offer editorial fellowships for scholars from historically excluded groups, a 400% increase from the beginning of the year.

Many other journals have adopted EDI policies new to APA journals, such as asking authors to report the year or years of data collection in the title or recommending that authors acknowledge inequities in citation practices and take action to reduce them, an effort known as citational justice.

Access the toolkit at <http://on.apa.org/equity>.

### TEACHING

#### New Updates to Style Workbook

APA has added 28 quizzes and a glossary of terms to the *Mastering APA Style Student Workbook* (7th edition) to improve the way students learn APA Style and scholarly writing. The quizzes are interactive and correspond with the workbook's nine modules. Instructors who want to adopt the student workbook as part of a course can integrate the workbook with their school's learning management system, allowing them to customize the number of quiz attempts and to export scores to their gradebook.

Order at <https://apastyle.apa.org/products/mastering-apa-style>.

### SPEAKING OF PSYCHOLOGY

#### The Psychological Impact of Long COVID

Neuropsychologists Tracy Vannorsdall, PhD, of Johns Hopkins University, and Rowena Ng, PhD, of the Kennedy Krieger Institute, join APA's award-winning *Speaking of Psychology* podcast to discuss treating patients with long COVID and what scientists are learning about the long-term cognitive and psychological effects of COVID-19.

Listen wherever you get your podcasts.

### BIO



## APA's New President: *Thema Bryant, PhD*

**P**epperdine University clinical psychologist Thema Bryant, PhD, is here to "bring psychology to the people." Her vision for APA expands psychology far beyond the academy to empower marginalized communities to heal, to reach people who haven't had access to therapy, and to mobilize the field to use its full power to address widespread trauma, grief, and oppression, including the trauma of racism.

Sparking a revolution is well within Bryant's reach. The Duke University-educated psychologist and ordained minister of the African Methodist Episcopal Church is a gifted orator and internationally recognized expert in trauma recovery.

who has built an enormous, loyal following outside of APA on social media as Dr. Thema and as the host of *The Homecoming Podcast* about mental health. Her presidential plans include hosting a public-facing summit on practical, culturally informed responses to trauma, grief, and oppression; creating an online culturally informed trauma kit for diverse communities; disseminating knowledge on decolonial and liberation psychology; and developing a documentary that highlights the important work of psychologists of historically excluded identities “so others can break through glass ceilings.” Here’s a quick look at Bryant’s life and other priorities, in her own words.

■ **Why you chose a career in psychology:** I grew up as a pastor’s daughter and saw many people from my community seeking out pastoral counseling from my father. Seeing people supported and encouraged in a safe space planted a seed within me that flourished when I heard about the professional roles of psychologists.

■ **Best advice you’ve gotten:** My mother, Rev. Cecelia Bryant, once told me: “Single-gifted people will often misunderstand multi-gifted people. To them, you will always look scattered. Just be everything you are.”

■ **What inspires you:** The work of expressive artists, my spiritual practices, the wisdom of my ancestors, the passion of many young people, the perseverance of survivors, the commitment of those working to be of service through the field of psychology, and the compassionate courage of other change agents.

■ **Biggest obstacle you’ve overcome:** The three biggest obstacles I continue to overcome are being evacuated

from a civil war in Liberia as an adolescent, a sexual assault during my college years, and the intergenerational trauma of gendered racism.

■ **Music or art that has shaped your life:** I love the poetry of Lucille Clifton, Sonia Sanchez, and Audre Lorde. I love music of the African diaspora including gospel, soul, blues, R & B, and reggae. My favorite visual artist is the sculptor Elizabeth Catlett.

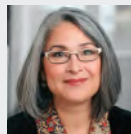
Throughout my life, I have loved the Alvin Ailey American Dance Theater.

■ **Favorite places you’ve traveled:** My favorite places are West Africa, specifically Liberia, Nigeria, Ghana, Sierra Leone, and Cote D’Ivoire. I am nourished by the rich cultural traditions there, the vibrancy of the communities, and reconnection to my heritage. It also inspires me to see other people of African descent thriving in many diverse fields.

■ **Where psychology is most needed today:** To respond to trauma, grief, and oppression. The need is great and psychology as a field has much to contribute through collaborations across disciplines as well as in respectful cooperation with wise, experienced survivors themselves.

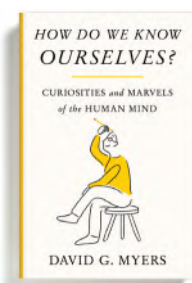
#### APA’S NEW PRESIDENT-ELECT

Members have elected **Cynthia de las Fuentes, PhD**, as APA’s 2024 president.



De las Fuentes is known for her efforts to bring mental health services to Latinx immigrant populations.

Learn more at [www.apa.org/news/press/releases/2022/11/de-las-fuentes-president](http://www.apa.org/news/press/releases/2022/11/de-las-fuentes-president).



All author royalties for psychologist David G. Myers’s new book of essays on psychological science, *How Do We Know Ourselves: Curiosities and Marvels of the Human Mind*, are pledged to support the teaching of psychology, with half going to the American Psychological Foundation to further the work of APA’s Teachers of Psychology in Secondary Schools.

Learn more about what APF supports and ways to help at [www.apa.org/apf/funding](http://www.apa.org/apf/funding).



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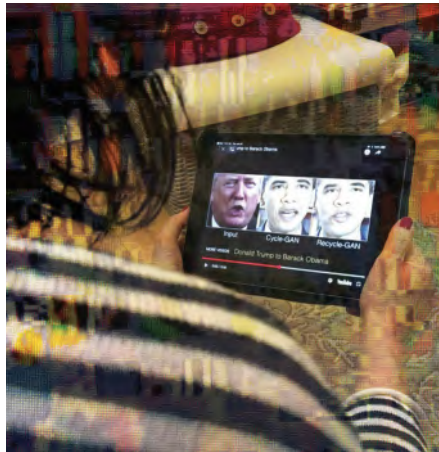
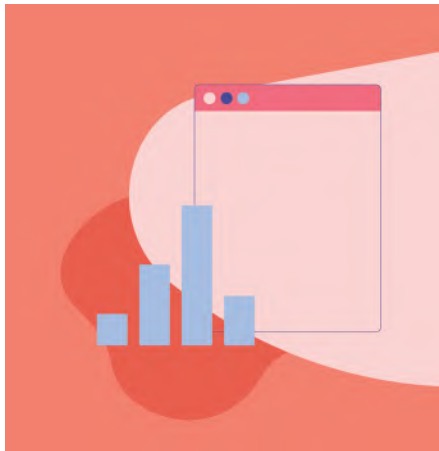
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## SPECIAL REPORT

# 11 EMERGING TRENDS FOR 2023

What's ahead for psychologists and the field?

In 2023, psychological science will be at the core of addressing pressing societal issues. The future of work, the mental health of the nation's youth, and large-scale change will all depend on the work of psychologists and collaboration with others. *See page 40*



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Cognitive benefits of cocoa. Page 18



## CE CORNER

### INCREASING SUPERVISOR SAVVY AROUND CULTURE, RACE, AND IDENTITY

Psychology is still in the early stages of understanding how to best bring racial, cultural, and identity factors into the supervisory relationship. Experts share culturally responsive supervision practices, such as learning about critical consciousness and decolonization. *See page 34*



Mentorship dynamics. Page 94



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# CALLING PSYCHOLOGISTS HOME TO OURSELVES

As we start this new year together, it is important to focus on self-care

BY THEMA BRYANT, PHD



“You can’t lead anyone further than you have gone yourself.” ~ African Proverb

This is a new beginning for all of us. I’m inviting you to take a sacred pause with me. Reflect on the things you have done to nourish yourself. Reflect on the things you would like to do more often to nourish yourself, your clients and patients, students, community partners, and colleagues.

I want to take this opportunity during our new beginning together to call us home to ourselves. What do I mean by this? I am committed to both self-care and community-care. As you are doing work, I want you to know you can—and must—take care of yourself. For psychologists, students, elected and appointed leaders, and APA staff to work for the betterment and care of society we must also work for our collective well-being.

As we think of our rest, nutrition, exercise, and other daily practices of care, we also want to think about showing up for each other with care and compassion. The reality is we are often overwhelmed by the demands for productivity and the measure of meaning based on the

caretaking of others, whether we are taking care of individuals, families, communities, institutions, or corporations.

Many of us are stretched thin by COVID fatigue, the trauma of oppression, individual and collective grief, and unyielding work demands. We need to not simply work harder and longer but come home to the principles of

compassionate care—applying them to ourselves and each other.

It is important that we do not operate out of denial of what is happening around us: We are conducting research, running a practice, teaching, and consulting amid multiple sources of stress and trauma. We are functioning as best as we can during a global pandemic and the societal trauma of oppression. The reality is that many psychologists and psychology students are burned out.

Come home to the truth that our best work is not just how we are evaluated by others for our research, practice, teaching, and consultation but also how we care for and respond to ourselves and each other. Let’s begin this new year and build the health and well-being of our communities together. ■



Psychologists are stretched thin by trauma, grief, caretaking, and unyielding work demands and must prioritize well-being and apply the principles of compassionate care to one another.

● **Thema Bryant, PhD**, is the 2023 APA president, a professor of psychology at Pepperdine University, and an ordained minister in the African Methodist Episcopal Church. Follow her on Twitter: @drthema or Instagram: @dr.thema.

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# THE FUTURE OF WORK

There is an urgent need for research-backed methods to create healthy workplaces

BY ARTHUR C. EVANS JR., PhD



As you'll soon read, one of the top trends for 2023 centers around the future of work. While industrial-organizational and occupational health psychologists, among others, have long focused on work and work-related issues, the COVID-19 pandemic has fueled a broader surge in interest and attention.

During the pandemic, APA received many requests for guidance from public officials, Fortune 500 CEOs, colleges and universities, and other scientific membership associations. These entities are grappling with a broad set of workplace issues including employee mental health and how to address equity, diversity, and inclusion (EDI).

Grounded in our strategic objectives and EDI Framework, APA views employee mental health and EDI as essential to a well-functioning business or organization. Because of this, we are sharing knowledge from our field with external entities, as well as infusing these concepts into the fabric of how we do business. Employees' mental health matters, so we are fostering a culture that is psychologically supportive and promotes well-being. The recently released *U.S. Surgeon General's Framework* highlights the dimensions involved, with enormous thanks to our members who used their backgrounds in applied psychology to inform its development.

As workplace issues evolve, there are three principles I see as foundational:

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

## ■ Using psychological science.

Whether speaking externally about workplace issues or addressing them within APA, we base our positions and decisions in science. Research on how perceived control affects stress, for example, can greatly inform strategies for internal workplace communications.

## ■ The criticality of listening.

Leaders cannot always assume they have the answers. Instead, we must elevate workers' diverse voices and listen deeply to drive positive workplace change. Our

approaches are strongest when we blend the workforce's multidimensional lived experiences with rigorous scientific knowledge.

■ **Subgroups matter.** Collecting data and identifying demographic subgroups of workers is critical for implementing organizational interventions and promoting organizational excellence. For example, if psychological safety is a workplace goal, we must know how it might be experienced differently by various subgroups so that solutions can be crafted that account for that diversity.

People often talk about "the return to the workplace." No matter what 2023 brings, we cannot return to what was. We must move forward into a new post-COVID workplace, armed with psychological science, the voice of the workforce, and a foundation of EDI. ■



Employee mental health is essential to a well-functioning business or organization.

PEOPLEIMAGES/GETTY IMAGES

# In Brief



People who are apathetic toward climate change may also be more emotionally unresponsive in other areas of their lives.

## CONSERVATISM AND CLIMATE CHANGE APATHY

**R**esearch in *Emotion* suggests that people who are apathetic toward climate change may also be more emotionally unresponsive in other areas of their lives. To test this, researchers conducted three online studies with 633 participants to assess beliefs and emotional processes in those who profess to be political liberals versus those who claim to be conservatives. They found that participants with more blunted emotional responses to climate change tended to be male, conservative, and formally religious. These more impassive participants acknowledged humans' negative impact on

the environment but were less concerned about it and felt more confident that it could be overcome. Participants who identified as conservative were apathetic to more than just the environment. They also responded less emotionally to positive (e.g., happy babies and piles of money) and negative (e.g., wounded soldiers and moldy food) images unrelated to the environment. They were also less awed by nature, had a reduced ability to consider issues from others' points of view, and experienced fewer emotions on a daily basis.

DOI: 10.1037/emo0001072



### A LITTLE KINDNESS GOES A LONG WAY

Random acts of kindness increase happiness in both givers and receivers, but givers underestimate the joy recipients will experience, suggests research in the *Journal of Experimental Psychology: General*. Across two studies, 121 participants in the United States performed an act of kindness for a fellow participant (e.g., giving away a cup of hot chocolate). The givers consistently reported their act was of less value than the recipients perceived it to be. In a third study, 100 participants received a cupcake, either given to them by a fellow participant or anonymously left for them in the study room. The former reported more happiness than the latter, though a separate group of 100 participants guessed that both groups of recipients would be equally

happy. In a final study with 100 participants, the researchers found that kindness was contagious, as recipients of a gift, in turn, shared more money in a game than those who did not receive a gift.

DOI: 10.1037/xge0001271

### IS COOPERATION ON THE DECLINE?

Not according to a large meta-analysis in *Psychological Bulletin*, which points to a gradual increase in cooperation among strangers in the United States since the 1950s. Researchers analyzed the findings of 511 studies about cooperation conducted between 1956 and 2017 involving 63,342 participants. They found no evidence of a decline in cooperation over the 61-year period. Instead, they found a slight, gradual increase in cooperation over time

**Random acts of kindness increase happiness in both givers and receivers, but givers underestimate the joy recipients will experience.**

that they attribute to increases in industrialization, income inequality, societal wealth, urbanization level, and percentage of people living alone. The researchers suggested that the associations between cooperation and these societal indicators have come about as more people find themselves living in cities and on their own, forcing them to band together with strangers.

DOI: 10.1037/bul0000363

### LET'S MEET IN PERSON

According to a study in the *Journal of Personality and Social Psychology*, young people may feel happier after meeting up with friends in person rather than virtually. Researchers conducted three surveys between 2017 and 2020 with a total of 3,075 college students in the United States who reported on 87,976 social interactions. They also assessed aspects of participants' personalities. They found that face-to-face interactions and mixed episodes (in person and virtual) were associated with the highest levels of well-being. These effects were particularly pronounced for individuals with high levels of neuroticism. Virtual communication was related to lower well-being compared with face-to-face interactions, but it was better than not socializing at all. Participants reported higher well-being after interactions with close peers than with family members or casual acquaintances, an effect that was heightened for in-person interactions compared with virtual meetups.

DOI: 10.1037/pspp0000422



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## SIT AND ENJOY A NICE THINK

New research in the *Journal of Experimental Psychology: General* suggests that people underestimate how enjoyable it is to just take a break and think. Researchers asked 259 university students in Japan to sit and wait in a quiet room without doing anything. Across six studies, participants enjoyed their experience more than they had predicted. The results held across variations in time spent (i.e., 3 minutes or 20 minutes), environment (i.e., bare room or darkened tent), and the time at which they reported their enjoyment level (i.e., halfway through or at the end). This underappreciation for how pleasant a quiet think can be led participants to choose an alternative task (i.e., checking the news on their phone) over the waiting task, despite

post-experience ratings being about equal for both.

DOI: 10.1037/xge0001255

## SLEEPY AND SELFISH

Lack of sleep may make people selfish, according to research in *PLOS Biology*. In the first of three studies, nearly 80% of 24 participants in the United States reported a decreased desire to help others following a sleepless night compared with a restful night. FMRI scans showed that sleeplessness reduced activity in brain regions involved in social connection. In the second study, 136 participants kept a sleep diary and completed an altruism questionnaire for 4 consecutive days. The results revealed that individuals were more selfish after a poor night's sleep than after a good one. For the third study, researchers analyzed more than 3 million charitable

donations made between 2001 and 2016 in the United States.

In weeks when people were robbed of a good night's sleep caused by the beginning of daylight savings, they donated about 10% less money than they did in the weeks before and after.

DOI: 10.1371/journal.pbio.3001733

## HIGH ON THE ENVIRONMENT

Following the consumption of a psychedelic substance, people are more likely to engage in behaviors aimed at protecting the environment, suggests research in the *Journal of Humanistic Psychology*. Researchers surveyed 240 online participants with previous experience using lysergic acid diethylamide (LSD), magic mushrooms, or dimethyltryptamine (DMT) about psychedelic-related mystical experiences, as well



as their personality traits and pro-environmental behavior, such as recycling or using mass transit. They found that those who experienced a genuine mystical state while on a psychedelic substance reported engaging in more pro-environmental behaviors. These participants also had higher levels of agreeableness and openness to experience.

DOI: 10.1177/00221678221111024

### LITERARY FICTION AND RICH WORLDVIEWS

According to research in the *Personality and Social Psychology Bulletin*, people who read literary fiction as children and teenagers tend to have more sophisticated views of other people and are more critical of existing social structures as adults, compared with those who read different

genres. Researchers surveyed 5,176 participants in the United States about their current and early-life reading habits, as well as several aspects of their personality. They found that, compared with other types of content with standardized plots and characters, participants who read literary fiction early in life held a more complex worldview. These participants had higher attributional complexity and psychological richness. They also were less likely to believe that inequalities in life are unavoidable and that people are unlikely to change.

DOI: 10.1177/01461672221106059

### ULTRAPROCESSED FOODS AND MENTAL HEALTH

Consuming large amounts of highly processed foods is linked

**People who read literary fiction as children and teenagers tend to have more sophisticated views of other people.**

to higher risk of anxiety and depression, suggests research in *Public Health Nutrition*. Researchers measured dietary habits and indicators of anxiety and depression in a nationally representative sample of 10,359 adults age 18 and older in the United States. They found that compared with individuals who consumed the least ultraprocessed foods as a percentage of their overall daily calorie intake, those who consumed the most were more likely to experience mild depression and report more mentally unhealthy days and anxious days.

DOI: 10.1017/S1368980022001586

### SHARE NEWS, BECOME AN EXPERT

Sharing news articles on social media can make people think

they have more knowledge about the articles' topic than they actually do, indicates research in the *Journal of Consumer Psychology*. In two studies, researchers told 423 students in the United States that they were free to read and share a set of online news articles. Reading and sharing the articles led to increases in both objective and subjective knowledge. Sharing articles even increased subjective knowledge when students didn't read them. Three additional studies with 521 participants revealed that this effect occurs because sharing articles leads people to

internalize the idea that they are experts. In a final study, the researchers assigned 300 Facebook users to read an article about investing and asked just half of them to share it. On a subsequent related task on retirement investing, the sharers took more risk, suggesting that sharing the article made them feel more knowledgeable, which gave them the confidence to make bolder decisions.

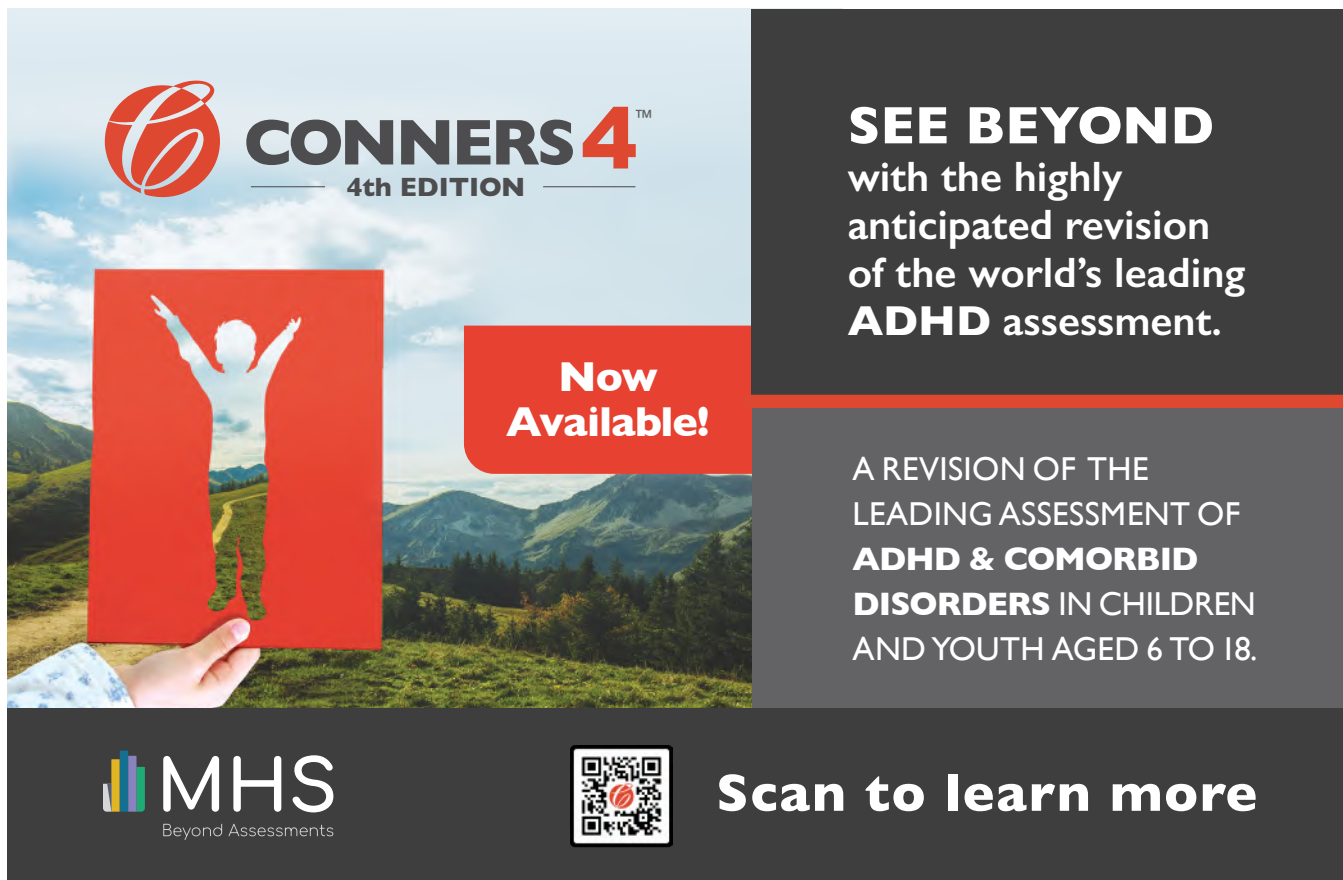
DOI: 10.1002/jcpy.1321

#### TAKE A HIKE

A study in *Molecular Psychiatry* indicates that spending

time in nature reduces activity in a region of the brain's amygdala that activates stress. Researchers used fMRI to measure brain activity in the areas involved in processing stress in 63 healthy participants in Germany before and after a 60-minute walk in a forest or a busy downtown area, using a fearful faces task and a social stress task. They found that amygdala activation decreases after walking in nature, whereas it remains stable following a walk in a high-trafficked urban environment.

DOI: 10.1038/s41380-022-01720-6



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## COCOA MAY REDUCE COGNITIVE DECLINE

The molecules contained in cocoa may reduce cognitive decline, suggests a study in *Antioxidants*. Researchers performed a meta-analysis of 19 studies—9 observational and 10 interventional—involving 97,558 individuals that examined cocoa’s impact on cognitive functions as indicated by neuropsychological tests of global cognition, visual-spatial memory, semantic or episodic memory, and working memory. They found that all cognitive test scores were higher in those who consumed chocolate at least once per week compared with those who abstained. Some of the studies involved taking blood samples. These studies indicated that the beneficial effects of cocoa flavanols such as epicatechin might be because of indirect mechanisms of vasodilatation that improve peripheral

blood flow and blood flow in the brain. Other beneficial effects may arise from cocoa biomolecules’ microbiota-induced gut metabolites.

DOI: 10.3390/antiox11071353

## SEEKING TREATMENT RESULTS IN LESS SELF-HARM

Suicide risk among people who engaged in self-harm was 3 times higher if the individuals failed to participate in recommended psychotherapy treatment, indicates a study in *JAMA Psychiatry*. Researchers analyzed a national cohort of 43,153 Norwegian patients hospitalized following a total of 69,569 incidents of deliberate self-harm between 2008 and 2018. Patients were followed for as long as 11 years. Of the followed patients, 6,762 (15.7%) were referred to psychiatric services after discharge, and 22,008 (51.0%) attended

psychiatric treatment within 3 months of release. During follow-up, 911 patients died by suicide. Patients with psychiatric referrals generally had an increased risk of suicide, but the risk was particularly high among patients who received a referral but did not subsequently attend psychiatric treatment. The observed association was more pronounced during the first years of follow-up and in patients with a clear intent of self-harm.

DOI: 10.1001/jamapsychiatry.2022.1124

## NO EVIDENCE FOR ‘CHEMICAL IMBALANCE’ THEORY

A comprehensive review of prior research in *Molecular Psychiatry* finds no evidence for the “chemical imbalance” theory of depression, which states that low serotonin levels cause depression. Researchers conducted an overview of 361 existing individual studies and meta-analyses examining links between serotonin and depression in tens of thousands of participants. They found that serotonin levels were not associated with notable differences between people diagnosed with depression and healthy controls. The researchers speculated that the original positive links between serotonin and depression were likely explained by the use of antidepressants among people diagnosed with depression. Other studies looking at variations in serotonin transporter genes found no differences between people with depression and healthy controls. Additional studies in which researchers artificially lowered serotonin levels in hundreds of

**Cognitive test scores were higher in those who consumed chocolate at least once per week compared with those who abstained.**

participants found that doing so did not induce depression. Finally, the researchers found evidence that study participants who used antidepressants actually had lower levels of serotonin in their blood over the long term, perhaps because of compensatory changes in the brain.

DOI: 10.1038/s41380-022-01661-0

### BREATHING BIOMARKER FOR PARKINSON'S

A study in *Nature Medicine* reveals that monitoring breathing with a noninvasive device during sleep may be able to detect Parkinson's disease. Researchers recorded more than 120,000 hours of sleep in 7,687 participants in the United States, including 757 with Parkinson's. Using an artificial intelligence algorithm to analyze patterns in breathing data, they were able to differentiate between participants with Parkinson's and those without with an accuracy of 85% to 90%. The results were the same whether breathing signals came from a belt worn around participants' chests or from radio signals that bounced off their bodies while they slept. The algorithm was also able to indicate disease severity and track its progression over time. The researchers suggest the wireless, noninvasive device could speed up clinical trials, reduce the need for clinical visits among Parkinson's patients, and enhance early disease detection.

DOI: 10.1038/s41591-022-01932-x

### KETAMINE REDUCES DEPRESSION AND ANXIETY

A study in the *Journal of Clinical Psychology* reveals that the anesthetic drug ketamine can relieve symptoms of depression, anxiety, and suicidal ideation. Researchers examined data from 424 participants with treatment-resistant depression who were administered ketamine in three clinics in the United States between 2017 and 2021. All participants received six ketamine injections over 3 weeks, and patients who responded well received an additional four infusions. Within 6 weeks of beginning infusions, 50% of the participants responded to the treatment, and 20% experienced a remission of depressive symptoms. After 10 infusions, response and remission rates were 72% and 38%, respectively. Half of the participants with suicidal ideation were in remission after 6 weeks, and there was a 30% reduction in anxiety symptoms. Response and remission rates in the initial 6-week phase of treatment were on par with those for transcranial magnetic stimulation, but remission was lower than optimized trials of electroconvulsive therapy.

DOI: 10.4088/JCP.21m14336

### TBI AND BEHAVIORAL PROBLEMS IN KIDS

Children who experience a traumatic brain injury (TBI), even a mild one, may have

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More than 2 years after the start of the COVID-19 pandemic, adults still have problems recognizing people when their faces are covered by masks.

more emotional and behavioral problems than kids who do not, according to a study in *NeuroImage*. Researchers analyzed MRI and behavioral data collected from 11,876 children ages 9 and 10 in the United States who participated in the Adolescent Brain Cognitive Development Study. They found that among 199 children with mild TBI, there was a 15% increased incidence of an emotional or behavioral problem compared with those without such an injury. The co-occurrence was the highest in children around 10 years old. Researchers found that among 527 children who experienced a significant blow to the head but did not meet diagnostic criteria for a mild TBI, there was a 7% increased incidence of behavioral and emotional problems. The researchers did not find any changes in brain regions that meaningfully explained the relationship between mild TBI and mental health outcomes.

DOI: 10.1016/j.neuroimage.2022.119626

### MASKS STILL FOIL FACIAL RECOGNITION

A study in *Psychological Science* indicates that more than 2 years after the start of the COVID-19 pandemic, adults still have problems recognizing people when their faces are covered by masks. Researchers tested a total of 1,732 Canadian participants' ability to recognize faces obscured by masks at six different

time points over 20 months (May 2020 to January 2022). They also studied the progression of this ability in 209 of the participants at two points 12 months apart (January 2021 and January 2022). Both studies revealed a lack of improvement over time in the facial recognition of masked faces. Additional studies verified that the amount of individual experience with masked faces was not associated with the mask effect.

DOI: 10.1177/09567976221105459

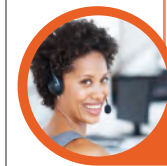
### CONTAGIOUS INFIDELITY

Research in the *Archives of Sexual Behavior* suggests that people are more likely to consider cheating on their romantic partner after being exposed to stories about others' cheating behavior. Across three studies, 417 romantically involved Israeli participants were told about other people cheating on their romantic partners. The participants were then prompted to think of or encounter attractive strangers. Researchers recorded their relationship perceptions and reactions during these experiences. They found that following exposure to others' cheating behavior, the participants rated the attractiveness of alternative partners higher than those not exposed to cheating. Participants confronted with others' cheating also engaged in more flirtatious behavior than those not confronted.

DOI: 10.1007/s10508-022-02392-7

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# ANXIETY AND DEPRESSION SCREENING GUIDELINES FOR KIDS

New recommendations for screening children aim to catch depression and anxiety as early as possible. How are already thinly stretched mental health care providers working with physicians to meet the need? Here's what you need to know.

BY ZARA ABRAMS



**According to experts, the benefits of annual anxiety and depression screenings for children outweigh any risks.**

In October, the United States Preventive Services Task Force (USPSTF) released new recommendations for screening children and adolescents for anxiety and depression amid a growing crisis of youth mental health. The task force, made up of 16 volunteer health care experts who review the evidence to determine the benefits and harms of various preventive health services, recommended anxiety screenings for youth, ages 8 to

18, and depression screenings for adolescents, ages 12 to 18.

"Too many children and teens are experiencing mental health concerns. This has been going on for many years, and the COVID-19 pandemic has simply escalated the problem," said clinical psychologist Lori Pbert, PhD, a professor of population and quantitative health sciences at the University of Massachusetts Chan Medical School and a member of the USPSTF.

