AMERICAN PSYCHOLOGICAL ASSOCIATION

APRIL/MAY 2023

monitor on psychology

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SUPPORTING BOYS' SUCCESS IN THE CLASSROOM

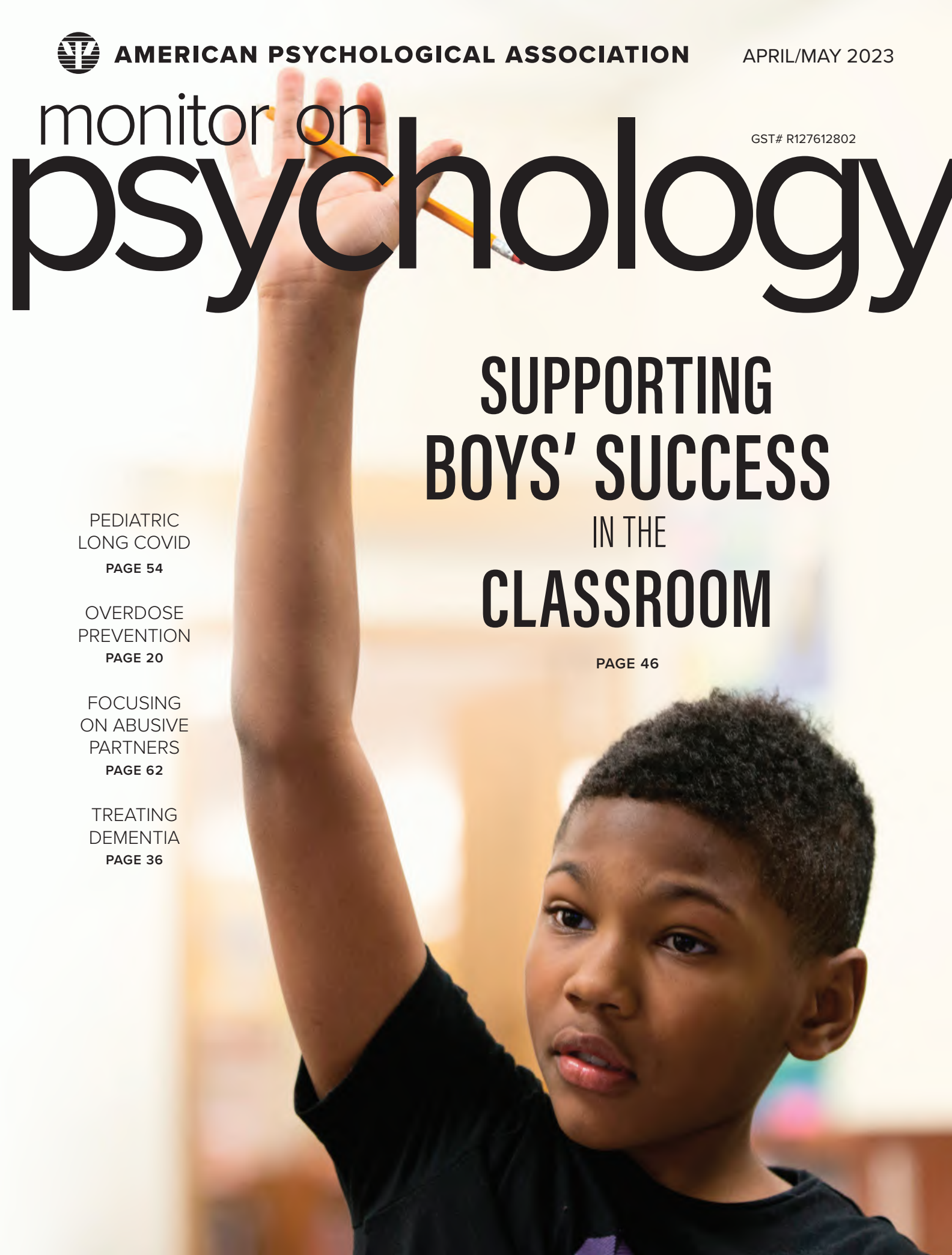
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TREATING DEMENTIA
PAGE 36



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RESOURCES, OPPORTUNITIES, AND NEWS FOR PSYCHOLOGISTS FROM APA



CHILDREN

Helping Sesame Street Help Families

APA is in its third year of partnering with Sesame Street in Communities. The arm of the iconic children's program offers multimedia tools and resources in English and Spanish to support parents and caregivers in fostering children's healthy development. Sesame Street in Communities offers content and guidance on a wide range of topics, from school readiness to building healthy habits to tough issues, such as divorce and food insecurity. APA has been working with Sesame Street in Communities to provide expert psychological guidance on racial justice, early childhood mental health, and how traumatic experiences affect children.

Check out all the Sesame Street in Communities resources at https://sesamestreetincommunities.org/.

SOCIAL MEDIA & YOUTH

Protecting Kids Online

APA's Chief Science Officer **Mitch Prinstein, PhD,** testified before the Senate Judiciary Committee in February on how certain features and content inherent in social media can harm children.

Read more about his comments and recommendations at www.apa.org/news/press/releases/2023/02/harms-benefits-social-media-kids.

BRAIN RESEARCH

Speaking of Psychology

Sarah H. Lisanby, MD, of the National Institute of Mental Health, joins APA's *Speaking of Psychology* podcast to talk about new research on transcranial magnetic stimulation (TMS) and other brain stimulation treatments for mental health disorders including depression and anxiety.

Listen wherever you get your podcasts.

TRENDING

Stay in the Know

Psychologists and students can stay up to date on the latest news in psychology with ***Six Things Psychologists Are Talking About***, APA's biweekly e-newsletter. *Six Things* offers the best in psychology journalism to help readers stay current on trends in the field, new research, and much more between issues of the *Monitor.*

Subscribe online.

DID YOU KNOW?

Many of APA's public-facing web pages, including those on Healthy Workplaces, Mental Health and Parenting, have been revamped and refreshed to include new science-based resources, products, and content for psychologists and other scientists, health-care professionals, patients, parents, and more. Go to www.apa.org/topics.

FILADENDRON/GETTY IMAGES

How to Reach Us

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

IDEAS

3 Things to Do This Month

Learn something new & advance your work

ATTEND FREE SCIENCE TRAININGS

1 APA is hosting three free science training sessions in April: An introduction to group iterative multiple model estimation (GIMME) on April 6; an introduction to artificial intelligence for behavioral scientists on April 13; and an introduction to missing data analyses on April 25.

Learn more and register at www.apa.org/science/programs/training-sessions.

LEARN HOW TO VACCINATE CHILDREN AGAINST THE VIRUS OF RACISM

2 APA is sharing noteworthy talks from APA 2022 every week leading up to APA 2023, to be held Aug. 3–5 in Washington, D.C. Recently shared videos include a keynote presentation on "Vaccinating Children Against the Virus of Racism" by anti-racism advocate Raina Elyse Anderson, PhD, of the University of Michigan. Anderson explores racism as a social disease and talks about prevention and intervention tools that can inoculate children against it.

Watch this and other talks from APA 2022 at www.youtube.com/@TheAPAVideo/featured. To learn more about APA 2023, see pages 16–18.

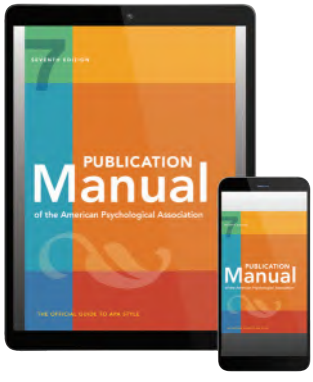
CHOOSE THE NOMINEES FOR APA'S 2025 PRESIDENT

3 Nomination ballots for APA's 2024 president-elect/2025 president went out to all APA members with email addresses on record on March 1 and will close on April 17. The electronic ballot will have a search function that will allow members to search the names of all APA members and nominate up to five people for president.

Learn more at www.apa.org/about/governance/elections.

GO DIGITAL

APA's Publication Manual is available as an eBook on Amazon Kindle, RedShelf, and VitalSource, alongside the best-selling print editions that are widely available wherever books are sold.



monitor on psychology

A publication of the American Psychological Association

VOLUME 54 | NUMBER 3

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54 PEDIATRIC LONG COVID

Absent official guidelines, psychologists have been aiding large-scale research efforts and—in the meantime—pooling their knowledge on best practices for treating the neuropsychological, behavioral, and mood-related symptoms of pediatric long COVID.



62 INTIMATE PARTNER VIOLENCE: FOCUSING ON ABUSERS

Programs that try to treat abusive partners have a long, uncertain history. Can psychologists help make them better?

COVER STORY

BOYS IN SCHOOL

At school, by almost every metric, boys of all ages are doing worse than girls. For boys of color, that gap is even larger. An APA Task Force is midway through an ambitious project: synthesizing the literature on key issues and challenges boys face in school, with recommended solutions, into a series of succinct, peer-reviewed fact sheets that can inform decisions at all levels of the U.S. educational system. *See page 46*



ON THE COVER: JONATHAN KIRN/GETTY IMAGES

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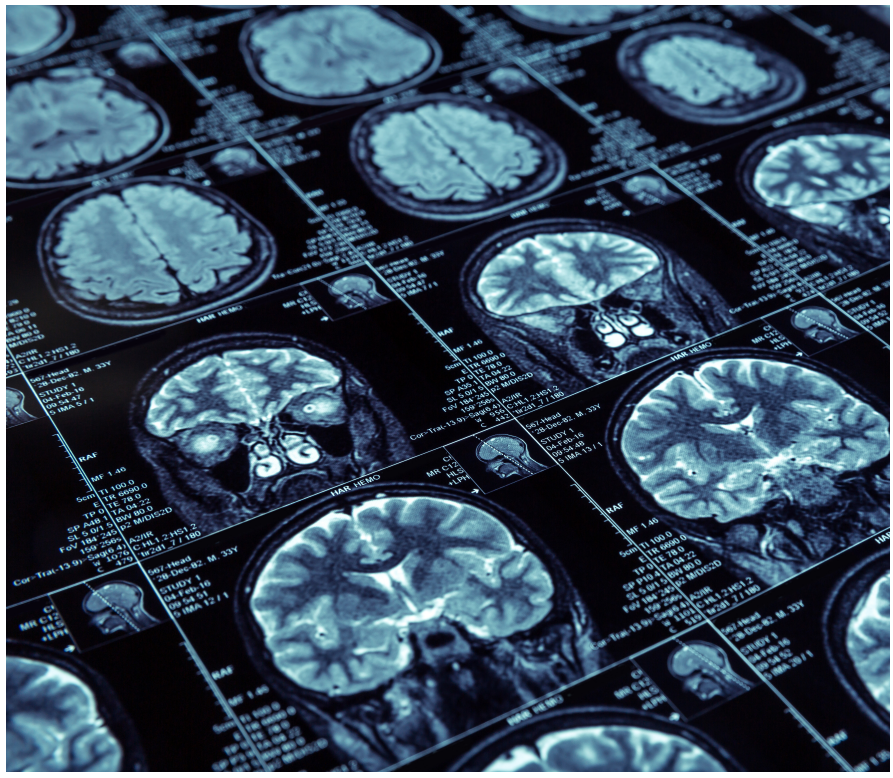
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NEW RESEARCH

IMPROVING QUALITY OF LIFE FOR THOSE WITH DEMENTIA

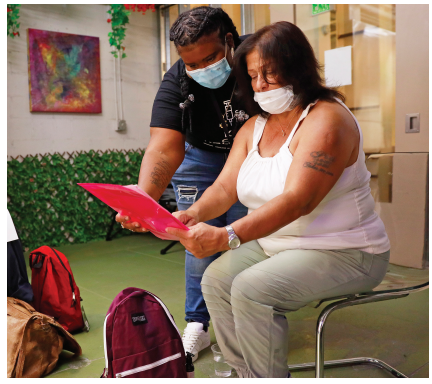
Breakthroughs in detection and treatment of Alzheimer's disease remain of limited value for improving quality of life for dementia sufferers and their caregivers. Psychologists who specialize in aging are essential to this high-need work. *See page 36*



Licensing exam changes. Page 24



Practitioner capacity. Page 28



Overdose prevention. Page 20

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AMERICAN PSYCHOLOGICAL ASSOCIATION

TRAUMA: SURVIVING, HEALING, AND THRIVING

"They tried to bury us. They didn't know we were seeds." *—Mexican Proverb*

BY THEMA BRYANT, PHD



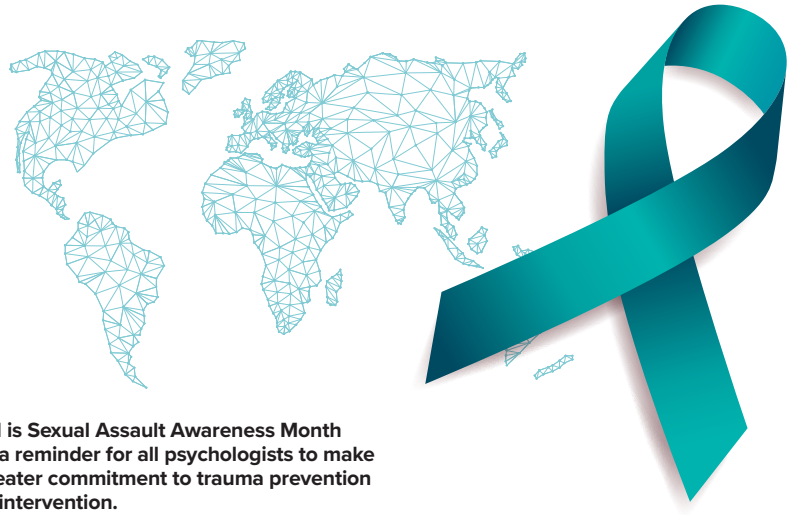
Trauma can devastate survivors and those who care about them. The weight of traumatic stress can weigh people down physically, psychologically, socially, financially, and even spiritually. As a trauma psychologist, I am painfully aware of the co-occurring layers of trauma as we recognize April as Sexual Assault Awareness Month. We are witnessing mass shootings at schools and malls, earthquakes, police brutality, war, and an ongoing global pandemic that constitutes a medical trauma.

While previous generations of psychologists often thought of trauma as a rare specialization for a dedicated set of professionals, there is a growing awareness of the need for more of us in psychology to be trauma-informed. We need to be mindful across all aspects of the field of the pervasiveness of trauma and its potential short- and long-term consequences.

While there are numerous interventions to ease the recovery process for survivors, we need to be intentional about attending to prevention. Instead of relying solely on coping strategies, protective factors, and resiliency factors, we should apply our efforts to developing and supporting relationships, families, communities, and nations that are not plagued by violence. These efforts include working to transform individuals and systems that have far too often normalized aggression and abuse of power.

Along with considering prevention, we need to expand our focus beyond interventions solely focused on symptom cessation. Let's support human flourishing and thriving with pathways that are culturally attuned and accessible to people of diverse identities. Dr. Maya Angelou wrote, "Surviving is necessary, but thriving is elegant."

As we consider thriving and as we welcome spring, I'm reminded we don't have to define ourselves only by the traumas we have been exposed to but also the life-affirming elements of the season. The renewal of spring reminds us of the importance of outlasting difficult seasons. This is also the season of graduation. Let's use the occasion of this new season to make a greater commitment to trauma prevention and intervention. As someone who has survived, researched, and taught about multiple traumas, I am aware of the massive, yet necessary undertaking that we are endeavoring to tackle at this time. Together, we can shift the tide. ■



ELENA MERKULOVA/GETTY IMAGES

April is Sexual Assault Awareness Month and a reminder for all psychologists to make a greater commitment to trauma prevention and intervention.

● **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 and Instagram: @dr.thema.

AMERICAN PSYCHOLOGICAL ASSOCIATION

New Releases from APA Videos

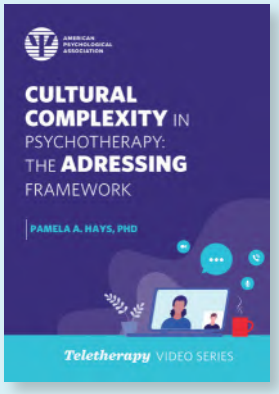


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PAMELA A. HAYS

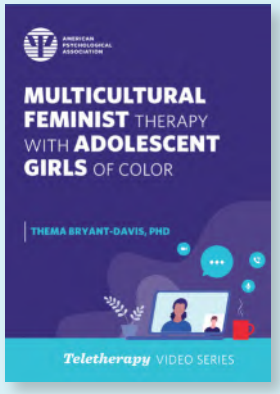
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BKS.APA.ORG/M-VIDEO

CHANGE IS HAPPENING ALL AROUND US

We have an incredible opportunity to lead the way

BY ARTHUR C. EVANS JR., PhD



The way we think about the behavioral health workforce is too limited. We need to expand it.

If building the workforce involves only licensed, clinically trained professionals, we are advocating for a limited solution that will not achieve the outcomes we are striving for. Licensed providers offer critical skills necessary for the treatment of behavioral health conditions—and we should continue to make investments there.

We must also recognize the need for other strategies and skill sets, as a story on page 28 describes. Our approach to behavioral health should be focused on psychological health and well-being for the entire population—not just those who have crossed the diagnostic threshold—as suggested by APA's population health policy. By doing this, we will better address the needs of those with diagnosable conditions because of the greater emphasis on prevention and early intervention.

This has implications for both what we do and who does it. Much of the behavioral health need falls below the diagnostic threshold and could benefit from non-clinical preventative interventions. Successfully addressing various levels of need requires different solutions, only some of which require psychologists or other licensed professionals.

Enlisting others who can help improve the behavioral health of people using psychological science allows us to expand the behavioral health workforce and improve more lives.

- We must emphasize the breadth of skills that psychological training provides, including from non-clinical areas of the field, with many interventions requiring knowledge from basic and applied psychology.
- We should use psychological science to improve people's environments. For example, efforts to improve school climate and create psychologically healthy workplaces can be developed by psychologists but delivered by educators and managers. We need to educate teachers, managers, law enforcement officers, and community leaders with psychological knowledge and skills to empower them to promote and protect people's behavioral health every day.
- We should also help communities promote health activation—people's ability and willingness to manage and improve their behavioral health.

As policymakers and others consider how to increase the workforce, it will be important for us to advocate for a broad conceptualization that reframes what it means to help people achieve psychological health. ■



SOLSTOCK/GETTY IMAGES

Psychologists can give teachers and other community leaders the psychological knowledge and skills they need to support people's behavioral health.

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

COMPILED BY CHRIS PALMER

In Brief



Salespeople receiving a commission perceive that they earn more when their commission rate is high on a low-priced item versus low on a high-priced item—even when they net the same amount.

ANDRESR/GETTY IMAGES

THE COMMISSION EFFECT

According to research in the *Journal of Experimental Psychology: Applied*, salespeople receiving a commission perceive that they earn more when their commission rate is high on a low-priced item versus low on a high-priced item—even when they net the same amount. The effect was observed across 10 experiments with 3,484 participants in different populations in the United States, including Amazon Mechanical Turk workers, undergraduate students, and employees working in sales roles, as well as different compensation structures, such as employees being paid directly by consumers. The research also shows that the effect has downstream consequences on behavioral intentions, such as the likelihood of recommending an employer to friends seeking a sales job. Finally, the research shows that this commission effect emerges because commission rates are easier to evaluate than total sales amounts.

DOI: 10.1037/xap0000441

CANNABIS CAN'T CONJURE CREATIVITY

Smoking cannabis makes people think their and others' ideas are more creative than they actually are, according to research in the *Journal of Applied Psychology.* Across two studies, researchers asked a total of 331 participants in the United States, about half of whom used cannabis 15 minutes prior to study onset, to indicate their level of happiness. They then asked participants to report how creative they were at one of two tasks: coming up with novel uses for a common item or proposing ideas for helping a band increase their revenue. The researchers found that cannabis use increased happiness, which translated to higher self-given creativity ratings by cannabis-using participants than by those who did not use cannabis. However, the researchers, blinded to the experimental conditions, did not rate the cannabis users' ideas as more creative than the abstainers. Individual participants in the cannabis-use group rated the creativity of their fellow participants higher than participants in the abstinence group rated their fellow participants.

DOI: 10.1037/apl0000599

10% OF OLDER ADULTS HAVE DEMENTIA

About 1 in 10 Americans older than 65 have dementia, according to a study in *JAMA Neurology.* Researchers in the United States asked 3,496 participants ages 51 and older (mean age was 76.4 years) involved in a nationally representative study to complete a battery of comprehensive neuropsychological tests and interviews. Based on the tests and interviews, they classified 11% as having dementia and 23% as having mild cognitive impairment (MCI). Rates of dementia and MCI rose sharply with age: 3% of people between 65 and 69 had dementia, rising to 35% for people ages 90 and older. The data also showed a disproportionate burden of dementia among older adults who identified as Black or African American, MCI among older adults who identify as Hispanic, and both categories of cognitive impairment among people with less education. No differences were found between men and women.

DOI: 10.1001/jamaneurol.2022.3543

HORMONE THERAPY AND DEPRESSION RISK

Women who started systemic hormone therapy prior to age 50 saw a twofold higher risk for depression the year immediately after starting compared with women who did not use hormone therapy, indicates a study in *JAMA Network Open*. Researchers examined the medical records of all 825,238 women age 45 in Denmark between 1995 and 2017, without prior oophorectomy, breast cancer, or cancer in reproductive organs. Across the duration of the study, 189,821 (23%) of the women initiated systemically or locally administered hormone therapy. Systemically administered hormone therapy was mainly started before age 50 and was associated with a twofold higher risk of a subsequent depression diagnosis compared with nonusers. This link was seen among women taking estrogen alone or estrogen combined with progestin. Locally administered hormone therapy was initiated equally across ages and was not associated with increased depression risk. Furthermore, women who began this type of therapy after age 54 experienced a lower risk of depression than nonusers.

DOI: 10.1001/jamanetworkopen.2022.39491

DANGERS OF TV VIOLENCE FOR KIDS

Watching violent TV during the preschool years can lead to risks of psychological and academic impairment by the summer before middle school starts, according to a study in the *Journal of Developmental and Behavioral Pediatrics.*

About 10% of Americans older than 65 have dementia, and 23% have mild cognitive impairment.



FG TRADE/GETTY IMAGES

Researchers asked parents of 978 girls and 998 boys in Canada between the ages of 3.5 and 4.5 to report their children's exposure to television violence. They then noted child-reported and teacher-reported measures of adjustment at age 12. They found that for girls, early exposure to televised violence was associated with increases in emotional distress and decreases in classroom engagement, academic achievement, and academic motivation at age 12. For boys, viewing violent content was linked to increases in emotionally distressed, inattentive, conduct-disordered, and socially withdrawn behavior, as well as decreases in classroom engagement, academic achievement, and academic motivation at age 12.

DOI: 10.1097/DBP.0000000000001135

BEAUTY PREMIUM FADES IN REMOTE CLASSES

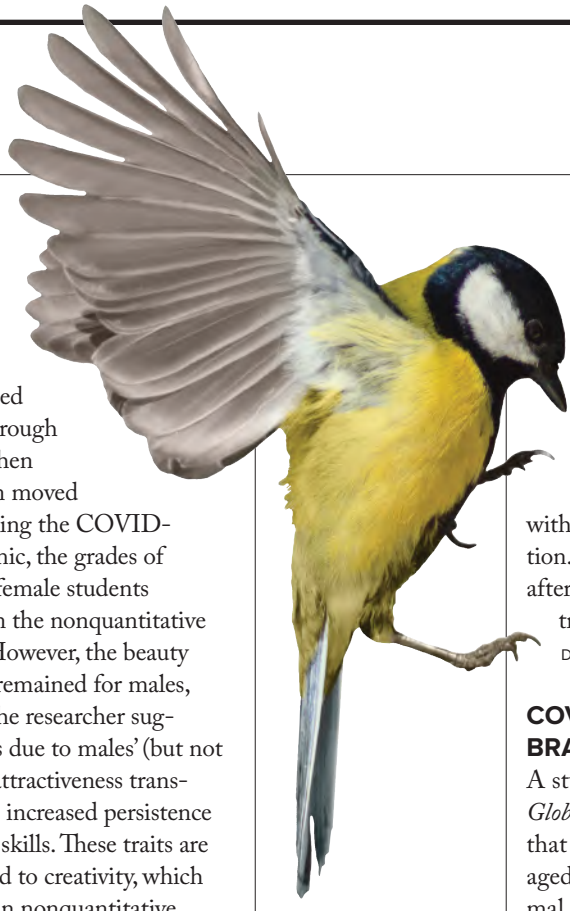
A study in *Economics Letters* suggests that the beauty premium that normally boosts the grades of attractive female students disappears when classes are taught remotely. A researcher asked 74 individuals to rate the attractiveness of the faces of 307 engineering students across five cohorts at a Swedish university. The researcher first found evidence of a beauty premium in in-person instruction settings for both males and females. For nonquantitative courses such as business and economics that encouraged student-teacher interactions, student attractiveness was positively correlated with student grades. No effect was found for quantitative courses such as math and physics that were often graded entirely through exams. When instruction moved online during the COVID-19 pandemic, the grades of attractive female students dropped in the nonquantitative subjects. However, the beauty premium remained for males, an effect the researcher suggested was due to males' (but not females') attractiveness translating into increased persistence and social skills. These traits are both linked to creativity, which is helpful in nonquantitative courses.

DOI: 10.1016/j.econlet.2022.110782

BIRDING YOUR WAY TO A BRIGHTER MOOD

A study in *Scientific Reports* suggests that listening to chirping birds, especially while outside, significantly improved people's mental well-being for up to 8 hours, even among those with major depressive disorder (MDD). Researchers asked 1,292 participants around the world, but mostly in Europe, to report on their smartphones their mood and the presence (or absence) of birds, trees, and water three times per day for 2 weeks. The participants logged 26,856 of these assessments between April 2018 and October 2021. An analysis of the data revealed that the participants were more likely to feel confident, relaxed, happy, connected to other people, and energetic and less likely to feel anxious, stressed, down, lonely, and tired when hearing or seeing birds. The effect, which lasted up to 8 hours, was stronger when the participants were outdoors and was observed in people with MDD as well as those without a mental health condition. Benefits were still evident after accounting for exposure to trees and water.

DOI: 10.1038/s41598-022-20207-6



Listening to chirping birds, especially while outside, can significantly improve people's mental well-being for up to 8 hours.

DRAKULIREN/GETTY IMAGES

COVID-19 AGED TEEN BRAINS

A study in *Biological Psychiatry: Global Open Science* indicates that COVID-19 pandemic stress aged teen brains faster than normal. Researchers compared MRI scans of 128 adolescents in the United States, half taken before (November 2016 to November 2019) and half during (October 2020 to March 2022) the pandemic. The post-pandemic scans revealed unusually high growth in the hippocampus and amygdala, brain areas that respectively control access to some memories and help regulate fear, stress, and other emotions. The researchers also found that youth assessed after the pandemic shutdowns had higher-than-expected thinning of the tissues in the cortex, which is involved in executive functioning. The post-pandemic teens also had more advanced brain age and more severe symptoms of anxiety, depression, and internalizing problems than is typical of this age group.

DOI: 10.1016/j.bpsgos.2022.11.002

DYNAMIC DIAGNOSES

According to *The Lancet Psychiatry*, nearly half of people with

a mental health disorder are diagnosed with a different disorder within 10 years after initial diagnosis. Researchers followed 184,949 adults in Denmark who had received one of the 20 most common first-time psychiatric diagnoses in a psychiatric hospital between 1995 and 2018. In a 10-year follow-up, 47% had at least one subsequent diagnosis that differed from their first. The diagnoses most likely to change over time were acute psychosis, addiction, and depression. The ones least likely to change included functional disabilities, eating disorders, and sexual disorders.

