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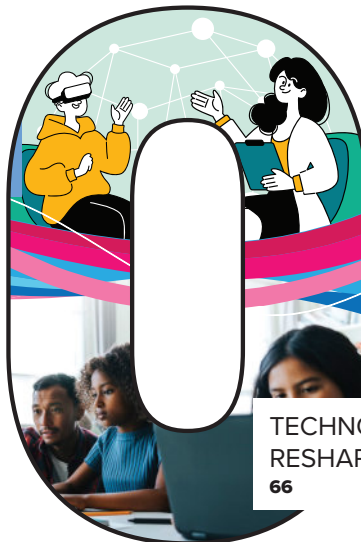
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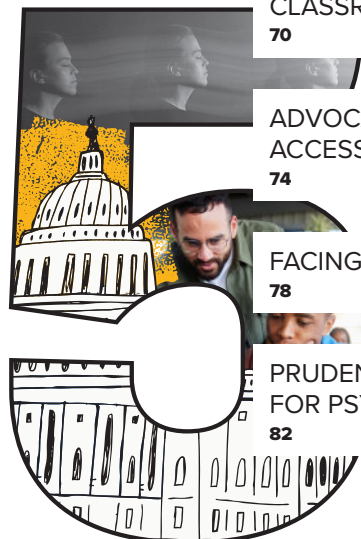
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The new, free resource *Explore the Wide Range of Psychological Careers* is designed to help psychological scientists consider the myriad careers where they could apply their doctoral training and skills. The guide also features information on what psychological science says about factors that lead to job satisfaction and fulfillment, and detailed information about science jobs in academia, business and industry, nonprofit organizations, and government.

Find it at www.apa.org/science/programs/becoming-psychological-scientist. To help your students navigate their career in psychology, APA's Psychology Student Network provides fresh insights and best practices for making the right moves as they get started. Subscribe at www.apa.org/ed/precollege/psn.

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Find them at <https://apa.contentonline/catalog/category.xhtml?eid=2042>.



Meet APA's 2025 President:

Debra Kawahara, PhD

Debra Kawahara, PhD, brings a unique blend of professional expertise, personal passion, and warm charisma to her role as 2025 APA president. A former competitive gymnast inspired by the legendary Olga Korbut, Kawahara dedicated countless hours to the sport from primary school to high school. Her admiration for Olympic athletes stems from their relentless training and the intense pressure of performing in a brief moment that defines their careers. Psychologists also sometimes have a limited amount of time. Kawahara believes it's important to focus on meaningful successes to offset inevitable setbacks and continuously recommit to the effort.

■ What did you learn from your time as a competitive gymnast?

Gymnastics taught me the value of dedication, discipline, focus, and having the right mental space. Watching Olympic athletes, I am amazed by how athletes train for years, and it all

MICHAŁ CZERWONKA

comes down to that one performance. You either hit it or you don't. For those who remember the *Wide World of Sport's* "agony of defeat," it perfectly describes the devastation that goes with failure. But there's also that high that you get when you do hit it—the incredible joy and elation.

■ How do you stay active now?

I exercise regularly. I walk my dog around our farm and use the elliptical machine for 45 minutes a day when I can. Exercise is a form of self-care for me.

■ What's something many people don't know about you?

My partner is a third-generation farmer who inherited the family farm [near San Diego]. They still (lovingly) call me "city girl." He grows strawberries, blueberries, blackberries, and a rare fruit called cherimoya. Cherimoyas are a tropical fruit grown in Latin America. They are lime green on the outside and fleshy white on the inside with black seeds. They are prized by Asian cultures as a symbol of fertility and are sold in specialty stores.

■ How has living on a farm influenced you?

Living on a 160-acre family farm has taught me so much. It is a different lifestyle from the professional psychology world. Farming has taught me about the complexities of agriculture and business, from understanding laws and regulations to dealing with uncontrollable factors like weather. It is more than a career; the values of family, hard work, and

pride in producing healthy food are strongly held.

■ Why did you choose psychology?

When I started college, I was unsure of my career path. I explored various majors, such as engineering and pre-pharmacy, but they didn't resonate with me. A counseling course sparked my interest in making societal changes. As a first-generation college student, I wanted to uplift underrepresented communities, which led me to psychology. I was fortunate to take an undergraduate class with Dr. Stanley Sue, who integrated psychology and Asian American studies.

■ What's one thing you aim to achieve this year?

My overall goal is to continue to make APA more equitable and just, building on the work of previous presidents. My theme is unity: bringing everyone together under the APA umbrella. A presidential initiative will be to hold local events to inspire high school and community college students to pursue psychology careers by showcasing our diverse specialties.

■ What are your favorite things to do for fun?

I love to read, and I have been part of a book group for 20 years, focusing on women authors or protagonists. Reading is a way to transport yourself into other places and other people's lives. I also love to travel, particularly visiting historic sites, so that I learn about an area, including the culture and people. You just can't get that experience by reading or watching a travel show.

LOOKING AHEAD

WILLIAMS IS PRESIDENT-ELECT

APA members have elected Wendi S. Williams, PhD, to serve as APA's 2026 president; she will serve as president-elect throughout 2025. Williams is provost and senior vice president at Fielding Graduate University and a former president of APA Div. 35 (Society for the Psychology of Women). Williams focuses her work on the inner lives of Black women and girls, blending ideas from liberation psychology and various feminist perspectives to guide her work. Members also elected psychologists Jermaine D. Jones, PhD, and Margaret B. Kovera, PhD, as members-at-large of APA's Board of Directors.



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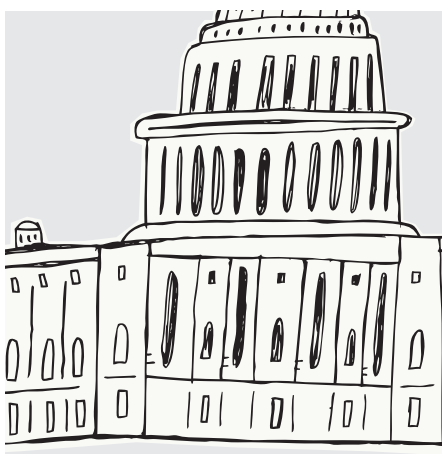
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SPECIAL REPORT

10 TRENDS TO WATCH IN 2025

What's ahead for psychology?

The *Monitor on Psychology* brings you our annual trends issue, with crucial information on the most important trends for the field in 2025. This can't-miss feature covers the essential background information, useful tips, inspiring examples, and the psychological science behind these 10 trends. Learn best practices for choosing or upgrading your artificial intelligence–powered tools to advance your work; understand the new landscape and techniques for equity, diversity, and inclusion; look ahead on changes to modernize the profession, international research collaborations, and therapeutic breakthroughs; see how psychology will continue to influence workplaces and classrooms, and more. *See page 44*

Dr. Yalda T. Uhls reaches audiences through storytelling. Page 35



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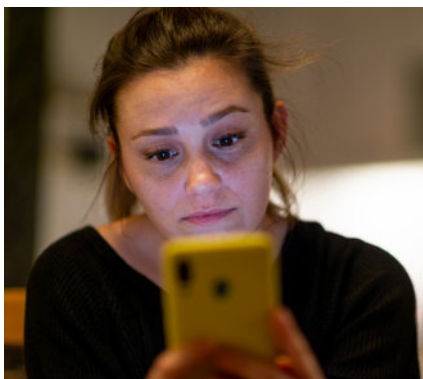
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CE CORNER

TREATING SUBSTANCE MISUSE IN OLDER ADULTS

Substance use conditions often go untreated in older adults, but psychologists have the skills and knowledge to help. *See page 38*



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BEGINNINGS: A NEW YEAR

We can recommit to ourselves and our profession with familiar customs or new practices

BY DEBRA KAWAHARA, PhD



As I begin my year as the 2025 APA president, I contemplate the possibilities and hope of what lies ahead. In Japanese culture, Shogatsu or Oshogatsu, お正月 (New Year's), is considered the most important holiday. The term "Oshogatsu" is a combination of two words: *o*, which means honorific or respectful, and *shogatsu*, meaning New Year. Oshogatsu is a time to focus on a fresh start, and there are customs and rituals that are connected to this holiday. Many of these customs have Shinto, Buddhist, or even Feng Shui roots. They are all meant to ensure an auspicious start of the new year and usher health, success, and prosperity into your household.

As we start this new year, I invite you to engage in whichever activities you choose to begin your new year afresh:

■ **Osoji, or a big cleanup:** To ensure that the new yearly cycle begins with clean, fresh energy, clean your space and purge it of old or unneeded items.

■ **Ring out the old attachments, bring in new energy:** According to Buddhist tradition, ringing a bell 108 times on New Year's Eve, with the last bell ringing timed to midnight, frees the bell ringer from the attachments and temptations of the previous year and allows the ringer to begin the new year with a clean slate. At the stroke of midnight, the ringer begins to sound

● **Dr. Kawahara** is the 2025 APA president and associate dean for academic affairs and distinguished professor at the California School of Professional Psychology, Alliant International University.

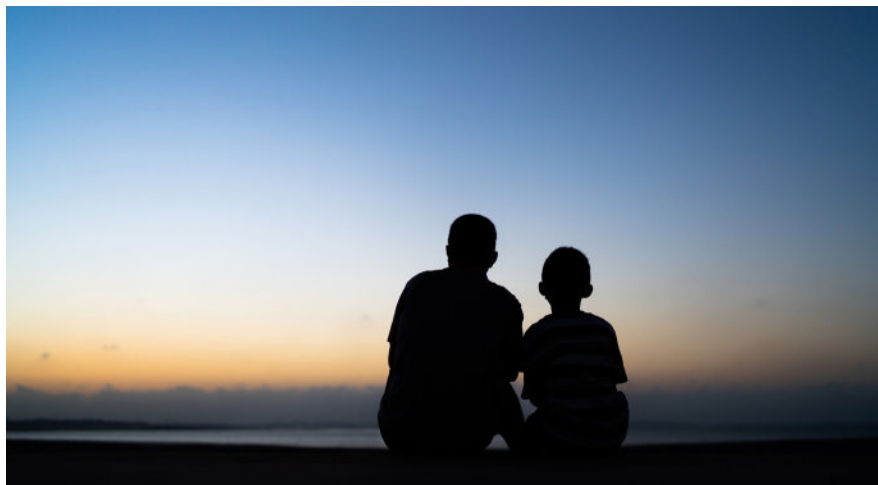
the bell again, this time ringing in the 108 human virtues leading to strength and fulfillment.

■ **Celebrate togetherness:** Another Japanese ritual that everyone can enjoy with family, loved ones, and/or friends is

to watch the first sunrise of the year. It is a wonderful experience of togetherness to express appreciation and gratitude for those who are in our life as the first day of the new year dawns.

■ **Visit a special place:** *Hatsumode*, or the first visit to a shrine, is customarily observed on one of the first 3 days of the year. The whole family visits their local shrine to offer a prayer for a healthy and good year or for the success of whatever special goal they have set to achieve. This meaningful tradition, observed in a special place, can help anyone set intentions for the year ahead.

I invite you to join with me in preparing for the new year as we recommit our energy to promoting the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives. ■



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EMERGING STRONGER IN TIMES OF CHANGE

By engaging with the trends shaping our field, psychology will remain at the forefront of societal progress

BY ARTHUR C. EVANS JR., PhD



A new year means new possibilities and opportunities, which are often fueled by the significant trends that shape our field, our nation, and the broader world. Recognizing both the personal and professional implications of these trends is crucial for psychology's continued growth and our ability to have an impact on major societal issues. To me, the implications of these trends fall into three interconnected buckets.

■ **Psychologists must remain forward-looking—focused not only on the present but also on anticipating emerging and future trends.** In doing so, we can position ourselves to effectively apply relevant psychological science in any context. For instance, as we see public distrust in science and resistance to equity, diversity, and inclusion grow, we must ensure we are translating psychological knowledge in ways that are digestible to various audiences with different levels of receptiveness to these ideas.

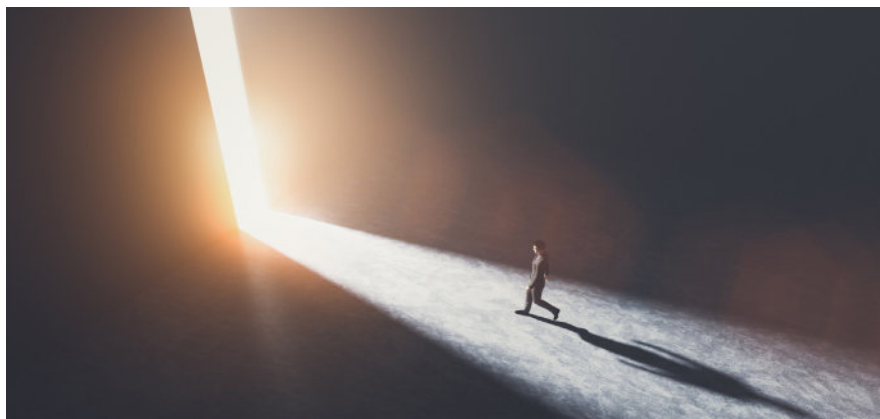
■ **Our role extends beyond reacting to trends. We must be shape them.** For example, artificial intelligence (AI) is not just a reality we need to adapt to in our practices, research, workplaces, and schools—it is a transformative force we must help to inform. By integrating a broad range of psychological expertise into the development, use, and regulation of AI, we can enhance its capabilities while reinforcing ethical professional standards and preventing harm.

● **Arthur C. Evans Jr., PhD**, is the chief executive officer of APA. You can follow him on LinkedIn.

