AMERICAN PSYCHOLOGICAL ASSOCIATION SEPTEMBER 2023

monitor on psychology

GST# R127612802

PROTECTING TEENS ON SOCIAL MEDIA

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RESOURCES, OPPORTUNITIES, AND NEWS FOR PSYCHOLOGISTS FROM APA

WORK & WELL-BEING

New *Work in America* Survey Reveals Toxic Workplaces

APA's latest *Work in America* survey finds that 19% of workers say their workplace is very or somewhat toxic, and more than 1 in 5 workers say they have experienced harm to their mental health at work. But the data also highlighted progress in the workplace regarding mental health support. The majority (77%) of workers report being very (36%) or somewhat (41%) satisfied with the support for mental health and well-being they receive from their employers, and 92% of respondents indicate that it is very (57%) or somewhat (35%) important to them to work for an organization that values their emotional and psychological well-being.

The *Work in America* report highlights recommendations for how employers can implement improvements across the U.S. surgeon general's *Framework for Mental Health and Well-Being in the Workplace* "five essentials."

Read the full *Work in America* report at www.apa.org/pubs/reports/work-in-america/2023-workplace-health-well-being.

SKILL-BUILDING

APA has Doubled its PsycTherapy® Resources®

APA's PsycTherapy® streaming video platform now features 1,000 hours of videos designed to help clinical and counseling psychology faculty, researchers, and students stay abreast of the latest psychotherapy techniques and sharpen their skills by observing candid, unscripted psychotherapy sessions featuring renowned therapists. The database provides examples of more than 200 therapeutic approaches, such as cognitive behavioral therapy and mindfulness-based interventions, and includes more than 50 titles related to equity, diversity, and inclusion.

There's also a teaching guide on how faculty can use PsycTherapy® with students in training. Go to www.apa.org/pubs/databases/psyctherapy.

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CAREERS

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Find them at www.apa.org/science/programs/psychological-scientist.

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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.

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PETITION

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APA members and fellows are invited to support the establishment of a new Division of Economic Justice, Poverty, and Social Class Issues using their MyAPA accounts.

Learn more about the proposed division's priorities at www.apa.org/about/division/economic-justice-poverty-social-class. Find a list of all proposed APA divisions at www.apa.org/about/division/formation-petitions.

TRAINING

A New Specialty in Psychoanalytic & Psychodynamic Psychology

In June, the American Board of Professional Psychology that grants board certification in psychology specialty areas approved a new specialty in psychoanalytic and psychodynamic psychology. The specialty was also endorsed by APA's Commission for the Recognition of Specialties and Subspecialties in Professional Psychology (CRSSPP) in April 2022, and APA's Council of Representatives voted to formally approve the CRSSPP recommendation later that year. The ABPP approval is significant for practicing psychologists who want to earn board certification in the specialty area; the Council approval allows APA's Commission on Accreditation to recognize graduate, internship, and postdoc training programs that offer specialty training experiences in this area.

Learn more about this specialty at www.apadivisions.org/division-39/leadership/committees/education and about ABPP board certification at https://abpp.org/application-information/learn-about-specialty-boards.

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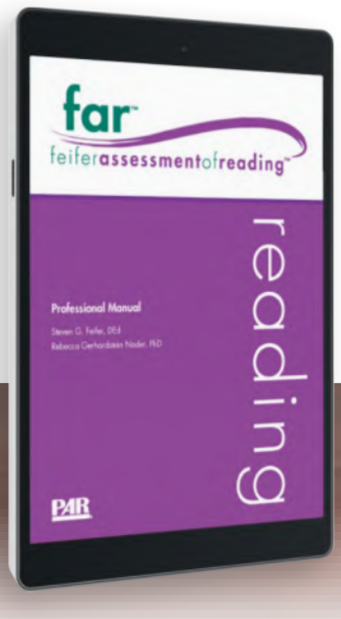

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54 HORMONES AND MENTAL HEALTH

Many people who menstruate experience mild physical or psychological symptoms of premenstrual syndrome. But for a small percentage, symptoms are so severe that they interfere with daily life. Emerging research on "hormonal sensitivity" is opening up new avenues for suicide prevention and other interventions.

62 NAVIGATING DECISIONS IN ADVENTURE SPORTS

Understanding why people are drawn to activities in which judgment errors can be fatal and how to keep extreme athletes safe is the focus of an emerging area of psychological research.

COVER STORY

TEENS AND SOCIAL MEDIA

As youth mental health continues to suffer, parents, teachers, and legislators are sounding the alarm on social media. APA's recommendations aim to add science-backed balance to the discussion.
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Naomi Fisher helps children thrive at school. Page 33

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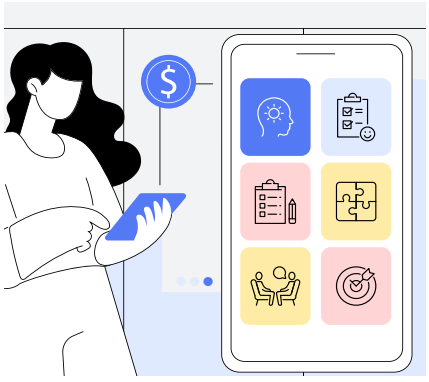
NEW RESEARCH

ATTACKS ON SOCIAL-EMOTIONAL LEARNING

Bills in at least eight states have sought to ban or limit social-emotional learning, while parents around the country are rallying against it. Research shows the importance of teaching children how to cooperate and express their emotions, including a strong link to improved academic achievement. A new approach to terminology may be needed to rebuild public support for these critical programs. *See page 28*



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LET'S THRIVE

We must look beyond surviving stress and trauma to thriving

BY THEMA BRYANT, PHD

My APA presidential campaign motto was "Let's Thrive!" and I firmly believe, as both a trauma psychologist and survivor, that we must not make the cessation of distress symptoms the finish line of our efforts. Whether approaching our work as practitioners, researchers, educators, or applied psychologists, we must consider life beyond symptom cessation. As Maya Angelou powerfully stated, "Surviving is necessary, but thriving is elegant."

The truth is someone can experience a reduction in suicidal thoughts and still have no joy. We can facilitate a healing process or research study that focuses on the elimination of post-traumatic stress symptoms or self-harming behaviors but still be faced with persons who have a limited sense of a positive self, connection, or purpose. Health and healing is more than the absence or minimization of illness. As a field, it is important for us to be committed to enhancing thriving and growth.

I recently attended Division 45's Research Conference 2023 and, in addition to important scholarship on racism and other forms of oppression, I was heartened to hear about work on benevolent childhood experiences alongside adverse childhood experiences (ACES), as well as work on flourishing beyond surviving. Whether our framework is positive psychology, community psychology, or liberation psychology, we must imagine, as a field, the essential components of optimal living. Our scientific studies show these components may include optimism or hope, positive relationships, a sense of purpose, appreciation and gratitude, and a sense of agency or self-efficacy, among other factors.

While we need to be committed to preventing and eradicating interpersonal trauma, including the trauma of oppression, we must also commit our efforts to promote thriving. What will it mean for individuals, families, communities, nations, and humanity to thrive? Let's join together to build on the lessons and insights from our field's effective clinical practices, community-building interventions, and scientific findings to find out. ■

Psychologists should set their sights beyond symptom cessation and commit to a loftier goal of thriving and growth.

LAYLABIRD/GETTY IMAGES

● **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.

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A RESOUNDING SUCCESS: KIDS AND SOCIAL MEDIA

By working strategically, psychology made a major impact on a key public health issue

BY ARTHUR C. EVANS JR., PhD

As a field, we find ourselves with two challenges when it comes to applying psychological knowledge to the critical issues of the day—a major priority of our strategic plan. First, the public often does not know there is a relevant body of psychological knowledge related to the issues with which they may be struggling. Second, psychologists must better translate what we know, particularly our science, and share information in ways that are more accessible to decision-makers and the broader public.

APA's intentional approach to these two challenges has been to show the relevance of psychological knowledge in domains like technology, business, education, communications, and others, and to capitalize on opportunities to elevate the important work of our members.

For example, in May APA released a health advisory on social media use in adolescence, developed by a task force established by APA President Thema Bryant, PhD, which completed its work in less than 3 months. Historically, APA would have approached this work very differently, taking perhaps a year to produce a report that would not have been framed in a way that was easily accessible to the public, media, and policymakers. Building on the groundwork of staff, the panel was able to quickly synthesize science from areas like developmental, cognitive, neuro, and social psychology, turning complex research into digestible recommendations for educators, parents, policymakers, health practitioners, technology companies, and youth themselves (see page 46).

The result was a resounding success: The work garnered 3,270 media mentions and over 600,000 impressions on social media. Media of note included *The New York Times*, *The Washington Post*, *The TODAY Show*, *The Wall Street Journal*, CNN, CNBC, NBC, News, FOX News, Bloomberg, *USA Today*, *The New York Post, Politico, The Hill,* Tech Crunch, *TIME* magazine, MSNBC, and NPR. Because this advisory positioned psychology as a leader on this issue, we were able to get this work widely disseminated to key children's mental health stakeholders, including members of Congress and the Biden administration.

Our field must continue to help people understand psychology as a "hub science" that is critical to solving many of the complex issues they face. Thanks to so many of you who are already doing this kind of work. By strategically packaging information for the public, creatively using platforms that already exist, and forming partnerships for greater reach, psychology can have more of an impact than ever before. ■

PEOPLEIMAGES/GETTY IMAGES

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

COMPILED BY CHRIS PALMER

In Brief

SERGEYSKLEZNEV/GETTY IMAGES

PING-PONG BOT PUTS BRAINS ON ALERT

Ping-Pong players' brains react differently when facing a human versus a machine opponent, suggests research in *eNeuro*. To capture noise-free brain activity of the parieto-occipital cortices during strenuous activity, researchers developed an electroencephalogram (EEG) cap with a high density of electrodes—240 rather than the traditional 16, 32, or 64—half of which were tasked with measuring noise in the data in order to subtract it from the actual brain signal, a bit like noise-canceling headphones. With the cap in place, 37 players of varying skill levels in the United States faced off against either a robot or a human serving the ball. Regardless of the opponent, the brain activity of participants right before receiving a serve surged in a region that governs planning and integrating movement and vision. When facing a human challenger in Ping-Pong, those neurons typically fired together, indicating a brain in a restful, idle state. But against a robot challenger, brain activity was less coordinated, with brain cells firing out of sync, reflecting a state of expectation and alertness. The researchers speculate that the machine's lack of body language may trigger the different response.

DOI: 10.1523/ENEURO.0463-22.2023

JUMP IN ELDERLY DRUG OVERDOSES

A study in *JAMA Psychiatry* indicates that fatal drug overdoses in people 65 and older have quadrupled over the past 2 decades. Using CDC data to calculate the annual overdose death rate from 2002 to 2021 for all U.S. adults 65 years or older, researchers found the rate jumped from 3 deaths per 100,000 people in 2002 to 12 per 100,000 in 2021. The highest rates were among Black people (30.9 overdose deaths per 100,000). In 2021, 3,814 (57%) of 6,702 overdoses in those 65 and older involved an opioid, 2,587 (39%) involved a stimulant, and 1,204 (18%) involved both. About 13% (882) of those overdoses were intentional, 83% (5,541) were unintentional, and 4% (274) were undetermined. Most unintentional overdoses (74%) involved illicitly manufactured drugs such as synthetic opioids, heroin, cocaine, and methamphetamine. Most intentional overdoses (68%) involved prescription opioids, antidepressants, benzodiazepines, antiepileptics, and sedative-hypnotics.

DOI: 10.1001/jamapsychiatry.2022.5159

PARTY OVER TRUTH

A study in the *Journal of Experimental Psychology: General* indicates that partisan bias better predicts misinformation susceptibility than truth sensitivity—the ability to discriminate between true and false information. Researchers asked 2,423 participants in the United States to evaluate 60 news headlines that varied in accuracy and political slant. They found participants exhibited higher truth sensitivity when they were asked to judge whether the headlines were true or false compared with when they were asked if they would share the headlines. Additionally, the researchers found that the ability to distinguish between true and false information was a surprisingly small factor in misinformation susceptibility. Participants' tendency to readily accept information compatible with their personal beliefs and political party affinity was a much more critical factor influencing participants' misinformation susceptibility.

DOI: 10.1037/xge0001381

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Fatal drug overdoses in people 65 and older have quadrupled over the past 2 decades.

SMART CAN'T BEAT LOOKS

Women and their parents rate ambition and intelligence as most important in a mate, but they still choose more attractive men when considering long-term mates, suggests research in *Evolutionary Behavioral Sciences.* Researchers asked 150 young women in the United States and the women's mothers (or fathers, if mothers could not participate) to rate 16 personality traits when

considering a long-term romantic partner for themselves or their daughter. The women and their parents said that a long-term partner's ambition and intelligence were more important than physical attractiveness. They were then shown photographs of two men—one of whom they rated as more attractive than the other. Both photographs were then alternately presented along with two descriptions: one in which the man they rated as more attractive was described as ambitious and intelligent and another representing the same man as disorganized and physically fit. The daughters (68.7%) and their parents (63.3%) both chose the more attractive man as the best long-term dating partner, regardless of his ascribed traits.

DOI: 10.1037/ebs0000325

NIGHTMARE FREQUENCY VARIES BY PERSONALITY

People with increased openness to experience tend to have nightmares more frequently, suggests a study in *Dreaming.* Researchers surveyed 224 undergraduate students in Norway about nightmare distress, nightmare frequency, Big Five personality traits, and coping strategies. They found that participants with more pronounced neuroticism (often experiencing negative emotions and easily upset) and those with more pronounced conscientiousness (organized, responsible, and goal-oriented) reported being more distressed by nightmares but not having nightmares more often. People with heightened openness to experience (intellectually curious and novelty-seeking) reported having nightmares more often. In addition, participants with more pronounced extraversion (outgoing and sociable) and those with more pronounced agreeableness (compassionate, cooperative, and trusting) reported having nightmares less often.

DOI: 10.1037/drm0000235

ANXIETY BLOOD TEST

Research in *Molecular Psychiatry* describes a blood test that could identify biomarkers that indicate people's risk for developing anxiety, the severity of their current anxiety, and factors that may suggest which therapies could best treat their anxiety. Researchers looked for mRNA biomarkers in the blood of 58 individuals with psychiatric disorders in the United States to discover changes in gene expression between self-reported low-anxiety and high-anxiety states. They then prioritized the list of candidate biomarkers based on other evidence in the field. Next, they validated the top biomarkers from the discovery and prioritization phases in an independent cohort of 40 psychiatric subjects with clinically severe anxiety. The researchers then tested candidate biomarkers for their ability to predict anxiety severity and anxiety-driven hospitalizations in another independent cohort of 195 psychiatric subjects. They demonstrated increased accuracy of individual biomarkers with a personalized approach by gender and diagnosis, particularly in women. Finally, they identified which biomarkers were targets of existing drugs, including omega-3 fatty acids, fluoxetine, lithium, benzodiazepines, and ketamine.

DOI: 10.1038/s41380-023-01998-0

HABIT CIRCUITS LINKED TO EATING DISORDERS

Brain regions associated with habit formation are unusually active in people with some eating disorders, according to a study in *Science Translational Medicine*. Researchers analyzed fMRI brain scans of 178 female participants in the United States to identify regions analogous to areas active in lab rats performing habitual behaviors. This analysis pointed to two structures: the sensorimotor putamen and the associative caudate. The researchers then examined the brains of 34 of the women with binge-eating disorder or bulimia. They found that connectivity of the sensorimotor putamen was altered in

Brain regions associated with habit formation are unusually active in people with some eating disorders.

MYKOLA SOSIUKIN/GETTY IMAGES

participants with binge-eating disorder or bulimia compared with healthy controls, and that the extent to which connections were altered correlated with the severity of participants' disorders. Specifically, connectivity to the anterior cingulate cortex was decreased, but it was increased to the orbitofrontal cortex and motor cortex. Furthermore, the putamen of the participants with binge-eating disorder or bulimia also had fewer receptors for dopamine, a neurotransmitter released in response to reward, which could explain why eating disorders are resistant to medication.

DOI: 10.1126/scitranslmed.abo4919

DID AI WRITE THIS?

According to research in the *Proceedings of the National Academy of Sciences,* people are able to tell articicial intelligence (AI) authorship only about half the time. Researchers trained multiple AI language models to generate text in three social contexts where trust in the sender is essential: professional (job application), romantic (online dating), and hospitality (Airbnb host description). In three initial experiments, using two different language models, 4,000 participants in the United States identified the source of a written passage with only 50% to 52% accuracy. The researchers found that the agreement between participants' answers was significantly higher than chance, meaning many participants were coming to the same flawed conclusions about the source of the passages. Three additional experiments with 600 participants revealed that they erroneously assumed that mentions of personal experiences and the use of first-person pronouns indicated a human author. They also mistook rambling, nonsense text as coming from an AI author.

People were only able to identify when text was written by AI about half the time.

DOI: 10.1073/pnas.2208839120

GUT BUGS AND ADHD

Gut microbiome composition may affect a child's susceptibility

МИХАИЛ РУДЕНКО/GETTY IMAGES

to attention-deficit/hyperactivity disorder (ADHD), according to a study in the *Journal of Child Psychology and Psychiatry*. Researchers in Taiwan compared fecal samples from 35 children with ADHD and 35 healthy controls. They found that samples from children with ADHD had higher levels of certain species of fungi and lower levels of other species. In experiments with cells grown in the lab, researchers discovered that one species found in high quantities in samples from children with ADHD—called *Candida albicans*—increased the permeability of cells that line the intestine. The researchers hypothesized that this increased intestinal permeability could create a "leaky gut" that allows bacteria into the bloodstream, possibly leading to inflammation throughout the body and brain.

DOI: 10.1111/jcpp.13779

MILD AUTISM OUTPACES PROFOUND AUTISM

A study in *Public Health Reports* indicates that about a quarter of autism diagnoses in the United States fall into the recently defined category of profound autism—having an IQ of 50 or less, and/or inability to communicate through speaking. Researchers analyzed school and medical records from 2000 to 2016 for more than 20,000 8-year-olds identified as having autism spectrum disorders. They found that the rate of profound diagnoses grew from about 3 cases per 1,000 children in 2000 to about 5 cases per 1,000 in 2016. However, the rate of children diagnosed with milder autism grew from 4 cases per 1,000 children to 14 cases per 1,000 children over that same time period. Profound autism was more common in girls than boys. There was also a large racial and ethnic gap: Among Black and Hispanic children with autism, 37% and 33% had profound autism, respectively, compared with about 20% of White children with autism.

DOI: 10.1177/00333549231163551

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Married couples who merge their finances may have happier relationships.

BANK TOGETHER, STAY TOGETHER

According to a study in the *Journal of Consumer Research*, married couples who merge their finances may have happier relationships. Researchers recruited 230 engaged or newlywed couples in the United States and followed them for 2 years. This was the first engagement or marriage for all participants, and all couples began the study with separate accounts. The researchers then randomly assigned some couples to open joint bank accounts or maintain separate accounts instead. Two years later, couples who combined accounts reported higher relationship quality than those who maintained separate accounts. The researchers pinned this phenomenon on merged accounts encouraging better alignment of financial goals, increased transparency, and a deeper sense of unity within a marriage.

DOI: 10.1093/jcr/ucad020

SUICIDE IN SOCIETY'S MOST VULNERABLE

The most socially vulnerable people in the United States are at a much higher risk of suicide than the least vulnerable, according to a study in *JAMA Network Open*. Researchers analyzed U.S. Centers for Disease Control and Prevention–reported county-level suicides from 2016 to 2020. They compared these rates against county-level social vulnerability measures—the Social Vulnerability Index (SVI) and the Social Vulnerability Metric (SVM). They found that counties in the top 10% most socially vulnerable group saw a 56% (SVI) or 82% (SVM) increase in suicide rate compared with counties in the bottom 10% most socially vulnerable group. The researchers conclude that efforts to reduce social vulnerability may lead to a lifesaving reduction in the rate of suicide.

DOI: 10.1001/jamanetworkopen.2023.9995

MELATONIN LINKED TO LESS SELF-HARM

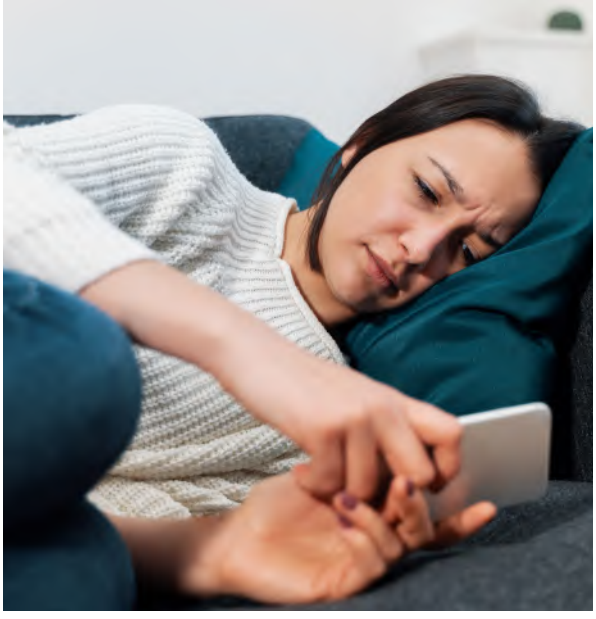
A study in the *Journal of Child Psychology and Psychiatry*

indicates that among adolescent girls with depression and anxiety, the use of melatonin was linked with a reduced risk for self-harm. Researchers identified 25,575 children and teenagers in Sweden ages 6 to 18 who were prescribed melatonin—around 75% took a single dose of the medication daily. Over 87% had at least one psychiatric disorder, mainly attention-deficit/hyperactivity disorder (ADHD), anxiety disorders, depression, or autism spectrum disorder. The researchers estimated the risks of self-harm in the same individual while on or off medication by comparing the risk in the last unmedicated month with the 12 months after melatonin treatment was initiated. The risk of self-harm was higher shortly before melatonin was prescribed and it was cut in half the month following initiation of treatment and stayed below initial levels for 12 months. Risk reduction was particularly evident among adolescent girls with depression and/or anxiety disorders. Similar results were found when excluding users of antidepressants.

DOI: 10.1111/jcpp.13785

GHOSTING FRIENDS MAKES US DEPRESSED

According to research in *Telematics and Informatics*, ghosting friends—terminating communication without explanation—increases feelings of depression. Researchers surveyed 978 participants ages 16 to 21 in Germany about how often they engaged in behaviors consistent with ghosting others in romantic relationships and how often they ghosted others in friendships. The participants also answered questions about communication overload on social media, self-esteem, and depressive tendencies. After 4 months, 415 participants completed the survey a second time. The researchers found that communication overload predicted ghosting within romantic relationships but not within friendships. Participants with greater self-esteem were likelier to ghost friends but not romantic partners. The self-esteem of participants who ghosted others was not impacted over time, whether it was a friend or romantic partner the participant ghosted. But participants who reported ghosting friends but not romantic partners in the first survey tended to have more depressive tendencies in the second. Finally, older participants and those with less education were more likely to ghost their romantic partners.



Terminating communication with friends may increase feelings of depression.

PAOLO CORDONI/GETTY IMAGES

Age and education had no impact on ghosting friends.