DOI: 10.1016/S2215-0366(22)00367-4

CAN'T STOP THE BEAT

Low-frequency, inaudible bass beats make people on the dance floor move more, according to research in *Current Biology*. Researchers strapped motion-capture headbands onto 60 participants in Canada attending an electronica concert. When they switched on very low frequency (VLF) speakers about every 2 minutes during the 45-minute concert, the participants danced 12% more vigorously. In an additional study performed later, 17 new participants could not consciously identify when the VLF beats were playing in the audio version of the concert from the first study. The researchers hypothesize that the unconscious effects on the original participants' behavior resulted from vestibular and/or tactile processing of the VLF beats.

DOI: 10.1016/j.cub.2022.09.035



Low-frequency, inaudible bass beats unconsciously make people on the dance floor move more.



Diastolic blood pressure is very likely to cause neuroticism.

NEUROTICISM IN THE BLOOD (PRESSURE)

Diastolic blood pressure—the lower of the two numbers in a blood pressure reading—is very likely to cause neuroticism, indicates research in *General Psychiatry*. Researchers examined data from eight large-scale genome-wide association studies of hundreds of thousands of individuals with predominantly European ancestry. They then looked for associations among clusters of genes linked to four traits of blood pressure—systolic blood pressure, diastolic blood pressure, pulse pressure, and high blood pressure—and four psychological states—anxiety, depressive symptoms, neuroticism, and subjective well-being—in between 170,911 and 463,010 of the individuals. The analysis revealed a causal association only between diastolic blood pressure and neuroticism.

DOI: 10.1136/gpsych-2022-100877

ATTRACTIVE AND SELFISH

A study in *Evolution and Human Behavior* indicates that people who see themselves as attractive believe they deserve special treatment and are more likely to act selfishly. Across five studies, researchers asked a total of

XXMMXX/SKYNESHER/GETTY IMAGES

1,303 participants in China to rate their own attractiveness. In two studies, the researchers manipulated participants' self-perceived attractiveness. And in another study, they manipulated entitlement by asking some participants to write justifications for why they deserve the best in life. The researchers then assessed participants' level of entitlement and intention to behave in their own self-interest. Overall, they found that self-perceived attractiveness affected selfish behavior both directly and by increasing the sense of entitlement. Higher entitlement, in turn, was associated with higher self-interest behavior.

DOI: 10.1016/j.evolhumbehav.2022.09.005

BLACK WOMEN REPORT DEPRESSION DIFFERENTLY

A study in *Nursing Research* indicates that Black women with symptoms of depression more often report sleep disturbances, self-criticism, and irritability than stereotypical symptoms such as depressed mood. Researchers analyzed data from 227 Black women in the United States who were screened for depression as part of a study examining the genetics of blood pressure. Participants with greater depressive symptoms were more likely to report somatic symptoms—such as fatigue, insomnia, and decreased libido—and self-critical symptoms—such as self-hate and self-blame—than traditional depression symptoms such as feelings of hopelessness or depressed mood. The participants with depressive symptoms also reported irritability and an inability to experience pleasure.

DOI: 10.1097/NNR.0000000000000635

DOWNSIDE TO FIXING FUSSINESS WITH SCREENS

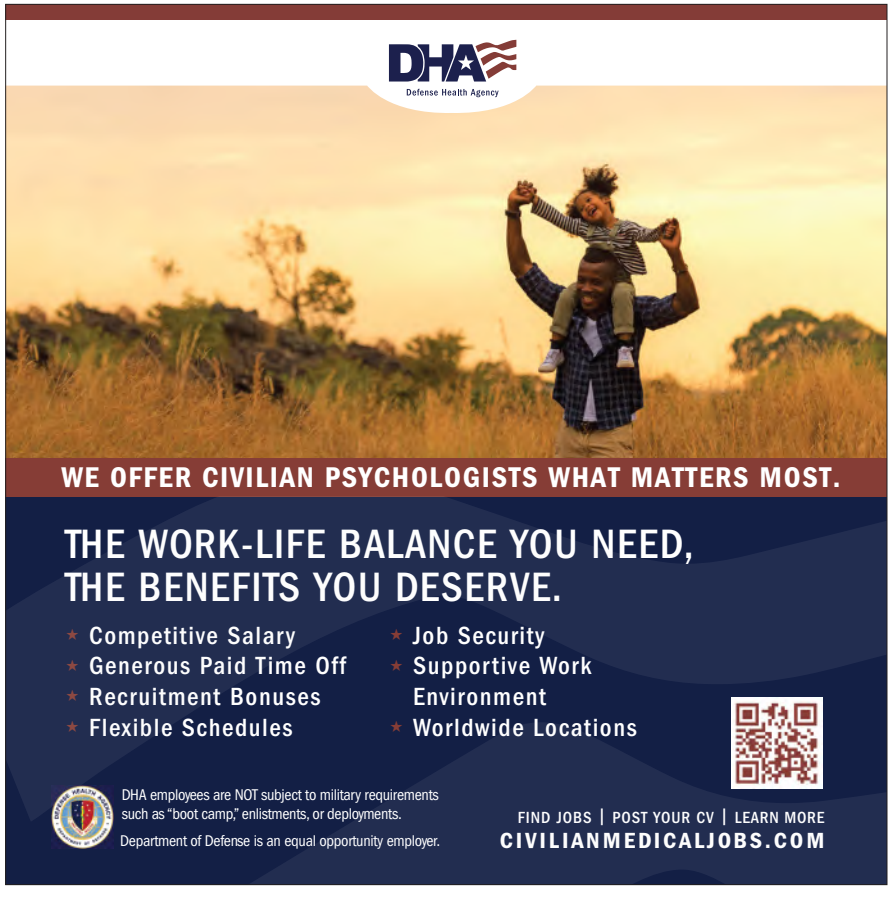
Placating toddlers in the midst of a tantrum with a smartphone or tablet can lead to further emotional dysregulation in the children, suggests research in *JAMA Pediatrics*. Over a period of 6 months, researchers in the United States tracked the frequency with which 422 parents and caregivers used electronic devices to calm their fussy 3- to 5-year-old children. They also tracked symptoms of emotional reactivity or dysregulation in the children, including rapid shifts between sadness and excitement, a sudden change in mood, and heightened impulsivity. Among the boys, the use of electronic devices to calm children at the 3-month point of the study was associated with higher emotional reactivity at the 6-month mark. Among both boys and girls already experiencing hyperactivity, impulsiveness, and strong temperaments, soothing with a device at 3 months was associated with higher emotional reactivity, while higher emotional reactivity at 3 months was linked to increased device-calming at 6 months.

DOI: 10.1001/jamapediatrics.2022.4793



Placating toddlers in the midst of a tantrum with a smartphone or tablet can lead to further emotional dysregulation.

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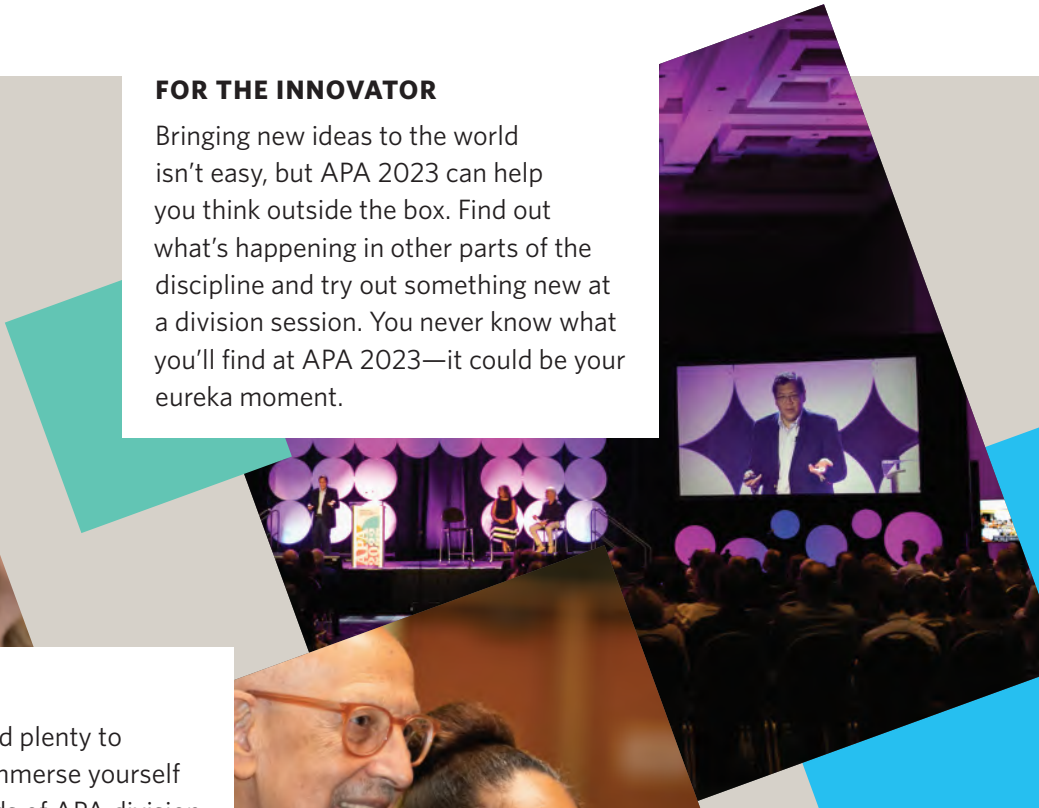
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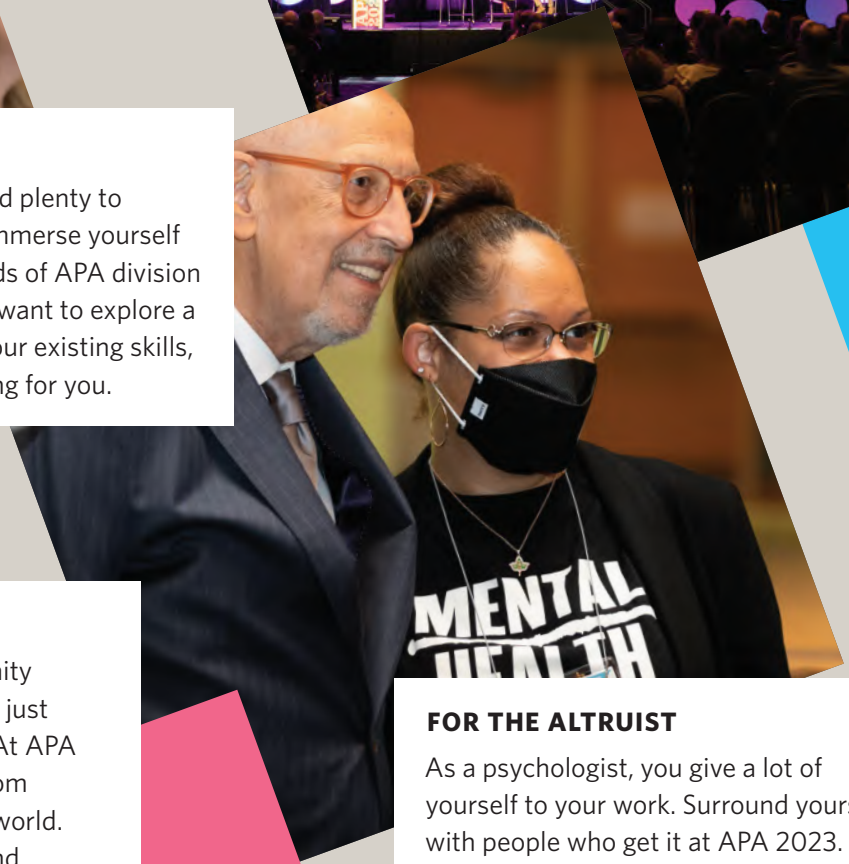
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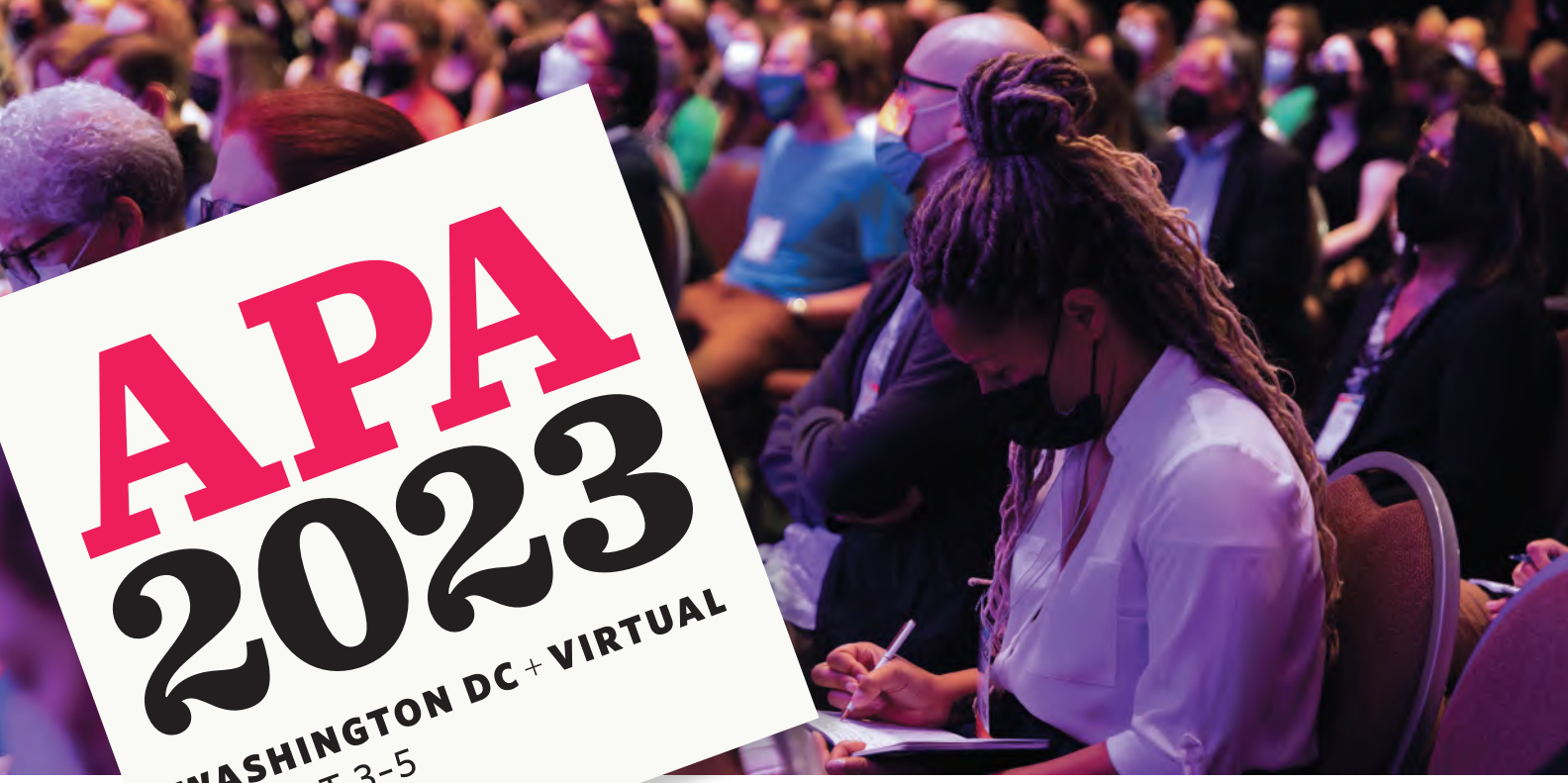
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By Luona Lin, Meron Assefa, and Karen Stamm, PhD

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

OVERWORKED AND BURNED OUT

The tremendous impact of the pandemic era pushed many practitioners to their limits

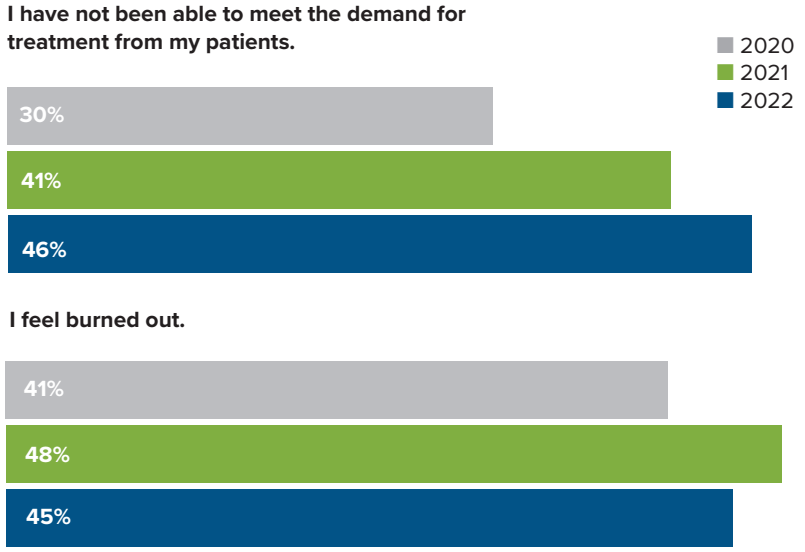
Psychologists' workload increased substantially throughout the course of the pandemic. In response to a survey in September 2022,[1] 38% of U.S. licensed psychologists reported that they were working more than they did before the pandemic.

Faced with the increased workload, the percentage of psychologists who reported not being able to meet the demand rose from 30% in 2020 and 41% in 2021, to 46% in 2022. Almost half (45%) reported feeling burned out in 2022, with similar levels reported in 2020 (41%) and 2021 (48%).

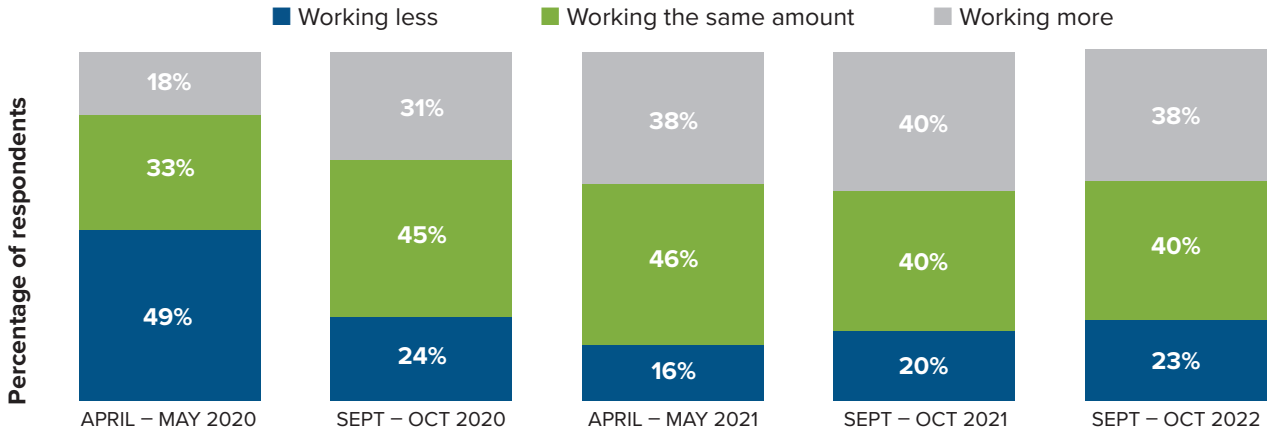
These findings highlight the continued need to support psychologists as they care for their patients. Both individual-level and organization-level interventions targeting key contributing factors to burnout can serve as potential treatment and prevention strategies.

How much do you agree or disagree with the following statements?

% agree or strongly agree



How has the COVID-19 crisis impacted how much you work?



Note: Pre-pandemic workload was used as the baseline for comparison. Details may not sum to 100% due to rounding.

[1]2022 results are from the American Psychological Association's COVID-19 Practitioner Impact Survey, which targeted health service psychologists in the United States. The survey was distributed to approximately 62,900 doctoral-level active licensed psychologists, including both APA members and nonmembers. The survey was fielded from Sept. 20 to Oct. 7, 2022. A total of 2,295 psychologists responded to the survey. For more information, visit https://www.apa.org/pubs/reports/practitioner/2022-covid-psychologist-workload. Data for previous years were from the 2020 APA Membership Professional Needs Survey (April 2020, N=3,496), 2020 COVID-19 Telehealth Practitioner Survey (September 2020, N=1,787), 2021 Survey of Health Service Psychologists (April 2021, N=842), and 2021 COVID-19 Telehealth Practitioner Survey (September 2021, N=1,141).

Want more information? See CWS's interactive data tools or contact CWS at cws@apa.org.

CHANGING MINDS ABOUT OVERDOSE PREVENTION

Prevention sites are proven to reduce opioid overdose deaths. Psychologists' research is identifying ways to increase public support for these lifesaving centers.

BY STEPHANIE PAPPAS

Last year, the city government of San Francisco did something new as part of an emergency response to the city's overdose crisis: They opened a center in the Tenderloin neighborhood where people could go to use substances in a supervised environment, well stocked with the opioid-blocker naloxone and staffed with medical professionals to watch for potential signs of overdose.

The site became a local flash point in the debate about how to handle the drug-poisoning crisis, which killed more than 100,000 Americans in 2021 alone (CDC National Center for Health Statistics, 2022). Some experts are now using the term "drug-poisoning crisis" instead of "overdose crisis" because the root of the increase is in contamination of the drug supply with the powerful narcotic fentanyl. Situated across from a Whole Foods and a few blocks from Twitter's headquarters, the facility was a visible reminder of poverty and drug use, said Alex Kral, PhD, an epidemiologist at the research nonprofit RTI International who has been analyzing the health impacts of the site. Though it offered an array of noncontroversial services such as access to meals, showers, and referrals to social services, "it became a political football," Kral said.

On Dec. 4, 2022, the city shut down the site, though not as a failed experiment. Kral's city-funded study found that staff reversed 333 overdoses, 305 of which were at the site and 28 of which occurred on nearby streets. No one died. San Francisco is now looking to open similar overdose prevention sites, dubbed "wellness hubs," elsewhere in the city, Kral said.

But the Tenderloin's yearlong experiment exemplifies the national tension around overdose prevention sites, which allow people who use substances to inject or smoke drugs in a medically supervised, safe environment. Research by psychologists, public health experts, and criminal justice researchers shows that these sites are unambivalently successful, but the United States currently has only two legally sanctioned sites, both in New York City, which function without government funding for the supervised use areas. Rhode Island may soon set up a site in Providence. Part of why so few exist is that overdose prevention sites are still illegal under a statute in the U.S. Controlled Substances Act that prohibits anyone from maintaining a location for the purpose of selling, storing, or using drugs. Another issue psychologists are tackling is



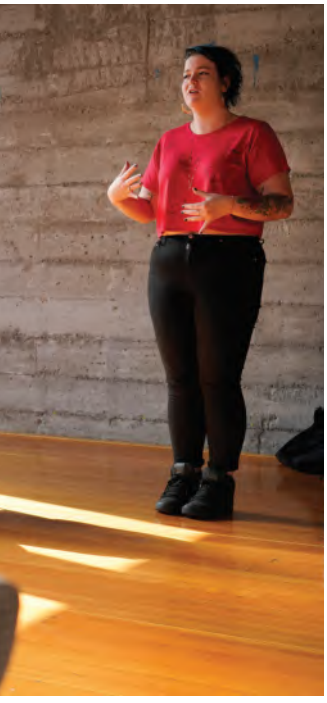
U.S. public opinion. People may view these sites as enabling drug use and often fear that they will attract crime to the neighborhood. Studies show that these fears are unfounded, but given the strong stigma around substance use, researchers say more needs to be done to educate the public about the harm-reduction benefits of these sites.

Research by psychologists is now showing that there are ways to frame overdose prevention centers that do not trigger knee-jerk stigma against people



An overdose prevention center in Harlem, New York City.

Drug overdose prevention and education project manager Kristen Marshall gives naloxone training to employees of the Tenderloin Neighborhood Development Corporation and CounterPulse, a San Francisco–based art and community center.





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who use substances. Even the name alone can alter support, with people exhibiting more openness to "overdose prevention programs" than to alternatives like "safe consumption site," "supervised injection site," or "harm reduction center," according to research (currently under review) by Western New Mexico University media psychologist Jennifer Johnston, PhD. Focus groups were very concerned with saving lives, Johnston said, and with the right framing, they were open to the idea that safe consumption sites are successful at doing so.

"There is true compassion," Johnston said.

THE CASE FOR PREVENTION

The first overdose prevention center opened in Bern, Switzerland, in 1986. Today, there are nearly 200 overdose prevention centers operating under various names in 14 countries around the world. The sites do not provide drugs, but staff are available to give advice on safe injection procedures, provide injection supplies, and—important for the sites' key goal of preventing deaths—monitor for and help reverse overdose. Center staff can typically connect people to help if they want to stop using drugs, but are careful not to push visitors because the primary priority is establishing trust and ensuring people use drugs in a safer environment than the streets. In the first 2 months of operation at the United States' first two overdose prevention centers, operated by the nonprofit OnPoint NYC, staff intervened 125 times to mitigate overdose risk, including 19 administrations of the opioid blocker naloxone (Harocopos, A., et al., *JAMA Network Open*, Vol. 5, No. 7, 2022).

New York's experience is not unique. "Now there are literally dozens and dozens of peer-reviewed studies demonstrating very clearly that these facilities are meeting their primary objectives of reducing public disorder, reducing infectious disease transmission, reducing overdose deaths, and promoting engagement with the systems of care, including addiction treatment," said Thomas Kerr, PhD, a counseling and health psychologist who is the director of research at the British Columbia Centre on Substance Use (BCCSU) and the head of social medicine at the University of British Columbia. "There is really no serious academic debate about this."

A systematic review of studies on the sites in the United States and abroad, many focused on a long-running facility in Vancouver, have found that they reduce overdose morbidity and mortality, improve injection safety behaviors, expand access to addiction treatment, and do not increase crime or public nuisance (Levengood, T. W., et al., *American Journal of Preventative Medicine*, Vol. 61, No. 5, 2021). An older systematic review found similar results and noted reduced levels of public drug injection and discarded syringes around overdose prevention sites (Potier, C., et al., *Drug and Alcohol Dependence*, Vol. 145, 2014). Another review coauthored by Kerr found that these sites did not increase community patterns of drug use, with several studies finding that they instead facilitated people's entry into treatment programs (*Current HIV/AIDS Reports*, Vol. 14, 2017). These sites are targeted to the most vulnerable substance users, such as people who are experiencing homelessness, and do indeed benefit these populations, according to a fourth systematic review that found reduced overdoses and improved access to health care for unhoused individuals who used overdose prevention sites (Magwood, O., et al., *PLOS ONE*, Vol. 15, No. 1, 2020).

"Safe consumption sites not only provide numerous health benefits but also don't have the negative impacts that people often fear," said Mary Clare Kennedy, PhD, a public health research scientist at BCCSU and the University of British Columbia, who coauthored the 2017 review with Kerr.

COMMUNICATING THE SCIENCE

There are signs that resistance to overdose prevention sites in the United States might be crumbling. The California Senate passed a bill authorizing three pilot sites in August, though Gov. Gavin Newsom vetoed it. New York City's two centers opened in late 2021. Those sites depend, in part, on private funding, but Rhode Island has devoted $2.25 million from a national settlement with three major opioid distributors to open its upcoming site in Providence. In February 2022, the Department of Justice signaled that it may relax its position on overdose prevention sites, telling

the Associated Press that it was in conversations with regulators about "appropriate guardrails."