About 8% of children and teens met criteria for an anxiety disorder in 2019, and experts estimate that the number has increased during the pandemic (National Survey of Children's Health, Child and Adolescent Measurement Initiative, 2019). Among high school students, an increase in depressive symptoms and a 44% spike in suicidal thoughts and behaviors further drove U.S. Surgeon General Vivek Murthy to declare a youth

## “We can’t just be screening—we also need the training, the resources, and the partnerships to be able to respond.”

JANINE A. RETHY, MD, MPH, DIVISION CHIEF OF COMMUNITY PEDIATRICS AT MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL

mental health crisis in 2021.

Amid those trends, the USPSTF has made its first-ever recommendation for regular anxiety screenings for children ages 8 to 18. After reviewing the evidence, the task force gave a “B” grade to the recommendation, meaning they have moderate certainty that the benefits of annual screenings outweigh any risks (*JAMA*, Vol. 328, No. 14, 2022). At the same time, the task force reaffirmed its 2016 recommendation that adolescents, ages 12 to 18, receive regular screenings for depression (*JAMA*, Vol. 328, No. 15, 2022). Evidence was insufficient to unilaterally recommend anxiety screenings for children 7 and under, depression screenings for children 11 and under, or suicidality screenings at any age.

Separately, the USPSTF has released guidance that recommends screening for anxiety and depression for adults under 65, which will be finalized in 2023 following a public comment period.

The new recommendation applies to children and adolescents without a diagnosed mental health condition who are not showing signs or symptoms of depression, anxiety, or suicide risk. (Separate from these recommendations, any child or teen displaying signs and symptoms of a mental health condition should be assessed and connected to care.) The screening itself—typically done by the

child’s primary care provider—is not sufficient to diagnose anxiety or depression; instead, it identifies children who warrant further assessment, ideally by a mental health professional. That may lead to a recommendation for ongoing monitoring or a prescribed course of treatment.

“This recommendation sends the message that childhood anxiety and depression are serious and we need to systematically screen for them on a regular basis, even if patients aren’t coming to us reporting symptoms,” said Joseph F. McGuire, PhD, an associate professor of psychiatry and behavioral sciences at Johns Hopkins Medicine, and a clinical psychologist who works with children and adolescents.

### A STRAINED SYSTEM

While the health benefits of identifying children and teens who are suffering from anxiety and depression are clear, the new screenings will add cases to a mental health care system already under strain. Psychologists and other mental health professionals are facing severe burnout and the demand for services far exceeds the supply of qualified clinicians, said Daniel Mullin, PsyD, MPH, an associate professor of family medicine and community health at the University of Massachusetts Chan Medical School.

“Simply put, in many communities, treatment will not be

available after screening,” he said.

Still, the task force says recommendations like these can help spread awareness of the need to create greater access to mental health care for children and adolescents. They may also foster an environment where new, creative solutions can arise.

“There’s no way to hide from the reality that therapists are already stretched, and this approach is going to introduce more people who will need services,” said Bunmi Olatunji, PhD, a professor of psychology and psychiatry and behavioral sciences and director of the Emotion and Anxiety Research Lab at Vanderbilt University. “But it’s also an opportunity to figure out how we can adapt.”

For example, telehealth services can ease the burden on mental health providers and help reach patients who are geographically isolated.

Stepped-care models, which match treatment intensity to patient needs, can also reduce the strain on clinicians. Not every child who screens positive will go on to get a diagnosis, and not everyone with a diagnosis will require ongoing care. For some, guided self-help materials (delivered through workbooks or apps) may be sufficient. For others, school-based interventions and group therapy are another way to provide evidence-based treatment amid the workforce shortage.

Integrated care teams, where

### FURTHER READING

#### **Anxiety and depression in children**

Centers for Disease Control and Prevention, 2022

#### **Anxiety among kids is on the rise. Wider access to CBT may provide needed solutions**

APA, 2022

#### **Routine anxiety screenings for adults can get people vital help earlier, APA CEO says**

*Monitor on Psychology*, 2022

#### **Mental health: Targeted school-based cognitive behavioral therapy programs to reduce depression and anxiety symptoms**

Community Preventive Services Task Force, 2019



primary-care physicians work alongside mental health professionals and other specialty providers, are also crucial for making treatments more accessible to children in need, Mullin said.

That can make the transition from primary care to mental health treatment smoother and help normalize mental health as a part of overall well-being.

At minimum, primary-care providers must know how to administer screenings to their

**When anxiety occurs during childhood, prompt treatment is crucial to future well-being. If left unaddressed, childhood anxiety leads to an increased risk for an array of future anxiety disorders and depression.**

patients and have a reliable network of mental health providers where they can refer patients and their families, said Janine A. Rethy, MD, MPH, division chief of community pediatrics at MedStar Georgetown University Hospital and an associate professor of pediatrics at Georgetown University School of Medicine.

“We can’t just be screening—we also need the training, the resources, and the partnerships to be able to respond,” she said.

Ongoing challenges for primary-care providers include limited formal education on mental health, long waiting lists that make it difficult to maintain a reliable list of mental health providers for referrals, and a lack of sustainable reimbursement to build integrated care teams that include psychologists, social workers, and care coordinators. One way psychologists can help is through phone consultations with primary-care providers who

do not have ready access to a mental health professional.

### INTERVENING EARLY

The USPSTF is not a regulatory authority, so health systems and primary-care providers will bear responsibility for whether and how to implement the new recommendations.

While the task force found that evidence was insufficient to recommend a specific interval for anxiety and depression screenings, the testing will likely take place during annual check-ups. Providers can use several evidence-based tools for evaluating anxiety and depression in children and teens, such as the Patient Health Questionnaire-9 for depression and the Screen for Child Anxiety Related Disorders (SCARED) for anxiety. SCARED includes a list of questions for children, with items such as “I get stomachaches when I am at school” and “I worry about things working out for me,” as well as a related list for parents.

These and other questions can help flag children suffering from anxiety who may otherwise slip through the cracks.

In children and teens, generalized anxiety disorder and social anxiety disorder are the most common anxiety disorder diagnoses. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) also recognizes five other types of anxiety disorders: panic disorder, agoraphobia, specific phobias, separation anxiety disorder, and selective mutism (an inability to speak in certain social situations, such as at school).



**Major challenges to providing adequate treatment are a lack of training in primary-care providers, full waiting lists with mental health providers, and insufficient insurance coverage for pediatric patients.**

Untreated anxiety during childhood is associated with increased risk for future anxiety disorders (including the same or another type), as well as a higher risk of depression (*JAMA*, Vol. 328, No. 14, 2022).

“We know that when anxiety disorders are not treated, they do have a very chronic course, and in many cases, actually get worse,” Olatunji said.

But the Centers for Disease Control and Prevention estimates that only about 20% of children with mental or behavioral health problems receive specialized care from a mental health professional (*Improving Access to Children’s Mental Health Care*, CDC, 2022).

The new screening recommendations will likely further increase demand for psycho-

logical treatment, and experts say it’s important to stick to evidence-based treatments.

“A license to do something is not a license to do *anything*,” said Olatunji. “We have to be mindful that we’re only providing interventions that are evidence-based, and not to sway away from that just because there’s pressure to intervene.”

Ultimately, that leads back to the workforce shortage. Fulfilling the promise of the new screenings will require more psychologists, as well as other mental health professionals, trained to deliver care and resources tailored to children and teens in need.

“We can’t address this mental health crisis in youth without building more capacity of mental health professionals,” Pbert said. ■



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# THE TOP 10 JOURNAL ARTICLES

In 2022, APA's 89 journals published more than 5,500 articles. Here's a quick look at the 10 most downloaded to date. **BY CHRIS PALMER**

## 1. *Like this meta-analysis: Screen media and mental health*

Ferguson, C. J., et al.

This meta-analysis in *Professional Psychology: Research and Practice* (Vol. 53, No. 2) suggests that exposure to screen time, including smartphones and social media, is not linked to mental health issues in adults or children.

Researchers analyzed 37 data sets from 33 separate studies published between 2015 and 2019. They found no evidence that screen media contributes to suicidal ideation or other negative mental health outcomes. This result was also true when specifically investigating the use of smartphones or social media, and it was not affected by participants' age or ethnicity.

DOI: 10.1037/pro0000426

## 2. *Conceptual and design thinking for thematic analysis*

Braun, V., & Clarke, V.

Thematic analysis (TA) is a method used in qualitative research to examine themes or patterns of meaning within a data set, with the goal of answering a specific research question. This paper in *Qualitative Psychology* (Vol.



The most downloaded of APA's journal articles was a meta-analysis suggesting that screen media did not contribute to negative mental health outcomes.

9, No. 1) aims to bolster researchers' conceptual and design thinking when using TA to produce more methodologically sound results. Useful guidance includes best practices on research questions, data collection, participant/data item selection strategy and criteria, ethics, and quality standards and practices. The authors also outline the three primary approaches to TA: coding

reliability, codebook, and reflexive. The first two approaches involve sorting data into pre-identified themes, while in the third, coding precedes theme development, and themes are built from coded data. The article ends with guidance on reporting standards for reflexive TA.

DOI: 10.1037/qap0000196

### **3. Doomscrolling during COVID-19: The negative association between daily social and traditional media consumption and mental health symptoms during the COVID-19 pandemic**

Price, M., et al.

The COVID-19 pandemic triggered a remarkable rise in *doomscrolling*, the consumption of an excessive amount of negative news resulting in significant negative affect. This article in *Psychological Trauma: Theory, Research, Practice, and Policy* (Vol. 14, No. 8) indicates that doomscrolling was associated with increased symptoms of depression and post-traumatic stress disorder (PTSD). Researchers assessed the psychopathology of 61 participants in the United States and asked them to track depression and PTSD symptoms and pandemic-related media consumption over 30 days in spring 2020. They found that an increase in social media use (but not traditional media use) was associated with more depression and PTSD symptoms, particularly in participants with a history of childhood maltreatment. Additionally, participants with more severe baseline psychopathology consumed more social media during this period.

DOI: 10.1037/tra0001202

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### **4. A comparison of emotion-focused therapy and cognitive-behavioral therapy in the treatment of generalized anxiety disorder: Results of a feasibility randomized controlled trial**

Timulak, L., et al.

This study in *Psychotherapy* (Vol. 59, No. 1) indicates that emotion-focused therapy (EFT) may be as effective as cognitive behavioral therapy (CBT) in treating generalized anxiety disorder (GAD). Researchers randomly assigned 58 participants in Ireland with a GAD diagnosis to 16 to 20 sessions of either EFT or CBT, which were run by eight therapists trained in both therapies. The researchers assessed participants at baseline, week 16, the end of therapy, and 6 months after the end of therapy. Dropout from treatments was 10% for EFT and 27% for CBT. The two therapies showed large pre-to-post changes and similar outcomes across all measures, with the benefits of both lasting through the 6-month follow-up. Overall, the findings suggest that EFT is a potentially promising treatment for GAD, broadening the range of treatment choices available for this condition.

DOI: 10.1037/pst0000427

### **5. Looking through a filtered lens: Negative social comparison on social media and suicidal ideation among young adults**

Spitzer, E. G., et al.

This study in *Psychology of Popular Media* (online first publication) suggests that young adults who feel bad about themselves after comparing themselves with others on social networking sites such as Instagram and Facebook are more likely to contemplate suicide. Researchers surveyed 456

undergraduate students in the United States about their social media use as well as incidents of negative social comparison, suicidal ideation, and thwarted belongingness. They found an association between negative social comparison on social networking sites and suicidal ideation. Furthermore, on Instagram, the relationship between thwarted belongingness and suicidal ideation was stronger among those with high levels of negative social comparison.

DOI: 10.1037/ppm0000380

### 6. Associations between young adults' social media addiction, relationship quality with parents, and internalizing problems: A path analysis model

White-Gosselin, C.-É., & Poulin, F.

Young adults with social media addiction symptoms are more likely to be anxious and depressed and have worse relationships with their parents, indicates this study in the *Canadian Journal of Behavioural Science* (online first publication). Researchers asked 435 young adults in Canada with a median age of 19 to report their symptoms of anxiety, depression, and

the quality of their relationships with their mothers and fathers (along the dimensions of conflict, satisfaction, and equality). The researchers found that the level of participants' social media addiction was associated with high conflict, low satisfaction, and low equality with their fathers, and high conflict and low equality with their mothers. Furthermore, social media addiction was linked to symptoms of anxiety and depression. Finally, anxiety and depression exacerbated the negative impacts of social media addiction on conflict, satisfaction, and equality with participants' mothers, as well as conflict and satisfaction with their fathers.

DOI: 10.1037/cbs0000326

### 7. On the outside looking in: Social media intensity, social connection, and user well-being: The moderating role of passive social media use

Roberts, J. A., & David, M. E.

This study in the *Canadian Journal of Behavioural Science* (online first publication) suggests that intense social media use is sometimes linked with a weaker sense of social connection and well-being. In the first of three studies with 146 participants in the United

States, researchers found that passive engagement (viewing social media but not regularly posting or interacting through the platform) was associated with less social connection and lower well-being. The second study with 80 participants revealed that the interaction between heavy social media use (across 11 social media platforms) and consistently passive use of these platforms was linked with lower perceived social connection and, subsequently, higher stress. In the third study, with 160 participants, the researchers manipulated the amount of social media use (heavy versus light) and type of social media use (passive versus active) and found that heavy social media use had a negative impact on social connection when used passively but a positive effect when used actively.

DOI: 10.1037/cbs0000323

### 8. Effects of a statewide pre-kindergarten program on children's achievement and behavior through sixth grade

Durkin, K., et al.

According to this study in *Developmental Psychology* (Vol. 58, No. 3), children who attended a state-funded pre-K program were doing worse by the end of sixth grade than peers who did not attend a pre-K program. Researchers randomly assigned 2,990 children from low-income families who applied to pre-K program sites across Tennessee in 2009 and 2010 to an offer of admission or a waiting list control. State education records showed that at the end of their first year, the children who went to pre-K scored higher on school readiness. However, by third grade, the pre-K children had lower math and science test scores than the control group. Moreover, at the end of sixth grade, the pre-K children were doing even worse, with lower math, science, and reading scores. They also were more likely to be in special





Early gains shown by children in Tennessee's state-funded pre-kindergarten programs were erased by third grade, according to a study in *Developmental Psychology*.

education and were more likely to be suspended for behavioral issues.

DOI: 10.1037/dev0001301

### 9. The role of childhood traumas, interpersonal problems, and contrast avoidance model in development of the generalized anxiety disorder: A structural equation modeling

Shafiei, M., et al.

The contrast avoidance model supposes that people with generalized anxiety disorder (GAD) unconsciously worry as a way to sustain a negative emotional state to avoid the discomfort that comes with shifting from positive or neutral states into a negative state. In this study in *Psychological Trauma: Theory, Research, Practice, and Policy* (Vol. 14, No. 3), researchers surveyed 457 participants in Iran with GAD and found that childhood trauma, interpersonal problems,

and contrast avoidance of worry were all related to symptoms of GAD. Interpersonal problems and contrast avoidance of worry were able to directly predict symptoms of GAD. In addition, childhood trauma had an indirect effect on GAD by negatively influencing the relationship between interpersonal problems and contrast avoidance of worry.

DOI: 10.1037/tra0001117

### 10. The continuing unfairness of death qualification: Changing death penalty attitudes and capital jury selection

Haney, C., et al.

To serve on a death penalty jury, potential jurors must declare under oath that they are willing to impose the death penalty. This study in *Psychology, Public Policy, and Law* (Vol. 28, No. 1) found numerous biases

among such “death qualified” jurors. Researchers conducted in-depth surveys with a total of 1,792 representative individuals eligible for jury service in California, New Hampshire, and Florida. Despite differences in location, demographic makeup, and political ideology, the researchers observed very similar patterns of death-qualification bias. Specifically, they found that individuals whose death penalty attitudes qualified them to serve on a capital jury were more punitive overall, less well-informed about the processes involved in death sentencing, more willing to use aggravating factors to impose the death penalty, less willing to use mitigating factors to impose life in prison without the possibility of parole, and less racially diverse than people who would be unwilling to impose the death penalty.

DOI: 10.1037/law0000335



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Desiree Jones, The University of Texas at Dallas



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## 4 QUESTIONS FOR DAN PELTON

The Deloitte psychologist predicts we have “a pandemic of burnout coming” if employers don’t rearchitect the way we work **BY KIRSTEN WEIR**

**F**or clinical psychologist Dan Pelton, PhD, firsthand experience with professional burnout shaped the trajectory of his career. In 2011, he spent 10 months as an Army brigade psychologist in eastern Afghanistan, where he was the only psychologist serving a population of more than 4,000 soldiers. “It was a rewarding but overwhelming experience,” he said. Though he felt prepared for the clinical work, he wasn’t ready for the professional isolation. “I took for granted how important it was for me to have fellow psychologists whose doors I could knock on when I needed to talk,” he said.

By the end of his combat tour, he recognized symptoms of burnout in his own work. He was emotionally exhausted, and his empathy was feeling rough around the edges. Years later, he can appreciate the lessons he learned. “First, I realized that if I, as a mental health provider, can

burn out, it can happen to anyone,” he said. The second lesson: “An employer’s choices and culture have a direct effect on employees’ resilience.”

In 2011, for example, some military recruiters felt incentivized to enlist more service members, including some with severe mental illness who ordinarily would have been disqualified. As a result, military psychologists like Pelton were devoting most of their time to a few high-needs cases. “That’s just one example of the many ways that organizational choices can contribute to—or protect against—employee burnout,” he said.

Today, Pelton is a mental health leader for Deloitte’s Government and Public Service (GPS) Practice. In this role, he partners with leadership across active-duty military, federal health agencies, federal law enforcement, and higher education to determine what programs are currently in place, identify gaps, and then develop strategies, programs, and evaluation techniques to address the mental health or wellness challenges they’re facing.

The *Monitor* spoke with Pelton about trends in

workplace resilience, what employers can do to prevent burnout, and how psychologists can help.

### What contributes to workplace burnout?

Let me first define burnout. Burnout emerges in response to prolonged work stress and is characterized by exhaustion, cynicism, and reduced personal accomplishment. The impact of burnout can be devastating, and in some cases it can take over a year to recover. We’ve surveyed thousands of employees across various industries, and most report workload (nature and volume of work) to be the largest driver of burnout. Conversely, recognition is one of the most important protective factors. A large proportion of the workforce rates public recognition and praise as important as, if not more important than, financial rewards. It’s important to recognize people specifically for what they’ve done well—just saying “good job” doesn’t cut it. But that creates an interesting conundrum. Recognizing employees with bonuses or praise but not addressing factors contributing to increased workload can incentivize burnout behaviors and inadvertently create a burnout cycle.

We typically look at six factors that contribute to workplace resilience, based on the Areas of Worklife Survey: workload, recognition, community, control, fairness, and purpose. I’ve observed that employers that do each of these well have a happier and more engaged workforce. In organizations that don’t do these things well, people are leaving and seeking employment elsewhere.



### How can employers address these factors?

Employees are leaving their jobs for companies that have programs, services, and benefits that support their mental health and well-being. The challenge is that employers often put the onus of responsibility on individuals to become more resilient. They say, “I see you’ve been stressed; why don’t you take a week off to rest and rejuvenate.” That’s well-intentioned, but if the employee comes back to the same broken system, they’ll inevitably burn out again. We’re in unprecedented territory post-COVID, with hybrid work and a back-to-back Zoom culture. We have a pandemic of burnout coming if we don’t thoughtfully rearchitect how work is being done.

One area that employers can target is a phenomenon called collaboration

overload. One study shows that post-COVID, employees spend 85% of their workweek collaborating via instant messages, emails, texts, and team chats—and for many people this phenomenon has been accelerated over the course of the pandemic. People who spend most of the day collaborating can’t get much done. That affects both their productivity and well-being. Employers can curb the “always on” culture by helping people collaborate more effectively and put more structure into their work—for example, encouraging calendar blocks, ensuring certain days or times are meeting free, and creating online knowledge repositories.

### How should employers be thinking about well-being versus mental health?

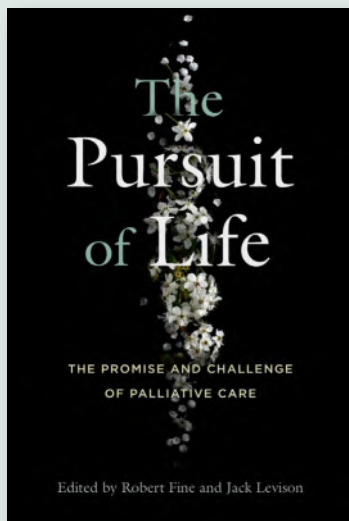
Modern organizations generally feel more comfortable talking publicly about

well-being—things like stress management, self-care, mindfulness, and more. That’s fantastic in and of itself, but we’re seeing rising rates of mental illness in the workforce, which have been accelerated by COVID. Employees are looking to their organization to address their mental health as well as their well-being needs.

One thing that employers can do is evaluate the effectiveness of their employee assistance programs (EAP) and optimize those services. Many companies find their EAPs aren’t being fully used. Employees may have trouble connecting with their EAP in a timely manner or feel the services or providers don’t match their needs. Employers can also create empowerment around mental health, such as offering classes on mental health literacy, helping employees understand what services are available to them, how to use those services, or how to interview a therapist to find a good match.

### What role can clinical psychologists play in addressing employee resilience?

Mental health and wellness are top needs in the workforce, and psychologists’ skills are critical in helping employers address these challenges. Our nuanced understanding of how individual psychopathology develops can be generalized to systems of people, like the workforce, which helps us understand how dysfunction can develop and spread through organizations. At Deloitte, we have internal clinical psychologists as well as psychologists working in market-facing roles to provide mental health–related services to address complex issues such as digital behavioral health and workforce resilience. But the need extends beyond our clients. I’ve seen so much opportunity to apply a psychological skill set in the workforce, particularly over the past 2.5 years. There is an ocean of need on the business side of psychology, and folks with a clinical skill set are the right people to address it. ■



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# DO WE LACK STANDARDS FOR DETERMINING PROPENSITY FOR VIOLENCE IN FIREARM CASES?

Court case raises questions about whether vague standards may result in discriminatory practices and racial bias

BY CYNTHIA CALKINS, PHD, AND JACOB EGAMINO, JOHN JAY COLLEGE OF CRIMINAL JUSTICE

**A**llen Whitaker, a college-educated single Black father, lawfully obtained a license to carry a pistol in 2018. In early 2019, Whitaker visited a firing range in Maryland to use his firearm. Once finished, he stowed his pistol in a lockbox in his car trunk. Then, Whitaker stopped at a gas station to purchase water for his daughter, parking a short distance from the entryway to avoid a group of men engaged in a verbal altercation. A police car arrived at the scene and ordered Whitaker—at gunpoint—to put his hands in the air. A search ensued, and Whitaker’s empty side holster was discovered. Upon request, Mr. Whitaker took the gun from the lockbox in his trunk and handed the gun over to the police.

After being detained for 3 hours, police released Whitaker without any charges being filed. Whitaker was unable to recover his seized pistol, so he applied to register a new firearm in the District of Columbia. He was notified, however, that his license to carry was being revoked. The D.C. Metropolitan Police Department alleged that Whitaker violated the suitability criteria for firearm registration given local regulation DCMR 24-2335, which disqualifies those who exhibit a propensity for violence, because of his involvement in the 2019 incident and due to his prior criminal history.

Whitaker appealed the revocation of his license arguing that having a firearm locked up in his car while a nearby altercation was taking place did not establish a propensity for violence nor instability on his part. He also argued that his criminal history had been evaluated before he was granted the permit for the seized pistol. He further argued that the propensity for violence standard is unconstitutionally vague, and that revocation would deprive him of his due process rights. The District of



## AT ISSUE

The Supreme Court was asked to consider the propensity for violence standard in a pistol permit case



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

Columbia ultimately reinstated his license without conceding the merits of his claims and dismissed the appeal as moot. Whitaker sought review of his case, arguing that the D.C. Metropolitan Police Department has unfettered discretion in determining risk and mental instability. Whitaker’s petition for certiorari to the U.S. Supreme Court was denied in October 2022.

It is not uncommon for Black Americans to be stereotyped as having a propensity for violence. A 2018 report to the United Nations by the Sentencing Project revealed that Black Americans are more likely to be arrested, are more likely to be convicted, and tend to receive longer prison sentences than White Americans. Racial disparities often stem from ad hoc policies that allow for discretionary stops and discretionary evaluation of risk, as what may have happened in Whitaker’s case. Future research should specifically examine how discretionary policies affect decisions around gun license permits and revocations, as well as the effects on the mental well-being of those subjected to discretionary policies.

Many jurisdictions seek to set limits on who can carry a gun, seeking to ban those with a history of violence or some future propensity for violence. Little guidance exists, however, for evaluators in conducting assessments of risk in these contexts. Forensic psychologist Gianni Pirelli and forensic psychiatrist Liza Gold have pointed out that most mental health professionals have not been trained in firearm risk assessment and encourage mental health professionals to develop competence in this area (*Journal of Aggression, Conflict and Peace Research*, Vol. 11, No. 2, 2019). Clinical research might also help law enforcement and the courts develop a valid and reliable risk assessment to screen people applying for firearm licenses. ■



# CE

## CONTINUING EDUCATION INCREASING SUPERVISOR SAVVY AROUND CULTURE, RACE, AND IDENTITY

BY TORI DEANGELIS

**P**sychology has a long way to go in making supervision all that it should be, say those who study the science and practice of clinical supervision. That may especially be the case with a topic of keen current interest: responsiveness to issues of equity, diversity, and inclusion (EDI), said APA Chief Education Officer Catherine L. Grus, PhD. “The field in general is looking at education through an EDI lens and applying that lens to all of our work, including to supervision,” she said.

### CE credits: 1

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

1. Identify emerging models, theories, and ideas on bringing racial, cultural, and identity factors into supervision and the supervisory relationship.
2. Discuss practical ways that supervisors can bring ideas like critical consciousness and cultural humility into their work with supervisees and their clients.
3. Describe the general state of the field in adopting these newer approaches.

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The topic is complicated for several reasons. For one thing, many psychologists become supervisors armed only with the clinical training they received when they earned their degree. That background tends to favor individual rather than contextual approaches to mental health problems; a neutral, “objective” stance on the part of the psychologists; and a cultural framework ironically referred to as WEIRD—Western, educated, industrialized, rich, and from a democratic society.

However, it is becoming increasingly clear that this focus can be highly problematic for students, supervisors, and psychologists who identify as other than WEIRD—people of color, LGBTQI+, immigrants, people from Indigenous communities, and those from other countries, to name some examples. Qualitative research by Marquette University psychologist Alan Burkard, PhD, and his students supports this point: Supervisees of color and those who are LGBTQI+ note numerous examples where supervisors have treated them with blatantly racist or anti-LGBTQI+ statements or attitudes, or have simply dismissed the importance of race, identity, and culture as meaningful elements of supervision or clinical work. The effects are sobering: “Students talk about just how much they begin to hide” following such experiences, Burkard said. “They’re really just trying to get through the experience at that point,” he said, “and supervisors often have a limited idea [of] what supervisees are doing with their clients” (*Journal of Counseling Psychology*, Vol. 53, No. 3, 2006).

Psychology needs to expand its awareness and competency on these topics for larger reasons as well, including changing demographics, increased racial and cultural awareness, and the field’s charge to work effectively and compassionately with everyone, said Carol Falender, PhD, of Pepperdine University, who has done extensive training in supervision both in the United States and abroad and is coauthor with Edward Shafranske, PhD, of *Clinical Supervision: A Competency-Based Approach* (2nd ed.) (APA, 2021). She and others point to the need to value supervision more highly, to conduct more research on patient and supervisee outcomes, and to provide more systematic and intentional training and practice in supervision—all within a framework of cultural openness and attention to the many intersectional factors that mark relationships within this domain.

“What was done in supervision a generation ago or longer is not state of the art and does not reflect the complexities of clinical supervision as we know it now,” Falender said.

### NEW UNDERSTANDINGS, NEW FRAMEWORKS

One central way to begin to change the culture of supervision relates to the supervisory relationship itself. By definition, supervision is marked by an unequal power dynamic: The supervisor’s job is to guide and oversee the student’s performance and ultimately to decide whether the student is sufficiently competent to become a practitioner. Because of this,

students may be reluctant to bring up issues of race, culture, and identity, Burkard said. “For them, it’s high risk—they know that their evaluations and progressing in the program are contingent on getting along with their supervisor, so they’re trying to figure out where their supervisor lands on these issues,” he said.

Therefore, an overall aim of culturally responsive supervision is to begin to adjust this power imbalance and create relationships that are more transparent, egalitarian, and respectful, including about identity-related issues, he and others said.

Psychologists who do this well point to some guiding influences in their work. Edil Torres Rivera, PhD, a professor at Wichita State University and coeditor with Lillian Comas-Díaz, PhD, of *Liberation Psychology: Theory, Method, Practice, and Social Justice* (APA, 2020), uses ideas espoused by Paulo Freire, a Brazilian educator who viewed education as a way of liberating the underserved and believed that learning is a two-way street between teacher and student.

To this end, Torres Rivera talks with students about aspects of their identity and background and uses that knowledge to help guide their clinical work. This approach empowers students to become competent providers and acknowledges that the supervisor has as much to learn from the student as the other way around.

Germán Cadenas, PhD, an assistant professor at Lehigh University who studies the psychology of undocumented immigrants, added to this point, noting that when supervisors act



with greater vulnerability, students benefit. “Bringing your full self into the relationship and into the learning experience . . . goes a long way toward opening the door for students to know that it’s OK to talk about who they are” as well, he said.

Another key ingredient of supervisory change and improvement is adopting a social justice perspective, Cadenas said. In this regard, he and others use another aspect of Freire’s theories called critical consciousness, which means “gaining the ability to reflect and analyze social conditions that are impacting you negatively,” Cadenas explained. Often, these are systemic and political factors such as the disproportionate targeting of Black men in the criminal justice system, immigration policies

**Encouraging students to open up about their identity and background in supervision empowers them to become competent providers.**

that do not provide pathways to citizenship, and laws that forbid women from having control over their own bodies.

“It’s about understanding your health, education, and well-being in relation to those systems,” he said, “and having the space to talk about them and really analyze them, to reflect about how these systems impact you.” Also part of the theory is gaining the tools and resources, whether political or otherwise, to act, he said. (Cadenas knows about this process on a personal level: He was an undocumented immigrant in his youth, an experience that motivated him to pursue the knowledge and tools to advocate for humane immigration policies.)

Cadenas regularly uses the notion of critical consciousness

with students and trainees, as well as in research. In several studies, he has found that mental health graduate students who have developed higher critical consciousness have greater political self-efficacy, more persistence toward gaining a degree, and better academic performance than students with lower critical consciousness. That is especially the case among students from underserved communities and who are underrepresented in undergraduate and graduate education, including undocumented immigrants, he said.