DOI: 10.1016/j.tele.2023.101969

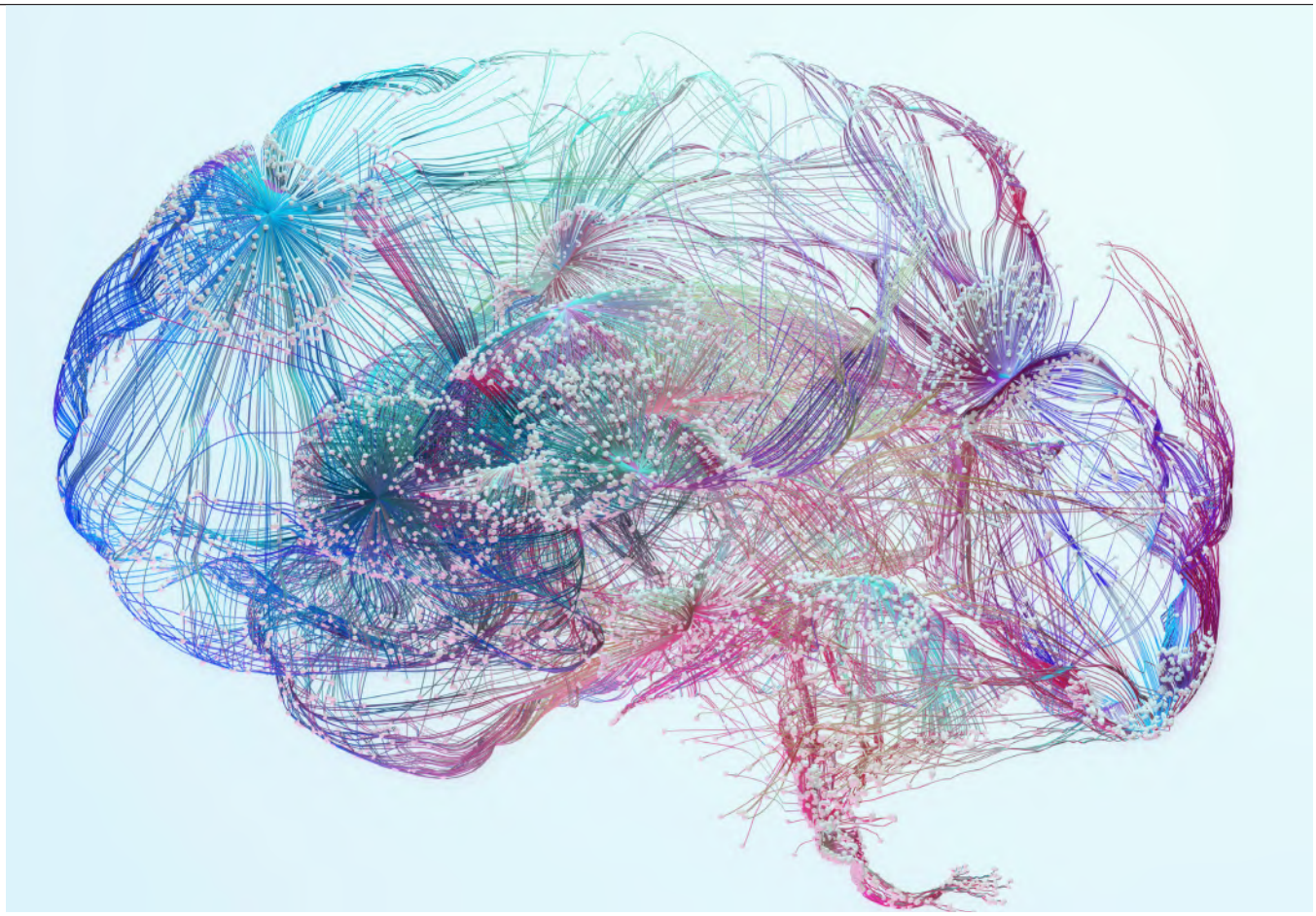
FIXING FLOW OF BRAIN SIGNALS RELIEVES DEPRESSION

Depression may be treated by reversing errant brain signals, suggests research in the *Proceedings of the National Academy of Sciences*. Researchers recruited 33 patients diagnosed with treatment-resistant major depressive disorder in the United States. Twenty-three received a transcranial magnetic stimulation treatment called SNT, and 10 received a sham treatment. When comparing fMRI data in these patients with that of 85 healthy controls without depression, one connection stood out. In the healthy brain, the anterior insula, which regulates bodily sensations, sends signals to the anterior cingulate cortex, which oversees emotions. However, in most participants with depression, that typical flow of activity was reversed. The higher the severity of depression, the higher the proportion of signals that traveled the wrong way. When treated with SNT, the flow of neural activity in depressed patients reverted to the normal direction within a week, coinciding with a lifting of their depression. Those with the most severe depression experienced the greatest symptom relief.

DOI: 10.1073/pnas.2218958120

DECIPHERING THE STORIES IN OUR MINDS

A study in *Nature Neuroscience* has demonstrated that a large



NOPPARIT/GETTY IMAGES

language model, similar to the model underlying ChatGTP, can decode brain scans to approximate the gist of what people are thinking. Researchers asked 3 participants in the United States to lie in an fMRI scanner while listening to several hours of *The Moth* and other narrative podcasts. The researchers then used a large language model to match patterns in their brain activity to words and phrases the participants heard. They found that almost every word was out of place in the resulting decoded script, but the language model captured the paraphrased meanings of the passages reasonably well. The decoding model also deciphered the gist of stories the fMRI-bound participants first silently imagined telling and then later told out loud. Finally, the model also approximated a brief, silent animated movie participants viewed while in the brain scanner.

DOI: 10.1038/s41593-023-01304-9

BRAIN AND BODY HEALTH REFLECT MENTAL HEALTH

According to a study in *JAMA Psychiatry,* poor body health is a better indicator of mental illness than poor brain health. Researchers recruited 173,168 participants in Australia, about half of whom had one or more psychiatric disorders. They first assessed the health of their brain and seven body systems using multimodal brain imaging, blood, urine, and physiological markers. They then quantified the extent to which each organ's health and function deviated from established normative ranges in participants with schizophrenia, bipolar disorder, depression, and/or generalized anxiety disorder. They found that participants diagnosed with these mental disorders are not only characterized by brain health outside of the normal range; they also present considerably poorer physical health across multiple body systems, particularly of the metabolic, hepatic, and immune systems, compared with their healthy peers.

Poor body health may be a better indicator of mental illness than poor brain health.

DOI: 10.1001/jamapsychiatry.2023.0791

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Datapoint

By Karen Stamm, PhD,
Meron Assefa, & Cory Page

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

A LOOK AT PSYCHOLOGISTS' WAITLISTS BY AGE AND RACE GROUPS

Psychologists working with patients ages 25 or younger, American Indian/Alaska Native populations, and Native Hawaiian/Pacific Islander populations had the most contacts from prospective patients and longest waitlists.

Facing increasing demand for services in 2022, psychologists experienced limited workload capacity to take on new patients.[1] About 38% maintained a waitlist. On average, psychologists were contacted by 15.7 prospective patients per month. In examining the mean number of people seeking services per month and mean number of patients on their waitlists, psychologists working with children (under 11), adolescents (ages 12–17), adults (ages 18–25), Native Hawaiian/Pacific Islander populations, and American Indian/Alaska Native/Indigenous populations reported the largest number of patients seeking care per month and largest number of people on a waitlist. To increase capacity and better meet patient demand, behavioral health providers could explore models of care that go beyond individual services, such as increasing group-based[2] and community-based services,[3] increasing presence in primary care settings, and implementing organizational strategies in behavioral health workplaces to address burnout, promote well-being, and improve retention.

Psychologists' Waitlists

1 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.

2 www.apa.org/monitor/2023/03/continuing-education-group-therapy

3 www.apa.org/monitor/2023/07/mental-health-in-communities

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

PROMOTING A HEALTHIER FOOD ENVIRONMENT

Psychologists are helping to lead large public health interventions aimed at reducing obesity and improving population health

BY TORI DEANGELIS

Psychologists are working with colleagues in nutrition, public health, and other disciplines to help overhaul the food system—designing food-labeling programs for food banks and food pantries, creating a framework for early childhood well-being that includes nutrition, and studying the effects of nutrition policies like school lunches and taxation of sugary drinks on people's health.

In fact, psychologists and other public health researchers and advocates have spent decades trying to curb the obesity epidemic by educating the public about good nutrition and taking actions to improve the quality and amount of food that people consume.

But obesity rates remain stubbornly high: 43% of adults and 19% of children, compared with 13% and 5%, respectively, in the early 1960s, with numbers higher among people with low incomes than those with high incomes, according to the Centers for Disease Control and Prevention (CDC). That is not surprising, given a consumer environment that continues to peddle poor-quality foods and makes it difficult for people with lower incomes to access healthy options, said psychologist Christina Roberto, PhD, associate director of the Center for Health Incentives and Behavioral Economics at the University of Pennsylvania.

"Unhealthy, ultra-processed food is so accessible, so cheap, and is designed in ways that make it so tantalizing, that we are really out of whack in terms of what an actual healthy food environment looks like," she said.

Large-scale policy solutions that employ creativity and interdisciplinary teamwork are needed to move the country into a healthier place, Roberto and others say.

"If we really want to tackle this problem at a population level, we have to focus on government and institutional policies that can fundamentally change the food environment," Roberto said.

IMPROVING NUTRITION IN FOOD PANTRIES

Psychologist Marlene Schwartz, PhD, who directs the Rudd Center for Food Policy and Health at the University of Connecticut, has worked for decades to improve children's diets and health in the context of K–12 schools. Recently, she has turned her attention to food banks—large-scale warehouses stocked with donations from the government and other sources—and food pantries—community-based agencies that serve their neighborhoods and receive their supplies from the food banks. The charitable food system is an important source for many low-income Americans, including those who do not qualify for the Supplemental Nutrition Assistance Program (SNAP) but still struggle to pay for groceries. In all, there are some 200 food banks and 45,000 food pantries across the country that feed more than 46 million Americans at no cost.

Because of the network's scale, Schwartz sees it as a prime venue for studying and improving on the nutritional quality of food for low-income people; the system is largely unregulated when it comes to nutrition, so food pantry offerings are extremely variable. "It's a great system to work in, because 100% of your efforts are going to the people who need it the most," she said.

To better understand what food banks and pantries donate and offer, she and colleagues developed a color-coded food-rating system—green for most nutritious, yellow for moderately nutritious, and red for least nutritious—that she

43% of adults and 19% of children are obese compared with 13% and 5%, respectively, in the early 1960s.

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deployed in a series of studies with food pantries in Connecticut. The research showed that when the food pantries designed their shelves using versions of the system, consumers made healthier choices, findings detailed in a 2021 report to Feeding America, the national network of food banks.

Schwartz and others are now working to implement these findings on a national scale. In 2019, Schwartz cochaired a panel on nutrition and food banks funded by the Robert Wood Johnson Foundation's Healthy Eating Research (HER) program. The panel worked for a year to create a universal nutrition-ranking system called the HER Nutrition Guidelines and issued a report in 2020. Key players in the food bank space, including the CDC, Feeding America, and the nonprofit Partnership for a Healthier America (created in conjunction with the Let's Move! effort of former first lady Michelle Obama) have endorsed the system, which in turn spread the word to food banks and pantries.

Schwartz and others are now providing food banks with training and technical assistance to help them better understand and implement the HER Nutrition Guidelines, such as creating a searchable online database of common foods using the nutrition rankings. Meanwhile, food banks and pantries are using the nutrition coding system in creative ways: Some food banks, for instance, are setting goals of having a certain percentage of available food in the "green" category, while others are sharing reports of their inventory with donors to encourage them to provide healthier options.

"Donors understand the diet-related health risks faced by low-income Americans, so they'll usually say, "Yeah, OK. Maybe we shouldn't be giving you all our soda or cakes," said Schwartz.

Targeting the entire food bank system, from government and corporate donors all the way to consumers, is what has made these changes as successful as they've been, Schwartz believes. "The idea is to improve communication about nutrition at every juncture, with the aim of systematically improving the quality of what's in the entire system."

GIVING KIDS A HEALTHY START

To bolster a healthier nutrition environment on a global scale, pediatric psychologist Maureen Black, PhD, a distinguished fellow at RTI International who studies childhood development and nutrition, has worked to create an international framework intended to help all children grow and thrive, including nutritionally.

Known as the Nurturing Care Framework, the initiative maintains that children need five interconnected components to do well in life: health, nutrition, opportunities to learn, responsive caregiving, and security and protection. In terms of nutrition, the framework spells

Volunteers process potatoes inside the Second Harvest Food Bank in Irvine, California, Dec. 1, 2022. Psychologists are working with food banks to study and improve on the nutritional quality of food for low-income people.

MEDIANEWS GROUP/ORANGE COUNTY REGISTER/GETTY IMAGES

out not only the kinds of foods that children need at different stages but also the ecology of children's food environments, including when, where, and how much to eat, said Black. Parental recommendations include allowing children to touch and learn about food, responding to children when they are hungry and letting them stop eating when they are full, and providing and modeling healthy food choices, for example.

Black and other researchers spelled out the scientific rationale for this approach in a series of articles in *The Lancet* (Vol. 389, No. 10064, 2017) called "Advancing Early Childhood Development: From Science to Scale." The World Health Assembly adopted the framework in 2018, and it has since been championed by the World Health Organization (WHO), UNICEF, the World Bank, the Inter-American Development Bank, and governments around the world.

Now, Black and colleagues are helping communities, health care systems, and countries implement this system. To aid in the effort, in February the WHO launched a population-level method that Black helped design called the Global Scales for Early Development (GSED). Free and available to the public, the scale employs an easy-to-use metric based on children's emerging skills and behaviors in cognitive, motor, language, and social-emotional domains. Fieldworkers in different countries are now using the scale to collect population-level data on kids' development (Cavallera, V., et al., *BMJ Open,* Vol. 13, No. 1, 2023).

"The aim is to help governments assess which areas need more community services so that all young children have the ingredients to reach their developmental potential," said Black.

Kimberly Ortiz, 13, goes through the café at John H. Liechty Middle School in Los Angeles on Dec. 7, 2022. California has made a huge investment in the nutrition, quality, and availability of its public school–based meals.

CHRISTINA HOUSE/GETTY IMAGES

STUDYING PUBLIC HEALTH INTERVENTIONS

Other psychologists are studying the potential health benefits of these large-scale policies and interventions. One focus is the impact of taxes on sodas and other sugary drinks, now in effect in eight U.S. cities, including Philadelphia, San Francisco, Seattle, and Washington, D.C. Like taxes on alcohol and tobacco, public health advocates argue that these taxes will help to reduce overconsumption of a substance linked to health risks, including obesity, Type 2 diabetes, tooth decay, and heart disease. The policies are not without controversy: For one thing, there is significant blowback from beverage manufacturers, who argue that the taxes hurt the economy, though researchers have refuted this claim (Crosbie, E., et al., *American Journal of Public Health,* Vol. 111, No. 4, 2021).

That said, studies are finding

that these taxes do reduce purchases of sugary beverages; they are also finding that fewer purchases are linked to better health outcomes. (Typically, these taxes are levied on distributors of the beverages, who pass along the extra cost to consumers.)

Roberto and colleagues found that when Philadelphia instituted a tax on sugary and diet drinks in 2017, it led to a 38% decrease in purchases of these beverages a year later (*JAMA*, Vol. 321, No. 18, 2019). The team next focused on potential long-term health consequences of the policy, looking at dental disease, one of the ill effects of too many sugary drinks. In analyzing dental records of 83,260 patients living in Philadelphia and control areas between 2014 and 2019, Joshua Petimar, ScD, of Harvard Medical School, Roberto, and colleagues found a significant reduction in cavities and other dental problems among low-income Philadelphia residents 2 years after the tax was implemented. The same was not true for the general Philadelphia population, suggesting that these interventions might especially benefit underserved populations, the team noted (*American Journal of Preventive Medicine,* in press, 2023).

In a similar study, health economist Justin S. White, PhD, of the University of California, San Francisco, and colleagues found that compared with purchases of sugary drinks in nearby cities without a soda tax, purchases of sugary drinks in Oakland, California, dropped 26.8% from the time a tax went into effect in 2017 until 2019 when the team finished its analysis (*PLOS Medicine,* online, April 18, 2023). The researchers estimated that if this decrease continued over 10 years, people's quality of life would increase significantly, and the city would save more than $100,000 per 10,000 residents in health care costs. Still another study in Berkeley, California, saw a 52% drop in self-reported consumption of sugary drinks 3 years after a tax went into effect in 2014 (Lee, M. M., et al., *American Journal of Public Health,* Vol. 109, No. 4, 2019).

These policy moves can do more than just improve physical health, Roberto added. The income generated from the Philadelphia tax is being used to expand access to free, high-quality pre-K for children in low-income families in the city. Berkeley is putting its extra revenue into school-based nutrition education and gardening programs.

"If you design these taxes well and you use the revenue by reinvesting it back into the community, it can be a really progressive policy," Roberto said.

In another look at the effects of large-scale nutrition policies, social and behavioral scientist Erica Kenney, MPH, ScD, an assistant professor of public health nutrition at the Harvard T. H. Chan School of Public Health, and colleagues have analyzed the long-term health impact of the 2010 Healthy, Hunger-Free Kids Act among children receiving the program in public schools. The law, implemented in 2012, sought to bring school lunches, breakfasts, and snacks in line with dietary guidelines for Americans in general, including more whole grains, more fruits and vegetables, lower levels of sodium, and smaller portion sizes.

Examining national estimates of childhood obesity among 173,013 children between 2003 and 2018, the team found that before the changes were implemented, the percentage of children in poverty with obesity was trending steadily higher with each passing year; after implementation, those numbers began and continued to fall. The team estimated that in 2018, the law prevented about 500,000 cases of obesity nationally (*Health Affairs,* Vol. 39, No. 7, 2020).

Like Roberto's findings in Philadelphia, there were no changes in the obesity rates of children overall, suggesting that these programs made the biggest difference for low-income kids, Kenney added. Other researchers have since drawn similar conclusions using different data sets, and some have found that children in public schools are eating more healthily in general than they were before the law was passed (see Richardson, A. S., et al., *JAMA Network Open,* Vol. 5, No. 5, 2022; Kinderknecht, K., et al., *JAMA*, Vol. 324, No. 4, 2020).

"When you put it all together, it looks like the law had a significant impact in terms of improving the diet for all kids who are eating school lunch, and potentially in helping to prevent obesity for kids who might be at most risk for that," Kenney said. ■

FURTHER READING

Changes in dental outcomes after implementation of the Philadelphia beverage tax
Petimar, J., et al. *American Journal of Preventive Medicine,* 2023

Household food insecurity and obesity risk in preschool-aged children: A three-year prospective study
Zhong, D., et al. *Social Science & Medicine,* 2022

Impact of the Healthy, Hunger-Free Kids Act on obesity trends
Kenney, E. L., et al. *Health Affairs,* 2020

The burden of weight stigma
Abrams, Z. *Monitor on Psychology,* March, 2022

Weight stigma, policy initiatives, and harnessing social media to elevate activism
Puhl, R. M. *Body Image,* 2022

MAKING DIGITAL INTERVENTIONS ACCESSIBLE AND AFFORDABLE

Psychologists are advocating for reimbursements for digital therapeutics—apps that can treat, manage, or prevent mental health conditions

BY HEATHER STRINGER

As the nation grapples with soaring demand for mental health services amid a provider shortage, more psychologists are considering the benefits of digital therapeutics—evidence-based interventions available to patients on their mobile devices. These tools have the potential to help people struggling with substance use disorders, anxiety, insomnia, and other conditions.

But there is a major hurdle blocking widespread access: Using digital therapeutics in practice is not usually covered by health insurance. The costs for the software alone can range from approximately $300 to $1,500 annually—fees that are out of reach for many patients.

"If patients are forced to pay out of pocket for the products, this is not a sustainable business model," said Vaile Wright, PhD, senior director for health care innovation in the practice directorate at APA.

It's also not sustainable for the companies that create the products, Wright noted. For example, in April 2023, Pear Therapeutics—a company that developed apps to treat substance use disorders and insomnia—filed for bankruptcy. The company's reSET product, used in conjunction with standard outpatient treatment for substance use disorders related to stimulants, cannabis, cocaine, and alcohol, was cleared by the Food and Drug Administration (FDA) in 2016—the first mental health digital therapeutic cleared by the agency. "Unless we find a traditional health care pathway to cover the cost, digital therapeutics companies will not likely make it in our country," Wright said. "This would be a significant loss for patients because the technology has the potential to bring evidence-based treatment to people who may not have access to care through the traditional psychotherapy model."

Momentum is building in a few states to address this reimbursement issue. Early this year, state legislators began considering bills that would authorize Medicaid reimbursement for digital therapeutics in Arkansas, Minnesota, Hawaii, Arizona, and Maryland.

And at the national level, Sens. Jeanne Shaheen (D-N.H.) and Shelley Moore Capito (R-W.V.) and Reps. Kevin Hern (R-Okla.) and Mike Thompson (D-Calif.) reintroduced bills that would create a new benefit category in Medicare to pay for the software component of these tools. To make these mental health interventions more accessible to the public during the pandemic, the FDA also streamlined the formal clearance process.

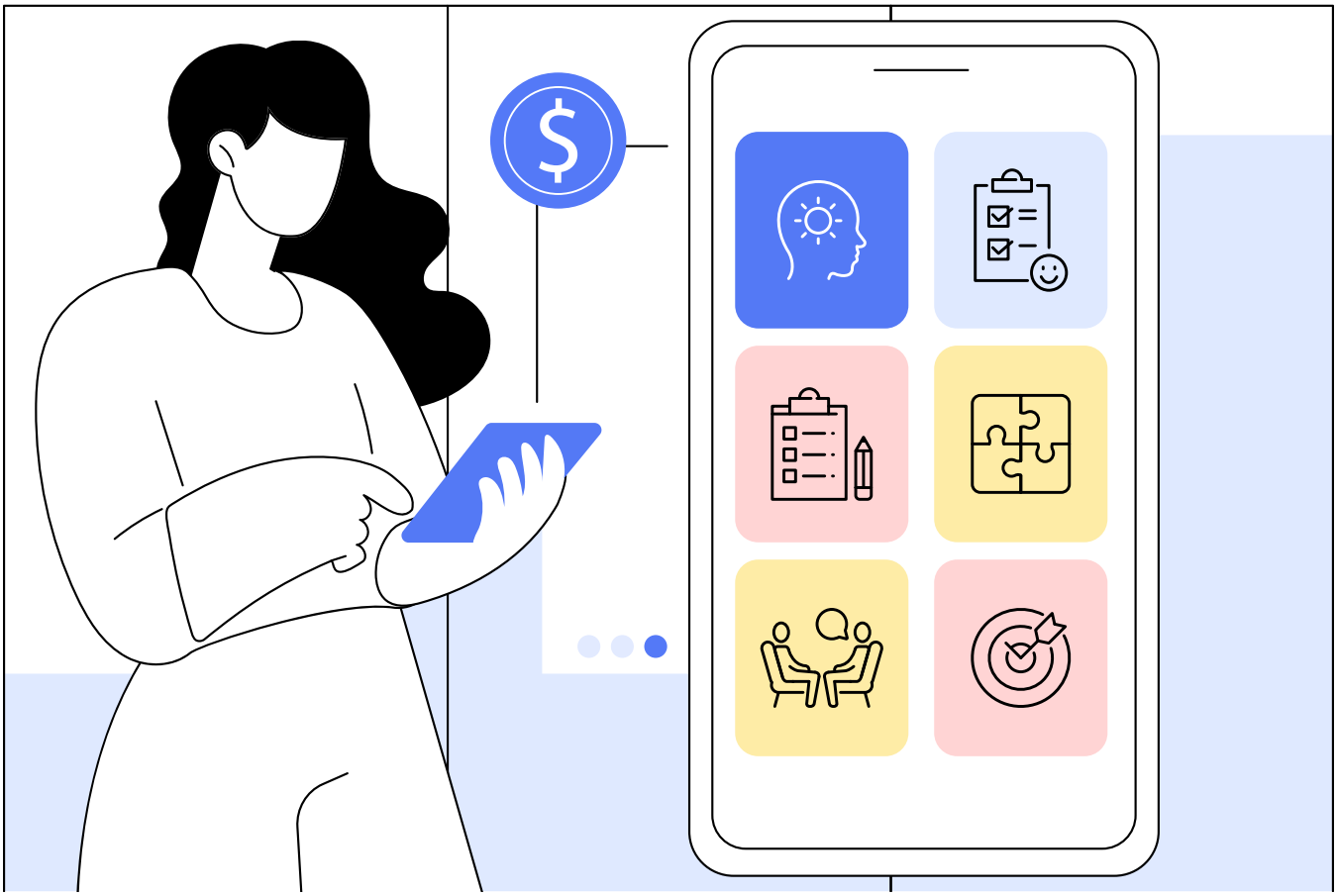
Digital therapeutics have the potential to help people struggling with substance use disorders, anxiety, insomnia, and other conditions.

Although the federal and state bills are encouraging signs for advocates of these products, many of the bills limit which providers can use them and which fees are deemed reimbursable. "Payors should cover not only the cost of the software but also the provider time used to identify the appropriate digital therapeutic, teach the patient to use it, and monitor the patient's progress," said Wright.