If more sites do open, they will likely be accompanied by public debate. Until recently, overdose prevention sites have been largely unknown in the United States, which makes surveying public opinion on them tricky. People are unfamiliar with the concept, for one thing, said Colleen Barry, PhD, a public health researcher at Cornell University. For another, Kral said, they are being asked to respond to what they imagine the policy would be, not a policy that is already in place.

But research suggests that framing matters. Barry and her colleagues published the first findings to this effect only 4 years ago. The researchers asked a web-based, nationally representative survey of U.S. adults about their support for either "safe consumption sites" or "overdose prevention sites," providing an identical definition for both. They found that support for "overdose prevention sites," at 45%, was 16 percentage points higher than support for "safe consumption sites" (*American Journal of Public Health*, Vol. 108, No. 9, 2018).

In another national survey, U.S. adults again proved more supportive of "overdose prevention sites" than "safe injection sites," evincing the equivalent of a 10% to 15% increase in support for the option that emphasizes reducing overdoses versus the option that triggers thoughts of needles (*Criminology & Public Policy*, Vol. 20, No. 4, 2021). "If you can use a label that focuses attention on reducing overdoses—in other words, saving lives—that is going to get a lot more support than if the label is focused on safely using drugs," said Kelly Socia, PhD, a criminal justice researcher at the University of Massachusetts Lowell, who led that research.

Socia also found that abstract support for these sites was generally higher than support for such a site in one's community. Overall, 64% of the sample was at least somewhat supportive of overdose prevention sites, but that support dropped to 53% when participants were asked how they felt about a site in their neighborhoods.

The overdose prevention framing again won out in research by Western New Mexico University's Johnston and her student Kaya Thompson. Johnston conducted both a nationally representative survey and focus-group research and found that the term "overdose prevention program" beat out "safe consumption site," "harm reduction center," and "supervised injection site." Johnston also tested different informational materials about these sites and found that people were most supportive when the materials used compassionate language and human-centered imagery and presented facts and statistics about the sites' efficacy.

"Sometimes marketing rules suggest that less is more and going only for the emotional appeal is the way to go," Johnston said. "But we found that appeal combined with some key facts about opioid deaths, about lives saved, about the fact that one massive study found that people who participated in these programs live on average 34 years longer, increased favorability. You can say the facts fairly quickly and simply to shift public opinion."

Garnering support for lifesaving overdose prevention sites ties into the larger need to reduce stigma around substance use. Research has consistently found that stigmatizing attitudes toward people who use substances are associated with less support for harm-reduction policies. For example, Barry and her public health colleague Emma McGinty, PhD, now at Weill Cornell Medicine, conducted a nationally representative web-based survey and found that 84% of U.S. adults would not want someone who used opioids to marry into their family, and 72% would not want to work closely with someone who used opioids (*Preventative Medicine*, Vol. 111, 2018). Ninety percent stated that they perceived people who use opioids as weak. Holding more stigmatizing views was associated with lower support for both syringe services programs and overdose prevention sites.

In that sense, overdose prevention sites are not a special case, Kral said; they tend to trigger similar stigma as places like homeless shelters or methadone clinics, which people also often do not want in their neighborhoods.

On the other hand, people's attitudes are complex. Many would prefer an overdose prevention site to a needle exchange program in their neighborhood, Kral said, because overdose prevention sites move drug use out of the public eye. And personal experience may change minds.

FURTHER READING

Impact of an unsanctioned safe consumption site on criminal activity, 2010–2019
Davidson, P. J., et al.
Drug and Alcohol Dependence, 2021

Impact of safe consumption facilities on individual and community outcomes: A scoping review of the past decade of research
Dow-Fleisner, S. J., et al.
Emerging Trends in Drugs, Addictions, and Health, 2022

Overdose prevention centers: An essential strategy to address the overdose crisis
Samuels, E. A., et al.
JAMA Network Open, 2022

Evaluation of an unsanctioned safe consumption site in the United States
Kral, A. H., et al.
New England Journal of Medicine, 2020



Case manager Sheridan Bood, center, leads a poetry and creative writing session at the Homeless Health Care Los Angeles Center for Harm Reduction.

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Though few researchers have looked at shifts over time, one study of neighborhood attitudes toward an overdose prevention site in Sydney, New South Wales, that surveyed people before the site opened and a year after it began operation found that people became more supportive once the site was up and running (Thein, H., et al., *International Journal of Drug Policy*, Vol. 16, No. 4, 2005).

EXPANDING HARM REDUCTION

While the United States is taking tentative steps in setting up overdose prevention sites, other countries where these sites have run longer are now testing further forms of harm reduction. These include more medication-assisted treatment methods as well as safe supply efforts.

"The drug supply is becoming more contaminated and more potent, and although we have evidence showing that the various harm-reduction strategies have prevented a lot of deaths, the overall rate has gone up," Kerr said.

He and his team are now focused on efforts to provide pharmaceutical alternatives to black market drugs. Kerr said that Vancouver is seeing promise in providing fentanyl patches, but other options used around the world include hydromorphone tablets and, in some chronic, relapsing cases, injectable diacetylmorphine, the active ingredient in heroin. This latter treatment has been shown effective for the subgroup of people with severe opioid use disorder who are not helped by oral maintenance treatments such as methadone and buprenorphine (Oviedo-Joekes, E., et al., *JAMA Psychiatry*, Vol. 73, No. 5, 2016). However, diacetylmorphine is a Schedule I drug in the United States, meaning it cannot be prescribed for medical reasons.

"It's really to separate people from the drug supply," Kerr said. "Everybody who is using the drug supply right now is overdosing, and in our little province we have six people dying every day. It's a horrible situation."

While the public opinion studies by Johnston, Kral, Barry, and others show that liberals are generally more willing than conservatives to support overdose prevention sites, the drug crisis has not yet been politicized to the same extent as other issues in the United States, Barry said. Johnston's work, for example, found that stereotypes of people who use substances as "weak" were more strongly associated with resistance to harm-reduction policies than political leaning. Additionally, harm-reduction strategies are gold-standard, evidence-based solutions. Having interventions that work is a huge boon, Barry said, because the challenge is not insurmountable; it's just a matter of communicating the facts to the public and policymakers. "Being able to talk about tools for combating the drug crisis in ways that resonate for people and don't immediately trigger their natural reactions is important," Barry said.

If overdose prevention sites do become a left-right flash point, though, it could stymie efforts to institute this sort of harm reduction. More work must be done in real-world settings to understand people's perceptions of these efforts, Barry said. There is also a need to implement and evaluate stigma-reduction efforts among law enforcement, emergency responders, and medical staff, whose negative attitudes toward people who use substances can be a barrier to treatment, she said.

With awareness of the suffering caused by the drug crisis at high levels and the potential thaw in harsh restrictions on overdose prevention sites at the federal level, the time is ripe for these types of efforts, Barry said.

"This," she said, "is the moment." ■

ATTITUDES TOWARD PEOPLE WHO USE SUBSTANCES



84%

of U.S. adults would not want someone who used opioids to marry into their family.



72%

would not want to work closely with someone who used opioids.



90%

stated that they perceived people who use opioids as weak.

NEW PSYCHOLOGY LICENSING EXAM EXPANDS

The new skills portion of the Examination for Professional Practice in Psychology (EPPP-2) brings a new focus on clinical practice skills—and evokes mixed responses across the psychology community

BY HELEN SANTORO

An October 2022 decision from a key regulator will broaden the use of the skills portion of the Examination for Professional Practice in Psychology (EPPP) over the next several years, allowing clinical practice skills to be uniformly tested as part of the state licensing process in more states.

Created by the Association of State and Provincial Psychology Boards (ASPPB), the new test—known as the EPPP-2—aims to create a standardized clinical skills evaluation for licensure, bringing the field of psychology in line with other doctoral health professions.

However, concerns have been raised over whether the new test is a good measurement of clinical skills and whether it creates more barriers to entry for applicants, particularly those with marginalized identities. Almost 7,000 people have signed an online petition to stop the adoption of the test over concerns it "will further restrict diversity in the field."

STANDARDIZING THE ASSESSMENT OF COMPETENCY

The new skills test complements the EPPP Part 1 (EPPP-1), which evaluates applicants' knowledge. ASPPB's board first announced plans to add a second part to the exam in March 2016. The goal was to create a multipart exam to standardize clinical skills evaluation for entry to practice, rather than rely exclusively on graduate programs' judgments and other non-standardized measures such as an oral exam.

The EPPP-2 was adopted by several jurisdictions in 2018. By Jan. 1, 2026, it will be a mandatory part of licensing requirements for all jurisdictions currently using the EPPP. Psychology candidates are required to pass the knowledge test before taking the skills test.

Regulators view this as a necessary step to ensuring a competent workforce. "We're finding particularly since COVID, when so many trainees did a good chunk of their training virtually, they're entering their internship or practicum program with less preparation than students had prior to COVID," said Robin McLeod, PhD, 2022 chair of the Minnesota Board of Psychology.

The EPPP-2 is 45% multiple choice, like the EPPP-1, but includes other question types better at measuring "applied, real-world situations that psychologists face in practice" and "provides valuable information to licensing boards as it assesses the candidate's ability to show what they would do in an applied setting," according to the ASPPB website.

Jeff Baker, PhD, who helped lead development of the test as executive director of the Association of Psychology Postdoctoral and Internship Centers (APPIC), said a competency test like EPPP-2 is essential. "APPIC has seen a significant increase in the number of informal problem consultations and formal complaints as well as withdrawals or termination from internship related to clinical competency," said Baker. "Moving to more formal assessment of clinical competence increases public safety to ensure that all licensed psychologists have been assessed for both content knowledge and clinical competence."

Until the launch of EPPP-2, graduate programs, clinical supervisors, and licensing boards were responsible for measuring an applicant's competency. For licensing boards, this can involve counting practice hours, an oral exam, and letters of recommendation. Yet ASPPB officials said these methods have known reliability concerns and proposed moving to a more formal assessment to ensure all licensed

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psychologists have been assessed for both content knowledge and clinical competence.

"With the support of ASPPB's membership, the EPPP has been further refined to continue to assist licensing boards with their mandate to protect the public through the responsible licensing of competent individuals to practice psychology," said Mariann Burnetti-Atwell, PsyD, CEO of the ASPPB. "Like many other health-care professions, the EPPP Part 1-Knowledge and the addition of the EPPP Part 2-Skills provides jurisdictions with a universal, standardized, objective, and reliable tool for regulators to ensure candidates for licensure have both the knowledge and the applied skills necessary for independent practice."

McLeod said the field needs to evaluate applicants' competency in a more standardized way. "I've heard from some interns that they get very little supervision in their applied clinics," said McLeod. "Without an exam that assesses skills at the end of training, we won't really know whether they are ready for independent practice."

CONCERNS RAISED BY THE PSYCHOLOGY COMMUNITY

Other psychologists who teach and train graduate students have concerns. "I'm a big proponent of the competency movement in psychology," said Danielle Keenan-Miller, PhD, director of the University of California, Los Angeles Psychology Clinic and creator of the online petition opposing the exam. "I would agree that it's absolutely essential that we have mechanisms in place that prevent people who are not prepared to provide high-quality, evidence-based care from entering the field. We just disagree about whether or not that's what this exam is and whether the evidence that would be necessary for us to roll it out has been gathered."

The EPPP-2 has not been subjected to a validation process to see whether it is actually evaluating applicants' clinical skills, said Jennifer Callahan, PhD, codirector of the Center for Psychosocial Health Disparities Research at the University of North Texas (*American Psychologist,* Vol. 75, No. 1, 2020).

"The big issue from a scientific standpoint is there is no evidence of any incremental test validity," said Callahan. "Adding a second test doesn't appear to provide any benefit above and beyond what is provided in exam 1."

Additionally, there is a disagreement as to whether a multiple-choice test can properly examine one's clinical skills, said Keenan-Miller. "There's a pretty good reason when you go to take your driver's license test, for example, that there is a part that's a multiple-choice exam and then a part where you're in the car," she said. "If we want to become more in line with other health professions, most other health professions do have hands-on exams, many of which are now possible to take through technology that wasn't available even 5 or 10 years ago."

Psychologists have also raised concerns that the EPPP-2 may discriminate against marginalized groups who have an additional barrier to entry to become clinicians. Research on the EPPP-1 has shown discrepancies in exam performance based on applicants' ethnicity. A Freedom of Information Act (FOIA) request showed that of 4,892 individuals in New York who took the EPPP-1 for the first time, significantly more Black and Hispanic applicants who took the test for the first time



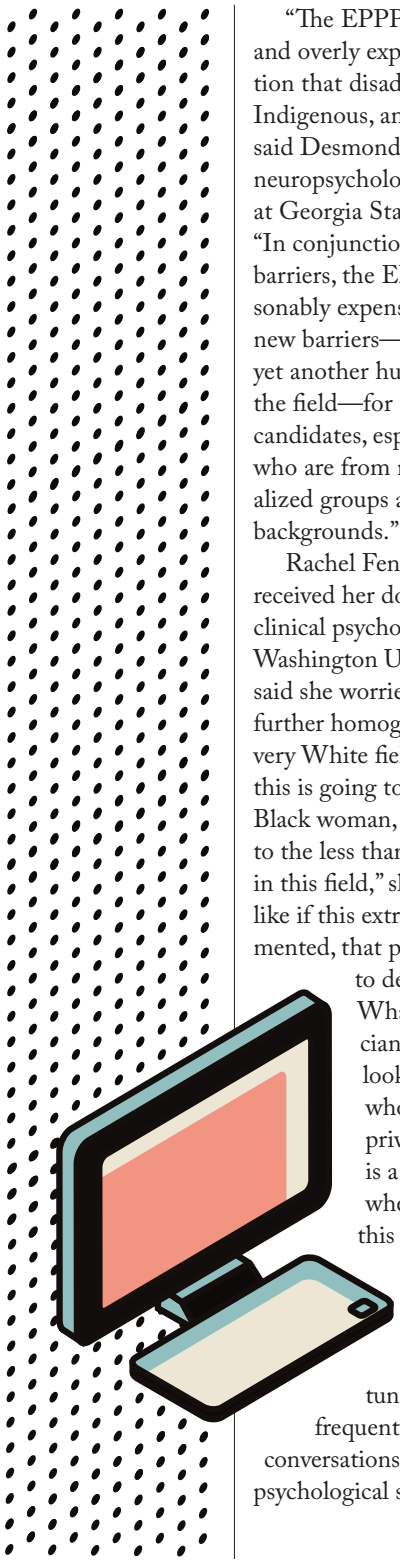
failed compared with White applicants (Sharpless, B., *The Journal of Psychology,* Vol. 153, No. 2, 2019).

"I found similar results using Connecticut state board data," said Brian Sharpless, PhD, a clinical psychologist practicing in the Washington, D.C., area, who conducted the FOIA study. "From my perspective, these replicated findings on race and ethnicity should serve as additional impetus to further assess the overall validity of the EPPP."

McLeod noted that differential pass rates between groups may suggest problems with the exam; however, they also suggest a need to understand inequities that happen to graduate students prior to taking the exam. Several studies have indicated underrepresentation of Black or African Americans, Hispanics/Latinos, individuals with disabilities, and men being admitted to psychology doctoral programs.

These groups, in addition to Native Hawaiian or Other Pacific Islanders, are also less likely to finish their doctoral education (Callahan, J. L., et al., *Training and Education in Professional Psychology,* Vol. 12, No. 4, 2018). Some researchers have pointed to potential bias in graduate school admissions processes (Woo, S. E., et al., *Perspectives on Psychological Science,* Vol. 18, No. 1, 2023).

Some graduate students wrote about experiences with institutional racism and other discriminatory factors that cause underrepresented students to have poorer educational experiences that may impact performance on the EPPP.



"The EPPP is an outdated and overly expensive examination that disadvantages Black, Indigenous, and people of color," said Desmond Warren, a clinical neuropsychology PhD student at Georgia State University. "In conjunction with current barriers, the EPPP-2 is unreasonably expensive, thus forming new barriers—financial, time, yet another hurdle to entering the field—for all psychology candidates, especially candidates who are from racially marginalized groups and low-income backgrounds."

Rachel Fenton, PsyD, who received her doctoral degree in clinical psychology from George Washington University last year, said she worries the EPPP-2 will further homogenize an already very White field. "I feel that this is going to set us back. As a Black woman, I already belong to the less than 8% of clinicians in this field," she said. "I feel like if this extra test is implemented, that percentage is going to decline even more. What types of clinicians is this field really looking to vet? Those who come from privilege. Yes, race is a part of that, but when you think of this from an intersectional viewpoint, class is absolutely at the top as well. Unfortunately, classism frequently gets left out of conversations on diversity in psychological spaces."

GETTING IT RIGHT

ASPPB representatives said there were many steps involved in making the EPPP, including those to reduce test bias. Subject matter experts from diverse backgrounds reviewed each item and the exam's construction.

Additionally, Hao Song, PhD, ASPPB's associate executive officer of examination services, said the test's validation "is an iterative process that is repeated over time for continuous quality improvement."

"The validation process includes a robust standard setting procedure where a representative panel of licensed psychologists evaluate the difficulty of each item in reference to psychologists who 'just qualify' to enter independent practice and collectively recommend a psychometrically sound and defensible pass point to the licensing boards," Song said.

Matt Turner, PhD, former senior director of examination services at the ASPPB, said they make sure that the individuals writing the exam questions are representative of the psychology community. They also receive implicit bias training, Turner said. Additionally, each test question is carefully evaluated for racial, ethnic, or other biases before being officially put in the exam.

"Essentially what we're looking at is the question: Is that item performing differently for a certain group?" Turner said. If the question does exhibit bias, a panel of a diverse range of experts takes an even closer look at it. So far, the ASPPB

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has evaluated 1,300 questions and flagged 32 of them, and the panel has removed seven. "These data suggest limited evidence of possible item bias," said Turner.

The ASPPB underwent a rigorous process to create this licensing exam that complied with the testing methodology outlined by APA, the American Educational Research Association, and the National Council on Measurement in Education, Turner said.

Turner noted that, according to the Standards for Educational and Psychological Testing, these types of exams "are not intended to predict individual performance but rather to provide evidence that candidates have acquired the knowledge, skills, and judgment required for effective performance."

To address apprehensions raised by the psychology community, the ASPPB also formed an Examination Stakeholder Advisory Group (ESTAG), a partnership of 12 members whose goal is to "identify common concerns regarding examination-related matters, to communicate updates, and to serve as a 'think tank' for potential research on the EPPP," according to the ASPPB website.

Sharpless, who is a member of ESTAG, said his personal goals for the group are "to test the overall validity of both parts of the EPPP and determine if scores are valid, associated with relevant performance criteria, and incrementally add to the process of licensure for all applicants." ■

HOW TO PREPARE FOR THE LICENSING EXAM

For those who have yet to take the EPPP-I, here are some tips to prepare yourself for the test—along with the changes being made to the EPPP-2:

- ☐ **Read up on the EPPP-2.**
  Even if your state has not implemented it yet, it is a good idea to learn what EPPP-2 will require. There are 170 questions—45% multiple choice, 45% scenario based, and 10% other types of questions—which you will have 4 hours and 15 minutes to complete. The exam fee is $300 during the test adoption period, but will be raised to $450, plus additional test center and administrative costs. You also must receive a passing score of 500. For more information on both the EPPP-1 and EPPP-2, review the EPPP Candidate Handbook.

- ☐ **Keep up to date on the EPPP-2 rollout.**
  Stay informed by checking ASPPB's EPPP-2 web page. Additionally, monitor developments in your state through your state psychological association and licensing board.

- ☐ **Take the EPPP-I right after you have completed coursework.**
  The ASPPB suggests not waiting a few years after you complete coursework to take the test. "Almost all of the items in the exam reference information in graduate-level textbooks. We also know that pass rates are higher when the exam is taken closer to graduation," said Matt Turner, PhD, former senior director of examination services at the ASPPB. "The hope is that by taking the exam right after graduation, it will reduce candidates' reliance on study prep materials, which are thousands of dollars sometimes." Applicants can then take the EPPP-2 when they apply for a license through their state's licensing board, thus diffusing exam costs.

- ☐ **Try to lessen your test anxiety.**
  This can include taking some practice tests, checking out the test center ahead of time, and practicing self-care throughout the studying process. If possible, develop a time frame with a clear beginning and end so you can dedicate your time to studying leading up to the exam. Making a "cheat sheet" of concepts that are frequently seen on practice tests is also a great idea. As soon as you start the EPPP-2, quickly write down your memorized "cheat sheet" facts.

- ☐ **Mitigate the cost of the EPPP-2.**
  There are a few ways to do this, including taking the EPPP-1 now before the EPPP-2 rollout if possible. Some graduate programs also provide financial support for the cost of the exam, which is worth asking about. Ask your peers if they have study materials that they can lend you, or find a study buddy.

PROVIDERS PREDICT LONGER WAIT TIMES FOR MENTAL HEALTH SERVICES

Psychologists worry that patients from marginalized populations will suffer most amid a worsening workforce shortage

BY HEATHER STRINGER

Since the start of the COVID-19 pandemic, health-care providers across the country have seen an increase in patients of all ages seeking mental and behavioral health treatment. To meet the growing needs of the public and to protect practitioners from burnout, psychologists are exploring strategies to address the mental health workforce shortage.

Psychologists are concerned that, if unaddressed, the shortage could have serious and lasting effects on patients throughout the country, but particularly on people of color because of the limited number of practitioners serving marginalized communities.

"During the pandemic, people gave themselves permission to seek mental health services, but many became discouraged because nobody had openings," said APA President Thema Bryant, PhD, a psychology professor at Pepperdine University who also saw clients during the pandemic. "This has been particularly challenging for underrepresented psychologists because they hold a sense of responsibility to their communities."

Researchers and clinicians have been exploring ways to grow the field, such as reducing the financial strain of earning a doctoral degree and encouraging diverse populations to see the benefit of working in mental health.

The importance of these efforts was highlighted in APA's 2022 COVID-19 Practitioner Impact Survey, which found that 60% of psychologists were reporting no openings for new patients, and more than 40% were carrying waiting lists of 10 or more patients. About 20% said they saw an increase in demand for treatment from populations of color and younger patients, and the expanding workload is taking a toll. Nearly half of the 2,295 respondents agreed or strongly agreed that they felt burned out.

Results from another recent APA survey suggest that the effects of the practitioner shortage could become even more acute, especially among health service psychologists who treat marginalized populations. More than 25% of those providing services to American Indian/Alaska Native or Native Hawaiian/Pacific Islander populations said they plan to decrease their workload in the next year; those serving Black, Hispanic, and Asian patients also plan to reduce their workload.

"We have been successful in reducing stigma about mental health, but our field didn't anticipate the effects of this success," said Morgan Sammons, PhD, former CEO of the National Register of Health Service Psychologists. "We have an obligation to create a new generation of psychologists who can meet the demand for services, especially among underserved populations."

UNDERSTANDING NEW BUSINESS MODELS

Training psychologists to hire and manage master's-level clinicians is one way to increase access to services in communities, said A. Jordan Wright, PhD, a clinical associate professor of applied psychology at New York University and director of a low-fee mental health clinic at the university. "Psychologists at the doctoral level will never be able to fully meet the mental health needs of society because there simply will never be enough of them," said Wright. "We need to start overseeing larger practices with master's-level clinicians who we can guide and supervise, and who can offer lower-fee services."

"We have an **obligation to create a new generation** of psychologists who can meet the demand for services, especially among underserved populations."

MORGAN SAMMONS, PHD, FORMER CEO OF THE NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS



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In many states, doctoral-level psychologists, for example, are the only practitioners qualified to perform psychological assessments. In a group practice setting, master's-level clinicians could cover some of the psychotherapy work to free up time for psychologists to perform assessments.

Running a group practice could also help psychologists hire a more diverse team because master's-level programs award degrees to a larger number of students of color, according to data from APA's Center for Workforce Studies. In 2021, 11,871 students of color earned master's degrees, compared with 2,218 students of color who earned doctoral degrees.

Reducing the financial strain of earning a doctoral degree and teaching future clinicians how to oversee a large practice with different types of providers could help to grow the field.

To equip psychologists to lead these practices, doctoral programs need to increase training in the business skills of running an organization, said Wright, a member of an APA joint task force working to redesign doctoral-level competencies in health service psychology. "I never learned about the finances, laws, and regulations involved in hiring other clinicians," he said. On the job, Wright discovered the importance of differentiating between clinical supervision feedback and business-related feedback for employees. If, for example, an employee is excelling clinically but is often late to meetings, Wright suggests explaining that the timeliness issue is not related to their clinical skills. "If I am not clear about this distinction, then the business feedback can affect the supervisory relationship," he said.

Another potential tactic for tackling the workforce shortage is an overhaul of the long, expensive doctoral education model, said Sammons. He believes graduate education could be more accessible and affordable by offering the curriculum through year-round school. "A more intensive program means students will spend less time in graduate school, which could lower the cost and allow them to enter the work-

force more quickly," Sammons said. He is eager to see educators, accreditors, and clinicians convene to reexamine traditional training models.

BRIDGING THE FINANCIAL GAP

Seasoned professionals are also exploring other alternatives to decrease the financial burden of getting a doctorate. Julie Bindeman, PsyD, founder and codirector of Integrative Therapy of Greater Washington, recently talked to a legislator in Maryland about developing a psychology program modeled after Teach For America. This would allow students in training to get paid for services they provide in a low-income area while earning their doctoral degree. In the current system, paid hours do not count toward licensure. "Many students are acquiring hundreds of thousands of dollars of debt and are not earning anything for the services they provide," Bindeman said. She saw the impact of the financial strain when she hired graduate student Pamela Blackwell, PsyD, to work 20 hours a week as a paid employee. Blackwell needed this job to cover living expenses during her internship, which included more than 40 hours a week at a student counseling center. "I was working more than 60 hours a week during a pandemic while writing my dissertation," said Blackwell, who is now working full time as a psychologist at Integrative Therapy of Greater Washington. "I came out of graduate school completely burned out."

Psychologists who work in academia say increasing the number of educators and faculty of color will likely lead to an increase in the number of psychologists treating marginalized populations.

The cost of the licensure exam, which is more than $680 per sitting, can also be also a barrier for recent graduates—especially those who do not pass the first time. Studies have shown that White psychologists are significantly more likely to pass the Examination for Professional Practice in Psychology (EPPP) the first time than Black or Latinx psychologists (Sharpless, B. A., *Training and Education in Professional Psychology,* Vol. 15, No. 1, 2021). "I hired several Black clinicians who were brilliant practitioners, but they had



HISPANOLISTIC/GETTY

to take their licensing exams three or more times before they passed," said Minnesota-based psychologist BraVada Garrett-Akinsanya, PhD, who owns Brakins Consulting & Psychological Services.

Frustrated by the lack of support for Black clinicians, she started applying for a federally funded state grant that would allow her to cover the cost of the exam and prep courses for Black new hires to her practice. The grant also allows her to give them 40 hours with pay to study for the exam each time it's taken. The Cultural and Ethnic Minority Infrastructure Grant (CEMIG) also made it possible for her to offer them supervision and mentorship.

Garrett-Akinsanya, who is also the executive director of the African American Child Wellness Institute in Plymouth, Minnesota, is concerned that the addition of the EPPP-2 board exam to licensure requirements could create yet another hurdle for psychologists of color. Through the CEMIG program, Garrett-Akinsanya has been able to hire, train, supervise, and support the licensure of more than 45 Black clinicians throughout the past 10 years.