■ **Psychology must address the broader impacts that major trends have on people's mental health and well-being.** The future of work, for example, is rapidly evolving, and conflicting workplace desires and expectations are taking a toll on people's job satisfaction, productivity, and overall well-being. Psychologists are uniquely positioned to use our expertise to promote healthier work environments, whether by helping to define best practices, shaping policies, or promoting healthy coping strategies.

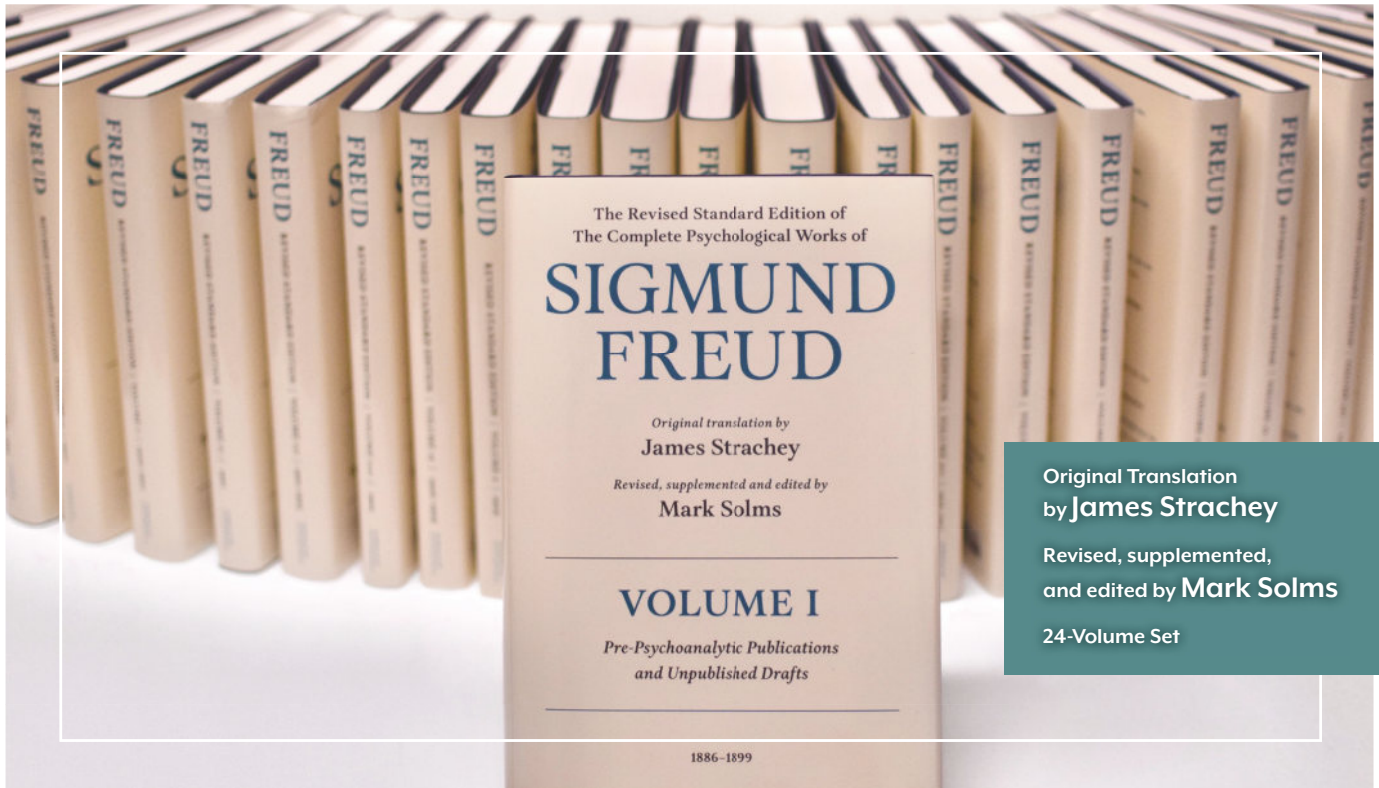
Our engagement with the trends unfolding now and on the horizon requires being both adaptable in response to changes and intentional about driving positive outcomes—for the field of psychology and broader society. By advocating for accessible mental health care, pushing for increased research funding, and promoting the application of psychological knowledge across a multitude of settings, we can ensure that our field remains at the forefront of societal progress.

In 2025, let us commit to staying informed and engaged with advancements rather than shy away from the trends that are shaping our future. Let us continue making meaningful contributions to individuals, communities, and systems as well as to the advancement of our profession. Together, we can navigate these transformative times and emerge stronger. ■



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In Brief

Research suggests a correlation between politically dissimilar relationships (which are most likely for Independents) and lower relationship quality.

LOVE YOU, HATE YOUR POLITICS

Love rarely spills over the political aisle, suggests a study in the *Journal of Personality and Social Psychology*. Researchers analyzed data from 4,584 adults (including 526 couples) in the United States collected between 2020 and 2022. Participants fell roughly equally into three groups: Democrats, Republicans, and Independents. Overall, around 6% of Democratic participants had a partner who was a Republican, while around 8% of Republicans had a Democratic partner. Independents were the most likely to be in politically dissimilar relationships, with 41% having a Democratic or Republican partner. Participants with politically similar partners tended to be more religious, politically extreme, older, married or engaged, and more prone to experiencing negative emotions. Individuals in relationships with politically dissimilar partners rated their relationship quality slightly lower than those with politically similar partners.

DOI: 10.1037/pspi0000467

YOUNG AND OLD FEEL STEREOTYPE THREAT

Research in *Psychology and Aging* indicates that both younger and older people experience stereotype threat—the concern about being reduced to a negative stereotype—at work. Researchers asked 190 older employees (between 50 and 70 years old) and 113 younger employees (between 18 and 30 years old) in Australia to fill out a daily diary for 10 workdays. Events in the workplace that made the older and younger employees think about their age (e.g., being overlooked for training or development opportunities, feeling excluded from informal socializing) led to feelings of age-based stereotype threat. In addition, on the days when employees experienced greater feelings of stereotype threat, they also experienced poorer outcomes, such as higher stress and lower sense of belonging.

DOI: 10.1037/pag0000839

OSTRACISM AND WITHDRAWAL

When people feel ostracized, they tend to react by withdrawing rather than trying to connect with others, according to research in the *Journal of Personality and Social Psychology*. Across two studies, researchers asked 595 online participants in the United States and the United Kingdom to note over a 14-day period whenever they experienced ostracism, who excluded them (e.g., friend, colleague), and where (e.g., home, social media). Participants also completed a questionnaire assessing their response to each ostracism event: behave prosocially, talk to others, engage in social media use, behave aggressively, or withdraw. The researchers found that ostracism occurs in a range of contexts and relationships on average two to three times per week and is accompanied by a feeling of intense threat to one's psychological needs. Moreover,

Ostracism occurs in a range of contexts and relationships on average two to three times per week.

the higher the threat to participants' psychological needs, the more likely they are to react with avoidance and antisocial intentions (though not behavior) rather than approach behavior (e.g., talking with others, connecting via social media).

DOI: 10.1037/pspi0000471

TIME-TESTED THERAPIES BEAT MEDS LONG TERM

Long-established therapies are more effective than antidepressants in the long term, suggests a meta-analysis reported in *American Psychologist*. A researcher analyzed more than 1,000 randomized studies of psychological treatment of depression. He found that therapies, regardless of the format (provided a human was involved in delivering them), are as effective as antidepressants in the short term but more effective in the long term. In addition, combined treatment is more effective than either alone in the short and long term. However, not all therapies are effective in every patient, and, in general, most therapies are somewhat less effective in children, adolescents, primary-care patients (compared with those who received specialized outpatient mental health treatment), and in patients with comorbid substance use disorder. Additionally, no therapy introduced over the past 50 years was found to be more effective than treatments that came before. Based on these findings, the researcher cautioned against adopting new therapies too quickly and recommended other innovations



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resulting in better outcomes, such as sequential treatments, increased session frequency, and better matching between patient need and therapist expertise.

DOI: 10.1037/amp0001387

CONSISTENT, QUICK RESPONSES BOOST CHILDREN'S VOCAB

Language development is stronger in children whose mothers consistently respond quickly to them, suggests research in *Developmental Psychology*. Observing dialogues between 64 mother-child dyads in the United States, researchers assessed the millisecond timing



of the mothers' responses to their 3-year-old children. They found that consistently and predictably timed maternal responses were a better predictor of the children's vocabulary scores than the content or quantity of the language

Mothers' consistently quick responses may boost young children's language development.

itself, especially when the mother's speech was grammatically complex. The researchers suggest that mothers' more consistently quick responses may boost language development by helping the child connect their mother's words to their own behavior.

DOI: 10.1037/dev0001819

LESS EMPATHY FOR OTHERS' FUTURE SUFFERING

People feel less empathy toward others' distress in the future compared with the present, according to research in *Emotion*. Across four online studies, researchers asked 4,698 participants to

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report their level of empathy in response to various hypothetical situations taking place in the present or future. They found that participants felt less empathy toward another person's suffering in the future compared with the present despite predicting that the same amount of pain would be felt. However, imagining another person's future distress did lead them to place greater value on future generations' welfare. The researchers also found that reduced empathy for others' future hardships led the participants to donate less money to a future-oriented charity than a present-oriented charity. Finally, the empathy gap vanished after asking the participants to imagine the future in vivid detail.

DOI: 10.1037/emo0001402

HUMAN OR AI?

People are better than chance at determining if a piece of text was written by a human or an artificial intelligence (AI) system, according to a study in the *Journal of Applied Research in Memory and Cognition*. Researchers asked 101 online participants to rate five randomly selected narratives as either human- or AI-generated and explain their choices. Participants chose correctly 65% of the time and were more accurate at identifying human-generated narratives than AI-generated narratives. When participants relied on grammar and writing to make their decisions, they were highly accurate, but when they relied on emotional expression, their performance dropped to chance levels.

DOI: 10.1037/mac0000187



GENTRIFICATION AND MENTAL HEALTH

Gentrification—the process in which an economically disadvantaged urban neighborhood experiences an influx of wealthier individuals, leading to the displacement of the original inhabitants—is associated with worse mental health for affected children in families with low socioeconomic status (SES), indicates a study in *Developmental Psychology*. Researchers surveyed 1,045 youth ages 10 to 15 from low-SES families in the United States between 2014 and 2015. Participants lived in neighborhoods that census data and community surveys in 2010 suggested were “gentrifiable.” The researchers found that compared with living in a nongentrifying

Gentrification is associated with worse mental health for affected children in families with low socioeconomic status.

neighborhood, living in a gentrifying neighborhood was linked to later heightened psychological distress among low-SES youth, which, in turn, was associated with lower math test scores 1 year later. The link between gentrification and increased psychological distress was strongest among low-SES Black youth, who may face both heightened racism and classism-related social stressors in gentrifying neighborhoods.

DOI: 10.1037/dev0001812

GENDER AND NEGATIVE SELF-DISCLOSURES

When women disclose negative things about themselves on dates, they tend to reveal moral transgressions, while men tend to admit to poor hygiene,

ANDREW MERRY/GETTY IMAGES

according to research in *Telematics and Informatics*. Researchers asked 1,017 participants in the United States and Poland to engage in a dating game where they were given several options for revealing positive and negative information about themselves. The positive traits included physical attractiveness, wealth, health, kindness, and artistic ability. The negative traits were categorized into three types of disgust: pathogenic (e.g., body odor, physical repulsiveness, illness), sexual (e.g., inappropriate sexual behavior), and moral (e.g., lying, stealing, manipulating). Women were more likely to admit to morally questionable behaviors and artistic abilities, while men more frequently chose to reveal characteristics related to poor hygiene and kindness.

DOI: 10.1016/j.tele.2024.102159

COLLABORATE UP, HIRE DOWN

People tend to favor working with higher paid peers as collaboration partners but avoid hiring people with higher pay histories as subordinates, according to research in *American Psychologist*. In the first two of four studies, researchers explored the collaboration preferences of 360 participants in the United States. They found that the participants preferred partnering with higher paid peers unless explicitly told that their potential collaborators' knowledge, skills, abilities, and experience were similar to theirs, suggesting that they viewed pay as a signal for competence. In the third study, with 287 participants, researchers observed that participants sought to work alongside higher paid colleagues even when the participants were familiar with their potential coworkers. A fourth study, with 138 participants, focused on hiring decisions. Participants were less likely to hire a candidate with a higher salary history for a junior position on their team.

DOI: 10.1037/amp0001397

MORAL VALUES MAY BE SEASONAL

People's morals shift with the seasons, suggests research in the *Proceedings of the National Academy of Sciences*. Researchers analyzed survey responses from 232,975 adults in the United States from 2011 to 2020. The survey measured participants' endorsement of five moral values: loyalty, authority, purity, care, and fairness. Loyalty, authority, and purity are examples of binding values, which encourage conformity to group norms. They also align closely with modern political conservatism. Care and fairness are considered more liberal values. The researchers found that respondents endorsed binding values more strongly in spring and fall than in

summer and winter—a pattern that was remarkably consistent over 10 years. They linked this strong seasonal embrace to anxiety levels, which also spike during those seasons. Additionally, the researchers found evidence for a larger summer dip in alignment with binding moral values in regions that experience more extreme seasonal climate differences.

DOI: 10.1073/pnas.2313428121

NEURODIVERGENCE AND CHRONIC FATIGUE

Children who exhibit neurodivergent traits, such as those associated with autism and attention-deficit/hyperactivity disorder (ADHD), are twice as likely to experience chronic disabling fatigue

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Loneliness is correlated with greater frequency and intensity of nightmares.