PROGRESS IN MARYLAND

Forensic psychologist Paul Berman, PhD, who owns a private practice in Towson, Maryland, and serves as the professional affairs officer at the Maryland Psychological Association, learned of new digital therapeutics legislation in his state in February 2023 when APA contacted his association. Although leaders at the state organization were supportive of the bill, the language in the legislation would have excluded psychologists from using digital therapeutics because they require a prescription. The association's lobbyists worked with the bill's sponsors to amend the wording to allow non-prescribing providers to "order" the software for patients.

VISUAL GENERATION/GETTY IMAGES



"The technology has the potential to bring evidence-based treatment to people who may not have access to care through the traditional psychotherapy model."

VAILE WRIGHT, PHD, SENIOR DIRECTOR FOR HEALTH CARE INNOVATION IN THE PRACTICE DIRECTORATE AT APA

"Mental health digital therapeutics are interventions that fall within psychologists' scope of practice, and we want to make sure payors don't inadvertently assume only physicians can use them," said Deborah Baker, JD, director of legal and regulatory policy at APA.

In late February, Berman testified before subcommittees in both the Maryland House of Delegates and the Senate to explain why the bill was needed. The legislators expressed significant interest in supporting technology that would increase access to mental health services, but it was also clear that they did not understand the differences between digital therapeutics and wellness apps, said Berman. "They wanted to understand why the tools required oversight and how they worked," he said. In Maryland, testimonies are limited to 2 minutes, which is not sufficient time for a visual demonstration of the tools. "In the future, we hope to offer demonstrations with the legislators and their staff in follow-up meetings or in additional subcommittee hearings that the legislators request," Berman said.

Although the bill did not move beyond the subcommittees by the end of the legislative session, Berman and others at the association are preparing

to testify again during the next session in the fall.

"Our plan is to do more grassroots work with psychologists who are familiar with these products and have them visit legislators in their districts," Berman said. "Legislators are very accessible and curious about bills that are before the committee, and it is not difficult to reach out and set up a meeting with a legislator or aide."

In Hawaii, legislators introduced a bill calling for the state's Department of Health to conduct a pilot program that would integrate digital therapeutics into outpatient substance use disorder treatment programs. The bill failed to pass in the Senate Ways and Means Committee, and leaders at the Hawaii Psychological Association are planning to advocate for the bill in 2024. "We believe digital therapeutics can increase access to care in rural parts of the islands and increase motivation to engage in treatment," said Nozanin Yusufbekova, PsyD, who works in private practice in Honolulu and is past president of the Hawaii Psychological Association.

THE DIGITAL THERAPEUTIC DIFFERENCE

Unlike wellness apps that aim to help people stop smoking, reduce stress, or lose weight, digital therapeutics use evidence-based methods of treating diseases. Regulators use the term "software as a medical device," or SaMD, to describe digital therapeutics and similar apps that function as a medical device and can treat a specific condition. Developers of wellness apps, such as Headspace (for meditation) and Calm (for sleep and meditation), also do not typically conduct studies to verify the claims of the product.

Big Health, a digital therapeutics company based in San Francisco, validated the safety and effectiveness of its products for anxiety and insomnia before making them available to patients. Patients who download the Daylight and Sleepio apps complete an initial assessment on their mobile devices, and this data informs the treatment algorithm. For example, users of Sleepio, which helps people with sleep problems, may receive a suggestion to practice a relaxation exercise before bedtime.

Daylight, which helps people with moderate-to-severe symptoms of generalized anxiety disorder, provides tailored digital cognitive behavioral therapy (CBT) that includes principles of applied relaxation, stimulus control, cognitive restructuring, and imaginal exposure. Users can learn skills to interrupt ruminative thinking patterns and change negative interpretation biases. "Modules may teach them how to find a time and a place to worry, and how to postpone worries when they come up at other times," said Jenna Carl, PhD, a psychologist and chief medical officer at Big Health. Daylight users also complete weekly in-app brief assessments of anxiety, depressive symptoms, and sleep, which generate personalized feedback.

In a randomized controlled trial of 256 participants who used Daylight, participants reported significant improvements in worry, depressive symptoms, sleep difficulty, well-being, and quality of life compared with controls who did not use the app (Carl, J. R., et al., *Depression & Anxiety*, Vol. 37, No. 12, 2020). These interventions are also effective because they are designed to be convenient, said Carl. "People can use the app on a bus ride commute if that is the only time that they have available," she said.

Although the benefits of Sleepio and Daylight have been validated in studies, distribution of the software has been limited in the United States because of a lack of national insurance coverage. As a result, Big Health has sought agreements with large, self-insured employers that are willing to pay for products that could lower an organization's overall health care costs. The products are more widely available in the United Kingdom, where the National Health Service (NHS) in Scotland covers the cost of the apps for millions of patients.

Akili's EndeavorRx, a digital therapeutic for children with attention-deficit/hyperactivity disorder (ADHD), can be prescribed by physicians or ordered by psychologists in the United States, but most patients pay out of pocket for the product because it is not covered by insurance. The multitasking racing game activates regions of the brain related to attention, and studies have shown that the tool reduced ADHD-related impairment in areas such as social functioning, academic progress, and self-esteem (Kollins, S. H., et al., *npj Digital Medicine*, Vol. 4, 2021).

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EVELYN HOCKSTEIN/ALAMY STOCK PHOTO

The product costs $99 per month, and prescriptions typically last a few months. For now, the company is providing a discount for the app to families who pay out of pocket, and EndeavorRx is free for families who cannot otherwise afford the treatment. "Payors are limiting access to safe, effective, and regulated medical products, and this directly impacts the choices that patients can make about their mental health care," said Scott Kollins, PhD, chief medical officer at Akili.

FORGING NEW PARTNERSHIPS

Although relatively few patients in the United States are benefiting from digital therapeutics, Wright is optimistic that reimbursement changes are on the horizon. "Pear's bankruptcy filing was a wake-up call for the industry, and I'm seeing greater willingness between makers, psychologists, physicians, and legislators to work together to find new solutions to the workforce shortages," Wright said.

APA representatives have met with leaders from the Centers for Medicare & Medicaid Services to propose a coding and reimbursement model for digital therapeutics. APA is working to create a system that would allow psychologists, physicians, and other eligible providers to bill private or government insurance organizations for using these apps with patients.

Increasing access to these tools depends not only on clearing the financial hurdles but also on raising awareness that digital therapeutics are available and beneficial. To help psychologists learn more about digital therapeutics, APA recently formed a partnership with Big Health with the goal of educating psychologists about how to use the programs with their patients, incorporate them into their workflow, and track patient data.

Dimitri Gavriloff, DClinPsych, a clinical psychologist who specializes in sleep medicine in the United Kingdom, has recommended Big Health's Sleepio app to hundreds of patients. The NHS covers the cost of the app—which trains people to use CBT techniques to overcome insomnia—for people living in Scotland and certain parts of England. Given that insomnia disorder is a pervasive condition that affects about 10% of the adult population in the United Kingdom, Gavriloff is pleased to see more people gain access to the help they need. "CBT is the first-line recommended treatment, but many people are not routinely offered this care," he said. Patients often go to primary care providers who will offer general sleep hygiene advice, such as avoiding screens, alcohol, and caffeine before bed, or a short course of sleep medication, but this is not recommended, Gavriloff said.

The results of a recent study suggest that this digital form of CBT can have lasting effects. To assess whether prior use of Sleepio helped patients cope during the pandemic, researchers reevaluated participants from a previous study. Those who had used Sleepio to overcome insomnia in 2016–2017 reported fewer insomnia symptoms, less general depression, and less general stress in April 2020 than those who had previously received only general sleep education (Cheng, P., et al., *Sleep*, Vol. 44, No. 4, 2021).

Although the NHS covers the cost of the app in a few areas, widespread access is still limited—which means people in the United Kingdom and elsewhere may not be getting the help they need.

"We will never have enough clinicians to meet the demand for evidence-based treatment for insomnia," Gavriloff said. "While digital therapeutics are not necessarily for everyone, they are effective for many people and increase the opportunity for equal access to quality care." ■

MENTAL HEALTH DIGITAL THERAPEUTICS CURRENTLY AVAILABLE IN THE UNITED STATES

- **Canvas Dx:** diagnostic aid for autism spectrum disorder
- **deprexis:** CBT for depression
- **Daylight:** CBT for anxiety
- **EndeavorRx:** ADHD video game treatment for children ages 8 to 12
- **NightWare:** app that can reduce sleep disturbances related to nightmare disorder or nightmares from post-traumatic stress disorder (PTSD)
- **Prism:** digital self-neuromodulation therapy for PTSD
- **Sleepio:** CBT for insomnia
- **TALi:** game-based cognitive training platform to assess and improve early childhood attention
- **vorvida:** CBT for alcohol use disorder

Note: This is not a comprehensive list.

TEACHING SEL IS UNDER FIRE

Research shows the importance of teaching children how to cooperate and express their emotions, including a strong link to improved academic achievement. But a new approach to terminology may be needed to rebuild public support for these critical programs.

BY ZARA ABRAMS

As battles rage over what can be taught in the nation's classrooms, social-emotional learning (SEL) has been caught in the cross fire. Bills in at least eight states have sought to ban or limit SEL, and parents around the country are rallying against it.

SEL teaches students interpersonal skills and how to understand, control, and express their emotions and has been part of education for decades under various names, including whole child education and character development. But the programs recently came under fire after conservative media outlets, including a 2021 *Washington Examiner* article, suggested SEL could be a "Trojan horse" for teaching children about critical race theory and gender diversity.

"What's clear is that there is a segment of the public that has conflated the SEL goal of 'working well with others' to mean something other than supporting a student's learning," even though SEL programs are not focused on diversity and equity, said Tammy Hughes, PhD, a professor of school psychology at Duquesne University in Pittsburgh and past president of APA's Div. 16 (School Psychology).

But psychologists emphasize that research shows SEL skills are essential for student learning, mental health, and well-being. If bans and funding cuts are successful, children and teenagers—many of whom are already in crisis—will suffer at a time when anxiety, depression, and suicidality are all on the rise (Youth Mental Health, Office of the U.S. Surgeon General, 2023).

"I find it really alarming that this could be used as a political point-scoring activity in a way that could genuinely cause harm to children, educators, and schools," said psychologist Stephanie M. Jones, PhD, a professor of childhood development and education at Harvard University's Graduate School of Education who has helped develop, evaluate, and implement SEL programs in K–12 schools.

Critics of SEL are also ignoring the vast body of research that shows the wide-ranging benefits of social-emotional learning. Meta-analyses of hundreds of studies show that SEL programs improve academic achievement, student well-being, peer relationships, and overall school functioning (Durlak, J. A., et al., *Child Development,* Vol. 82, No. 1, 2011; Cipriano, C., et al., OSF Preprints, 2023). SEL can also help address major risk factors for suicide among youth, including hopelessness, anxiety, substance use, and sexual abuse (Posamentier, J., et al., *Trauma, Violence, & Abuse,* Vol. 24, No. 2, 2022). Longitudinal research suggests that benefits can persist for at least 18 years, predicting better social relationships, increased high school graduation and college attendance, and fewer arrests and health problems (Taylor, R. D., et al., *Child Development,* Vol. 88, No. 4, 2017).

"At this point, it's clear that exposure to these programs really does help kids both academically and socially," said psychologist Sara Rimm-Kaufman, PhD, a professor of education at the University of Virginia's School of Education and Human Development who conducts research on the impacts of SEL programs.

BACKLASH AGAINST SEL

Two main concerns are fueling the attacks on SEL, said Jordan Posamentier, JD, vice president of policy and advocacy at Committee for Children, one of the country's largest SEL providers: that the programs are part of a "woke agenda" to teach progressive ideas in school and that they distract from academics.

Those accusations have surfaced during school board meetings, within parent-teacher associations, and during routine

"When there has been pushback from parents, they usually say it's not the domain of the school to teach these topics or that their children don't need the support."

STEVEN TURNER, EQUITY EDUCATION SPECIALIST IN THE ALBEMARLE COUNTY SCHOOL DISTRICT

parent-teacher conferences, said Hughes. Parents express fears that SEL is a slippery slope—or even an indoctrination tool—to teach kids about racial inequality, gender identity, and sexual orientation.

At Albemarle High School in Charlottesville, Virginia, several parents criticized a freshman seminar class designed to help students transition from middle to high school when it was launched shortly before the pandemic. The course provides academic support and teaches SEL skills, including expressing empathy for others, developing healthy relationships, and contributing to the broader school community.

"When there has been pushback from parents, they usually say it's not the domain of the school to teach these topics or that their children don't need the support," said Steven Turner, an equity education specialist in the Ablemarle County school district.

At the state level, proposed bills in North Dakota, Oklahoma, Maine, Iowa, and more have sought to ban or limit SEL. For example, Oklahoma's SB 1027 aimed to prevent schools from providing instruction on "self-awareness, self-management, social awareness, relationship skills, responsible decision making, and/or other attributes, dispositions, social skills, attitudes, behaviors, beliefs, feelings, emotions, mindsets, metacognitive learning skills, motivation, grit, self-regulation, tenacity, perseverance, resilience, and/or intrapersonal resources." While such bans have largely failed, a newer slate of less overt bills, which require extensive vetting of instructional materials and make it easier for children to opt out, could be a bigger threat to SEL programs, Posamentier said.

And yet data show that families, lawmakers, and communities do value the principles underlying SEL, Posamentier said. In a nationally representative survey commissioned by the Thomas B. Fordham Institute, an education policy think tank, parents overwhelmingly wanted schools to teach the skills that SEL emphasizes, including managing emotions and communicating with peers (*How to Sell SEL: Parents and the Politics of Social-Emotional Learning*, Fordham Institute, 2021).

More than 90% of parents surveyed agreed that students should learn in school how to set and achieve goals, approach challenges in a positive way, and believe in themselves and their abilities. More than 80% supported schools teaching kids how to navigate social situations; understand, express, and control their emotions; empathize with others; and stand up for people of different backgrounds.

"When you ask parents what they want for their child in school, they often report things that line up with social and emotional skills," said Jones. "They want their children to be noticed and cared for, to be happy, to learn things, to be successful, and to feel that they fit in."

But when asked about terminology, parents ranked "SEL" second to last in a list of 12 related program names. "Soft skills" was the least popular term; "life skills" was by far the most popular. The survey also found differences along political lines: Democratic parents were

Research shows that social-emotional learning skills are essential for student learning, mental health, and well-being.

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more likely to support teaching SEL skills at school, including allocating more resources to SEL programs, than Republican parents.

Those findings suggest that using different terminology could be a key way to build support for the material taught in SEL programs. Many programs currently use scientific terms ("self-regulation" instead of "self-control," for example) that do not clearly convey what is being taught and may make parents feel sidelined, said Adam Tyner, PhD, national research director for the Fordham Institute and author of the 2021 survey report.

"Instead of using terms that everyone knows, we're using new ones that make parents feel like outsiders or like they're not involved," he said. "That raises a lot of red flags for people who may already be skeptical about what's going on in schools."

DISPELLING MYTHS

Part of the reason educators have been using a standard term such as "SEL" is that it can help garner support for funding and policies, said Rimm-Kaufman. Indeed, school and district spending on SEL programs increased by 45% between November 2019 and April 2021, according to a report by the education consulting firm Tyton Partners (*Social Emotional Learning Takes Center Stage in K–12*, Tyton Partners, 2021).

Exposure to social-emotional learning helps children and teens navigate their friendships and other social relationships.

"But it also calls attention to SEL and suggests that we're doing something completely new and different," Rimm-Kaufman said.

Psychologists say that one of the best ways to increase support for SEL programs is to include parents in the conversation.

"Whereas teachers are the clear experts on teaching the periodic table, that's not the case for things like believing in yourself and cooperating with others," Tyner said. Parents, he added, have been teaching those types of skills since birth and may have

strong opinions about how they should be developed.

Ninety percent of the people Fordham surveyed said parents are most responsible for developing social and emotional skills in their children. Teachers ranked fourth, after other family members and children themselves.

Schools can include parents in the conversation by providing clear, jargon-free explanations of what SEL skills are and how they support learning. Kids learn how to focus and shift attention, manage behavior, communicate with others, and express feelings such as frustration or exuberance in an appropriate way. Programs from leading groups, including the Collaborative for Academic, Social, and Emotional Learning (CASEL), Character Lab, and Committee for Children, also teach kids about gratitude, grit, curiosity, humility, and more.

Schools can also share specific details about what they plan to teach and how, then invite dialogue with parents about how those skills would be taught at home and address any concerns, said Rimm-Kaufman. For example, teenagers often learn about respectful behavior in middle and high school classrooms, but not all families and cultures define "respect" the same way. For some, behavior toward authority is paramount; others encourage kids to show respect to adults only if those adults show respect to them by listening and trying to understand their point of view.

In addition to providing parents with details on what SEL programs teach children, schools can explain that SEL programs do not replace academic learning and be clear about what they do not cover. For example, while a core SEL skill involves understanding and adjudicating unfair situations, Jones and her colleagues have shown that most SEL programs do not include content on equity, culture, or racial injustice (*Frontiers in Education,* Vol. 6, 2021).

"There's a big myth about what SEL programs are actually intended to do and what they have in their content," Jones said.

In fact, promoting SEL as a way to increase equity may be worsening the polarization around it, Tyner said. A parent

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Top 20 principles from psychology for preK–12 teaching and learning
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The benefits of social-emotional learning
Monitor on Psychology, September, 2020

who hears "equity" may incorrectly assume the programs are not designed to help their child. Instead, SEL can be pitched as a way to enhance learning for all students.

Emphasizing the practical, long-term outcomes of SEL programs can also help get parents on board, said Angela Duckworth, PhD, a professor of psychology at the University of Pennsylvania and cofounder of Character Lab.

"When I talk to parents or educators, I point out that these skills are positively correlated with and predictive of academic outcomes—grades, attendance, even college graduation," she said.

Psychologists can support that dialogue by bridging the gap between science and the public, including policymakers, educators, and parents. Committee for Children helps school districts find jargon-free ways to highlight the benefits of SEL and to adapt those conversations to resonate with specific communities. For example, they provide easy-to-digest research summaries on the tangible benefits of SEL skills, including reductions in substance misuse, violence, and suicide.

"We should not expect a child to progress academically, much less find future success in work and life, when we ignore their emotional and relational experience," Posamentier said. "Policies and politics that get in the way of these parts of life undermine the essentials of education."

Because psychologists have already helped build a strong evidence base for SEL, the priority moving forward should be to promote the idea that these programs are simply meant to help kids succeed at school, said Jones.

"It's almost like having a mantra," she said. "If we can just continue talking about SEL in these very basic ways, I think we can push aside some of the political mythmaking that has risen around it." ■

One of the many academic skills social-emotional learning emphasizes is how to focus on schoolwork.

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3 QUESTIONS FOR NAOMI FISHER

The clinical psychologist is rethinking how to help kids who are struggling at school

BY ZARA ABRAMS

Almost every kid complains about school from time to time. But for some children, attending school can be a major stressor. They may feel anxious at night, have outbursts in the mornings, or show signs of distress when the school day ends. Psychologists are often called upon to help kids with such difficulties, known as "school avoidance" or "school refusal."

"But sending kids to therapy [for school avoidance] can send a really insidious message that the problem is with them," said Naomi Fisher, PhD, a clinical psychologist and eye movement desensitization and reprocessing (EMDR) trainer based in Hove, England, who also struggled with attending school when she was a child. "That's something I really try to emphasize in all of my work: the problem isn't the kids. We actually have a system in which lots of kids can't thrive."

Fisher spoke to the *Monitor* about why some children struggle at school and how she helps families turn things around.

What do you mean when you say that some children "aren't fine" at school?

I work clinically with lots of families and children who aren't fine at school. What I mean by that is that children are showing us through their behavior that they're not thriving. That can be a whole range of different ways—extreme meltdowns after school, or lots of worrying the evening before. Parents will tell me stories, like we can hardly get them to the car after school because they are so distressed.

Some of those children will exhibit distress at school, but a lot of them won't. So, in a lot of cases, the school will tell parents they're absolutely fine, and that the problem is at home. What they mean by that is they're not creating problems at school. It's common for children to hold their emotions in during the school day and to let it out at home when they feel safe–that doesn't mean that the problem is necessarily at home.

The old-fashioned term for this was "school refusal" and many of the older techniques involved essentially forced kids to go to school by making life very unpleasant for them if they didn't. They would be punished, or their parents were told to make home boring. Now there's a lot more talk about emotionally based school avoidance, where anxiety is seen as the reason why children can't go to school.

LAUREN PSYK

Within that, there's the assumption that the problem is the child. This means that we think: If we treat the child's anxiety, the child will be fine at school. But in the cases I see, it's more about the way school is set up. I don't think that as psychologists, we should be trying to make children fit into a system which doesn't take account of their developmental needs. I see the children's distress as feedback on that system, not as a sign of pathology in the child.

The school system stops kids from playing very early on, at ages 5 and 6. There's more testing, more structure, and more academic pressure than there was when I was at school. School was not set up along psychological principles. When I hear about kids refusing to go to school, I say, maybe what we're seeing is our children waving red flags, saying "there's something wrong here." Their distress tells us that something is wrong. But instead of looking at what might be going wrong at school, we're saying we need to change the kids so that they fit better into that environment.

What advice do you offer to families who are struggling with this?

First, let's think about how we can help this child learn, rather than how we can make this child go to school.

Some schools are actually really flexible and will work with families on this,

for example, by building special relationships to make a child feel seen or known at school. One parent told me that their child really liked paper shredders. When the child arrived at school in the mornings, the receptionist would say: "I'm so glad you're here. We're going to do some shredding together." That made the child feel welcome and seen at school; those kinds of things can make a surprisingly big difference for some kids.

If the school is not flexible at all, I would suggest that parents look for a school that can be more flexible. I'd also ask parents to look for ways to help their child learn outside of school and feel like they're living a purposeful life. Sometimes when a child is really struggling at school, their whole life becomes about struggling at school—every week is dominated by getting to school, coming back from school, doing the stuff you were meant to have done at school. Set aside time when school is not allowed to intrude. That might mean pushing back on homework, for example, if getting it done in a reasonable time frame becomes a problem. Parents should feel able to say: "this is our home time and we don't want it to be dominated by worries about homework."

What changes could schools make to be more developmentally aligned?

A lot more play in the early years and less focus on a formal curriculum early on. Good [early child care programs] provide an enriched environment, where children can choose their activity and get support from interested adults. Those programs might offer water play, sand play, a home corner, a reading corner—and children are allowed to make choices.

The moment we take away their choices, which happens around age 5, we do something really profound psychologically that affects a child's learning and motivation. We tell them that doing what they are told is more important than following their interests. The way we treat our children in school builds the foundation for an adolescence where young people are often really unmotivated. They don't see the point, which I think is understandable. They've spent years being told that what they want and what they are interested in doesn't matter.

For adults and younger children, we accept diversity in learning in a way we don't between the ages of 5 and 18. If you ask adults how they learn, they'll tell you that they read books, they watch YouTube videos, they talk to people—they have all sorts of different ways to learn, all of which are driven by their own desires. Why don't we have the same faith that our young people have an internal drive to learn? I'd like us to see the task of educators as one of really nurturing that drive to learn, and of providing the right environment for it. ■

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PERCEPTIONS OF CIVIL SETTLEMENT

Reactions to the Fox–Dominion Voting Systems settlement resonate with psychological research about how the public assigns fault and responsibility

BY JENNIFER K. ROBBENNOLT, JD, PHD, UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN, JESSICA BREGANT, JD, PHD, UNIVERSITY OF HOUSTON, AND VERITY WINSHIP, JD, UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

In March 2021, Dominion Voting Systems sued Fox News for defamation, asking for more than $1.6 billion in damages. Dominion alleged that Fox had promoted misinformation about the 2020 election and Dominion's role in it, airing and amplifying claims that Dominion's voting machines had, among other things, manipulated vote counts. Dominion claimed that Fox News "sold a false story of election fraud in order to serve its own commercial purposes, severely injuring Dominion in the process." Fox defended its coverage on First Amendment grounds and said it was simply reporting on newsworthy events.

In March 2023, the trial court judge ruled that the allegations published on Fox News were clearly false but left it for a jury to determine whether Fox acted with "actual malice" in airing the claims and to determine the amount of damages Fox would owe if found liable. Shortly thereafter, on April 18, 2023, just as the jury was to be seated for trial, Fox and Dominion settled the case for $787.5 million.