His research also shows that greater critical consciousness is linked to greater psychological well-being and more psychological protection from discrimination. “It helps folks protect their mental health and feel less anxious when they do experience ongoing discrimination,” he said. (See, for example, *Journal of Diversity in Higher Education*, Vol. 15, No. 1, 2022; *Journal of Career Assessment*, Vol. 30, No. 3, 2022; and *Cultural Diversity and Ethnic Minority Psychology*, Vol. 24, No. 4, 2018.)

Other psychologists are considering the notion of decolonization and what that might mean in supervision and clinical practice. This viewpoint encourages supervisors to become educated on the social, economic, and power differences between people who are privileged and those who are undervalued, and to include training material on the harmful effects of colonialism, including the destruction and loss of social patterns, traditions, language, culture, autonomy, and self-determination. This

approach also asks supervisors to teach students about alternative models, including Indigenous perspectives that highlight the importance of love, relationships, Indigenous knowledge, local approaches to wellness, responsibility, and the role of nature in fostering community wellness. In terms of the supervisee experience, Falender also views the high debt load of many psychology students as a form of colonialism or oppression. For instance, many people of color and Indigenous people simply do not enter the field or cannot complete their studies because of economic barriers. “A decolonized system would place greater value on mental health and mental health training and take a stance of greater humility toward those who make sacrifices to serve diverse people,” she said.

University of Toronto associate professor Jeffrey Ansloos, PhD, who is the Canada research chair in critical studies in Indigenous health there, uses decolonization principles in his supervisory work with a wide diversity of students, including those who are Indigenous and who work with Indigenous peoples. He has students learn about the personal impact of colonialism and racism on Indigenous patients; dive into scholarship on Indigenous health, mental health, wellness, trauma, pain, illness, and injury; consider how Indigenous feminist and queer scholars envision processes of change, healing, and liberation; and ensure that their therapeutic work is informed by findings from current Indigenous-led research.

“I see supervision as a process that invites deep appreciation for

## KEY POINTS

**1**  
Psychology is still in the early stages of understanding how to best bring racial, cultural, and identity factors into supervision and the supervisory relationship.

**2**  
Many supervisors practice supervision the same way they experienced it, so getting training on new approaches is vital.

**3**  
Culturally responsive supervision includes learning about social justice perspectives such as critical consciousness and decolonization.

**4**  
The work is important because society, students, and clients require it for self-awareness, mental and physical health, and psychological empowerment.

the super complexity of culture by asking explicitly about how issues of cultural difference, power, and oppression play out in the lives of our clients and in the therapeutic work in which we’re engaging,” he said.

In another model that suggests ways the profession can become more culturally responsive, Celia Jaes Falicov, PhD, an associate clinical professor of psychiatry at the University of California, San Diego, has developed an overarching approach to supervision and therapy work called MECA, the multidimensional ecological comparative approach. In this framework, culture is seen not as static or fixed but as multidimensional, fluid, and shaped by disproportionate access to resources. This approach allows supervisors and supervisees to understand themselves and patients in four common human domains: migration and acculturation, ecological context, family organization, and family life cycle. Falicov has also designed a “MECAmap” incorporating these elements, which can be used to guide assessment, practice, training, and research, and to compare the cultural features of all of those involved in therapy work, including supervisors, supervisees, patients, and patients’ families.

## MAXIMIZING MULTICULTURAL RESPONSIVENESS

Besides encouraging larger theoretical changes to supervision, psychologists working in the area have specific suggestions on how supervisors can bring greater cultural, racial, and identity awareness into their work with trainees.

These ideas apply equally well to those who train supervisors and to the trainees themselves, since their aim is to take this same approach with patients, said Rodney K. Goodyear, PhD, an emeritus professor at the University of Southern California and the University of Redlands and coauthor with Janine M. Bernard, PhD, of *Fundamentals of Clinical Supervision* (6th ed.) (Pearson, 2019).

He and others suggest the following:

■ **Increase your own racial and cultural self-awareness.** Most training programs highlight clinician self-awareness as a key ingredient in facilitating successful therapy. Learning more about your own race, culture, and other forms of identity can further amplify your ability to impart useful knowledge to your trainees about patient care, said Boston College associate professor Alex L. Pieterse, PhD, who studies the psychological and health impacts of racism. The more transparent supervisors and supervisees are with each other in talking about these factors, the more likely patients will feel comfortable talking about them, too.

Supervisors should take the lead in discussing these issues with students so the onus is not on students to bring them up, he added. Saying something like, “I’m wondering how my racial identity and your racial identity can inform the work we are doing,” opens the door for discussion, he said.

■ **Develop cultural humility.** Self-awareness is connected to another important concept in

**Supervisors can teach supervisees ways to be culturally proactive, such as by learning about what culture a patient identifies with before meeting them.**

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culturally responsive supervision and therapy: cultural humility. “It is a stance of openness about what you don’t know and what you need to know regarding another’s race, culture, and other aspects of identity,” Pieterse said. “It’s also a buffer against imposing a perspective on the supervisee that they may or may not be able to relate to.”

These ideas are important in the international context as well, noted Goodyear, who together with Falender has conducted extensive training to promote supervision as a core competency in China, Argentina, Guatemala, and other countries.

Over several years of training more than 600 Chinese supervisors, the two are continuing to learn about and act on cultural differences and nuances, Goodyear said. The aim is not just to help these supervisors learn new practices, but to make sure they are comfortable that those practices are aligned with their own culture and values, he added.

For instance, Chinese culture is influenced by Confucianism, which values interpersonal harmony and the importance of relational hierarchies. To this end, Goodyear discovered that

something he often does reflexively with groups of American trainees—kneeling by the group to better hear the conversation—was uncomfortable for the Chinese supervisor trainees because kneeling is a way of saluting a person of higher rank. Compared with U.S. supervisors, Chinese supervisors were also highly concerned that their supervisees might walk a particularly delicate line between providing them with negative feedback and hewing to ethical standards to protect clients.

Goodyear and Falender have worked to acknowledge such differences and bring them into class discussions about implications for practice and have written extensively about this topic vis-à-vis a range of international settings. In an article in the *Journal of Contemporary Psychotherapy* (Vol. 51, No. 3, 2021), they and colleagues compared supervision practices in the United States and six other countries—China, Guatemala, Mexico, South Korea, Turkey, and the United Arab Emirates. They found cultural differences in several key areas, including communication styles, the supervision hierarchy, and the relevance of regulation,

gatekeeping, evaluation, and feedback. The article also proposes an approach to clinical supervision that can be used in any country.

■ **Take action.** There is nothing like putting theories into action to demonstrate to students that you are committed to these ideas, Burkard added. He described coleading a group for LGBT patients with a supervisee who was a lesbian. While many of their views were aligned—Burkard identifies as a straight White male and LGBT ally—they did not always agree with what they saw happening in the group.

He used their differences as a catalyst for dialogue, where both perspectives received equal weight. “Sometimes we shifted our focus as a result of that and tried to engage with the group in a different way,” he said. “But a lot of it came down to just spending time talking through what was happening culturally, how our backgrounds might be influencing the work we were doing together, and as much as possible, trying to be open to those perspectives.”

Another way Burkard supports action is to encourage his supervisees—many of them White students from rural Wisconsin—to be culturally proactive, for example, by learning about a patient’s culture before meeting with them and by getting involved in organizations where the students will build relationships with people of other cultures.

“You can’t stay with your same cultural group and expect that you’re going to learn about different cultural groups,” he tells them.

■ **Discuss race.** “Because it’s so evocative, students, and often supervisors, have a kind of fragility around [race],” Pieterse noted. White students in particular may be concerned about saying the wrong thing, showing their ignorance, or being perceived as racist.

He addresses this common fear “by bringing it right in to our discussions,” he said. He tells supervisees they already have effective clinical tools to deal with difficult topics, including core listening skills such as asking open-ended questions and using reflective statements. Framing it through a clinical lens “opens the opportunity to talk about what is blocking them from having conversations about race with their client, about what’s getting in the way.”

It is not always White students who have difficulty with these topics, added Torres Rivera. He works with many Latinx students who enter the program “wanting to be as invisible as possible—they don’t want to be seen as minority students,” he said. But as he works with them, the students “start to affirm their identity,” he said. “That’s part of their process.”

■ **Cultivate patience.** It can be challenging to work with supervisees who are different from you, whether because you are more sensitized to cultural and racial issues than they are or the other way around—or for any number of other interpersonal reasons.

Persevere and do the work in a sensitive and respectful manner, advised Maria del Pilar Grazioso, PhD, former director of

## FURTHER READING

**Critical consciousness in vocational psychology: A vision for the next decade and beyond**  
Cadenas, G. A., & McWhirter, E. H.  
*Journal of Career Assessment*, 2022

**Lens on international clinical supervision: Lessons learned from a cross-national comparison of supervision**  
Falender, C., et al.  
*Journal of Contemporary Psychotherapy*, 2021

**Indigenous peoples and professional training in psychology in Canada**  
Ansloos, J., et al.  
*Canadian Psychology*, 2019

**Liberation psychology: Theory, method, practice, and social justice**  
Comas-Díaz, L., & Torres Rivera, E. (Eds.)  
APA, 2020

**Attending to racial trauma in clinical supervision: Enhancing client and supervisee outcomes**  
Pieterse, A. L.  
*The Clinical Supervisor*, 2018

**Multidimensional ecosystemic comparative approach (MECA)**  
Falicov, C. J., In Lebow, J., et al. (Eds.)  
*Encyclopedia of Couple and Family Therapy*, 2017

the doctoral program in applied psychology at the Universidad del Valle de Guatemala and co-coordinator of the Proyecto Aiglé Guatemala, a nongovernmental organization devoted to promoting mental health through training, clinical and community interventions, research, and supervision. Grazioso, who is Guatemalan and has been trained both internationally and in Guatemala, described a relationship with a supervisee who is Mayan, one of the Indigenous ethnic groups in Guatemala.

“There was an extensive period of time where there was a power struggle between us, where it seemed as if she were testing whether she could trust me or not,” Grazioso said. “She later acknowledged that it took her a while to decide that I wasn’t trying to dominate her and perpetuate the oppression.” Grazioso remembers assessing the situation through a lens of cultural responsiveness and committing to not giving up, working diligently to establish a supervisory alliance and all that it entails. Today, more than a decade later, they are close friends.

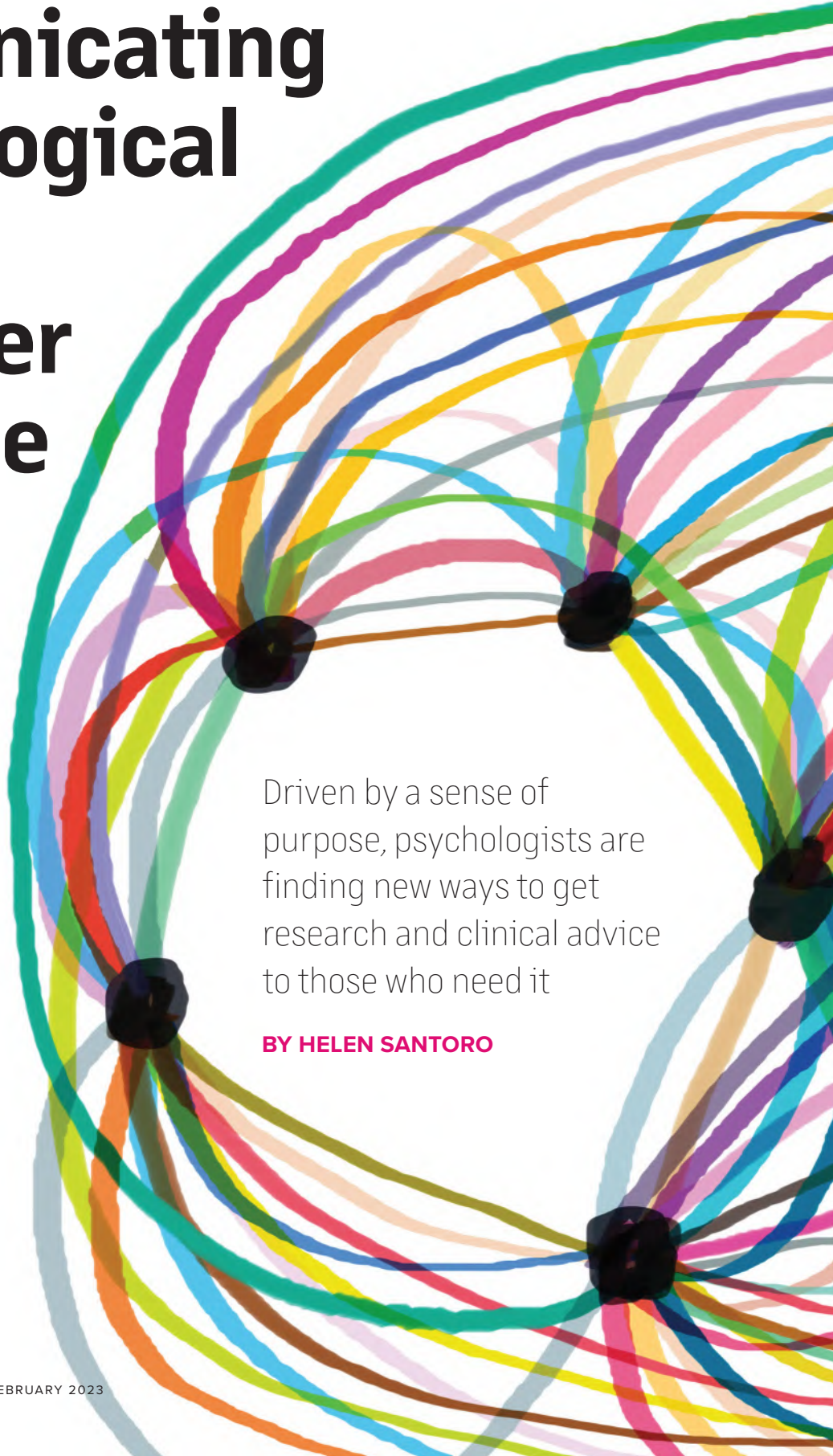
The experience speaks to another important aspect of cultural responsiveness: It cannot just come from the head, Grazioso added.

“It has to be an integration of your cognition, your values and emotions, your attitudes and behavior, and your conduct, all within the context you’re working in,” she said. “That integration is what allows the cultural competency and cultural orientation models to work. Otherwise, it just doesn’t happen.” ■

# Communicating Psychological Science to a Wider Audience

Driven by a sense of purpose, psychologists are finding new ways to get research and clinical advice to those who need it

**BY HELEN SANTORO**





Communicating psychological science to the public is vital, and an increasing number of psychologists are reaching beyond their patient base, academic circles, research labs, and other traditional workplaces to broaden their impact. Psychologists are hungry for this immediacy—to deliver psychology and psychological research to the public on their own and often during their personal time.

Some workplaces or professions may encourage this, while others have yet to understand the value of supporting staff in using psychology to immediately improve people's lives.

"It's very unlikely that people beyond those who publish their work in a scientific journal will read psychology research," said psychologist Jonathan Wai, PhD, who studies educational policy through the lens of psychology at the University of Arkansas and is a science communicator. "It's crucial, therefore, to write about this academic work in an easy-to-understand way."

In recent years, increasing numbers of psychologists have pushed for more science communication training, support, and permission within the field of psychology (*Perspectives on Psychological Science*, Vol. 16, No. 6, 2021). This includes psychologists taking to social media to share their clinical advice and scientific findings with a broader audience. There has also been an uptick in psychology podcasts, with hosts finding new and innovative ways to pull listeners in and provide them with new and valuable information.

#### A GROWING INTEREST IN SOCIAL MEDIA

With social media platforms—from Facebook to Instagram to TikTok—there are more ways than ever to communicate with the public. As of 2021, 72% of U.S. adults use social media. That's an increase from half of all adults who used social media in 2011, according to the Pew Research Center.

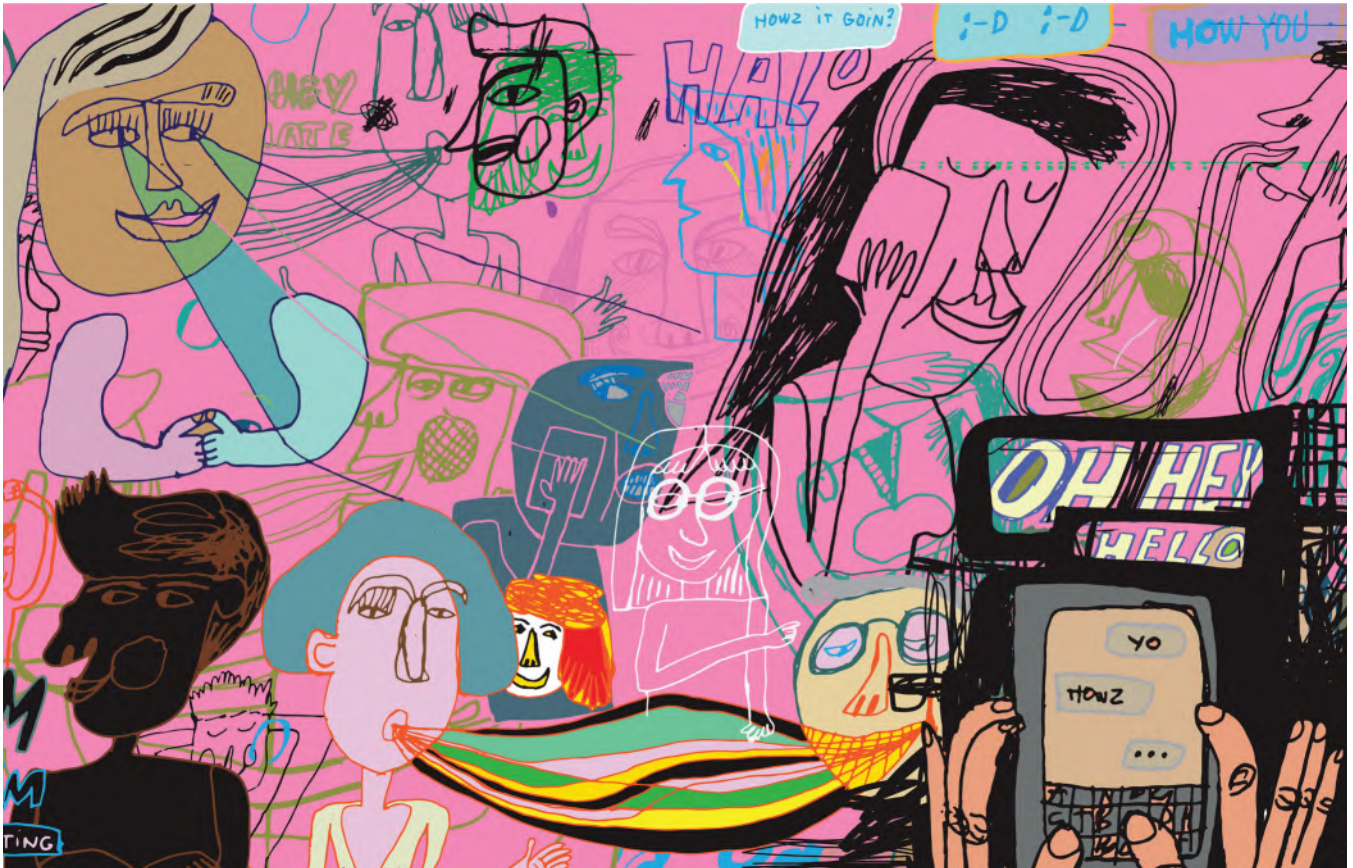
Scientists are also embracing more social media in their professional lives. During the pandemic, especially, many scientists quickly discovered that information could be disseminated more efficiently and to a far broader audience than it could in scientific journals. Part of this push to use social media may come from the significant and startling gap between citizens' and scientists' opinions on key scientific topics, as was highlighted in another Pew Research Center survey.

"One of the gifts of social media is that it can help us access hard-to-reach audiences," said Regina Koepp, PhD, a clinical psychologist based in Atlanta who specializes in working with aging adults and their families and uses social media platforms like LinkedIn to share

her work. "It helps to break down access barriers to mental health care. It helps to improve equity in care so that the public mental health information can be shared through a cultural lens, not only through a white ivory tower research lens."

However, not all psychologists have been taught how to communicate with the public in a direct or absorbing way. Inger Mewburn, PhD, director of research training at Australian National University, wrote in a blog post titled "Why Academic Writing Sucks (and How We Can Fix It)" that "academic writing, as a genre, is ritualised, peculiar, archaic and does almost as much to hide knowledge as it does to share it."

This type of writing strangles public engagement with the material. "If we're not clear and engaging, then editors and the general public simply won't read us," Wai and David Miller, PhD, a psychologist and senior researcher at the American Institutes for Research, wrote in an article for *The Conversation*. "The first step in improving academic writing is to learn to reduce the jargon academics use and express concepts clearly. And this has forced us to distill our thinking to its absolute core."



Luckily, Koepp has noticed an increasing number of psychologists participating in this work (see January 2021 *Monitor*). “Many psychologists are actually more and more curious about this now,” she said. “I’ve even been invited to do some talks on things like social media ethics and talks on how to ensure as psychologists that we balance our responsibility in the field and to our clients.”

This includes clinical psychologists like Julie Smith, PhD, who specializes in anxiety and depression and has taken to TikTok to reach a broader audience. “Depression is not always obvious,” she said in a TikTok video. “Sometimes it’s invisible. Even if people can’t see your pain, and they can’t understand it, that pain is still real.”

Jaclyn A. Siegel, PhD, a social psychologist at San Diego State University who

researches eating disorders (ED), body image, and social attitudes has more than 45,000 followers on Twitter. Through this platform, she can share valuable insights into her scientific work and personal experiences. “My experience in treatment for anorexia is the driving force behind my research. Many friends from treatment are still in the ‘revolving door of ED treatment,’ and some have died,” she wrote in a tweet. “We must take these conditions seriously and help to improve treatment options for those suffering.”

More and more psychologists have also noticed that communicating with the public through social media is crucial in breaking down stereotypes about what “typical” psychologists look like. Many people still think of psychologists as older White men with beards, and this needs to change, Koepp said.

“In a world where the majority of people are using social media and accessing health and mental health information through the internet and social media, I might invite psychologists to think about what our role is,” said Koepp. “Are we as psychologists going to be a part of that conversation, or are we going to keep ourselves out of it? Is our absence in these spaces helpful? I don’t think it is.”

### THE RISE OF PSYCHOLOGY PODCASTS

Social media isn’t the only way psychologists are reaching a wider audience. Podcasts are also emerging as a popular way to disseminate scientific and clinical information—and more and more people nationwide are tuning in. In fact, back in 2006, only 22% of the adult population

in the United States was aware of podcasts, according to Statista. By 2021, 78% of adults listened to podcasts, and it's estimated that podcast listeners will surpass 160 million in 2023.

Podcasts that discuss topics related to science seem to scratch a particular itch for listeners. Researchers found that from 2010 to 2018, the number of science podcasts available on topics like biology, chemistry, and physics grew exponentially, with 65% of these series hosted by a scientist and 77% targeted to public audiences (MacKenzie, L. E., *Royal Society Open Science*, Vol. 6, No. 1, 2019).

This work is also being done by clinical psychologists. Jason Luoma, PhD, hosts the *Research Matters Podcast* in which he interviews leading researchers in psychology and other social sciences to understand what they do that makes them productive. Psychotherapist Esther Perel, PhD, started a podcast called *Where Should We Begin?* that attracts tens of thousands of listeners. In each episode, Perel counsels real couples as they reveal intimate and personal details.

This will definitely get listeners to tune in, but there are plenty of psychologists who are creating podcasts that aren't so stirring and action packed but are still reaching wide audiences. Koepp, for example, has a podcast called *Psychology of Aging* that shares insights every other week on mental health and aging, dementia, caregiving, and end of life. This work became very pertinent during the pandemic because older adults are more likely to get sick from COVID-19 and require hospitalization and intensive care. Since the start of the pandemic, more than 200,000 residents and staff in long-term care facilities have died from the virus, according to a Kaiser Family Foundation article.

"Long-term care communities were really struggling, and families with loved ones in these facilities were really struggling," said Koepp.

Another example of someone doing this work is Joy Harden Bradford, PhD, a psychologist in Atlanta who created Therapy for Black Girls, an online space dedicated to encouraging the mental

wellness of Black women and girls. In addition to a Twitter account with a following of more than 40,500 people and a blog, Bradford hosts a popular mental health podcast that focuses on making mental health topics more relevant and accessible for Black women.

Each week, Bradford focuses on a new mental health topic, from Black women in academia to myths about sex. She introduces each episode as a "weekly conversation about mental health, personal development, and all the small decisions we can make to become the best possible versions of ourselves."

Making a podcast—or engaging with the public through social media—takes a significant amount of time and often must be done between busy research, teaching, or clinical schedules. But more and more psychologists seem to be discovering the benefit of this work, said Koepp.

Wai hopes to see even more psychologists engaging in this work in the years to come. "There is still some hesitancy when it comes to writing or talking about science to the public," he said. "But psychology as a field has a long history of encouraging researchers to disseminate their findings. This work will continue to greatly benefit the broader public and psychologists and scientists themselves." ■

**“Are we as psychologists going to be a part of that conversation, or are we going to keep ourselves out of it? Is our absence in these spaces helpful? I don't think it is.”**

REGINA KOEPP, PHD, CLINICAL PSYCHOLOGIST

## FURTHER READING

**Public engagement is key for the future of science research**

Pham, D.

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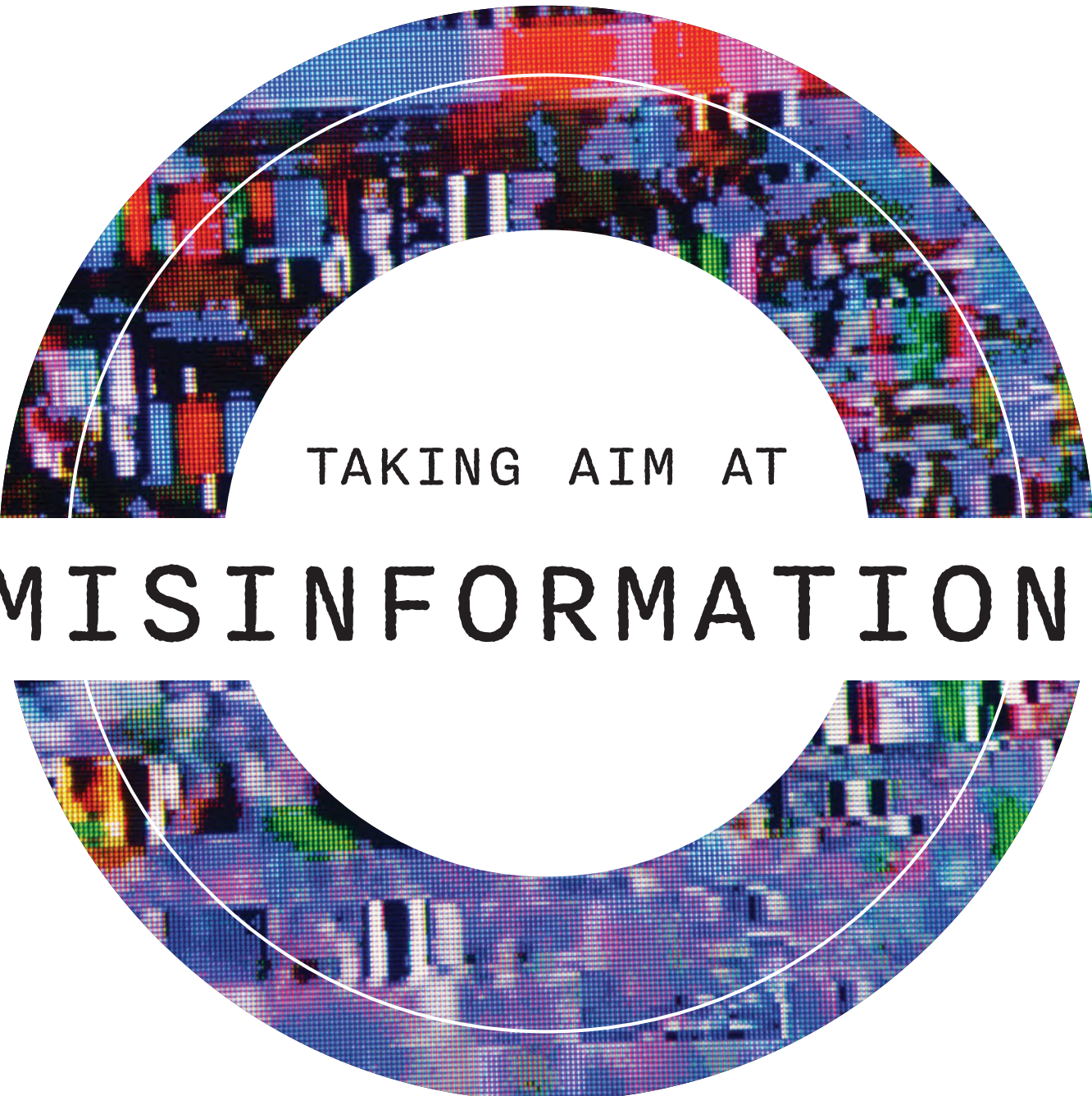
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# TAKING AIM AT MISINFORMATION

Conspiracy theories and other forms of dis- and misinformation continue to worm their way into the American psyche—but psychologists are deploying powerful strategies to fight them

BY TORI DEANGELIS

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**P** sychologists are ramping up efforts to fight the many-headed Hydra of misinformation, drawing on decades of psychological research to help people think more soundly when presented with information telling them that hurricanes are a scam perpetrated by climate change activists or that COVID-19 vaccines can make you sick with the COVID virus.

Included in psychologists' efforts to expose these and more subtle fabrications are massive online campaigns that teach people how to spot and analyze misinformation, research aimed at finding the most effective anti-misinformation strategies, and efforts to teach kids critical thinking skills so they're equipped to fend off sketchy information.

"We've been pushing, pushing, and pushing," said University of Cambridge professor Sander van der Linden, PhD, a social psychologist who is running some of the world's largest anti-misinformation interventions. "And we seem to have some momentum now to change things."

The work is important for obvious reasons as well as more indirect ones, van der Linden added. "Not only can misinformation lead to direct harm, for example, to people's physical health or to election outcomes," he said. "But it can erode our trust in each other, in society, and in our institutions."