BUILDING DIVERSE DEPARTMENTS

Psychologists who work in academia see another barrier to increasing the number of psychologists treating marginalized populations: a lack of educators of color. "When students of color are interviewing [for acceptance into a doctoral program], they are looking for faculty who research populations of color and who reflect the cultural backgrounds of the diverse communities they are interested in serving," said Y. Evie Garcia, PhD, an associate professor of educational psychology and doctoral training director at Northern Arizona University. She helped spearhead efforts to hire more faculty that reflected the community's population, which included a high percentage of Indigenous Nation residents. Now more than 50% of the professors in the educational psychology department who train doctoral students are from diverse ethnic backgrounds, including Latinx, Indigenous, and Asian American.

As the number of faculty and students of color increased, Garcia recognized that the department needed to offer more support to help them succeed in the face of systemic racial bias in higher education and in the field of psychology. In the fall, she launched a group for faculty of color who could share their experiences with one another, and the group will connect with students of color in the spring to offer support and mentoring. "This was very different from asking people of color to form a diversity committee with existing tasks and expectations," she said. "This group is a place where people can be honest about what is hard or painful about being faculty in primarily White institutions and what might help." Garcia said she hopes that as students and faculty connect in this setting,

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they will share ideas and resources with one another. She will also welcome their ideas about how to instigate changes in the department to better support people of color.

REACHING UNDERGRADUATES

Like Garcia, Michi Fu, PhD, a professor of clinical psychology at Alliant International University who specializes in cross-cultural and international mental health, feels a sense of urgency to increase the number of psychologists who can serve marginalized populations. In addition to teaching, Fu works at a community health center and in private practice. Since the beginning of the pandemic, she has seen an increase in the number of referrals for patients who are struggling with more severe issues like suicidal ideation and self-harm behaviors, but waiting lists are longer than ever. Nonprofit organizations treating the underserved lost a disproportionate number of workers to burnout, and it has been difficult to hire mental health professionals because fewer people are applying for the jobs, Fu said.

Although the shortage of health service psychologists is daunting, Fu said there are strategic ways to attract workers and decrease waiting lists in the future. She teaches introductory psychology courses at California State Polytechnic University, Pomona, a school with a high percentage of first-generation college students. In her large lecture halls, she encourages students to consider joining the mental health workforce, especially if they are bilingual. "I explain that they could be my colleague in the future, and they will be busy because the demand for services is so high," said Fu, who also directs them to fellowships and scholarships that are available. "I tell them about the range of settings where they could work, and I invite them to be part of the solution to the mental health problems in this country." ■

FURTHER READING

2021 survey of health service psychologists: Technical report
APA, 2022

2022 COVID-19 practitioner impact survey
APA

The impact of inequality on mental health outcomes during the COVID-19 pandemic: A systematic review
Gibson, B., et al.
Canadian Psychology, 2021

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5 QUESTIONS FOR APRIL SMITH

The Auburn University psychologist explores how awareness of physical and emotional sensations can contribute to eating disorders and suicidal behavior **BY KIRSTEN WEIR**

For military members, zoning out can be a good thing. There are benefits to ignoring hunger pangs on a long mission or a racing heart during a tense battle. Over the long term, though, overlooking physical and emotional sensations can increase the risk of a variety of mental health disorders, including suicidal thoughts.

"For soldiers, being able to ignore pain or fear can be adaptive. It's something that's promoted in the military, both implicitly and explicitly," says April Smith, PhD, an assistant professor of psychology at Auburn University. "But outside the short window of a mission, it's important for people to be aware of their bodily sensations."

In her Research on Eating Disorders and Suicidality Lab, Smith studies interoception, the awareness of body sensations. With funding from the Department of Defense, she is exploring an intervention to improve interoception to reduce the risk of suicide, eating disorders, and other negative outcomes, both in service members and civilians. Smith talked with the *Monitor* about the importance of better understanding this underappreciated sixth sense.



ZAC HENDERSON

What does interoception entail?

Interoception is the ability to be aware of internal sensations in the body, including heart rate, respiration, hunger, fullness, temperature, and pain, as well as emotion sensations. Many people consider interoception to be an additional sense that is critical to the way we understand how we feel on a moment-to-moment basis.

You can think of someone with "good" interoception as the person who feels themselves getting hungry and gets a snack, or who feels their heart racing and takes some deep breaths. A person with low interoception, conversely, might go all day without eating. But evidence suggests that having high or low interoception in one domain doesn't mean you're good or poor in interoception overall. Someone might be good at recognizing hunger sensations but poor at recognizing emotions, for example.

How does interoception affect mental health?

The earliest studies of interoception and mental health showed that being too aware of internal sensations, such as heartbeat, can contribute to anxiety disorders. There's also a robust literature linking interoceptive dysfunction to eating disorders. Not being aware of hunger sensations can facilitate restrictive eating, and if you're not aware of fullness sensations, that could contribute to binge eating.

Research on interoception has skyrocketed in the past couple of years, and people are now finding links with all kinds of disorders, including depression, obsessive-compulsive disorders, trauma disorders, substance use, and suicidality. It seems to be a transdiagnostic risk factor for a lot of mental health conditions.

What's known about the mechanism?

We still have a lot of unanswered questions. There are so many components of interoception, and different deficits might be related to mental health outcomes in different ways. We have some evidence to suggest that being worse at understanding pain sensations is a better predictor of self-injurious behavior than having poor interoception for heartbeat or cardiac sensations. It's likely not just one's awareness of the sensations that matters, but also the cognitive appraisal of those sensations.

There's also a lot we don't know about what interoception looks like over time. Is it a bidirectional relationship, where a predisposition to low interoception might contribute to a mental health disorder, but then that disorder exacerbates interoceptive dysfunction, leading to a kind of feedback loop? Two of my former students, Lisa Velkoff, PhD, and Lauren Forrest, PhD, have started longitudinal research to explore that question.

What's exciting to me is that interoception is clearly modifiable. And if interoception does turn out to be a transdiagnostic risk factor, then incorporating interoceptive interventions into existing treatments could do a lot to improve a variety of mental health outcomes.

What does your research show about targeting interoception to improve mental health?

In collaboration with colleagues including Air Force Lt. Col. David Tubman, PsyD, ABPP, and Maj. Aaron Esche,

PhD, at Wright-Patterson Air Force Base, and Lt. Col. Michael Dretsch, PhD, at the U.S. Army Medical Research Directorate-West, my lab developed an intervention called Reconnecting to Internal Sensations and Experiences (RISE). It's an online intervention consisting of four 30-minute modules designed to increase connection with the body. The training consists of psychoeducation, self-guided reading, interactive writing prompts, and some out-of-session practice people can do at home to build on the skills they're learning. We introduce people to interoception, then teach a variety of concepts including progressive muscle relaxation, thinking of the body in terms of function rather than appearance, noticing and managing emotions and their associated physiological sensations, and intuitive eating.

In an uncontrolled pilot study of 22 people seeking treatment in an outpatient mental health clinic, we found that RISE was associated with improvements in several facets of interoception, as well as decreases in depression and anxiety symptoms and significant decreases in suicidal ideation (*Behavioral Therapy*, Vol. 52, No. 5, 2021). In a second pilot, among university students, we again found that RISE was associated with improvements of some aspects of interoception, and decreases in suicidal ideation and eating disorder symptoms (*Brain Sciences*, Vol. 12, No. 2, 2022).

Now we're finishing a randomized controlled trial of 195 service members, randomly assigned to RISE or a comparator condition that focused on general healthy habits. We found that RISE was associated with improvements in six out of eight facets of interoception relative to the control group. And those improvements persisted at the 1- and 3-month follow-ups.

What's next for your lab and interoception research more broadly?

We want to continue testing and improving RISE. We're modifying it to make it more relevant to people with eating disorders, and I'm working on another project testing it in veterinarians—a population with an elevated rate of suicide compared with the general population. Veterinary training is reminiscent of military training; veterinarians are taught to ignore internal sensations during surgeries or when performing euthanasia. We're studying whether that could be contributing to the increased rate of suicidal behaviors in this population, and whether RISE could improve those outcomes.

I'm also hoping the field can improve measurement of interoception so we can better understand what specific types of interoceptive dysfunction are related to specific mental health disorders. I doubt it's as simple as people having "good" or "bad" interoception. More likely, it's about being able to tune in or tune out when it's appropriate. Tuning out can be adaptive, as we see with service members. But people need to be able to recognize when to tune back in. ■

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FIXING THE COMPETENCE RESTORATION PROCESS

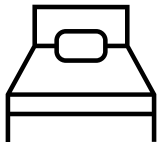
Jails need help addressing the needs of people deemed incompetent

BY KATHRYN A. LAFORTUNE, JD, PHD, THE UNIVERSITY OF TULSA COLLEGE OF LAW

When a defense counsel, prosecutor, or judge has reason to question whether a defendant can rationally assist in their own defense, the court may order a competency evaluation, the most common forensic referral. The judge uses the report of a psychologist or psychiatrist to determine whether the trial may proceed. Over the past decade, both the frequency of referrals and the rates of findings of incompetency have skyrocketed across the United States. As described in the article "Standing Tall: A New Stage for Incompetency Cases," in the June 2022 *Monitor*, the reasons for this surge are complex and thought to be the result of the shuttering of long-term civil mental health beds and the ensuing cascade of events, including insufficient community treatment services to address the increase in demand. Jails have evolved as the de facto mental health hospitals for pretrial detainees.

Many jurisdictions have confined pretrial detainees in jails on sometimes years-long waiting lists for restoration. For example, in Oklahoma, hundreds of pretrial detainees charged with misdemeanors and felonies are on a waiting list for inpatient restoration at the only forensic hospital. Those who were arrested for low-level, often nonviolent crimes are more likely homeless, acutely ill, and psychotic. Unfortunately, many of these clients wait in jails longer than the maximum time they would have served if they had pleaded guilty or had been convicted at trial. Clients awaiting inpatient restoration continue to deteriorate or, sadly, have died before a treatment bed becomes available.

Although outpatient restoration is authorized by Oklahoma statutes as an available alternative for some defendants, authentic outpatient programming and infrastructure do not currently exist in the state to support its use. Recently, officials began to discuss the logistics of outpatient restoration in some Oklahoma jails, but many are not convinced that jail programs are appropriate to the needs of qualified individuals in the least restrictive setting as contemplated by Supreme Court decisions in *Youngberg v. Romeo* in 1982 and *Olmstead v. L. C.* in 1999.



AT ISSUE

How can the competency process be improved to ensure a fair process?

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

The Oklahoma Appleseed Center for Law and Justice, a state affiliate of the National Appleseed Network for justice and advocacy, has formed a working group to study the current system in Oklahoma, citing failures in public safety, human rights, disability rights, and constitutional protections. Judges, legislators, defense attorneys, mental health professionals, forensic psychologists, mental health advocates, juvenile justice experts, and affected family members of detainees who are awaiting transport for competency restoration have come together to produce a report to spread awareness to the public called *Fractured: Oklahoma's System of Trial Competency Restoration Leaves Hundreds Languishing in County Jails*.

The report recommends that policymakers increase the number of mental health beds in line with the population; address the shortage of mental health providers; improve mental health referrals for services; increase access to diversion programs for people who aren't likely to go to prison; implement community outpatient restoration services; and provide more mental health training for court personnel and law enforcement. The report also recommends reducing restoration time limits to 1 year and that people found incompetent be ordered and transported to inpatient treatment within 7 days.

Many jurisdictions have now pursued litigation to address the competency crisis when agencies remain indifferent or ignore the problems. More than 30 years ago, my colleague Robert Nicholson and I noted legal professionals' criticisms of the competency process in Oklahoma, evident even then (*Journal of Psychiatry and Law*, Vol. 23, No. 2, 1995). Emerging opportunities exist for forensic psychologists to guide systemic changes to ensure a just process. Forensic psychologists should adhere to ethical principles of beneficence and nonmaleficence in championing reforms in the wake of inhumane waiting lists for necessary treatment (Gowensmith, W. N., *Psychology, Public Policy, and Law,* Vol. 25, No. 1, 2019). ■

SBTS/NOUN PROJECT

Approximately 6.5 million people age 65 and older in the United States have Alzheimer's disease, one form of dementia, and that number is projected to more than double by 2060.



CE

CONTINUING EDUCATION IMPROVING THE QUALITY OF LIFE FOR PATIENTS WITH DEMENTIA AND THEIR CAREGIVERS

BY TORI DEANGELIS

The past several years have seen remarkable breakthroughs in the ability to detect Alzheimer's disease and other forms of dementia, as well as in drug treatments that promise to slow cognitive and functional decline.

But as impressive as these findings are, they remain of limited value in one central domain: improving the quality of life for patients with dementia and those who care for them. Brain scans, blood work, and other tests that detect biomarkers of dementia are still largely in the realm of academic medical research, while treatment medications can be exorbitantly expensive, have serious side effects, and are still mostly experimental. What is more, there is no substitute for good personal care and all the ingredients that go into it.

CE credits: 1

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

1. Explain the trajectory of psychosocial care for patients diagnosed with dementia.
2. Describe evidence-based interventions for patients with dementia and their caregivers.
3. Discuss new developments in assessing and evaluating patients with dementia, including in the areas of multicultural assessment and behavioral assessment.

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

"Even if a person has the resources to receive the best or most expensive diagnostic tests or medications for their dementia, it's uncertain how much it will actually improve their quality of life," said geropsychologist Latrice Vinson, PhD, MPH, who directs the Aging Portfolio at APA. "It is essential to understand what quality of life means to that particular individual and what's most important to the individual at the time. Psychologists are extremely well equipped to have those types of individualized conversations and help enhance quality of life for people living with dementia."

In fact, psychologists who specialize in aging—geropsychologists, neuropsychologists, and aging researchers—are essential to this high-need area. Approximately 6.5 million people age 65 and older in the United States—1 in 9—have Alzheimer's disease, and that number is projected to more than double to 13.8 million by 2060, according to research (*2022 Alzheimer's Disease Facts and Figures*, Alzheimer's Association, 2022). Other forms of dementia add to this caseload since Alzheimer's makes up only 60% to 80% of dementia cases. These psychologists are helping to address this crisis by developing assessment instruments that show how dementia affects a person's ability to function and their well-being, as well as evidence-based interventions that use behavioral and other strategies to help patients with dementia and their care providers live with greater meaning, ease, and comfort. Psychologists are also identifying ways to provide more culturally competent care to those with dementia and their families.

That said, there remains a huge need for more psychologists to get involved in this work, including at the basic level of understanding the key indicators of dementia, said geropsychologist Ann Steffen, PhD, ABPP, a professor at the University of Missouri–St. Louis and coauthor of *Treating Later-Life Depression: A Cognitive-Behavioral Therapy Approach, Clinician Guide* (2nd ed.) (Oxford University Press, 2021), with Larry W. Thompson, PhD, ABPP, and Dolores Gallagher-Thompson, PhD, ABPP. At present, a lack of sufficient providers and provider education means that many people fail to get early assessments that could lead to better treatment, not to mention good treatment once they are properly diagnosed.

Even so, Steffen noted, "We're seeing more and more psychologists who are becoming interested in this area, either because of who they're seeing in their practice, or because of their own aging or that of a family member." Fortunately, there is a wealth of research, information, training opportunities, and resources that can help clinicians accurately spot problems among their patients and refer them to specialists as necessary: In fact, a big thrust for the APA Aging Portfolio, APA's Society of Clinical Geropsychology, and societies such as the Alzheimer's Association is to disseminate information and resources as broadly as possible, she added (see Resources).

A major contribution in the area is the *APA Guidelines for*

NAEBLYS/GETTY IMAGES

the Evaluation of Dementia and Age-Related Cognitive Change, approved by APA's Council of Representatives in February 2021. They are geared toward helping all psychologists understand the latest scientific advances and procedures in dementia assessment and deepen their empathy for people facing these conditions and their caretakers.

PROMOTING BRAIN HEALTH

Because cognitive concerns are difficult to discuss and people are at varying levels of education and resources to address them, there are various ways and stages at which patients first start to discuss these problems. For some, the first person they will talk to is a psychologist or geropsychologist, whether in traditional office settings, clinics, or integrated care settings. For others, it may be with their primary-care provider, for example, in the context of the Medicare Annual Wellness Visit, where physicians are trained to look for signs of dementia and gather input from family members, friends, and caregivers, following up if necessary.

Psychologists, and geropsychologists in particular, are natural guides in this area because of their extensive training in the human mind and emotions. In fact, psychologists have an important preventive role to play in educating the public and their patients in general about dementia and normal age-related cognitive decline, Steffen noted. Because worry about age-related cognitive problems is more the rule than the exception, such education can help to reduce fear and stigma and promote healthier conversations around this common human concern, she said.

To this end, she talks with patients—including those who are middle-age and otherwise not necessarily at risk for dementia—in ways that help allay their anxieties and guide them to consider these topics through the lens of brain health. This is the notion that the brain is an organ just like the heart and other organs and can be protected through preventive measures such as exercise, healthy diet, and lowered stress—a growing area of research (Jia, R., et al., *BMC Geriatrics*, Vol. 19, No. 1, 2019).

Steffen also educates patients and psychologists who seek training in the area about potential causes of cognitive difficulties that are unrelated to dementia and treatable, such as clinical depression and problems with sleep, medications, blood sugar, and heart disease. Evidence-based treatment of depression in older adults is often an important first step, she added, as cognitive concerns in this population may be primarily related to depression.

If she or her patients have strong reasons to be concerned about memory or other cognitive problems, Steffen does a short cognitive assessment and then helps them to take the next steps. For example, she may help them prepare for an upcoming physician visit by determining questions to ask, drafting emails to send, or calling the physician's office together to explain the patient's concerns and what they want to discuss. She recommends what in medical parlance is called a "warm handoff"—not leaving the patient to do everything themselves, particularly when addressing anxiety-provoking health concerns.

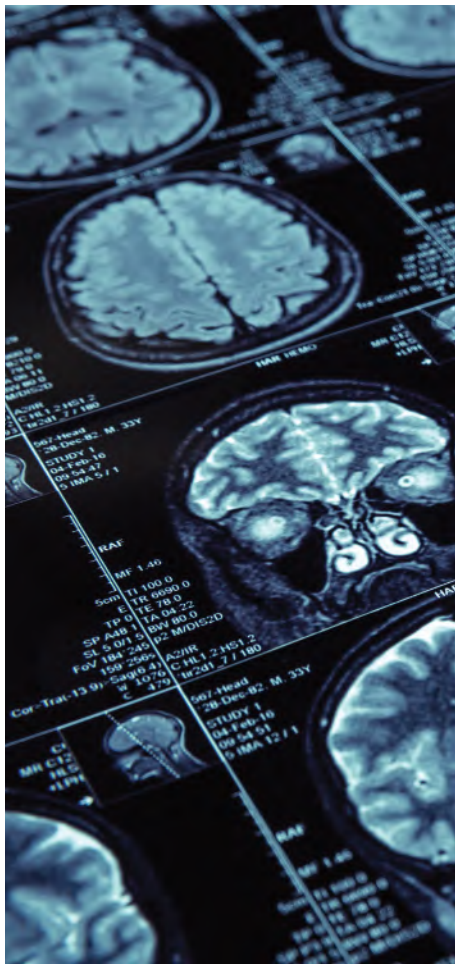
"Much of this is about having gentle conversations on these issues, about creating a sense of comfort and using 'we' language—because this education is true for all of us," she said.

FORMAL DIAGNOSTIC TESTING

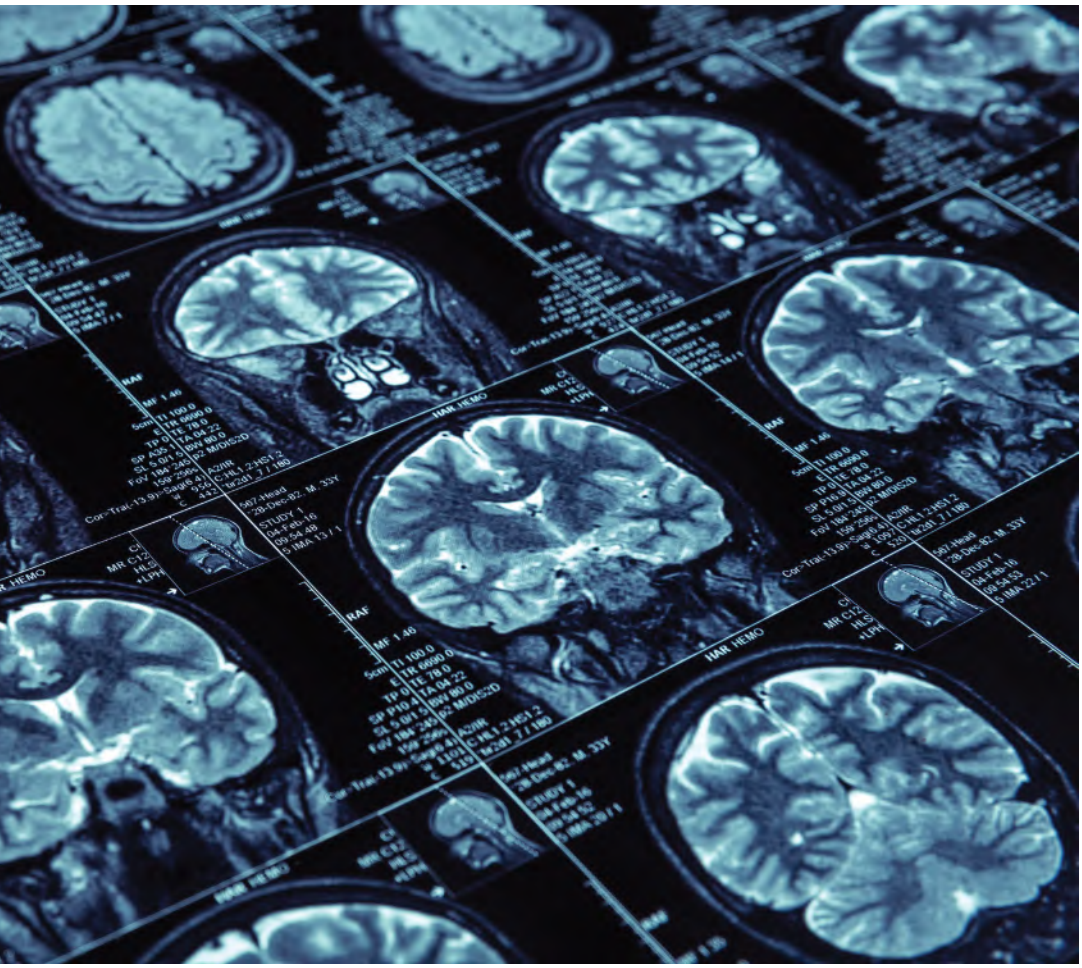
If the patient's physician or geropsychologist believes that more investigation is needed, the person may then be referred to a neuropsychologist for testing.

KEY POINTS

1. **Despite breakthroughs in dementia detection, psychological knowledge and intervention continue to play a central role in dementia care.**
2. **Psychologists can use their training to help destigmatize dementia and age-related cognitive decline and promote brain health.**
3. **Powerful interventions include behavioral treatments that harness the relationship between the person with dementia and their caregivers, and environmental interventions that modify environments for the safety and comfort of the person with dementia.**
4. **Newer interventions are beginning to incorporate socioeconomic and multicultural factors into dementia care.**



NOMADSOUL1/GETTY IMAGES



This process can last from 2 to 6 hours depending on the referral question or the complexity of the case, said clinical neuropsychologist Christopher M. Nguyen, PhD, faculty director of the Office of Geriatrics and Gerontology at The Ohio State University College of Medicine in Columbus, Ohio. The first step is conducting a clinical interview with the patient and their family to get a sense of current issues and concerns—to assess changes in their thinking and behavior, when the changes began, and how they are handling activities of daily living such as driving and managing their own medications and finances.

The next step is comprehensive neuropsychological testing, which uses paper-and-pencil testing to examine the patient's cognitive and emotional functioning. The tests are scored and compared with normative data from people of similar demographics, and if they differ, there is likely a problem, said Nguyen. Results from the testing, the clinical interview, and a review of the person's medical records determine if the patient's cognitive changes are likely due to mild neurocognitive disorder—the current term in the *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition) for mild cognitive impairment, meaning cognitive changes that are noticeable but do not impact daily functioning—or to major neurocognitive disorder, the current *DSM-5* term for dementia, meaning cognitive impairments that have progressed to the point that the person can no longer independently complete activities of daily living. People do not get diagnosed with dementia per se—that is an umbrella term for a variety of conditions—but rather with a specific form or forms of dementia, he added. The most common forms are Alzheimer's disease and forms of dementia that are due to vascular disease, Parkinson's disease, frontotemporal damage, Lewy bodies, traumatic brain injury, or substance use and alcohol use disorders.

Psychologists can help educate patients about protecting their brain health through preventive measures such as lowering their stress.

Once he synthesizes these findings, Nguyen then integrates them into a report that he sends to the patient and their medical provider, who may refer the patient to a neurologist for additional diagnostic testing. This may include laboratory tests to rule out reversible causes of cognitive decline, such as vitamin deficiencies or infections, and brain scans to help solidify a diagnosis based on the pattern of brain changes specific to certain forms of dementia.

In some cases, this testing may reveal a mixed form of dementia—for example, probable Alzheimer's disease and vascular dementia—added Wake Forest University School of Medicine neuropsychologist Bonnie C. Sachs, PhD, ABPP.

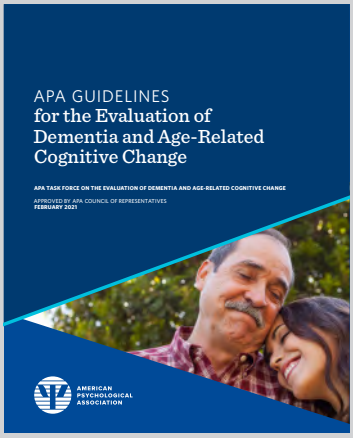
NEW EVALUATION GUIDELINES FOR DEMENTIA

Updated APA guidelines are now available to help psychologists evaluate patients with dementia and their caregivers with accuracy and sensitivity and learn about the latest developments in dementia science and practice.

APA Guidelines for the Evaluation of Dementia and Age-Related Cognitive Change was released in 2021 and reflects updates in the field since the last set of guidelines, released in 2011, said geropsychologist and University of Louisville professor Benjamin T. Mast, PhD, ABPP, who chaired the task force that produced the guidelines.

"These guidelines aspire to help psychologists gain not only a high level of technical expertise in understanding the latest science and procedures for evaluating dementia," he said, "but also have a high level of sensitivity and empathy for those undergoing a life change that can be quite challenging."

Major updates since 2011 include:



■ **Discussion of new DSM terminology.** The new guidelines discuss changes in dementia diagnosis and diagnostic criteria reflected in the most recent version of the *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition). In particular, the *DSM-5* changed the term "dementia" to "major neurocognitive disorder," and "mild cognitive impairment" to "minor neurocognitive disorder." As was true with earlier nomenclature, providers and others amend these terms depending on the cause or causes of the disorder, for example, "major neurocognitive disorder due to traumatic brain injury." That said, the terms "dementia" and "mild cognitive impairment" are still widely used in medicine and mental health care.

■ **Discussion of new research guidelines.** The new guidelines also discuss research advances in the field, in particular the use of biomarkers to detect various forms of dementia. Examples are the use of amyloid imaging—PET scans with a radio tracer that selectively binds to amyloid plaques—and analysis of amyloid and tau in cerebrospinal fluid. While these techniques are still mainly used in major academic medical centers, it is important for clinicians to know about them because they may eventually be used in clinical practice, said Bonnie Sachs, PhD, ABPP, an associate professor and neuropsychologist at Wake Forest University School of Medicine. "These developments change the way we think about things like Alzheimer's disease, because they show there is a long pre-clinical asymptomatic phase before people start to show memory problems," she said.