Commentators were quick to note the record-breaking size of the settlement, and many characterized it as a "win" for Dominion. Many expressed the notion that by settling, Fox News was acknowledging that it did something wrong—an impression underscored by the size of the payment to Dominion. Attention focused too, however, on the statement issued by Fox—"We acknowledge the Court's rulings finding certain claims about Dominion to be false"—a statement that was not apologetic, did not acknowledge any responsibility, and was not a retraction. Indeed, the specifics of what Fox would or would not have to say had been a key sticking point in the settlement negotiations between the parties. Observers also noted the benefits of settling for Fox: The news organization avoided a lengthy, costly, and likely embarrassing trial.

AT ISSUE

How can people's perception of civil settlement influence how they understand and participate in the legal system?

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

All these reactions are consistent with recent psychological research about how the public perceives and understands settlement. Even as people recognize the myriad reasons why two parties might choose to settle, including uncertainty and risk, costs in time and money, potential harm to reputation, and a desire to "move on," people also tend to infer that a settling defendant was responsible. They recognize that settlement is a compromise between the parties but may also think about settlement in terms of winners and losers. When they do see a settlement as a win, they are more likely to view it as a win for the claimant than for the defendant.

Disappointment that Fox did not apologize or acknowledge responsibility also echoes the psychological literature. Research has found that many claimants desire apologies and can be motivated to sue by the lack of an apology. Research also finds that claimants try to negotiate apologies as part of a settlement, and express disappointment when they do not ultimately receive an apology and appreciation when they do. Apologies can be central to claimants because they can serve to acknowledge the harm and the harmful behavior, provide accountability, and remedy some types of harm (like the reputational harm suffered by Dominion).

The Fox–Dominion settlement was notable for its high stakes, the important underlying questions about the role of the media in democracy, and the way it abruptly halted an eagerly anticipated trial. But in many ways, the settlement underscored what psychological research shows about claiming and settlement. The case ended just as most civil cases do—via settlement. Given the central role of settlement in the legal system, public perceptions of settlement can play a key role in perceptions of the system's legitimacy, people's inclination to make legal claims, and how lawsuits are settled. ■

ABDUL LATIF/THE NOUN PROJECT

Psychology practitioners have a great deal they can offer women transitioning through menopause, and a wealth of psychological research offers insights on how women can experience the transition with greater comfort and insight.

CE

CONTINUING EDUCATION EASING THE MENOPAUSAL TRANSITION

BY TORI DEANGELIS

The menopausal transition has become a trendy topic in the popular press, with celebrities like Gwyneth Paltrow, Angelina Jolie, and Michelle Obama talking openly about their experiences and investors jumping on board with fad products and services. But most women are still undergoing the menopausal transition without much education or help. A recent survey of 4,000 perimenopausal and menopausal women conducted by the Fawcett Society in Great Britain, for instance, found that 45% of women had never talked with their general practitioner about their menopause-related symptoms, while 31% received a proper diagnosis of their menopausal symptoms only after multiple visits to their provider—signs of continued stigma and lack of patient and provider education.

CE credits: 1

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

1. Describe the physiological, psychological, sexual, and social aspects of the menopausal transition.
2. Discuss key interventions for biopsychosocial issues that arise during peri- and postmenopause.
3. Identify ethnic and cultural differences in menopause symptoms and treatment as well as remaining gaps in this research.

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

Fortunately, there is a wealth of research that with proper dissemination could help millions of women (including those who are transitioning or are transitioned) make it through the menopausal transition with greater comfort, ease, and insight. Practicing psychologists have a great deal to offer women during this phase of life, said Helen L. Coons, PhD, ABPP, professor of clinical practice at the University of Colorado (CU) School of Medicine and clinical director of the Women's Behavioral Health and Wellness Service Line there.

"Our work as psychologists is to promote the overall well-being of women across the life span, and especially during this time," Coons said. Helping women gain tools to navigate the perimenopause transition can set the stage for a healthy postmenopausal life—more important than ever, she said, because today, that part of life often lasts for decades.

Some of the research that informs interventions has come from the largest and most comprehensive U.S. study on the topic, the longitudinal Study of Women's Health Across the Nation, or SWAN, which began in 1996 with a cohort of 3,302 women across seven sites and is now in its 17th round of data collection. It continues to reveal new information about the physiology, biology, psychology, and social aspects of menopause, including how factors like race, ethnicity, mental health, and trauma history might impact menopausal symptoms, said health psychologist Rebecca Thurston, PhD, principal investigator at SWAN's Pittsburgh site and director of the Women's Biobehavioral Health Program at the University of Pittsburgh.

"The menopausal transition is super interesting because women are undergoing significant biological changes, but also psychological changes and social changes such as role transitions," Thurston said. "Plus, it's a relatively understudied area, so it's a great place to make a contribution."

THE PHYSIOLOGY OF MENOPAUSE

The menopausal transition occurs over two major phases: perimenopause and postmenopause. During perimenopause, women begin to experience menstrual irregularity and skipping of periods, typically beginning in their late 40s. This stage is often divided into **early perimenopause,** when women start to miss periods over time spans of 2 months or less, and **late perimenopause,** when women start to miss periods over time spans of 2 to 12 months. **Postmenopause** refers to the time when women have not had a period for 12 months or more, and this stage lasts for the remainder of their lives.

Perimenopause in particular can be a turbulent time physiologically because of the slowdown in egg production and ovarian function, and related fluctuations in hormones including estrogen, progesterone, testosterone, and follicle-stimulating hormone. "Many women experience more of a roller coaster of symptoms during this time than a gradual winding down of hormone levels," explained Nanette F. Santoro, MD, a professor at the CU School of

ART: SKVORTSOVA/GETTY IMAGES

Medicine and a national expert on menopause.

Symptoms often include vasomotor discomfort (hot flashes and night sweats); irritability and difficulty regulating emotions; vaginal dryness; headaches; "brain fog" or difficulty concentrating; and aching joints and muscles. For some women, depression and anxiety may appear either after a hiatus or for the first time. Women may also experience weight gain and weight redistribution, notably thickening around the abdomen. And while most of the uncomfortable symptoms of perimenopause subside over time, postmenopause can involve a rise in chronic health conditions like osteoporosis and heart disease.

Thurston has also shed light on how vasomotor symptoms and sleep disturbances may relate to women's ongoing health. In general, she is finding that while most women experience these symptoms, the more severe and frequent they are, the more likely women are to show signs of vascular disease.

Women who have experienced sexual and relationship trauma may be especially affected in these ways, according to data from SWAN and two related studies, MSHeart and MSBrain. Thurston and other researchers are finding that midlife women who have experienced childhood physical, emotional, or sexual abuse are at greater risk of vascular disease, heart attack, stroke, and hot flashes than those without this history (*Psychosomatic Medicine*, Vol. 79, No. 4, 2017; *Journal of the American Heart Association*, Vol. 11, No. 7, 2022; *Menopause*, Vol. 26, No. 10, 2019). And it is not just childhood abuse or contact violence that is associated with poor outcomes: Even women who experienced sexual harassment in the workplace without physical contact had twice the rate of high blood pressure as other midlife women, for example, Thurston's team found.

"So, it's not just about physical violence in a relationship—an emotionally miserable relationship is also not necessarily so great for your heart," Thurston said.

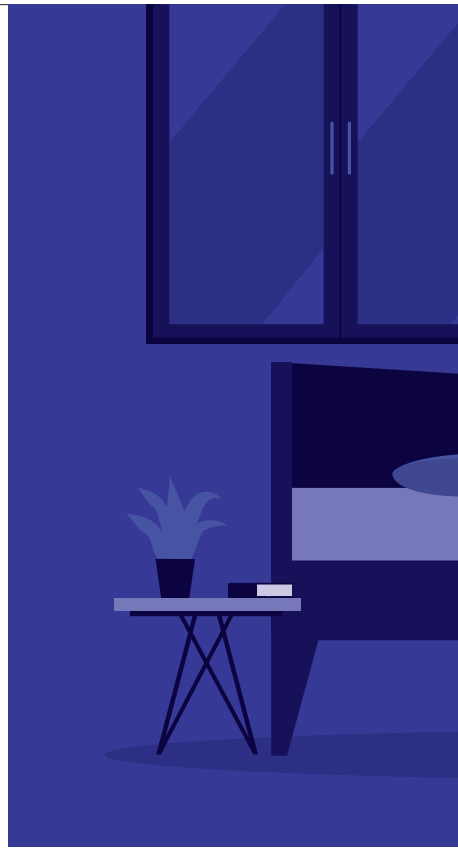
KEY POINTS

1. **The menopausal transition is a process of hormonal fluctuation that can last several years or more.**
2. **The transition is a normal part of women's life span and should not be pathologized. However, psychologists can offer a variety of treatments that can ease symptoms and set the stage for a healthy postmenopausal life.**
3. **While many women experience typical perimenopausal symptoms including hot flashes, sleep problems, and urogenital issues, there are subsets of women who have a harder time than others. These include Black women, female veterans, women with a prior history of depression, and women who have undergone sexual and relationship trauma.**
4. **Relevant evidence-based practices work well with women undergoing the menopausal transition and can be modified to accommodate the physiological, emotional, sexual, and societal realities these women are living with.**

OTHER DIFFERENCES

Researchers are turning up other differences in menopausal symptoms among women as well. For example, the SWAN study is finding that women of different ethnicities experience different levels of symptom severity and length. On average, Black women suffer the most: Their symptoms last an average of 3.5 years longer than those of White women—10 years versus 6.5 years—and they report more persistent, frequent, and bothersome symptoms. Meanwhile, Hispanic women are more likely to experience more vasomotor symptoms than White women but fewer than Black women, and Asian American women experience the fewest of these symptoms of any group (*Women's Midlife Health,* Vol. 8, No. 3, 2022).

Women and gender-diverse veterans may also be more vulnerable to menopause symptoms than others, potentially because of risk factors such as higher rates of cigarette smoking, mental and physical health comorbidities, and trauma, both combat-related and interpersonal, said Carolyn J. Gibson, PhD, an assistant professor at the University of California, San Francisco, and a staff psychologist at the San Francisco VA Medical Center. In a survey of midlife women veterans, she and colleagues found that more than a third reported moderate to severe clinical insomnia in the 2 weeks preceding the survey, and that the likelihood of experiencing insomnia was 2 to 4 times higher among those who had experienced intimate partner violence than among those who had not (*Menopause,* Vol. 30, No. 4, 2023). In addition, participants endorsed higher-than-average rates of depression, anxiety, and post-traumatic stress disorder, and 65% to 75% reported vasomotor and genitourinary



SIMPLEHAPPYART/GETTY IMAGES

Poor sleep and even clinical insomnia often impact quality of life during menopause.

symptoms such as urinary incontinence, vaginal dryness, and pain with intercourse (paper in progress).

Other women at higher risk of difficulties during this time include those with previous histories of depression and anxiety, those who undergo early menopause resulting from medical conditions such as cancer and cancer treatments, and individuals who experience premature ovarian insufficiency, which impacts their ability to conceive.

HOW CAN PRACTITIONERS HELP?

Fortunately, there are myriad ways psychologists can help women during this time, including through psychoeducation; evidence-based interventions for issues like depression and sleep disorders; lifestyle interventions; treating cognitive symptoms; assessing body image and sexual health; and health care provider education. For specialized conditions like early menopause, psychologists are well positioned to provide a range of evidence-based and culturally relevant treatments, Coons added.

A key approach is to treat women holistically, since the menopausal transition affects and coincides with many other aspects of life, said clinical psychologist Christina Metcalf, PhD, an assistant professor at the CU School of Medicine who studies the impact of trauma on menopausal symptoms. In fact, "the menopausal transition is a great time to help women think about ways to improve their health, including their brain health," she said.

Indeed, helping women prioritize self-care is key, said Coons. "Women readily put their needs last on the list while juggling the demands of home, work, and community," she said. "Helping them figure out ways to get out for a walk, connect with friends, eat well, limit alcohol, get rest, and affirm what gives them meaning can go a long way to improving their health."

Interdisciplinary team approaches can also vastly improve care for perimenopausal and menopausal women, Coons added. "The more women can be seen in integrated settings for their primary and gynecological care, the better," she said.

In general, it is important not to pathologize menopause, but to highlight its role as a natural part of the life span, said Gibson. "Menopause doesn't have to be doom and gloom," she said. "For a lot of people, the menopausal transition brings freedom and flexibility and empowerment. For others, it brings a lot of challenges. The bottom line is that we need to talk about these things and to erase the stigma around them."

Here are other ways psychologists can help women as they transition to menopause.

QUESTIONS TO ASK FIRST

When Thurston first sees a midlife woman in treatment, she asks about three major symptom areas that can impact quality of life: sleep, trauma, and hot flashes.

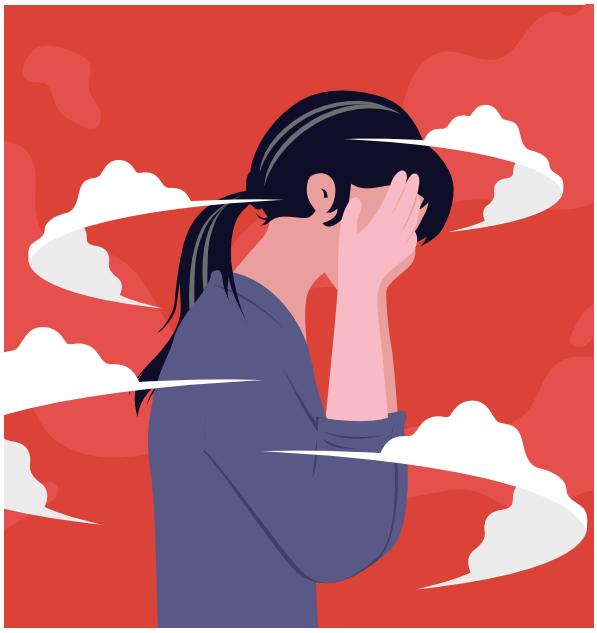
"One thing that emerges loud and clear from our data is the importance of sleep," she said. At least half of those undergoing the menopausal transition suffer

with insomnia and addressing it can help women cope better and potentially avoid depression. Cognitive behavioral therapy for insomnia (CBT-I) and brief behavioral therapy for insomnia (BBT-I) have both proven effective during menopause, including for women with hot flashes, Thurston said.

For women with histories of sexual or relationship trauma, psychologists can provide tailored trauma-informed interventions or refer patients to providers who specialize in them, Thurston added. Improving sleep may be especially important for these women: Her data, reported in a 2017 article in *Psychosomatic Medicine* (Vol. 79, No. 4), show that if women with trauma histories slept relatively well, their blood vessels looked normal compared with traumatized women with poorer sleep patterns.

For women whose hot flashes and night sweats have become unbearable, psychologists should refer them to physicians specializing in hormone replacement therapy, Santoro recommended. While hormone treatment is now considered safe and effective for many women, some are still leery of hormone replacement because of flawed findings from the Women's Health Initiative of the 1990s, which inaccurately linked an increased risk of breast cancer to the treatment. Providers can educate women on the latest findings, address their concerns, and help them make a personalized decision about if they want to try this approach, Santoro said.

Psychologists also can point women to trustworthy information sources like the North American Menopause Society, the Endocrine Society, and the American College of Obstetricians and Gynecologists, which provide online questionnaires and other practical guidance to aid women in deciding if they are a good fit for hormone therapy, Santoro added. In addition, Santoro said a new nonhormonal treatment for hot flashes, fezolinetant, "could be a game changer."



Menopause symptoms often include "brain fog" and hot flashes, and can be eased by interventions including exercise, evidence-based therapies, and simple lifestyle adjustments.

Psychologists can also encourage women experiencing hot flashes to take simple lifestyle steps to lessen the intensity, like dressing in layers of clothing, avoiding spicy foods, minimizing alcohol use, and keeping cool at night through air conditioning, open windows, or fans, said Coons.

DEPRESSION, ANXIETY, AND COGNITION

Depression, too, can flare up during the menopausal transition, and not just in women with a history of it. In a recent research review, Santoro and colleagues found that among women who present with depression during the transition, 16% were experiencing it for the first time. The reasons are varied, including hormonal shifts related to relevant brain pathways, life stresses, and insufficient sleep brought about by perimenopausal and menopausal symptoms (*The Journal of Clinical Endocrinology & Metabolism,* Vol. 106, No. 1, 2021).

Anxiety has been less studied, but Thurston sees a lot of it in her practice, too. Many of her patients also complain about other mood symptoms, such as increased irritability, anger, and trouble regulating emotions.

"It's almost like the ventrolateral prefrontal cortex is just not able to modulate as well," Thurston said. "Women are just kind of over [their symptoms] at this point."

To help with these challenges, Thurston uses CBT as well as mindfulness and positive psychology strategies to help women develop greater self-compassion. Some research also shows that menopausal hormone therapy can help stabilize mood for women with particularly bothersome menopausal symptoms, she said.

Other psychologists, meanwhile, are studying the effects of the menopausal transition on women's cognition, including memory, concentration, and fuzzy thinking—what many women refer to as brain fog. In general, while there is a decline in cognitive functioning during this time, it tends to return to baseline after menopause, according to Santoro's review.

OVEREARTH/GETTY IMAGES

That said, some women may be more vulnerable to cognitive problems during the menopausal transition than others. In her research on women with a history of traumatic childhood experiences, Metcalf is finding that higher levels of inflammatory markers are associated with difficulties in verbal learning specifically among perimenopausal women exposed to two or more categories of childhood adversity, but not among controls with less stressful childhoods. While these findings are preliminary, they suggest that inflammation and cognitive problems during perimenopause could be more closely related for some women than others. Future research could examine whether interventions aimed at reducing inflammation in this subset of women could aid their cognitive performance during perimenopause, Metcalf noted (*Brain, Behavior, and Immunity—Health,* Vol. 20, 2022).

ADDRESSING ROLE CHANGES

The menopausal transition isn't just a time of physiological and mental health challenges; it intersects with major life transitions as well. Children leaving the nest, divorces, and juggling the care of children and aging parents can all take a toll during this time. "We really need to be mindful about understanding women's subjective experience of menopause," said Lisa Kilpela, PhD, a clinical psychologist at the University of Texas (UT) Health San Antonio's Long School of Medicine, who studies eating disorders among midlife and older women.

To help women weather these life changes, Kilpela uses strategies from acceptance and commitment therapy (ACT) to help women stay focused on the present moment and accept negative thoughts and feelings without judgment so they can move through them without getting stuck.

She also encourages women to talk about the advantages of aging. "It can be easy to focus on the losses," she said. "Instead, I encourage women to flip that on its head and talk [about] the benefits of this time, the things you might get out of it." These could include newfound opportunities to travel, spend time with friends, or visit grandchildren; to take better care of oneself; and to be free of the menstrual cycle once and for all (Verzijl, C. L., et al., *Body Image,* Vol. 36, 2021).

Support groups and friends can also be hugely beneficial in helping women move through this passage, said psychologist Karen Samuels, PhD, a private practitioner in Flagler Beach, Florida, who incorporates yoga into her practice. Many women at this stage feel they cannot and do not want to continue to perform as full-time caretakers, but they are also not sure how to move away from that role and into a different identity.

"Getting the right support can help women gain the self-acceptance to upset the apple cart and write their story in a whole different way that works better for their lives," Samuels said.

LEMONO/GETTY IMAGES

ENCOURAGING EXERCISE

Among lifestyle interventions that can ease perimenopausal and menopausal symptoms and enhance well-being, exercise is a big one, these psychologists noted. Aerobic exercise, for example, can help with sleep, depression and anxiety, body image, and sexual energy, "not to mention a long list of other positive outcomes that are especially important during the midlife," said Coons.

A literature review by Colorado-based obstetrician and gynecologist Natalia M. Grindler, MD, and Santoro supports these observations, finding that exercise can help midlife women reduce or avoid obesity and related comorbidities, as well as the risk of cancer, dementia and cognitive decline, osteoporosis, osteopenia, falls, and fractures.

"Given that it is unambiguously beneficial, inexpensive, and minimal risk, maintaining a healthy exercise regimen should be a goal for every participant to enhance lifelong wellness," the

authors wrote (*Menopause*, Vol. 22, No. 12, 2015).

In general, encouraging women to move in whatever ways they enjoy—whether brisk walking, yoga, gardening, or more vigorous exercise—can help them manage this transition, Thurston added.

"I find that just getting into your body, moving, and gaining trust with your body is really important," she said.

BODY IMAGE AND EATING DISORDERS

Weight gain, expanding bellies, graying hair, wrinkles, drier skin—all are normal, if not always desirable, aspects of the menopausal transition.

Not surprisingly, they can also spur on body-image problems and eating disorders. A survey of 1,849 women aged 50 and older, for instance, found that 13% had disordered eating behaviors, were on diets, and had weight and shape concerns (Gagne, D. A., et al., *International Journal of Eating Disorders,* Vol. 45, No. 7, 2012). The COVID-19 pandemic only made matters worse, fueling eating disorders in women of all ages (Gao, Y., et al., *Journal of Public Health,* Vol. 30, No. 11, 2022).

"Age doesn't immunize anyone from body-image preoccupation and eating disorders," said Samuels, who conducts workshops on the topic with her colleague Margo Maine, PhD, author with Joe Kelly of *Pursuing Perfection: Eating Disorders, Body Myths, and Women at Midlife and Beyond* (Routledge, 2016). "For many midlife women, there's a huge internal struggle related to accepting oneself and one's changing appearance."

Research shows that menopause weight gain can sometimes lead to eating disorders (right). Psychologists can provide psychoeducation for patients experiencing sexual problems related to menopause (opposite).

VASELENA/GETTY IMAGES

She uses cognitive reappraisal and psychoeducation techniques to address some of these concerns, telling women that these bodily changes are normal and actually designed for women's survival. Contrary to societal messaging, extra body fat in the midsection produces hormones that are lost or lessened during menopause, ensuring the protection of vital organs and bone density. "So instead of thinking of your belly as your spare tire and turning against yourself," she tells women, "Think of it as your life preserver."

Samuels also educates women about parallels between the menopausal transition and puberty. "In adolescence, hormones are changing, the body is changing, you're feeling out of control, you're dealing with a changing identity," she tells them. When women consider that menopause is an equally huge passage, "they experience incredible relief," she said.

SEXUAL HEALTH

If menopause remains a taboo item for discussion, sex during menopause is even more so. But educating women on how to navigate this aspect of life can help them and their partners enjoy a healthy, happy, and more comfortable sex life, said counseling psychologist and University of Florida emeritus professor Laurie Mintz, PhD, who specializes in treating sexual issues.

"Menopause doesn't need to signal the end of your sex life at all," she said. "But I tell women they do need more communication, more lubrication, and more vibration."

Physiologically, menopause does not cause the loss of sexual desire, but its treatable

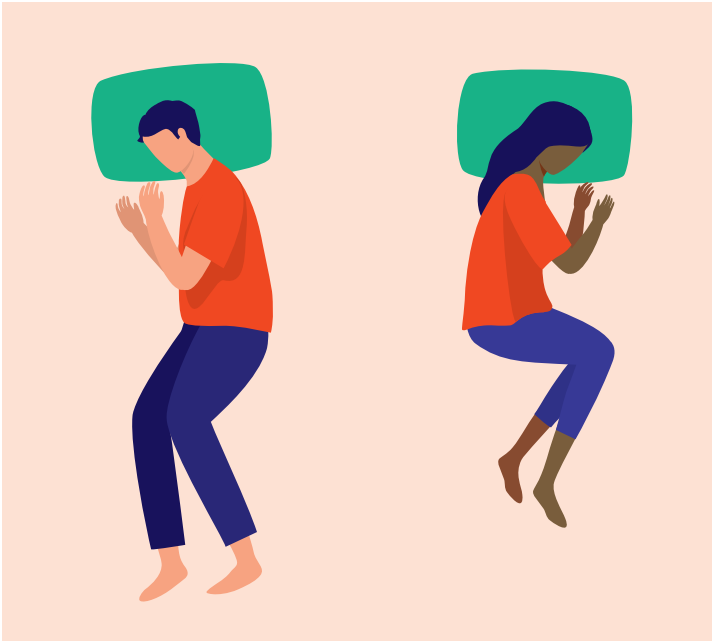
symptoms—stress, hot flashes, sleep problems—might, she explained. And the menopausal symptoms that are directly related to sexual problems, such as thinning, loss of lubrication, and irritation of the vulva and vaginal tissue, are also highly treatable, she said.