(CDF) by age 18, suggests a study in *BMJ Open*. Researchers tracked 14,541 children born in the United Kingdom between April 1991 and December 1992. The researchers performed assessments when the children were 7 and 9 years old, receiving 8,115 responses at the 7-year mark and 8,036 responses at the 9-year milestone. At age 18, the children performed a final self-report evaluation. Children with autistic or ADHD traits at age 7 or 9 were found to have a two-fold increased risk of CDF by age 18. At 9 years old, higher IL-6 levels, reflective of excessive inflammation, were associated with 1.5 times greater risk of experiencing CDF at 18. The researchers indicate that stress, which neurodivergent children experience at higher levels, may be a culprit in the increase in inflammation.

DOI: 10.1136/bmjopen-2024-084203

ONLY THE LONELY (HAVE MORE NIGHTMARES)

Lonely people tend to have more nightmares, finds research in *The Journal of Psychology*. Researchers analyzed data from 827 online participants in the United States, including measures of loneliness, nightmare frequency, and stress levels over the prior month. A second survey of 782 online participants expanded on the first study by including measures for both the frequency and intensity of nightmares, as well as episodes of hyperarousal and rumination. In the first study, loneliness predicted the frequency of nightmares, a relationship that was mediated by stress. The second study replicated these findings and demonstrated that loneliness also predicted the intensity of nightmares. Furthermore, hyperarousal and rumination (but not stress) mediated the relationship between loneliness and both the frequency and intensity of nightmares.

DOI: 10.1080/00223980.2024.2378418

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VIDEO GAMES BOOST MENTAL HEALTH—TO A DEGREE

Playing video games can improve mental health, suggests a study in *Nature Human Behaviour*. During the COVID-19 pandemic, high demand led to a shortage of video game consoles in Japan. Researchers studied the demographics, mental health, video game ownership, and time spent gaming over the prior month of 8,192 participants in Japan who entered a lottery to purchase either a Nintendo Switch or PlayStation 5 (PS5). Participants who won the lottery and subsequently purchased either console experienced a decline in psychological distress and reported greater life satisfaction than participants who did not win the lottery. For those who purchased a console, playing for an extra hour a day led to further improvement in mental health. However, these positive effects

tapered off among players who spent more than 3 hours each day gaming. The mental health benefits of owning a PS5 (but not a Switch) were more pronounced among men, hardcore gamers, and those without children. Owning a Switch (but not a PS5) offered a greater boost in well-being for less experienced gamers and those with families.

DOI: 10.1038/s41562-024-01948-y

BRAIN NETWORK SIZE DOUBLED IN DEPRESSED PEOPLE

Research in *Nature* suggests that a brain network linked to attention appears to be twice as large in most people with depression. Researchers analyzed fMRI brain scans of 141 individuals with depression and 37 healthy controls. They found that a brain network called the frontostriatal salience network was twice as large in depressed individuals. This network, which is involved in reward processing and filtering external stimuli, covered 73% more cortical surface area, on average, in participants with depression. To learn more about the network's development, the researchers analyzed neuroimaging data of 57 children ages 10 to 12 without depression but who developed symptoms within 2 years. These children had, on average, 36% larger frontostriatal salience networks than a group of 57 similarly aged children who did not go on to develop depression. The size of the network stayed stable over time in both groups, suggesting that a larger frontostriatal salience network is not the result of depression. Instead, it precedes depression.

DOI: 10.1038/s41586-024-07805-2

SUICIDE RISK AND AUTISM

People on the autism spectrum are almost 3 times more likely to die by suicide compared with non-autistic people, indicates a study in *Psychiatry Research*. Researchers conducted a systematic review of 10 research papers reporting

the risk of suicide mortality or suicide attempt among autistic individuals, covering 10.4 million people across seven countries. They found that suicide mortality for autistic individuals was 2.86 times higher than that of the general population. Autistic females experienced a greater relative risk of suicide (3.85 times higher risk) than autistic males (2.13 times higher risk). The relative risk for suicide was 5.04 for autistic individuals without intellectual disability, compared with 1.03 for autistic individuals with intellectual disability. The relative risk for suicide mortality did not vary significantly by age. The relative risk for suicide attempts for all autistic individuals was 3.82.

DOI: 10.1016/j.psychres.2024.116150



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Three of the most downloaded studies explored the impact of social media use on aspects of mental health.

THE TOP 10 JOURNAL ARTICLES OF 2024

APA's 89 journals published an estimated 5,000 articles in 2024. Here's a quick look at the 10 most downloaded as of this *Monitor* publication date.

1. Living for the likes: Social media use, fear of missing out, and body and life satisfaction in women

Bissell, K., & Chou, S.

Women who use social media more than others experience more fear of missing out (FOMO), social comparison, and appearance anxiety, all of which were associated with unhealthy attitudes about eating and body dissatisfaction, suggests this study in the *Psychology of Popular Media* (Vol. 13, No. 3). Researchers surveyed 560 women ages 19 to 63 in the United States about social media use, attitudes about social media, body and life satisfaction, family

pressure related to body image, and attitudes about eating. Participants represented a diverse sample of race, ethnicity, and socioeconomic status. Those who reported feeling pressure to adhere to societal norms on social media were more likely to have negative eating attitudes. Moreover, media FOMO, social comparison, and appearance anxiety played a role in moderating the relationship between participants' disordered eating attitudes and body dissatisfaction. Family pressure was associated with increased disordered eating attitudes, but that increase did not impact body satisfaction.

DOI: 10.1037/ppm0000507

2. Self-esteem, but not age, moderates the influence of viewing social media on body image in women

Price, M., et al.

Viewing images of "thin-ideal" body shapes lowers personal body image ratings for women of all ages and self-esteem levels suggests this study in *Psychology of Popular Media* (Vol. 13, No. 3). Researchers used social media to recruit 690 adult women ages 18 to 60 with wide-ranging body mass indices, then randomly assigned the women to view one of four Instagram-like images ("thin-ideal" body image, "average" body

image, holiday scene, or stationary). They measured the women's body image ratings before and after viewing the images, followed by a measure of self-esteem. The women's body image rating decreased after viewing the "thin-ideal" versus "average" and control images. Self-esteem (but not age) moderated this effect but did not factor into the negative impact of viewing "thin-ideal" images. However, women with lower self-esteem showed a greater increase in body image rating after viewing "average" images than women with higher self-esteem.

DOI: 10.1037/ppm0000493

3. Limiting social media use decreases depression, anxiety, and fear of missing out in youth with emotional distress: A randomized controlled trial

Davis, C. G., & Goldfield, G. S.

Limiting social media use can reduce mental health issues in emotionally distressed youth, indicates this study in *Psychology of Popular Media* (advance online publication). Researchers recruited 220 undergraduate students in Canada ages 17 to 25 who used social media at least 2 hours per day and were experiencing depression or anxiety symptoms. After 1 week of normal social media use, half of the participants limited social media to no more than 1 hour per day for 3 weeks, while the other half continued regular use. The researchers found that participants who limited social media use showed greater pre-intervention versus post-intervention improvements in depression and anxiety symptoms than those who used social media as usual. The limited-use group also reported that their FOMO had decreased while their sleep had increased by 30 minutes per night.

DOI: 10.1037/ppm0000536

4. Doing the work: The role of inclusive leadership in promoting psychological safety and openness to diversity through diversity, equity, and inclusion practices

Woods, A., et al.

Inclusive leadership is essential for fostering psychological safety and employee openness to diversity, suggests this study in *Psychology of Leaders and Leadership* (Vol. 27, No. 1). Researchers surveyed 400 employees of a large health care institution in the United States about perceptions of leader inclusiveness, frequency of workplace diversity, equity, and inclusion (DEI) practices, and perceptions of psychological safety and openness to diversity. The researchers found that employees with inclusive leaders were more likely to have the opportunity to participate in DEI actions and to actively engage in these actions. Furthermore, the researchers used social identity theory, the relationship between people's self-perception and their behavior and attitudes in and toward groups, to examine team engagement in DEI practices. The researchers also made recommendations for strengthening DEI in the workplace with practical guidance for implementation at the organizational, leader, and individual levels.

DOI: 10.1037/mgr0000158

5. Associations between intentions for affective social media content choices and depressive symptoms in adolescence: A cross-sectional investigation of media response styles as moderators

Brimmel, N., et al.

Adolescents who seek out sad messages on social media when they feel unhappy experience more depressive symptoms, suggests this study in *Psychology of Popular Media* (Vol. 13,

No. 4). Researchers surveyed 157 adolescents ages 14 to 18 in Belgium about their depressive symptoms, intentions to consume sad or happy social media, degree of ruminating on consumed media, and response to happy media (i.e., whether the media dampened or enhanced their mood). They found that intending to choose sad social media content while in a sad mood was associated with higher levels of depressive symptoms, but intentions to consume happy social media content, regardless of mood, were not associated with lower levels of depressive symptoms. However, adolescents who intended to select happy social media content when they felt happy and were more prone to mood-enhancing responses did report more depressive symptoms.

DOI: 10.1037/ppm0000510

6. Treatment credibility as a mechanism of change in cognitive behavioral therapy: Effects on depression and anxiety

Wester, R. A., et al.

Patients who perceive their cognitive behavioral therapy (CBT) as credible may experience reduced symptom severity, according to this study in the *Journal of Consulting and Clinical Psychology* (Vol. 92, No. 3). Researchers recruited 1,423 patients in Germany undergoing 25 sessions of CBT for a wide variety of diagnoses—mostly affective and anxiety disorders. Every five sessions, the researchers assessed patients' perceptions of their treatment's

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credibility, as well as depression and anxiety symptoms. They found that perceived treatment credibility increased throughout the sessions but leveled off over time. They also found that higher perception of treatment credibility was associated with lower symptom severity between sessions. Finally, the researchers tracked treatment credibility ratings and symptom severity for individual patients across sessions to predict the ratings and symptom severity reported at future sessions. They found that sessions after which patients perceived their treatments as more credible than predicted were followed by sessions before which patients reported lower-than-predicted symptom severity.

DOI: 10.1037/ccp0000866

7. Adverse childhood experiences, cognitive functioning, depression, and anxiety in adulthood

Bing-Canar, H., et al.

An individual's exposure to adverse childhood events affects their psychological health, but this impact is not observed in neurocognitive tests, suggests this study in *Psychological Trauma: Theory, Research, Practice, and Policy* (Vol. 16, No. 7). Researchers measured depression and anxiety symptoms in 211 adult participants in the United States, then divided them into two groups based on level of exposure to adverse childhood experiences: one group with high exposure and the other group with low exposure. Participants in both groups submitted to a

series of neurocognitive tests of attention and working memory, processing speed, executive functioning, and verbal learning and memory. The researchers found greater depression and anxiety symptoms in the high adverse childhood experience group relative to the low adverse childhood experience group. However, these groups did not significantly differ on any neurocognitive measures.

DOI: 10.1037/tra0001637

8. Working memory and math skills in children with and without ADHD

Gaye, F., et al.

The reason some children with attention-deficit/hyperactivity disorder (ADHD) struggle with math



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has more to do with their neurocognitive vulnerabilities in working memory and short-term memory than with overt ADHD symptoms, suggests this study in *Neuropsychology* (Vol. 38, No. 1). Researchers tested three working and short-term memory subcomponents (central executive, phonological short-term memory, and visuospatial short-term memory), ADHD symptoms, and math skills in 186 children ages 8 to 13 in the United States. One hundred and twenty of the children met the criteria for an ADHD diagnosis. The researchers found that all three components of working memory predicted math performance approximately equally. They also found that the three components accounted for 56% of the individual differences in children's math test scores, even when controlling for age, sex, socioeconomic status, and ADHD symptoms.

DOI: 10.1037/neu0000920

9. A qualitative examination of play therapy and mindfulness interventions with youth with autism spectrum disorder

Bui, L., et al.

This qualitative research article, based on interviews with play therapists and published in the *International Journal of Play Therapy* (Vol. 33, No. 1), investigated play therapy and mindfulness interventions developed for children and adolescents with autism spectrum disorder (ASD). In semi-structured interviews, seven registered play therapists described the play and mindfulness practices they use to help children with ASD explore and learn strategies for coping with the difficulties they encounter in their lives. Common themes across the interview responses included similar descriptions of play therapy and mindfulness, use of an integrative treatment approach,

deployment of multiple treatment targets, and acknowledgment of various benefits of play therapy and mindfulness. They also expressed the need for training and research, used mindfulness techniques to address developmental concerns, and emphasized play as being essential.

DOI: 10.1037/pla0000170

10. The mental health climate and mental health–related academic help seeking on U.S. college campuses

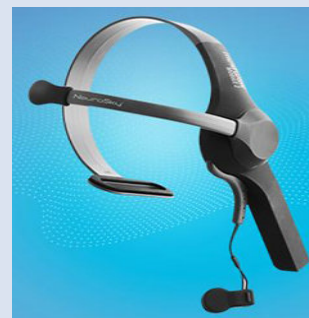
Gannon, K. R., et al.

About 60% of college students in the United States say they would reach out to tell professors if mental health conditions began to interfere with their studies, reports this study in *Stigma and Health* (advance online publication). Researchers analyzed previously collected data from 37,206 students across 87 colleges and universities in the United States about students' knowledge and attitudes regarding mental health services and their campus mental health climate. They found that about 60% of students said they would reach out to university faculty or staff if mental distress impeded their academic work. For students who said they would not reach out, their primary reasons were personal mental health stigma, and, to a greater extent, negative perceptions of social norms related to mental health on their campus (i.e., their campus mental health climate). Students of color were less likely than White students to say they would seek help. When students did seek academic-related help, those with low perceptions of their campus mental health climate were less likely to perceive such help as supportive. Campus climate had a more significant impact than personal stigma against seeking help.