■ **An expanded guideline on assessing multicultural issues.** As more people of diverse racial and ethnic backgrounds are referred for neuropsychology assessments for dementia, it is increasingly important to expand assessment instruments to account for how sociocultural, genetic, and health-related diversity factors may contribute to the development of dementia, according to Guideline 5. "As practice and referrals in this area become more diverse, our ways of doing things need to adjust as well," Mast said.

■ **A new guideline on assessing behavioral and mood aspects of dementia.** Guideline 12, which is new, underlines the importance of evaluating behavioral and psychological symptoms of dementia such as agitation, wandering, depression, delusions, and paranoia. Without good interventions, these behaviors contribute to lower quality of life, higher caregiver burden, and negative outcomes such as early nursing home placement, the guidelines state.

■ **A new guideline on assessing family caregivers.** Guideline 13, also new, recognizes the importance of evaluating the health and well-being of caregivers, including their needs, resources, and mental health. "We know from literature that addressing caregiver health and well-being is something that's good for the caregiver but also good for their ability to provide care for a person living with dementia," Mast said.

A three-part APA continuing-education webinar series on this topic is available at https://apa.content.online/catalog/main.xhtml.

"We used to view these conditions as relatively distinct in nature," she said, "but postmortem brain studies and advances in imaging have shown that mixed pathology may actually be the norm rather than the exception." This will undoubtedly be an important focus of research and treatment in years ahead, she noted.

AFTER A DIAGNOSIS

Once a formal diagnosis is made, there is much that psychological practitioners can do to help patients and their families cope, adjust, and have a good quality of life. An underlying principle is person-centered care: considering the stage of a person's diagnosis, their personal and financial resources, and personality and cultural factors, for example.

"It's really about removing barriers and empowering people to live well despite a diagnosis of dementia," said Claire Williams, a Virginia Commonwealth University counseling psychology doctoral student with a concentration in geropsychology and an intern with APA's Aging Portfolio.

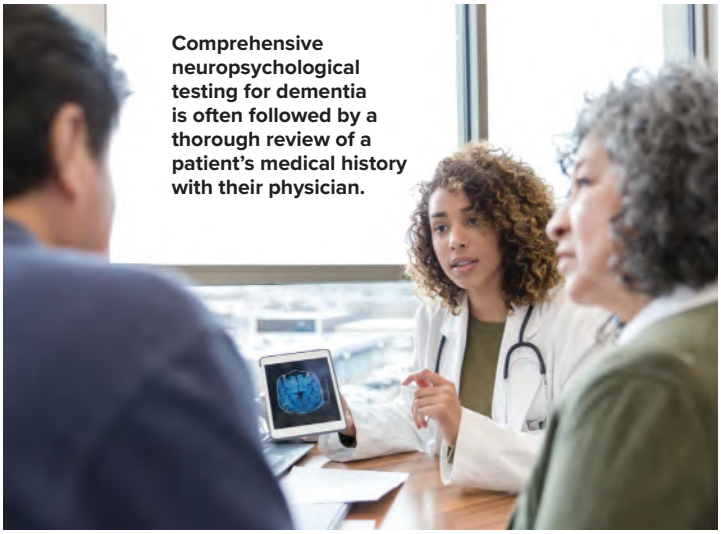
In keeping with the movement toward destigmatization, being transparent with information is key, Williams added. "It's empowering to have a name for and an idea of what's happening to you regardless of the stage of your condition or how you're experiencing symptoms in the moment," she said. "It's important for the caregiver to know what's going on, of course, but at the end of the day, it is really important for the patient to also have that knowledge."

Depending on the stage of illness at which someone is diagnosed, geropsychologists may also perform capacity evaluations, which help people and their families think through whether and how a person with dementia can live independently, carry out activities of daily living, deal with their finances, designate health care proxies and financial assistants, and other life essentials. University of Alabama geropsychologist Rebecca S. Allen, PhD, ABPP, who conducts these types of evaluations, also helps families determine ways to create supports that help patients live in the least restrictive environment possible. For example, older adults with dementia may be able to continue living in their own homes if they receive adequate in-home care, such as help from area agencies on aging and programs like Meals on Wheels, as well as environmental changes that facilitate safety and comfort. An example is implementing universal design in bathrooms such as grab bars, high-seat toilets, and roll-in showers with seating.

Allen is also trained in contextual issues related to aging that may influence how patients with dementia fare and cope. For example, she assesses many older adults in rural areas in the southern United States who may have experienced racial segregation and medical and educational inequalities that affected their performance on standardized tests. Incorporating knowledge of that background is crucial to accurate diagnosis and treatment, she said: For example, it may be more important to foster their adaptive functioning than to assess their cognitive test performance. Allen also works to build and maintain trust with community partners who can help in assisting these individuals.

Newly diagnosed patients and their families may also seek additional psychotherapy or other brief psychological interventions to discuss their fears and concerns, engage in more specific planning work, and explore how to maximize their remaining time, Steffen added.

"For many people, a diagnosis



SDI PRODUCTIONS/GETTY IMAGES

Comprehensive neuropsychological testing for dementia is often followed by a thorough review of a patient's medical history with their physician.

RESOURCES

Alzheimer's Association
Comprehensive information, including the fact sheet *10 early signs and symptoms of Alzheimer's*
www.alz.org

APA Aging Portfolio
https://www.apa.org/pi/aging

APA Caregiver Briefcase
https://www.apa.org/pi/about/publications/caregivers

E4 Center of Excellence for Behavioral Health Disparities in Aging
Post-licensure training and resources
https://e4center.org

Gerontological Society of America KAER Toolkit
How to initiate conversations about brain health and detect and diagnose dementia
www.geron.org/publications/kaer-toolkit

Society of Clinical Geropsychology (APA Div. 12, Section II)
https://geropsychology.org

World-Wide FINGERS
Global dementia prevention network
https://wwfingers.com/

becomes an opportunity to focus on what's important to them, to say, 'What am I interested in? What are my values? How can I do more of the things that matter to me?'" she said. These questions are especially meaningful for people who have been diagnosed early and have a fair amount of time before the condition worsens—a situation that is likely to become more common as detection methods continue to improve, she said.

Specific interventions that can be helpful at this stage include anticipatory grief work, which helps people diagnosed with dementia and their family members begin to process feelings of loss; acceptance and commitment therapy, or ACT, which helps people radically accept their emotions and circumstances and continue to move forward; and cognitive behavioral interventions for depression, said Vinson.

LATER INTERVENTIONS

As patients progress in the illness, it becomes increasingly important to educate family caregivers, skilled nursing facility staff, and others caring for the person with dementia on what to expect and how to intervene. One vital though somewhat neglected form of evaluation—the focus of one of the new 2021 APA evaluation guidelines—are behavioral assessments, which involve asking caregivers about behavioral and emotional problems they observe in their loved ones and guiding them in managing those behaviors. These may include disruptive behaviors and emotions such as wandering or agitation but also depression, rated as a top stressor by family caregivers because it is painful seeing one's loved one suffer in this way, said University of South Florida geropsychologist William E. Haley, PhD, who studies caregiver stress.



Patients with dementia are often calmed by tasks that offer predictable stimulation, such as folding laundry.

CHRISTINE_KOHLER/GETTY IMAGES

"As psychologists, we have to be careful that we don't pay too much attention to cognitive decline and not enough to the behavioral issues that are key to managing these problems," he said.

In fact, understanding and addressing environmental factors can go a long way toward easing difficult behaviors, Haley emphasized. In essence, patients with dementia can not handle overly complex environments, a situation that worsens as the disease progresses. Depending on the stage of illness, too much complexity can be as simple as having the TV on while people in the same room are talking, or giving the person too many instructions at once, like asking the person to get undressed and prepare to take a bath while you get the water running.

On the other hand, environments that provide no stimulation can also lead to problems, he

said. Families can help by figuring out what the person likes to do and helping to facilitate that. Haley recalled a family whose mother with dementia still enjoyed folding towels. The family kept a large laundry basket full of towels just for that purpose. The mom "folded them slowly but carefully and felt that she was doing something important, and that helped to calm her," he said. Once the job was done, the family could bring out the laundry basket an hour later and the woman could perform the enjoyable task another time.

Psychologists should also be aware that patients with dementia have difficulty adjusting to unfamiliar environments, Haley noted. Being hospitalized or sent to another living space, such as the home of a sibling who wants to share caregiving duties, can cause behavioral disruptions if the new surroundings are not set up carefully. To that end, if the person is moving to a care facility, Haley advises choosing one specifically designed for patients with dementia that is easy to navigate and provides opportunities for sensory enjoyment. "Simple environmental design features can make a tremendous difference in helping a person to prosper," he said.

Other promising interventions for patients with more advanced stages of dementia include music therapy, animal therapy—visits from specially trained pets, including animatronic ones—and interventions delivered via technology (Moreno-Morales, C., et al., *Frontiers in Medicine*, Vol. 7, 2020; Koh, W. Q., et al., *JMIR Rehabilitation and Assistive Technologies*, Vol. 8, No. 1, 2021). For example, the Department of Veterans Affairs (VA) uses a care model called INSIGHT (Individualized Non-Pharmacological Services Integrating Geriatric Health and Technology), which delivers traditional psychotherapy interventions such as reminiscence therapy, behavioral activation, and relaxation exercises to veterans with dementia on an iPad or tablet. Studies show that the interventions help to reduce agitated behaviors and the use of psychotropic medications. (Mazzone, J. A., et al., *Alzheimer's & Dementia*, Vol. 15, 2019).

CARE FOR THE CAREGIVER

Another new APA evaluation guideline focuses on the assessment of family caregivers or care providers, who are an obvious focus of dementia treatment and research. There are numerous interventions geared toward helping them provide good care to their significant others and to themselves. A helpful way to frame this issue is via a coping model developed by Haley and colleagues, which shows a teeter-totter with stressors on one side and resources on the other. If stressors are too high and resources too low, caring for a person with dementia can be hard to sustain. "But having sufficient resources—getting family members to provide more help, hiring paid services, and practicing self-care strategies, for example—can help a great deal," he said.

As an example of this, NYU Grossman School of Medicine public health practitioner Mary Mittelman, DrPH, along with Haley and other colleagues, created and studied a caregiver intervention that includes six sessions of individual and family counseling, participation in support groups, and individualized phone consultations for each caregiver. Compared with caregivers who did not receive the treatment, those who received it had less depression 3 years later and were able to delay nursing home placement of their family member by an average of 1.5 years. And even though behavior problems in all the patients with dementia worsened over time, caregivers who received the intervention rated their stressors as lower over time, while controls rated them as higher.

Another set of evidence-based caregiver interventions was developed by geropsychology researcher and University of Washington (UW) professor Linda Teri, PhD, who has taken a unique approach to dementia care. Rather than treating patients and caregivers separately—the modus operandi when she began this work more than 30 years ago—she pioneered the methodology of working with them together, as dyads, families, or communities, depending on the case. Her system and its related interventions, collectively called the Seattle Protocols, have been adapted nationally and internationally and by groups and organizations including nursing homes, the LGBTQ+ community, the VA, and more.

A core feature of her approach is a behavioral analysis called the ABCs (activators, behaviors, and consequences), which helps caregivers understand how their actions or communications might

FURTHER READING

Caregiver family therapy: Empowering families to meet the challenges of aging
Qualls, S. H., & Williams, A. A.
APA, 2013

Ethical practice in geropsychology
Bush, S. S., et al.
APA, 2017

Ethnicity and the dementias (3rd ed.)
Yeo, G., et al. (eds.)
Routledge, 2019

Feedback that sticks: The art of effectively communicating neuropsychological assessment results (1st ed.)
Postal, K., & Armstrong, K.
Oxford University Press, 2013

Skills for brain health: Healthy cognitive aging
In Steffen, A. M., et al. *Treating later-life depression: A cognitive-behavioral therapy approach* (2nd ed.)
Oxford University Press, 2022

trigger difficult reactions in the person with dementia. "My job is to help [caregivers] understand that there is always a chain, there is always something that triggers the reaction whether you understand it or see it or not," she said. Another aspect of the model is having patients with dementia identify activities that are pleasurable for them and that their caregivers deem are accessible, affordable, and easy to implement. If a person living with dementia fondly recalls spending time in Hawaii, for instance, bringing out old photographs and stories from those times can be a way to encourage and share those pleasant memories, Teri explained.

Over time, Teri observed something else: Caregivers were more likely to engage in an item on the patient's list if they enjoyed doing it themselves. She also showed that when the event was something they both liked to do, both of their moods improved. "A lot of times it's really about figuring out what is happening in the interaction now, what are the good pieces of it, and then taking those good pieces and figuring out how to maximize them and make them easier," she said. (Teri, L., & Uomoto, J. M., *Clinical Gerontologist*, Vol. 10, No. 4, 1991).

All these insights have been woven into a framework that is being used in several different contexts. An example is the RDAD (Reducing Disabilities in Alzheimer's Disease) program, which uses a combination of exercise and "pleasant events" individualized to patient preferences—for example, simple crossword puzzles for a patient who loved tackling tough puzzles, or easy sewing projects for a former seamstress—to help reduce physical disability in Alzheimer's patients. This is a key intervention because falls and other injuries can be devastating to these patients: If they end up in a hospital or rehab setting, the stress of trying to adjust to an unfamiliar environment can exacerbate their condition, as can the frustration of trying to follow rehab instructions (see Teri, L., et al., *Journal of the American Medical Association*, Vol. 290, No. 15, 2003).

Teri and colleagues have also developed successful programs under variants of the acronym STAR (Staff Training in Assisted Living Residences) that use this methodology to train nursing home staff, home-based caregivers, and VA staff who work with veterans who have dementia. An online version of the STAR protocol is now being tested in a clinical trial funded by the National Institute on Aging, with preliminary results showing it helps to reduce caregiver burden (Lindauer, A., et al., *Journal of Medical Internet Research*, Vol. 23, No. 2, 2019).

Other groups are adapting these programs as well. For instance, Karen I. Fredriksen Goldsen, PhD, a professor in the University of Washington School of Social Work, is tailoring specific components of RDAD for the aging LGBTQ+ population, taking into account that their family structures are often nontraditional and that dementia adds one more area of perceived "difference" or "weakness" in a community that is already marginalized and stigmatized. Meanwhile, community programs in the United States, Europe, and Asia are also adopting versions of these programs, and they have been translated into Spanish, Italian, Chinese, and Japanese.

Caregivers may also benefit from mindfulness interventions, shown to reduce caregiver depression and enhance subjective well-being, according to a meta-analysis of 131 randomized controlled trials of caregiver interventions. The analysis also found that caregivers benefited from educational programs with psychotherapeutic components, from psychotherapy, and from multicomponent therapy such as Teri's interventions (Cheng, S., et al., *Psychology and Aging*, Vol. 35, No. 1, 2020).

DIVERSITY CONSIDERATIONS

Psychologists who specialize in aging issues are also working to amplify the knowledge base on effective multicultural treatment for patients with dementia.

For example, APA greatly expanded Guideline 5, which focuses on cultural diversity and multicultural competence. "Our goal was to recognize the growing diversity in our society, the growing diversity of referrals for neuropsychological testing and dementia evaluation, and to reflect the developing science and practice in this area," said University of Louisville geropsychologist Benjamin T. Mast, PhD, ABPP, author of *Whole Person Dementia Assessment* (Health Professions Press, 2011) and chair of the guidelines revision task force.

The updated diversity guideline notes that practitioners can

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CARLOS PINTAU/GETTY IMAGES

expand their cultural competence with patients with dementia by becoming aware of their personal biases, committing to increasing their cultural competence and cultural humility, and evaluating tests and norms in terms of racial and ethnic background as well as language, said Mast. For example, different cultures may express psychological symptoms differently, be reluctant to disclose information, or have different levels of health care literacy, he noted.

Also important is to better understand how health disparities may influence a patient's cognitive health and treatment, Vinson added. Studies show that Black Americans and people with lower education are at higher risk for dementia than White Americans, the result of factors that include a dearth of sufficient educational, health, and resource opportunities (Manly, J. J., et al., *JAMA Neurology*, Vol. 79, No. 12, 2022). "Many risk factors for dementia are preventable," such as hypertension, diabetes, obesity, unhealthy diet, and substance use, Vinson said. "But we know that people of color are less likely to have access to particular resources that would help them in their prevention efforts."

Psychologists who specialize in aging are working to expand research on effective multicultural treatment for patients with dementia.

Other psychologists are working to improve cultural competence in dementia care. As incoming president of the Asian Neuropsychological Association (ANA), Nguyen plans to advocate for a more streamlined referral process that enables neuropsychologists nationwide to access, consult with, and refer to colleagues who speak the same language as the patient. The ANA is also working to establish a clinical consultation corner that is open to members and other neuropsychologists to discuss cases and questions related to cross-cultural clinical work.

Working with patients with dementia and their caregivers is gratifying—bringing out psychology's ability to help people maximize their life potential, regardless of their diagnosis, Allen added. "What can we do from here to help people lead as full of a life as possible?" she said. "It's the interventions and scaffolds that we can put in place to create the least restrictive environment so that people can be where they want to be for as long as possible." ■

SUPPORTING BOYS'









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SUCCESS





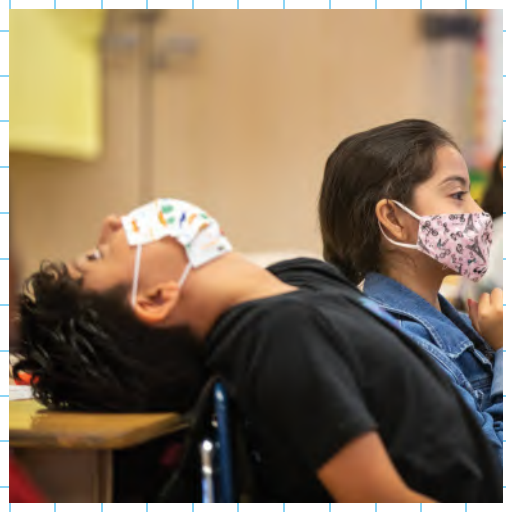


Boys and young men are struggling in school. An APA task force is spotlighting the specific challenges and recommending evidence-based ways to enact swift change.

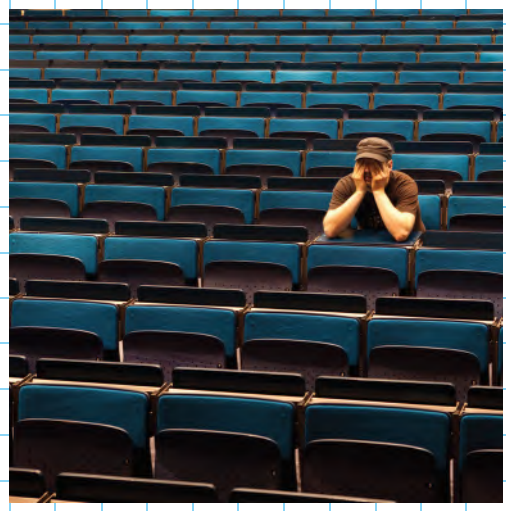
BY ZARA ABRAMS

IN THE CLASSROOM

At school, by almost every metric, boys of all ages are doing worse than girls. They are disciplined and diagnosed with learning disabilities at higher rates, their grades and test scores are lower, and they're less likely to graduate from high school (Owens, J., *Sociology of Education*, Vol. 89, No. 3, 2016; Voyer, D., & Voyer, S. D., *Psychological Bulletin*, Vol. 140, No. 4, 2014; "The Unreported Gender Gap in High School Graduation Rates," Brookings, 2021). These disparities persist at the university level, where female enrollment now outpaces male enrollment by 16% (Undergraduate Enrollment, National Center for Education Statistics, 2022).







"The gap between boys and girls is apparent from very early on," said developmental psychologist Ioakim Boutakidis, PhD, a professor of child and adolescent studies at California State University, Fullerton. "The disparities not only exist across the board—from kindergarten all the way to college—but they are growing over time."

For boys of color, that gap is even larger. They face suspension and expulsion from school at almost 5 times the rate of their White male classmates and are even less likely to finish high school or college ("Exploring Boys' (Mis)Behavior," Society for the Psychological Study of Men and Masculinities, 2022).

The implications of these disparities are huge. Doing poorly at school is strongly associated with major challenges later in life, including addiction, mental and physical health problems, and involvement with the criminal justice system—problems that also have ripple effects on society at large. In the United States, getting at least a college degree may be the one remaining, relatively stable ticket to a decent life, Boutakidis said.

Concerned about these long-standing and largely unaddressed issues, APA's Div. 51 (Society for the Psychological Study of Men and Masculinities) launched the Task Force on Boys in School (TFBS) in 2020. The multidisciplinary group of psychologists, sociologists, and educators is midway through an ambitious project: synthesizing the literature on key issues and challenges boys face in school, with recommended







LOS ANGELES TIMES/GETTY IMAGES; HILL STREET STUDIOS/GETTY IMAGES; CASPAR BENSON/GETTY IMAGES; MICHAEL LOCCISANO/GETTY IMAGES; MEDIANEWS GROUP/GETTY IMAGES; JACKSON STATE UNIVERSITY/GETTY IMAGES

As a group, boys have been falling behind girls for decades. Boys and men have seen slower growth in academic performance, high school graduation, and college enrollment and completion.

solutions, into a series of succinct, peer-reviewed fact sheets that can inform decisions at all levels of the U.S. educational system.

"There's so much more that can be done to support boys' success in the classroom," said clinical psychologist Christopher Reigeluth, PhD, an assistant professor in the Division of Child and Adolescent Psychiatry at Oregon Health & Science University and chair of APA's Boys in School task force. "As a society, let's make sure that all kids—boys, girls, and kids of other gender identities—have the message that school is important for them and their future."

MAKING THE CASE FOR BOYS

Not all boys are struggling academically, but as a group, boys have been falling behind girls for decades. Throughout history, women and girls have been largely barred from attending school, but they've made substantial gains in academic performance, high school graduation, and college enrollment and completion over the past half century. Boys and men, on the other hand, have seen slower growth in those areas—and in some cases, decline. (And while not all students identify as cisgender, the research and conversation about boys in school remains linked to that gender binary.)

The reasons for that are rooted in the way schools are set up and how boys are socialized. At the biological level, boys are at higher risk for inattention, hyperactivity, and externalizing behaviors (Tuvblad, C., et al., *Journal of Abnormal Child Psychology*, Vol. 37, 2009). Classrooms, meanwhile, typically require students to sit quietly and self-regulate—what some call the "sit and get" approach to education. When boys struggle with that, getting out of their seat or ignoring a teacher's instructions, for example, they are often punished for it. Boys, particularly boys of color, are disciplined at much higher rates than girls, starting at ages 4 and 5 (Gilliam, W. S., et al., Yale University Child Study Center, 2016).

"The fact that children, primarily boys, are being suspended and expelled for these behaviors so early on is incredibly alarming and problematic," Reigeluth said.

Research shows that boys tend to receive more severe punishment than girls for the same behaviors, especially if they are Black or have a bigger body type, pointing to bias in the application of school policies (Malik, R., Center for American Progress, 2017). Those racial disparities in suspensions and expulsions predict higher rates of incarceration, lower college enrollment, and worse overall health (Shollenberger, T. L., UCLA Civil Rights Project, 2013).

"We live in a world that doesn't allow Black boys to be children," said Joseph Derrick Nelson, PhD, an associate professor of educational studies and chair of the Black Studies Program at Swarthmore College

in Pennsylvania and task force co-chair. "The fears and anxieties about who they might become as adults contribute to them being viewed and treated as adult Black men, from a very early age."

Compared with just 10% of female students, 18% of male students are diagnosed with learning disabilities and referred to special education services (Students with Disabilities, National Center for Education Statistics, 2022). Like boys who are suspended and expelled, these students often disengage from school and experience worse academic outcomes as a result ("Learning Disabilities," Society for the Psychological Study of Men and Masculinities, 2022).

Perhaps the most pervasive—and most entrenched—challenge that plagues boys at school is their gender socialization. As boys grow up, adults and pop-culture messages often push them to project an image of dominance, indifference, and self-sufficiency while hiding vulnerability, curiosity, and the need for intimacy. They see male role models in the media succeeding in athletics, business, and entertainment, but few in academia. They learn that school isn't "cool"; that it's better to excel at sports (Chu, J. Y., *When Boys Become Boys: Development, Relationships, and Masculinity*, NYU Press, 2014).

"The very basis of learning is that you have to admit, at least to yourself, that you don't know something—to ask for help when you need it," said Judy Y. Chu, EdD, a lecturer in human biology at Stanford University and part of the advisory committee for the TFBS, who studies boys' gender socialization, relationships, and development. "When boys come to associate that vulnerability with feelings of shame, learning in the classroom—and elsewhere—really suffers."

By the time boys finish high school, many lack the knowledge and skills required to succeed in higher education. Women now far outpace men in college application, enrollment, and completion ("The Male College Crisis Is Not Just In Enrollment, But Completion," Brookings, Oct. 8, 2021).

Despite these troubling disparities, it can be tough for those studying and advocating on the issue to make the case that boys and men require more attention and resources.

"How do we acknowledge and address the fact that even though men hold more structural power in the U.S.—in Congress, as CEOs, and as billionaires—there are also men and boys who are struggling substantially? How do we help the ones who are struggling, without further 'padding the pockets' of those who are doing well?" said Andrew Smiler, PhD, a clinical psychologist based in Winston-Salem, North Carolina, and co-chair of the TFBS (Leppert, R., & DeSilver, D., Pew Research Center, Jan. 3, 2023; Hinchliffe, E., *Fortune*, Jan. 12, 2023; "Distribution of Billionaires in the United States in 2020, by Gender," Statista, 2020).

The task force is hoping to make headway by grounding their recommendations in empirical findings amassed by social scientists and educators over the past few decades. Each one-page fact sheet highlights up to 10 well-established facts about a key issue and then empowers stakeholders at all levels—from students, parents, and teachers to guidance counselors, principals, and policymakers—to enact change.

They have released the fact sheets *Exploring Boys' (Mis) Behavior*, *Learning Disabilities,* and *High-Achieving Boys*, with *Distance Learning* and *Single-Sex Education* soon to follow. Strategic dissemination is a key focus. Superintendents, for example, tend to seek information from professional and trade organizations rather than peer-reviewed journals, according to research by task force member Benterah C. Morton, PhD, an associate professor at the University of South Alabama and an expert in educational leadership (*AASA Journal of Scholarship & Practice*, Vol. 19, No. 2, 2022).

Social media will also be a big

THE FACTS ON BOYS IN SCHOOL

The Task Force on Boys in School, led by APA's Div. 51 (Society for the Psychological Study of Men and Masculinities), is developing a series of peer-reviewed fact sheets on key issues and challenges boys face in school, along with recommended solutions. The task force is disseminating the fact sheets to educators, administrators, policymakers, parents, and even students themselves.

Published fact sheets:

Exploring Boys' (Mis)Behavior

Learning Disabilities

High-Achieving Boys

Coming soon:

Distance Learning

Single-Sex Education

Read them at www.division51.net/taskforce-on-boys-in-school.

part of their strategy, with a special focus on using platforms such as Facebook, Instagram, and TikTok to reach parents, educators, and even boys themselves. Down the line, the fact sheets could even be used to provide justification for revising policies that harm certain groups, such as boys of color.

"This task force is an opportunity for us to have a broader impact—by creating documents that can be used in real ways to address inequities in schools," Nelson said.

OPPORTUNITIES FOR ENGAGEMENT

Many of the task force's recommendations revolve around better recruitment, training, and support of the people who boys engage with most: teachers. To start, more comprehensive training on the basics of child development, behavior, and gender differences could help teachers see disruptive behavior in a different light.

"When a boy is presenting in a way that seems to be resistant to learning, we should take time to understand what's going on, rather than immediately disciplining him," Reigeluth said.