Again, psychoeducation is key. For example, Mintz tells women that it is normative for both women and men in midlife to experience lower spontaneous sexual desire, and that instead they can tap into "responsive desire"—sex for reasons besides simple arousal, like feeling closer to your partner and trusting that desire will emerge once you are engaging sexually. To this end, she encourages women and their partners to plan for sexual encounters, and to make that planning—and execution—well, sexy. Her suggestions include building an atmosphere for the encounter, being mindful during sexual activity, and even calling these meetings "trysts"—"because it sounds sexier," she said.

Mintz also teaches women that vaginal dryness is a physiological reality of menopause, something many women are not aware of. "So many menopausal women have told me they suddenly have painful intercourse, but they don't know why," she said. Psychologists can guide patients to providers who can prescribe treatments that can make a huge difference, including hormone replacement therapy and vaginal estrogen. Vaginal moisturizers are also readily available without prescriptions.

Be sure to connect patients with the right help, Mintz added. Many gynecology providers—not to mention psychologists—are not trained in sexual health. She recommends referring women to a certified sexual medicine practitioner, which they can find through networking or through online resources such as the North American Menopause Society and the International Society for the Study of Women's Sexual Health, both of which have "Find a Provider" links. The Scientific Network on Female Sexual Health and Cancer offers resources on sexual concerns during and after cancer treatment.

Mintz also advocates that psychologists seek training on sexual health and on treating sexual issues so they can better help their clients. "A lot of times people suffer in silence, and they don't know what's wrong," she said. "But most sexual issues, including the sexual pain caused by the vaginal symptoms of menopause, are very easily treated if they're caught early on."



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How menopause reshapes the brain
Ledford, H.
Nature, May 3, 2023

The menopause transition: Signs, symptoms, and management options
Santoro, N., et al.
The Journal of Clinical Endocrinology & Metabolism, 2021

Disparities in reproductive aging and midlife health between Black and White women: The Study of Women's Health Across the Nation (SWAN)
Harlow, S. D., et al.
Women's Midlife Health, 2022

Impact of menopause symptoms on women in the workplace
Faubion, S. S., et al.
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Vasomotor symptoms and their links to cardiovascular disease risk
Carson, M. Y., & Thurston, R. C.
Current Opinion in Endocrine and Metabolic Research, 2023

A biopsychosocial approach to women's sexual function and dysfunction at midlife: A narrative review
Thomas, H. N., & Thurston, R. C.
Maturitas, 2016

CULTURAL FACTORS

As noted, the SWAN study is finding differences in symptom severity and length among women of different ethnicities. Importantly, research also suggests that women of different ethnic backgrounds receive differential treatment for their symptoms, though more research is needed. One earlier study, for example, found that physicians asked 51% of White women about menopause symptoms and offered them hormone therapy, but asked only 21% of Black women about their symptoms and did not offer them any hormone therapy. This picture is complicated by the fact that Black women tend to be less accepting of hormone therapy than White women, believing it is unnatural or will have unwanted side effects

(Pham, K. C., et al., *Journal of General Internal Medicine*, Vol. 12, No. 4, 1997).

Others are looking into whether and how systemic racism might influence the intensity of symptoms Black women experience. A review of SWAN data, for example, suggests the need to examine contextual factors such as poverty and racial stress that may influence aspects of women's health before and during menopause (*Women's Midlife Health*, Vol. 8, No. 3, 2022).

Psychologist Lillian Comas-Díaz, PhD, who heads the Transcultural Mental Health Institute in Washington, D.C., said her trauma work with patients of color confirms some of that research, including that many of her patients of color report an earlier onset of menopause than White clients and that most were not prescribed hormone therapy unless they asked for it.

Several clients also told Comas-Díaz they had begun having menopausal symptoms after they experienced racial or gender stress and trauma. "The women themselves made this connection," she said.

Meanwhile, people of different ethnicities and cultures have different ways of thinking about and treating menopause—another area in need of more research, said Phoutdavone Phimphasone-Brady, PhD, a clinical health psychologist who studies women's health and access to care at the CU School of Medicine.

For example, research shows that Hispanic women are more likely than others to use herbal teas to treat hot flashes, while Indo-Asian women are less aware than others that hormone therapy is an option.

"We need to improve the way we educate patients about what is available for menopause treatment," Phimphasone-Brady said. "We also need to train providers to be more aware of racial and ethnic differences and preferences around the menopausal transition, and how they can use that information to inform their clinical decision-making."

RESOURCES

North American Menopause Society
www.menopause.org

Endocrine Society
https://www.endocrine.org

International Society for the Study of Women's Sexual Health
www.isswsh.org

Scientific Network on Female Sexual Health and Cancer
http://cancersexnetwork.org

PROVIDER EDUCATION

Finally, psychologists can improve menopause care by educating other health care providers about the mental and behavioral aspects of menopause. One such effort is a recent pilot project conducted by an interdisciplinary team at the CU School of Medicine that included Phimphasone-Brady, Coons, Santoro, and others.

In partnership with the nonprofit organization Project ECHO Colorado and funded by a Pfizer medical education grant, the intervention was geared toward improving women's health practitioners' ability to provide culturally competent menopause care to women of different ethnicities. Drawing from the most recent research, the team created seven online modules covering a range of topics related to the physiology, psychology, and sociology of menopause.

To enhance the didactic part of the program, participants—74 health care providers divided into three cohorts—interacted with virtual reality patient avatars of different ethnicities who presented with different concerns that corresponded to the seven modules. If a patient avatar complained of mood symptoms and hot flashes, for example, participants could select from a range of responses, ask follow-up questions, and learn the best responses for that patient based on the patient's responses and displayed emotion.

A post-intervention survey showed that half the participants found the virtual reality avatars easy to use, 46% felt the avatars helped them prepare for communicating with patients, and 33% would want to use the methodology again.

While those results were largely positive, Phimphasone-Brady said the intervention could be improved by expanding how the avatars communicate with providers, for example through AI-driven conversations on patients' menopause treatment preferences.

Eventually Phimphasone-Brady would like to see a version of the intervention used as a standard part of medical training, including for psychologists. "We could then do more rigorous studies to see whether this kind of training improves provider knowledge and patients' access to and quality of care over time," she said.

In general, more education about the menopausal transition can help both patients and providers navigate a complex but entirely natural stage of life, Santoro added.

"The most reassuring message we can give to our patients is that 'This too shall pass,'" she said. "And that it's OK to use medication and all the social cushioning you need to get through this time." ■

AMERICAN PSYCHOLOGICAL ASSOCIATION

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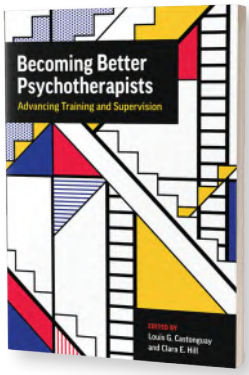

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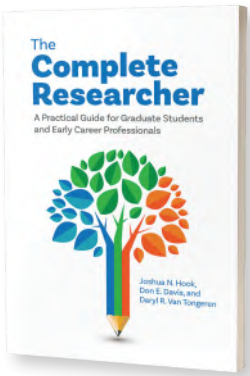

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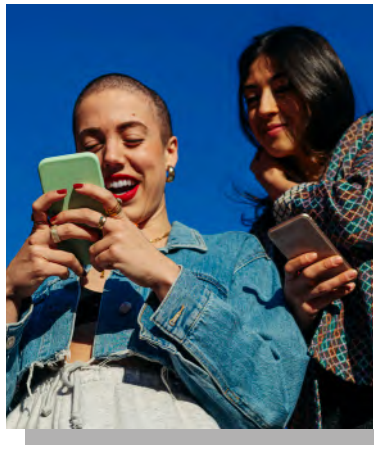
PROTECTING TEENS



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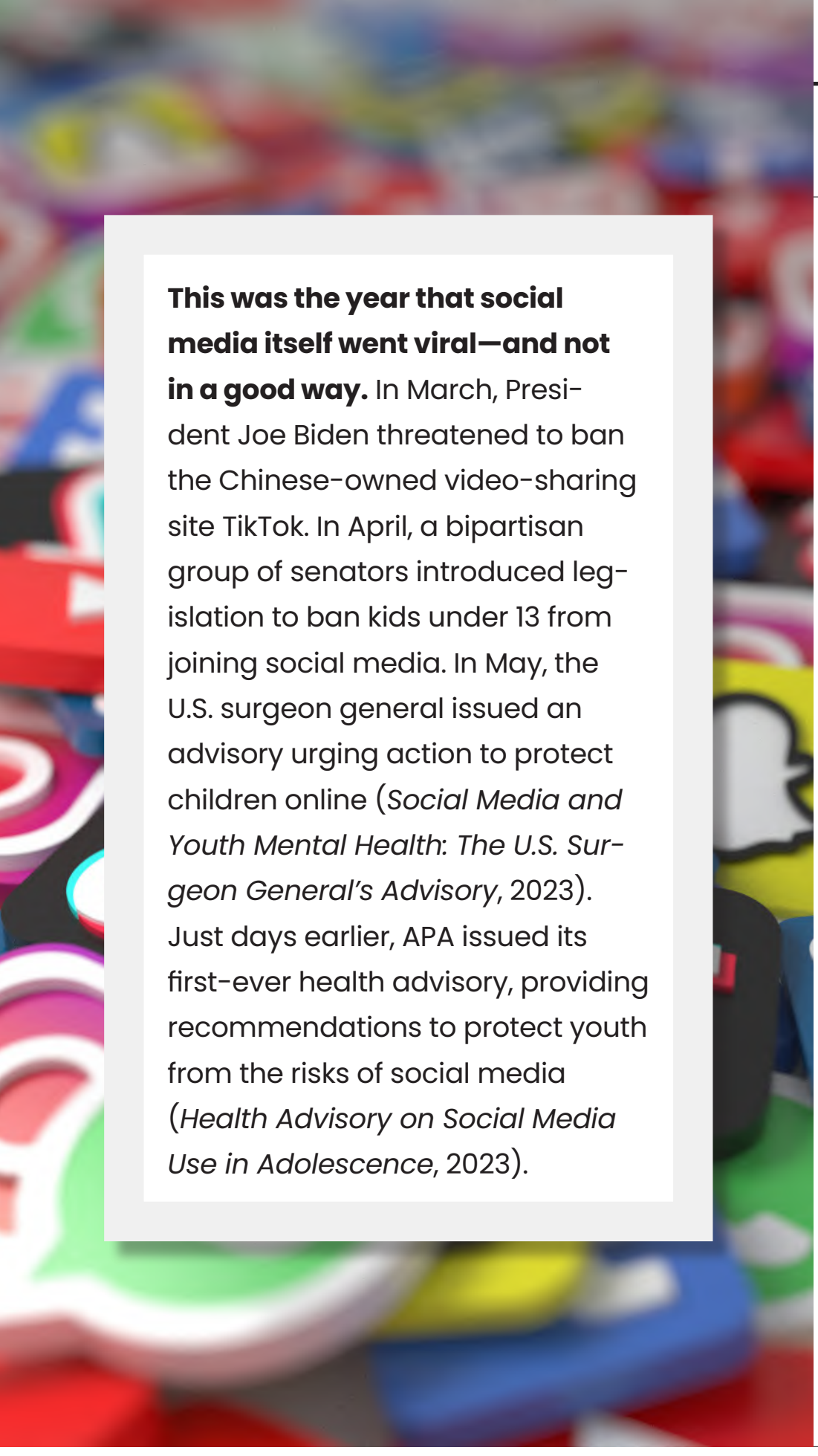
ON SOCIAL MEDIA

New psychological research exposes harms and benefits

BY KIRSTEN WEIR



This was the year that social media itself went viral—and not in a good way. In March, President Joe Biden threatened to ban the Chinese-owned video-sharing site TikTok. In April, a bipartisan group of senators introduced legislation to ban kids under 13 from joining social media. In May, the U.S. surgeon general issued an advisory urging action to protect children online (*Social Media and Youth Mental Health: The U.S. Surgeon General's Advisory*, 2023). Just days earlier, APA issued its first-ever health advisory, providing recommendations to protect youth from the risks of social media (*Health Advisory on Social Media Use in Adolescence*, 2023).

As youth mental health continues to suffer, parents, teachers, and legislators are sounding the alarm on social media. But fear and misinformation often go hand in hand. APA's recommendations aim to add science-backed balance to the discussion. "There's such a negative conversation happening around social media, and there is good reason for that. However, it's important to realize there can be benefits for many teens," said Jacqueline Nesi, PhD, an assistant professor of psychology at Brown University who studies technology use in youth, and a member of the APA panel that produced the health advisory. "Teens (and adults) obviously get something out of social media. We have to take a balanced view if we want to reach teens and help them use these platforms in healthier ways."

In 2023, an estimated 4.9 billion people worldwide are expected to use social media. For teens who grew up with technology, those digital platforms are woven into the fabric of their lives. "Social media is here to stay," said Mary Alvord, PhD, a clinical psychologist in Maryland and adjunct professor at George Washington University, and a member of the APA panel. That doesn't mean we have to accept its dangers, however. "Just as we decide when kids are old enough to drive, and we teach them to be good drivers, we can establish guidelines and teach children to use social media safely," Alvord said.

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SOCIAL MEDIA CHARMS AND HARMS

Even before the COVID-19 pandemic, rates of depression, anxiety, and suicide in young people were climbing. In 2021, more than 40% of high school students reported depressive symptoms, with girls and LGBTQ+ youth reporting even higher rates of poor mental health and suicidal thoughts, according to data from the U.S. Centers for Disease Control and Prevention (*Youth Risk Behavior Survey: Data Summary and Trends Report*, 2023). There are plenty of possible culprits, including climate change and natural disasters, mass violence and school shootings, racial injustice and civil unrest, all topped with the isolation and disruption of the pandemic.

Yet evidence indicates that social media could be partly to blame. Between 2004 and 2006, Facebook was introduced to U.S. colleges in a series of staggered rollouts. In the year that followed each introduction, mental health on those campuses declined, according to a study by Massachusetts Institute of Technology economist Alexey Makarin, PhD, and colleagues. After the site was introduced to a college, severe depression increased by an average of 7%, while anxiety disorder increased by 20% (*American Economic Review*, Vol. 112, No. 11, 2022).

Young people may be particularly vulnerable to social media's charms—as well as its harms. During adolescent development, brain regions associated with the desire for attention, feedback, and reinforcement from peers become more sensitive. Meanwhile, the brain regions involved in self-control have not fully matured. That can be a recipe for disaster. "The need to prioritize peers is a normal part of adolescent development, and youth are turning to social media for some of that longed-for peer contact," said clinical psychologist Mary Ann McCabe, PhD, ABPP, a member-at-large of APA's Board of Directors, adjunct associate professor of pediatrics at George Washington University School of Medicine, and cochair of the expert advisory panel. "The original yearning is social, but kids can accidentally wander into harmful content."

Young people may be particularly vulnerable to social media's charms and harms because of adolescent brain development that limits self-control and makes youth more sensitive to attention, feedback, and reinforcement from peers.

The potential risks of social media may be especially acute during early adolescence, when puberty delivers an onslaught of biological, psychological, and social changes. One longitudinal analysis of data from youth in the United Kingdom found distinct developmental windows during which adolescents are especially sensitive to social media's impact. During those windows—around 11 to 13 for girls and 14 to 15 for boys—more social media use predicts a decrease in life satisfaction a year later, while lower use predicts greater life satisfaction (Orben, A., et al., *Nature Communications*, Vol. 13, No. 1649, 2022).

One takeaway from such research is that adults should monitor kids' social media use closely in early adolescence, between the ages of 10 and 14 or so. As kids become more mature and develop digital literacy skills, they can earn more autonomy.

THE COST OF CONNECTION

The internet is at its best when it brings people together. Adults can help kids get the most out of social media by encouraging them to use online platforms to engage with others in positive ways. "The primary benefit is social connection, and that's true for teens who are connecting with friends they already have or making new connections," Nesi said. "On social media, they can find people who share their identities and interests."

Online social interaction can promote healthy socialization among teens, especially when they're experiencing stress or social isolation. For youth who have anxiety or struggle in social situations, practicing conversations over social media can be an important step toward feeling more comfortable interacting with peers in person. Social media can also help kids stay in touch with their support networks. That can be especially important for kids from marginalized groups, such as LGBTQ+ adolescents who may be reluctant or unable to discuss their identity with caregivers (Craig, S. L., et al., *Social Media + Society*, Vol. 7, No. 1, 2021). In such cases, online support can be a lifeline.

"We know from suicide prevention research that it's critical for people to know they aren't alone," Alvord said.

Parents should talk to kids often about social media and technology, monitor the amount of time kids can use devices, and remove devices from the bedroom at night.

MASKOT/GETTY IMAGES

Kids also learn about themselves online. "Social media provides a lot of opportunities for young people to discover new information, learn about current events, engage with issues, and have their voices heard," Nesi added. "And it gives them an opportunity to explore their identities, which is an important task of the adolescent years."

Yet all those opportunities come at a cost. "There is a lot of good that can come from social media. The problem is, the algorithms can also lead you down rabbit holes," Alvord said. Technology is expertly designed to pull us in. Features such as "like" buttons, notifications, and videos that start playing automatically make it incredibly hard to step away. At the extreme, social media use can interfere with sleep, physical activity, schoolwork, and in-person social interactions. "The risk of technologies that pull us in is that they can get in the way of all the things we know are important for a teen's development," Nesi said.

Research suggests that setting limits and boundaries around social media, combined with discussion and coaching from adults, is the best way to promote positive outcomes for youth (Wachs, S., et al., *Computers & Education*, Vol. 160, No. 1, 2021). Parents should talk to kids often about social media and technology and also use strategies like limiting the amount of time kids can use devices and removing devices from the bedroom at night. Caregivers should also

keep an eye out for problematic behaviors, such as strong cravings to use social media, an inability to stop, and lying or sneaking around in order to use devices when they aren't allowed.

In helping to set boundaries around social media, it's important that parents don't simply limit access to devices, Alvord added. "Removing devices can feel punitive. Instead, parents should focus on encouraging kids to spend time with other activities they find valuable, such as movement and art activities they enjoy," she said. "When kids are spending more time on those things, they're less likely to be stuck on social media."

DANGEROUS CONTENT

Spending too much time on social media is one cause for concern. Dangerous content is another. Despite efforts by caregivers and tech companies to protect kids from problematic material, they still encounter plenty of it online—including mis- and disinformation, racism and hate speech, and content that promotes dangerous behaviors such as disordered eating and self-harm.

During the first year of the pandemic, when kids were spending more time at home and online, McCabe saw a flurry of new diagnoses of eating disorders in her teen patients and their friends. "These kids often reported that they started by watching something relatively benign, like exercise videos," she said. But their social media algorithms doubled down on that content, offering up more and more material related to body

SOCIAL MEDIA RECOMMENDATIONS

APA's *Health Advisory on Social Media Use in Adolescence* makes these recommendations based on the scientific evidence to date:

1. Youth using social media should be encouraged to use functions that create opportunities for social support, online companionship, and emotional intimacy that can promote healthy socialization.
2. Social media use, functionality, and permissions/consenting should be tailored to youths' developmental capabilities; designs created for adults may not be appropriate for children.
3. In early adolescence (i.e., typically 10–14 years), adult monitoring (i.e., ongoing review, discussion, and coaching around social media content) is advised for most youths' social media use; autonomy may increase gradually as kids age and if they gain digital literacy skills. However, monitoring should be balanced with youths' appropriate needs for privacy.
4. To reduce the risks of psychological harm, adolescents' exposure to content on social media that depicts illegal or psychologically maladaptive behavior, including content that instructs or encourages youth to engage in health-risk behaviors, such as self-harm (e.g., cutting, suicide), harm to others, or those that encourage eating-disordered behavior (e.g., restrictive eating, purging, excessive exercise) should be minimized, reported, and removed; moreover, technology should not drive users to this content.
5. To minimize psychological harm, adolescents' exposure to "cyberhate" including online discrimination, prejudice, hate, or cyberbullying especially directed toward a marginalized group (e.g., racial, ethnic, gender, sexual, religious, ability status), or toward an individual because of their identity or allyship with a marginalized group should be minimized.
6. Adolescents should be routinely screened for signs of "problematic social media use" that can impair their ability to engage in daily roles and routines, and may present risk for more serious psychological harms over time.
7. The use of social media should be limited so as to not interfere with adolescents' sleep and physical activity.
8. Adolescents should limit use of social media for social comparison, particularly around beauty- or appearance-related content.
9. Adolescents' social media use should be preceded by training in social media literacy to ensure that users have developed psychologically-informed competencies and skills that will maximize the chances for balanced, safe, and meaningful social media use.
10. Substantial resources should be provided for continued scientific examination of the positive and negative effects of social media on adolescent development.

To read the full recommendations and see the science behind them, visit www.apa.org/topics/social-media-internet/health-advisory-adolescent-social-media-use.

image and weight. "It was an echo chamber," McCabe added. "And several of my patients attributed their eating disorders to this online behavior."

Unfortunately, McCabe's observations seem to be part of a common pattern. A large body of research, cited in APA's health advisory, suggests that using social media for comparisons and feedback related to physical appearance is linked to poorer body image, disordered eating, and depressive symptoms, especially among girls.

Other research shows that when youth are exposed to unsafe behaviors online, such as substance use or self-harm, they may be at greater risk of engaging in similar behaviors themselves. In a longitudinal study of high school students, Nesi and colleagues showed that kids who saw their peers drinking alcohol on social media were more likely to start drinking and to binge drink 1 year later, even after controlling for demographic and developmental risk factors (*Journal of Adolescent Health,* Vol. 60, No. 6, 2017).

Cyberbullying is another source of worry, both for young people and their caregivers. Indeed, research shows that online bullying and harassment can be harmful for a young person's psychological well-being. APA's health advisory cited several studies that found online bullying and harassment can be more severe than offline bullying. The research showed it can increase the risk of mental health problems in adolescents—with risks for both perpetrators and victims of cyberhate.

FURTHER READING

Algorithms of oppression: How search engines reinforce racism
Noble, S. U.
New York University Press, 2018

Family Online Safety Institute
www.fosi.org/

An updated agenda for the study of digital media use and adolescent development: Future directions following Odgers & Jensen (2020)
Prinstein, M. J., et al.
The Journal of Child Psychology and Psychiatry, 2020

From Google searches to Russian disinformation: Adolescent critical race digital literacy needs and skills
Tynes, B., et al.
International Journal of Multicultural Education, 2021

How social media affects teen mental health: A missing link
Orben, A., & Blakemore, S.-J.
Nature, Feb. 14, 2023

Techno Sapiens
https://technosapiens.substack.com/

INGRAINED RACISM

Search engines and social media algorithms can expose adolescents to other types of cyberhate, including racism. In fact, online algorithms often have structural racism and bias baked in, in ways that White users might not even notice. Sometimes, the algorithms themselves churn out biased or racist content. TikTok, for instance, has come under fire for recommending new accounts based on the appearance of the people a user already follows—with the inadvertent effect of segregating the platform. In addition to this form of "algorithmic bias," people of color are frequently subjected to what some researchers call "filter bias." In one common example, the beauty filters built into sites like Instagram or Snapchat might apply paler skin or more typically White facial features to a user's selfies.

Like microaggressions in offline life, online racism in the form of algorithmic and filter bias can take a toll on mental health, said Brendesha Tynes, PhD, a professor of education and psychology at the University of Southern California, and a member of the APA advisory panel. In an ongoing daily diary study with adolescents, she is finding evidence that people who are exposed to algorithmic and filter bias are at increased risk of next-day depression and anxiety symptoms.

"I'm an adult who studies these issues and who has a lot of strategies to protect myself, and it can still be really hard" to cope with online racism, she said. Impressionable teens who haven't learned such strategies are likely to experience even greater psychological impacts from the racism they encounter every day on social media. "We're just beginning to understand the profound negative impacts of online racism," Tynes said. "We need all hands on deck in supporting kids of color and helping them cope with these experiences."

Despite the drawbacks of technology, there is a silver lining. Tynes has found Black youth receive valuable social support from other Black people on social media. Those interactions can help them learn to think critically about the racism they encounter. That's important, since her research also shows that youth who are able to critique racism experience less psychological distress when they witness race-related traumatic events online (*Journal of Adolescent Health*, Vol. 43, No. 6, 2008).

Tynes said more research is needed to understand how online racism affects youth and how best to protect them from its harms.

"Different groups have vastly different experiences online," she said. "We need more detailed recommendations for specific groups."