### WHY PEOPLE TRUST FALSEHOODS

There is strong and growing evidence for why people believe misinformation and resist correcting those views. Reasons include confirmation bias—seeking out information that confirms prior beliefs—and motivated reasoning, that is, "reasoning toward a desired conclusion rather than an accurate one," explained University of Southern California (USC) professor and educational



Protesters carry signs opposing COVID-19 vaccine mandates on Sept. 13, 2021, in New York City.

psychologist Gale M. Sinatra, PhD, coauthor with Barbara K. Hofer, PhD, of *Science Denial: Why It Happens and What to Do About It* (Oxford University Press, 2021). (Sinatra also chaired an APA task force on climate change whose 2022 report, *Addressing the Climate Crisis: An Action Plan for Psychologists*, suggests multiple ways psychologists can help educate the public in an area dogged by misinformation.)

Research also finds that people believe misinformation because it fits easily into their identity or world view, Sinatra added. "If you're part of a

vaccine-hesitant community, you might go along with those views because you don't have the time, interest, or ability to evaluate vaccine safety directly," she said. "So, you just look at your Facebook group and see what they say." Psychologists also know a great deal about emotional motivators that fuel beliefs in fake news or conspiracy theories, including fear and anger, she noted. In addition, studies show that when people encounter fake news when they're in a state of heightened emotions—whether positive or negative—they're more likely to believe it and less able to discern fake from

real news (Martel, C., et al., *Cognitive Research: Principles and Implications*, Vol. 5, 2020).

In a research summary on the topic, University of Western Australia cognitive psychologist Ullrich K. H. Ecker, PhD, and colleagues also point to studies showing that when people see the same false information multiple times—a phenomenon amplified by social media—the information becomes lodged in and throughout memory and becomes difficult to unseat even when new information is presented. Researchers call this phenomenon the “illusory truth effect” (*Nature Reviews Psychology*, Vol. 1, 2022).

Still other studies find that some people are more susceptible to misinformation than others. These include frequent users of social media, those who are less educated, people less likely to employ reflective thinking and analytical reasoning, and people on the political extremes, especially but not limited to those on the extreme right (see, for example, Scherer, L. D., & Pennycook, G., *American Journal of Public Health*, Vol. 110, No. S3, 2020; Roozenbeek, J., et al.,

*Royal Society Open Science*, Vol. 7, 2020; and Hopp, T., et al., *Human Communication Research*, Vol. 46, No. 4, 2020).

### A LARGE-SCALE APPROACH

These and other related findings are informing a wealth of new research and interventions in the area.

Starting in fall 2022, a large group of researchers began testing eight anti-misinformation interventions with 30,000 U.S. adults to ascertain which are most effective and why. Strategies they’re investigating include pre-bunking (inoculating people against the misinformation “virus” in the first place) and debunking (providing ways to correct misinformation once people have consumed it), as well as accuracy nudges, social norms interventions, warning labels, and other approaches. Each participant in the study is assigned to one of the interventions or to a no-intervention control.

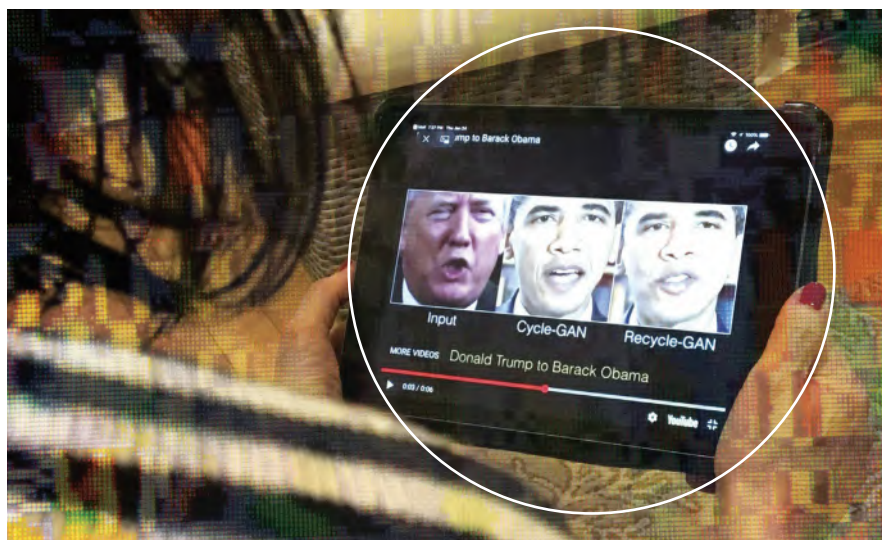
The project, headed by cognitive psychologists Lisa Fazio, PhD, of Vanderbilt University, David G. Rand, PhD, of MIT, and Stephan Lewandowsky, PhD, of the University of Bristol in Bristol,

England, has some serious research chops behind it. Eight intervention leads from three countries are overseeing each intervention and deciding how it should be implemented, while additional teams will choose the stimuli to be tested and then program, gather, and analyze the data. Supporting the effort are more than 80 misinformation experts who helped decide which interventions to test and who will provide feedback as the project continues. (The project is funded by the Social Science Research Council’s Mercury Project, a global consortium of researchers dedicated to countering misinformation.)

Besides seeing how each intervention fares in general, the researchers plan additional studies to see which interventions are more effective or less effective with different demographic groups, Fazio noted.

The project also includes two major follow-up activities. One will test the effectiveness of the most successful intervention on YouTube. The second is a tool kit that will highlight the strengths and weaknesses of each approach so that social media platforms and civil society groups can choose the approaches that best fit their mission and resources, whether that’s a nonprofit organization focused on increasing youth voting or a website encouraging people to get the COVID vaccine, Fazio explained.

In another recent effort, van der Linden and colleagues have successfully tested a pre-bunking intervention that they hope to scale up in a big way. They partnered with Google to place short, fun animated videos on YouTube that educate users to spot and analyze five common misinformation techniques, such as spouting deliberate incoherence and scapegoating others. The videos feature humorous examples of these strategies using characters from popular television shows and films like *Family Guy* and *Star Wars*. (The videos can be



**A deepfake**—a manipulated video—changes the words spoken by former presidents Barack Obama and Donald Trump to deceive viewers.

viewed at <https://inoculation.science/>.

In an article in *Science Advances* (Vol. 38, No. 34, 2022), University of Cambridge social psychologist Jon Roozenbeek, PhD, van der Linden, and colleagues shared results involving 6,464 participants randomized to one of the videos or a neutral control video, and 22,632 online users who saw one of the two videos in an actual YouTube ad campaign. Those who watched the experimental videos were significantly better able to recognize manipulation techniques, to discern trustworthy from untrustworthy content, and to share material with greater discrimination than those who didn't watch them. The effects held up across the political spectrum and with people of varying education levels and personality types.

Eventually, the team hopes to embed these videos into actual ad spaces on YouTube, said van der Linden. "The findings provide proof of concept that the principle of psychological inoculation can readily be scaled across hundreds of millions of users worldwide," he said. Google seems to agree: In August, Google's Jigsaw platform rolled out a campaign in Poland, Slovakia, and the Czech Republic to fight misinformation about Ukrainian refugees using the Cambridge team's methodology.

### EFFECTIVE TOOLS FOR KIDS

Other psychologists are taking aim at a root cause of people's difficulty in fighting misinformation: a lack of sufficient education in science and critical thinking in the first place. "The whole process of science has to be taught better, with a focus on what is evidence, how science knows what it knows, and why it doesn't know what it doesn't know," Sinatra commented.

In one such effort, educational psychologist Doug Lombardi, PhD, who heads the Science Learning Research Group at the University of Maryland



As COVID-19 raged across Los Angeles County in January 2022, schools tried to protect students with masking and testing requirements.

in College Park, Maryland, launched a 4-year science-education project in September 2022 with investigators at Maryland and five other sites, including Sinatra at USC and investigators at Temple University, the University of North Georgia, TERC (formerly the Technical Education Research Center), and the Planetary Science Institute. Funded by the National Science Foundation, it's the third phase of a project that is examining aspects of an instructional strategy called the model-evidence link (MEL) diagram, which is designed to promote students' ability to critically evaluate alternative explanations and increase their ability to understand complex scientific concepts, Lombardi explained. (See Lombardi, D., et al., *Discourse Processes*, Vol. 59, Nos. 5–6, 2022, for a description of the methodology and results from the first two phases of the project.)

The team will work with some 100 teachers and 1,000 students in middle and high schools in Philadelphia and Georgia to help students learn a critical evaluation method called lateral

reading. Instead of opening a single science or social studies article on the computer desktop and reading down the page, students open additional windows and read other material related to the piece that probes the credibility of the article's author and sources, the soundness of the science promulgated in the article, and whether other reputable scientific organizations agree with the information, for example. Along the way, the team will test the impact of this methodology on students' understanding of the fundamental scientific, social, and civic phenomena underlying the material they're reading about.

In another educational effort, Western Kentucky University associate professor Jenni Redifer, PhD, uses debunking strategies to help preservice teachers in her educational psychology classes dismantle discredited beliefs about learning and embrace more empirically supported learning strategies.

Many future teachers enter her classroom believing that everyone has a learning style that suits them best,

for example, auditory, kinesthetic, or visual. But research has resoundingly shown that this is not the case—that people learn best using a combination of approaches that best fit the context of the material being taught. What is more, the learning styles myth tends to affect people's motivation and self-efficacy, because people believe that their style is the only way that they can learn effectively, she said. That said, the older idea still holds considerable sway: In an article in *Psychology Learning & Teaching* (Vol. 18, No. 3, 2019), Steven R. Wininger, PhD, Redifer, and colleagues found that 80% of the main 20 educator-prep textbooks discussed the learning styles theory. Half defined it as a preference or approach, while the other half defined it as the way an individual is best able to learn.

To combat these beliefs, Redifer uses strategies in which she replaces the misinformation with new, research-backed information and delivers it in a manner that doesn't threaten or attack students' identity or worldviews.

"The good news is that you can learn in any style," she tells students. "So, you don't have to worry about giving your students a learning styles inventory or having separate lessons for auditory and visual learners." Students catch on and are better equipped to teach their own students in the future, she said.

### KEEPING THE BALL ROLLING

Because the field is hot, many other researchers are tackling pieces of the misinformation puzzle as well. As just one example of the work taking place, Fazio and colleagues recently studied an aspect of the "illusory truth effect," examining in a real-world context how frequency of messaging affects the strength of people's beliefs.

For 15 consecutive days, 435 participants received five text messages, each containing a different true or false trivia

fact. Some of the statements were presented over multiple days while others were shown only once. At the end of the study, participants received a final test asking them to rate the strength of their belief in a given statement. In keeping with previous research, the more often that people received a message, the more likely they were to believe it, the team found (*Journal of Experimental Psychology: General*, Vol. 151, No. 10, 2022).

However, early repetitions had a stronger effect than those that came later, the team also discovered, implying "that initial repetitions are more strongly encoded in memory," Fazio said. "So, if you can't employ pre-bunking strategies, the sooner you can nip a new piece of misinformation in the bud, the better."

Others are examining more closely who's more likely to believe misinformation and why. In a paper presented at the 2022 APA Annual Convention and now under review, Victoria Johnson, a

doctoral student working with Panayiota Kendeou, PhD, at the University of Minnesota, presented data showing that liberals and conservatives trusted scientific or partisan sources of COVID vaccination claims in different ways depending on their belief systems. In the study, she and colleagues randomly assigned 133 people identifying as liberals and 354 as conservatives to a variety of statements, each purportedly from either a liberal source, a conservative source, or a scientific institution, for example, MSNBC, Fox News, or the World Health Organization.

Liberals whose belief systems included a higher need for evidence tended to trust scientific sources the most, liberal media sources second, and conservative media the least. But liberals who had less of a need for evidence had the same level of trust in all three source types. Meanwhile, conservatives stating a higher need for evidence trusted scientific and conservative sources of information the same, while those requiring less evidence trusted all three sources equally.

"The results show that vaccine mistrust is not a conservative-only issue," Johnson said. "There are definitely liberals who aren't considering science above all other sources, as well." Such findings suggest the need to better understand subgroups of people and how their reactions to misinformation differ, she noted.

Because of misinformation's many potential harmful effects, psychologists need to keep addressing it from multiple angles, Fazio added.

"Misinformation is a really multifaceted problem," she said. "But if we make lots of smaller changes—changes by the [social media] platforms, changes to policies, changes to individual behavior, changes in education, changes to the media environment—I think there is room for progress." ■

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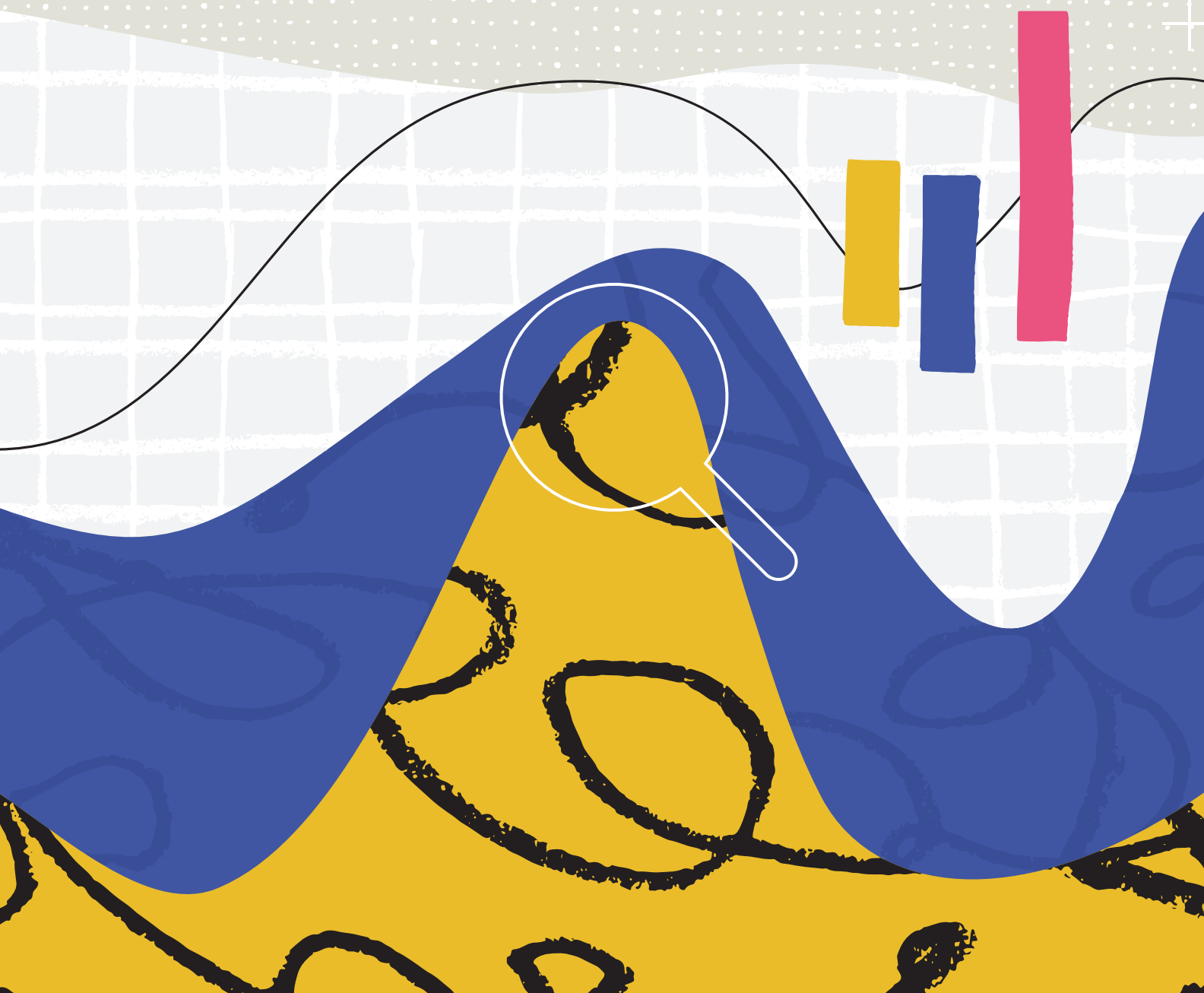
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# PSYCHOLOGICAL RESEARCH IS CHANGING

Driven by a push to produce more equitable research that benefits the public good, the field is revamping how science is conducted and embracing a broader range of scholarship

BY HELEN SANTORO



Psychologists are challenging traditional thinking about research—reevaluating how research terms are defined, how research is conducted, who is doing it, and what kinds of research are rewarded.

This includes making sure one's research questions consider historically marginalized groups and the entire human experience, along with keeping in mind who is conducting the research and how that impacts study bias.

Psychology journals are also undergoing incremental changes. Specifically, more and more publications are noticing the need for diversity, equity, and inclusion in their scientific content and are taking steps to remedy decades of deeply racist and prejudiced practices that leave out key voices.

The field is also reevaluating how it views qualitative research—long considered to be less rigorous or robust than quantitative research. Historically, quantitative research with its measurable and empirical data has been thought of as more vital to the field than qualitative research. Yet this methodological approach can in fact be myopic and harm marginalized populations.

"I truly believe that qualitative data can provide insight that quantitative simply cannot," said Lucy Arellano, PhD, an educational psychologist at Texas Tech University. Arellano has written papers about qualitative research and pointed to the fact that quantitative research tends to maintain the status quo, thwart critiquing, and further underscore misconceptions of deficits in marginalized populations (*Education Sciences*, Vol. 12, No. 2, 2022).

"In order to make transformational change, people need to hear the story. They need to connect on a human-emotion type of level that can only be conveyed via qualitative data," Arellano said.

With regard to all these changes, there are still many challenging conversations to be had, but "when it comes to how we think about psychology research, we're moving in the right direction," said Mitch Prinstein, PhD, chief science officer at APA. "We're starting to make some efforts to diversify our science and think differently about the way to conduct science."

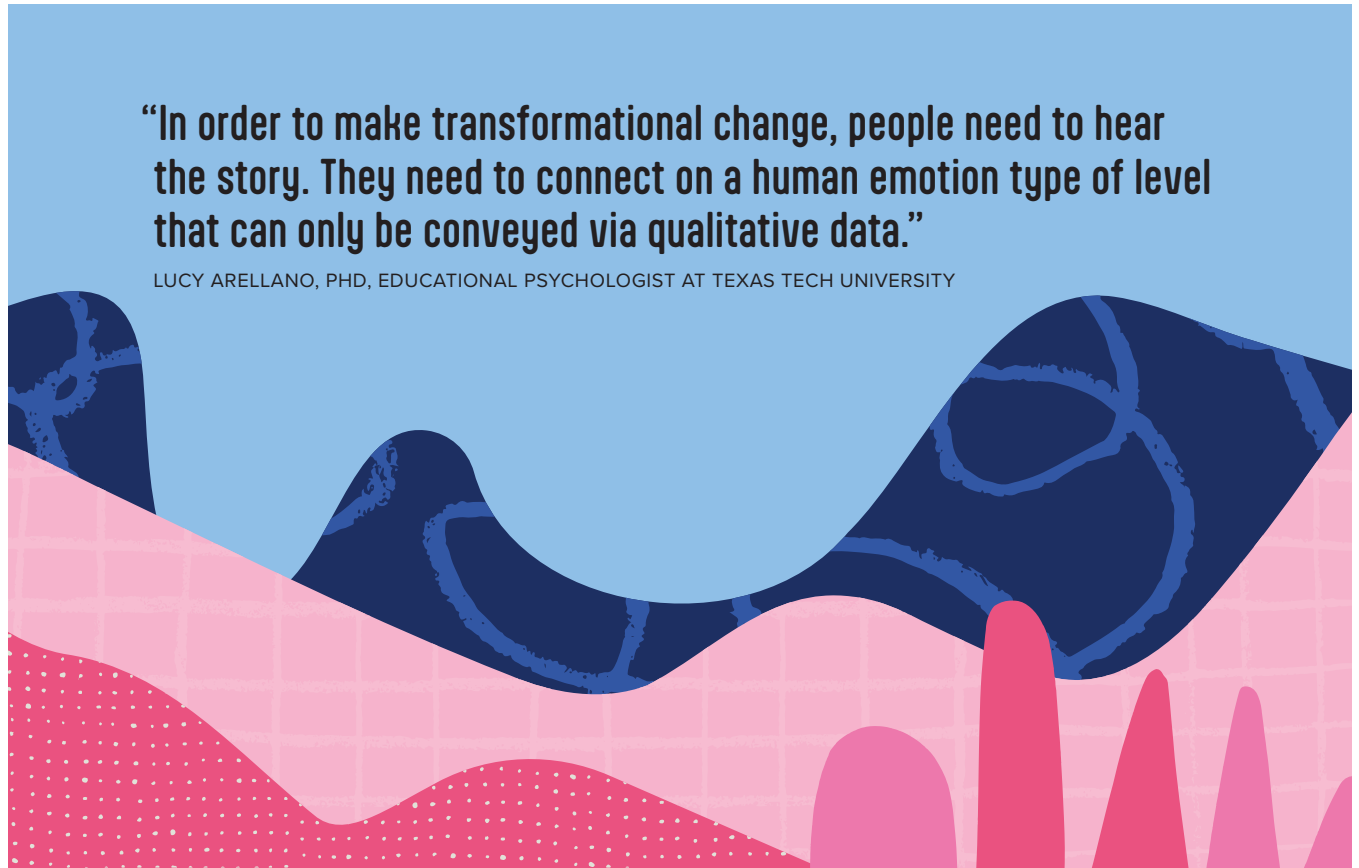
#### A PUSH FOR MORE INCLUSIVE RESEARCH

Psychology has a long history of being led primarily by White men and including mainly White study participants. A 2010 analysis of articles published in six of the field's leading journals showed that 95% of all samples came from what the authors called WEIRD societies—Western, educated, industrialized, rich, and



**“In order to make transformational change, people need to hear the story. They need to connect on a human emotion type of level that can only be conveyed via qualitative data.”**

LUCY ARELLANO, PHD, EDUCATIONAL PSYCHOLOGIST AT TEXAS TECH UNIVERSITY



democratic (Henrich, J., et al., *Behavioral and Brain Sciences*, Vol. 33, No. 2–3, 2010).

This trend has continued throughout the years. An analysis of 26,000 empirical articles on cognitive, developmental, and social psychology published from 1974 to 2018 found that questions of race tend to be largely forgotten and most journal publishers are White. Additionally, the studies that do take race into consideration are usually written by White scientists and employ few participants of color (Roberts, S. O., et al., *Perspectives on Psychological Science*, Vol. 15, No. 6, 2020).

However, psychologists are starting to embrace the need for change when it comes to how research is planned and conducted, according to Mia Smith-Bynum, PhD, senior director for science equity, diversity, and inclusion

at APA. Specifically, psychologists with privileged identities are starting to have more uncomfortable yet necessary conversations about how they can help change these harmful research practices that leave out a diverse range of people.

“I’ve mentored two White men, and they were very forthright on wanting to be better and having honest and thoughtful conversations about race,” Smith-Bynum said. “This gives me hope. I didn’t really see this happening in the first 10 or so years of my career. People are now looking for content, skills, and guidance on how to do better.”

Rebecca Gaines, a PhD candidate in counseling psychology at the University of Denver, has also observed that more psychologists who are entering the field are talking about the need for intersectionality and inclusivity in their research.

They are asking harder questions at the beginning of their research projects, Gaines said, including: What groups of people have been historically left out of this type of research? What can we do early on to make sure they are included so that this research is more generalizable and can benefit a larger group of people?

### CHANGING PUBLICATION GUIDELINES

Like psychologists and their study participants, the realm of publishing of psychology journals has also long been a homogenous and close-minded process.

To help remedy this, APA’s publishing program is implementing equity, diversity, and inclusion (EDI) initiatives. This framework, which was developed in 2018, advocates for equitable content that is representative of all people

and communities; inclusive science that addresses inequities in psychology research; a diverse community of authors, editors, and readers; and an inclusive publishing industry that promotes a more equitable experience for underrepresented scientists.

The *Asian American Journal of Psychology* is one of the publications taking charge in this regard. “Research on Asian American populations is so overlooked in many other areas of psychology,” said June Kim, PhD, who edits the journal. “At *AAPJ*, researchers don’t have to justify why it’s important to study the psychological processes of a specific racial or minoritized group. We take it as a matter of course that research about Asian Americans is important.”

This work, however, doesn’t mean publishing studies that simply compare people of color with White people. “We don’t expect researchers to treat the psychological processes of Asian Americans in contrast to other groups,” said Kim. “That is, expecting a comparison of Asian Americans versus White Americans, or something like that, where the psychological processes of Asian Americans exist in contrast to psychological processes of other groups.”

Instead, Kim and her colleagues have dedicated specific issues to focus readers’ attention on Asian American science. “Special issues have been a way to spotlight specific subfields within Asian American psychology to provide additional focus and attention to that specific subfield,” she said. These include the issues “The Growth of Filipino/x/a American Psychology” and “Promoting Health and Well-Being in Forcibly Displaced Asian Populations.”

Additionally, in an effort to track diversity in science publications, more than 50 publishers representing 15,000 journals across the globe plan to ask scientists a list of questions about their race, ethnicity, and gender, according

to an article written this year in *Nature Magazine*. By gathering data on journals’ contributors, the hope is that publications can better grasp where they currently stand in regard to diversity and what vital work still needs to be done.

### MORE QUALITATIVE STUDIES

Psychologists are also starting to question the power of quantitative versus qualitative studies. Quantitative research methods have historically been thought of as more objective and “better” science. But in fact, these quantitative methods can be harmful to marginalized communities (Arellano, L., *Education Sciences*, Vol. 12, No. 2, 2022).

“Systematically rejecting qualitative research limits research questions that can help minoritized populations,” said Prinstein. “Sometimes research requires a different perspective with different methodologies.” Qualitative research can also unearth new psychological experiences and constructs in ways that quantitative methods do not, Smith-Bynum noted.

Luckily, change is afoot. “In the past 10 years, the content in PsycArticles—which includes all the APA published journals and the English language Hogrefe journals—that has the methodology index term “qualitative” has quadrupled,” said Rose Sokol, PhD, a social psychologist and publisher of journals at APA. “More journals are referring specifically to qualitative methodology in their scope statements.”

APA has also created numerous resources to help individuals who wish to engage in qualitative science, Sokol noted. These include the Essentials of Qualitative Methods Series; an article on reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology; and the peer-reviewed journal *Qualitative Psychology*, which started in 2014 in order to feature research that employs qualitative and mixed methods designs.

The journal was founded in partnership with the Society for Qualitative Inquiry in Psychology, a section of APA’s Div. 5 (Quantitative and Qualitative Methods), which had focused on only quantitative methods in the past.

Arellano has also noticed that teachers and researchers in higher education positions have become more critical of qualitative metrics. Specifically, Quantitative Critical Race Theory, or QuantCrit, articles are on the rise. This is a rapidly developing research approach that aims to both challenge and improve the use of statistical data in social research by applying the insights of Critical Race Theory (Castillo, W., & Gillborn, D., *EdWorkingPapers*, No. 22-546, 2022).

The work of QuantCrit rests on five key principles: racism is at the center of scientific research, numbers are not neutral, categories are not natural, data cannot speak for itself and instead requires voices and insight, and social justice and equity must be considered in research.

“It is appearing more in the scholarship. I’m still hoping that those perspectives translate into graduate program curricula in the next decade or so,” said Arellano. ■

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### FURTHER READING

**Equity, diversity, and inclusion  
in APA journals**  
APA, 2021

**Race without racism: How higher  
education researchers minimize racist  
institutional norms**  
Harper, S. R.  
*The Review of Higher Education*, 2012

**Research methods for social justice  
and equity in education**  
Strunk, K. K., & Locke, L. A.  
Palgrave Macmillan, 2019

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# EDI ROLES *ARE* EXPANDING

Universities, nonprofits, and businesses are increasingly looking for expert leadership around equity, diversity, and inclusion—and psychologists are stepping up

**BY STEPHANIE PAPPAS**

Educational psychologist Dr. Yuma Tomes is chair of diversity, equity, accessibility, and inclusion at The Phillips Collection art museum in Washington, D.C.



## After the social justice protests of 2020, many universities, businesses, and nonprofits were shaken out of a certain complacency around equity, diversity, and inclusion (EDI).

This shift in focus has led to the spread and deepening of EDI roles—roles that psychologists are increasingly stepping into. In fact, many have been doing the work for years, but are finding that the opportunities have expanded around them.

“Two years ago, the short-term requests diminished, and the longer-term requests ramped up,” said Kumea Shorter-Gooden, PhD, a clinical/community psychologist who runs a Washington, D.C.-based EDI consulting business. “I experienced a fivefold increase in requests for services.”

Though a psychology background is not a requirement for doing EDI work, psychologists are well trained in the sorts of skills that are crucial, from doing assessments to synthesizing data to facilitating tough conversations. As organizations look for far more comprehensive EDI overhauls than they have in the past, these skills are even more important.

### A DEEPER ENGAGEMENT

EDI, sometimes abbreviated DEI or expanded into DEIB (which adds “belonging” to the list of priorities) or DEAI (which highlights “accessibility”), is not a new field. Nor is it unusual to have psychologists taking the lead. Robert Sellers, PhD, a social psychologist who served as the chief diversity officer at the University of Michigan until August 2022, stepped into the university-wide role after chairing the psychology department, where he spent years focusing on recruiting psychologists from underrepresented backgrounds to the field. Anita Davis, PhD, a clinical/community psychologist and the vice president for diversity, equity, and

inclusion at Trinity College in Connecticut, had been doing EDI work for many years without “diversity” in her title. She never wanted a role with a diversity title, she said, feeling it might limit the breadth and impact of the work. “But I realized with the formalization of these titles comes the ability to institutionalize the work, build infrastructure, and advocate for resources,” she said.

What has changed, psychologists working in equity roles say, is the depth and breadth of EDI work. Job posting statistics suggest that roles exclusively centered on EDI have proliferated: According to statistics from the job listing site Indeed, EDI job openings rose from 140 jobs per million to 219 jobs per million

between September 2019 and September 2020, a 56.3% increase. The work is found in both corporate settings and academia (Indeed Career Guide, 2022).

“Certainly after 2020, the call-in and callout of addressing issues of anti-Black racism really spurred a lot of universities to take a second look at their EDI efforts and say, ‘How are our efforts really changing the conditions that Black students find themselves in?’” said psychologist Anneliese Singh, PhD, the chief diversity officer at Tulane University.

Some universities have also been moving toward different models of EDI planning. For instance, instead of handing down goals from a central administrative committee, the University of Michigan developed its 5-year EDI plan by flipping the process, asking every administrative unit to create a personalized plan, yielding 2,800 separate action items, Sellers said. The university also



**Dr. Anita Davis (right) of Trinity College has found that collaboration around equity, diversity, and inclusion (EDI) work has increased as academia begins to view EDI work more comprehensively.**

PHOTO BY JOHN MARINELLI/COURTESY OF TRINITY COLLEGE; PREVIOUS PAGE: SCOTT SUCHMAN



**Dr. Yuma Tomes's equity and inclusion work at The Phillips Collection is integrated into every department of the museum, including finance, curation, conservation, and human resources.**

developed a centralized plan to tackle projects that could be handled at only the university level, such as training. At the time, he said, this was an unusual tack, but doing the planning from the bottom up helped ensure the process was more relevant to everyone and gave individual departments a greater sense of responsibility over the outcomes, Sellers said.