Rather than a behavioral problem, Smiler said, a boy who is acting out or not completing schoolwork could have a learning disability, attention-deficit/hyperactivity disorder, poor vision, a chaotic home life, or feel social pressure about not wanting to appear engaged in school. The Developing Healthy Boys training, available online for educators and professionals who work with boys, ages 10 and younger, is one framework that teaches educators about the psychology of boys.



Sophomore Xavier Byrd learns about the models he's building with robotics teacher Anthony Allard at Dunbar High School in Washington, D.C. Many of the Div. 51 task force's recommendations include better supports for teachers working with boys.

THE WASHINGTON POST/GETTY IMAGES

Assessing and addressing boys' needs requires a relational approach to teaching. Nelson developed and tested one such framework focused on Black boys, where teachers employed such strategies as reaching out, establishing common ground, personal advocacy on behalf of boys, and accommodating opposition. The relationships had a positive impact on boys' learning and academic engagement (*Teachers College Record*, Vol. 118, No. 6, 2016).

"I find relationships to be a window into reimagining who Black boys are," Nelson said. "If you lead with curiosity, listening, and seeking to understand their experience, you quickly learn that oftentimes they're the furthest thing from society's stereotypes and narratives."

Teachers can use a relational approach to promote a sense of belonging among boys at school. That may involve reaching out privately to a teen to learn more about his individual interests, said task force member Saed Hill, PhD, a counseling psychologist and the assistant director of prevention and masculine engagement at Northwestern University. When one of his students expressed an interest in the TV mystery series *Riverdale*, it led to a conversation about career paths that involve investigative work.

Linking boys' education to activism and social justice is another way to improve engagement. For example: How does our understanding of science and technology impact our ability to advocate for change in our communities? It can also be appropriate for educators to talk with boys about their own personal experiences and struggles. Hill has told students about the academic challenges he faced in high school and college, as well as what helped him persist to ultimately earn his doctorate.

"What a lot of boys have reported over the years is that school doesn't really feel like a place for them to belong," he said. "It's a place where they feel like just a number, or even a nuisance."

Of course, the relational approach gets a major boost when boys see their teachers as role models. Only about 20% of teachers are men ("Data About Men Teachers," MenTeach, 2020). Task force members say a critical focus should be recruiting and hiring more male teachers so that all students—including boys—can see themselves represented at school.

"Aside from a physical education coach, I had my first male teacher in high school," said Morton, who is a former school principal. "That was a whole portion of my career where I didn't see male teachers leading a class, so it was not an avenue for me to think about."

REIMAGINING CLASSROOMS

Flexibility in classroom setup and instructional methods can also help boys succeed. Instead of the "sit and get" approach, research suggests that boys tend to benefit from hands-on, interactive activities (Fredericks, J. A., et al., *Journal of Research in Science Teaching*, Vol. 55, No. 2, 2018). That could mean sorting and counting objects in a math class, for example, rather than learning with a pencil and paper.

For boys (and other children) who experience inattention and hyperactivity, building more breaks into the school day for kids to be kids, including recess and movement-based learning in the classroom, can make it easier to stay on track, Reigeluth said.

Social-emotional learning is also an important part of a well-rounded education, including for boys. Frameworks such as the Healthy Gender Development and Young Children protocol, for early childhood programs, and WiseGuyz, for middle and high school students, are designed to promote healthy relationships and gender identity development.

Hill stresses the importance of talking to boys and young men about how they interact with their friends. Video game culture, for example, has helped boys connect online, but that doesn't guarantee meaningful relationships. Educators and mentors can pose questions such as: What topics do you talk about? What defines a healthy friendship?

Another activity he recommends: pairing up male students for interviews to help them practice listening and relationship building. Students can ask each other questions about their favorite vacations, wacky talents they have, sports teams they follow, family members they feel close to, and other topics. Then, each student introduces his peer to the rest of the group.

Schools can also build in opportunities for boys and young men to explore gender roles and masculinity, for instance during wellness classes. Hill prefers the term "restrictive masculinity" to "toxic masculinity" because it better captures the way expectations of men and boys can limit their options for career paths, relationships, and self-expression.

"It can also make the conversation more inviting for boys by not implying that masculinity is inherently toxic," he said.

Reigeluth recently developed and released the *Masculinity Workbook for Teens*, which schools can use to support adolescent boys in the exploration of their gender identity. Topics include emotional restriction (How do I feel about the message that I shouldn't disclose my emotions? How has that worked out for me? What do I want to do going forward?), school versus sports (What activities will society pressure me to do? What activities feel innately good?), and more.

INTERVENTIONS THAT WORK

Given the degree of disparity boys face, some advocates are proposing more sweeping changes. "Redshirting" boys, or starting them 1 year later in kindergarten (different from holding a child back for documented developmental reasons), has become popular in some high-income communities. But psychologists say the practice isn't yet backed by research. In fact, for boys at highest risk, the



MICHAEL LOCCISANO/GETTY IMAGES

Students at recess at Yung Wing Elementary in New York City. Including more unstructured play time in daily schedules can make it easier for boys to stay on track.



MEDIANEWS GROUP/GETTY IMAGES

Kindergarten students work on geo-boards at Grand View Elementary School in Manhattan Beach, California. Research suggests that boys tend to benefit from hands-on, interactive activities.

opposite approach—giving all children access to affordable, high-quality preschool—could help more.

"The best preschools focus on things like social-emotional regulation: rule following, delaying gratification, sharing, and taking turns," said Boutakidis, who is also a member of the APA Task Force on Boys in School.

Another intervention with growing support is single-sex education, particularly for boys of color. Research is still limited, but Nelson is involved with a national effort to evaluate the efficacy of such schools, which some community leaders believe are a possible solution to the bias and disparities boys of color face in U.S. public schools. So far, this research has found that single-sex schools excel in parent and community engagement, as well as racial and gender identity development. They also give boys the opportunity to try extracurricular activities other than sports and music with fewer social ramifications, including things like dance, robotics, and Model U.N.

"The school environment becomes a context where boys can explore and examine, where there's a lot of possibility, rather than another context in their lives where stereotypes of Black men and boys are imposed," Nelson said.

Task force members are also hoping to use the fact sheets to help school leaders become data collectors, managers, and understanders, Morton said. That includes empowering administrators to identity what sort of data will be meaningful and beneficial to their campus, as well as how to interpret that data and use it to make collaborative decisions. For example: Which students are disciplined most frequently? Does the same behavior always receive the same response, or are some students treated more harshly than others?

Many feel that offering interventions before and during the K–12 years is the best way to support healthy development and help boys thrive at school. But men in college can benefit from help, too, which is why some higher education institutions are creating "male success centers," to provide a place of community and support for men on campus.

FURTHER READING

Half of the 250 kids expelled from preschool each day are Black boys
Novak, S.
Scientific American,
Jan. 12, 2023

The missing men on campus
The Chronicle of Higher Education,
2021

Family disadvantage and the gender gap in behavioral and educational outcomes
Autor, D., et al.
American Economic Journal: Applied Economics,
2019

The mask you live in (educational film)
The Representation Project,
2015

When boys become boys: Development, relationships, and masculinity
Chu, J. Y.,
NYU Press, 2014

At Northwestern University, Hill leads NU Men, a 6-week mentoring program where participants deconstruct masculinity as a means of violence prevention. For example: What does it mean to be masculine? What are men expected to do to obtain power (be the breadwinner, initiate sex)?

Hill also oversees Northwestern's Masculinity, Allyship, Reflection, Solidarity (MARS) peer education group, which examines policy related to gender and violence, combats rape culture, and promotes healthy masculinity on campus. In 2019, members of the group wrote to the Trump administration about proposed changes to Title IX regulations. For example, they argued that live hearings could put survivors of sexual violence at risk of further trauma by requiring them to confront their attackers. Hill also consults with other universities and organizations to help them hire and train their own masculine engagement directors.

Ultimately, to help boys at school, the task force's plea is simple. Review the evidence, see this gender gap for what it is—an equity issue—and act.

"This is an equity issue, full stop. It's systemic, it's consequential, it's impactful. It's between groups that we can readily identify, and it cuts across multiple contexts," Boutakidis said. "If there's something we can do to address it, we absolutely need to." ■

To learn more about APA's Div. 51 (Society for the Psychological Study of Men and Masculinities), visit www.division51.net.



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THE REALITY OF PEDIATRIC LONG COVID

Lucas Denault, a high school senior from Littlestown, Pennsylvania, woke up one day in January 2021 with a stuffy nose. He tested positive for COVID-19, but felt better by dinnertime. Then, 10 weeks later, everything changed.

BY ZARA ABRAMS



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Once a multi-sport varsity athlete with boundless energy, Lucas Denault now struggles with brain fog, extreme fatigue, dizziness, and other ongoing COVID-19 symptoms 2 years after he contracted the virus as a high school senior.

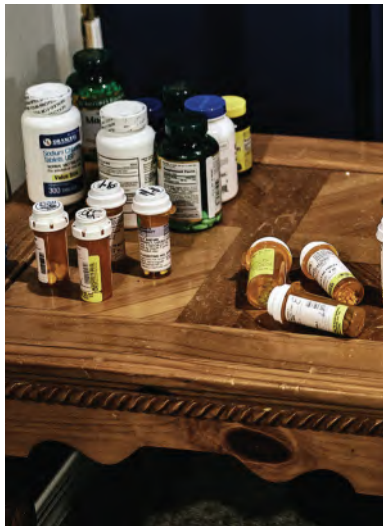
In a matter of days, Denault went from running track, lifting weights, playing basketball, serving on the student council, and socializing with friends to barely being able to leave his bed. With support from psychologists and other providers at the Kennedy Krieger Institute's Pediatric Post-COVID-19 Rehabilitation Clinic in Baltimore, he has spent the past 2 years recovering from extreme fatigue, brain fog, and other hallmark symptoms of long COVID.

Long COVID, which affects an estimated 65 million people worldwide, can last for weeks, months, or years and involve a wide range of organs, including the heart, lungs, brain, blood vessels, and gastrointestinal tract. The condition is still poorly understood in adults; in children and teenagers, researchers know even less.

"So many of the studies that have been done on the long-term effects of COVID have started with studying adults," said Rachel Gross, MD, an assistant professor of pediatrics and population health at New York University (NYU)'s Grossman School of Medicine and principal investigator of the clinical science core for the NIH's Researching COVID to Enhance Recovery

"So many of the studies that have been done on the long-term effects of COVID have started with studying adults. There's been a lot less research focused on children, so there really are many questions that remain."

RACHEL GROSS, MD, CO-INVESTIGATOR, RECOVER INITIATIVE



Denault takes a variety of medications designed to manage his long COVID symptoms of fatigue, orthastic intolerance, nausea, circulatory dysfunction, increased heart rate and blood pressure, and more.

(RECOVER) Initiative. "There's been a lot less research focused on children, so there really are many questions that remain."

Though most young patients avoid serious acute COVID-19 infections, many are suffering from ongoing or returning symptoms of the virus or new problems that began days or weeks after their initial recovery. These issues can require treatment from a range of providers, including pulmonologists, cardiologists, physical therapists, and neuropsychologists. But formal guidance on how to treat the syndrome, which encompasses more than 200 symptoms, takes time to develop, forcing many providers to improvise.

Absent official guidelines, psychologists have been aiding large-scale research efforts and—in the meantime—pooling their knowledge on best practices for treating the neuropsychological, behavioral, and mood-related symptoms of pediatric long COVID. They are using insights from research conducted so far, as well as adapting strategies that work with related conditions, including concussion, chronic pain, and chronic fatigue.

"At the end of the day, we're hoping to serve our patients and families and make meaningful recommendations for them," said Colleen Hess, PhD, a neuropsychologist at Johns Hopkins All Children's Hospital who has treated children and adolescents with long COVID throughout the pandemic. "Even without knowing the specific etiology of long COVID, we can still support children in their recovery."

WHAT WE KNOW

Long COVID, also called long-haul COVID or post-acute sequelae of SARS CoV-2 infection (PASC), is not a single illness but rather a collection of conditions that may result from the viral

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infection itself or the inflammation it triggers throughout the body. According to the U.S. Centers for Disease Control and Prevention (CDC), the syndrome can be identified starting 4 weeks after COVID-19 infection (Long COVID or Post-COVID Conditions, CDC, 2022).

Children and teenagers face similar symptoms to adults, with fatigue, shortness of breath, trouble sleeping, abdominal pain, dizziness, headaches, memory loss, and difficulty concentrating among those most commonly reported (Berg, S. K., et al., *Lancet Child & Adolescent Health,* Vol. 6, No. 9, 2022; Morrow, A. K., et al., *Current Pediatrics Reports,* Vol. 10, No. 2, 2022). One of the most debilitating issues, post-exertional malaise, can cause patients significant exhaustion following a minor physical effort, such as walking up a flight of stairs. After Denault underwent a cardiac stress test with a pediatric cardiologist in Harrisburg, Pennsylvania, he could hardly walk out of the doctor's office and spent the next several days in bed.

"For the kids who are experiencing long COVID symptoms, it's often really debilitating," said Christine Koterba, PhD, ABPP, a pediatric neuropsychologist at Nationwide Children's Hospital in Columbus, Ohio, and a clinical assistant professor of pediatrics at The Ohio State University who has helped compile a list of informal guidelines for psychologists treating long COVID. "They're missing a lot of school, missing out on preferred activities, and in a lot of cases, it can be really hard for them to find providers who know how to address their symptoms."



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Children and teens were initially thought safe from the more serious effects of COVID-19. But some have suffered like Denault, who has spent the past 2 years working to regain his pre-COVID health.

Even calculating the prevalence of the syndrome in children has been a challenge. Early estimates ranged from 4% to 66% of those infected with the virus, but recent calculations fall closer to 10% (Zimmermann, P., et al., *The Pediatric Infectious Disease Journal,* Vol. 40, No. 12, 2021; Radtke, T., et al., *JAMA,* Vol. 326, No. 9, 2021).

Even so, with more than 15 million reported cases of COVID-19 among U.S. children, a sizable number is likely suffering from long COVID (Children and COVID-19: State-Level Data Report, American Academy of Pediatrics, 2023). Older children and teenagers appear to be more susceptible to long COVID than younger children, but psychologists speculate that may be because they are better at noticing and describing their symptoms.

One barrier to studying long COVID in children: Many never received a positive polymerase chain reaction (PCR) test. Early in the pandemic, access was limited, and research suggests that up to 90% of COVID-19 cases among children may be missed (Dattner,



Denault initially struggled to walk across the house without taking a break. Psychologists at Kennedy Krieger have played a significant role in helping the Denault family manage the anxiety and depression related to chronic illness.

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I., et al., *PLOS Computational Biology,* Vol. 17, No. 2, 2021; Langeland, N., et al., *Lancet Regional Health Europe,* Vol. 5, 2021).

NIH's RECOVER Initiative is addressing that gap by enrolling children with long COVID symptoms, even if they were never tested for COVID-19, then verifying past infection using serological testing and other methods. The pediatric study, which began in March 2022 and aims to recruit 19,500 families, also includes infants, children, teenagers, and young adults who had COVID-19 but did not develop long COVID, as well as a group with no history of COVID-19 infection.

Data collection, which includes surveys, biospecimens, and clinical tests over a period of 4 years, is geared toward solving some of the crucial unknowns around pediatric long COVID. One major question: Why do some children get long COVID and others do not? For example, early evidence from outside RECOVER indicates that children with a history of attention-deficit/hyperactivity disorder (ADHD) or certain conditions affecting the immune system may face an elevated risk (Merzon, E., et al., *International Journal of Environmental Research and Public Health,* Vol. 19, No. 10, 2022).

RECOVER also aims to characterize the course of the syndrome, including any lasting effects on mental health, cognitive functioning, and development—and to separate those from challenges related to social isolation and learning disruptions.

"For instance, we're exploring to what extent children's anxiety and depression symptoms are related to long COVID, versus background effects of the pandemic that all kids may be at risk for," said Richard Gallagher, PhD, a pediatric psychologist and neuropsychologist at NYU who is part of the RECOVER project.

To that end, Gallagher, Gross, and their colleagues across the United States are collecting data on anxiety and depression, behavior control, attention, memory, executive function, language development, spatial reasoning, and more. RECOVER researchers are studying these outcomes, Gallagher said, because prior coronavirus outbreaks, including severe acute respiratory syndrome (SARS) and Middle East Respiratory Syndrome (MERS), were linked with increased cognitive, behavioral, and emotional deficits among youth.

The large-scale initiative has absorbed several other efforts, including the MUSIC Study, which aims to characterize a related condition, multisystem inflammatory syndrome in children (MIS-C), and the GRAVID study (Gestational Research Assessments for COVID-19), which is monitoring a group of children who were exposed to COVID-19 in utero. Early findings from outside RECOVER suggest that these infants may face an increased risk for neurodevelopmental disorders during their

first year of life (Edlow, A. G., et al., *JAMA Network Open,* Vol. 5, No. 6, 2022).

A GRADUAL RETURN

For children and adolescents with long COVID, specialized treatment can be hard to access. Fewer than 20 specialized pediatric COVID clinics are in operation across the United States, and many have months-long waitlists. More commonly, clinics that treat other conditions with overlapping symptoms, including pulmonary rehabilitation and chronic pain clinics, open their doors to patients with long COVID. But in many cases, families must navigate a web of individual providers to gain access to the care their child needs.

Treating long COVID in an integrated care setting tends to best serve patients due to the syndrome's wide range of symptoms. At Children's National Hospital in Washington, D.C., the Pediatric Post-COVID Program is staffed with specialists from infectious disease, physical medicine and rehabilitation, and psychology, who provide assessment and weekly care to children with long COVID. For many of their patients, treatment involves physical and occupational therapy to regain strength and aerobic capacity. Patients may also receive referrals to neuropsychologists, cardiologists, pulmonologists, and other providers, depending on their symptoms.

Psychologists play a critical role in the healing process, said psychologist Linda Herbert, PhD, who works with children and families at the Children's National clinic. Their role includes providing psychoeducation, helping patients manage anxiety and depression related to their diagnosis, teaching pain management strategies, supporting good sleep hygiene, and helping families create a healthy routine.

For Denault and his family, support from psychologists was a key part of staying positive during the years-long healing process.

"This has been such a long road to recovery, and it's taken a lot of hard work, perseverance, and the right mindset," said Karin Denault, Lucas's mother.

The Denaults attended Kennedy Krieger's Comfort Ability Workshop, a program that uses cognitive behavioral therapy (CBT) to help young patients and their parents or caregivers learn to manage a chronic illness and improve functioning. Psychologists also use CBT to teach kids and their families about the mind-body connection, including how anxiety can exacerbate physical symptoms, as well as the importance of pacing.

"For kids who were high-achieving academically and involved in many different activities, it can be really hard to grasp what pacing means and to recognize how to slow



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Karin Denault and her son, Lucas, attended Kennedy Krieger's Comfort Ability Workshop, a program that uses cognitive behavioral therapy (CBT) to help young patients and their parents or caregivers learn to manage a chronic illness and improve functioning.



"Long COVID has changed our lives," said Karin Denault. "There are many ways that we connect now that we probably wouldn't have without chronic illness, and there have been days that have been extremely hard that have tested our bond. Days where he just wants to be a kid and doesn't care what kind of toll that will take on his body. Those days are extremely tough as it is hard to find the balance on what emotional toll long COVID is taking versus the physical toll," she said.

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down," said Rowena Ng, PhD, a neuropsychologist at Kennedy Krieger who coauthored a consensus statement on treating long COVID in children and adolescents (*Physical Medicine & Rehabilitation,* Vol. 14, No. 10, 2022).

Crucially, pediatric psychologists also help families strike a balance between recognizing that children with long COVID are facing real and often severe symptoms—and that a gradual return to functioning is both possible and ideal.

"We want to send the message that while this is debilitating and scary and your life feels different, let's not think about it as an emergency," said Amy Hahn, PhD, a pediatric psychologist at Nationwide Children's.

She and her colleagues, including Koterba and pediatric neuropsychologist Kristen Hoskinson, PhD, have compiled and are working to disseminate a set of recommendations for psychologists treating long COVID. The guidelines emphasize the importance of a gradual return to daily routines. That advice runs contrary to the approach adopted by many providers early in the pandemic, they said, which tended to be overly restrictive, such as barring kids indefinitely from school and other activities.

"Families of children with long COVID often describe how it has dramatically changed their lives," Koterba said. "We want to shift the narrative so that long COVID becomes more of a bump

in the road, rather than a life-changing diagnosis."

SUCCEEDING AT SCHOOL

Given the relatively high rate of children and adolescents reporting cognitive symptoms, neuropsychologists also play a key role in assessing and treating long COVID. That typically starts with a series of tests to evaluate language, attention, memory, fine motor skills, and academic performance, said D. J. Bernat, PhD, a pediatric neuropsychologist at West Virginia University's Rockefeller Neuroscience Institute. Because long COVID patients frequently experience fatigue, neuropsychologists should aim to keep cognitive testing focused and brief, he added.

Despite reports from children and teenagers of difficulty with sustained attention, memory, and other cognitive functions, neuropsychological tests often indicate that long COVID patients are performing as well as other children their age. Though providers say that is good news, it can feel frustrating for patients.

"They said everything was good—that I was healthy as an ox," said Denault. "Obviously I wasn't, because it was brutal to even do the stress test."

For that reason, psychologists say it is important to contextualize the results of neuropsychological tests with details from patient reports about day-to-day functioning and activity participation.

"Cognitive testing is just one of the tools that we use," said Gray Vargas, PhD, a neuropsychologist at Kennedy Krieger. "A structured task, one-on-one in a quiet room, is very different from 9 p.m., when you're extremely fatigued with a bad headache and you're trying to finish your homework."

After validating patients' experiences, Koterba and her colleagues recommend that psychologists and other providers help children and teenagers gradually return to school, sports, and other activities. Starting with a modified schedule—shorter days at school, for instance, with built-in breaks—and prioritizing attendance over academic success are good first steps.

Schools can also make accommodations for students struggling with memory, attention, and concentration that resemble the way they support children with attention-deficit/hyperactivity disorder, Herbert said. Such assists may include additional time for assignments, reductions in the number or scope of assignments, and obtaining class notes from another student.

"We know that for kids who are recovering from any health setback, getting back into a routine that involves interacting with their peers, going to school, and doing their extracurricular activities really is critical for their mental health," said Molly Colvin, PhD, ABPP, a pediatric neuropsychologist at Massachusetts General Hospital and an assistant professor of psychology at Harvard Medical School.

NEXT STEPS FOR RESEARCHERS

Another major priority for providers and researchers alike is to separate the mental health, behavioral, and developmental challenges of long COVID from pandemic-related challenges that have affected all children. Gaps in learning and social interaction, for example, can lead to memory and attentional difficulties similar to those seen in long COVID, Hoskinson said.

Because long COVID is so new, much more data is needed to understand the etiology of the condition and to indicate interventions that could prevent or minimize its harmful effects. Collecting data that represent the diverse racial, ethnic, and socioeconomic spectrum of pediatric patients is crucial, Herbert said, as well as longitudinal data that tracks the course of the disease over time.

Psychologists have been part of efforts to design rigorous and thorough research protocols from the start—standardizing the way data collectors document symptoms, impairment levels, and other aspects of the condition, Hoskinson said. That approach, paired with a commitment to large-scale collaboration, sets the stage for high-quality, actionable insights that can be applied as quickly as possible.

"It's really hit us that this is our shot to do this right," she said. "So how do we want to do this in a way that's really systematic [and] collaborative, and has [the] highest likelihood of making a positive impact for kids and families?" ■

FURTHER READING

Multi-disciplinary collaborative consensus guidance statement on the assessment and treatment of postacute sequelae of SARS-CoV-2 infection (PASC) in children and adolescents
Malone, L. A., et al. *Physical Medicine & Rehabilitation*, 2022

Long COVID: Major findings, mechanisms and recommendations
David, H. E., et al. *Nature Reviews Microbiology*, 2023

Long-COVID in children and adolescents: A systematic review and meta-analyses
Lopez-Leon, S., et al. *Scientific Reports*, 2022

Post-COVID-19 conditions in children and adolescents
American Academy of Pediatrics, 2022

The cognitive impact of long COVID: What can psychologists do
Monitor on Psychology, November 2022

PREVENTING INTIMATE PARTNER VIOLENCE BY FOCUSING ON ABUSERS

Programs that try to treat abusive partners have a long, uncertain history. Can psychologists help make them better?

BY STEPHANIE PAPPAS





Late last year, responders at Western Massachusetts's A Call for Change Helpline heard from a disparate group of callers: A wealthy man who regretted dropping thousands of dollars on self-help resources. A woman miserable because her partner flirts with other women. A serial abuser with years of incarceration behind him, staring down a long new prison sentence.

What all of these people had in common was that they were controlling and violent toward their romantic partners and unhappy with their own behavior. The job of the trained responders at A Call for Change is to take that nascent sense that something is wrong and turn it into full-blown accountability and, ideally, personal transformation. The helpline is currently the only one in the nation designed for people who behave abusively to call in anonymously and confidentially; traditionally, the only treatment available for people who are abusive has been linked to the criminal justice system or mandated social services, and research suggests these programs aren't very effective.

The baggage around these programs is so entrenched, in fact, that when JAC Patrissi, MSW, one of the founders of Call for Change, first suggested the helpline, people told her that no one would ever call, and if they did, they'd only be seeking absolution to continue the abusive behavior. The result has been the opposite, Patrissi said: In the first year after the line's 2021 launch, 250 people called, and the numbers are still growing. What's more, more than two-thirds of callers call back, often with reports about how they'd tried new, safer relationship strategies they'd learned from the helpline.

Western Massachusetts's A Call for Change Helpline is currently the only phone support service in the nation designed for people who behave abusively to call in anonymously and confidentially.

"When you mandate people, they're having a completely different orientation and experience toward you," Patrissi said. "It's the 'minimize, deny, blame, shift, attack the identity of the victim' stage. But if you self-refer and you get no external reward, if you're going to call, it's for your own goals."

The helpline is part of a small but growing movement developing new ways of treating people who perpetrate intimate partner abuse. Psychologists and other mental health advocates are hopeful that these new programs, combined with more broadly targeted efforts to educate young people about relationship skills, will budge the needle on repeat abuse and become more than a poorly funded sidenote in the criminal justice system.

"When we try to think about what is going to help someone recover and stop perpetrating violence, usually punishment is not going to be the solution," said Carla Stover, PhD, a clinical psychologist and associate professor at the Yale University School of Medicine's Child Study Center who studies the impact of family violence. "If we simply shame people for their use of violence, and we don't design programs that will help them understand what is causing their use of violence, how can we expect them to stop those behaviors without appropriate support?"

HISTORICAL CHALLENGES

The idea of reforming abusers first came up in the 1970s, as intimate partner violence (IPV) was being criminalized. Feminists and their allies began developing what are sometimes still called "batterer intervention programs," focused on unteaching men patriarchal values. In 1984, when the U.S. Attorney General's Task Force on Family Violence recommended mandating counseling for abusers, these programs were the model. By the early 2000s, there were at least 2,500 batterer intervention programs, sometimes known as relationship violence intervention programs, around the country (in Murphy, C. M., et al., *Handbook of Interpersonal Violence and Abuse Across the Lifespan*, Springer Reference, 2019).

The vast majority of states now mandate these programs for people convicted of IPV, most of whom are not incarcerated. The most common curriculum is the Domestic Abuse Intervention Project,

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better known as the Duluth Model, which posits that beliefs about male superiority are at the root of male-to-female violence. (Duluth was designed with male abusers and female victims in mind, based on research finding that male-to-female violence is the most severe and damaging, but its use is necessarily limited when it comes to people in non-heterosexual relationships or in relationships with transgender or nonbinary partners.)