A ROLE FOR PSYCHOLOGY

How to protect kids from online racism is just one of a long list of questions on researchers' wish lists. Digital technologies evolve so quickly that kids are off to a new platform before scientists can finish collecting data about yesterday's favorite sites. "There's so much we still don't know about this topic. That's understandably frustrating for people because social media is

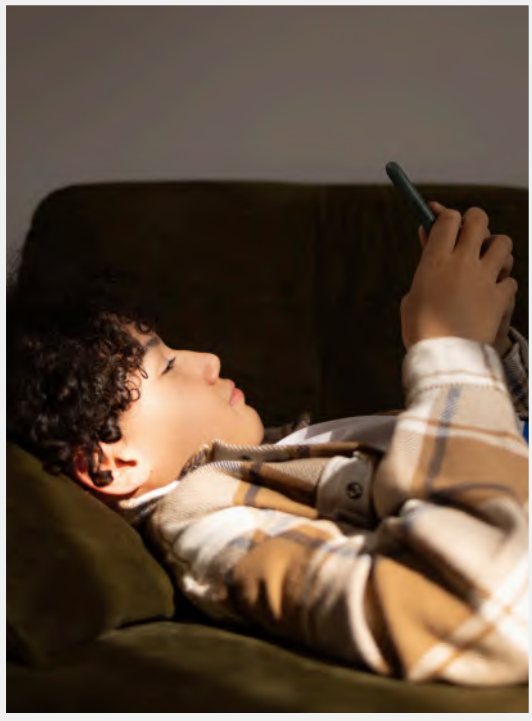
impacting people's lives as we speak," Nesi said.

It's likely some groups, and some individuals, are more susceptible than others to the negative effects of social media, she added. "We need more information about who is more vulnerable and who is more resilient, and what it is they're doing online that's healthy versus harmful."

While there is a lot of work to be done, Nesi said, "we're getting closer." As APA's recommendations make clear, there is ample evidence some types of content and online behaviors can harm youth. Adult role models can work together with teens to understand the pitfalls of technology and establish boundaries to protect them from dangerous content and excessive screen time.

Psychological research shows children from a young age should be taught digital literacy skills such as identifying misinformation, protecting privacy, understanding how people can misrepresent themselves online, and how to critically evaluate race-related materials online. One way to promote those skills may be to lean into teens' inherent skepticism of grown-ups. "You can teach kids that a lot of people want something from them," Alvord said—whether it's a stranger trying to message them on Instagram, or TikTok earning money by collecting their data or showing them branded content.

That's not to say it's easy to help kids develop a healthy relationship with social media. "By necessity, adolescents disagree more with their parents—and they are formidable when they insist on having something, like phones or social media, that all their friends have," McCabe said. "But parents are eager for guidance. There is an appetite for this information now," she added—and psychological scientists can help provide it.



IVAN PANTIC/GETTY IMAGES

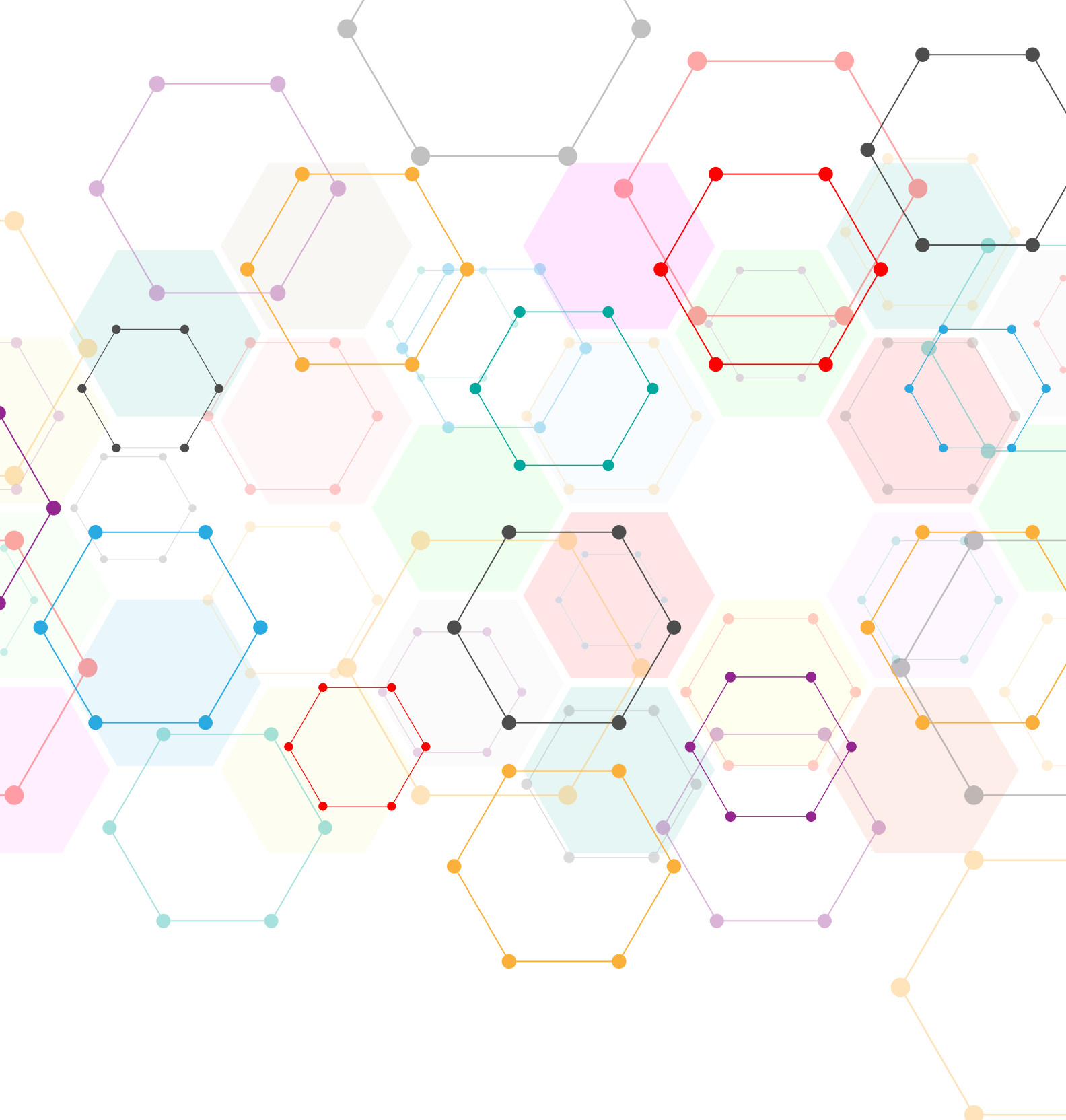
Psychological research shows children from a young age should be taught digital literacy skills, such as identifying misinformation, protecting privacy, understanding how people can misrepresent themselves online, and how to critically evaluate race-related materials online.

That scientific research can inform broader efforts to keep children safe on social media as well. "Parents can't do this alone," Nesi said. "We need larger-scale changes to these platforms to protect kids."

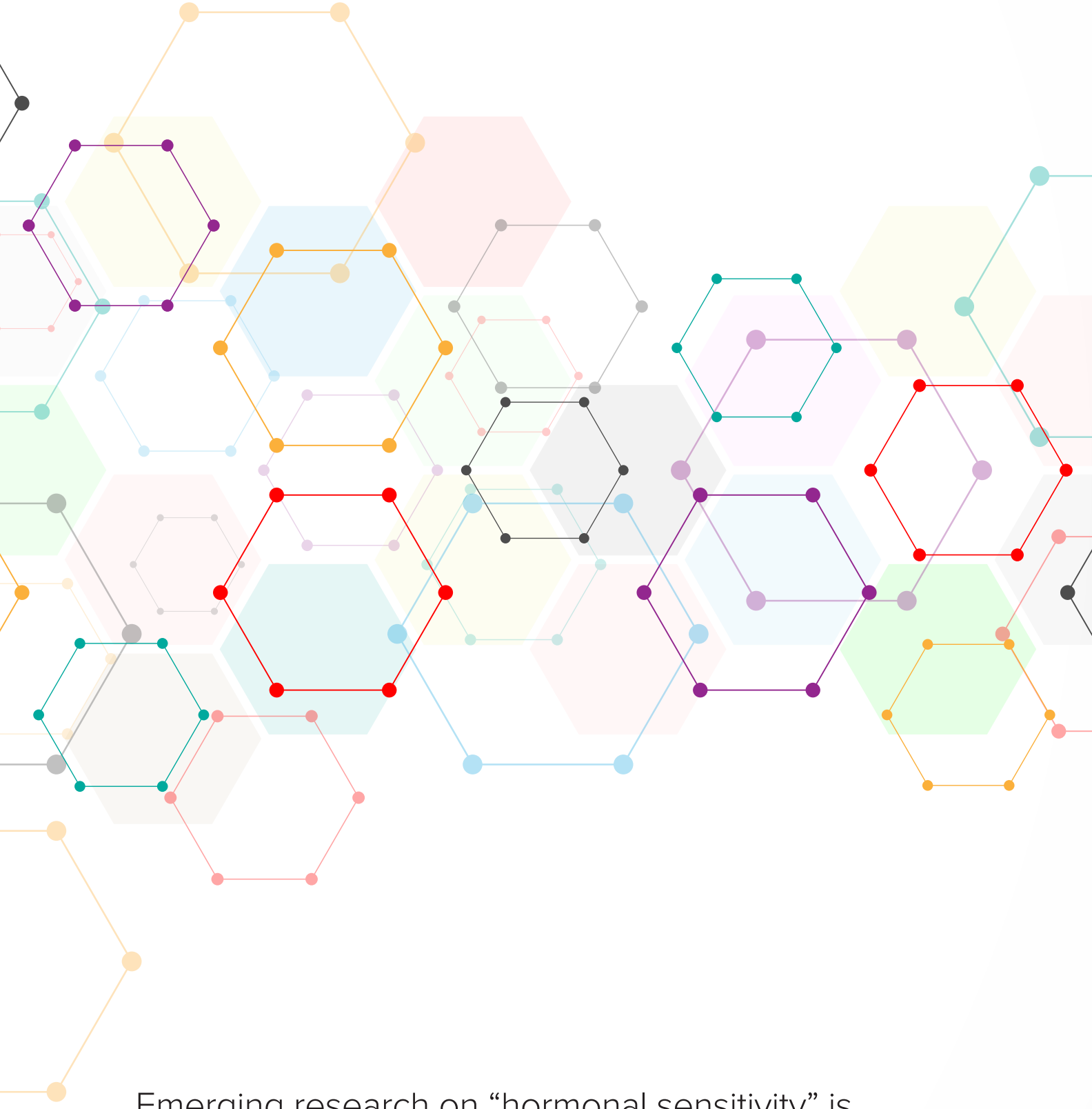
There are efforts to make such changes. The Kids Online Safety Act, a bipartisan bill introduced in April, establishes a duty of care for social media companies to protect minors from mental health harms, sex trafficking, narcotics, and other dangers. Additionally, the bill requires social media companies to go through independent, external audits, allows researcher access to platform data assets, and creates substantial youth and parental controls to create a safer digital environment. Even as legislators and tech companies consider those and other policies, researchers can continue their efforts to determine which actions might be most protective, said Nesi, who is currently leading a study to understand which features of social media are helpful versus harmful for kids at high risk of suicide. "For some kids, being able to connect with others and find support is really important. For others, social media may create more challenges than it solves," Nesi said. "The key is making sure we don't accidentally do any harm" by enacting restrictions and legislation that are not backed by science.

While researchers forge ahead, clinical psychologists, too, can add valuable insight for teens and their families. "Screens are a central part of adolescents' lives, and that needs to be integrated into assessment and treatment," Nesi said. "Clinicians can help families and teens take a step back and look at their social media use to figure out what's working for them and what isn't."

Someday, McCabe said, digital literacy may be taught in schools the same way that youth learn about sexual health and substance use. "I hope we'll come to a point where teaching about the healthy use of social media is an everyday occurrence," she said. "Because of this dialogue that we're having now among families and policymakers, we may see a new generation of kids whose entry into the digital world is very different, where we can use social media for connection and education but minimize the harms," she added. "I hope this is the beginning of a new day." ■



THE MENSTRUAL CYCLE:
THE FIFTH VITAL SIGN?



Emerging research on “hormonal sensitivity” is opening up new avenues for suicide prevention and other interventions

BY REBECCA A. CLAY

KINGWIN/GETTY IMAGES

Many people who menstruate experience mild physical or psychological symptoms of premenstrual syndrome (PMS), such as bloating, tender breasts, sadness, and irritability, according to the International Association for Premenstrual Disorders (IAPMD). For most of these people, such symptoms aren't a big deal. But for a small percentage of those who menstruate—about 6%—premenstrual symptoms are so severe and extensive that they interfere with daily life.

For these individuals, premenstrual dysphoric disorder (PMDD) can cause intense symptoms like anger, mood swings, depression, anxiety, and conflict in the weeks before bleeding begins. In some patients, the symptoms that occur during what some with PMDD call "werewolf week" become so severe that they have resorted to hysterectomies or even suicide.

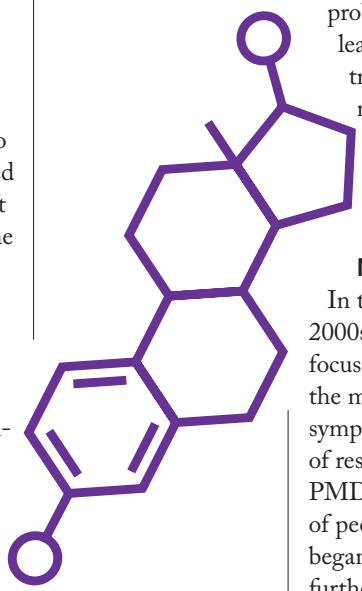
Now psychologists and others are getting closer to figuring out why some people are more susceptible. Researchers like Tory Eisenlohr-Moul, PhD, who chairs IAPMD's clinical advisory board, are finding that an abnormal sensitivity to the normal rise and fall of hormones during the menstrual cycle is to blame. That hormonal sensitivity doesn't just cause PMDD, said Eisenlohr-Moul, an associate professor of psychiatry and psychology at the University of Illinois at Chicago. It can also exacerbate other mental and behavioral health conditions, including borderline personality disorder, post-traumatic stress disorder (PTSD), and attention-deficit/hyperactivity disorder (ADHD).

For Hudson, New York, writer Chloe Caldwell, PMDD meant developing overwhelming feelings of rage and paranoia in the week before her period. For 3 weeks of every month, she felt like her normal self. "And then I would completely transform into the Hulk," said Caldwell, who described mental and emotional symptoms that threatened a new romantic relationship and other aspects of her life. Then her therapist asked if she had heard of PMDD. "It was a relief to have a label," said Caldwell, who went on to write a memoir called *The Red Zone: A Love Story* (Soft Skull Press, 2022) about how she struggled with but eventually overcame the disorder.

By asking about PMDD, Caldwell's therapist proved herself unusual, according to Eisenlohr-Moul. "Most psychologists don't know much about it yet, but they really should," she said, especially since most patients who seek care from psychologists are females of reproductive age.

To help the often misunderstood, underserved population of patients experiencing severe menstrual-related symptoms, practitioners should familiarize themselves with the emerging science on the mechanisms underlying PMDD and related problems, Eisenlohr-Moul and other psychologists said. They should understand the issue's seriousness without contributing to the stigma that is sometimes associated with premenstrual problems. And they should learn how to diagnose and treat those with what is now known as "hormonal sensitivity."

Hormonal sensitivity is an abnormal reaction to normal hormonal fluctuations. It shouldn't be confused with--or contribute to the stigmatizing of--normal menstrual cycles.



PETERSNOW/GETTY IMAGES

THE EMERGING SCIENCE ON HORMONAL SENSITIVITY

In the late 1990s and early 2000s, researchers began to focus on people who experience the most severe premenstrual symptoms. That first generation of researchers established that PMDD exists in a small subset of people who menstruate and began laying the groundwork for further research into the mechanisms at play.

The researchers found that PMDD is not a hormonal imbalance, a common

misconception. Instead, it is an abnormal sensitivity in the brain to the normal rise and fall of hormones during the menstrual cycle, said Eisenlohr-Moul. Hormonal sensitivity might not happen only in those who menstruate, she added. Although hormonal sensitivity in men is even more understudied than in people who menstruate, one early study by pioneering PMDD researcher Peter J. Schmidt, MD, and colleagues found that a small minority of male participants were unusually sensitive to fluctuations in testosterone and experienced disturbances in mood along with the rise and fall of that hormone (*Archives of General Psychiatry,* Vol. 61, No. 10, 2004).

Since those early days, PMDD has become an official diagnosis. The *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition) added PMDD in 2013; the *International Statistical Classification of Diseases and Related Health Problems* (ICD-11) followed suit in 2019. Those additions sparked controversy, said anthropologist Kathryn Clancy, PhD, author of *Period: The Real Story of Menstruation* (Princeton University Press, 2023). Some argued that hormones make all women a little unhinged; others claimed that PMDD was a made-up diagnosis that stigmatizes those who menstruate.

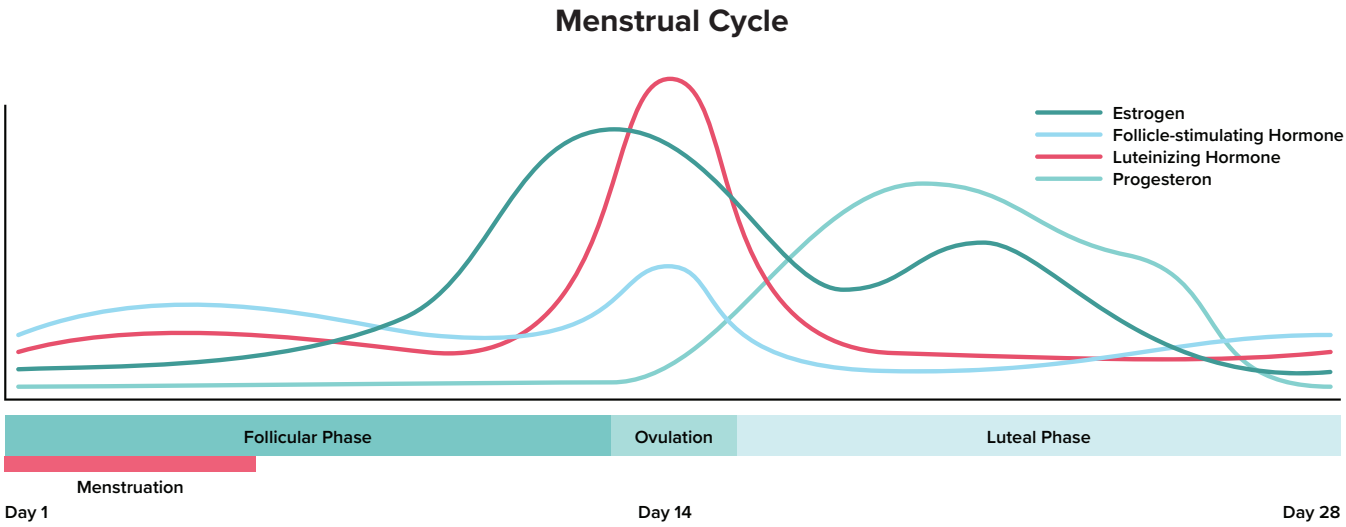
What's needed is more nuance, said Clancy, a professor of anthropology at the University of Illinois at Urbana-Champaign. "It's not mutually exclusive to say that women are not hysterical and to say that there are a significant number of people with menstrual cycles who are suffering greatly and deserve far more attention than they have received," she said. "It's possible for something like PMDD to exist and to severely affect up to 6% of cycling people and to say the existence of this condition doesn't mean by extension that all cycling people have some sort of mental health condition."

SDI PRODUCTIONS/GETTY IMAGES

PMDD researchers are also motivated to take a more nuanced approach. The field is currently exploring how hormonal sensitivity manifests itself during other phases of life, including peripubertal, peripartum, and perimenopausal changes. Researchers are also discovering that some people who menstruate experience symptoms at other points in their cycles, not just in the two weeks before their periods. "We know that the pattern that people have isn't always consistent with what we think of as premenstrual," said Eisenlohr-Moul.

"It's not mutually exclusive to say that women are not hysterical and to say that there are a significant number of people with menstrual cycles who are suffering greatly and deserve far more attention than they have received."

KATHRYN CLANCY, PROFESSOR OF ANTHROPOLOGY AT THE UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN AND AUTHOR OF *PERIOD: THE REAL STORY OF MENSTRUATION*

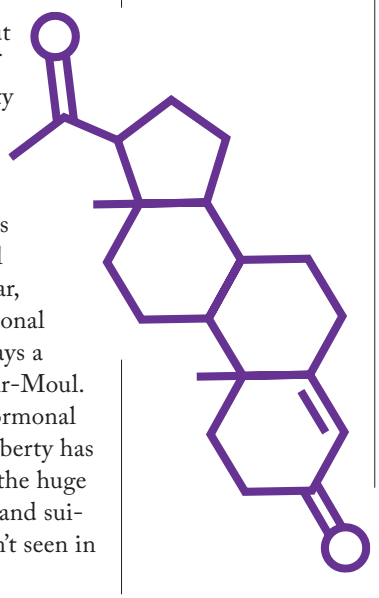


A POTENTIALLY DEADLY PROBLEM

Researchers are also delving into the complexities of how hormonal sensitivity presents in clinical practice.

Take suicidality in adolescent girls. Data from the U.S. Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey in 2021 found that almost a third of high school girls had seriously thought about attempting suicide. Of course, girls have plenty of external reasons to feel sad. That same CDC survey found that nearly 20% of girls had experienced sexual violence in the past year, for instance. But hormonal sensitivity probably plays a role, too, said Eisenlohr-Moul. The introduction of hormonal fluctuations around puberty has something to do with the huge increase in depression and suicidality in girls that isn't seen in boys, she speculated.

In addition to increased suicidal behavior, those with extreme hormonal sensitivity are at risk of a number of different types of accidents and injuries.



Hormonal sensitivity seems to drive self-injurious thoughts and behaviors in adults, too, Eisenlohr-Moul has found. In a study of almost 600 individuals ages 13 to 62 with a PMDD diagnosis, 72% reported lifetime active suicidal ideation, 49% reported planning suicide, and 34% had made an attempt (*BMC Psychiatry,* Vol. 22, 2022). More than half reported nonsuicidal self-injury. In another study, Eisenlohr-Moul and her fellow researchers identified a potential mechanism behind hormonal sensitivity's link to suicide: acute premenstrual withdrawal from sex hormones (*Translational Psychiatry,* Vol. 12, 2022). People with premenstrual disorders, including PMS and PMDD, are also at higher risk of falls, car accidents, and other forms of injury in addition to suicidal behavior, a Swedish study has found (Yang, Q., et al., *BMC Medicine,* Vol. 19, 2021).

While early researchers focused on menstruators with clear on/off patterns of premenstrual distress, Eisenlohr-Moul and others are now exploring the more complex cases they commonly see in clinical practice—patients who have hormonal sensitivity along with other psychiatric disorders.

That overlap is common, said Laura Payne, PhD, an assistant professor of psychology in the psychiatry department at Harvard Medical School. In a synthesis of the literature on the menstrual cycle's effect on women's mental health, Payne and colleagues found that psychiatric symptoms were often exacerbated during the premenstrual and menstrual phases (*Harvard Review of Psychiatry,* Vol. 30, No. 2, 2022). Although more high-quality studies are needed, said Payne, there was clear evidence that depression, suicide attempts and suicide, psychosis, mania, and alcohol use increase during these phases, while stress, anxiety, and binge eating are elevated throughout the nearly 2-week-long luteal phase. (The

PIKOVIT44/GETTY IMAGES; PETERSNOW/GETTY IMAGES

luteal phase begins halfway through a 28-day menstrual cycle, after ovulation, and prepares the uterus for a potential pregnancy.) "Overall, the premenstrual and menstrual phases seem to be the most vulnerable times for women, meaning they could experience a worsening of psychiatric symptoms," said Payne, explaining that the review included studies looking at all women, not just those with PMDD.