DOI: 10.1037/sah0000502



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PSYCHOLOGISTS IN THE NEWS

Governor Tate Reeves has appointed Mississippi State University (MSU) associate professor **Kevin Armstrong, PhD**, to the state governing board regulating practicing psychologists. Armstrong is serving a 5-year term on the Mississippi Board of Psychology. In addition to his board duties, Armstrong supervises doctoral students training in MSU's Psychology Clinic.

Michael J. Bernstein, PhD, professor of psychology at Penn State Abington, was elected president of the Society for Experimental Social Psychology, an international organization dedicated to advancing research on the psychology of social interactions. He will take the helm in 2026 after serving as an executive council member in 2024 and as vice president in 2025. Bernstein's research focuses on how groups affect individual member's feelings and behavior.

The Society for Music Perception and Cognition, a scholarly organization dedicated to the study of music cognition, honored **Amy Belfi, PhD**, an associate professor of psychological science at Missouri University of Science and Technology, with both its Mentorship Award and Early Career Award. Belfi's research includes studies on music and

autobiographical memory, musical imagery, and musical anhedonia.

Derek Griffith, PhD, was named the Risa Lavizzo-Mourey Population Health and Health Equity University Professor in the School of Nursing and the Perelman School of Medicine at the University of Pennsylvania. Most recently, Griffith served at Georgetown University as a professor of health management and policy, founder and director of the Center for Men's Health Equity, and codirector of the Racial Justice Institute.

Louisiana State University (LSU) named **Keena Arbuthnot, PhD**, as dean of the Pinkie Gordon Lane Graduate School. In this role, Arbuthnot will oversee more than 160 graduate degree programs. She will also hold the Joan Pender McManus Distinguished Professorship in the College of Human Sciences & Education. Arbuthnot formerly held the positions of vice president and chief data officer at LSU.

Harvard University professor of psychology **Samuel J. Gershman, PhD**, is one of six academics to win the 2024 Schmidt Science Polymath award. Founded in 2021, the New York-based Schmidt Science Polymath Program recognizes

unconventional, cross-disciplinary work that otherwise might be difficult to finance. Gershman's previous work drew specifically on mathematics and artificial intelligence. His current research involves studying learning and memory in single-cell organisms.

Kate Bruce, PhD, a professor in the University of North Carolina Wilmington (UNCW) Department of Psychology, received the National Collegiate Honors Council 2024 Sam Schuman Award for Excellence in Honors Education at a Four-Year Institution. Bruce served as the director of the UNCW Honors Scholars Program from 1999 to 2011 and founding director of the Honors College from 2011 to 2018. She also founded the UNCW Center for the Support of Undergraduate Research and Fellowships to provide support for the scholarly activities of all UNCW students.

Grant Shields, PhD, an assistant professor of psychological sciences at the University of Arkansas, was awarded the 2024 Dirk Hellhammer Award from the International Society of Psychoneuroendocrinology. Shields is recognized for his work in psychoneuroendocrinology on the effects of stress on episodic memory and executive functions. ■

RISE OF THE 4-DAY WORKWEEK

Fueled by gains in employee well-being and satisfaction, the 4-day workweek continues to grow in popularity. What does the research say?

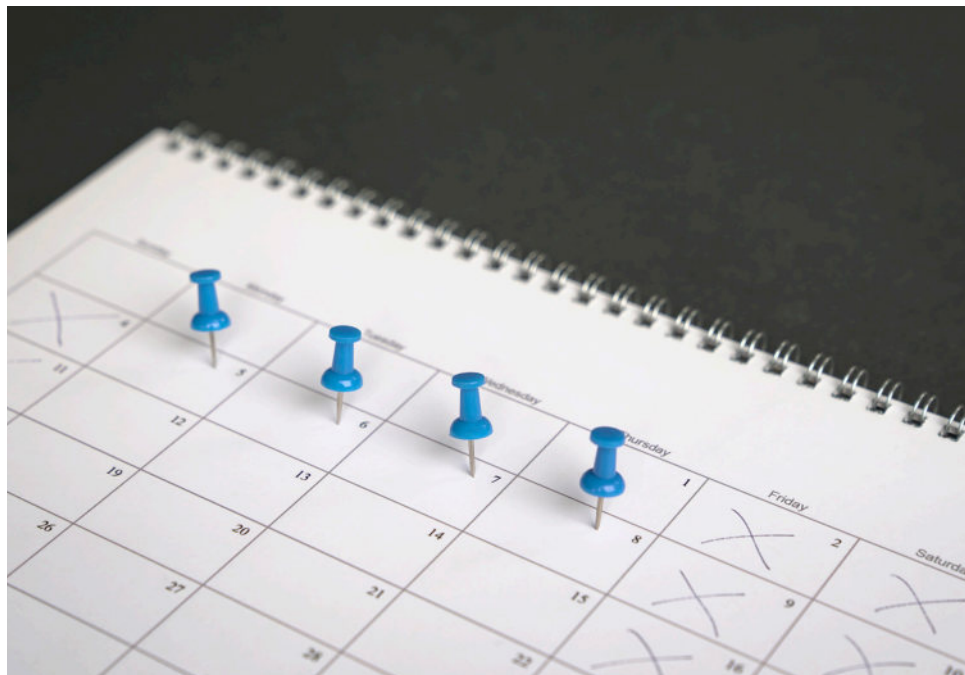
BY ZARA ABRAMS

More rigorous studies are needed to evaluate the feasibility of the 4-day workweek across a wider range of contexts.

Against a worldwide backdrop of workplace change, one bold idea continues to gain momentum. Proponents of the 4-day workweek argue that employees, businesses, and society at large would be better off with one less day at work.

The movement is part of a larger conversation about the balance between work and non-work time, said Lonnie Golden, PhD, a professor of economics and labor and employment relations at Penn State Abington who studies determinants of worker well-being. Those questions intensified during and following the pandemic, including national and global debates about work-life balance, employee flexibility and autonomy, and who should benefit (or might stand to lose) from new technologies such as artificial intelligence (AI).

“The pandemic gave employees the opportunity to explore what flexible work looked like, and many saw the huge benefits of that,” said Dale Whelehan, PhD, a behavioral scientist and CEO at 4 Day Week Global, an advocacy organization that runs 4-day workweek trials around the world.



Four-day workweeks have been growing in popularity in the United States for decades, with their incidence tripling among full-time workers between 1973 and 2018 (Hamermesh, D. S., & Biddle, J. E., *ILR Review*, advance online publication, 2023). In 2024, 22% of respondents to APA's Work in America survey said their employer offered a 4-day workweek, compared with just 14% in 2022 (2024 *Work in America Survey: Psychological Safety in the Changing Workplace*, APA, 2024).

To be clear, not all 4-day workweeks are created equal. Some models compress 40 hours into 4 days, while others reduce

weekly hours while providing full pay and benefits.

Perhaps unsurprisingly, employees are largely enthusiastic about both types of 4-day workweeks, with about 80% of Work in America survey respondents saying they believe they would be happier and just as effective with 4 days at work. Some policy-makers are also behind the push. Since 2023, both Rep. Mark Takano and Sen. Bernie Sanders have introduced bills that would reduce the standard workweek to 32 hours. Sanders and others argue that the shift would give the working class, including those who cannot do their jobs remotely, a share in the benefits

Psychologists' skills make them essential contributors in answering the nuanced questions about how and when 4-day workweeks can benefit businesses and employees.

of recent technological advances and economic growth.

Research, so far led mainly by economists and sociologists, is still in its early stages. Trials show gains in worker well-being and satisfaction, as well as improvements in retention and recruitment, with most companies who try a 4-day week choosing to continue with the model. Critics caution that data is still limited and that longitudinal, randomized studies are needed to better assess outcomes.

“With their expertise in measuring engagement and well-being, as well as identifying individual differences, psychologists should have a role in weighing whether 4-day workweeks are beneficial overall and where there may be nuances,” said Dennis Stolle, JD, PhD, senior director of applied psychology at APA.

Psychology can answer questions about 4-day workweeks, he said, and contribute to the larger conversation about the future of work. How can research help us respond to the changing world in a way that serves employees across sectors, helps businesses succeed, and boosts society overall?

THE UPSIDE OF FLEXIBLE WORK

The 4-day workweek can take several different forms. In the reduced hours approach, endorsed by Sen. Sanders and 4 Day Week Global, employees work 4 8-hour days. Sometimes called the “100-80-100” model, workers get 100% of their pay to work 80% of the time while maintaining 100% of the productivity.

In the compressed hours model, employees receive full pay for working 4 10-hour days. A 1999 meta-analysis of this approach found higher performance ratings and job satisfaction but no changes in absenteeism or productivity (Baltes, B. B., et al., *Journal of Applied Psychology*, Vol. 84, No. 4, 1999). In a 2020 case study, where the Canadian township of Zorra, Ontario, tested the model with its government employees, 73% of those who participated said they would continue working a compressed week if given the chance (Spicer, Z., & Lyons, J., *State and Local Government Review*, Vol. 55, No. 1, 2023).

But research results on compressed workweeks are inconsistent, with some experts sounding the alarm that longer workdays could be detrimental to employee health and are nearly impossible for parents with primary caregiving responsibilities. (Compressed workweeks are common in certain sectors, including health care, and extensive research has explored them from a safety and efficacy perspective.) A 2024 study of 247 construction company workers found that overall, switching to a compressed workweek improved work-life harmony and did not increase fatigue, but those

benefits were largely mediated by employee expectations. People who thought the new schedule would improve their life tended to benefit; those with low expectations did not (Mühl, A., & Korunka, C., *European Journal of Work and Organizational Psychology*, Vol. 33, No. 5, 2024).

Since 2022, 4 Day Week Global has partnered with researchers around the world to spearhead a series of pilot studies of the reduced hours (100-80-100) workweek. The 6-month trials, which began in Ireland and the United States, have now expanded across Europe and to South Africa, Australia, New Zealand, and beyond. 4 Day Week Global provides up-front guidance and resources for work reorganization, while independent researchers collect pre- and post-data on worker well-being, organizational performance, and more.

Across trials at more than 200 companies, workers reported better mental and physical health, life satisfaction, and positive affect, as well as less stress, burnout, fatigue, and work-family conflict. Those gains held fairly stable in a 12-month follow-up (*Assessing Global Trials of Reduced Work Time With No Reduction in Pay*, 4 Day Week Global, 2022; *The 4 Day Week Long-Term Pilot Report*, 4 Day Week Global, 2023).

Key Points

- » Four-day workweeks are growing in popularity, spurred by a recent rise in flexible work.
- » Pilot studies have found that switching to a 4-day workweek improves worker well-being and job satisfaction and can reduce certain costs for organizations.

“So far, the results are fairly consistent across companies and across countries, and fairly positive. We see overwhelming evidence that workers’ well-being improved greatly from the beginning to the end of the trial,” said Wen Fan, PhD, an associate professor of sociology at Boston College, who is one of the lead researchers of the U.S. 4 Day Week Global trials along with economist and sociologist Juliet Schor, PhD, also of Boston College. Workers were extremely satisfied with the trial, Fan added, with between 10% and 15% of participants in each pilot reporting that no amount of money could persuade them to return to a 5-day workweek.

What’s more surprising, Fan said, is that most business leaders were also highly satisfied at the end of the trials. Many saw improvements in retention and recruitment, savings on sick time, and revenue gains. At the end of the 6-month pilot, companies gave the trial an average rating of 9 on a scale of 0 to 10.

“The most consistent finding is that most companies who embark on a 4-day week trial continue on with it,” Whelehan said. “That alone speaks to the value of this, not just for health but also for business.”

Advocates of the reduced-hours model, including Sen. Sanders, say it can offer a degree of flexibility to employees in industries where remote work is not possible. That could make flexible work, currently more common in white-collar professions, accessible across the workforce. Already, 4-day work-

weeks are more common among workers who are younger, less educated, nonunion, and male. They are also more common among restaurant workers, health care workers, and first responders (Hamermesh, D. S., & Biddle, J. E., “Days of Work Over a Half Century: The Rise of the Four-Day Week,” NBER Working Paper 30106, 2022).

More flexible work arrangements, including the adoption of a 4-day week, could also improve gender equity in the workplace. Research by Claudia Goldin, PhD, a professor of economics at Harvard University who won the Nobel Prize in Economics for her work on the gender pay gap, shows how pay inequity is linked to the conflict between childcare responsibilities and inflexible work, including the need to work a strict schedule in a specific location (*Hours Flexibility and the Gender Gap in Pay*, Center for American Progress, 2015).

A third model for the 4-day workweek, largely rejected by researchers and advocates, involves both part-time employment (for example, 4 8-hour days) and reduced pay. A recent survey by Golden and his colleagues through the Project for Middle Class Renewal found that 42% of full-time employees were willing to take a pay cut for a 4-day workweek, though this option skews toward benefiting employers. This approach is generally seen as a disinvestment in the workforce; employees working under this arrangement typically do not receive full-time benefits.

At the heart of the 4-day workweek is a degree of trust between employer and employee,

and the sense that an organization wants the best for its people, said Joseph Lyons, PhD, an assistant professor of political science at Western University in Ontario, Canada, who studied the public sector trial in the township of Zorra.

“If organizational culture was not good beforehand, the 4-day workweek is not going to be some sort of panacea,” he said.

A NOTE OF CAUTION

While the findings from such trials look impressive, researchers warn that the results are preliminary and that more rigorous studies are needed to assess potential downsides. A 2023 systematic review of the literature on 4-day workweeks found support for improvements in morale, job satisfaction, and job turnover, but it also identified some negative impacts, including scheduling problems, more intense performance and monitoring measures, and a risk of benefits fading over time (Campbell, T. T., *Management Review Quarterly*, Vol. 74, 2024).