The problem is that decades of research show these programs to be minimally effective. "If you took one man who is convicted of domestic violence and completes a full program, which is usually about 24 to 36 hours total, and another who never completes a day, it reduces recidivism about 5%," said Erika Lawrence, PhD, a clinical psychologist at Northwestern University who studies domestic violence intervention programs (Babcock, J. C., et al., *Clinical Psychology Review*, Vol. 23, No. 8, 2004).

Discouragingly, alternative programs that take a cognitive behavioral therapy (CBT) focus have not proven more effective than the Duluth model. One challenge to comparing programs head-to-head in the real world, though, is that people in the court system often receive a hodge-podge approach to treatment, with programming that may mix CBT, Duluth, and other strategies. Without testing each of these homegrown programs individually, it's difficult to know which are effective and which aren't, said Christopher Murphy, PhD, a clinical psychologist at the University

"If we simply shame people for their use of violence, and we don't design programs that will help them understand what is causing their use of violence, how can we expect them to stop those behaviors without appropriate support?"

CARLA STOVER, PHD, CLINICAL PSYCHOLOGIST AT THE YALE SCHOOL OF MEDICINE

of Maryland, Baltimore County who researches relationship violence interventions. And the resources for that research just aren't there, in most cases.

"What I've learned is that I try to do a lot of skill building and teach clients skills to manage their emotions as well as alternatives to aggression and violence," said Philip A. Kerne IV, PhD, a psychologist and the director of psychology services for Fort Bend County Juvenile Probation in Richmond, Texas, who contracts with the Texas nonprofit Aid to Victims of Domestic Abuse (AVDA) to offer the organization's Battering Intervention & Prevention Program. Kerne originally trained on the Duluth model but now uses an approach built around cognitive behavioral therapy and decades of professional experience.

However, AVDA has few opportunities to track program participants over time. The organization keeps tabs on program completion but has little access to data on later offenses. AVDA does send surveys to participants and their partners after the program, but "we do not get very large response," said AVDA CEO Maisha Colter.

It's a difficult area to research, in part because no outcome measure fully captures the scope of participants' behavior. Even when participants and partners respond to surveys, answers can be skewed, particularly if participants are afraid honesty may land them back in legal trouble. Arrests, charges, and conviction records capture only the small slice of abuse that gets reported to authorities. These records are also skewed by the disproportionate likelihood that a man of color will be arrested, charged, and convicted of a crime like IPV compared with a White man, said Amie Zarling, PhD, a clinical psychologist at Iowa State University who studies IPV treatment and prevention.

Research methodology challenges also abound. Randomization may be impossible within the mandates of the criminal justice system. State law may require certain types of programs. Resources for staff training are often limited.

"People are really quick to impugn these programs or say they don't work, but I would argue there are just a lot of challenges and barriers in being able to document efficacy," Murphy said. "It's a very complicated evaluation and research problem."

FURTHER READING

Domestic violence perpetrator programs: A proposal for evidence-based standards in the United States
Babcock, J., et al.
Partner Abuse, 2016

The need for new emphasis on batterers intervention programs
Aaron, S. M, & Beaulaurier, R. L.
Trauma, Violence & Abuse, 2017

Individual versus group cognitive-behavioral therapy for partner-violent men: A preliminary randomized trial
Murphy, C. M., et al.
Journal of Interpersonal Violence, 2020

NEW APPROACHES

The discouraging findings so far have sometimes led to disenchantment with these programs, Murphy said. But some researchers are pushing back against giving up on treatment. Both Zarling and Lawrence are conducting randomized clinical trials of an acceptance and commitment therapy (ACT)–based approach called Achieving Change Through Values-Based Behavior (ACTV), which they cocreated.

Unlike the Duluth and CBT models, ACTV doesn't aim to change underlying thoughts about women and power but focuses on changing abusive behaviors. "We talk about power and control; we talk about thoughts and feelings; we also talk about alcohol and drugs, we talk about family of origin—all of the factors that have been shown to contribute [to abuse]," Lawrence said.

A focus on behavior over belief helps avoid getting into fruitless arguments with participants who can be resistant to the idea that they are in the wrong, Zarling said. "You're never going to be able to argue someone out of their perspective," she said. "From an ACTV perspective, we validate the emotion and take a functional perspective to it: 'Okay, you just said your wife is a b****. How does that impact your relationship with her when you buy into that thought? What do you do?'"

In a trial of 338 men randomized to ACTV versus Duluth in Iowa, Zarling found that survivors of ACTV participants' violence reported significantly less controlling behavior, fewer physical assaults, and fewer instances of stalking than survivors of Duluth participants' violence a year after the program (*Journal of Consulting and Clinical Psychology*, Vol. 90, No. 4, 2022). ACTV participants also had half the number of new violent charges as Duluth program participants and fewer nonviolent charges. There was no statistically significant difference in new IPV charges, but the study ended early because of the COVID-19 pandemic and was thus underpowered for examining that outcome, Zarling said.

In a trial led by Lawrence in Minnesota, men convicted of domestic assault were less likely to be convicted again of any crime, including nonviolent crimes, violent crimes, and domestic assault, in the 5 years

after participating in ACTV versus a Duluth or CBT-based model (*Journal of Consulting and Clinical Psychology*, Vol. 89, No. 5, 2021). "We are reducing outcomes anywhere from one-third to one-half compared to the standard," said Lawrence, who is currently running another trial of ACTV in Minnesota, funded by the Department of Justice's Office on Violence Against Women.

Another promising program is Strength at Home, a trauma-informed approach developed by Casey Taft, PhD, a clinical psychologist at the Boston University School of Medicine. Now available at more than 50 Department of Veterans Affairs (VA) hospitals, Strength at Home is a CBT-based program that takes into account how a person's own traumatic experiences can lead them to crave control in relationships. "Trauma is really common in most all of these populations," said Murphy, who collaborated on the development of the program.

A randomized controlled trial in veterans found that Strength at Home reduced both physical and psychological IPV (*Journal of Clinical Psychiatry*, Vol. 77, No. 9, 2016). A small follow-up suggests the program may be effective for civilians, too (*Journal of Family Psychology,* Vol. 35, No. 6, 2021).

While many of the participants in the Strength at Home program are still referred via Veterans Treatment courts, there is a big effort within the VA to build more entry points through mental health care, primary health care, and addiction services, Murphy said. Relying solely on the courts as an entry to treatment leads to racial disparities

BUILDING MORE INCLUSIVE IPV PREVENTION

Psychologists who treat people who are violent toward their partners often hear a common refrain: "I wish I had learned this in school."

Increasingly, schools are tackling relationship violence, and there are several well-established evidence-based programs that work, including the Fourth R and Safe Dates (Wolfe, D. A., et al., *JAMA Pediatrics*, Vol. 163, No. 8, 2009; Foshee, V. A., et al., *Prevention Science*, Vol. 15, 2014). Christopher Murphy, PhD, a clinical psychologist at the University of Maryland, Baltimore County, is collecting data on a seminar-based program for first-year college students that combines prevention of sexual violence and relationship violence. Emerging adults face new issues in relationships compared with middle and high schoolers who might receive school-based prevention programs, Murphy said. "Young people need more opportunity to explore their own personal values and the kinds of relationships they want to have, and then be encouraged to develop the skills they need," he said.

There are culturally specific community organizations doing this work, such as Men Stopping Violence, an Atlanta, Georgia, nonprofit founded in 1981 that offers "umoja," or "unity," hours for young men to focus on mental wellness, and the National Compadres Network, which roots its efforts in the indigenous practices of Chicano, Latino, Native, Raza, and other communities of color.

Some psychologists are also making broadly targeted community prevention programs more relevant and inclusive. At Western University in Ontario, clinical psychologist Claire Crooks, PhD, is working to adapt the Healthy Relationships Plus Program, an offshoot of the Fourth R, for indigenous, immigrant, and LGBTQ+ communities. This involves working closely with community members to figure out the best types of support for their needs. For example, Crooks said, all collaborations with First Nations people are set against a larger backdrop of history and reconciliation.

"They're looking for programs that help build more resilient, connected youth who make better choices," Crooks said. "There's often a focus on helping connect youth to their culture and increasingly helping youth understand some of the history of colonization."

The rise of youth identifying as sexual or romantic gender minorities also means a move away from old male-female models of relationships and violence. It is important not to ignore or deny the gendered component to intimate partner violence, Crooks said, but the framework needs updating. "What we recognize is that toxic masculinity is not just about male-to-female violence, and toxic masculinity is harmful to girls and women and those who don't identity in a binary way," she said. "We really listen to youth and stakeholders to cocreate a program that fits what they're telling us they need."

and ties help-seeking inexorably to punishment.

"There's a huge need out there to build better connections, better systems, and to just destigmatize the process of getting help," said Murphy.

Often, families do ask for help for the abusive individuals in their lives, said Yale's Stover. And often, there is nowhere to turn. Fathers for Change, a program Stover developed, is an attempt to correct that. The program tackles IPV, substance misuse, and child maltreatment, because families often experience all three at once. It is difficult, Stover said, for parents to keep up with all the programs they're mandated to complete by child and family services if these issues are addressed separately.

Fathers for Change is a one-on-one approach with the optional inclusion of the mother and children. It uses motivational interviewing and promotes emotional regulation and reflective functioning, or understanding one's own and others' mental states, goals, and attitudes. The program has now been implemented at six sites across Connecticut, with mothers reporting declines in IPV and children's witnessing of violence, and fathers reporting improvements in regulating emotions, anger, and hostility (*Journal of Family Violence*, Vol. 37, 2020).

UPDATED UNDERSTANDING

At A Call for Change, responders hear from a diverse set of callers, including some who have been incarcerated many times for abuse and others who may never face a charge. For many people of color and LGBTQ+ individuals, criminalization is a double-edged sword.

"We got the overwhelming feedback that the people who were not being served now by our general interventions would not call a line like ours unless it was anonymous and confidential," Patrissi said. "Some responses we got were, 'Well, if the police are coming to my house, they'll kill us both.'"

A Call for Change operators do have a legal duty to report callers who share personal information and a location and admit to being in the act of harming their partners or putting them in imminent harm. Operators are trained in de-escalation in the event that a person calls and says they want to hurt their partner or are doing so. But calls are far more likely to happen when the abusive person is alone and can speak privately. One man diagnosed with narcissistic personality disorder will call to say he's just run a mundane errand for his wife and knows he shouldn't go home and angrily demand gratitude; the Call for Change responder will give him sympathy for his feelings of need and praise for recognizing that he can't treat his wife poorly because of it.

One man will call from his car before going home to his partner in order to practice his mantra that she is a separate person from himself who is just as valuable as he is—a reminder of how fundamental the lessons abusive people need to learn are, Patrissi said.

The organization advertises through billboards, YouTube, TikTok, and flyers handed out by service providers. The messages in these outreach efforts appeal to people's sense that something is wrong about their behavior; for example, one TikTok clip asks, "What if someone was putting hands on your mama or your sister or your daughter? Do you want to be that guy?" Others emphasize that hurting others is a decision and that change is always possible. Google is the main way people find A Call for Change's website, Patrissi said, and billboards are also surprisingly effective. "People pull over, calling us, saying, 'I think this line is for me.'"

A Call for Change's method uses a gender-agnostic approach of identifying abusive values and nudging callers to reevaluate them. Key abusive values include the idea that it's okay to use power and control to avoid one's own discomfort. Another is a lack of mutual accountability, such that the abuser feels they can tear down their partner but can never be questioned themselves. While callers are often men, some are women, some are not cisgender, and many are not in heterosexual relationships. The approach is more expansive than older conceptions based on male-to-female violence, while still acknowledging the role of patriarchy, White supremacy, cis supremacy, ableism, and other societal hierarchies in power and control, Patrissi said. (See sidebar on building more inclusive IPV prevention.)

A Call for Change is working with a team from the organization Collective Capacity, which conducts evaluations to ensure that callers get responses



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consistent with A Call for Change's principles and goals. Several other helplines for harm-doers have popped up globally in the past 5 years, including in Colombia, Nova Scotia, and Sweden. Australia and the United Kingdom have had similar helplines for longer. Patrissi and other board members have heard interest from more than a half dozen states about launching lines of their own; Vermont and Wisconsin are closest to getting lines up and running. Meanwhile, in Maryland, Murphy is working with the IPV organization House of Ruth to test whether providing abusive individuals low-barrier, low-cost employment support, mental health support, and parenting support reduces later violence. Basic services can be powerful: Previous work has shown that a no-barrier housing-first model for survivors improves their safety and stability (Sullivan, C. M., et al., *Journal of Family Violence*, online first publication, 2022).

Fathers for Change is a one-on-one approach with the optional inclusion of the spouse and children. Participants have reported declines in intimate partner violence and children's witnessing of violence, and improvements in regulating emotions, anger, and hostility.

Both hotlines and new programs have to face the reality that funds are limited. The scarcity of resources pits programs for survivors against programs aimed at abusers.

"People are having to prioritize where resources go," said Oyesola Oluwafunmilayo Ayeni, PhD, an ecological/community psychologist and the director of research and evaluation at the National Resource Center on Domestic Violence, which provides organizations around the country with training, resources, and assistance in preventing and treating IPV. "There needs to be a more concerted effort to increase the resources that are available for intimate partner violence across the board, so we can not only support survivors but also create additional programs for harm-doers."

Funding cuts are a frequent reality in the field, agreed Fort Bend's Kerne. "[Prevention] is not always a priority," he said. "But you do hear about it on the news when something tragic happens." ■


Preston


Taylor


Ward


Qian


McLaughlin

PSYCHOLOGISTS IN THE NEWS

The University of Michigan named **Stephanie Preston, PhD,** new faculty ombuds in the Office of the Provost. Preston will be a resource for faculty and resolve academic and administrative concerns and disputes. Preston has been a professor of psychology in the University of Michigan psychology department since 2005.

The University of Georgia has named **Jeanette Taylor, PhD,** its next vice provost for academic affairs. Taylor is currently the associate dean of the College of Arts and Sciences and a professor of psychology at Florida State University. She joined FSU in 2000 and has held many roles, including psychology department chair and director of clinical training.

Monique Ward, PhD, has received the University of Michigan's Academic Women's Caucus 2023 Sarah Goddard Power Award. The award recognizes individuals who have made positive contributions to women's health and well-being through their leadership, scholarship, or other professional endeavors.

The Jan. 19 issue of *Diverse: Issues in Higher Education* featured University of Detroit Mercy assistant professor of psychology **Miao Qian, PhD,** on the cover as one of the publication's 2023 emerging scholars. Qian's research focuses on child social cognition, particularly determining where racial biases emerge in childhood and how to reduce them.

The University of Oregon has selected **Katie McLaughlin, PhD,** to lead The Ballmer Institute for Children's Behavioral Health. McLaughlin currently directs the Stress and Development Laboratory at Harvard University where she is also a professor of psychology. Her research examines how adverse environmental experiences shape emotional, cognitive, and neurobiological development in ways that contribute to the emergence of psychopathology in children and adolescents.

Stockton University professor emeritus of psychology **Michael Frank, PhD,** and his wife, Maureen Frank, have endowed a new Stockton University Foundation scholarship with a $50,000 gift. The couple established the Michael and Maureen Frank Award for Excellence in Undergraduate Research in Psychology to inspire recipients to conduct and publish psychological research. During his tenure, Frank saw many first-generation students struggling financially while trying to complete their education, and hopes the award will help more students continue their research.

The American Association for the Advancement of Science has announced its slate of 2023 lifetime fellows. Fifteen scientists were chosen for the Section on Psychology: **Christine Dunkel Schetter, PhD,** University of California, Los Angeles; **Kara D. Federmeier, PhD, University of Illinois Urbana-Champaign; Jean E. Fox Tree,** University of California, Santa Cruz; **Barbara L. Fredrickson, PhD,** University of North Carolina, Chapel Hill; **Susan A. Gelman, PhD, University of Michigan; Jill Martine Harkavy-Friedman, PhD,** American Foundation for Suicide Prevention; **Gregory Scott Hickok, PhD,** University of California, Irvine; **Sheri L. Johnson, PhD, University of California, Berkeley; Grazyna Kochanska, PhD,** University of Iowa; **David J. Lewkowicz, PhD, Yale University; James S. Magnuson, PhD,** University of Connecticut/Basque Center on Cognition, Brain, and Language; **Richard E. Mayer, PhD,** University of California, Santa Barbara; **Rodolfo Mendoza-Denton, PhD,** University of California, Berkeley; **Mary C. Murphy, PhD,** Indiana University Bloomington; and **Linda A. Teplin, PhD, Northwestern University Feinberg School of Medicine.** ■

News You Can Use

Career

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



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THE POWER OF PERSUASION

Op-eds are vital for adding psychology research to public dialogue about important current events

BY HEATHER STRINGER

Forensic psychologist Jillian Peterson, PhD, an associate professor of criminology and criminal justice at Hamline University in St. Paul, Minnesota, cleared her schedule to write an op-ed last year immediately following the May 14 mass shooting at a supermarket in Buffalo, New York, because she was frustrated by the media coverage. The news focused on the racial hate and conspiracy theories expressed in the perpetrator's manifesto. As a researcher studying violence prevention, she had a vastly different perspective. She pulled together a compelling piece grounded in research on how mass shooters often experience early childhood trauma and express suicidal ideation before they resort to violence. She sent it to an editor she knows at *The Washington Post*.

"I wanted the public to know that for many of these mass shooters, self-loathing comes before outward blame and hate," said Peterson, principal investigator for The Violence Project, an NIH–funded study of the psychosocial histories of public mass shooters. "If we focus only on the hate, then we

miss out on a lot of early prevention opportunities."

Writing op-eds is an important part of Peterson's work. She published that piece and 40 others throughout her research career along with Violence Project cofounder sociologist James Densley, PhD, a professor of criminal justice at Metropolitan State University in St. Paul, Minnesota. "It's an effective way to get research into the hands of people who don't usually consume journal articles," said Peterson. Op-eds, a term describing the traditional placement of these pieces opposite the editorial page in newspapers, are also a vehicle to publicize research and data that are often held hostage by the peer-review process, she said. Editors usually want to see a finished piece—which is roughly 750 words—rather than a pitch, and they want it to be exclusive to the publication.

Research shows that carving out time to write op-eds is a wise investment for any scholar because they have lasting effects on readers' views. In a Yale University study, more than 3,500 participants from varying political affiliations were randomly assigned to read op-eds advocating libertarian views about issues such as climate change and spending on infrastructure. Participants took a public opinion survey immediately after reading the pieces, and again 10 and 30 days later. The researchers discovered that Democrats, Republicans, and independents were equally persuaded by the op-eds at each time interval (Coppock, A., et al., *Quarterly Journal of Political Science*, Vol. 13, No. 1, 2018).

TIPS FOR WRITING AN OP-ED OR COMMENTARY

- **Find a news hook**
- **Get to the point quickly**
- **Avoid drowning the reader with too much data**
- **Convey why readers should care**
- **Make it personal with anecdotes and your own voice**
- **Include a clear, persuasive call to action**

And given the breadth of psychological research and the persistent news cycle, there is no shortage of opportunities for psychologists to share timely research with the public in such targeted ways. Eric Ferreri, a communications expert at Duke University who helps researchers write op-eds, said he is seeing an increase in the number of academics who are writing opinion pieces, and he suspects this may be because younger generations are highly conversant with news, social media, and the speed at which information is exchanged. "You have a chance to influence the public debate by getting your expertise out there," he said.

For Peterson and others who write op-eds frequently, the increased visibility through op-eds has led to opportunities to share their work in communities, participate on expert panels, and appear on the national news. Peterson has received invitations from school administrators, medical organizations, and legislators to talk about how her findings could inform violence prevention efforts. Her goal is to add data to policy conversations that could lead to suicide prevention training in schools, laws that could temporarily separate an at-risk individual from firearms,



TOM BRENNER/THE NEW YORK TIMES/REDUX PICTURES



Op-eds provide a way to widely share key research findings that can help protect vulnerable communities under legislative assault. Here, a man waves a Human Rights Campaign flag outside the Supreme Court following the court's ruling in the case of a Colorado baker who refused to create a custom wedding cake for a gay couple.

and other strategies to prevent mass shootings. "Op-eds provide a way for psychologists to truly impact our policy conversations and move them beyond anecdotes and fear-based narratives," said Peterson.

FIND A NEWS HOOK

Jen Balderama, an op-ed editor at *The Washington Post* who reviews dozens of submissions every week, said a piece is most likely to be considered when it is connected to a news event. A pediatrician, for example, sent her an op-ed about a school district that had voted to allow spanking in schools. The writer described studies showing that this form of punishment did not improve behavior—and in fact increased risk of negative outcomes such as aggression, mental health problems, and low self-esteem.

"While it may seem like common sense not to spank, this piece stood out because the physician provided evidence backing that up," she said. "We value columns from experts who can weigh in when politicians and other officials are telling a different story."

Amid a massive increase in anti-transgender legislation, Christy Olezeski, PhD, director of the Yale Pediatric Gender Program and an associate professor at the Yale School of Medicine, saw an opportunity to write an op-ed with two colleagues at Yale—a law professor and an adolescent medicine physician. "When we read through the bills, we found that the opinions were not based on scientific information," she said. "They were clearly biased." In an opinion column in the *Los Angeles Times*, the trio described research evidence supporting the benefits of gender-affirming care.

Although Olezeski plans to continue to write op-eds, sharing an opinion with a broad audience also has costs. The piece elicited both positive and negative reactions from readers. "Some individuals sought me out on social media and wrote things that were hateful in nature," she said. "It is unfortunate when people react in hurtful and threatening ways, but this work is important, and we need psychologists to be advocates."

GET TO THE POINT

Op-ed writing often feels counterintuitive for academics accustomed to describing

previous literature, methodology, and results in a paper. "I generally coach faculty to do the opposite of what they do for journal writing," said Ferreri. "Get to the point immediately, use a limited amount of space, and avoid filling up the piece with too much data." Although there is sometimes a steep learning curve, Ferreri said he has worked with dozens of faculty members, and many have become skilled opinion writers who contribute regularly to renowned publications.

Among academics, one of the most common mistakes is using the first several paragraphs to lead up to the message, said David Nussbaum, PhD, an adjunct associate professor of behavioral science at University of Chicago Booth School of Business who writes op-eds for *The New York Times*. After his success with the *NYT*, colleagues started sending him op-ed pitches and drafts. He enjoyed connecting scientists with the media, which prompted him to launch Psychgeist Media, a nonprofit that helps researchers share their work with the public.

"Researchers can forget that the reader does not have an abstract giving them a framework to understand what to expect," said Nussbaum. The first paragraph should draw in the reader with an anecdote or interesting fact, and the second paragraph typically includes "bold pronouncements that academics may not be comfortable making given that the evidence hasn't been presented yet," he said. "Think of this paragraph as an abstract, a promise of what's to come."

"THE MENTAL HEALTH CRISIS CANNOT BE SOLVED WITH ONE-ON-ONE THERAPY INTERVENTIONS. WE NEED TO BUILD EMOTIONAL LITERACY IN A BROADER WAY, AND OP-EDS CAN INFLUENCE A MUCH WIDER AUDIENCE."

LAKEASHA SULLIVAN, PHD, INTOWN THERAPY, ATLANTA

Amanda Calhoun, MD, MPH, a resident in the adult/child psychiatry program at the Yale School of Medicine, grabbed readers' attention in an op-ed in *TIME* with a recent study finding: Adults with autism spectrum disorder, intellectual disability, and other mental illnesses are at higher risk of contracting COVID-19. She boldly stated the opinion she planned to support: "Based on my brother's experience, I know the reason why: ableism" (discrimination against people with disabilities). She explained how her brother required sedation or a physical hold to tolerate a needle prick, but vaccine clinics and his primary-care provider would not accommodate this request from her parents. She included examples of data highlighting the lack of research and preventive care for individuals with developmental disabilities.

Calhoun learned how to write strong opinion columns through a yearlong fellowship program with The OpEd Project, a nonprofit organization that connects underrepresented experts with journalists, commentary writers, and activists who serve as writing coaches. These mentors helped her learn how to leverage everyday experiences to influence a broader audience. "Now I pay attention to interactions that are unsettling or amazing, or policies that made me angry, or positive changes that I want to see replicated," she said. To capture these observations before they fade from memory, she spends 5 to 10 minutes free writing several times a week. "Once you start doing that, you will realize there are many things you could write about," Calhoun said.

FURTHER READING

Op-ed writing: Tips and tricks
The OpEd Project, 2022

***The Washington Post* guide to writing an opinion article**
Staff writers
The Washington Post, June 23, 2022

How to work with the media: How to write an op-ed
APA, 2022

Writing to persuade: How to bring people over to your side
Hall, T.
Liveright, 2019

A CALL TO ACTION

Op-ed editors are also looking for writing that offers next steps for readers or a rousing call to action, said Calhoun. In a commentary published in *Psychiatric Times* in October 2021, Calhoun challenged researchers to explore the connection between Black youth suicide and racism, and she invited clinicians to consider whether they are silencing or minimizing Black children's experiences of racism.

The column caught the attention of CBS News, which featured Calhoun in a segment about the increasing suicide rates of Black youth during the pandemic. While on the air, Calhoun described how Black children and adolescents in her practice were asking how to navigate the racism they experience in schools. She was also invited to speak on an expert panel called by the Substance Abuse and Mental Health Services Administration (SAMHSA) in response to the rising rates of

Black youth suicide.

"The op-eds have broadened my ability to meet people who are interested in revamping the medical system to make it more equitable," said Calhoun, who met researchers, community leaders, psychiatrists, social workers, and psychologists during the event. "Connecting with Black experts was therapeutic because I am usually one of the few health care providers standing up against the anti-Black racism that my patients experience."

TIMELESS APPEAL

While editors are usually looking for a news hook to increase the relevance of an op-ed or commentary, some topics resonate so deeply that they speak to readers any time, said Balderama. This was the case in an opinion in *The Washington Post* about parents who tell their children to stop staring at people who are different from them. The piece was written by Yale University psychologist Christina Cipriano, PhD, who is the mother of a boy with a rare genetic disorder. In the piece, she explained that children are naturally curious and learning about the world when they stare. She encouraged parents to leverage the behavior to engage people with disabilities.

"It was such a tender but forceful piece about the harm that can come from telling children not to stare," Balderama said, adding that the piece was published last March, and the writer is still receiving responses from readers. "The piece had extremely useful takeaways that people could use in their lives."

The challenges of living with our inner critic—the silent, self-criticizing voice—was another timeless topic for an essay in *The Washington Post* written by Lakeasha Sullivan, PhD, a clinical psychologist with a private practice in Atlanta. During the pandemic, Sullivan received a questionnaire from an editor who was surveying mental health experts, and the editor followed up to discuss her responses and other mental health topics. The editor stayed in contact with Sullivan and later invited her to submit a column on a topic of her choice.

In the first sentence, Sullivan described a few common inner-critic thoughts: You are stupid. Why do you always screw up? You'll make a fool of yourself. You look awful. Then she explained that the inner critic's intentions are noble—to help us survive—but its self-berating strategy can be harmful. She included several tips about how to befriend the inner critic to maximize inner growth.

When Sullivan works with patients who are struggling with negative self-talk, she hands them the article as a primer to help them remember what they have discussed during therapy. Although the column can help her patients, Sullivan hopes her piece will reach far beyond the circle of people she knows personally. "The mental health crisis cannot be solved with one-on-one therapy interventions," she said. "We need to build emotional literacy in a broader way, and op-eds can influence a much wider audience." ■

A popular *TIME* op-ed explained that adults with autism spectrum disorder were at a higher risk for contracting COVID-19 because vaccine clinics weren't providing onsite accommodations to ensure these patients got the vaccine.