The exacerbation of symptoms doesn't necessarily occur only in the premenstrual phase, Payne and other researchers are finding. In a small study of patients with borderline personality disorder, for example, reactive aggression—things like yelling at someone in response to frustration or other strong emotions—increased during the midluteal phase, while proactive aggression—being aggressive as a way of getting needs met—increased during the follicular phase (Aggressive Behavior, Vol. 46, No. 2, 2020). (The follicular phase starts when menstrual bleeding begins and ends when ovulation occurs.). "Borderline personality disorder is characterized by high levels of fluctuating symptoms," said lead author Jessica R. Peters, PhD, a member of the IAPMD's clinical advisory board and associate professor of psychiatry and human behavior at the Alpert Medical School of Brown University. "Being able to predict even a piece of that would be invaluable."

A KEY TO DIAGNOSIS

To account for hormonal sensitivity's potential impact on clients, practitioners might think of the menstrual cycle as a fifth vital sign, said Payne.

Asking about the date of the last menstrual period can draw the clinician's attention to especially vulnerable times and allow for advanced planning around stress reduction, coping skills, and self-care. Researchers should also pay attention to the menstrual cycle's effect, Payne said. "I question how our existing research findings would apply differently if the menstrual cycle were included as a variable in so many different psychiatric research studies," she said. "Not accounting for that variability introduces a question of just how generalizable the results are."

Consider ADHD. Practitioners have long thought of ADHD as stable, and a diagnosis can only happen if it was present during a patient's childhood, before puberty or menstruation begins, said Michelle M. Martel, PhD, a University of Kentucky psychology professor. But findings from a small pilot study suggest that may not be the best way to think about ADHD, said Martel. In that study, Martel and other researchers found that ADHD symptoms increased during both the early follicular and early luteal, or post-ovulatory, phases (*Psychoneuroendocrinology,* Vol. 88, 2018). "If you're doing an assessment of a naturally cycling woman and she's at the beginning of her cycle, you might see fewer ADHD symptoms and she may not meet the diagnostic criteria," said Martel. "At the end of her cycle, symptoms might increase."

Failing to take the menstrual cycle's impact into account can have dire practical consequences for patients, said Jenna Rieder, PhD, an assistant professor of psychology at Thomas Jefferson University in Philadelphia. In a study of women with a history of trauma, Rieder and colleagues found that trauma-related symptoms rose and fell along with the hormone estradiol, with increased symptoms during their cycle's first few days when estradiol is low and reduced symptoms when estradiol levels are higher close to ovulation (*Psychological Trauma: Theory, Research, Practice, and Policy,* Vol. 14, No. 5, 2022).

"Our data suggest that the day of the month when you ask someone to self-report symptoms could mean the difference between meeting the clinical criteria for PTSD or not," said Rieder. If you ask about symptoms when estradiol is high, she pointed out, the patient could miss out on benefits like veterans' compensation or insurance coverage.

In addition to considering the menstrual cycle's effect on existing disorders, clinicians should also assess whether menstruating patients with troublesome symptoms have PMDD. An official diagnosis requires patients to rate symptoms daily over two cycles using a tool like the Daily Record of Severity of Problems in order to determine whether symptoms are related to the menstrual cycle. Often clinicians diagnose PMDD based on brief interviews in which they ask patients to recall symptoms over the past year, but that approach results in "a huge false positive rate," said IAPMD clinical advisory board

ADDITIONAL RESOURCES

CycleDx
A hub for free clinical science resources on PMDD and other cyclical symptoms

How to study the menstrual cycle: Practical tools and recommendations
Schmalenberger, K. M., et al. *Psychoneuroendocrinology,* 2021

Me v PMDD symptom tracker app

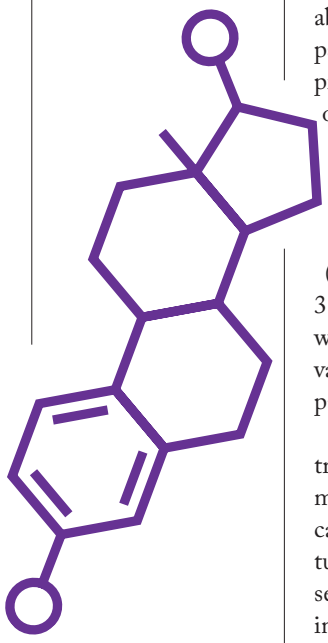
PMDD/PME Self-Screen
International Association for Premenstrual Disorders

Treatment of premenstrual syndrome and premenstrual dysphoric disorder
Casper, R. F., & Yonkers, K. A. UpToDate, 2023

member Jaclyn Ross, PhD, a clinical research scientist at the University of Illinois at Chicago and founder of a specialty clinic for premenstrual disorders in private practice.

TREATMENTS THAT WORK

When it comes to treating PMDD, many psychologists don't get a lot of training, said Liisa Hantsoo, PhD, an assistant professor of psychiatry and behavioral sciences at the Johns Hopkins School of Medicine and an IAPMD clinical advisory board member. For one thing, she said, this relatively new diagnosis is an understudied area and often underrecognized even by health care providers. And it's extra tricky because it falls at the crossroads between mental health and physical health. "Sometimes people with PMDD can get shuttled back and forth," said Hantsoo, explaining that a patient might visit a gynecologist first only to be advised to seek treatment from a mental health professional. "It's often frustrating for people with PMDD, because it's hard to even know which provider to go to."



In a survey of more than 2,500 patients with PMDD, Hantsoo and colleagues found that patients rated gynecologists highest when it came to awareness of and knowledge about PMDD, followed by psychiatrists and then general practitioners. Psychologists and other therapists trailed all three types of physicians on the knowledge and awareness front, but patients rated them highest for compassion (*Journal of Women's Health,* Vol. 31, No. 1, 2022). "Therapists were the most likely to listen, validate concerns, and take patients seriously," said Hantsoo.

That said, the frontline treatments for PMDD are medical. Oral contraceptives can stabilize hormonal fluctuations, for example, while selective serotonin reuptake inhibitors (SSRIs) can alleviate symptoms of anxiety and depression. In extreme cases, patients may seek relief via chemically or surgically induced menopause. Psychologists have a key role to play in helping patients navigate the often challenging medical environment, said Ross. "We need to be equipping patients to be effective advocates for themselves," she said.

Still, Ross said, "there's also a lot of desire and need right now for more behavioral interventions."

Although more research is needed, there's some evidence that cognitive behavioral therapy (CBT) can help. In one literature review, researchers found that CBT significantly reduced or even eliminated PMS (Landolt, N. K., & Ivanov, K., *Psychology, Health & Medicine,* Vol. 26, No. 10, 2021). Anecdotal accounts suggest that some of the techniques used in dialectical behavioral therapy—such as diary cards used to track emotions and coping skills—can also be helpful.

Mindfulness may be another useful tool, said Ross. "Mindfulness of thoughts, emotions, and urges across the menstrual cycle can be helpful because it can give PMDD patients more agency in managing their symptoms," she said. "PMDD patients' cognitions, emotional experiences, and overall distress can look quite different in the follicular phase versus the luteal phase, and the patient's mindful awareness of those differences can be a powerful intervention." By being mindful of where they are in their cycle, patients can make choices and engage in behaviors that are most effective, Ross explained. If a patient notices that they feel intense anger and the urge to scream at their partner during the luteal phase, for example, they might find it useful to practice mindfulness of their negative emotions, consider whether high-conflict conversations with their partner are effective during high-distress phases, and instead choose self-soothing strategies and remember that these emotions are temporary. During the follicular phase, on the other hand,

> **"Sometimes people with PMDD can get shuttled back and forth. It's often frustrating for people with PMDD, because it's hard to even know which provider to go to."**
>
> LIISA HANTSOO, PHD, ASSISTANT PROFESSOR OF PSYCHIATRY AND BEHAVIORAL SCIENCES AT THE JOHNS HOPKINS SCHOOL OF MEDICINE AND IAPMD CLINICAL ADVISORY BOARD MEMBER

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patients may be able to communicate their concerns to a partner in a more productive manner. "If we can help patients learn how to mindfully identify their different experiences and capacities across the cycle, we can equip them to choose and enact skills that will be most helpful to them in a given moment," said Ross.

In addition to helping patients to be mindful of their cycles, psychologists can take advantage of the cyclical nature of menstrual symptoms to teach patients helpful skills, said Hantsoo. "It's like doing a fire drill," she said. "During the follicular phase—the 2 weeks when they're not having symptoms—we can practice CBT or mindfulness skills … Then when the fire comes in the luteal phase, they can access those skills more readily."

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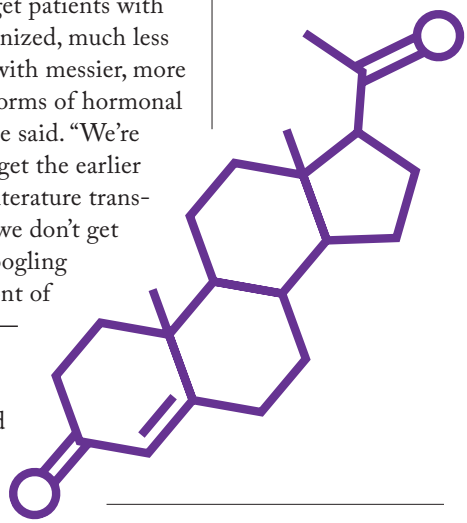
Clinicians also need to keep in mind the special needs of transgender men and nonbinary individuals, who may menstruate in the absence of gender-affirming hormone therapy that stops periods, said Peters, coauthor of an IAPMD tip sheet on PMDD in transgender individuals. Peters encourages psychologists to be good allies through such actions as using gender-inclusive language, leaving space on intake forms for patients to explain their gender, and asking permission to ask potentially sensitive questions, such as whether the patient is on hormone replacement therapy. "Trans and nonbinary people face so much burden in this world and often need psychological care so badly, so we need to be especially sure our spaces are safe and welcoming," said Peters.

For Caldwell, treatment worked. After a lot of trial and error, she said, she has been able to minimize her symptoms via therapy, an antidepressant in the week before her period, and good self-care habits. "What's sad about this is that it's so understudied," she said. "We're all trying to figure things out on online forums."

Eisenlohr-Moul and other researchers believe that patients deserve better. In addition to finding answers to questions about how hormonal sensitivity works, who's most at risk, and how to treat it, the emphasis must be on translating what's already known into practice, said Eisenlohr-Moul. "It's still a struggle to get patients with PMDD recognized, much less those people with messier, more complicated forms of hormonal sensitivity," she said. "We're still trying to get the earlier phase of the literature translated, so that we don't get physicians Googling PMDD in front of their patients—so that they understand this is real and treatable." ■

Practitioners and researchers can help by recognizing hormonal sensitivity in patients, providing appropriate treatment, and studying the causes of and treatment for the condition.



NAVIGATING DECISIONS IN ADVENTURE SPORTS

Researchers are uncovering the mental health benefits of extreme sports and how to help people make choices that keep them safe

BY HEATHER STRINGER

DANIEL MILCHEV/GETTY IMAGES

On their last slope of the day, two experienced Norwegian skiers released a significant avalanche and were both buried in snow that settled like concrete. One of them managed to dig himself and his companion out, and the pair survived to tell the story. But they unknowingly put themselves at risk in the first place by using heuristics, or mental shortcuts, that help humans make decisions efficiently in a complex world. In this case, they fell for the familiarity trap—things that are familiar to us appear to be safe even though they may not be.

"The danger was not readily apparent because they were close to home on an easy slope, and the fresh powder looked like a beautiful, white carpet," said psychologist Audun Hetland, PhD, an associate professor at UiT The Arctic University of Norway and director of UiT's Center for Avalanche Research and Education. They made the call to ski the slope based on their comfort level with the location rather than the inconspicuous yet critical details about the weather conditions over the previous few days. "It had been windy and snowing heavily before their trip, which can increase the risk of an avalanche," Hetland said.

Understanding why people are drawn to activities in which judgment errors can be fatal and how to keep extreme athletes safe is the focus of an emerging area of psychological research. Interest in these extreme adventure sports, including backcountry skiing, BASE jumping (from buildings, antennae, [bridge] spans, and earth), big wave surfing, and rope-free solo climbing, has surged in the past 20 years. The COVID-19 pandemic motivated more people to experiment with new outdoor activities, which has further intensified the need to understand preventable human errors in the outdoors. In one study of more than 4,700 backcountry skiers and snowboarders in the United States and Canada, 81% of the experienced skiers noticed more people in the backcountry during the pandemic compared with previous years (Valle, E. A., et al., *Wilderness & Environmental Medicine,* Vol. 33, No. 4, 2022).

"We are trying to figure out how adventure sport participants make decisions in very challenging, ever changing natural environments, and this has implications for how people make decisions in finance, medicine, and other fields," said Hetland. The discoveries have the potential not only to save lives but also to increase public awareness about the mental health benefits of adventurous activities.

Interest in extreme adventure sports has surged, and researchers are helping athletes combine their extensive training with knowledge in judgment assessment to teach adventurers skills they can implement in the outdoors.

THE ALLURE OF ADVENTURE

Although the extreme sports community has historically been viewed as thrill seekers with a death wish, studies have shown that these generalizations are usually inaccurate. "People who participate in these sports typically have spent a lot of time training and preparing to understand the environment," said psychologist Eric Brymer, PhD, a researcher at Southern Cross University and the Manna Institute in Australia who specializes in studying extreme sports. "They may be doing something dangerous and may experience fear, but this does not necessarily mean they are taking foolish risks while doing the activities."

Forensic psychiatrist Erik Monasterio, MD, a senior clinical lecturer at the University of

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Otago, Christchurch School of Medicine in New Zealand, has climbed in the Andes, Himalayas, New Zealand, and Alaska, and he was eager to learn why he had been drawn to adventure sports since his youth. Using the Temperament and Character Inventory, he recently studied the personality traits of BASE jumpers and mountaineers who had at least 5 years of experience in their sport. The data showed that they were highly adventurous in temperament and organized in character, which meant they were self-directed, cooperative, and disciplined (*Frontiers in Psychology,* Vol. 9, 2019). "These people are not reckless," said Monasterio. "Risk is not the main motivation but rather something that pushes them to focus and achieve mastery in their activities."

Monasterio was surprised to discover that 75% of the BASE jumpers and 85% of the mountaineers were low in "self-transcendence," or openness to altruism and spirituality. People low in self-transcendence can be proud, impatient, and self-preoccupied, and they often struggle to accept failure, he said. "This helps us understand why mountaineers with mature personalities will sometimes regress to reckless, self-serving, and potentially criminal behavior to achieve a goal," he said. "They may walk

"They may be doing something dangerous and may experience fear, but this does not necessarily mean they are taking foolish risks while doing the activities."

ERIC BRYMER, PHD, RESEARCHER AT SOUTHERN CROSS UNIVERSITY AND THE MANNA INSTITUTE IN AUSTRALIA

past dying mountaineers or steal another climber's oxygen tank and equipment."

Like other adventure sport researchers, Susan Houge Mackenzie, PhD, a sports psychologist and associate professor in the department of tourism at the University of Otago in New Zealand, suspected that thrill seeking was not the primary draw for participants. To explore the psychological effects of these experiences, her team interviewed 84 experts in six adventure activities, including big wave surfing, downhill mountain biking, free solo climbing, and wingsuit BASE jumping (a form of BASE jumping using a garment that allows people to glide through the air).

One of the predominant motives identified was the emotional diversity experienced during the activity, such as nervous anticipation, excitement, peace, relief, confidence, and a sense of accomplishment. They also enjoyed exercising expertise in the face of big challenges, and a sense of creativity as they made decisions during the activity (*Leisure Sciences,* online first publication, 2022). "The findings suggested that people were focused on benefits like self-actualization, finding purpose and meaning in life, emotion regulation, and deepening connections to nature and to other people," Houge Mackenzie said.

In another study, participants reported that the adventure-based mindsets they had acquired from activities such as backcountry skiing, white water kayaking, and rock climbing helped them cope during lockdowns and isolation caused by COVID-19 (*Psychology of Sport and Exercise,* Vol. 62, 2022). "They had learned how to be resilient, flexible, to focus on elements they could control, and practice humility, and they put these skills into practice during the pandemic," said Houge Mackenzie. For example, one kayaker reported that "going with the flow and learning that in a river you have to have a plan B, C, and D, you might get to plan D and realize that doesn't work either … and that ability to be really flexible and understand that sometimes there are bigger forces at play [is useful]." A rock climber reported how the continual need to focus on controllable elements during rock climbing, such as controlled breathing to avoid falling, helped him to focus on the things he could control during quarantine.

FURTHER READING

Adventure psychology: Going knowingly into the unknown
Reid, P., & Brymer, E. (Eds.)
Routledge, 2023

Rethinking the heuristic traps paradigm in avalanche education: Past, present and future
Johnson, J., et al.
Cogent Social Sciences, 2020

Feeding time at the zoo: Psychological aspects of a serious rock climbing accident
Monasterio, E., & Brymer, E.
Journal of Adventure Education and Outdoor Learning, 2021

HELPING THE BRAIN CHOOSE SAFETY

Even though the risk of death may be higher driving on a highway than jumping off a cliff with a parachute, the odds of encountering a potentially fatal situation increase with the number of exposures. To reduce the chances of fatalities, researchers are exploring the human factors that can influence decision processes, such as heuristic traps. Heuristic traps include the "expert halo," or trusting a group member who is perceived to be more experienced to make the right decision, and "acceptance," or the tendency to engage in activities that will be noticed and accepted by a group.

Hetland is part of an international team of scientists from Norway, Sweden, and Montana who are studying decision-making under uncertainty in avalanche terrain. In one recent study, he found that slight changes in the framing of a question about safety altered backcountry skiers' decisions about whether to ski down the slope. The participants viewed a photo with data about a snow slope's angle, the prevailing regional avalanche problems, and the forecasted avalanche danger level. Some were asked "How safe is it?" on a scale of 1 to 7, and others were asked "How dangerous is it?" When the ski conditions were ambiguous, the participants were unsure whether it was dangerous, but they were confident it was not safe. When asked if it was safe, they made more conservative decisions about whether to ski down (*Journal of Experimental Psychology: Applied,* Vol. 27, No. 3, 2021).

Hetland and Andrea Mannberg, PhD, an economics professor at UiT The Arctic University of Norway, recently launched a 10-year longitudinal study of more than 3,000 backcountry skiers to analyze how participants make decisions in avalanche terrain. Thirty-six percent of the participants know someone who had been buried or injured in an avalanche in the past year, and 7% had been in an avalanche or triggered one themselves in the past year. The researchers are interviewing participants who have had a close call to determine if an accident changes their perceptions of risk.

The team has also explored how the desire to attain social status influences decisions on the slopes. In a study of more than

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640 backcountry skiers, 33% felt that their satisfaction with a weekend of skiing would be affected by the level of difficulty in the terrain choices of other skiers. In other words, their satisfaction depended on how their slope accomplishments compared with others. These skiers who compared themselves with others were more likely to ski down a risky mountain than those who did not value their social positioning as highly (*Leisure Studies,* Vol. 40, No. 4, 2021).

"We also found that avalanche education did not change decisions among either novices or professionals who valued their social position," said Mannberg, who is also a backcountry skier. She hopes her findings will lead to innovations in avalanche education, such as training about the interplay between personality types and decision-making. Mannberg, who broke both shins when she got caught in an avalanche in 2014, encourages skiers who know they value social positioning to consider strategies such as taking a break from Instagram before they ski. If skiers know they will post photos of a trip on social media, she encourages them to think about if they may be more tempted to take unwise risks to gain social status. She stopped posting photos of her trips, and she doesn't "feel badly about choosing to ski less steep terrain."

AVOIDING MENTAL SHORTCUTS

Like Mannberg, clinical psychologist Sara Boilen, PsyD, believes that self-awareness is one of the keys to survival in adventure sports. Boilen, an experienced backcountry skier who owns Sweetgrass Psychological Services in Whitefish, Montana, provides avalanche training to skiers in Montana, Utah, and Washington that draws on her psychological expertise. She recently studied data from avalanche victims in the United States who died in the past 70 years. Since 1990, people ages 30 to 49 were the only age group with increasing numbers of fatalities—even though the total number of fatalities each year has remained relatively flat (*Journal of Outdoor Recreation and Tourism,* Vol. 29, 2020). "Although the risk on each trip is relatively small, the number of exposures is much higher for people on the higher end of the age range because they have taken many more trips over time," she said.

Heuristic traps such as the "expert halo," or trusting a group member who is perceived to be more experienced, can lead to judgment errors in avalanche terrain and other adventure areas.

Even when the skiers she teaches learn about heuristic traps in avalanche country, such as that a mountain that is more familiar "feels" safer, Boilen has seen how awareness of these concepts does not necessarily protect people. "Being aware of heuristics does not make us better able to avoid them," she said. "We still fall for it."

To counteract that tendency, she teaches skiers strategies that force them to slow down mentally. During her training, participants engage in group exercises to learn their communication style, relationship with risk, and goal-setting approach. "If my ski partner knows that I have a hard time speaking up, she may ask more questions to draw me out before we make a decision," Boilen said. She also teaches skiers to be mindful about how they phrase questions to a group and to be sure to avoid leading questions if possible. "Everybody feels good about this, right?" will elicit different responses from "How are people feeling?"

Dr. Sara Boilen teaches adventurers how to fight heuristic traps by assigning a group member to play devil's advocate. This person is expected to challenge the group's assumptions in order to help them avoid confirmation bias.

ANDRE SCHOENHERR/GETTY IMAGES

Assigning a devil's advocate in the group is also wise because this person can battle confirmation bias—the tendency to look for information in our environment that confirms our beliefs or expectations—by asking questions about a situation that should be considered before deciding whether to take a route. Adventurers can also perform a sort of premortem analysis, said Boilen. Even though people often prefer to focus on the fun they are having, "Ask what the newspaper headline will be if there is a tragedy, such as 'skiers die after venturing in unsafe terrain,'" she said. "These strategies disrupt the thinking-fast mechanism in our brains."

Researchers are also finding evidence that gender may play a role in decision-making in adventure sports that involve vigorous exercise. In one study, participants rode an exercise bike at moderate intensity for 30 minutes and then completed a computerized risk-taking behavioral task. The investigators also tested the cortisol levels of the bikers, and the levels increased significantly after the exercise. The exercise increased the risk-taking for the males but not the females (*Research Quarterly for Exercise and Sport,* Vol. 93, No. 2, 2022). "This is consistent with other studies that have explored effects of acute stress on risk-taking," said study author Cynthia Thomson, PhD, an assistant professor at the University of the Fraser Valley in British Columbia, Canada, who researches psychology and exercise physiology. Although the researchers did not study the reason for the difference, evolutionary roles may help explain the results, said Thomson. "Research has shown that men respond to cortisol spikes with a fight response such as risk-taking, while women respond more conservatively with a need to protect," she said.

THE PERKS OF LOCAL ADVENTURES

Although interest in extreme sports is increasing, the pandemic allowed many people to discover the benefits of adventure in activities that did not require such high levels of training and discipline. Since March 2020, the number of new and returning outdoor participants has increased 26%—the highest growth ever recorded by the Outdoor Industry Association. The top four outdoor activities based on the number of participants were running, hiking, fishing, and biking.

"People came up with creative microadventures in their local communities," said Houge Mackenzie. For example, ideas could include exploring a local area by moonlight, camping in the backyard, or planning a novel bike route and eating at local food providers along the way (*Leisure Sciences,* Vol. 43,

EDWIN TAN/GETTY IMAGES

No. 1–2, 2021). "These local adventures can help us develop new skills, foster creativity, and change the way we connect with each other and the environment," she said.

Although pursuing adventure may take time and effort, psychologists such as Brymer argue that these activities increase well-being (*Annals of Leisure Research,* Vol. 24, No. 3, 2021). He remembers a research participant who was a medical doctor working several weeks consecutively without a break. To avoid working yet another weekend, the doctor accepted an invitation for an adventure trip that included caving. He was nervous because adventure sports seemed to involve unnecessary risks, but he felt invigorated and enjoyed the focused moments when time seemed to slow down. After the adventure, he started interacting with patients differently. He started seeing them as individuals with a history and family rather than rushing through the day to solve medical problems. The doctor continued adventuring throughout his medical career.

"These experiences tap into what the senses and body are capable of and can affect the way people see the world," Brymer said. "They feel less constrained by an artificial environment, and they learn that fear is not a bad emotion but rather information that requires attention to reach their potential." ■

While some are drawn to extreme sports and far-flung locations, psychologists say local adventures can also increase well-being.

"These local adventures can help us develop new skills, foster creativity, and change the way we connect with each other and the environment."