“It’s still early. I would be cautious about some of these data points that are just starting to come out,” said Tammy Allen, PhD, a distinguished university professor of psychology at the University of South Florida who has studied flexible work arrangements for more than 20 years. “One thing we need to study is a potential ‘honeymoon effect.’ Early on, this seems fantastic, but as time goes on, it may lose its shine a bit.”

Allen said that experimental studies, such as a large random-

FURTHER READING

4-day work week trials have been labelled a ‘resounding success.’ But 4 big questions need answers

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The Conversation,
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An organizational working time reduction and its impact on three domains of mental well-being of employees: A panel study

Mullens, F., &
Laurijssen, I.
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Could the 4-day week work? A scoping review

Jahal, T., et al.
Asia Pacific Journal of Human Resources,
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In 2024, 45 German companies trialed a 4-day workweek. Findings published in *The 4 Day Week in Germany: A Glimpse into the Engine Room* showed increased employee responsibility, motivation, and engagement.

ized controlled trial, could help provide stronger evidence for the 4-day workweek and look more closely at factors such as absenteeism and productivity.

Another limitation of the current research is selection bias: Most companies that agree to participate in a 4-day workweek trial may already have some evidence that the arrangement will work for their business, Fan said.

“Government support could help us collect more robust evidence, for example, tax incentives that can help motivate a variety of organizations to enroll,” she said.

Measuring productivity is another challenge and one that can vary substantially from one organization or industry to the next. “In this context, the hardest thing to measure objectively is productivity, so effects on well-being and satisfaction are going to be much clearer,” Golden said.

Equipping companies to track output in ways that are meaningful to them could also

help reduce potential downsides of the 4-day workweek, such as increased employee tracking.

ASKING THE RIGHT QUESTIONS

Businesses have played an important early part in demonstrating the possibilities of the 4-day workweek, Whelehan said, but the path forward requires new partnerships with academic researchers and government funders.

“Where academics continue to play the most critical role is in lobbying government for public-sector trials or government-sponsored private sector trials,” he said.

More research is certainly needed, and psychological scientists can be a big part of the solution. They can help collect data on engagement, well-being, and long-term outcomes, as well as individual differences in 4-day workweeks—for example, do they work particularly well for certain occupations, life circum-

stances, organizational structures, or personality types?

Psychologists can also use their theoretical knowledge, including concepts such as self-determination and autonomy, to help explore the mechanisms behind 4-day workweek benefits, Fan said.

“Are we seeing benefits simply because this frees up more time for yourself or your family?” she said. “That’s one explanation, but another is that it’s not just the reduction in hours but also the sense that the company really cares about us.”

As part of the larger conversation about remote work, the 4-day workweek may also be just part of a long-term solution. Deciding where it fits will require more research but also a broader discussion of societal priorities and values, Golden said.

For example, if AI can take on some job tasks, who should benefit: businesses (by cutting staff), employees (by working less), or both? Simply substituting AI for employees is a short-term solution, Whelehan said, and one that may initially save money but ultimately lead to widespread unemployment. That hurts employers, too, who would likely pay higher taxes for social services, he said. For that reason, it’s in the inherent interest of both employers and the government to ensure employment remains high.

“The new frontier requires us to answer a question,” Golden said. “What do we, as a society, want to do to improve job quality and the well-being of workers without sacrificing productivity?” ■

'SOBER CURIOSITY' DESTIGMATIZES THE DESIRE NOT TO DRINK

Dry January and other alcohol moderation movements provide support to cutting back on drinking, especially for those who may not have alcohol use disorders but still feel uncomfortable with their consumption

BY STEPHANIE PAPPAS

January is often a time when people cut back on drinking, whether as a New Year's resolution, as a Dry January challenge, or simply because they're worn out from holiday revels. But a year-round low- or no-alcohol life is becoming more mainstream as people cut back or quit drinking for reasons of mental, physical, or financial health—not necessarily because they believe they have an alcohol use problem.

Sales of nonalcoholic beer, wine, and spirits were up more than 40% between 2021 and 2023, according to a *PBS News Hour* report from July 2023. Mocktails, once a specialty ask of the bartender, are now increasingly printed on menus in bars and restaurants.

Fully nonalcoholic bars are popping up, too, such as Sans Bar in Austin, Texas. A substance use counselor years into his own sobriety journey, owner Chris Marshall founded Sans Bar to maintain the communal joy of a night out even when abstaining from alcohol.

These options are likely here to stay, given trends in the generation of U.S. young adults now coming of age. A 2023 Gallup analysis found that over the past 2 decades, 18- to 34-year-olds have become less likely to report

drinking ever, less likely to report drinking in the past week, and less likely to say they sometimes drink to excess. Middle-aged adults held fairly steady in their drinking trends over this time period, while drinking among the 55+ age group rose, suggesting a generational shift. Adolescents now report having used alcohol at the lowest levels in the past 3 decades, with 22.7% reporting past-month drinking in 2021 compared with 50.8% in 1991 (Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2023).

The shift highlights a growing number of adults who are “sober curious,” or interested in cutting back on alcohol without necessarily reaching full abstinence. Many would not qualify for substance use disorder diagnoses and don't have physiological dependence on alcohol, but they might feel as if their drinking falls into a gray area, negatively affecting their lives. Others are cutting back in solidarity with family members with substance use disorders or are worried about their own vulnerability to alcohol use disorder after seeing family members struggle. Some simply want to improve their health.

“I absolutely love the idea of just having a time when you

take a look at your drinking, take a look at how it's fitting in with your life, take a look at your relationship with it,” said Katie Witkiewitz, PhD, a clinical psychologist and the director of the Center on Alcohol, Substance Use, and Addictions at the University of New Mexico. “Is it serving you? Is it not serving you? These campaigns make it so much easier to do that.”

TAKING A MONTH OFF

Alcohol consumption is widespread, with 67% of adults in the United States reporting drinking in the past year, according to the National Institute on Alcohol Abuse and Alcoholism (“Alcohol Use in the United States: Age Groups and Demographic Characteristics,” 2024). Nearly a quarter reported binge drinking—four drinks for a woman, or five for a man, in under 2 hours—within the past month.

Key Points

- » Experimenting with sobriety short term can have health benefits and allow people to grow their comfort with abstaining.
- » Sales of nonalcoholic beverages are skyrocketing, in part because of growing sober curiosity.
- » Moderation is not for those with a physical dependence on alcohol, but for some, a harm reduction approach is beneficial.



Culturally, drinking to cope with stress is also normalized. From social media jokes about “wine moms” to teacher-gift mugs printed with slogans like, “I teach, therefore I drink,” there’s a “stereotypical yet not stereotypical” culture of getting through tough times with alcohol, said Lauren Ross, LCSW, a licensed social worker in Denver. The front lines of mental health care professionals are no exception, Ross said.

“What I’ve observed from being in this profession for a while is sometimes there’s a little bit of joking around self-care as a big glass of wine, or two or three,” she said.

These jokes not only make light of potentially problematic substance use but can highlight the inequities in whose drinking is stigmatized and whose isn’t. “Wine mom culture lets white women cosplay as ‘bad moms’ because they’re given the benefit of the doubt that BIPOC

Nonalcoholic beverages and fully nonalcoholic bars are becoming increasingly popular and offer a way for people to experiment with sobriety.

moms aren’t afforded,” journalist Tomi Akitunde pointed out to *Wine Enthusiast* magazine in 2023. A scoping review led by Washington University School of Medicine in St. Louis clinical psychologist Devin Banks, PhD, found that Black people in substance use treatment fear being stigmatized by employers, police, and others, and that this stigma can be a barrier to treatment (*International Journal of Drug Policy*, Vol. 133, 2024).

In an environment of ubiquitous consumption, quitting—or even cutting back—can be tough. Out-of-date ideas about alcohol and addiction can exacerbate reluctance to quit, because people may feel there is a hard line between “alcoholics” (a stigmatizing term still in popular use) and people who don’t need to worry about their drinking. “If only people who have a problem with alcohol stop drinking, if you decide to stop drinking, you’re admitting you have a problem,” said Amanda White, LPC, LMHC, director of the Therapy for Women Center in Philadelphia.

The sober curiosity movement aims to remove some of that stigma by allowing anyone to try sobriety in a low-pressure way. Dry January first launched as an official campaign in 2013 as an effort of the organization Alcohol Change UK, which now offers an app, a podcast, and email coaching for participants. Australia and New Zealand originated Sober October and Dry July, while the Irish Heart Foundation runs On the Dry every January. Since 2003, Thai health organizations have promoted the Buddhist

Lent Abstinence Campaign, which runs from July to October (Saengow, U., *BMC Public Health*, Vol. 19, 2019).

“The idea that people can experiment with changing their alcohol use in a fun and low-barrier way is really, really encouraging,” said Susan Collins, PhD, the president of APA Div. 50 (Society of Addiction Psychology).

The Dry January campaign has not been linked to population-level alcohol consumption declines in the United Kingdom (Case, P., et al., *Drug and Alcohol Dependence*, Vol. 227, 2021). However, there is evidence that those who do participate don’t always go back to their old ways on Feb. 1. A study of U.K. Dry January participants in 2015 found that 6 months after the campaign, problematic alcohol use was lower among Dry January participants compared with those who said they wanted to change their alcohol use but did not officially register with the program (*European Journal of Public Health*, Vol. 27, No. 5, 2017). Official participants were also more likely to say they felt efficacious at refusing unwanted drinks at a 6-month follow-up.

Losing participants to follow-up is an issue, said Richard de Visser, PhD, the lead author of that paper, who has been researching the U.K. campaign since 2013. But overall, participation does seem to have long-term effects, with between 30% and 40% of participants drinking less after 6 months.

“A lot of people do use this as a way to make those long-term changes,” de Visser said.

Some U.S. research shows similar results. A study using a sample of 1,659 18- to 29-year-olds found that 7% had participated in a total abstinence challenge in the past year (*Journal of Studies on Alcohol and Drugs*, Vol. 85, No. 2, 2024). Of those, half said they consumed less after the challenge ended,

and 15% said they quit drinking altogether.

Participants in this study overwhelmingly reported that their motivations were based in general health and wellness rather than negative events with alcohol, said Daniel Siconolfi, PhD, a behavioral scientist at the RAND Corporation and the

TIPS FOR CUTTING BACK

HOW TO MAKE SOBER CURIOSITY WORK FOR YOU

Powering through a dry month will have physical health benefits, but to really get the most out of a sober curious experiment, it pays to be a little bit mindful. “Just like any other lifestyle change, you’ve got to be ready for it,” said Katie Witkiewitz, PhD, of the University of New Mexico.

She and the other experts featured in this article offer these tips for a successful Dry January—or any other stretch of time without alcohol.

- **Pick another drink.** Alcohol often serves the purpose of demarcating the day—a glass of wine after work signals the start of relaxation. Replace that cue with a nonalcoholic bubbly water or some other fancy treat. Some people even decant a “boring” beverage into a fancy glass.
- **Expect a carb craving.** It’s not unusual to crave sugar when giving up booze. Know that it’s normal and reward yourself with a fun dessert after achieving a set period of sobriety.
- **Plan alternative activities.** Been meaning to organize the garage or pick up your watercolor set again? A dry week or month is a great time to do it. Alternative hobbies can fill the time once taken by drinking and can also help mark a transition to relaxation in the day. Even a post-work or post-dinner walk can help.
- **Come up with a prepared response to why you aren’t drinking.** “I’m doing Dry *insert month here*” is a quick way to shut down intrusive questions. Or prepare a breezy, low-stakes canned explanation, like, “I have to be up early tomorrow.”
- **Pay attention to temptation.** When do you want to drink? What triggers the urge? Cutting back can reveal areas where you might need alternative methods for coping with stress.
- **Note the benefits.** Taking the time to notice changes in sleep, energy, or other health effects can be motivating—and informative for life after the abstinence challenge.

FURTHER READING

Self-reported alcohol consumption during participation in a text messaging–based online drinking moderation platform
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Alcohol, Clinical & Experimental Research, 2024

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Short- and longer-term benefits of temporary alcohol abstinence during ‘Dry January’ are not also observed among adult drinkers in the general population: Prospective cohort study
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Alcohol and Alcoholism, 2020

lead author of the NIAAA-funded study, which was also coauthored by RAND clinical psychologist Elizabeth D’Amico, PhD, a Div. 50 fellow. The individuals with the highest-risk drinking patterns were also the most likely to have heard of sober curiosity and tried abstinence challenges, Siconolfi said.

“We saw a confluence of abstinence challenges or sober curiosity, greater readiness to cut back on drinking, and health and wellness motivations. There’s an opportunity to tap into these movements to engage young adults who might benefit from evidence-based interventions or treatment,” he added.

A SOBER(ISH) MOVEMENT

Sober curiosity or moderation is not for people with a physical dependence on alcohol. Withdrawal from alcohol use in the case of physical dependence can be fatal, and anyone experiencing nausea or shakiness when trying to cut back on alcohol should seek out supervised medical withdrawal, Collins said. Others might be better off seeking permanent abstinence. For patients who aren’t able to complete a sobriety experiment, it’s important to view failed attempts at cutting back as information, White said. “I say, ‘Your goals aren’t always aligning with what you’re saying and what you’re doing, and if we’re doing the same thing over and over again, this may not be the way to do it.’”

But for those who are experimenting with cutting back and sober nights out, increased acceptance of a dry lifestyle can be a boon. Nonalcoholic options give people the opportunity to relearn how to socialize without the lubricating effect of alcohol.

"The triggers and cues are going to be there no matter what," Marshall said. He sees nonalcoholic bars as a way to rewire them: "You can go to a space that looks like a beautiful bar, you open up a tab. For many people, that action right there is the start of a terrible night. But now they get to walk away with a new experience."