"More and more universities are now doing a more distributed approach to planning," he said. "But I would say we were amongst the first."

Psychologists are also increasingly finding work in new corners. Yuma Tomes, PhD, an educational psychologist, spent 20 years working his way up the academic administration ladder before joining The Phillips Collection, an art museum in Washington, D.C., as its chair of DEAI. He now does internal workshops and communications, consults with the museum board about issues of diversity, and oversees the museum's internship and fellowship programs to ensure participants come from a variety of backgrounds.

"I didn't know a Renoir from a Rembrandt, but I knew that I understood DEAI work," Tomes said. It is unusual for a museum to have a full-time position devoted to this work, he said, though some integrate EDI with part-time staff or use outside consultants. It is an area to watch for more growth, he said.

The way Tomes's role is positioned within the organization also represents a positive trend for effective EDI work. Instead of working in an isolated team tasked with its own agenda, his work is integrated into the overall structure. "DEAI is interconnected to every single department that we have," he said. "We influence finance, we influence curation, we influence conservation, we influence HR, we influence the director's office. It is imperative for DEAI work to be carried throughout every department to become institutionalized and systemic."

For Amber Hewitt, PhD, the path to EDI work wound from counseling psychology to an APA Congressional Fellowship to health advocacy to the

government of the District of Columbia, where she was appointed by Mayor Muriel Bowser to the brand-new role of chief equity officer in 2021. Counseling psychology emphasizes how humans interact with systems, Hewitt said, and government is one of those systems. Much of Hewitt's work revolves around involving communities in decisions about policy, including running public engagement forums to get residents' input on Washington, D.C.'s first-ever racial equity action plan.

Political change can affect the EDI field directly. Kizzy Parks, PhD, an industrial/organizational psychologist and the head of K. Parks Consulting in Florida, consults mostly for federal government agencies. In the federal government, presidential administrations have their own priorities that set the tone for the kind of services consultants need to provide, Parks said. Shifts happen with every election, but the change from the Trump administration to the Biden administration was

particularly stark, she noted. In September 2020, then-president Donald Trump issued an executive order banning diversity training deemed divisive. During this time, Parks said, most of the work her company did for the federal government focused on soft skills training, leadership training, or meeting the requirements of a certain law or regulation. “The actual requests for diversity and inclusion training were quite low or nonexistent,” she said.

The Biden administration reversed that executive order and made diversity and equity a priority. The result, Parks said, has been a bevy of requests ranging from analytics to training. The work also requires having one’s finger on the pulse of federal regulations. For instance, Parks said, in August 2022, NASA held its first vendor equity forum geared toward encouraging LGBTQ+-owned businesses to work with the federal agency. This move might indicate that in the future, the federal government will require a certain proportion of contractors to hold this certification, just as the government currently sets aside work for women-owned and veteran-owned businesses.

“It opens up more options as far as the type of work to go after as well as the type of companies to partner with,” Parks said.

“*How do we help individuals navigate in a complicated world where oppression exists? Let’s not just be downstream fishing out people who’ve been pushed into the water. Let’s go upstream, see what’s going on, and change those conditions.*”

KUMEA SHORTER-GOODEN, PHD, SHORTER-GOODEN CONSULTING, WASHINGTON, D.C.

### ESSENTIAL SKILLS

A psychology background can be a boon for EDI work, which requires both people skills and analytical skills. “There are a lot of transferrable skills that psychologists have in our training,” Hewitt said.

These include critical thinking, an understanding of human behavior and cognition, and qualitative research training, Hewitt said, the latter of which is helpful when synthesizing themes from public engagement forums. Psychologists also have valuable training in qualitative and quantitative research methods, from developing assessments to collecting data to analyzing and interpreting that data, Shorter-Gooden said. On the soft skills side, EDI work often involves facilitating groups, managing conflict, and making space for tough conversations,

Shorter-Gooden said—all skills that many clinical and community psychologists have spent years cultivating.

The day-to-day of an EDI job depends on the organization. An academic chief diversity officer may work to create big-picture programs and initiatives, consulting with upper administration as well as departments across the university. EDI at a college or university is highly collaborative, Davis said. Recruiting diverse talent requires working with human resources, and inclusive housing goals require close partnerships with residential life staff, for example. This type of collaboration has increased as academia begins to view EDI more comprehensively, Davis said. “We’ve moved from focusing predominantly on students, to students and faculty, to now being mindful of our staff,” she said. “All members of our community and their experiences matter.”

Consulting for nonprofits can involve assessments and interventions similar to those in academia, said Shorter-Gooden, who has worked in both spheres. But nonprofits are often smaller and more nimble than large universities, so change sometimes comes faster.

Psychologists, by virtue of their backgrounds, can bring a particular flavor of mental health awareness to EDI work. Tomes helps curators at The Phillips Collection consider how art that deals with challenging topics might affect museum visitors.



Dr. Kumea Shorter-Gooden runs a Washington, D.C.-based equity, diversity, and inclusion consulting business and has recently seen an increase in demand for her services.

## COPING WITH CHALLENGES

Even as EDI work becomes more prevalent, people in the field are coping with politicized backlash. The past couple of years have brought increased attention to issues of equity and diversity, Sellers said, and often in extremely polarizing ways. This can be stressful for people doing the work. “Our DEI leads are often on the front lines,” he said.

One oft-repeated concern among psychologists in EDI is that political forces might stifle their efforts. Many states are increasingly pushing back against education around diversity and inclusion. Most of these efforts are focused on K–12 public education, but some attempts reach beyond public schools. In Virginia, for example, Governor Glenn Youngkin excised the word “equity” from the state’s education system and from state offices, changing the title of the state’s chief diversity, equity, and inclusion officer to chief diversity, opportunity, and inclusion officer. In Florida, the “Stop WOKE Act” banned workplace trainings that teach that individuals are inherently racist or sexist, even unconsciously, or that might cause an individual to feel guilt for historical wrongdoings. (In August 2022, a Florida judge blocked the act as a violation of the First Amendment following a lawsuit from three private businesses. The American Civil Liberties Union has filed a separate suit on First Amendment and academic freedom grounds.)

“When I began my training in the ’80s and all the way up to now, I had never seen an all-out assault on something that was clearly evidence-based and would benefit the country as what has been happening,” said Kim Nickerson, PhD, a clinical psychologist and the assistant dean of diversity, equity, and inclusion at the University of Maryland.

This kind of pushback is frustrating for those doing EDI work and could slow the expansion of EDI into new areas, Tomes said. “I feel that it is



**Dr. Robert Sellers helped launch a 5-year EDI plan at the University of Michigan designed to give individual academic departments a greater sense of responsibility over the outcomes.**

promising that we will see more chief diversity officers or similar positions in museums,” he said. “But I also have some bit of concern regarding the efforts states are making to limit the concerns that come into DEI work.”

People working in EDI also experience individual pushback. Change is difficult, Shorter-Gooden said; even those who hire an EDI consultant may balk at having the status quo challenged. “Turnover is high,” Nickerson agreed. “At a mid- and upper-administrative level it’s very difficult for people to do the things

that they see need to be done without there being some grumbling or negative repercussions.”

A psychology background is helpful for understanding these dynamics and coping with them, Sellers said. At the University of Michigan, he worked to ensure DEI leads had social support and opportunities for well-being and attempted to set realistic expectations for change.

“Making sure that people have a cognitive frame for understanding what change looks like and what to expect is important,” Sellers said. “Sometimes increased resistance is the best indicator of change.”

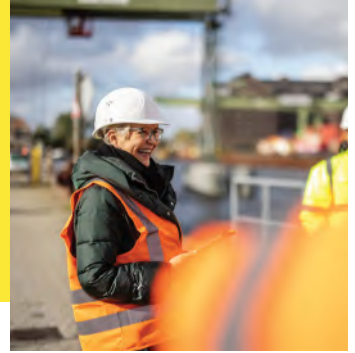
Though the in-groups and out-groups may shift, an understanding of human behavior and group dynamics suggests EDI work will always be necessary, Parks said. And psychologists doing the work say the rewards are worth the stressors. In clinical work, it is sometimes difficult to see individual patients struggle against a world that marginalizes them and contributes to their problems, Shorter-Gooden said.

“How do we help individuals navigate in a complicated world where oppression exists?” she said. “Let’s not just be downstream fishing out people who’ve been pushed into the water. Let’s go upstream, see what’s going on, and change those conditions.” ■

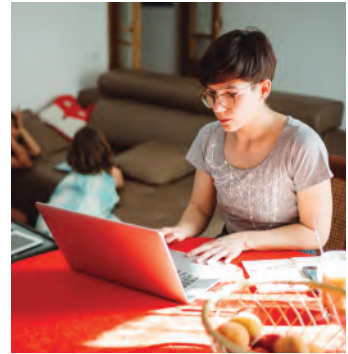
## RESOURCES

**Leadership that endures: Embedding equity, diversity, inclusion, & belonging in your organization**  
APA’s Office of Continuing Education in Psychology, 2022

**The business case for diversity backfires: Detrimental effects of organizations’ instrumental diversity rhetoric for underrepresented group members’ sense of belonging**  
Georgeac, O. A. M., & Rattan, A.  
*Journal of Personality and Social Psychology*, 2022

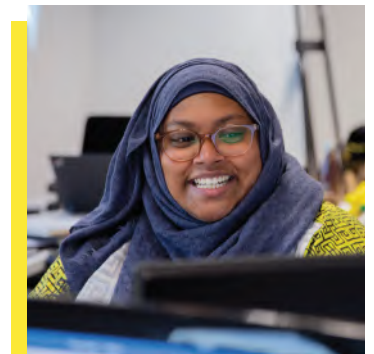


# Worker Well-Being Is in Demand



In the wake of the pandemic, organizational culture is shifting to better value employee physical and psychological health

BY HEATHER STRINGER



**T**he pandemic and its shock waves continue to disrupt the workplace, according to the 2022 Gallup World Poll. Stress among workers throughout the globe is at an all-time high since Gallup began surveying adults in 2005. Forty-four percent of workers reported that they experienced significant stress the previous day and more than one fifth experienced significant anger or sadness the previous day, according to data collected from more than 160 countries throughout 2021.

“People realized that their jobs and lives could change overnight, and it will take time and effort from organizations to rebuild trust and reduce uncertainty and fear going forward,” said Mindy Shoss, PhD, an industrial and organizational (I/O) psychologist at the University of Central Florida who studies the changing nature of work on employee well-being and behavior.

Attitudes about employee mental health have dramatically shifted. Historically, the onus was on employees to reduce their level of stress by taking advantage of company benefits such as mindfulness seminars and health coverage for therapy, but that trend is changing, according to psychologists who focus on workplace behavior. “The

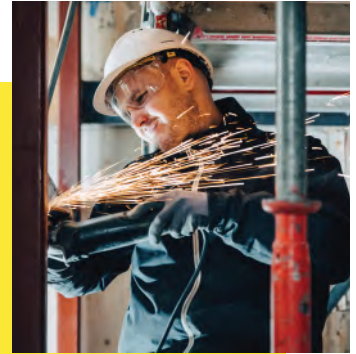
pandemic forced employers to recognize that they must pay more attention to the mental health of employees, and that the conditions in the work environment can either exacerbate or prevent mental health challenges,” said Leslie Hammer, PhD, a professor in the Oregon Institute of Occupational Health Sciences at Oregon Health & Science University.

The fact that more organizations are acknowledging the important connection between workplace conditions and well-being is an encouraging shift for researchers who study this relationship. Workers have more leverage than ever to demand that employers evolve by creating an environment that values their well-being, said L. Casey Chosewood, MD, MPH, director of the Total Worker Health® program, which is part of the National Institute for Occupational Safety and Health (NIOSH) at the Centers for Disease Control and Prevention.

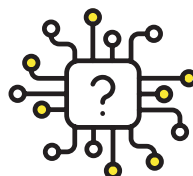
“Employees have more power due to the relative shortage of workers and the robust job market,” he said. “The organizations that are the most nimble and creative in managing changes will lead the way in attracting talent.” Psychologists are poised to help employers throughout the world transform how they lead their teams and support workers.

“The organizations that are the most **nimble** and **creative** in managing changes will lead the way in attracting talent.”

L. CASEY CHOSEWOOD, MD, MPH, TOTAL WORKER HEALTH®,  
CENTERS FOR DISEASE CONTROL AND PREVENTION



## AI in Hiring: More Research Required



As more companies turn to artificial intelligence (AI) technology to streamline hiring, industrial and organizational (I/O) psychologists are raising concerns about the privacy, fairness, and accuracy of the tools.

AI has the potential to help large companies more efficiently sift through thousands of applications because it uses statistical techniques to identify candidate information in résumés and job interview transcripts to predict future job performance.

But some AI vendors are making claims about accuracy without research to back up the claims. “The tools are frequently developed by software engineers who are unfamiliar with how to psychometrically, legally, and ethically validate an assessment tool,” said Richard Landers, PhD, an I/O psychologist at the University of Minnesota who works with consulting firms that are using AI tech for hiring.

The importance of testing the technology surfaced when Amazon started using AI to review résumés to search for top talent. The computer model was trained to evaluate candidates based on résumés submitted in the previous 10 years, most of which were from male applicants. As a result, the algorithm started to screen out entries on CVs that were associated with being a woman, such as attending an all-female school or playing a sport like field hockey that is traditionally associated with women. This led to an unexpected bias against female candidates.

To guide developers and users of AI assessment tools, APA’s Div. 14 (Society for Industrial and Organizational Psychology) launched a task force on AI in 2021. “I/O psychologists have been involved in hiring and psychometric measurement for decades, and we need more psychological auditors involved in forming standards for the tools,” Landers said.

The task force is developing guidelines for using AI-based assessments during the hiring process, said Christopher Nye, PhD, of Michigan State University and head of the task force. Although there is excitement in the business world about leveraging AI for hiring, it is too early to use these tools to replace existing assessments. “Based on the evidence so far, it seems that AI tools will be more effective when they supplement the existing hiring tools rather than replace them,” Nye said.



## LEADING BY EXAMPLE

APA’s 2022 Work and Well-Being Survey confirmed that employee expectations related to mental health support are shifting, with 71% of workers reporting that they believe their employers are more concerned about employees’ mental health than in the past. More than 80% agreed that how employers support mental health will be an important consideration for them when they look for future work.

Chosewood is part of a team that developed a questionnaire to assess people’s quality of working life, circumstances outside of work, and physical and mental health status. While many well-being questionnaires ask about sleep, anxiety, and depression, NIOSH’s WellBQ combines this with questions about the workplace climate, supervision experience, benefits policies, and other aspects related to the work context.

“We used psychological metrics that have been proven to be predictive of well-being,” said Chosewood. The survey, which was released in April 2021, includes questions about whether employees feel they can rely on supervisors for support, find their work meaningful, and want to go to work. NIOSH also offers resources to address issues identified by the survey, such as tool kits to help organizations minimize injuries, reduce sitting time at work, and build communication skills.

Hammer’s research has shown that well-being improves when supervisors value aspects of life outside of work, such as employees’ family and sleep needs. She has developed and studied 1-hour computer-based training interventions aimed at teaching supervisors how to ask open-ended questions, actively listen to employee responses, and pay attention to potential family or sleep-related problems. In the training, leaders also learn how to model the importance of life outside work by taking time off. In one of the interventions, the training led to increased job



satisfaction, reduced turnover intentions, and improved personal well-being among employees (*Journal of Occupational Health Psychology*, Vol. 26, No. 6, 2021).

Although these strategies may conflict with a manager's instinct to project confidence and competence, researchers are discovering that leaders who are willing to be open and vulnerable can increase the level of psychological safety on their teams without jeopardizing their reputations as competent. Constantinos Coutifaris, MBA, an assistant professor of management at the University of Texas at Austin, was intrigued by an article about a tech executive who shared areas of improvement from her own performance review with the employees who directly reported to her. Coutifaris and Adam Grant, PhD, an organizational psychology professor at the Wharton School of the University of Pennsylvania, decided to study the effects of that type of sharing at a health care company and a financial company. In a field experiment, some managers sought feedback from team members about their own performance, while others shared their development areas from their most recent reviews with team members. The data revealed that a year later, the psychological safety in teams at both companies improved when leaders openly shared their own development areas, but this did not happen when leaders had simply sought feedback from team members (*Organization Science*, Vol. 33, No. 4, 2021).

Follow-up interviews showed that the leaders who shared their own development areas with employees helped team members feel safe to share their own challenges. "This enhanced the level of psychological safety because vulnerability was normalized into the team culture," said Coutifaris. "Considerable research has found that when employees feel like they can take more risks without being penalized, they are more likely to voice their own opinions, generate

more creative and innovative solutions, and engage more in quality improvement work."

### A CANDIDATE-DRIVEN MARKET

The continued high rate of resignations among workers is another sign that employees are less willing to continue in organizations that fail to value their well-being. "Over the past 12 months, the Great Resignation has continued," said Anthony Klotz, PhD, who coined the term in 2021 when millions of workers were quitting their jobs because of the pandemic. "People are reflecting on their lives and asking why they are spending so much time in jobs that are stressful."

Labor participation is now close to pre-pandemic levels because employees are not actually leaving the workforce—they are seeking better options, said Klotz, an associate professor of organizational behavior at the University College London School of Management. "They are moving to roles that offer remote work, increased wages, and benefits that cover college education, parental leave, and sabbaticals."

Doug Reynolds, PhD, executive president of DDI, a leadership development and assessment company in Pittsburgh, is seeing the effects of the candidate-driven market in his company. Prior to the pandemic, he recruited in Pittsburgh for his product development team, which includes 80 software engineers, I/O psychologists, and analytics specialists. Now that remote work is an option, he is hiring people from throughout the United States, India, Europe, and other countries. "People do not want restrictions and rules, and they want to decide where and when to work," he said.

But hires who are new to the workforce have shared with him that there are drawbacks to remote work that employers will need to address.

“They miss the peer mentoring that often occurs casually in the office,” said Reynolds.

Companies are also reexamining how they select leaders, especially with an eye toward increasing diversity at higher levels, said I/O psychologist John Scott, PhD, chief operating officer of APTMetrics, a human resources consulting firm in Connecticut. One of the barriers diverse candidates can face as they apply for leadership positions is lack of previous experience in upper-level supervisory roles. “Historically, hiring practices for leadership roles have been based on the idea that past behavior is the best predictor of future behavior, but past behavior is a function of the opportunities people have been given,” Scott said. To increase equity in hiring, his company developed a simulation tool that assesses leadership skills. Applicants participate in an immersive online simulation, such as a scenario in which a company’s new CEO (the candidate) must guide C-suite leaders toward agreement on how the company should grow.

## SUPPORT FOR VULNERABLE WORKERS

Psychologists say companies are also viewing essential workers differently post-pandemic; the global crisis elevated the importance of employees who staff grocery stores, childcare centers, hospitals, and manufacturing facilities. “Companies that focused on promoting a good culture thrived, and those that didn’t lost employees,” said I/O psychologist Heidi Glickman, PhD, who specializes in providing executive coaching and consulting to organizations experiencing significant change. She worked with a grocery chain in the Northeast that was struggling to retain workers, and Glickman helped leaders improve employee engagement by increasing communication with staff.

Considerable research has found that when employees feel like they can take more risks without being penalized, they are more likely to voice their own opinions, generate more creative and innovative solutions, and engage more in quality improvement work.

The company is now surveying workers more frequently and trained local managers to meet with their teams regularly to gather feedback. “If employees are feeling strained, leaders can respond by changing scheduling procedures and making sure workers are allocating energy to the things that matter most,” said Glickman.

Psychologists hope that the momentum to improve working conditions, pay, and benefits for people in service jobs will continue long after the pandemic. In a recent study, Shoss and colleagues investigated why jobs that were previously stigmatized by society, such as roles in food service and public transportation, were elevated to “hero” status during the pandemic (*International Journal of Hospitality Management*, Vol. 93, 2021). One reason for the new status was the media’s message that “we are in this together,” which united typically stigmatized workers with society at large, according to the study.

“The public recognized the threats and challenges these workers face and the need to take action to protect them, such as making sure they have sick pay or other benefits that white-collar workers enjoy,” she said. With this heightened awareness, Shoss sees the world teetering

between two possible futures. “There is an opportunity here to increase workplace safety or continue the trends of vulnerable work,” she said. “I hope this recognition will lead to more advocacy and public policy to address job quality and safety.” ■

## FURTHER READING

### Auditing the AI auditors: A framework for evaluating fairness and bias in high stakes AI predictive models

Landers, R. N., & Behrend, T. S.  
*American Psychologist*, 2022

### Getting outdoors after the workday: The affective and cognitive effects of evening nature contact

Klotz, A. C., et al.  
*Journal of Management*, 2022

### Has the COVID-19 pandemic accelerated the future of work or changed its course? Implications for research and practice

Ng, M. A., et al.  
*International Journal of Environmental Research and Public Health*, 2021

## MAKING A DENT IN THE

# YOUTH MENTAL HEALTH CRISIS

Youth in the United States are facing record-high levels of anxiety and depression. Psychologists are expanding efforts to implement research and make an impact.

**BY ZARA ABRAMS**

Schools are a key place to help children. Psychologists are increasing efforts to develop resources and interventions to support students onsite.





The COVID-19 pandemic era ushered in a new set of challenges for youth in the United States, leading to a mental health crisis as declared by the United States surgeon general just over a year ago. But U.S. children and teens have been suffering for far longer.

In the 10 years leading up to the pandemic, feelings of persistent sadness and hopelessness—as well as suicidal thoughts and behaviors—increased by about 40% among young people, according to the Centers for Disease Control and Prevention’s (CDC) Youth Risk Behavior Surveillance System.

“We’re seeing really high rates of suicide and depression, and this has been going on for a while,” said psychologist Kimberly Hoagwood, PhD, a professor of child and adolescent psychiatry at New York University’s Grossman School of Medicine. “It certainly got worse during the pandemic.”

In addition to the social isolation and academic disruption nearly all children

**Girls, LGBTQ+ youth, and those who have experienced racism were more likely to have poor mental health during the pandemic.**

and teens faced, many also lost caregivers to COVID-19, had a parent lose their job, or were victims of physical or emotional abuse at home.

All these difficulties, on top of growing concerns about social media, mass violence, natural disasters, climate change, and political polarization—not to mention the normal ups and downs of childhood and adolescence—can feel insurmountable for those who work with kids.

“The idea of a ‘mental health crisis’ is really broad. For providers and parents, the term can be anxiety-provoking,” said Melissa Brymer, PhD, who directs terrorism and disaster programs at the UCLA–Duke University National Center for Child Traumatic Stress. “Part of our role is to highlight specific areas that are critical in this discussion.”

Across the field, psychologists are doing just that. In addition to studying

the biological, social, and structural contributors to the current situation, they are developing and disseminating solutions to families, in schools, and at the state level. They’re exploring ways to improve clinical training and capacity and working to restructure policies to support the most vulnerable children and teens.

Psychologists were also behind new mental health recommendations from the U.S. Preventive Services Task Force, a group of volunteer health professionals who evaluate evidence on various preventive health services. The task force now recommends regular anxiety screenings for youth ages 8 to 18 and regular depression screenings for adolescents ages 12 to 18.

“I see these trends in children’s mental health problems as being critical, but there are solutions,” Hoagwood said. “If we refocus our efforts toward those solutions, we could see some of these tides turn.”

## SOURCES OF STRESS

Across the United States, more than 200,000 children lost a parent or primary caregiver to COVID-19 (“COVID-19 Orphanhood,” Imperial College London, 2022). In the face of those losses, families had to curtail mourning rituals and goodbye traditions because of social distancing requirements and other public health measures, Brymer said. Many children are still grieving, sometimes while facing added challenges such as moving to a different home or transferring to a new school with unfamiliar peers.

The CDC also reports that during the pandemic, 29% of U.S. high school students had a parent or caregiver who lost their job, 55% were emotionally abused by a parent or caregiver, and 11% were physically abused (*Adolescent Behaviors and Experiences Survey—United States, January–June 2021*, CDC).

“Schools are crucial for keeping kids safe and connecting them with services, but the pandemic completely disrupted those kinds of supports,” Brymer said.

Those extreme disruptions didn’t affect all young people equally. Echoing pre-COVID-19 trends, the CDC also found that girls, LGBTQ+ youth, and those who have experienced racism were more likely to have poor mental health during the pandemic, said social psychologist Kathleen Ethier, PhD, director of the CDC’s Division of Adolescent and School Health.

Contributing factors likely include stigma, discrimination, and online bullying, Ethier said. Female students also report much higher levels of sexual violence than their male peers, which can further harm mental health.

As much hardship as COVID-19 wrought, it’s far from the only factor contributing to the current crisis. Biology also appears to play a role. The age of puberty has been dropping for decades, especially in girls, likely leading to difficulty processing complex feelings



**Developmental changes in early puberty drive young people to seek attention and approval from their peers. Social media can foster positive connections or exacerbate negatives ones.**

and knowing what to do about them (Eckert-Lind, C., et al., *JAMA Pediatrics*, Vol. 174, No. 4, 2020). In early puberty, regions of the brain linked to emotions and social behavior are developing more quickly than regions responsible for the cognitive control of behavior, such as the prefrontal cortex, Ethier said.

Those developmental changes drive young people to seek attention and approval from their peers. For some, using social media fulfills that need in a healthy way, providing opportunities for connection and validation to youth who may be isolated from peers, geographically or otherwise.

For others, negative messages—including online bullying and unrealistic standards around physical appearance—appear to have a detrimental effect, but more research is needed to understand who is most at risk.

“There is clearly some aspect of young people’s online life that’s contributing [to the mental health crisis], we just don’t know exactly what that is,” said Ethier.

Finally, structural factors that affect millions of U.S. children, including poverty, food insecurity, homelessness,



and lack of access to health care and educational opportunities, can lead to stress-response patterns that are known to underlie mental health challenges.

“Even in very young children, prolonged stress can trigger a cycle of emotion-regulation problems, which can in turn lead to anxiety, depression, and behavioral difficulties,” Hoagwood said. “These things are well established, but we’re not doing enough as a field to address them.”

## BUILDING CAPACITY IN SCHOOLS

The biggest challenge facing mental health care providers right now, experts say, is a shortage of providers trained to meet the mounting needs of children and adolescents.

“There’s a growing recognition that mental health is just as important as physical health in young people’s development, but that’s happening just as mental health services are under

extreme strain,” said clinical psychologist Robin Gurwitch, PhD, a professor in the Department of Psychiatry and Behavioral Sciences at Duke University Medical Center.

Schools, for example, are a key way to reach and help children—but a 2022 Pew Research Center survey found that only about half of U.S. public schools offer mental health assessments and even fewer offer treatment services. Psychologists are now ramping up efforts to better equip schools to support student well-being on-site.

Much of that work involves changing policies at the school or district level to provide more support for all students. For example, school connectedness—the degree to which young people feel that adults and peers at school care about them and are invested in their success—is a key contributor to mental health. Youth who felt connected during middle and high school have fewer problems with substance use, mental health, suicidality, and risky sexual behavior as adults (Steiner, R. J., et al., *Pediatrics*, Vol. 144, No. 1, 2019).

Through its What Works in Schools program, the CDC funds school districts to make changes that research shows foster school connectedness. Those include improving classroom management, implementing service-learning programs for students in their communities, bringing mentors from the community into schools, and making schools safer and more supportive for LGBTQ+ students.

Psychologists are also building training programs to help teachers and other school staff create supportive classrooms and aid students who are in distress. Classroom WISE (Well-Being Information and Strategies for Educators), developed by the Mental Health Technology Transfer Center Network and the University of Maryland’s National Center for School Mental Health (NCSMH), is a free, flexible online course and resource library that draws on psychological



**School connectedness—the degree to which young people feel that adults and peers at school care about them and are invested in their success—is a key contributor to mental health.**

research on social-emotional learning, behavioral regulation, mental health literacy, trauma, and more (“Evidence-Based Components of Classroom WISE,” NCSMH, 2021).

“We’re using evidence-based practices from child and adolescent mental health but making these strategies readily available for teachers to apply in the classroom,” said clinical psychologist Nancy Lever, PhD, codirector of NCSMH, who helped develop Classroom WISE.

The course incorporates the voices of students and educators and teaches actionable strategies such as how to create rules and routines that make classrooms feel safe and how to model emotional self-regulation. The strategies can be used by anyone who interacts with students, from teachers and administrators to school nurses, coaches, and bus drivers.

“What we need is to build capacity through all of the systems that are part of children’s lives—in families, in schools, in the education of everybody who interacts with children,” said psychologist Ann Masten, PhD, a professor of child development at the University of Minnesota.

Other training efforts focus on the

students themselves. Given that preteens and teenagers tend to seek support from their peers before turning to adults, the National Child Traumatic Stress Network (NCTSN) created conversation cards to equip kids with basic skills for talking about suicide. The advice, available in English and Spanish, includes how to ask about suicidal thoughts, how to listen without judgment, and when to seek guidance from an adult (“Talking About Suicide With Friends and Peers,” NCTSN, 2021).

While training people across the school population to spot and address mental health concerns can help reduce the strain on mental health professionals, there will always be a subset of students who need more specialized support.

Telehealth, nearly ubiquitous these days, is one of the best ways to do that. In South Carolina, psychologist Regan Stewart, PhD, and her colleagues co-launched the Telehealth Outreach Program at the Medical University of South Carolina in 2015. Today, nearly every school in the state has telehealth equipment (Wi-Fi and tablets or laptops that kids can use at school or take home) and access to

providers (psychology and social work graduate students and clinicians trained in trauma-focused cognitive behavioral therapy). Students who need services, which are free thanks to grant funding or covered by Medicaid, meet one-on-one with their clinician during the school day or after hours (*American Psychologist*, Vol. 75, No. 8, 2020).

“We learned a lot about the use of technology during the pandemic,” Ethier said. “At this point, it’s very much a matter of having sufficient resources so more school districts can access those sources of care.”

## EXPANDING THE WORKFORCE

Limited resources are leaving families low on options, with some young people making multiple trips to the emergency room for mental health–related concerns or spending more than 6 months on a waiting list for mental health support. That points to a need for more trained emergency responders and psychiatric beds, psychologists say, but also for better upstream screening and prevention to reduce the need for intensive care.

“Just as we need more capacity for psychiatric emergencies in kids, we also need an infusion of knowledge and ordinary strategies to support mental health on the positive side,” Masten said.