KENNY HOLSTON/*THE NEW YORK TIMES*/REDUX PICTURES

HOW TO NETWORK IN THE POST-PANDEMIC ERA

The COVID-19 pandemic has changed a lot of things, including how we network. But there are still many ways to build strong professional connections.

BY HELEN SANTORO

During the COVID-19 pandemic, many of the typical networking opportunities were gradually replaced with a variety of creative new approaches to sharing information and building professional connections. For psychology graduate students and early career psychologists, this change has been particularly daunting, as establishing professional relationships is vital to career progression.

In fact, strong networks help people access information, resources, and support (Kilduff, M., & Brass, D. J., *Academy of Management Annals*, Vol. 4, No. 1, 2010). And networks aren't just about work: Social support can benefit people in many ways, such as helping with questions or difficult decisions (Porter, C. M., & Woo, S. E., *Journal of Management*, Vol. 41, No. 5, 2015). Networking also contributes to overall career success. A 2016 study of lawyers at a large firm, for example, found that the individuals' success depended on their ability to network effectively (Casciaro, T., et al., *Administrative Science Quarterly*, Vol. 59, No. 4, 2016). Additionally, almost 80% of professionals see networking as an important factor in their career outcomes, according to a global survey by LinkedIn.

When COVID-19 hit, however, the traditional methods used to network, like in-person meetups and conferences, were no longer available. "I had to take a quick turn and reevaluate how I network and connect with others," said Quincy Guinadi, a counseling psychology doctoral intern at the University of St. Thomas in St. Paul, Minnesota.

This is not to say that networking is a thing of the past. Far from it—there are still many ways for students and psychologists to connect with others both virtually and in person and move their careers forward.

So, what are the tips and tricks for networking successfully in this post-pandemic world? Guinadi and other graduate students and psychologists shared their insights.

CREATE ONLINE CONNECTIONS

Luckily, in the age of the internet, making online connections is easier than ever. "This virtual space has always existed, but it's become particularly important in these past couple of years," said Karen Stamm, PhD, director of the Center for Workforce Studies at APA. "Pre-COVID it used to be geographically based—you had to find someone that you wanted to interview or connect with in your area. But online spaces erase this geographic distance."

Social media spaces like Twit-

ADDITIONAL NETWORKING OPPORTUNITIES FOR MARGINALIZED GROUPS

APA's list of ethnic minority psychological associations

Association of Black Psychologists annual international convention



AELITTA/GETTY IMAGES

"THIS VIRTUAL SPACE HAS ALWAYS EXISTED, BUT IT'S BECOME PARTICULARLY IMPORTANT IN THESE PAST COUPLE OF YEARS. PRE-COVID IT USED TO BE GEOGRAPHICALLY BASED—YOU HAD TO FIND SOMEONE THAT YOU WANTED TO INTERVIEW OR CONNECT WITH IN YOUR AREA. BUT ONLINE SPACES ERASE THIS GEOGRAPHIC DISTANCE."

KAREN STAMM, PHD, DIRECTOR OF APA'S CENTER FOR WORKFORCE STUDIES

ter and LinkedIn, for example, have seen traffic greatly increase since the beginning of the pandemic because they offer a great way for people to remotely stay in touch with colleagues even when in-person interactions are not possible. Despite its checkered history, which caused some users to ditch the platform, Twitter continues to function as a social and professional hub for many. Currently, the site has around 217 million active users who are sending 500 million tweets per day, a massive increase from pre-pandemic days. A 2019 literature review on the use of Twitter in educational settings found it a useful tool for creating and supporting professional networks thanks to its high accessibility and real-time format (Malik, A., et al., *International Journal of Educational Technology in Higher Education*, Vol. 36, 2019).

LinkedIn, a professional community of more than 722 million people worldwide, was a networking life raft for many during the pandemic, as economic upheaval, social distancing restrictions, and other factors led many to look for new positions. Conversations on LinkedIn increased by 43% and hours learning new skills rose 80% in the first 3 months of 2021, according to data collected by the platform. Additionally, businesses have spent significantly more time marketing jobs on LinkedIn during the pandemic, making the website a great place to find new career opportunities.

During the pandemic, Instagram became a more useful platform to develop connections because it offers a more casual way to connect with the outside world. "Since 2020, I've had a PhD Instagram page where I document my journey of being a PhD student," said Serena Bradshaw, a third-year counseling psychology doctoral student at Howard University in Washington, D.C. This has helped her stay connected with other psychologists and share details about conferences with others throughout the pandemic. While not all online connections will necessarily become professional contacts, Bradshaw sees value in networking with people in a wide range of disciplines.

All these platforms have provided key social connections during a time of increased isolation. In fact, 90% of Americans said that the internet has been essential or important to them during the coronavirus outbreak, according to a 2021 survey by the Pew Research Center. This includes psychologists, who needed to remain in contact with other researchers, colleagues, and patients.

Research also shows that psychologists' career pathways are not linear and there are many ways to apply a psychology background, said Stamm. An estimated 205,100 individuals with a doctorate or professional degree in psychology worked in 53 different occupation categories as of 2019, according to the APA Center for Workforce Data Tool. This includes teachers, counselors, medical and health services managers, statisticians, and practicing psychologists. Because of this, connecting online with a wide range of professionals can be very helpful in individuals' long-term career prospects.

Overall, since the pandemic, social media profiles have been used more and more as virtual business cards and marketing platforms. Make sure your profile is professional and up-to-date and make a conscious effort to expand your network by following others in the field whom you admire. Additionally, comment on other psychologists' posts, reach out with questions, or offer your own insights when you can.

ATTEND IN-PERSON AND VIRTUAL CONFERENCES

Many psychology conferences are now offering hybrid options for people who do not wish to or can't attend in-person. This year, these include the Psychology & the Other Conference, Annual Convention of the Society for Personality and Social Psychology, and the Constructing

FURTHER READING

The academic job search handbook (5th ed.)
Miller Vick, J., et al.
University of Pennsylvania Press, 2016

How to network the right way: Eight tips
Vest, A.
Forbes, July 28, 2014

How to make virtual networking less cringey
Kane, B.
Doist

Networking: Are you connected?
APA, 2004



LAUREN B. PHOTOGRAPHY

APA Convention attendees find many opportunities for networking, like this session last year in Minneapolis. APA 2023 will be held Aug. 3–5 in Washington, D.C.

the Psychological Humanities Annual Spring Conference. Although virtual conferences lack the human connection of seeing people face-to-face, attendees can still view psychologists' presentations, send messages to other attendees, job hunt, and attend meetings focused on specific research areas.

Virtual conferences can also offer a lot of benefits to graduate students and early career psychologists with regards to cost. Conference registration, travel expenses, lodging, and additional fees are pricey and thus prohibitive for many—particularly members of marginalized groups.

"These online spaces are convenient and offer such a wide reach to areas that may not have otherwise been accessible to folks pre-COVID," said Guinadi, who is chair of the American Psychological Association of Graduate Students (APAGS)—an organization that represents and advocates for graduate student development and is another great place to create professional connections. Additionally, people with social anxiety, chronic illnesses, or other disabilities may not be able to attend in-person conferences.

"Networking is a very intimidating task," said Guinadi. "So having more options on how to do it is probably a good thing."

The APA Convention now offers in-person and virtual options. This summer, the in-person convention will be held in Washington, D.C., and it's worth attending if you can, said Bradshaw, who is a member-at-large for APAGS. It offers a great place to network with a wide range of psychologists and has tons of forums and panels for marginalized groups, including members of the LGBTQ+ community and Black women, Bradshaw said. APA also runs mentoring programs where early career scholars can learn from more experienced and established psychologists.

"These spaces are already curated for you," said Bradshaw. "There are so many little gems you can find where you can connect with other people."

CONNECT WITH STATE PSYCHOLOGICAL ASSOCIATIONS

Each state has its own psychology association, which is a great place to meet people in your area and connect on local psychology issues. Many of the events offered by these associations, including online webinars and support groups, are virtual, allowing people to continue building valuable relationships throughout the pandemic.

"This is a really good thing for early career and people new to a state who just want to learn more about psychology," said Sharon Stein McNamara, EdD, who is the current president of the Minnesota Psychological Association (MPA). Along with accessing a network of psychologists and students, these associations offer meetups and forums on a wide range of topics. At MPA, for example, there are virtual First Friday Forums on issues like LGBTQ+ family building and affirmative care and healing after sexual assault.

State psychological associations also offer groups that students and early career psychologists can get involved in. These include conference and education committees and psychology division groups, such as child psychology and psychoanalytic studies, that hold virtual meetups.

Students and early career psychologists at MPA have played an integral role in the association's Legislative Committee, which works closely with lobbyists to implement vital legislative agendas, McNamara said. These agendas include the Psychology Interjurisdictional Compact, which allows psychologists in participating jurisdictions to practice across state lines. By getting involved, students can learn about the legislative process, meet other psychologists who are passionate about social justice and other issues important to psychologists, and join forces on specific advocacy projects.

"We're very welcoming and we really encourage and want students to be involved in the

association. Students and early career psychologists are also allowed to be voting members of the governing council," said McNamara. "The early career psychologists are really leading a lot of our work."

Furthermore, state associations tend to have a variety of online discussion listservs where members can share links to psychology events and job postings. Many also offer reduced membership rates for students and early career psychologists, making it easier for them to join.

CHECK OUT APA'S DIVISIONS

APA is made up of 54 divisions that represent subdisciplines in psychology or topical areas like aging, ethnic minorities, or trauma. Like the psychology associations, many of these divisions offer online meetups and panels, allowing psychologists to maintain social connections even when the world is shut down.

Joining some of these divisions is how social psychologist Laura Dryjanska, PhD, developed many of her professional connections after moving to the United States from Italy.

"I didn't have that connection of professors or my university because I got my doctorate in Rome," said Dryjanska, now an associate professor at Biola University in La Mirada, California, where she researches human trafficking. "So, I joined some divisions that were in line with my interests." These include APA's Div. 14 (Society for Industrial and Organizational Psychology) and Div. 9 (Society for the Psychological Study of Social Issues).

Volunteering in these societies, both before and during the pandemic, has allowed Dryjanska to create a strong network of colleagues, eventually becoming the divisions' representative for the Committee on Early Career Psychologists. Through this work she connected with another psychologist who asked her to help with a symposium on human trafficking. "It takes a lot of persistence, but make sure to follow through on your commitments and be dependable," Dryjanska said. This doesn't necessarily mean meeting in person; it could just involve responding promptly to emails, she said.

Many divisions also have benefits for graduate students, including mentoring and networking opportunities as well as discounted conference dues. Similarly, these societies provide early career psychologists with the chance to cultivate a professional identity and supply professional development grants and awards, free first-year membership, and opportunities for leadership development.

One of the most important things to remember is not to be intimidated, said Dryjanska. "These divisions are made up of such great crowds. It surprised me how supportive people in these divisions are," she said. "They want to help, so have the guts to ask."

THE HYBRID NETWORKING MODEL

Is this semi-remote form of networking here to stay, or will we will go back to how things were before the pandemic? According to Stamm, the hybrid networking model will continue, and there are many ways to use these changes to your advantage.

"I'm always in favor of the multiprong approach: Use the digital space and also act locally and with the people you already have in your networks, like your intern supervisor or your adviser," said Stamm. "They are going to be able to help connect you to different job opportunities and your overall career progression."

It's important to remember that online and in-person networking have their strengths and weaknesses, Stamm said. "Initial connections with people are sometimes more helpful to do in person, but tools like Zoom mean you don't have to travel across the country for a single interview." ■

APA 2023 AND EARLY CAREER PSYCHOLGISTS

There are a number of APA Convention events specifically geared toward early career psychologists. For example, many people attend Committee on Early Career Psychologists (CECP) events, such as the CECP happy hour, as well as the coffee networking event. To address the financial concerns of many early career psychologists, CECP, with the funding support of the National Register of Health Service Psychologists, will be giving out the Early Career Psychologists/National Register of Health Service Psychologists Convention Travel Grant. The grant is specifically geared toward those who have not attended the APA Convention before and who need assistance with registration and travel expenses.



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FLORIDA

CLINICAL PSYCHOLOGISTS: Centurion of Florida is proud to be the comprehensive provider of healthcare services to the Florida Department of Corrections. With over 30 years of experience, we are one of the nation's leading providers in this unique and important field. Whether you are driven by purpose and impact or on a journey of professional growth, our opportunities can offer both. Clinical psychologists at every career stage: New graduates seeking clinical supervision, mid-career or seasoned professionals. Centurion offers competitive, guaranteed salaries and comprehensive benefits including: company-sponsored health, life and disability insurance; dental and vision insurance options; generous paid days off plus company paid holidays; 401(k) plan with employer match; CEU reimbursement and up to 3 additional paid days off; company paid malpractice insurance; Short-term disability insurance; up to $20,000 in signing incentives at select locations; Up to $50,000 in NHSC student loan reimbursement at eligible facilities; flexible spending accounts for health and dependent care and much more. Centurion's clinical opportunities are an ideal way to gain experience in treating a variety of mental health illnesses and collaborating with a multidisciplinary team while working with an underserved population. By joining Centurion's elite team, you'll have the unique opportunity to make a positive impact not only on the patients, but also on the communities to which they return. Requirements: PhD or PsyD in Clinical Psychology from an accredited institution required; must have an active, pending or provisional Florida state license; current CPR certification; ability to pass a background and NPDB clearance. To schedule a call for additional information, email Aimee@teamcenturion.com. www.Centurionjobs.com.

KANSAS

CLINICAL PSYCHOLOGIST: Compass Medical Provider is searching for a clinical psychologist to help Air Force service members. Location: Clovis, NM Pay: $140,000+ relocation expenses. Call: (785) 404-2595 or email resume to HR@compassmedicalprovider.com.

MINNESOTA

PEDIATRIC NEUROPSYCHOLOGIST: Essentia Health in Duluth, Minnesota, is seeking a Pediatric Neuropsychologist to join our team. Join our current team of 2 Pediatric Neuropsychologists and 3 Adult Neuropsychologists. Working closely with Neurology team, with referrals coming from Neurology, Pediatrics, PM&R, Behavioral Health, Hematology/Oncology and Pediatric Cardiology. Generalist position, seeing a wide range of neurodevelopmental and acquired conditions such as traumatic brain injury (TBI)/Concussion, epilepsy, long-term survivors of pediatric cancers and complex psychiatric conditions. Opportunity to develop specific areas of practice in concert with the 2 current Pediatric Neuropsychologists. Experience in Autism Spectrum Disorder (ASD) is desirable, but not mandatory. Will see children between 2 and 18 years of age, but opportunity to work with slightly younger and older children. Clinic position Monday-Friday, no call, no weekends. A brand-new, state-of-the-art hospital is being built on campus, overlooking beautiful Lake Superior. Complete benefit package, including competitive salary, generous starting bonus, CME dollars, malpractice insurance, and more. For more information, contact: Kris Reardon, Physician Recruiter, Phone: (701) 361-6026. Email: Kristen.Reardon@EssentiaHealth.org.

MISSOURI

CLINICAL FACULTY POSITION IN ITS PSYCHOLOGICAL SERVICES CLINIC: The Department of Psychological Sciences at the University of Missouri invites applications for a 12-month clinical faculty position in its Psychological Services Clinic (PSC) beginning about August 1, 2023. The PSC serves as the primary training clinic for doctoral students in the department's dually-accredited (APA, PCSAS) Clinical Psychology Program. We are seeking applicants who can contribute to the PSC's mission to provide and train students in high-quality, affordable, culturally responsive, evidence-based services; consistent with a clinical-scientist training model. We are especially interested in candidates who will contribute to our mission to foster a diverse and inclusive environment. We are specifically seeking applicants with interest and expertise in providing clinical supervision and providing direct services in the areas of: Learning Disability/Attention Deficit Hyperactivity Disorder assessment across the lifespan. We offer competitive salary and benefits, an active doctoral program, interactive faculty, flexible scheduling, and outstanding core facilities. The PSC provides a wide range of affordable evidence-based individual, family, and group services to youth and adults from Columbia and surrounding communities, and training to doctoral students from our rigorous clinical psychology program and other MU health service psychology programs. The PSC is staffed by a cohesive group of licensed clinical-track and tenure-track faculty, a licensed social worker, approximately 15-20 doctoral students, and office/clinical research staff. Columbia, Missouri, is ranked among the top-ten college towns in the U.S. Apply online: http://hrs.missouri.edu/find-a-job/academic and search for Job ID #45213. Appointments are renewable annually at the discretion of the University, with the expectation of reappointment given satisfactory performance.

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NEW JERSEY

The Center for Child & Family Development in Morristown, New Jersey, is seeking a New Jersey–licensed psychologist or postdoctoral license-eligible therapist to provide psychotherapy services to a caseload of 10-20 clients. Supervision for a permit holder is offered at no cost. Hours are flexible and cases can be seen through a hybrid of in-person and teletherapy media. The Center has a well-established referral base and currently has a waitlist. Applicants should have a focus on child and adolescent development as well as a cognitive behavioral, family systems orientation. Ability to conduct psychoeducational evaluations is preferred but not required. We are a comprehensive diagnostic and treatment center addressing the emotional, behavioral, developmental, learning, and neurological concerns of children, adolescents, and adults. The Center is staffed by a multidisciplinary group of professionals, including psychologists, a neurodevelopmental pediatrician, and an independently affiliated psychiatrist. Clinicians collaborate often, forming a culture of discourse and support. If interested, contact CCFDMorristown@gmail.com with an expression of interest and an updated curriculum vitae.

NORTH CAROLINA

DEPUTY DIRECTOR: The Duke University Department of Psychiatry and Behavioral Sciences announces the position of Deputy Director for the National Center for Child Traumatic Stress (NCCTS) in the Child, Family and Community Division. This critical role will serve as the Deputy Director for the National Center for Child Traumatic Stress (NCCTS) within the Department of Psychiatry and Behavioral Sciences at Duke University School of Medicine with faculty appointment at the assistant to full professor rank, career track, commensurate with the record of experience, expertise and scholarly achievement of the successful applicant. Ideally, the successful candidate will demonstrate knowledge of and interest in child development and expertise in an area of child traumatic stress that could include physical and sexual abuse; domestic, school and community violence; natural disasters and terrorism; racism and historical trauma; and life-threatening injury and illness. Experience with and support for the development and broad adoption of evidence-based and trauma-informed treatments is desirable. The NCCTS seeks candidates committed to diversity and inclusion who champion equity and racial and social justice. This is a senior NCCTS leadership position with responsibility for managing programmatic, strategic, and administrative activities of the Duke component of the NCCTS. Co-located at UCLA and Duke University, the NCCTS is the coordinating center for the National Child Traumatic Stress Network (NCTSN). The NCCTS leads, coordinates and facilitates national collaborations and initiatives across child servicing systems and multiple topical domains, producing child trauma resources, products, reports and information for providers, treatment developers, families and stakeholders. The NCTSN seeks to improve the quality, effectiveness and availability of care and services for children and families who are exposed to a wide range of traumatic experiences. Currently, the NCTSN is a collaboration of 164 funded academic, clinical, and community service centers across the U.S. and a large active cohort of formerly funded affiliate programs and individuals. The NCCTS is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) through a cooperative agreement. Please note that the NCCTS does not provide direct clinical services to children and families. The Deputy Director functions as a full assistant to the Co-Director to oversee all administrative functions of the Duke-NCCTS. The Deputy Director fully shares the duties of providing leadership in planning, implementing, and coordinating all administrative, educational, and programmatic activities of the Duke-NCCTS. Duties are performed with wide latitude, exercising independent judgment and full, delegated autonomy. This position is involved in central administration and operations and in facilitating strategic planning for the NCCTS. Responsibilities include overall planning, direction, and execution of the area of responsibility. The Deputy is also responsible for oversight of Center operations including budgeting, personnel management, resource allocation, and other administrative functions that affect Duke-NCCTS programs. The Deputy makes recommendations to the Co-Director for strategic plans and policies for the Duke-NCCTS to achieve its mission and specific programmatic goals. While the Co-Director focuses on strategic plans, guides the center to fulfilling mission-critical priorities, and fosters collaborative relationships with stakeholders, the Deputy Director supports these activities by overseeing the administrative and operational aspects required to implement programs and projects cultivated by those plans, priorities, and collaborations. The Deputy exercises decisions with wide latitude and independent judgment. The incumbent reports to and assists the NCCTS-Duke Co-Director but largely operates on a day-to-day basis in an independent manner and also serves as the Acting Co-Director in the Co-Director's absence. Duties performed by the Deputy require skill in directing and effectively managing the work of a complex organizational unit across multiple programs. The incumbent must balance responsibilities in a complex environment and use a high level of autonomy to organize work, set priorities and program goals, delegate tasks, meet multiple deadlines, and achieve Center performance objectives. Skills are required in analyzing and finding solutions to organizational/systems problems across different program components of the Center. These skills include the ability to adapt to changing work environments with fluid program demands, staffing requirements, and emerging organizational challenges. The Deputy must be highly proficient in relating to superiors, peers, and subordinates in order to negotiate and implement program policies and find solutions to personnel and organizational challenges. The person in this position will be a full partner with both Co-Directors in administering the NCCTS cooperative agreement and in providing scientific oversight to the NCCTS and the NCTSN, and in the selection and integration of activities at both Duke and UCLA. Desired Qualifications: Doctoral degree in psychology, public health, mental health policy, or related field. Three or more years of experience and expertise in a clinical, education, training or research area in the field of traumatic stress, preferably with children or adolescents. Three or more years of extensive experience plus proven leadership and management, particularly across organizations or sectors. Extensive experience in the design, implementation, and reporting of organization initiatives of varying sizes from project planning and management, personnel management, and fiscal and budget components. Excellent interpersonal and communications skills (written and verbal), including ability to listen to and communicate with a wide variety of stakeholders from diverse backgrounds in relatable and meaningful ways. Ability to present issues in compelling terms and to communicate complex data and concepts clearly and effectively. Skill with facilitating learning, planning, and knowledge transfer in a variety of formats (i.e., face-to-face, virtual, hybrid). Excellent project management, time management, and organizational skills with careful attention to detail, and a demonstrated ability to manage multi-faceted projects and perform well in a fast-paced environment. Significant experience successfully managing teams and building capacity through mentorship and professional development. Ability to problem solve, and nimbleness in adapting to changing circumstances as well as being an out-of-the-box, innovative thinker and not afraid to challenge the status-quo. Demonstrated ability to work collaboratively in leading efforts to enhance equity, diversity and inclusion. Proven ability to assess, develop, and lead the implementation of strategies and initiatives to enhance equity, diversity, inclusion. The individual in this position should have (1) experience working in a clinical service delivery or clinical research environment related to child trauma, including initiating, planning, and managing clinical and/or research processes; (2) administrative experience including strategic planning, hiring and supervising staff as well as setting standards and monitoring performance, budget planning, and coordination of people and resources; (3) demonstrated oral and written communication skills. Familiarity with Duke's financial and personnel systems or willingness to quickly learn these systems is desirable. The individual in this position will be expected to work mainly on Duke University campus in Durham, North Carolina, with the possibility of considering a few hybrid options in line with the needs of the NCCTS. For more information, or to submit an application, contact: Tanya Exum-Coston,

NCCTS Administrative and Financial Senior Officer, at tanya@duke.edu. Applications should include a cover letter and curriculum vitae. Commitment to Equity, Diversity & Inclusion. With a deep commitment to attracting and retaining a diverse staff, Duke University will honor your experiences, perspectives, and unique identity. Together, our community strives to create and maintain working, learning and care environments that are inclusive, equitable and welcoming. Duke is an Affirmative Action/Equal Opportunity Employer committed to providing employment without regard to an individual's age, color, disability, gender, gender expression, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, or veteran status. Our collective success depends on the robust exchange of ideas—an exchange that is best when the rich diversity of our perspectives, backgrounds, and experiences flourishes. To achieve this exchange, it is essential that all members of the community feel secure and welcome, that the contributions of all individuals are respected, and that all voices are heard. All members of our community have a responsibility to uphold these values. Duke University Benefits and the Greater Triangle Area. Duke employees are part of a premier organization dedicated to excellence in education, research, and patient care. Duke's overall benefit plan has long been recognized and valued because of its comprehensiveness and competitiveness in the market. In addition to a robust array of traditional benefits such as health care, dental care and retirement, Duke also offers a wide range of family-friendly and cultural benefits to attract, support and reward the skilled employees that help Duke remain a premier education, research, and health care institution. Please visit Duke HR to learn more about these benefits, https://hr.duke.edu/benefits. The greater Triangle area of Raleigh, Durham, and Chapel Hill, has a population of more than two million residents that offers diverse opportunity. From urban loft living to suburban and rural family homes with acreage – there are options for every lifestyle. The Research Triangle Park (RTP) lies in the midst of the area, a globally prominent research and development center conceived around the main academic centers – Duke University, University of North Carolina, and North Carolina State University. This trio of leading universities, combined with the RTP, has helped create a region that is culturally diverse, economically resilient, and nationally recognized as a wonderful place to live. To learn more about the Duke and Greater Triangle communities, visit https://www.discoverdurham.com/.

PENNSYLVANIA

PSYCHOLOGIST, PEDIATRIC: We are seeking candidates with demonstrable training and experience in evidence-based family and individual interventions addressing the above. Our ideal candidate prioritizes diversity and cultural humility that drives their passion in working with youth and their families. We are looking for candidates with experience in evidence-based models (e.g., Parent Child Interaction Therapy, exposure-based interventions, DBT, Trauma- Focused CBT), and other family support interventions, and who also have a deep understanding of systemic barriers that impact minoritized families in receiving these services. Qualifications: PhD/PsyD from an APA-accredited clinical, counseling, or school psychology program, pre-doctoral Internship from an APA-accredited site, and at least one year of postdoctoral experience in a child/adolescent focused setting. Applicants must be licensed in Delaware. 3–5 years experience working with children and/or adolescents. To Apply: Send letter of interest and CV to WLMBH-DMRecruitment@Nemours.org and state Child and Family Position in the subject line. Applications currently will be accepted until the positions are filled. To apply for this position, please use the following URL: https://ars2.equest.com/?response_id=25ce96c6781d-c6afd0d430f38547ff3f.

TEXAS

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BY TORI DEANGELIS

NEW LEGISLATION WILL BOOST SCHOOL MENTAL HEALTH SERVICES

There has been too little funding and too few providers to fill the need for public school mental health, but a federal law passed in June 2022 promises some relief



SOLSTOCK/GETTY IMAGES

55%

Percentage of U.S. public schools that **provide students with mental health assessments,** with only 42% of public schools providing mental health treatment. Data are from a survey conducted by the National Center for Education Statistics during the 2019–20 school year, the most recent data on the topic.

54%

Percentage of public schools that said **low funding is a main reason for the lack of services,** with 40% also citing limited access to qualified providers as a main reason. On a more positive note, 64% of schools said they didn't feel their efforts were hampered by a lack of community support.

$1 billion

The amount that the Bipartisan Safer Communities Act of 2022 will invest in **school mental health support over 5 years,** including funding to increase the number of qualified mental health providers who can deliver services in the schools. Funding began in fall 2022.

Source: Wang, K., et al. (2022). Crime, violence, discipline, and safety in U.S. public schools in 2019–20: *Findings from the School Survey on Crime and Safety*. U.S. Department of Education. https://nces.ed.gov/pubs2022/2022029.pdf. U.S. Department of Education. (2022). *Biden-Harris administration announces two new actions to address youth mental health crisis* (fact sheet). www.ed.gov.

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