January is Sans Bar's busiest time, Marshall said, as patrons doing Dry January seek out non-alcoholic alternatives. But there are many customers who are simply moderating their drinking, as well. For many, moderation may mean limiting drinking to certain days of the week or certain situations: never at work parties, for example, or only during one-off

events like a friend's wedding or a once-in-a-lifetime trip to Spain.

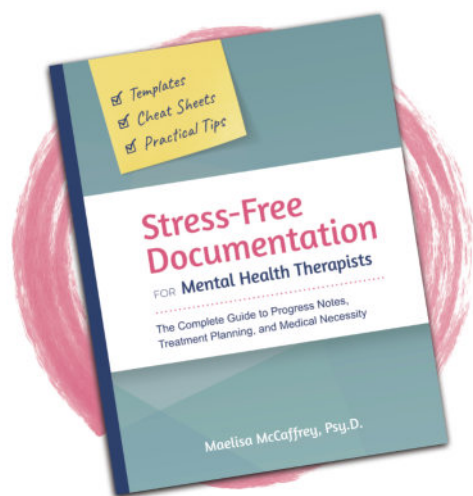
Both drinkers who quit and those who cut back will likely experience health benefits. These can be most pronounced when someone abstains completely, White said, so she often advises patients who want to explore sobriety to take a full month off if they're up to it. "It's not some abstract concept like the health of their liver 30 years down the track; they're feeling it themselves," de Visser agreed.

Improved sleep is often the first benefit people mention, Witkiewitz said, which makes sense given alcohol's multiple documented impacts on sleep quality (Colrain, I. M., et al., in *Handbook*

of Clinical Neurology, Vol. 125, 2014). Other benefits include saving money, improvements in energy levels, and an increased sense of self-control. A thoughtful approach to taking time away from alcohol can allow people to develop other hobbies and coping skills, and perhaps reduce their lifetime risk of physiological dependence, Collins said.

"What I like about the sober curious forays into temporary abstinence is that it can bring your attention to how you're feeling when you're drinking versus not," Collins said. "People feel encouraged, too, for taking smaller steps toward health and wellness, even if they are not ready for forever abstinence." ■

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4 QUESTIONS FOR YALDA UHLS

Former film executive Yalda T. Uhls, PhD, of the UCLA Center for Scholars & Storytellers, unites researchers, entertainment industry professionals, and young people to shape media that helps today's youth thrive

BY ANNA MEDARIS

Growing up the daughter of scientist-professors, Yalda T. Uhls, PhD, was allowed to watch only 1 hour of TV a week. Naturally, she went on to build a robust career in media—first as a Hollywood film executive and then as a developmental psychologist studying how media affects kids' mental health.

"I always say I paid my parents back because I've been obsessed with media my whole life," said Uhls, a first-generation Iranian American. "It's typical: You keep your child away from something, and that's all they want to go to."

Now the founder and CEO of the nonprofit Center for Scholars & Storytellers (CSS) at the University of California, Los Angeles (UCLA), Uhls is channeling that obsession to validate and nurture young people's mental health. She launched the center in 2019 to unite the entertainment industry, psychology researchers, and youth to focus on developing stories that promote the health and well-being of children and adolescents.

Among its many initiatives, CSS facilitates research-driven workshops for companies (including film, TV, and gaming) looking to create more authentic and inclusive content. CSS also develops tip sheets for media creatives and conducts original research on such topics as how supplementary "wraparound content" for TV shows to deepen engagement can support youth well-being.

"We work with young people to try to help these creators and companies think about their impact and integrate research and insights into their storytelling in a



way that feels right to them," Uhls said. The results have been wide-reaching: In 2023 alone, the center completed six major studies, and its report *Teens & Screens* made headlines in 32 countries across four continents.

Uhls talked to the *Monitor* about why she left film to pursue developmental psychology and how psychological research improves storytelling.

What sort of stories spoke to you when you worked in film?

The first movie that I got made was *Mi Familia* ("My Family"), an intergenerational story of Mexican American immigrants starring Edward James Olmos and Jimmy Smits. At the time, I connected it to my immigrant experience, but [mostly] I was young and fighting for something I was passionate about.

I ended up getting fired from that studio because my boss didn't like the script. But that movie got into the Sundance Film Festival, it played at the White House, and it was nominated just recently to be in the National Film Registry.

So now I point to it very proudly as something that I did early on in my career showing that I cared about representation, that I cared about places that weren't normally presented in regular media. At that point, there was a lot less diversity in film and television. The gatekeepers were overwhelmingly male and overwhelmingly White.

Why did you leave entertainment to study psychology?

My last executive job was as a senior vice president at MGM, but at that point, I realized that the movies I liked were not the movies the studios were going to make. I got pregnant and decided to take a break. Once I had children, I ended up becoming obsessed with child development and interested in exploring a career in research. Once at UCLA, I started studying how media impacts the social-emotional learning of tweens and teens.

I thought I was throwing away my Hollywood career, but I ended up bringing my past forward to my graduate school work. Because my job in film had been to think about how to create a compelling story, I applied that skill set to my research.

Two studies I did for my dissertation earned attention from the international press. One showed that while kids' TV

shows were all about kids wanting to be famous, young viewers didn't actually value fame that much, and it won the National Dissertation Prize from the Society for Research in Child Development. The other one found that kids who spent 5 days in an outdoor nature camp with no screens got better at reading emotions in other people's faces than kids who stayed in school for those 5 days.

Because telling stories with science and sharing science with people who could use it is something I've always cared about, I also brought a strong ability to translate research to my developmental psychology career.

How did the Center for Scholars & Storytellers come together?

I started my PhD program 2 years after the iPhone was launched, so I was one of the early scientists studying how digital and social media impacts youth, and there was so much interest from parents and the public.

There was all this incredible research out there that would be helpful for the people who create stories for youth. I also realized that academics sit in one silo, storytellers sit in another silo, and adolescents aren't really listened to. I was in a position to bridge these three worlds.

So, I launched the center as a bootstrap concept. Initially it was just me, unpaid. I had volunteers and students. Today, it's 12 full-time employees, and we work with YouTube, Disney, Warner Bros., Activision, and other media companies. We are in all these spaces where young people use media to learn and play and grow.

What are some of the center's biggest successes?

One of the first initiatives we worked on was thinking about how storytellers should evolve the way they represent boys and men. We created a tip sheet that we released in 2020, and people loved it. One writer told me, "I'm taking it out when I'm

pitching stories to different companies."

This year, I met with PBS Kids, and they showed me a new show, *Tiny Time Travel*, with two boy characters. They were friends with girls, they were friends with each other, and they were vulnerable and talked about their emotions. They weren't just playing Mortal Kombat. I thought it seemed a lot like our tip sheet, and when I asked who the writer was, I learned it was that writer.

PBS Kids was so excited, they brought me in to share this research and tip sheet with all their producers.

We also have an intensive youth internship program called Youth Media Representation where we train teens how to do their own research and share it with storytellers, so that storytellers can integrate the lived experiences of adolescents into their content.

One group of students looked at relationships on screen and asked teens what kind of relationships they wanted to

see. They found that teens don't want to see relationships only focused on heterosexual sex. They wanted to see more platonic relationships, and more asexual relationships.

We wanted to see if that would hold nationwide with a larger sample of 1,500 teens and found that teens across the country agreed: They did not want to see as much sex; they wanted to see more platonic friendships and relationships, same-sex relationships and friendships, and 40% said they wanted to see asexual relationships.

That study went viral—32 countries reported on it, Jimmy Kimmel poked fun at the findings, and *The Onion* parodied it. Our headline was "Nomance, not romance." That was a great example of listening to the youth we worked with, letting them explore what they were interested in, and then sharing that research widely. We just released the 2024 version of this study and found similar results. ■

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CE

CONTINUING EDUCATION TREATING SUBSTANCE MISUSE IN OLDER ADULTS

Substance use conditions often go untreated in older adults, but psychologists have the skills and knowledge to help

BY ZARA ABRAMS

Substance use among older adults has been on the rise for years. Between 2001 and 2013, alcohol misuse increased 107%, then continued to rise during the COVID-19 pandemic. By 2022, 1 in 11 adults over 60 had a substance use disorder. As the population ages, psychologists expect that upward trend to continue (Grant, B. F., et al., *JAMA Psychiatry*, Vol. 74, No. 9, 2017; Nordeck, C. D., et al., *Addiction*, Vol. 117, No. 2, 2021; *Behavioral Health Among Older Adults: Results From the 2021 and 2022 National Surveys on Drug Use and Health*, Substance Abuse and Mental Health Services Administration [SAMHSA], 2024).

CE credits: 1

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

1. Describe patterns of substance use in older adults, including trends and risk factors.
2. Explain how cannabis use has shifted in adults ages 65 and older, and what research says about the risks and motivations for use.
3. List psychological interventions that can help reduce substance misuse and describe how they can be adapted for older adults.

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

Alcohol use is the biggest threat, with growing rates of binge drinking and heavy drinking, especially among older women (Han, B. H., et al., *Journal of the American Geriatrics Society*, Vol. 67, No. 10, 2019). Cannabis use is also on the rise, partly because of changing laws and norms, despite little research on how it affects the aging brain.

"The baby boomers experienced much higher rates of substance use in their youth than previous generations," said Wilson Compton, MD, deputy director of the National Institute on Drug Abuse (NIDA) of the National Institutes of Health. "In some cases, they're bringing those habits with them, either continuing their use or starting up again in their later adult years."

But older adults struggling with substance use are often overlooked and undertreated, despite the serious mental and physical health risks those habits pose. Physiological changes, including decreases in muscle mass and liver function, alter the way the body processes alcohol and drugs as we age. That can, in turn, increase the risk of medication interactions, falls, and vehicle accidents, and may even exacerbate cognitive decline (*Treating Substance Use Disorder in Older Adults*, SAMHSA, 2020).

"Smaller amounts of substances have bigger effects in older individuals because of changes in absorption and metabolism. Even low levels of use—one or two drinks, for example—can have a big impact on everyday functioning," said psychologist Frederic C. Blow, PhD, a professor of psychiatry

and director of the U-M Addiction Center at the University of Michigan who has overseen the development of national consensus statements for treating substance misuse in older adults.

Fortunately, research shows that this group can be well served by substance use treatment programs, especially when interventions are adapted for their stage of life. By routinely screening for problematic substance use and learning to recognize risk factors, such as retirement or the death of a spouse, mental health professionals can prevent a problem from starting or intervene before it causes harm.

"A lot of the change in later life is thematic of loss, and we know that loss can contribute to all kinds of mental health challenges, including substance use," said Kimberly Burton, a peer recovery educator and the retired director of older adult programs for the Mental Health Association of Maryland who herself has been sober for more than 30 years. "So how can we be proactive about keeping people connected to the things they really care about?"

PATTERNS OF USE

Substance use is highest in young adults, ages 18 to 25, but older adults today are using more substances than did people of the same age group from past generations. Most experts attribute the shift to changing attitudes toward heavy drinking, cannabis, and other substances over the past few decades.

Nearly 13% of older adults from SAMSHA's latest National Survey on Drug Use and Health (NSDUH) reported binge drinking in the

past month. About 10% used cannabis and 2.3% misused opioids. Of those who needed treatment, fewer than 1 in 3 received it (*Behavioral Health Among Older Adults: Results From the 2021 and 2022 NSDUH*, SAMHSA, 2024).

“The media has attended to other substances, but alcohol is by far the most common among older adults,” said clinical psychologist Erin Woodhead, PhD, an associate professor of psychology at San José State University who studies substance use treatment for older adults.

Alcohol and other substances can be seen as a way to cope with later in life challenges, including the death of a spouse or the onset of a chronic health problem. They may also be used as a pastime or a way to enhance social outings. For example, happy hours and other alcohol-centered events are regular programming in many senior living communities.

Problematic substance use in this group can fit a few different profiles. Some people may start using substances for the first time to deal with a change or loss; others have a decades-long history of use and tend to be harder to treat. Still others used substances at a low level throughout their life, with that use rising to a problematic level as they age.

“No matter how well we’re doing with aging, we’re all going to have physiological shifts that will make it harder for our body to process alcohol and other substances,” Woodhead said.

Experts say mental health professionals need training to recognize the different risk factors and complications related to

KEY POINTS

1

One in 11 adults over 60 had a substance use disorder in 2022, and the prevalence is expected to continue increasing.

2

Alcohol is the most misused substance, followed by cannabis.

3

Common risk factors for substance use conditions in this population include bereavement, forced retirement, and health problems.

4

Evidence-based interventions, including cognitive behavioral therapy and motivational interviewing, are highly effective at reducing misuse.

substance use in older adulthood, compared with the circumstances younger adults face.

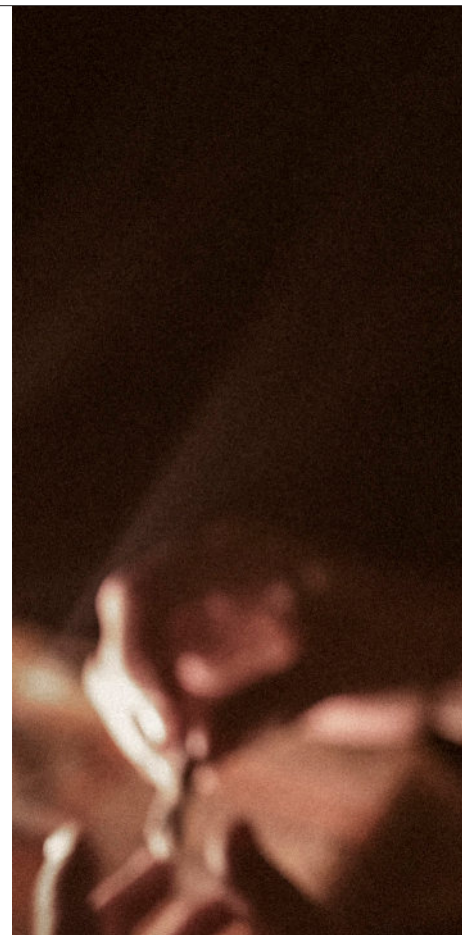
“Older people are not just aged young people. They have different issues and different concerns,” Blow said.