In New York, Hoagwood helped launch the state-funded Evidence Based Treatment Dissemination Center in 2006, which offers free training on evidence-based practices for trauma, behavioral and attention problems, anxiety, depression, and more to all mental health professionals who work with children in state-licensed programs, which include foster care, juvenile justice, and school settings, among others. The center provides training on a core set of tools known as PracticeWise (Chorpita, B. F., & Daleiden E. L., *Journal of Consulting and Clinical Psychology*, Vol. 77, No. 3, 2009). It also offers tailored training based on requests

from community agency leaders and clinicians who provide services to children and their families.

Hoagwood, in collaboration with a consortium of family advocates, state officials, and researchers, also helped build and test a state-approved training model and credentialing program for family and youth peer advocates. The peer advocate programs help expand the mental health workforce while giving families access to peers who have similar lived experience (*Psychiatric Services*, Vol. 71, No. 5, 2020).

Youth peer advocates are young adults who have personal experience with systems such as foster care, juvenile justice, or state psychiatric care. They work within care teams to provide basic education and emotional support to other youth, such as giving advice on what questions to ask a new mental health practitioner and explaining the differences between psychologists, psychiatrists, and social workers. Youth peer advocates in New York can now receive college credit for their training in peer specialist work.

“Making community health work into a viable career can also increase diversity among mental health workers and help us address structural racism,” Hoagwood said.

Pediatricians are another group that can provide a first line of defense, drawing on their relationships with parents to destigmatize mental health care.

“Pediatricians are in many ways uniquely positioned to help address the mental health crisis in youth,” said Janine A. Rethy, MD, MPH, division chief of community pediatrics at MedStar Georgetown University Hospital and an associate professor of pediatrics at Georgetown University School of Medicine. “We have the privilege of building long-term relationships with children and their families over many years,” with at least 12 well-child checkups in just the first 3 years of a child’s life, followed by annual visits.

During these visits, they can watch for warning signs of social and behavioral problems and screen for maternal depression and other issues in parents, which is now recommended by the American Academy of Pediatrics. Several new resources provide guidance for integrating mental health care into pediatric practices, including the Behavioral Health Integration Compendium and the Healthy Steps program. But most pediatricians need more education on mental health issues in order to effectively respond, Rethy said—yet another area where psychologists may be able to help. Psychologists can provide direct consultations and training to pediatricians through the Pediatric Mental Health Care Access program.

“The more we can weave mental health knowledge, capacity, and checkpoints into places where parents feel comfortable—like the doctor’s office and at school—the better,” Masten said. “All professionals who work with young people really need the knowledge that’s being generated by psychologists.” ■

## FURTHER READING

### Science shows how to protect kids’ mental health, but it’s being ignored

Prinstein, M., & Ethier, K. A.  
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### How pediatricians can help mitigate the mental health crisis

Rethy, J. A., & Chawla, E. M.  
*Contemporary Pediatrics*, 2022

### Review: Structural racism, children’s mental health service systems, and recommendations for policy and practice change

Alvarez, K., et al.  
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# Advancing the Field Through Partnerships

Psychologists are joining forces with other professions, communities, and each other to tackle big societal problems, from childhood mental health to police violence

BY STEPHANIE PAPPAS





SPENCER PLATT/GETTY IMAGES; POOL/GETTY IMAGES; SPENCER PLATT/GETTY IMAGES; NURPHOTO/GETTY IMAGES

Collaboration between psychologists and other fields has the potential to make bigger impacts in communities.

Many of the mental health and behavior challenges that psychologists explore have a huge societal component. Poverty, exposure to violence and racism, inequities in education and the justice system, and international conflicts such as the war in Ukraine affect mental health in ways that span geographical, societal, and professional boundaries.

So perhaps it's no surprise that, going into 2023, psychologists are increasingly tackling complex social issues and working toward effective solutions by coming to the table with each other and other professionals, and even reaching across borders.

These efforts, among others, include supporting refugees and victims of war, combating police violence, advocating for gun control, and fighting misinformation and disinformation. To do the work, psychologists are partnering with other mental health and medical professionals, journalists, policymakers, and each other.

"There is power in numbers," said Amanda Clinton, MEd, PhD, senior director for the Office of International Affairs at APA. "There is power in voice. There is power in finding where we overlap and how we can share that."

#### PARTNERING WITH OTHER PSYCHOLOGISTS

Clinton and her team have connections all over the globe: psychologists fighting climate change, psychologists working with war refugees, and psychologists trying to nurture professional development in countries where mental health is underresourced. The key to tackling these big problems with international partners, Clinton said, is to avoid coming in as though the United States has

all the answers. In fact, the value often flows from less-resourced countries to more-resourced ones.

"If we want to have really meaningful benefits for humanity, these kinds of interactions with other people outside of North America are going to provide us better insights into the challenges that humanity is facing," Clinton said.

For example, the Office of International Affairs has had a long-standing relationship with psychological scientists in Ukraine through the Global Psychology Alliance (GPA), a network of psychological associations from 70 different countries. When Russian forces invaded their country, Ukrainian psychologists were able to broadcast their needs: At first, APA provided resources from Div. 19 (Society for Military Psychology) for families separated by military service, and then later provided support for scientists within Ukraine trying to preserve their research in the middle of war. Meanwhile, members of the GPA from nearby countries had needs of their own. Psychologists in Romania, Poland, and Germany requested resources for multicultural education as refugees arrived at their borders, and colleagues from nations that have recently experienced war responded with their hard-earned expertise.



UVALDE, TX



“It was like a stone-in-the-water sort of ripple effect,” Clinton said. “We could help many of our partners, and they could inform us.”

#### PARTNERING WITH NONPROFITS

Relationships are also at the heart of APA’s collaborations with fellow organizations, said Luana Bossolo, senior director of strategic public engagement and community outreach at APA. APA works with a variety of organizations that have strategic goals overlapping APA’s, from Sesame Workshop, which produces *Sesame Street*, to the Born This Way Foundation, which has a mission of supporting youth mental health. APA is also working on a variety of projects combating misinformation and disinformation with partners such as the American Public Health Association and the National Press Club.

One long-running and fruitful collaboration—since 2013—has been with the National Parent Teacher Association (National PTA), Bossolo says. “PTA’s been really wonderful for us in terms of reaching that audience of parents and teachers” with APA’s expertise on mental and behavioral health, Bossolo said.

APA representatives attend National PTA conventions, run Mental Health Awareness Month virtual events, and provide mental health experts to create content for PTA’s newsletters and podcasts. After the elementary school shooting in Uvalde, Texas, in May 2022, these preexisting relationships enabled APA, the PTA, and seven other organizations representing educators and mental health professionals to respond rapidly with an open letter to legislators demanding action against gun violence in paid advertising space in *USA Today*. Normally, making that kind of joint statement and policy ask would be a slow process, Bossolo said.

**Psychologists’ long-standing relationships with lawmakers and other professions gave them a voice in the legislative response to the elementary school shooting in Uvalde, Texas, and the passage of the bipartisan Safer Communities Act.**

“It’s really a huge commitment on multiple levels. You’re making a financial commitment, you’re making a huge public statement, and your organization is taking a huge public stand on a major issue,” she said. But the strong emotions around Uvalde and the preexisting relationships at play made the move frictionless.

“It must have been within two hours that I was able to get to someone and say, ‘We want to do this,’ and they said yes,” Bossolo said.

Long-standing relationships helped psychologists have a voice in the legislative response to Uvalde. The passage of the bipartisan Safer Communities Act in June 2022 was the first comprehensive gun violence prevention legislation passed by Congress in nearly 30 years, said Katherine McGuire, the chief advocacy officer at APA. “To get the bipartisan act across the finish line, we joined forces with long-term partners, including former Congresswoman Gabby Giffords’s organization, American Academy of Pediatrics, Brady Campaign, American Foundation for Suicide Prevention, and Sandy Hook Promise, to name a few,” McGuire said. “Our collective goal was to ensure that Congress addresses gun violence as a public health issue and does not stigmatize mental illness.”

The final bill included expansion and funding of mental health services within communities and schools, as well as enhancing federal background checks, funding extreme risk protection order laws, and tightening firearm bans for domestic abusers. The coalition effort helped break through the congressional logjam around gun legislation, McGuire said, creating a space for lawmakers to drop their “all or nothing” stances and instead embrace incremental, science-informed change. APA members sent nearly 3,000 messages to

members of Congress advocating for the bill.

In 2023, APA's Advocacy office and the Board for the Advancement of Psychology in the Public Interest (BAPPI) are partnering with outside organizations such as Mental Health America and the Eating Disorders Coalition to replicate that win with the Kids Online Safety Act, or KOSA (S. 3663). KOSA is another bipartisan bill that would address the safety of minors. The goal, McGuire said, is to increase online parental controls and reporting mechanisms, tighten default privacy and security rules, and allow researchers more access to social media data to study the mental health effects of these networks. The provisions are informed by science out of Div. 14 (Society for Industrial and Organizational Psychology) and Div. 46 (Society for Media Psychology and Technology), and the effort has also been guided by a 2019 Council Resolution on Children and Adolescent Mental Health, McGuire said. APA and collaborating organizations are pushing for the bill to reach the Senate floor for a vote in 2023.

"In this instance, psychological science was the driver that other partners used as a foundation for their own advocacy efforts and was the glue that held the coalition together," she said.

## PARTNERSHIPS IN ACADEMIA

Many students, especially students of color, get their start in community colleges, but for those aiming for graduate degrees, the deck is often stacked against them. Increasingly, partnerships between these institutions are ensuring that students have an easier time getting credit for the work they've done, ensuring their credits transfer from 2-year to 4-year colleges.

**Partnerships between 2- and 4-year colleges can ease an often difficult transition by improving the probability of transferring credits, providing important research opportunities, and more.**

Arizona state universities, for example, work with community colleges through articulation task forces—including faculty from the universities and community colleges. Task force members discuss curricula to ensure the community college courses meet the 4-year college standards, and that the 4-year colleges will honor the credits upon transfer. Without partnerships like this, many 2-year students have had to retake core courses, costing them hard-earned money, making them ineligible to work in labs, and putting them at a disadvantage in competing for admittance to PhD programs.

Only 13% of psychology doctoral degrees are awarded to Latinx students, 8% to Black students, and 0.5% to Native American/Alaska Native students (APA Center for Workforce Studies, Data Tool: Degrees in Psychology). But 51% of community college students identify as non-white, according to the College Board (Research Brief, 2016). Supporting these student's success will be important moving forward, especially as universities strive to increase diversity in their ranks. Right now, those ranks are homogenous in many ways: A recent study found that 80% of all U.S.-trained professors hail from just 20% of universities (Wapman, K. H., et al., *Nature*, September 2022).

Across the country, many instructors in psychology programs are working to make required courses such as research methods available to community college students, and sometimes in creative ways. For example, at Miami Dade College in Florida, psychology faculty spearheaded the creation of a multidiscipline social science research methods course to get around concerns that a psychology-specific course wouldn't be in high enough demand. The course, launched in 2022, gives associate degree



students an opportunity to craft their own research questions and hypotheses. (See September *Monitor*, “Reducing Barriers for Community College Students Majoring in Psychology”).

The psychology faculty also work closely with the school’s humanities and natural sciences faculty to craft courses and research opportunities. “It really brings a different layer of not only expertise but inquisitiveness to the student that prepares them well for either the bachelor’s level or to start thinking, ‘What can I add to my experience at a 2-year institution that will help me later?’” says Trinidad Argüelles, EdD, the current psychology convener for the college.

#### PARTNERING ON PUBLIC SAFETY

One of the most pressing areas for collaboration in 2023 is combating the inequitable policing of racial and ethnic minorities. The *Washington Post* Police Shootings Database shows that police in the United States killed 1,039 people between October 2021 and October 2022. Black people are killed at twice the rate of White people, according to an analysis of that data. APA’s Resolution on Psychology’s Role in Addressing the Impact of, and Change Required With, Police Use of Excessive Force Against People of Color and Other Marginalized Communities in the United States, passed in August 2022, is an example of an effort to spur more partnerships to turn these numbers around. The resolution’s writing group was led by the BAPPI and reviewed by Div. 18 (Society for Police and Public Safety), Div. 48 (Society for the Study of Peace, Conflict, and Violence), and the Committee on Ethnic Minority Affairs.

The resolution calls specifically for collaboration between psychologists, communities, and police departments in altering policing strategies, including identifying functions carried out

by police that may be more effectively carried out by other professionals and researching and developing training that encompasses anti-bias and racial equity strategies, among other efforts. Separately, the APA Presidential Task Force to Reduce Police Violence Against African Americans is working on guidelines for police organizations, with input by community organizations and police department leaders.

Collaboration between scientists, communities, and police has a long history, says Phillip Atiba Goff, PhD, a social psychologist and cofounder and CEO of the Center for Policing Equity (CPE), which brings data and tools to communities trying to make changes to public safety. Goff stresses that the psychologists aren’t the saviors in the system; he and his team come in to provide tools, but the real effort comes from community members who know, from the inside out, how their neighborhoods work.

The increased public awareness of violence by police, especially against people of color, has brought a lot of new interest to interventions, Goff said. But it’s important to step carefully into this type of work, he added. Poorly thought out interventions can backfire, worsening the problem. For example, granting money to police departments for new training might sound like a great idea, Goff said, but if those trainings aren’t effective, the end result is that “you just gave more money to the people engaging in the problem.”

“These problems are hard,” Goff said. “And we should show up with the humility knowing that generations of folks have tried to solve them and have not yet succeeded.”

CPE does not take money from law enforcement organizations or community groups, maintaining strict financial neutrality. In late 2021, the organization launched a new initiative, the Justice Navigator ([www.justicenavigator.org](http://www.justicenavigator.org)),

which acts as a clearinghouse for data from participating police departments around the country. These data allow for analyses about racial disparities in things like use of force, traffic stops, and other police encounters. CPE works with community partners to use the analyses to reveal and correct policing inequities.

There are four public assessments available from the Justice Navigator so far: Norman, Oklahoma; Sacramento, California; San Diego, California; and San Diego County, California. Each has found that use of force against Black people is 3 to over 4 times higher than against White people, taking into account neighborhood crime rates, poverty, and share of the population.

The work can be slow, and the environment polarizing. Goff and his team are sometimes criticized both by those who dislike any pushback against law enforcement and by those who think their approach does not go far enough. This kind of criticism goes with the territory of tackling hard social issues, Goff said, but making real policy progress is still possible.

“Don’t be cowed by the people who are going to say that the doing of this work is always far inferior to the imagining of this work,” Goff said. “Because the problem is, the people who make that critique only ever imagine.” ■

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#### FURTHER READING

**Collaborating with the enemy:  
How to work with people you don’t  
agree with or like or trust**  
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# NEW TRENDS IN SUICIDE PREVENTION

Psychologists are at the forefront of finding  
new ways to tackle a national crisis

BY REBECCA A. CLAY



Historically, psychologists have viewed suicide primarily as a symptom of mental illness and have often sent patients who even mention the word “suicide” straight to the emergency room. Now that is starting to change, as psychologists on the front lines find new ways to identify individuals at risk, address the full complexity of suicide, and enlist new sources of help. Their goal? To lower a national suicide rate that is still shockingly high.

After 15 years of steadily increasing rates, the overall number of suicides in the United States dropped 5% between the 2018 peak and 2020, according to provisional data from the Centers for Disease Control and Prevention (CDC).

But that progress was not shared equally. While the overall rate dropped, White men and women accounted for much of the decline, with the suicide rate for White men dropping 3% between 2019 and 2020 and the rate for White women dropping 10%. In addition to racial disparities, the overall decline obscures important changes by age. For individuals ages 10 to 34, for instance, rates were higher in 2020 than in 2019. And young people are increasingly considering suicide. Suicide is already the second most common cause of death for young people, but in 2020, emergency room visits for suspected suicide attempts increased 31% for adolescents ages 12 to 17, according to the CDC (*Morbidity and Mortality Weekly Report*, Vol. 70, No. 24, 2021). For girls, visits were almost 51% higher than in 2019.

In confronting these numbers, psychologists are making the case for increased

screening and are developing interventions that can help health care systems overcome their fears of being overwhelmed by the number of people who screen positive for suicidal ideation and behavior. And in the face of a nationwide shortage of mental health professionals, psychologists are training the public in a CPR-like suicide prevention intervention and harnessing technology’s power to provide support.

“With COVID-19 and everything else happening lately, people are paying greater attention to mental health,” said Jill Harkavy-Friedman, PhD, senior vice president of research at the American Foundation for Suicide Prevention.

#### RETHINKING SUICIDE PREVENTION

For Craig Bryan, PsyD, ABPP, author of *Rethinking Suicide: Why Prevention Fails, and How We Can Do Better* (Oxford University Press, 2021), the reason suicide rates have remained stubbornly high for decades is the outdated notion that mental illness is what causes suicide.

“We have decades of research that that core assumption—the bedrock of prevention efforts nowadays—is wrong,” said

Bryan, who directs the Suicide Prevention Program at The Ohio State University College of Medicine. “We keep zeroing in on one small piece of the puzzle, then scratching our heads that . . . we’re not bending the curve.” This misconception has led to focusing on mental health treatment as the primary method of preventing suicide. Bryan and a growing number of psychologists believe that practitioners should instead look at the broader problems, such as financial struggles, relationship problems, discrimination, and other factors, that put people at risk.

“Because we’ve thought of suicide as a mental health problem—something inside people—we say, ‘You suffer from depression and need to go to treatment,’” said Bryan. “But therapy and medications won’t pay your bills, won’t help you have a boss who treats you with dignity and respect, won’t change the neighborhood you’re in.” Psychologists, said Bryan, need to go beyond mental health, empower patients, and become advocates for better jobs, housing, and nondiscrimination policies.

Such efforts are already underway, with the suicide prevention field paying more attention to factors like the role

“There’s a common myth that if you ask someone about suicide, it puts the idea in their head; but research shows just the opposite: Asking produces relief and lowers anxiety and stress.”

PAUL QUINNETT, PHD, EXECUTIVE CHAIRMAN OF THE QPR INSTITUTE

structural racism plays in racial and ethnic disparities in suicide rates.

Looking at suicide data as a whole masks important differences, said Kiara Alvarez, PhD, an assistant professor of health, behavior, and society at the Johns Hopkins Bloomberg School of Public Health (*American Journal of Psychiatry*, Vol. 179, No. 6, 2022). Rates of suicidal behavior have increased disproportionately among young people of color over the last few decades, with Black girls in particular reporting the highest rates of suicide attempts, said Alvarez. And very young Black children between 5 and 12 have almost twice the suicide rate of their White counterparts, said Alvarez, pointing to research (Bridge, J. A., et al., *JAMA Pediatrics*, Vol. 172, No. 7, 2018) cited in the U.S. surgeon general's 2021 advisory Protecting Youth Mental Health.

Yet, said Alvarez, prevention efforts have focused on supposedly universal risk and protective factors without being customized for individual populations. And structural racism is apparent in the response to crises, she said, with young people of color more likely to be tagged with behavioral rather than mental health problems and funneled from school suspension all the way to the juvenile justice system.

"Just bringing mental health services into school misses the boat when it comes to suicide prevention," said Alvarez. "You need to address who has access—who is being treated as someone needing mental health support instead of behavioral management and discipline."

Prevention efforts are also moving upstream to target entire populations, said John Ackerman, PhD, who directs the Center for Suicide Prevention and Research at Nationwide Children's Hospital in Columbus, Ohio. "Not all of our suicide prevention efforts should be done at the point of crisis," said Ackerman, coeditor with Lisa Horowitz, PhD, MPH, of *Youth Suicide Prevention*

and *Intervention: Best Practices and Policy Implications* (Springer, 2022). "We need to be giving people tools to reduce their risk before a crisis."

For Ackerman, that means going into schools with an evidence-based program called Signs of Suicide. The program teaches middle and high school students how to respond to a friend in crisis while also training the adults in the school, including lunchroom staff, coaches, and bus drivers. "We want everyone equipped to respond to warning signs of suicide," said Ackerman, who has worked with 65,000 schoolchildren in almost 250 Ohio schools. Ackerman is now working with the program's developer to create a program aimed at third to fifth graders.

Until recently, Ackerman added, schools were reluctant to introduce suicide prevention programming. "Talking about young people ending their lives is an uncomfortable topic," he said, "but the data are very, very clear that young kids are considering suicide and acting on it."

### THE CASE FOR SCREENING

One ongoing controversy in the field concerns universal screening for suicide risk, especially within health care settings.

"The majority of adults and kids who have died by suicide have visited a health care provider in the months, sometimes even weeks, before they die," said Horowitz, senior associate scientist in the National Institute of Mental Health Intramural Research Program. "What that presents is an incredible opportunity—you might even argue responsibility—to detect people at risk and be the bridge to getting them help."

Not everyone agrees. In May 2020, the U.S. Preventive Services Task Force issued a draft recommendation statement noting insufficient evidence to recommend for or against suicide risk screening in asymptomatic children and adolescents, for example. In September, the task force issued a similar draft statement

about screening in adults. But kids—and adults—can't wait for that research, said Horowitz. "We can't wait 5 more years for those studies to come out, because kids are dying from suicide right now," she said. "We have to screen young people so that we can identify those at risk who may not be discussing their suicidal thoughts with anyone else."

A screening tool Horowitz and her team developed called the Ask Suicide-Screening Questions (ASQ) takes just 20 seconds (*JAMA Pediatrics*, Vol. 166, No. 12, 2012). Critics of universal screening often conflate screening and assessment, Horowitz explained, but the screening instead represents a rapid way to flag someone who needs further attention and is the first step in a clinical pathway (*Academic Pediatrics*, Vol. 22, No. 2, 2022). "Screening is the way you start the conversation," said Horowitz. "It's an opportunity to reach out before it's too late."

Behind the resistance to universal screening lies the fear that such screening means opening Pandora's box, said Edwin Boudreaux, PhD, a professor of emergency medicine, psychiatry, and quantitative health sciences at the University



of Massachusetts Chan Medical School. “They argue that if they don’t have the capacity to intervene, that screening is not really going to help,” said Boudreaux.

What Boudreaux has found is that universal screening catches many who would otherwise be missed. In a large multisite study, he and colleagues found that universal screening of adult emergency department patients almost doubled risk detection, going from just under 3% to almost 6% (*Contemporary Clinical Trials*, Vol. 95, 2020). That number is still low enough that hospitals do not have to worry about being inundated with at-risk patients, he said, especially if hospitals put in place protocols that are sensitive to patients’ severity of risk. Some patients with lower levels of acute risk, for example, may not need a full psychiatric workup or safety precautions such as searching their belongings for potentially lethal items or assigning someone to watch them constantly.

Plus, said Boudreaux, there are things health care systems can do to make the most of existing resources instead of the traditional—and costly—response of sending patients who mention suicide to the emergency room.

The UMass Memorial Health system, for instance, made changes based on the tenets of Zero Suicide—the now predominant model, which calls for overhauling entire systems to address suicide instead of merely training individual practitioners. The UMass system now does universal screening of patients ages 12 and older, then stratifies them by risk level, with high-risk patients receiving evidence-based interventions. Safety planning, for example, is an easy intervention in which the patient and clinician work together to identify risk factors and warning signs plus ways of coping with them. A revamped electronic health record system helps ensure patients do not fall through the cracks as they transition to the appropriate level of care.

“Not all of our suicide prevention efforts should be done at the point of crisis. We need to be giving people tools to reduce their risk before a crisis.”

JOHN ACKERMAN, PHD, COEDITOR OF *YOUTH SUICIDE PREVENTION AND INTERVENTION: BEST PRACTICES AND POLICY IMPLICATIONS*

Even something as simple as calling patients post-emergency room discharge can reduce suicide, Boudreaux has found. In a multicenter study that focused on adults with recent suicidal ideation or attempts, the researchers found that patients who received follow-up phone calls and discharge resources had 30% fewer suicide attempts than patients who received treatment as usual (*JAMA Psychiatry*, Vol. 74, No. 6, 2017).

Limiting access to lethal means—especially firearms—is also key, said Michael Anestis, PhD, executive director of the New Jersey Gun Violence Research Center at Rutgers University. Firearms accounted for 53% of suicides in 2020, according to the CDC (Kessler, S. R., et al., *Morbidity and Mortality Weekly Report*, Vol. 71, No. 19, 2022).

The demographics are changing, however. “There has been an unprecedented surge in firearm sales—not just in deep red states,” said Anestis. That means psychologists must broaden their idea of who is at risk beyond veterans and other traditional high-risk groups. People who bought firearms during the COVID-19 pandemic, Anestis has found, are more likely to report past-month, past-year, and lifetime suicidal ideation than people who have never purchased firearms or purchased them before the pandemic (*JAMA Network Open*, Vol. 4, No. 10, 2021).

The next frontier is to train people outside of health care, such as military unit

leaders and bartenders, to do lethal means counseling—assessing whether someone who is suicidal has access to firearms, prescription medicine, or other potentially lethal items and working with the person and family members to limit access to those items during a crisis. “Folks who die by firearm are less likely to engage with health care,” said Anestis. “Training others to have these conversations is a way to move upstream and shift societal norms.”

#### EXPANDING ACCESS TO HELP

Other efforts aim to increase the amount of training on suicide that psychologists receive. The vast majority of psychologists and other mental health professionals are not routinely trained in suicide prevention, according to a policy paper by the American Foundation for Suicide Prevention. As a result, a growing number of states are mandating such training as a condition for licensure. Eleven states now require training in suicide prevention or suicide assessment, management, and treatment, while an additional four states encourage such training.

New hotline numbers help ensure that individuals in crisis can connect with sources of help.

In July 2022, the National Suicide Prevention Lifeline changed its name to 988 Suicide and Crisis Lifeline and introduced a 3-digit number designed to be as easy to remember as 911. Instead of dialing the old 10-digit number,

## Prevention hotlines for specific issues

Because many suicidal acts are impulsive, suicide prevention hotlines can play a crucial role in de-escalating crises and saving lives. The 988 Suicide and Crisis Lifeline, formerly the National Suicide Prevention Lifeline, is a key resource for people who are suicidal or experiencing other mental health crises. The lifeline's new 3-digit number (988) is as easy to remember as 911. (See APA Services's "What Psychologists Should Know About 988.") In addition to 988, these hotlines can help individuals in high-risk populations:

**AgriStress Helpline** (833-897-2474) provides support to farmers and ranchers in Missouri, Pennsylvania, Texas, Virginia, and Wyoming. Agricultural workers are among the top five industry groups with the highest suicide rates, according to a 2020 study by the U.S. Centers for Disease Control and Prevention.

**National Maternal Mental Health Hotline** (833-9-HELP4MOMS) offers help before, during, and after pregnancy. Suicide accounts for up to 20% of maternal deaths, making suicide deaths more common than deaths by postpartum hemorrhage or hypertensive disorders, according to a 2022 report by 2020 Mom, a nonprofit group that aims to improve maternal mental health care.

**Physician Support Line** (888-409-0141) offers peer support to medical students and physicians, who faced a higher risk of suicide than individuals in other professions even before the intense stressors of the COVID-19 pandemic.

**Trans Lifeline** (877-565-8860) provides peer support and advocacy for the trans community. Forty-five percent of LGBTQI+ youth have seriously considered suicide in the last year, with the percentage trending upward over the past 3 years, according to a 2022 Trevor Project survey.

callers who are suicidal or experiencing other mental health crises can now dial 988 to connect with trained counselors at crisis centers nationwide. In the first week after the new number's launch in July, the lifeline saw a 66% increase in volume compared to calls to the old number in the same week in 2021, according to the lifeline's administrators.

"When someone's in distress, they'll get specialized mental health help related to suicide prevention instead of having to go to the emergency room," said Harkavy-Friedman of the American Foundation for Suicide Prevention, which advocated for 988's creation and now lobbies for increased funding.

Other efforts focus on connecting particularly high-risk populations with help. Physicians, for example, are at higher risk of suicide than those in other professions. Even before the stressors brought on by the COVID-19 pandemic, 1 in 15 physicians had considered taking their own lives in the past year (Lawrence, E. C., *Mayo Clinic Proceedings*, Vol. 96, No. 8, 2021). To help change that, the Physician Support Line at 888-409-0141 offers confidential physician-to-physician support to medical students and physicians. The AgriStress Helpline, developed by a nonprofit group called the AgriSafe Network, provides 24-hour support to another high-risk group—farmers and ranchers. Specially trained crisis support specialists use a "care navigation" process to get callers in Missouri, Pennsylvania, Texas, Virginia, and Wyoming the assistance they need, whether it is a risk assessment, emotional support, or referrals to help in their communities. All callers receive a follow-up call within 24 hours. Another specialized service is the Trans Lifeline, which provides peer support for the trans community. Run by and for trans individuals, the lifeline goes beyond direct services to include advocacy to combat oppressive systems. The National Maternal Mental Health

Hotline, sponsored by the U.S. Health Resources and Services Administration, provides free support in English and Spanish at 833-9-HELP4MOMS before, during, and after pregnancy.

Given the shortage of mental health professionals, there has also been a move to train nonprofessionals to intervene. About 6 million people over the past two decades have learned the Question, Persuade, and Refer (QPR) gatekeeper intervention developed by Paul Quinnett, PhD, executive chairman of the QPR Institute, which aims to make QPR as common as CPR.

"QPR is an intervention that lances a psychic boil and allows pain to dissipate by sharing it with a compassionate other person," said Quinnett. "There's a common myth that if you ask someone about suicide, it puts the idea in their head; but research shows just the opposite: Asking produces relief and lowers anxiety and stress."

The institute has now developed advanced training aimed at creating a new workforce of certified crisis responders who can offer help in rural areas, developing countries, and other places where clinicians are scarce.

Once new research comes to fruition, individuals contemplating suicide will be able to get help from technology, too.

Most suicide interventions are not accessible when people need them most, points out Daniel Coppersmith, a doctoral candidate in psychology at Harvard University (*Psychiatry: Interpersonal and Biological Processes*, online first publication, 2022). New technology is making it possible to deliver such interventions at the very time individuals need them.

Earlier technological innovation led to the use of smartphones for momentary ecological assessments, which revealed that individuals' suicide risk can change rapidly. "We need interventions that can accommodate and adapt to the rapid nature of those changes,"

said Coppersmith. The next generation of smartphone tools are the just-in-time adaptive interventions Coppersmith and others are developing. These technologies assess risk, whether by sending users a smartphone survey or passively monitoring data like their physical activity through wearable sensors. If these data reveal heightened suicide risk, the technologies make strategies from evidence-based practices like safety planning or cognitive behavioral therapy easily accessible.

Such interventions are still a work in progress, said Coppersmith, who predicts that the technology could be available within 5 years. "There's a lot of discussion, debate, and excitement," he said. "This is where the field is hoping to go." ■

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## FURTHER READING

### **How to assess and intervene with patients at risk of suicide**

Clay, R. A.