SUSAN HOUGE MACKENZIE, PHD, A SPORTS PSYCHOLOGIST AND ASSOCIATE PROFESSOR IN THE DEPARTMENT OF TOURISM AT THE UNIVERSITY OF OTAGO IN NEW ZEALAND

Scott-Johnson

Woodward

McCants-Price

Fishbein

Watson

PSYCHOLOGISTS IN THE NEWS

Spelman College has named **Pamela E. Scott-Johnson, PhD,** as the college's new provost and vice president for academic affairs. Scott-Johnson previously served as provost and senior vice president for academic affairs at Monmouth University in West Long Branch, New Jersey.

Amanda Woodward, PhD, has been reappointed dean of the Division of the Social Sciences at the University of Chicago. Woodward has been serving as dean since 2017.

Kellie McCants-Price, PhD, has been chosen as the new chief diversity, equity, and inclusion officer at Anne Arundel Community College. McCants-Price has held the position of interim DEI officer since August 2021.

Collegiate Behavioral Health Associates appointed **Jeffrey A. Fishbein, PsyD,** as its chief psychology officer. A sports and performance psychologist, Fishbein has more than 25 years of experience working with student and professional athletes, including with the Florida Marlins and the Chicago White Sox.

Jack C. Watson II, PhD, has been named the next dean of the College of Health and Human Services at the University of North Carolina Wilmington. Prior to this, Watson served as dean of West Virginia University's College of Physical Activity and Sport Sciences.

Wayne State University in Detroit has named **Kimberly Andrews Espy, PhD,** its next president, the first woman to hold the position. Previously, Espy served as the provost and senior vice president for academic affairs at the University of Texas at San Antonio.

The University of Nebraska at Omaha has named **Juan Casas, PhD,** as the permanent dean for graduate studies. Casas has been serving as interim dean since January 2022. He also previously served as the associate director of the Office of Latino/Latin American Studies and director of the Developmental Psychology Graduate Program.

Psychological scientists **David Brainard, PhD,** of the University of Pennsylvania; **James Jones, PhD,** of the University of Delaware; and **Robert Sellers, PhD,** of the University of Michigan; are among the 143 newest members of the National Academy of Sciences.

The University of Wisconsin–Green Bay has named **Ryan Martin, PhD,** dean of the College of Arts, Humanities and Social Sciences. Prior to this, Martin served in a number of roles, including associate dean and chair of the undergraduate psychology program.

Saint Louis University has appointed **Donna LaVoie, PhD,** to be the dean of the university's College of Arts and Sciences. LaVoie has been with the university for nearly 30 years, serving as the interim dean of the College of Arts and Sciences and as an associate dean.

Lynda Sharrett-Field, PhD, associate professor in the University of Kentucky College of Arts and Sciences' Department of Psychology, is one of 10 winners of the university's 2022–23 Outstanding Teaching Awards. Sharrett-Field earned the award for dedication to student achievement and innovative teaching.

The Association for Psychological Science has elected **Randi Martin, PhD,** to be its president-elect. Martin is the Elma Schneider Professor of Psychological Sciences in Rice University's School of Social Sciences and director of the T.L.L. Temple Foundation Neuroplasticity Lab. Her research addresses issues related to working memory and its role in speaking and understanding language. ■

News You Can Use

Career

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

RUDZHAN NAGIEV/GETTY IMAGES

BUILDING SUCCESSFUL RESEARCH COLLABORATIONS

Working together can make research stronger, but cooperation can be complicated. Here's how to get the most out of collaboration.

BY STEPHANIE PAPPAS

As psychology's prominence continues to grow, researchers are collaborating more both within the field and across disciplines. These collaborations can help psychologists reach a wider audience, have a bigger impact, and ultimately improve the work that's being done.

But collaborations come with complications, such as managing team dynamics, communicating effectively, determining authorship, working across time zones, combining funding, and more. To make collaborations successful, researchers say communication and transparency are key.

Jay Van Bavel, PhD, a social psychologist at New York University, and Claire Robertson, a doctoral student in his lab, had an accidental success story of an interdisciplinary, international collaboration that highlighted what makes collaborations work. They had set out to study the effect of negative headlines on online news consumption. But after submitting their findings to the journal *Nature Human Behaviour*, they were shocked to receive an email

from the journal that another set of researchers had submitted identical findings, using the same data set, within days of Van Bavel and Robertson's submission.

To deal with this unusual situation, the journal editors asked both research teams if they'd be willing to jointly submit a manuscript. Van Bavel and Robertson agreed and found themselves unexpectedly collaborating with a team of computer scientists from Germany and Switzerland for the next 20 months.

The teams managed to mesh, with both sides genuinely excited about what the other could offer, ultimately publishing their paper in March (*Nature Human Behaviour*, Vol. 7, 2023).

"It ended up being a really great collaboration," Robertson said. "In the end, it made the paper 10 times stronger."

Most people won't form a partnership this way. But what made their cooperation work is common among successful research teams: communication, compromise, and enthusiasm for each other's contributions.

LAUNCHING A COLLABORATION

Collaborations, especially across disciplines or national boundaries, can be stressful, said Kim Gorgens, PhD, a rehabilitation psychologist at the University of Denver who is involved in several multidisciplinary projects with other researchers and community organizations in Colorado. "But the payout is so worth it," Gorgens said. "The chance to reach another audience or to think about your results in a way that is informed by another lens is a way to stay more relevant as a psychologist."

REDVECTOR/GETTY IMAGES

Some collaborations arise naturally out of networking at conferences or on academic listservs; in other cases, researchers go looking for them. Social media can be one place to connect: Researchers have found collaborators through Twitter and through blog posts. Combing through the scientific literature on a particular topic is another common method. "I'm a cold-caller," Gorgens said.

Often, potential collaborations simmer for years before they come to fruition. Julie McCarthy, PhD, a psychologist at Mass General Brigham McLean, is an early career investigator midway through a National Institute on Drug Abuse K23 career development grant. McCarthy is part of active collaborations and is also working on building a network through trainings, workshops, and other one-off activities to lay the foundation for future ones.

Developing a collaboration "prenup" and talking through workflow issues can help head off many problems. When disagreements still occur, facilitated discussions can be helpful.

"Some of the advice I've gotten is that it's really important that you like and trust the people you're working with," she said. "It's a nice way to test the waters with respect to the type of work people are doing, how they think about these research and clinical issues, and whether they are excited about the same things that you are."

When first working with someone, it's important to make sure you're on the same page. One way to do that is to develop

what Howard Gadlin, PhD, a psychologist and retired ombuds for the National Institutes of Health, calls a "scientific prenup." By laying out basic parameters about authorship, data handling, decision-making processes, and goals, researchers can avoid conflict in the long run, Gadlin said.

"When some people first hear about this idea, their reaction is, 'If I ask people to have a prenup, they will think I don't trust them,'" he said. "But the prenup is exactly the basis for establishing trust, because you detail your expectations of one another and divide up roles and responsibilities."

Common sticking points often emerge around credit and authorship, Gadlin said. In the case of Robertson and Van Bavel, figuring out how to handle who would be first author and senior author was one of the foremost orders of business, especially given the importance of first-author publications for graduate students like Robertson. (The team settled on joint first authorship for Robertson and her German counterpart.)

Examples and templates for collaboration agreements are available at multiple organizations, including the Psychological Science Accelerator (https://psysciacc.org/authorship) and ManyBabies, an open science consortium for infant research (https://manybabies.org/resources). "Transparency and clarity are the two big things we try to live by," said Heidi Baumgartner, PhD, a developmental psychologist at Stanford University, the codirector of the Stanford Big Team Science Lab, and the executive director of ManyBabies. "Whatever the expectations are, just write them down and make that available to everyone."

NAVIGATING COMPROMISE AND COOPERATION

One of the big challenges in multidisciplinary collaborations is talking across fields—and adjusting to the norms of a different discipline. Diversity of educational background and experience positively influences team creativity, said Roni Reiter-Palmon, PhD, an industrial-organizational psychologist at the University of Nebraska Omaha who collaborates with researchers from medical science and engineering. Her collaborators read different journals, attend different conferences, and use different analysis methods. "They bring a wealth of information that I would not normally see, and I bring to them information that they would not normally see," she said.

Finding a shared vocabulary is key to mining these various perspectives. Different fields may use terminology in different ways, so it's important to be clear about definitions, Reiter-Palmon said. It is also important to step outside the norms of psychology to understand the goals and needs of other fields. For example, does an article in a psychology journal benefit a computer scientist when it comes time for them to apply for tenure? Is everyone growing professionally from their role on the team? Is there a way to design goals that will work for everyone? Is the team prioritizing voices of early-career researchers and researchers from marginalized backgrounds, who might lack the status of more established or White scientists? Is there input from community partners? Psychologists' expertise in issues of diversity, equity, and inclusion often makes them a good point person for navigating these questions, Gorgens said.

And then there are the practicalities: How will your team schedule meetings, jointly edit manuscripts, and share data? These issues become particularly important for international collaborations. For example, to be fair to team members in different time zones, it might be important to rotate through different meeting times so one group isn't always stuck logging in to Zoom during nonwork hours. "You have to adjust," said Pina Marsico, PhD, a developmental and educational psychologist at the University of Salerno and the president-elect of APA's Div. 52 (International Psychology).

When collaborating internationally, it's also important to avoid doing scientific tourism or parachute science, Marsico said, which is typically defined as dropping into a foreign location for one's own benefit, without engaging with the knowledge of local scientists and stakeholders. The best international projects grow out of strong ties with researchers in other countries and mutual benefit. In Europe, Latin America, and Asia, the Kitchen Seminar Network (https://kitchenseminar.wordpress.com/) aims to build

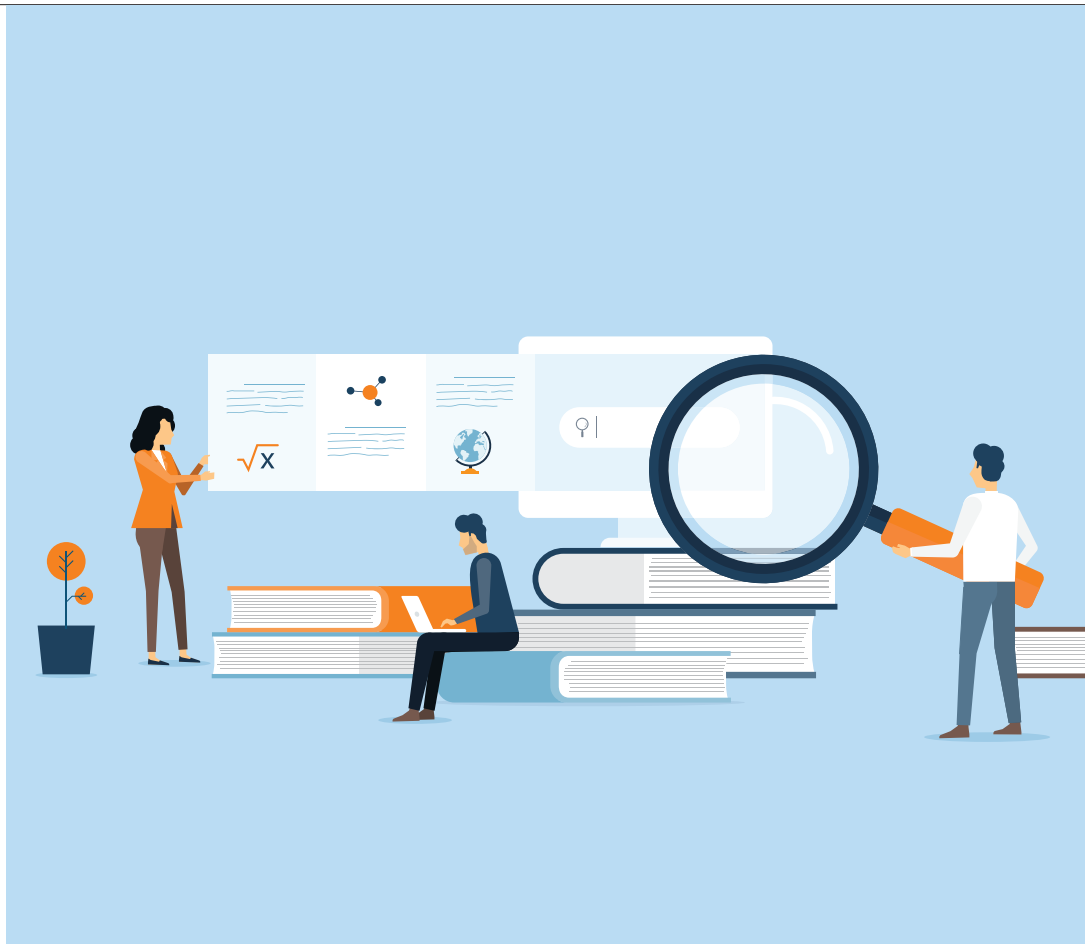
these kinds of ties by pairing mentees with mentors from other nations so that students start working across borders from the master's level onward. Marsico is working on a similar, multidisciplinary network for the Southern Hemisphere called the Global South Network.

These considerations can also be important in domestic research. McCarthy is working on a proposal for a project to implement Community Reinforcement and Family Training (CRAFT), a program for loved ones of people with substance use disorders, at the Northern Navajo Medical Center in Shiprock, New Mexico, which grew out of volunteer work she did at the center. Shiprock is within the Navajo Nation, so it was important to avoid a colonialist model of introducing a program that the community didn't want, McCarthy said.

"I'm very mindful of collaborating with communities that may have had experience with research colonialism and want to make sure that anything I would be doing with them is coming from an identified need from within that community," she said. On-the-ground collaborators can also be invaluable for logistics, such as working out ways programs can be delivered within their specific organization.

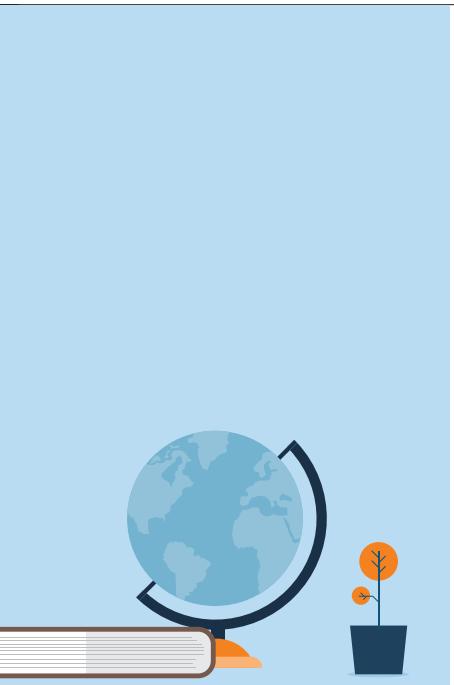
While planning ahead and thinking through workflow issues can head off many problems, disagreements may still arise. In those cases, facilitated or mediated discussions can be helpful, Gadlin said.

"Many universities have either an ombudsperson or other conflict-resolution program, and, of course, there are mediators in the private sector," he said. "I've always been a big believer that facilitated conversation is a reasonable way to address conflicts." Some collaborations might choose a neutral arbiter and agree ahead of time to follow that person's decision about a conflict. Others set up a majority-minority opinion process, much like the U.S. Supreme Court: If there are dissenting opinions within the group about the interpretation of the results, those researchers get the chance to publish a "minority opinion" as a supplement or special section of the final research paper. Sometimes just knowing that that is an option heads off arguments, Baumgartner said, because everyone knows their voice will ultimately be heard.



One of the big challenges in multidisciplinary collaborations is talking across fields—and adjusting to the norms of a different discipline. Finding a shared vocabulary is key to mining these various experiences.

And sometimes conflict is the starting point for collaboration. Adversarial collaboration, first developed over two decades ago by Nobel laureate Daniel Kahneman, PhD, a psychologist and professor emeritus at Princeton University, is when scientists with opposing theoretical views conduct experiments jointly. This forces transparency in methods and rigor from the beginning of a study and can avoid years of back-and-forth and criticism between teams working separately. Kahneman and his first adversarial collaborators, Thomas



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Gilovich and Victoria Medvec, published their research on the experience of regret in 1998, finding that both sides were a little bit right (*Psychological Review*, Vol. 105, No. 3). The Adversarial Collaboration Project at the University of Pennsylvania supports these types of research partnerships, which are still rare.

REAPING THE BENEFITS

There are often structural barriers to collaborations, especially collaborating across disciplines. It can be hard to move money from one department to another, Gorgens said, complicating funding issues. Funding structures aren't often set up to distribute small amounts of money to multiple labs, Baumgartner said, meaning a lot of big team science in psychology relies on volunteer efforts and researchers piggybacking experiments onto projects they already have running. Rigid rules around authorship and credit can also de-incentivize working together. To simplify the process, Baumgartner and her colleagues are advocating for the standard use of the Contributor Roles Taxonomy, a system for divvying up credit refined by the Consortia Advancing Standards in Research Administration Information and the National Information Standards Organization.

"Every chance we get, we're trying to bring up these points with more senior people in the field with power on hiring and tenure committees to help those people understand the benefits and importance of participating in big team research," Baumgartner said. In her field, which relies on infant research, the biggest benefit is data pooling. Infant participants are hard to recruit and not always cooperative in the lab, so many infant studies have tiny sample sizes. By letting a network of labs share their data, these team science collaborations enable much larger samples.

Collaborations often lead to other benefits and partnerships. Vicki Gier, PhD, an experimental psychologist in memory and cognition at Mississippi State University–Meridian, began working with researchers at other institutes more than 15 years ago to deliver distance research talks to her psychology students, who, given the small department and campus, otherwise would have very limited exposure to the work of academic psychologists. That effort has now expanded internationally, with researchers from Germany, Thailand, and the Philippines giving lectures on their work. It has been a boon to Gier's work, too.

"I also am collaborating with people now that I never would have known before if I hadn't had the opportunity of meeting them through this," said Gier, who presented on the effort at APA 2023.

Gorgens' work with the local criminal justice system and legislative advocates has contributed to real-world change. In 2021, the Colorado governor signed into law S.B. 21-138, requiring screening and support for brain injury in people involved with the criminal justice system, an effort spearheaded by community advocate Marchell Taylor, who was incarcerated at the time and who was a community stakeholder in Gorgens's research team. Soon after, a survivor of intimate partner violence (IPV) named Melissa Bickford contacted Gorgens about advocating for a similar bill for people who had experienced IPV. Gorgens was able to act as a node in a network, connecting Bickford to Taylor for mentorship. Colorado S.B. 22-057, which created a task force to begin a brain-injury screening program for survivors of IPV, passed in 2022.

"It's harder to do the work. It's certainly more fraught with hurdles and stress than collaborating with colleagues next door," Gorgens said. "But my advice would be that it's worth it, so hang in there." ■

FURTHER READING

How to build up big team science: A practical guide for large-scale collaborations
Baumgartner, H. A., et al.
Royal Society Open Science, 2023

Adversarial collaboration
Rakow, T.
In O'Donohue, W., et al. (Eds.), *Avoiding Questionable Research Practices in Applied Psychology*
Springer, 2022

Ghosted in science: How to move on when a potential collaborator suddenly stops responding
Simha, A.
Nature, May 26, 2023

TSAG pilot Implementation study of team science trainings and interventions
University of Wisconsin Institute for Clinical and Translational Research
https://ictr.wisc.edu/team-science/tsag-pilot-study

Enhancing the effectiveness of team science
Cooke, N. J., & Hilton, M. L. (Eds.)
The National Academies Press, 2015

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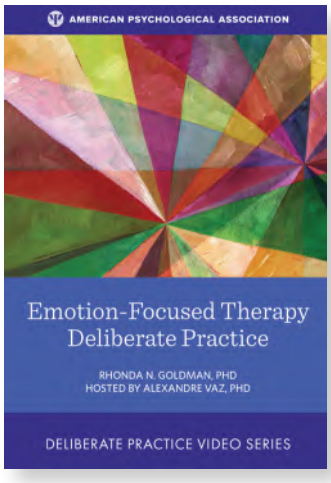

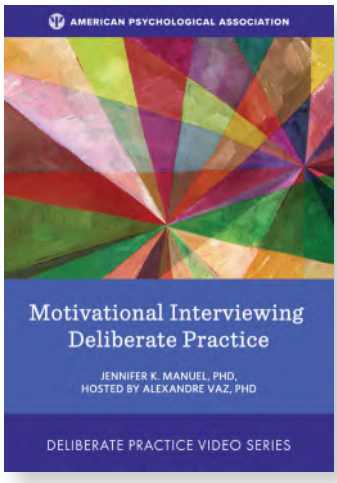

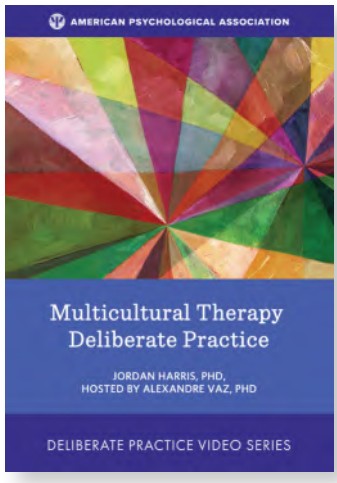

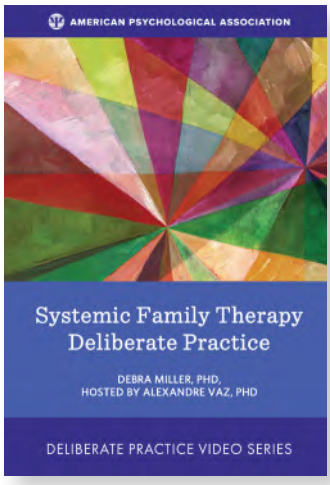

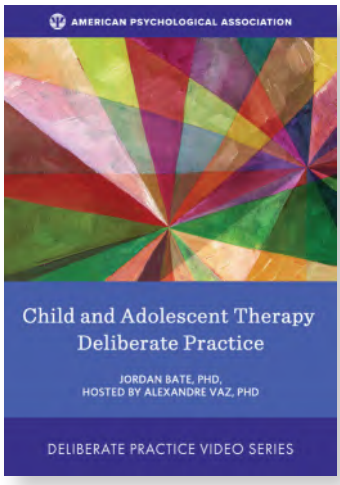

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BY TORI DEANGELIS

COLLEGE PRESIDENTS: LEAVING MORE QUICKLY AND STILL MOSTLY WHITE, MALE, AND OLDER

They cite increased polarization in higher education and the effects of the COVID-19 pandemic as reasons for getting out of these jobs sooner than in the past

5.9 Average number of years college and university presidents have been in their current jobs, compared with **6.5 years** in **2016** and **8.5 years** in **2006**. Data are from the American Council on Education's latest survey, mailed to presidents at 3,091 colleges and universities, with 1,075 responding.

55% Percentage of college and university presidents who didn't think they would still be in their current role in 5 years, with **25%** saying they planned to leave **in the next year or two**. In 2018, **22%** of presidents said they planned to leave in a year or two and **32%** said they planned to leave in 3 to 5 years.

33% Percentage of college presidents who **plan to retire** once they leave their current role. Others said they planned to **move on to another presidency** (24.1%), **become a consultant** (39.9%), **do nonprofit or philanthropic work** (15.8%), or **move to a faculty role at their current or another institution** (13%).

67% Percentage of college presidents who are **men**, and **72%** who are White, with an average age of 60. That's much less diverse than the overall student body, which is **53%** White and **58%** female. Psychologists, though, are taking on these roles in greater numbers: Between 2003 and 2015, those in top college and university leadership positions increased by **73%**.

Source: The American Council on Education. (2023). The American college president: 2023 edition. https://www.acenet.edu/Documents/American-College-President-IX-2023.pdf. APA Center for Workforce Studies. (March 2020). Increases in psychologists in academic leadership. https://www.apa.org/workforce/publications/leadership.pdf.

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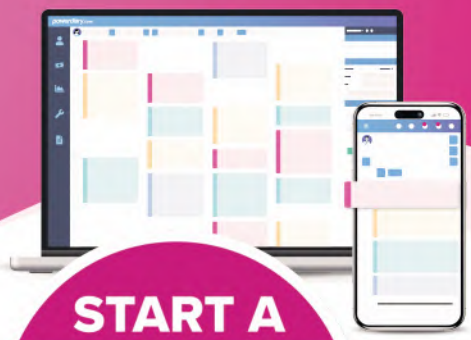

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