Physical health is one factor to consider, though significant variability among this group means there is no one-size-fits-all solution. For people diagnosed with a chronic medical condition, taking multiple medications, or experiencing cognitive impairment, any amount of alcohol poses risks, said clinical psychologist Derek Satre, PhD, a professor of psychiatry at the University of California, San Francisco Weill Institute for Neurosciences who works to improve mental health services for underserved older adults.

“Partner drinking is also an issue for this age group, and sometimes a person can develop or sustain an alcohol problem if their partner is also drinking,” Satre said.

Other risk factors for substance misuse include financial stress, social isolation, bereavement, forced retirement, a change in living situation, and a past substance use disorder (*Treating Substance Use Disorder in Older Adults*, SAMHSA, 2020).

In older adults, substance use conditions are often missed. These individuals may lack the common checkpoints that younger adults have, such as an employer who pressures them to seek care, Blow said. Symptoms of substance misuse can also be mistaken for medical problems, medication interactions, or age-related shifts, such as balance issues, fatigue, or



cognitive changes, said Lisa Lind, PhD, a geropsychologist and chief clinical officer at Deer Oaks, a behavioral health care provider for people who live in long-term care facilities.

“Misuse may often go undetected if mental health professionals aren’t routinely screening for substance use problems using screening instruments designed to detect misuse in older adults,” Lind said.

CANNABIS AND OTHER DRUGS

Behind these missed cases are often assumptions about older adults that may not hold true.

“Among clinicians, there can be a naïve assumption that if



a person is 70 years old, they couldn't possibly be using heroin, opioids, or even cannabis," Compton said.

In fact, the prevalence of cannabis use in adults 65 and older rose 75% (from 2.4% to 4.2%) between 2015 and 2018 and continues to increase, according to analyses of NSDUH data led by Benjamin H. Han, MD, of the University of California, San Diego (*JAMA Internal Medicine*, Vol. 180, No. 4, 2020; Kapner, W. E., et al., *Alcohol*, Vol. 107, 2023).

In a separate study, Han and his colleagues also surveyed 568 adults ages 65 and older on their cannabis use habits, finding physical and mental health concerns to be the primary reason for use,

including to reduce pain, arthritis symptoms, sleep disturbances, anxiety, and depression (*Journal of the American Geriatrics Society*, Vol. 69, No. 1, 2021). Clinical psychologist Claudia Padula, PhD, an assistant professor of psychiatry and behavioral sciences at Stanford University, found a similar pattern when she and her colleagues studied motivations to use cannabis by age group (*Addictive Behaviors*, Vol. 72, 2017).

"We found that older adults were most motivated to use cannabis for chronic medical conditions, including to address pain concerns or stimulate appetite," compared with younger adults who were more likely to report

In older adults, substance use conditions are often missed because of a lack of common checkpoints, such as accountability to employers, and symptoms can be mistaken for medical issues, medication interactions, or age-related changes.

using cannabis for social reasons, Padula said.

Cannabis may be more widely accepted today, but the substance is not without its dangers. Han and his colleagues analyzed cannabis-related California emergency room visits, including cannabis poisoning or symptoms linked to overuse that required urgent medical attention, in adults 65 and older. They found an overall 1,804% relative increase in visits, with the highest jumps in older men and older Black adults (*Journal of the American Geriatrics Society*, Vol. 71, No. 4, 2023).

That increase is likely linked to the higher levels of the psychoactive compound tetrahydrocannabinol (THC) in today's cannabis strains—typically 20% or more compared with 2% or less before 1990 (Stuyt, E., *Missouri Medicine*, Vol. 115, No. 6, 2018).

In other words, people whose most recent cannabis use was decades ago may accidentally overdose on today's stronger versions. "The THC content across these different modes has increased dramatically," Blow said. "This is not the Woodstock generation's cannabis."

Education is an important first step. Cannabis can have medical utility for managing chronic pain and other health concerns in older adults (Abuhasira, R., et al., *Journal of Clinical Medicine*, Vol. 8, No. 11, 2019). However, it is not always a safe or advisable remedy for daily problems such as anxiety or sleep, Burton said.

"Older adults need accurate information about vulnerabilities, and we just don't know yet what cannabis does in aging bodies," she said.



Compared with cannabis and alcohol use, opioid use is uncommon among adults over 65. But some groups face a higher risk, including people with a history of opioid use disorder who receive a prescription for painkillers following a medical procedure. Asking about medical history and offering alternatives for pain control can minimize the risk of relapse in such patients, Compton said.

Compared with other racial groups, older Black men are also particularly vulnerable to opioid overdose, a pattern that requires urgent attention and research (Volkow, N., NIDA, Aug. 30, 2024).

“We should really be concerned about those disparities,” Blow said.

HOW TO HELP

First and foremost, both primary-care and mental health care providers should routinely ask patients of all ages about their substance use. Burton suggests taking a nonconfrontational approach, for example: “You’re talking about your health issues, which makes me wonder about medications. A lot of people are unaware that their medications make them more vulnerable to the effects of alcohol.”

Studies show that for substance use disorders, including alcohol and opioid use disorders, older adults achieve equivalent or better treatment outcomes compared with their younger counterparts.

That could lead to an educational conversation about alcohol metabolism—or it could alert the provider to a mental health emergency. Suicide rates are highest among adults ages 75 and older, and alcohol use is a key risk factor.

“If we see someone with increased drinking who also has a constellation of losses, we need to do what we know reduces suicide risk,” including connecting people to services and prioritizing firearm safety, Blow said.

For most older patients dealing with substance use challenges, the prospects are good.

Large-scale reviews of treatment for substance use disorders, including alcohol use disorder and opioid use disorder, have found that older adults achieve equivalent or better treatment outcomes compared with their younger counterparts (Sahker, E., et al., *Journal of the American Geriatrics Society*, Vol. 63, No. 11, 2015; Carew, A. M., & Comiskey, C., *Drug and Alcohol Dependence*, Vol. 182, 2018).

“Particularly for those who start using these substances later in life, when they do enter a formal treatment program, the success rate is overwhelmingly positive,” Padula said.

SAMHSA’s Treatment Improvement Protocol (TIP) 26, *Treating Substance Use Disorder in Older Adults*, provides detailed guidance on evidence-based ways to address substance misuse in older adults, including brief interventions, inpatient programs, sleep and pain support, medications, cognitive behavioral therapy, skills-based approaches, and motivational interviewing (MI).

Adapting programs so they are relevant for this age group may include respecting certain social conventions, such as conversing more formally than practitioners may act with younger patients. Providers should also adopt a supportive, nonjudgmental approach that recognizes a person’s wisdom gained from lived experience, builds their sense of worth and value, and helps them set and meet treatment goals.

“The MI model in particular seems to fit really well with older adults because it supports

FURTHER RESOURCES

Substance use disorder in older adults: Mini review

Jaqua, E. E., et al. *Addiction & Health*, 2022

Medical cannabis use among older adults in Canada: Self-reported data on types and amount used, and perceived effects

Tumati, S., et al. *Drugs & Aging*, 2022

How does marijuana affect the brain? Psychological

researchers examine impact on different age groups over time

Stringer, H. *Monitor on Psychology*, June 2023

RESOURCES

Treatment Improvement Protocol (TIP) 26: Treating substance use disorder in older adults

SAMHSA, 2020

Guidelines for psychological practice with older adults

APA, 2024

E4 Center of Excellence for Behavioral Health Disparities in Aging

Rush University

autonomy in decision-making, something that is often ignored among older adults seeking health care,” Woodhead said, adding that the intervention can be effective in just a few sessions in a primary or integrated care setting.

Working with families can be a key part of the solution because well-meaning adult children often make decisions that rob older adults of their dignity and autonomy, Burton said. Keeping people engaged in their communities—for example, empowering dad to take a woodworking class, even if there’s some risk involved—is a healthy way to offer meaning and entertainment that can take the place of substances.

That individualized approach requires persistence and creativity on the part of families and providers, but experts say it is worth the effort. When Burton’s grandmother, a lifelong painter, lost her vision, she became addicted to alcohol and pain medication.

“Had I known then what I do now, I would have said, ‘I get that this macular degeneration really sucks, but we need to find a way to keep you connected with art,’” for instance, by volunteering to teach children about the joy and mechanics of painting, Burton said.

NEW RESEARCH INSIGHTS

Adapting proven interventions for substance misuse can help older adults, but emerging research also points to additional ways to support this group. Using alcohol and other drugs can increase the risk of cognitive problems, including spurring the transition from mild cognitive impairment

to Alzheimer’s disease (Xue, H., et al., *Comprehensive Psychiatry*, Vol. 78, 2017). Padula, who studies the neurocircuitry of substance use, is applying for funding to explore the brain circuits that underlie the link between alcohol use and dementia.

“Most older adults are concerned about their attention, memory, and cognitive function,” Padula said. “If we can demonstrate that removing alcohol and substances might actually protect your brain, that would be a really impactful intervention.”

More research is also needed to explore the neurological effects of cannabis in older adults and to determine what interventions can help reduce problematic cannabis use, Satre said. Clinical researchers can also help identify substance use interventions that work best with various subgroups, such as women versus men.

“We really want to encourage researchers to bring us their best ideas on how to fine-tune treatment,” Compton said, emphasizing that preventing and treating substance use in older adults is an important topic for research.

Ultimately, treatment that respects the autonomy of older individuals while supporting them in making healthy choices based on scientific evidence is what is likely to succeed.

“We should be paying attention to any substance use as people get older, especially drinking, where the risks clearly outweigh the benefits,” Blow said. “That’s a message, supported by literally thousands of studies, that clinicians and the public need to understand.” ■



Trends to Watch

Welcome to the annual trends issue, where the *Monitor* highlights the top 10 trends for psychologists to watch in 2025. This is a pivotal moment, nationally and globally, marked by significant shifts in the political landscape and societal priorities. With a new U.S. administration taking the helm, notable changes and developments are poised to influence the field of psychology in profound ways, presenting challenges and opportunities for all psychologists.

This will also be a year of profound change in other areas, as artificial intelligence (AI) continues to become a more integral part of therapy, research, the workplace, educational settings, and people's lives. This shift underscores the importance of psychological leadership in addressing the technological and social issues that will arise, all while ensuring that human values lead the way. Psychology will also persevere on the most pressing societal issues, from mental health disparities to the promotion of equity and inclusion. Psychologists are uniquely positioned to contribute to these efforts, leveraging expertise to develop strategies and advocate for policies that support mental well-being and social justice.

The field itself is transforming and growing to meet the increased demand for mental health services. Researchers are looking for global research partners and striving to answer questions impacting diverse populations. An emerging therapeutic innovation, psychedelics, is requiring psychologists to manage safe and effective access. As everyone navigates these transformative times, it is essential to stay informed and engaged. This issue aims to provide psychologists with insights and guidance on the key trends that will shape the future of psychology in 2025 and beyond.

After you read about these trends, we'd like to know what you think. What will be the biggest challenge or opportunity for you in your work this year? Email us at monitor@apa.org.



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HARNESSING THE *POWER* OF AI



As artificial intelligence transforms our world,
psychologists are working to channel its power and limit its harm

BY ZARA ABRAMS

Key Points

- » Experts say it's time to start integrating AI tools into psychological practice, while prioritizing patient privacy.
- » Large language models and wearable technology offer exciting ways to improve therapy and training.
- » Ongoing research explores how to safely integrate AI, including questions about trust and what happens when technology makes mistakes.

Artificial intelligence (AI), which is driving what some call the fourth industrial revolution, has been a harbinger of change. Its power and potential have wrought excitement and fear across nearly every sector of society, from finance and transportation to education and health care.

“Because AI has surpassed the limits of pattern recognition that individuals can do, naturally it becomes impressive to us when generative AI tools work well,” said Ericka Rovira, PhD, a professor of engineering psychology at the United States Military Academy at West Point who studies human-technology interaction. “But as psychologists, because our work impacts people’s lives in such serious ways, we cannot trade magic for the explainable.”

Far from observing the AI revolution from the sidelines, psychologists are rolling up their sleeves to develop, examine, and integrate AI tools—both into the discipline and across society at large. APA’s policy statement “Artificial Intelligence and the Field of Psychology,” released in August 2024, outlines how psychologists can shape AI and how the new technologies are changing the field.

In clinical practice, psychologists are exploring how large language models (a type of generative AI focused on

natural language processing) can increase efficiency, expand access to mental health support, and even deepen the therapeutic relationship. On the research front, AI tools are accelerating studies across psychology while generating new courses of inquiry in the human-technology interaction field. And psychologists increasingly have a seat at the table in broader conversations about ethical data use and product development, as well as the role AI should have in our health, work, and relationships.

“As psychologists, we have the opportunity—the responsibility, even—to guide and shape the future of mental health,” said Jessica Jackson, PhD, a Houston-based licensed psychologist, chair of the APA Mental Health Technology Advisory Committee, and a member of the new U.S. Food and Drug Administration Digital Health Advisory Committee. “We do not have to observe this process of development from the sidelines.”