*Monitor on Psychology*, 2022

### **How to talk to your patients about firearm safety**

Clay, R. A.

*Monitor on Psychology*, 2020

### **Ring the alarm: The crisis of Black youth suicide in America**

Congressional Black Caucus

Emergency Taskforce on Black Youth Suicide and Mental Health, 2019

### **Understanding suicide risk among children and preteens: A synthesis workshop**

National Institute of Mental Health, 2021

### **Understanding the characteristics of suicide in young children**

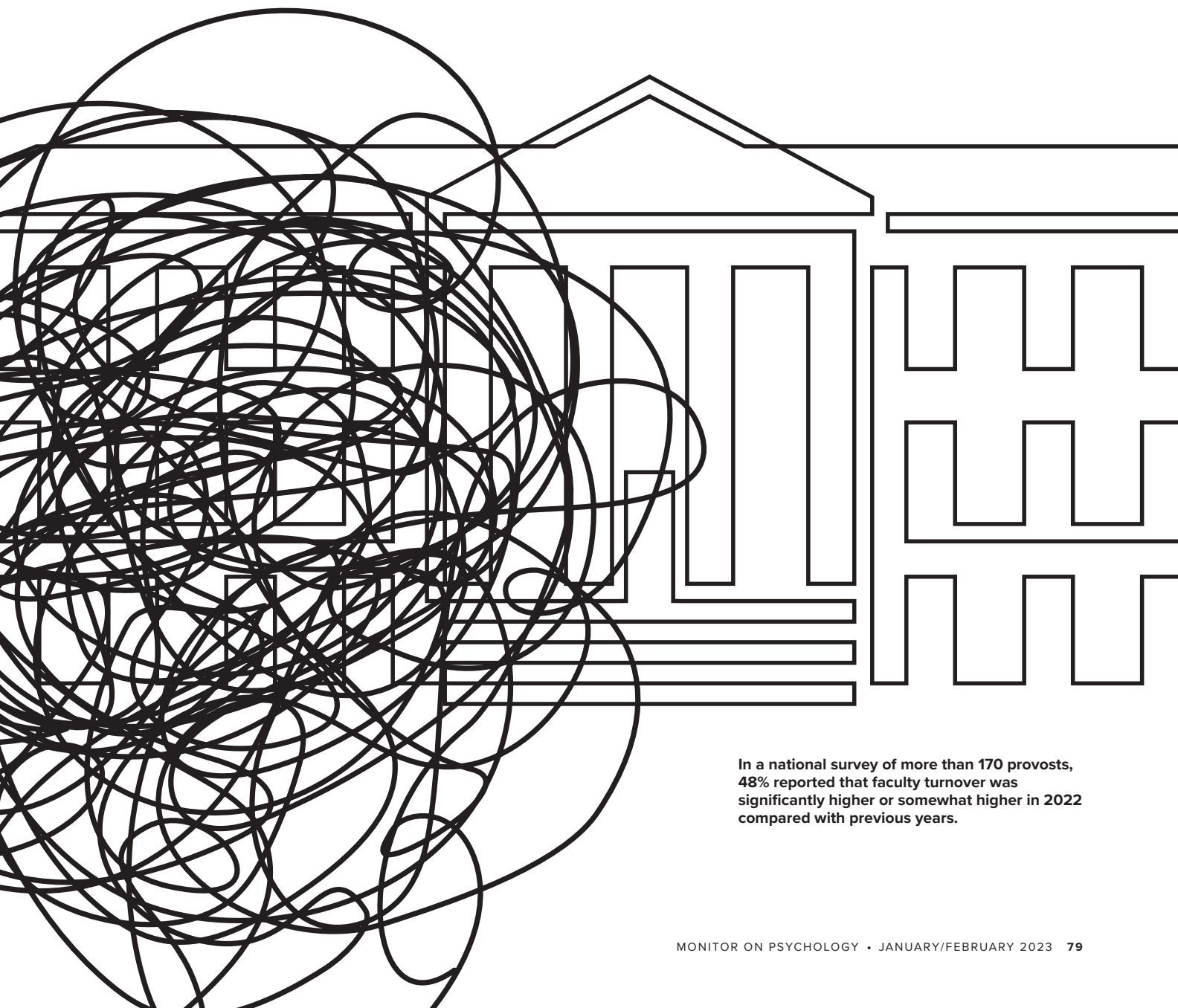
National Institute of Mental Health, 2021

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# FACULTY ARE EXITING ACADEMIA

The pandemic exposed the critical need to change working conditions on campuses

BY HEATHER STRINGER



In a national survey of more than 170 provosts, 48% reported that faculty turnover was significantly higher or somewhat higher in 2022 compared with previous years.

**M**olly Metz, PhD, an assistant teaching professor of psychology at the University of Toronto in Canada, worked tirelessly throughout the COVID-19 pandemic to adapt to online learning and to support students who were struggling with COVID-related stressors. In June 2022, she took a few weeks off for the first time since the onset of the pandemic, “but a few weeks doesn’t compensate for 2 years of working beyond my limits,” said Metz.

Metz feels burned out, but admitting this to colleagues and leaders at the university feels risky because burnout in academic circles is often viewed as an acknowledgement of failure. “Burnout is a systemic problem in universities with individual consequences, so the solution cannot be solely on the individual,” Metz said.

Conversations on campuses and social media suggest that increasing numbers of graduate students and faculty are feeling similarly disenchanted by the academic career path and reevaluating whether their jobs are worth the high cost to their personal well-being. They are less willing to continue in positions with oversized workloads, salaries that do not keep up with inflation, and inflexible policies.

In a national survey of more than 170 provosts, 48% reported that faculty turnover was significantly higher or somewhat higher in 2022 compared with previous years (*2022 Survey of College and University Chief Academic Officers*, Inside Higher Ed and Hanover Research). In the same survey, 83% of provosts reported that they believe faculty at their institution would say they do not have the right resources and tools to feel supported, engaged, and connected. Membership in social media groups for professionals who are leaving higher education is swelling, including Facebook’s The Professor Is Out group. Formed in 2020, the group is growing daily and now has more than 26,000 members.

Although the statistics of faculty turnover are sobering, psychologist June Gruber, PhD, an associate professor

**Conversations on campuses and social media suggest that increasing numbers of graduate students and faculty are feeling similarly disenchanted by the academic career path and reevaluating whether their jobs are worth the high cost to their personal well-being.**

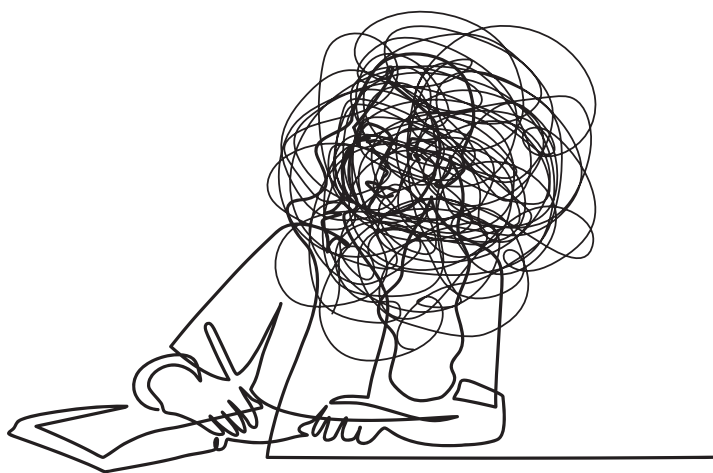
of psychology and neuroscience at the University of Colorado Boulder, hopes that the escalating sense of discontent will build momentum to instigate long-overdue reforms in higher education. “Faculty burnout is a significant problem, and it is an ideal time to address this issue,” she said. “We need to redirect the narrative of how faculty are supported on campus if we hope to retain them and help them thrive.”

#### **MAKING DIFFICULT DECISIONS**

In the case of Gabrielle Filip-Crawford, PhD, her university’s response to faculty concerns during the pandemic soured her experience so much that she left her tenured position as an assistant professor of psychology. “It felt like the work we were doing was not being seen or valued,” she said. Faculty wanted to be included in the administration’s discussions about

policies related to enrollment, curriculum, and salaries, but she felt that faculty input was unwelcome. In the spring of 2022, she resigned after nearly 6 years at St. Catherine University in St. Paul, Minnesota, but she quickly confronted another problem. “Being an academic is an identity, and it was a very isolating process to reconceptualize who I was,” she said. “There is a widespread perception that you only leave if you are not good enough to make it.”

To connect with others who were in a similar situation, she started Recovering Academics, a private social media support group for people interested in transitioning out of higher education. She now works as a research manager at Benefits Data Trust, a national nonprofit organization based in Philadelphia that is increasing access to health and food benefits for vulnerable populations. She



helps to develop assessments and evaluations to test the effectiveness of the organization's programs. She enjoys the job and the value placed on work-life balance by her new employer. All employees stop receiving internal notifications after 6 p.m., are encouraged to take vacations, and have opportunities to share input with senior leaders.

For professors who are staying in their jobs, some are sharing that their experiences during the pandemic have changed the way they approach work. Dana Leighton, PhD, a professor of psychology at Texas A&M University–Texarkana, closed his research lab in fall 2022 because the administration was not addressing faculty concerns, such as low student graduation rates and plummeting faculty morale. “I was exhausted and starting to lose a sense of meaning and purpose in my work,” he said. “I needed to cut back somewhere, and the lab was the only viable option because I needed to continue teaching.” He had opened the lab in 2018 to help undergraduates learn to conduct research, but this work was voluntary and not a required part of his job.

Leighton's main source of stress during the pandemic was feeling ill-equipped to support students who approached him for help when they confronted difficulties. Many were low-income, first-generation students who were struggling in class because family members were ill, childcare options were limited, and many had COVID. “I could refer them to resources for mental health support, but I was not convinced that they were getting what

they needed from the university,” Leighton said. “I felt a responsibility to pick up the slack.”

### THE PSYCHOLOGY OF ACADEMIC DEPARTMENTS

To begin to understand the mental health needs of the University of Colorado Boulder faculty, Gruber recently joined the university's Center for Teaching and Learning as a fellow. She is developing a survey with colleagues at the center to assess faculty mental health and provide guidance for professors about how to support students who are experiencing mental health issues.

To better support educators, universities and colleges also need to create environments that welcome openness about mental health within departments, said Sarah Victor, PhD, a clinical psychology professor at Texas Tech University in Lubbock. She noticed that professors and students were often passionate about breaking down stigma related to mental illness in the public, but the subject was somewhat taboo within psychology departments. “There has been a belief that people who have these struggles may not be in a position to help others,” she said. “There is a fear of judgment.”

Victor reviewed the literature and discovered a striking lack of research on mental health difficulties among applied psychologists. In 2021, she surveyed 1,700 faculty and graduate students in clinical, counseling, and school psychology programs in the United States and Canada, and 89% of graduate students and 71%

of faculty reported experiencing a mental health difficulty. Depression, generalized anxiety disorder, and suicidal thoughts or behaviors were the most commonly reported difficulties (*Perspectives on Psychological Science*, Vol. 17, No. 6, 2022).

After Victor began the study, graduate students started talking to her more frequently about their struggles. One of the problems they faced was lack of access to affordable mental health care that could guarantee anonymity. The students did not feel comfortable seeking help because local clinics were often training sites or were staffed by alumni.

Doctoral students and faculty who were parents during the pandemic also confronted untenable demands for research and publishing, said Jessica Leveto, PhD, whose Facebook group Ph.D. Mamas grew from 2,000 members before the pandemic to more than 16,000 members in recent months. Leveto, an associate professor of sociology and criminology at Kent State University in Ohio, surveyed hundreds of academic parents and caregivers in 2020 and 2021, and in 2022 she started interviewing study participants. “Graduate students are making conscious decisions not to go into academia because they saw how difficult and inflexible systems were during the pandemic,” Leveto said. “It is still largely a publish or perish world in higher education.

Funding expectations have also been a source of extreme stress among faculty. Luna Muñoz, PhD, was a deputy director of research in clinical psychology at a university in the United Kingdom when

“Research has shown that people are more motivated, creative, and productive when their psychological and material needs are met, and it's time to be more responsive to the needs of the people in higher education.”

MOLLY METZ, PHD, ASSISTANT TEACHING PROFESSOR OF PSYCHOLOGY AT THE UNIVERSITY OF TORONTO

she began experiencing work burnout in 2020. She started skipping meals and becoming angry with family members more frequently as she worked long hours to continue submitting grants, teaching classes, and training more than 20 new graduate students during the pandemic. An administrator at the university informed Muñoz that she needed to be more involved in leadership activities to be promoted to a professor, which prompted Muñoz to launch new diversity and inclusion programs within the psychology department. Several months later, she received a notice that the university would be laying off faculty who were not securing enough grant money, and she was in that category. “I was disillusioned because the administrators were doing this after we had sacrificed so many hours to keep the university going during the pandemic,” she said.

She began questioning her leadership and grant-writing abilities, and Muñoz struggled with suicidal ideation. Then she saw a post on Facebook about a 4-week course on burnout led by a professor who had exited academia. During the course, she was relieved to discover that she was not alone in feeling exasperated, inadequate, and defeated. Muñoz resigned from her role at the university in summer 2021, and now she coaches people—including many academics—who are in life transitions.

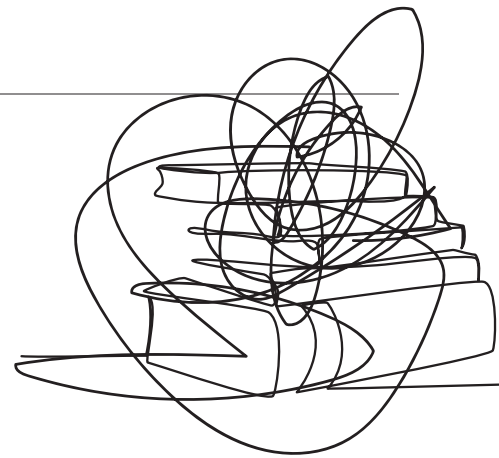
### HOPE FOR QUELLING BURNOUT

To reduce the risk of increasing faculty resignations and decreasing morale among those who stay in their jobs, psychology researchers urge institutions to question long-standing systems of doing work and business—rather than defining the problem as a personal issue that employees are expected to resolve on their own. “The causes of burnout are usually chronic job stressors,” said researcher Christina Maslach, PhD, a professor emerita of psychology at the

University of California, Berkeley.

According to the World Health Organization, occupational burnout is characterized by three dimensions: feelings of energy depletion or exhaustion, feelings of cynicism or detachment from the job, and a sense of ineffectiveness. Maslach has found that people who report high levels of all three dimensions, or high levels of cynicism in particular, experience the greatest mismatch with their jobs in the areas that lead to engagement and well-being at work (*Burnout Research*, Vol. 3, No. 4, 2016). The six areas of a work environment that support psychological health and job satisfaction are sustainable workload, sense of control, reward (positive feedback), supportive workplace community, fairness, and values (the meaning of work) (*The Burnout Challenge: Managing People's Relationships With Their Jobs*, Harvard University Press, 2022).

Although some people experience high levels of all three dimensions of



**Expectations of funding, productivity, leadership activity, and other competing demands have been a source of extreme stress among some faculty.**

burnout, most people in an organization are usually high in one or maybe two, said Maslach. If this holds true for academic institutions, then there are likely many faculty who are not completely burned out but are still struggling. “Improving the work environment will help everyone, not just those who are experiencing full burnout,” Maslach said.

And academics are voicing common themes in their ideas about how to improve the work environment. Many agree that governance needs to include more faculty voices so they can advocate for increased access to subsidized childcare on campus, affordable housing and health care for graduate students, leave policies that are more flexible, and other changes.

Envisioning and implementing changes will require time, money, collaboration, and persistence, but the cost of continuing the status quo is too high, said Metz, who is continuing in her role at the university. “The number of amazingly skilled and talented people we have leaving academia at all career stages is going to be devastating to academic life and scientific development,” she said. “Research has shown that people are more motivated, creative, and productive when their psychological and material needs are met, and it’s time to be more responsive to the needs of the people in higher education.” ■

### FURTHER READING

**Common academic experiences no one talks about: Repeated rejection, impostor syndrome, and burnout**

Jaremka, L. M., et al.  
*Perspectives on Psychological Science*, 2020

**Leveraging the strengths of psychologists with lived experience of psychopathology**

Victor, S. E., et al.  
*Perspectives on Psychological Science*, 2022

**Pandemic issues: Faculty value alignment and burnout**

Chin, E. G., & Clubbs, B. H.  
*Journal of Educational Research and Practice*, 2022



# As Funding Cools, Venture Capitalists Shift Focus

Venture capital funding for mental health apps is undergoing a market correction, but new investments are heavily focused on youth and other subpopulations, as well as on platforms that incorporate coaching and artificial intelligence

BY TORI DEANGELIS

In 2020 and 2021, venture capital funding for mental health apps and related technologies was at an all-time high, the result of soaring mental health needs during the COVID-19 pandemic, a shift toward telehealth, and reduced stigma around mental health services (see “Mental health, meet venture capital,” January 2022 *Monitor*).

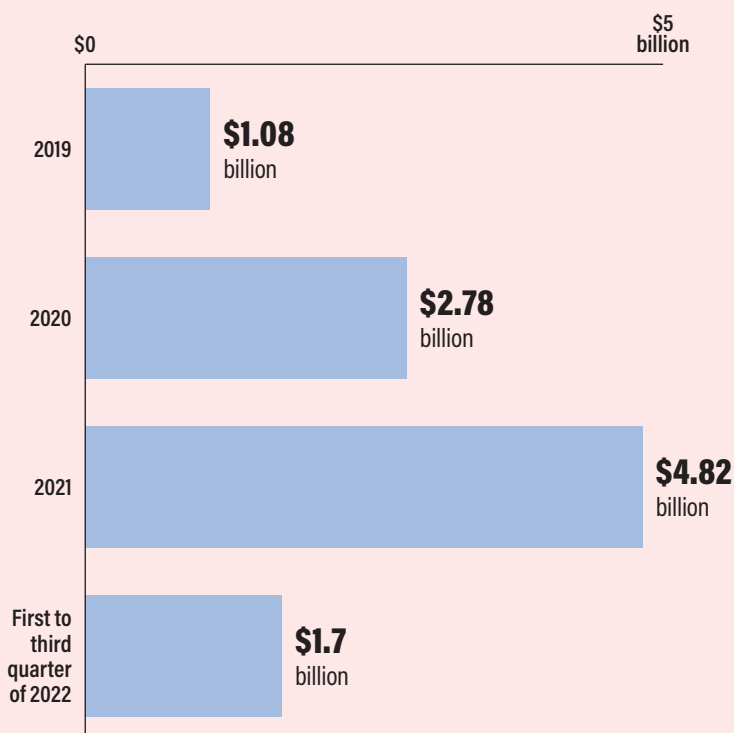
Today, that pace has slowed (see box), but investment remains robust: “I don’t think funders’ excitement is necessarily cooling, but I think they’re getting a bit more realistic in their expectations and more thoughtful about the ‘value added’ of a given product,” said Stephen M. Schueller, PhD, associate professor of science and informatics at the University of California, Irvine, and executive director of One Mind PsyberGuide, a nonprofit *Consumer Reports*-style website that evaluates the credibility, user experience, and transparency of digital mental health tools.

In general, this means investors want to see more data on how an entrepreneur’s app or other technology platform provides a return on investment (ROI)—how it reduces symptoms, health care claims, and costs, for example—while expanding access to care, said Paula Wilbourne, PhD, cofounder and chief science officer at Sibly, a behavior change and mental health coaching service. “You didn’t necessarily need to have that data when things were so frothy [inflated, in venture capital speak] two years ago,” she said, “but if you’re going to survive, you have to have that data now.”

Although the area is still evolving, the trend toward greater discernment is good news for psychologists who want to get involved in this space, said psychologist Grin Lord, PsyD, ABPP, founder and chief executive officer of mpathic, a venture capital-backed startup that uses a range of artificial intelligence (AI) technologies to improve communication so it is delivered with greater empathy. With psychologists’ expertise in

Through the third quarter of 2022, mental health funding still topped all other health care areas in venture capital funding, though numbers were down significantly from 2021. The slowdown probably reflects a normal market correction of a highly “frothy,” or overvalued area, experts say.

#### Venture Capital Funding in Mental Health Companies and Technologies, by Year



Source: Rock Health

evidence-based treatments, data analysis, and clinical knowledge, they're in a perfect position to pitch solutions with a chance for success, she said.

"Psychologists are really adaptable; we are generalists," she said. "So, it's much easier to teach us the business side of these ventures than it is to take someone coming out of business school and teach them the clinical side."

That said, venture capital and technology remain areas that some psychologists are reluctant to enter, noted APA Director of Operations and Innovation Nicole Owings-Fonner. But it's in their and consumers' interest to get involved, she said.

"If psychologists can take advantage of these technologies and use them to reach more patients—rather than seeing them as a replacement for or competition with traditional therapy—it will benefit the public and the field as a whole," she said.

## GROWTH AREAS AND INNOVATIONS

While funders are becoming choosier in their investments, there are new areas of growth and innovation that investors seem keen on supporting, Schueller noted.

One area is apps and platforms geared to specific subpopulations, including youth, people of color and Indigenous people, LGBTQI+ individuals, and people with serious mental illness. The venture capital firm Telosity, for example, has been funding a burgeoning number of youth-focused apps and technologies, recently releasing a report describing this booming landscape for those interested in developing or investing in these products. The report states that by 2027, technologies and startup companies in the youth mental health space will be worth \$26 billion; in the past 4 years alone, investment has increased 15-fold. "Investors and startup founders . . . can meet the insatiable market demand and a massive opportunity for youth wellness and mental

health technologies," the report says.

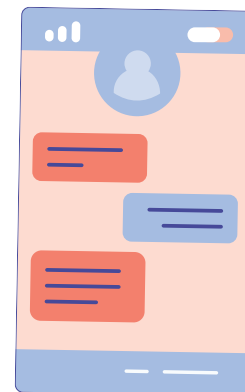
From another angle, funders appear increasingly interested in technologies that cover a broad spectrum of mental health problems rather than specific ones, though there are exceptions to that rule, Schueller added. "The feeling is that there can be only so many niche products, because people are whole people," he said. Because apps are seen as part of a continuum of care—part of a stepped process toward greater involvement in the care system if and as needed—funders are seeing greater value in well-designed apps that cover a wide range of problems, he said.

That's the strategy Wilbourne is using at Sibly. The app allows members with any degree of emotional or psychological distress—whether a difficult breakup or clinical depression—to tap into a team of trained coaches 24/7, text them about their problem, and get an immediate response. If the person is in crisis or needs more help, Sibly coaches quickly refer them to a PhD-level expert on the team who can vet the problem and refer them to additional help.

So far, the model appears to be working: In a claims analysis of a Fortune 500 company contracted with Sibly, Sibly showed that using the intervention reduced health care claims by 14%.

As it becomes clearer which products best serve people's mental health needs, there are likely to be more mergers and acquisitions, as well, Schueller added. For example, two giants in the space—Headspace, which trains people in mindfulness and meditation techniques, and Ginger, which provides on-demand mental health care as an employment benefit—made a \$3 billion deal to merge in 2021. (The company is now called Headspace Health.)

"I think some of this trend is an appreciation by funders that one-pointed solutions are not going to be profitable in the long term," he said.



## COACHES, AI, AND OTHER TRENDS

Sibly's design highlights two other trends that are currently shaping the market: partnering with employers and other payers and using paraprofessional coaches to deliver services.

For instance, Wilbourne and Sibly cofounders Moe AlKadi and Omar AlEisa began Sibly as a direct-to-consumer app when they launched the company in 2016. "But it soon became clear that most health care and mental health services are paid for by organizations," Wilbourne said. They pivoted so that Sibly now contracts with a range of companies and organizations.

Hiring and training coaches has been another key to Sibly's growing success, helping to cut costs, improve quality, and address the dearth of doctoral-level providers by training paraprofessionals to take on counseling roles. The company trains these well-vetted and consistently supervised mental health workers in evidence-based cognitive behavioral and motivational interviewing techniques and supports them with AI tools designed by psychologists to help them maintain high fidelity to the evidence-based techniques. This process enables Sibly to meet demand, at scale, with a quality intervention, Wilbourne said.

Other companies, too, are integrating AI, machine learning, and natural language processing—computer programming that can process and analyze

large amounts of natural language data—into mental health platforms. Examples include chatbots or AI software that mimic the role of a therapist, AI that provides feedback to therapists about their clinical skills, and AI that helps clients with clinical homework.

Such technologies are central to Lord's mpathic platform, which uses natural language processing to automatically analyze voice- and text-based conversations to identify common factors skills such as empathy, alliance, trust, and rapport, and to reduce employee and other forms of turnover by automatically correcting problems as they occur, Lord explained.

Mpathic is innovative in another way: It is taking these methodologies out of the therapy room and into the real world—for example, to help employers gain a better track record in recruiting and retaining employees and insurance adjusters to display more empathy toward customers (mpathic uses these same methods to give therapists feedback on therapy interactions).

The overarching goal, Lord added, is prevention: "The somewhat extreme stance I took with [mpathic] was to ask, How many people can we train in empathy skills to support each other where they work and live before they have to enter the funnel of the actual mental health care system?" she said.

### WHY SHOULD PSYCHOLOGISTS GET INVOLVED?

If these innovations aren't inspiration enough, consider the many other reasons to enter this space, said other psychologists working in tech, venture capital, and related areas.

The biggest reason remains need: Millions of people aren't getting adequate mental health care, so becoming tech savvy is a vital way to expand the reach of quality services, said Candice Monson, PhD, professor of psychology

at Toronto Metropolitan University and founder of the virtual startup company Nellie Health, which offers a community of expert therapists and a platform to facilitate science-backed practices for the range of stress- and trauma-related conditions.

Nellie, which also uses technology strategies such as AI to provide feedback to clinicians and gamification to increase engagement in services, is limited to North America, but Monson eventually wants to take a version of it overseas. "There's a huge market of people outside of North America who have mental health problems and don't have good access to care, and other places with hardly any mental health care at all," she commented.

In addition, psychologists can ensure that these products are data driven, ethical for consumers, don't oversell their value, and enhance rather than replace therapy. "These technologies tend to be most useful when they are thoughtfully integrated into clinical care pathways," Schueller said. "We have to make sure that we're involved so that someone else doesn't take what we're doing and use it in a way that reflects poorly on the field."

Owings-Fonner added that there's a huge opportunity for psychologists in research and academia to share their research-based tools and treatments in tech capacities, but that they need to partner with industry to make these tools engaging and marketable.

Getting involved in these areas can also be lucrative, said Lord, and even psychologists who aren't super savvy in these skills can learn what they need to. In 2020, she founded a group called Therapists in Tech, devoted to helping mental health professionals get the knowledge and training they need to succeed in this arena. Some of its members who first transitioned from academia and clinical work into tech as late as 2020 "are now leaders in the field,

with director-level roles at places like Modern Health and Amazon," she said.

Finally, technology as a means of delivering mental health care is undoubtedly here to stay, said Schueller, so avoiding it means that psychologists are missing out on a huge, growing aspect of care delivery.

"The most innovative platforms," he predicted, "will take the best of technology and the best of traditional psychology practices and bring those together." ■

## RESOURCES AND READING

### Therapists in Tech

A digital community that promotes the development of ethical digital mental health leaders  
[www.therapistsintech.com](http://www.therapistsintech.com)

**Society for Digital Mental Health**  
[www.societydmh.org](http://www.societydmh.org)

**Training the next generation of behavioral medicine scientists to accelerate digital health**  
Sweet, C. C., et al.  
*Translational Behavioral Medicine*, 2022

## ACCELERATOR PROGRAMS

**WELL** (for female entrepreneurs)  
[www.well-women.org/accelerator](http://www.well-women.org/accelerator)

**On Deck**  
[www.beondeck.com](http://www.beondeck.com)

**Andreessen Horowitz's a16z START program**  
<https://a16z.com/programs-a16z-start/>

**Y Combinator's Y Startup School**  
[www.startupschool.org](http://www.startupschool.org)

# REBRANDING THE FIELD

The Big Tent of  
Behavioral Health

Psychologists are expanding the  
one-to-one therapy approach to  
interventions that can improve and  
strengthen psychological health  
across entire populations

BY KIRSTEN WEIR

Psychology is thinking bigger, as a growing number of psychological scientists and clinicians seek to “rebrand” the field. Experts are finding innovative new ways to reach more people and take a more preventive approach by shifting away from the perception of psychology as the practice of diagnosing and treating mental health disorders and broadening the lens of behavioral health.

In February 2022, APA’s governing Council of Representatives adopted a policy calling on psychologists to take a population health approach, working across and within systems to improve the health of entire communities, taking into account such factors as income, education, culture, and environment (*Psychology’s Role in Advancing Population Health*, 2022).

“We’ve been stuck for too long in this narrow idea that the only way we can have a positive impact on people is through one-on-one psychological interventions,” said Kenneth Dodge, PhD, a professor of psychology and public policy at Duke University. The field is positioned to make a bigger impact on policy, on education, and on so many areas of population health, he added. “It’s not that the days of psychotherapy are over. That’s still there. But there is a broader contribution that we as psychologists—both researchers and practitioners—can make.”

It’s a mental leap for a field built on the shoulders of face-to-face psychotherapy. But it’s a necessary one, added Jessica Schleider, PhD, a clinical psychologist and assistant professor at Stony Brook University. “We’ve hit the ceiling in terms of what high-intensity, individual-level interventions can accomplish,” Schleider said. “If we want to reduce the burden of mental illness for individuals and for society, the status quo is not going to cut it.”

#### POPULATION AND PREVENTION

Only a fraction of the people who need mental health support receive

evidence-based treatments—and the need is only increasing. “To make a difference at the population level, we need to create a more agile mental health system that includes multiple levels of care and multiple contact points at moments of need,” Schleider said. To help solve that problem, her Lab for Scalable Mental Health is developing what she calls “light-touch, single-session interventions” that are either delivered digitally or by lay providers.

In one example, she and her colleagues tested single-session, online interventions in adolescents with elevated depression symptoms who accessed the self-guided 30-minute sessions through social media. They found that

one-to-one therapy model to enhance scalability or accessibility,” she said. “That default has to change. We have to start without those assumptions regarding what treatments or supportive programs can look like, where they can be, and how people can access them.”

In the effort to expand the reach of behavioral health, increasing the scale of impact is critical—but it’s just one side of the coin, Dodge said. “The second prominent feature of this goal is a trend toward prevention,” he added. To make an impact in preventing mental health problems, he’s proposed a simple yet radical idea: mental health primary care. “In physical health, we take our babies to the pediatrician for well-baby visits;

**“If we begin to think about a primary-care model for mental health, it leads to all kinds of different interventions—it broadens the contribution that psychological science could make to society.”**

KENNETH DODGE, PHD, PROFESSOR OF PSYCHOLOGY AND PUBLIC POLICY AT DUKE UNIVERSITY

both a behavioral activation intervention and an intervention based on teaching that traits are malleable improved 3-month depressive symptoms compared with a supportive control session, even during the high-stress COVID-19 pandemic (*Nature Human Behaviour*, Vol. 6, No. 2, 2022).

“Most clinical psychologists think of psychology first, and many assume that we can build adaptations around that

we don’t wait for them to get sick,” he said. “If we begin to think about a primary-care model for mental health, it leads to all kinds of different interventions—it broadens the contribution that psychological science could make to society.”

In his own research, he developed the Family Connects program, which works with families beginning at birth to reduce early child abuse and promote infant

health and healthy psychological development. In the community of Durham, North Carolina, the program reaches out to all families having new babies, regardless of their income, education level, or background. Nurses visit participating families up to three times to screen parents for mental illness, substance use, and domestic violence, in addition to asking about their parenting skills, access to social support, and material goods such as cribs and formula. From there, participants are connected to whatever resources and support they might need.

Randomized trials showed Family Connects resulted in fewer cases of maternal depression or anxiety, more community connections, and fewer child abuse investigations (*JAMA Network Open*, Vol. 2, No. 11, 2019). It has been

adopted by several cities and is being rolled out across the entire state of Oregon. “I didn’t think of this as primary care when we started, but it really functions like primary care for parenting,” Dodge said.

#### BEHAVIORAL HEALTH FOR YOUTH

A similar mental health primary-care model could be used across the lifespan, Dodge said. It’s easy to imagine the benefit for couples who receive relationship counseling before getting married, or older adults having someone who can support their emotional and cognitive health as they prepare for retirement. “Life transitions, like the birth of a child, school entry, marriage, retirement, can all bring challenges like anxiety but can also afford opportunities,” he said.

Of course, the idea that psychological science can inform prevention efforts isn’t new. One of the field’s most visible success stories may be the widespread adoption of social-emotional learning (SEL) curricula in schools. According to a national report by Tyton Partners, 95% of K–12 districts have adopted SEL in some way. Some 73% of those districts have adopted SEL curricula, while 70% incorporate SEL into professional development (*Finding Your Place: The Current State of K–12 Social Emotional Learning*, 2020).

Yet with rates of mental health disorders rising among the nation’s youth, researchers continue to study how best to intervene to promote well-being on a larger scale. In one encouraging development, the U.S. Preventive Services



Task Force recommended in October that primary-care physicians should screen all children older than 8 for anxiety, in an attempt to improve diagnosis and treatment of a disorder that's already been diagnosed in some 5.8 million American children. It's a promising start—yet there is much more that the field can do.

"We can't wait until people are suffering to apply what we know," said Alexis Harris, PhD, a research assistant professor of education at Youth-Nex, the University of Virginia Center to Promote Effective Youth Development, and the project director for the Compassionate Schools Project.

With Compassionate Schools, Harris and her colleagues are studying a curriculum that builds on SEL by integrating concepts of mindfulness, compassion, body awareness, healthy eating, and exercise. The study is taking place in 45 schools with some 20,000 children and provides strategies to support educator well-being as well. This kind of holistic, mind-body approach is a trend in prevention science, she added. "After decades of research, it's evident that there are common root causes and common protective factors that underlie a variety of mental, emotional, and behavioral problems," she said. "Starting there, we can have a broader impact."

As the field sets its sights on broadening and strengthening its prevention efforts, there's also a call to move away from a predominant focus on individual choices and behaviors.

"In many approaches that are focused on promoting adaptive skills and positive behavioral trajectories, a lot of responsibility is placed on the individual. We see that so much with the attention placed on self-care, for example," Harris said. "That obscures the fact that we need to pay more attention to the conditions in the systems that individuals are functioning within."



### FIXING BROKEN SYSTEMS

Increasingly, psychologists are taking aim at those larger systems, said Isha Metzger, PhD, a clinical psychologist and assistant professor at Georgia State University. "The things we experience in our environments, our communities, our day-to-day lives impact our mental health and ability to function in society as a whole," she said. "People can't focus on their mental health when they have larger social and structural issues to contend with."

To start addressing those issues, Metzger's research applies racial socialization (the conversations and practices caregivers use to build youth's identity, esteem, and coping) to reduce the impact of racial stress and trauma. Daily exposure to racism and discrimination are associated with worse physical, emotional, and behavioral outcomes among Black youth. Other racial traumas, such as the experience of witnessing police brutality,

compound those negative outcomes. In a current project, Metzger is integrating practices from racial socialization with trauma-focused cognitive behavioral therapy (TF-CBT). Then, she's using social media and podcasts to provide psychoeducation to Black youth and connect them with evidence-based resources for trauma and stress. Some of those efforts include using social justice activities such as peaceful protests as a means of behavioral activation.

"Black families are already utilizing cultural and family strengths to overcome experiences with discrimination," she said. "Using social justice work as behavioral activation has mental health outcomes such as reducing hopelessness, helplessness, anxiety, and depression and has a positive impact on society as well."

Such efforts to address racism and discrimination are important ways for the field of psychology to improve mental,

## Brain Science as a Brand

Is the Department of Psychology an endangered species? At the University of North Carolina at Chapel Hill, it was rechristened the Department of Psychology and Neuroscience.

The University of California, Santa Barbara's former Psychology Department is now the Department of Psychological and Brain Sciences. At Louisiana State University, it's the Cognitive and Brain Sciences Program. From coast to coast, universities are rebranding themselves to emphasize a connection to neuroscience and the brain.

Cynics might view this trend as an attempt to legitimize psychology as a hard science. "That's a dangerous direction to go in, because then we're not rebranding out of public interest so much as we are out of a desire for fundability," said Stony Brook University assistant professor and clinical psychologist Jessica Schleider, PhD.

There's a certain practicality at play. As new tools for neuroimaging and molecular science have become available, big funders like NIH are increasingly eager to invest in research with a strong biological bent. Efforts to emphasize the brain aren't necessarily at odds with the movement to shift psychology toward population and behavioral health, said Kenneth Dodge, PhD, a professor of psychology at Duke University. "Findings about the importance of neural development in early childhood, for example, have direct implications for designing early childhood education and family leave policies," he pointed out.

Indeed, psychology may be the field best positioned to translate findings from basic science into programs and policies that improve mental and physical health on a broad scale. "If we're serious about promoting well-being and reducing mental illness on a population scale, we can't ignore biology," Schleider said. "But we have to center a public health approach along the way."



or disseminate digital interventions to the public. And few clinical psychology programs are designed to train providers to think in these broader ways.

Yet there are vast opportunities for psychologists to grow into this new mindset, Metzger said. "Whatever your focus is, how can you utilize that to think about the underserved—to benefit those most at risk, to have a greater impact on society?" she asked.

Some clinical psychologists might feel threatened by a trend away from traditional psychotherapy. They shouldn't, Schleider added. "We have a clear evidence base for individual psychotherapy, one very particular level of mental health support. But that's not going to reduce the burden of mental illness on a broad scale beyond what we're already achieving," she added. "It's time for us to focus our talents and energies and expertise on building additional systems of support. It's a both/and, not an either/or." ■

## FURTHER READING

### Extending the scalability and reach of psychosocial interventions

Kazdin, A. E.

In M. Barkham, W. Lutz, & L. G. Castonguay (Eds.), *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change*, Wiley, 2021

### Expanding the reach of psychosocial services for youth: Untapped potential of mentor-delivered single session interventions

Hart, M. J., et al.

*Journal of Community Psychology*, 2022

### Healing interpersonal and racial trauma: Integrating racial socialization into trauma-focused cognitive behavioral therapy for African American youth

Metzger, I. W., et al.

*Child Maltreatment*, 2020

behavioral, and physical health on a broader scale, added Schleider, who is beginning work to address the experience of discrimination in teens who identify as LGBTQ+. "Scholars are increasingly focused on structural influences on mental health and illness, including the laws and policies that impact the stress people are experiencing and the ways they are coping," she said. "Targeting these social determinants of health is one way we can affect change."

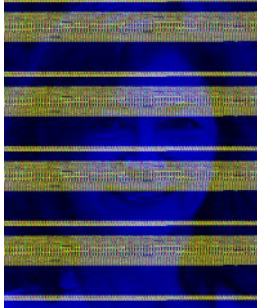
In some ways, the public is driving these efforts. Following widespread protests after George Floyd's murder in 2020, large funders began investing more in research on racial

socialization and racial trauma, Metzger said. And a growing public conversation around burnout, stress, and self-care post-pandemic is also influencing the field. "Social media, mass media, pop culture—these trends are pushing the research, funding, and policy and influencing the way we think about the science," she said.

Even with buy-in from funders and the public, creating a broader definition of behavioral health won't be easy. With a health care reimbursement model built on one-to-one therapy, there's the question of who will pay to establish mental health primary-care providers



Geronimus



Prentice



Schleider



Humphreys



Bennett

## PSYCHOLOGISTS IN THE NEWS

**Arline Geronimus, PhD**, a professor in the School of Public Health at the University of Michigan, accepted the James S. Jackson Distinguished Career Award for Diversity Scholarship at an event co-hosted by the university's Office of Diversity, Equity & Inclusion and National Center for Institutional Diversity. Geronimus's research focuses on her "weathering hypothesis" explanation for racial disparities in health deterioration, which posits that members of marginalized groups often experience adverse health effects earlier in life because of the physical effects of chronic stress from sustained marginalization.

The University of Cambridge has appointed **Deborah Prentice, PhD**, its next vice-chancellor, effective July 2023. Prentice is currently provost at Princeton University and will be the first American to fill the top academic and administrative role at Cambridge. Prior to her role as Princeton's provost, Prentice served as the dean of faculty and as chair of the Department of Psychology.

The International Society for Research on Internet Interventions has awarded its Rising Star Award to **Jessica Schleider, PhD**, an assistant professor of clinical psychology at Stony Brook University, in

recognition of her work and research on digital mental health. Schleider is one of the pioneers of single-session interventions for mental health treatment, with a focus on youth depression and anxiety.

**Keith Humphreys, PhD**, Stanford University professor of psychiatry and behavioral sciences, was named an Honorary Officer of the Order of the British Empire in September 2022 by the late Queen Elizabeth II. Humphreys, an American, received the honor for his work on addiction prevention policy in the United Kingdom, particularly for helping to enact mandatory abstinence programs to treat those arrested for alcohol-related crimes. He also helped the British Parliament start a sobriety program that focuses on keeping offenders sober.

Duke University has named **Gary G. Bennett, PhD**, as the new dean of Duke's Trinity College of Arts & Sciences. Bennett is currently Duke's vice provost for undergraduate education, and he leads a research program that designs, tests, and disseminates digital therapeutics for treating obesity. The goal of the therapeutics is to integrate digital health treatments into primary-care settings that serve medically vulnerable patients.

President Joe Biden has appointed psychologists **Douglas Fuchs, PhD**, of Vanderbilt University, **Hirokazu Yoshikawa, PhD**, of New York University, and **Carol Lee, PhD**, of Northwestern University, to the National Board for Education Sciences. The board advises the Department of Education's research agency, the Institute for Education Sciences, in its efforts to provide scientific evidence on which to ground education practice and policy.

**Adam Grant, PhD**, an organizational psychologist at the Wharton School, has been appointed chairman of a newly launched Center for Purpose and Performance at BetterUp, a coaching and leadership development platform. Grant will work with CEOs and chief human resource officers to implement research about purpose in the workplace and oversee the awarding of a grant to study purpose in personal and professional lives.

Gettysburg College has named **Jamila Bookwala, PhD**, the university's next provost, effective July 2023. Bookwala was previously dean of faculty and a professor of psychology at Lafayette College in Easton, Pennsylvania. Bookwala also chaired Lafayette's Diversity, Equity, and Inclusion Council. ■

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News You Can Use

# Career

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



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## NAVIGATING DYNAMICS IN MENTORSHIP

Knowing the best ways to handle challenges and conflict in mentorships is crucial to being a good mentor

BY HANNAH CALKINS

**E**ffective mentors play a critical role in psychology by developing individual careers, as well as sustaining the health and growth of the field. Psychologists who have had good mentorship can use those skills to become good mentors themselves, and through this legacy the profession sustains itself.

Mentorships vary in formality, depth, and duration, but their success depends on the interpersonal dynamic between the mentor and mentee, the goals the pair has set together, and the circumstances of the relationship, such as whether it

arose from a formal matching process or was a short-term project-based arrangement.

Successful mentorships can elevate the work of individual mentees; they also benefit the profession. As a pre-doctoral intern, Catherine Jones-Hazledine, PhD, a licensed clinical psychologist in western Nebraska, was mentored by a senior psychologist who supported rural outreach. Eventually, he helped her establish her multi-clinic practice, which serves eight rural communities in her region. She describes this mentor as an “idea guy” whose personal connections with

mentees were always part of something bigger.

“When I think about him, I think about his overall vision,” said Jones-Hazledine, who is still in regular contact with this mentor. As his mentee, Jones-Hazledine “never felt like a cog in the wheel, but like [she] had a place and a purpose in a larger plan.”

With training, psychologists serving as mentors can learn how to honor the needs of their mentee and create a safe space for both parties to learn and grow their careers.

“Mentorship is invaluable for professionalizing psychologists into the field of psychology,” said Laura Howe-Martin, PhD. “It’s the greatest avenue to grow in the field and to help other people coming after you to do the same.”

## PRODUCTIVE PAIRINGS

In settings where there is already a formal mentorship program in place, it’s easy to get started.

Howe-Martin, who is a professor at the University of Texas Southwestern Medical Center in the Department of Psychiatry, said that formal mentoring programs in academic settings aim to pair mentors and mentees in an unbiased and standardized way.

“This reduces disadvantages faced by individuals who don’t know how to initiate these relationships, or who might not know that they are appropriate to pursue,” said Howe-Martin.

When there isn’t a formal mentorship structure in place, it takes more initiative. Students and established psychologists

may get involved in the programs offered by APA’s Div. 12, Div. 18, Div. 29, and Div. 45.

In clinical settings, without the built-in mentorship structure provided by their training, early career psychologists may need to proactively reach out to their colleagues to establish mentoring relationships.

“Solo providers can really struggle with this,” said Jones-Hazledine. “They need to be proactive and open to creative solutions” such as peer mentoring or looking for online mentorship connections.

Sarah Reiner, PhD, a licensed clinical psychologist living in Dallas, Texas, encouraged psychologists in this position to look for networking events for psychologists geared toward mentorship. She recently helped host such an event and said several private practitioners who attended were then matched with mentors.

“The feedback we got was that they really appreciated it, because it wasn’t an opportunity they normally had,” she said.

Regardless of how the pairing is established, effective mentorship should be centered on the mentee. That might mean affirming and guiding your mentee as they travel a different professional path from your own. It also means welcoming feedback from your mentee and being open to your own growth within the relationship, said Tiffany Parisi, MA, MPH, the current chair of the American Psychological Association of Graduate Students (APAGS) and a 4th-year clinical psychology graduate student at Fielding

Graduate University in Santa Barbara, California.

“One thing I’ve noticed across successful mentor relationships is that I gravitate toward those who have a sense of professional humility,” Parisi said. “Yes, they’re experts. But more importantly, they have the humility to admit when something changes, when they’ve been wrong, or when they’ve made a misstep.”

Since knowledge is constantly evolving and expanding, she said, it’s vital to have a mentor who reflects on their current expertise and embraces the potential of the yet unknown.

“Are they able to balance and articulate the divide between their current scope of knowledge and areas where they are not experts? Do they demonstrate the ability to recognize when your knowledge may be more developed in certain areas and express interest in learning from your experience and expertise?” These are questions that the mentees should ask themselves as they evaluate prospective mentors, Parisi said.

Parisi suggests that mentees assess whether their mentor openly and independently reflects on instances when they were incorrect or engaged in inappropriate interactions with them (such as microaggressions or macroaggressions), and if they provide feedback in a manner that is growth focused and nonpunitive.

The mentoring programs offered by APA’s divisions are a good place to start for those interested in cultivating their own professional humility, Parisi said. Additionally, she

**In many mentoring relationships, there is a power differential that must be acknowledged and navigated.**

recommends the LGBTQIA+ Mentoring Program offered by APAGS and APA's Disability Mentoring Program.

## NAVIGATING EQUITY AND IDENTITY

Parisi, who is Cuban American and a first-generation college student, noted the significant lack of diversity of professionals in the field. This can have a major impact on mentees with marginalized or underrepresented identities, she said.

"One of my challenges has been interacting with mentors who don't share my identities and initiating open communication with them about their own expectations and their preconceived biases," she said.

Mentors should be cognizant of their own intersecting identities as well as those of their mentee's and be sensitive to how those identities might influence their mentees' experiences, she said.

"The mentors whom I have most admired have been the ones who openly spoke about the power dynamics of our relationship, particularly in regard to my being a graduate student and Latinx," she said. "These conversations made it safe for me to openly discuss how I was experiencing the mentorship experience and potential issues that emerged."

Psychologists who wish to educate themselves on these topics can look to research (Brown, C. E., et al., *Training and Education in Professional Psychology*, Vol. 16, No. 1, 2022; Santa-Ramirez, S., *Journal of Diversity in Higher Education*,

Vol. 15, No. 1, 2022) and also take advantage of APA's mentoring programs to develop these skills.

Mentors should also remember that students with marginalized identities may struggle to navigate systemic barriers to seeking out mentoring and may need additional support within the mentoring relationship.

"We have to recognize that it's not all on them" to establish the relationship, said Howe-Martin. Relying entirely on mentees to take the initiative in developing mentoring relationships leads to disparities and "uneven mentoring." Mentors can do more to address these concerns on a structural level, she said.

"Mentors can create systemic processes with their colleagues that give students opportunities to receive formalized mentoring," said Howe-Martin.

In academic settings, "this usually has to be done in a top-down manner by administrators who have the power resources to do so," she said.

Howe-Martin, Reiner, Jamilah Jackson, PhD, and Julia Smith, PsyD, offer a detailed and research-driven approach to starting formal mentorship programs in their presentation, "Creating and Sustaining a Culturally Sensitive Mentorship Program for the Budding Psychologist and Beyond: Practical Applications."

If an institution doesn't have a formal program in place, mentors can still proactively cultivate relationships with their mentees to help them overcome structural

barriers to mentoring.

"The mentor must check in with their mentees regularly, ask what they need, and proactively ask them about the goals they would like to set" and how they want to approach those goals, Howe-Martin said.

## NAMING THE POWER DIFFERENTIAL

Kalyani Gopal, PhD, a licensed clinical psychologist and the president of Mid-America Psychological and Counseling Services based in Munster, Indiana, said that warmth and collegiality have been important to her mentoring relationships, both as a mentor and a mentee. "In every supervisory relationship I've had, I've been treated as an equal despite the power differential," said Gopal, who is also the current president of APA's Division 12, the Society of Clinical Psychology.

In turn, she said, she views the early career psychologists she supervises at her practice in the same way. "They've had the same training I've had and have made the same sacrifices," she said. "We have a shared experience that helps facilitate the mentor-mentee dynamic."

Nonetheless, in many mentoring relationships, there is a power differential between the mentor and the mentee that must be acknowledged and navigated. "In an ideal situation, a mentor provides a framework of recognition and acknowledgment of the power dynamic and works to name that dynamic during their interactions with the mentee," said Parisi. "This makes space for the mentee to share their

## FURTHER READING

**The best mentorships help both people grow**  
Nour, D.  
*HBR Ascend*, 2022

**How virtual mentoring is closing the loneliness gap during Covid-19**  
Tarr, T.  
*Forbes*, 2020

**The Science of Mentorship (podcast)**  
National Academies of Sciences, Engineering and Medicine, 2021

**Clarifying supervision expectations: Construction of a clinical supervision contract as a didactic exercise for advanced graduate students**  
Amaro, C. M., et al.  
*Training & Education in Professional Psychology*, 2020

**Mentorship in the health professions: A review**  
Burgess, A., et al.  
*The Clinical Teacher*, 2018

**Assessing therapist competence: Development of a performance-based measure and its comparison with a web-based measure**  
Cooper, Z., et al.  
*JMIR Mental Health*, 2017



experiences within the relationship that may have been less than ideal.”

Reiner said the mentor should initiate a conversation with their mentee about the frequency and mode of communication, the duration of the relationship, and expectations around privacy and confidentiality. “It’s ideal for the mentor to set the tone and to lead in determining expectations around the structure and boundaries of the relationship,” she said.

Mentees can also set the tone, frequency and mode of communication with their mentor. If the relationship is new, the

mentee can choose to defer to whatever the mentor suggests or recommend other options.

In some situations, mentors might even consider a written contract, Reiner said. In a formal program, the contract might include policies and procedures around potentially thorny areas such as confidentiality and reporting unethical behavior. “Getting all that in writing could be helpful in some situations,” Reiner said. “A very detailed contract speaks to the power differential when we’re talking about a mentee who is training versus a mentorship between two

**Mentors should be cognizant of their intersecting identities and how they may influence the relationship.**

psychologists at a similar time in their career. The greater the power differential, the greater the need for a more explicit contract.”

In some instances, a mentor has an unavoidable dual role with their mentee and may be asked to make decisions about a mentee’s grade, performance review, or promotion. This can happen if the mentor is the mentee’s professor or in a position of authority in their shared workplace. It’s especially important for the mentor to understand and acknowledge that there isn’t as much safety in the relationship

for the mentee in this situation, according to Reiner. “There aren’t formal rules about how to navigate this,” she said, but she suggests putting some boundaries in place “to protect the relationship, similarly to how you might with a patient.”

## CHALLENGING CONVERSATIONS

Good mentors understand that there may be miscommunications, moments of tension, or possibly even times of conflict with their mentees. “In good relationships, miscommunication occurs. It’s normal. It’s how we navigate them that really matters,” said Parisi.

One way to mitigate these issues is by having an ongoing and clear conversation about expectations, said Reiner, and be upfront with your mentee if they need to change. “If the time commitment or level of support you can offer them changes, have an honest conversation and negotiate that within the relationship,” she said.

When the problem has to do with the mentee’s clinical decision-making or another professional issue, Jones-Hazledine begins with trying to understand the mentee’s approach. “That’s what I appreciated when I was a mentee or in a student role—mentors who explored with me and didn’t come at me assuming I made a stupid or negligent choice,” she said.

Parisi suggested a similar framing when addressing conflicts or microaggressions within the mentoring relationship. “I have approached these situations by saying, ‘I’m hoping

to gain more clarity from this, and then we can walk away with mutual understanding. When you said this, I felt erased or invalidated. So can you help me understand where you were coming from?’”

Sometimes, these conflicts may be less personal. “It’s not necessarily a negative thing, but differences in theoretical orientation and conceptualization can be really challenging—views of what creates behavior, what maintains behavior, and how to intervene,” said Jones-Hazledine. “That can be really frustrating and challenging but can also be really rewarding. It can help both sides to reflect and reaffirm what they believe.”

Finally, being the best mentor for your mentee may mean ending the mentorship. “Sometimes, the relationship just may not be what you expected in the beginning, and that’s okay. In other contexts, the project you were working on together may end, or things may just naturally fade out,” said Reiner. “Check in with yourself emotionally: Did this run its course? Or is it just not meant to be a long-term mentorship connection?”

If a mentor and a mentee just aren’t a good match, and the mentor doesn’t have concerns about their ethics or their effectiveness as a clinician, then it’s a good idea to try to connect them with a colleague who might be a better fit. “You need the humility to ask: Am I able to give them what they need? And you might not be able to,” said Howe-Martin.

Some psychologists in a supervisory mentor role may be concerned about having to

**“Psychology would be better off as a field if mentorship could be developed into and researched as a competency, similarly to what has been done with supervision.”**

LAURA HOWE-MARTIN, PHD, ABPP, OF THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER

compete with their former mentee, but Gopal said that isn’t the right mindset.

“As a result of your professional nurturing, they may decide to move on,” she said. “If they do, there’s no competition. There are too many patients, and the need is too great.”

## MENTORS SHOULD NEVER STOP LEARNING

“Psychology would be better off as a field if mentorship could be developed into and researched as a competency, similar to what has been done with supervision,” Howe-Martin said.

For now, students and psychologists should continue seeking plentiful and diverse opportunities to mentor others and be mentored. For example, Howe-Martin encouraged aspiring mentors to look for formal mentoring opportunities within their professional organizations, departments, or educational programs. “If there isn’t one, research what it would take to create one and think about doing just that,” she said. She also recommends seeking workshops and other didactic opportunities focused on mentorship skills.

“APA now offers speed mentoring at the annual convention. Many APA divisions and specialty organizations offer some form or other of mentoring or mentor pairing, even for graduate students,” she said. Furthermore, “psychology can also learn a lot from business here. For example, the *Harvard Business Review* often publishes useful articles on mentoring.”

In addition to taking advantage of training opportunities and practicing your skills, Jones-Hazledine

recommends doing a deep dive into research on mentorship and supervision. “I wish that I had begun years ago with a literature review on supervising and mentoring,” she said. “It’s a good starting point.”

Additionally, she said aspiring mentors should do some personal reflection about their own experiences being mentored and let that guide them.

Similarly, Reiner said that growing as a mentor requires both internal reflection and external practice. “Practice confidence and humility in your interactions with others and be open to new opportunities, even in unexpected places or settings,” she said. You can do this by being aware of the knowledge, skills, and abilities that you bring to any conversation, while also remembering that every single interaction with another human has the potential to bring a new and exciting perspective, she said.

“We are always learning from others, and, who knows, a potential mentorship relationship could develop from someone you meet in line at a conference, at a coffee shop, at your place of worship, or online. The possibilities are endless if your eyes are open to see them,” she said.

Reiner also recommends that mentors pay attention to their emotional reactions and personal boundaries and learn to express them in effective ways in mentoring relationships.

For example, she said, “a common scenario could be a mentee who shows up late for mentorship appointments. A knee-jerk initial reaction might be to assume that he or she does



not value and respect the time together and to question the overall mentorship relationship.”

However, if the mentor can gently explore this concern with the mentee, “that may open up valuable areas of mentorship focus, such as time management, improved professional development, or in vivo experience of respectfully establishing boundaries and the process of renegotiating schedules or expectations,” she said.

These areas may not be primary goals of the mentorship relationship, but they can provide opportunities to develop beneficial skills for both the mentee and the mentor.

**Effective mentorship should be centered on affirming and guiding the mentee.**

For many psychologists, some of this work may be a given. “I think clinical psychologists are naturally good mentors,” said Gopal, who likened mentoring to working with patients and guiding them to draw their own conclusions. “Mentoring is intrinsic to our training.”

Nevertheless, learning to be a mentor—as well as a mentee—is a career-long commitment, said Reiner. “Though I may now have more training and experiences to reflect upon, I see each new connection as an opportunity to grow and be impacted positively by another individual, whether they are a potential mentor or mentee,” Reiner said. ■

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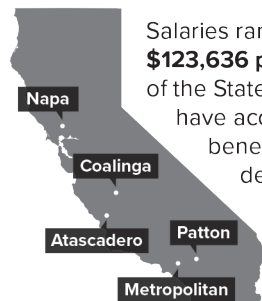
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## THE STAGGERING COST OF PTSD

Post-traumatic stress disorder costs the country hundreds of billions of dollars each year, with civilians contributing the lion's share of the financial burden

**\$232.2 billion**

Estimated annual cost of post-traumatic stress disorder (PTSD) in the United States among all U.S. civilians, active-duty military personnel, and veterans. The data were collected in 2018, the most recent year the data were available at the time of the study, and were gleaned from insurance claims data, academic literature, and government publications.

**82%**

Share of the nation's PTSD costs that civilians are responsible for, compared with **18%** of costs from military personnel and veterans, who collectively make up about **8%** of the U.S. population. (PTSD occurs more frequently among active-duty military than among civilians, but less frequently among veterans than among civilians.)

**\$25,684**

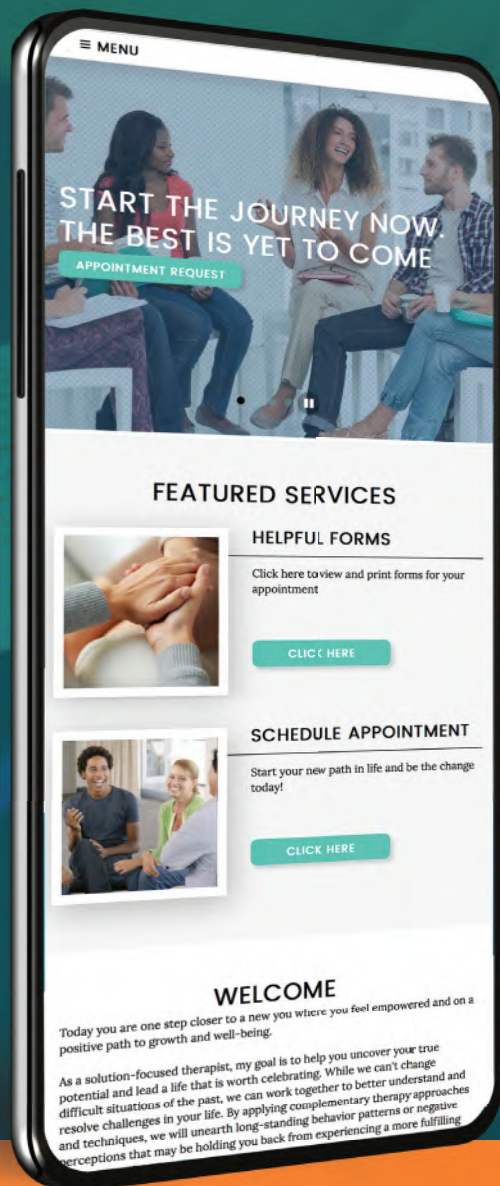
Annual cost of PTSD per person for military personnel and veterans, versus **\$18,640** per person for civilians. For military personnel and veterans, most of these costs are related to direct health care and disability payments, while for civilians, most costs are related to direct health care and unemployment.

**66.4%**

Share of women, compared with **33.6%** of men, who make up the entire population with PTSD. According to research, potentially related factors include that women exposed to trauma have higher levels of PTSD symptoms than men exposed to trauma, and that women experience the traumas of sexual assault and domestic violence more often than men.

**Source:** Davis, L. L., et al. (2022). The economic burden of posttraumatic stress disorder in the United States from a societal perspective. *Journal of Clinical Psychiatry*, 83(3). Available at [doi.org/10.4088/JCP.21m14116](https://doi.org/10.4088/JCP.21m14116).

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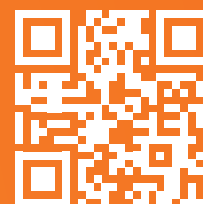
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