AI IN THE CLINIC

Bringing AI into the clinic can be a daunting task—one that requires technological know-how and ethical deliberation—but experts say it’s time to do so. One helpful tool for clinicians is the “Companion Checklist: Evaluation of an AI-Enabled Clinical or Administrative Tool” created by APA’s Office of Health Care Innovation.

“The time is now to start integrating AI,” said David Luxton, PhD, a clinical psychologist and an affiliate professor at the University of Washington’s School of Medicine, who wrote an APA guidebook on integrating AI into practice, due out in 2025. “Behavioral health professionals need to be competent on the boundaries and risks of AI but also on how it can benefit their practice.”

The forthcoming guidebook explores how AI can help with everything from administrative and back-office tasks to assessment, direct care, and patient

self-care (for specifics, see the Trend article on how tech is reducing burnout and increasing access to care on page 66). It is intended as a practical manual to give psychologists and other providers of mental health care the knowledge they need to get started.

One tool that uses large language models and may soon become standard: chatbots that assess for depression, suicide risk, and other issues in a conversational and empathetic way. Luxton is one of several researchers developing such a chatbot, which he said could offer advantages over the standard nine-item Patient Health Questionnaire (PHQ-9), which can feel redundant for patients over time, affecting the accuracy of their responses.

“What we hope to assess is: How do both clinicians and clients feel about using an automated interactive conversational tool? Could these systems actually be more accurate and reliable than traditional screening tools and assessments?” Luxton said.

More and more therapists are also using AI to transcribe and analyze their session notes. While it can improve efficiency, psychologists should also consider the very real privacy concerns with storing patient data in the cloud, said Margaret Morris, PhD, a clinical psychologist in private practice and an affiliate faculty member at the University of Washington who studies digital mental health interventions. For example, patients who live in states where abortion is banned might hesitate to discuss the procedure during a session.

“If you as a patient don’t feel your conversations with a therapist are really your own, I think the whole pursuit changes,” Morris said.

Clinicians using such tools should explore whether patient data must be stored in the cloud. Morris encourages clinicians to ask questions such as: Who has access to the data? Who will have

access to it in the future? Is it used to train an AI model? Can patients later retract their data? It's also important to consider how switching to automated transcription may change the workflow and risk shortchanging patients, Morris said. How can providers continue to do the critical analysis and formulation they previously did while writing notes?

Promising advances include opportunities to run AI transcription software on powerful local computers, using open-source large language models, such as Llama from Meta, tuned for mental health. Seeing clinicians opt for that method is promising, Morris said, because it shows a sense of agency in using tools to serve a specific purpose rather than simply adopting a popular new product.

"If you can put the therapeutic relationship first and then use the technology in service of that relationship, it's possible to get some value from these tools—and not be the product yourself," she said.

NEW DIRECTIONS IN PRACTICE

Morris and a team at the University of Washington, led by graduate student Zachary Enghardt and computer scientist Vikram Iyer, PhD, are also studying how generative AI could help therapists analyze data from patients' daily lives, for example, from wearable devices. In a study where clinicians interacted with ChatGPT around its analysis of wearable data, they envisioned using such data to foster coinvestigation with patients. Clinicians wanted to query

the AI collaboratively with patients, with the patients deciding what data to share and how to interpret patterns (*Proceedings of the ACM on Interactive, Mobile, Wearable and Ubiquitous Technologies*, Vol. 8, No. 2, 2024).

For example, the meaning of activity and phone usage metrics vary from one person to the next. A patient who experiences high anxiety at the start of new romantic relationships might track the number of times they unlock their phone screen as an indicator of their shifting emotional states.

"What I love about this is that it's putting AI in the service of this human relationship, the therapeutic alliance that we know to be so important for therapy," Morris said.

Large language models can also analyze session transcripts to aid in supervision and training, including by highlighting instances where a trainee deferred from a treatment protocol, then providing real-time feedback. For example, mpathic and Lyssn are AI models trained by mental health care providers to recognize qualities such as empathy during conversations, including reflective listening, affirmations, and open-ended questions. Such technology can help busy supervisors target key moments for feedback—or the AI itself can offer trainees an alternative way to phrase a response, for instance by rephrasing a directive as a question.

While products on the market today are relatively simplistic—for instance, scoring adherence to a cognitive behavioral therapy protocol—Morris is hopeful that future tools will provide insights on psychodynamic and other insight-based approaches. Other training opportunities include simulations that afford therapists-in-training a safe place to explore various approaches.

"For example, imagine a trainee interacting with a simulated patient—one that has realistic facial expressions

ESSENTIAL RESOURCES ON AI AND PSYCHOLOGY

Psychologists are leading a range of efforts focused on safely leveraging AI to improve research, education, and mental health. To get involved, explore the following resources.

- Practitioners can use the "**Companion Checklist: Evaluation of an AI-Enabled Clinical or Administrative Tool**" created by APA's Office of Health Care Innovation to guide their use of AI tools in therapy.
- The **Society for Digital Mental Health** unites experts for the advancement of digital mental health, including through an annual meeting.
- The **International Society for Research on Internet Interventions** connects international researchers studying digital mental and behavioral health.
- The **Journal of Medical Internet Research** publishes cutting-edge research on digital health.
- APA's **Mental Health Technology Advisory Committee** engages in a range of activities aimed at centering psychology in the development of new digital mental health technologies.
- The **Chronicle of Higher Education** reports on AI's growing impact on colleges and universities.
- The journal **AI & Society: Knowledge, Culture and Communication** publishes interdisciplinary research on AI's broader impacts, ranging from social and cognitive to ethical and philosophical.
- The Royal Society's report **Science in the Age of AI** explores how artificial intelligence is changing scientific research across disciplines.

and body language and responds in predictable ways,” said Tara Behrend, PhD, a professor at Michigan State University’s School of Human Resources and Labor Relations who studies human-technology interaction.

It’s well known that when generative AI is trained on incomplete data, it can draw incorrect conclusions that perpetuate bias in society. But AI can also help improve health equity if used strategically, said psychologist Adrian Aguilera, PhD, an associate professor at the University of California, Berkeley, and the University of California, San Francisco, who studies how technology can reduce health disparities.

For instance, psychologists might prefer to build culturally adapted mental health interventions from the ground up, but resources to do so are often limited. With much less effort, large language models can help providers tailor an intervention for a specific population—not just translating a protocol into Spanish, for example, but adapting it for Spanish speakers from a Latin American country, complete with relevant cultural metaphors.

“That becomes a deeper adaptation that certainly needs to be reviewed, updated, and refined by humans, but it allows us to create these tailored interventions with much less effort than needed in the past,” Aguilera said.

At mpathic, researchers are also exploring how AI can be used to detect high versus low cultural attunement during therapy sessions, then provide real-time feedback when needed.

RESEARCH AND SOCIETY

AI has already been a major boon for the scientific research process, including through generating R code, a programming language often used for statistical analysis, and to create experimental stimuli such as text or video vignettes. But generative tools such as

ChatGPT also invent false references (often referred to as AI hallucinations) and may even fabricate data, Rovira said.

Another open question is to what degree AI can or should be used for manuscript writing. Doing so could save time, accelerate scientific discovery, and make science more accessible to non-native English speakers, Rovira said, but it is not without its risks. Journals may require disclosure when AI is used for manuscript writing, but psychology as a field should also consider what degree of generative AI use is acceptable at any stage of the research process (Tay, A., *Nature Index*, Aug. 17, 2021).

“This explosion in manuscripts could break the peer review system as we know it,” Rovira said. “So, what is our role as a society of professionals in deciding the limits of AI for these tasks?”

Rovira and other human factors researchers are also asking new questions about human-technology interaction that could prove critical to using AI safely. For example, past research shows that people with better working memory and attentional control tend to be less easily duped when automation fails (*Proceedings of the Human Factors and Ergonomics Society Annual Meeting*, Vol. 63, No. 1, 2019). Does that trend hold true for AI agents, such as when a ChatGPT provides bogus references? In another line of research, Rovira and her colleagues are exploring whether people are more likely to trust AI agents when they use good social etiquette.

“People need to stay engaged in the decision-making, which can be hard when these systems operate incredibly quickly and smoothly,” she said. Human factors psychologists can help structure human-AI interactions in a way that keeps people in the loop to provide context for safety reasons.

Before using AI tools in mental health care and beyond, psychologists have a responsibility to look past marketing

language and evaluate each product with a critical eye, Behrend said. They can also help shape ethical development principles set by government regulators and oversight organizations, such as collecting the least amount of data necessary and providing transparency about exactly how it will be used, Aguilera said.

“All of this is moving so rapidly, so that regulation needs to be an iterative process,” he said. “But having basic principles can at least provide some guard rails.”

It would be foolish to ignore the dangers AI can pose when used with bad intent. Social media algorithms already manipulate us in a very personalized way, Luxton said, and similar data can be used for reputational harm and psychological manipulation. Disparities in who has access to and control of AI are also likely to cause problems across society, he said. Far from a deterrent, he hopes those truths can galvanize psychologists to get involved.

“Change brings anxiety, and being critical is extremely important,” Aguilera said. “But the AI revolution is happening, so let’s engage and try to steer things in a direction that’s for better rather than for worse.” ■

FURTHER READING

Artificial intelligence
APA Services, 2024

The opportunities and risks of large language models in mental health
Lawrence, H. R., et al.
Journal of Medical Internet Research Mental Health, 2024

Large language models could change the future of behavioral healthcare: A proposal for responsible development and evaluation
Stade, E. C., et al.
npj Mental Health Research, 2024

Sustaining EDI Efforts in a Challenging New Normal



Despite political and legal headwinds, psychologists are using science-backed strategies to navigate challenges and sustain commitments to EDI

BY EFUA ANDOH

In 2024, more than 30 states introduced or passed laws limiting equity, diversity, and inclusion (EDI, often interchanged with DEI) initiatives while several high-profile companies retreated from their EDI commitments because of legal and political pressures. Despite this challenging landscape, many organizations and individuals committed to EDI remain resolute, continuing their work while complying with new legal constraints. Psychologists are at the forefront, stepping up with science-informed strategies to address the unique needs of the communities they serve while adapting to the new normal.

The year 2025 promises to be a difficult one as the incoming administration has voiced opposition to funding federal EDI programs. Tabbye Chavous, PhD, vice provost for equity and inclusion and chief diversity officer at the University of Michigan, stressed the importance of EDI does not depend on any single election. “Now more than ever, it is essential that we focus on bridging divides and dismantling systemic barriers for equitable access, success, and thriving,” she said.

Ella F. Washington, PhD, an organizational psychologist, professor of practice at Georgetown’s McDonough School of Business, and founder and CEO of Ellavate Solutions, views the current hostility toward EDI as part of a repeating cycle. “DEI has consistently gone through ebbs and flows of popularity and support over 40-plus years,” she said. Washington advises businesses to remain steadfast to the strategies they instituted in years past rather than getting back on the bandwagon when EDI regains popularity in the future. “The pendulum has always swung back and forth. Companies have to realize this is their opportunity to show that they’re committed. Their employees and customers are paying attention.”

THE EQUITY PARADOX

Experts have extensively studied the complex reasons EDI efforts falter or fail. Keith Payne, PhD, a professor of psychology and neuroscience at the University of North Carolina at Chapel Hill, uses social identity theory to explain why dominant groups might push back against efforts to change racial inequality. A key principle of the theory posits that socially and economically fortunate individuals perform a lot of cognitive work to view themselves and their ingroups positively, believing inequities are due to their own hard work (Harwood, J., in Van den Bulck, J. [Ed.], *International Encyclopedia of Media Psychology*, John Wiley & Sons, 2020). North Carolina’s EDI ban led the state’s public universities to eliminate EDI offices and terminate multiple positions. This had a significant impact on faculty like Payne, who studies how inequality shapes the human mind. “Many people at universities like mine that are rolling back DEI initiatives are afraid of retaliation from upper administration,” he noted. “[University] leaders can signal that an organization is safe for free speech and open conversation about these issues by not retaliating or pressuring people.” Payne recommended participants in such conversations should have empathy for those holding opposing views and understand how their social identities shape their self-perceptions as good and reasonable people.

Payne has found innovative ways to continue addressing crucial EDI-related topics in his teaching. Because of widespread misunderstanding among students of what systemic racism is and how it works, Payne revamped one of his courses. He now devotes a third of the semester of his “Psychology of Racism and Discrimination” class to reading Reconstruction-era history. He has found that many students are lacking this basic knowledge, which would help them

understand the historic underpinnings of systemic racism, the systems and structures—rather than individual attitudes and prejudices—behind historic and present-day racial inequalities. From this launchpad, students can better grasp the psychology behind groups’ varying responses to efforts to change racial hierarchy, both then and now.

Payne’s approach of fostering informed discussions on racism and prejudice is consistent with research on how inclusive leadership influences openness to diversity among teams. Drawing from social identity theory, researchers found identifying with and wanting to be part of a work group, connecting with teammates, and being able to express oneself without concern for negative consequences can positively shift views on safety and diversity (Woods, A., et al., *Psychology of Leaders and Leadership*, Vol. 27, No. 1, 2024).

Similarly, when Ivuoma Onyeador, PhD, and colleagues analyzed the effectiveness of 163 diversity training programs, they found that disseminating knowledge about distinct political, cultural, and social histories, identity formation, and power dynamics of underrepresented groups can lead to greater support of diversity initiatives (*Academy of Management Perspectives*, Vol. 38, No. 3, 2024).

Key Points

- As anti-EDI legislation continues to mount, psychologists are relying on science to advance EDI efforts.
- Research suggests that EDI efforts are most successful when they are a core part of an institution’s strategy rather than peripheral programs.
- Experts are pivoting to inclusion-focused strategies to boost support for EDI while carefully balancing the needs of all groups.

Resistance can nevertheless remain intense. System justification theory explains this resistance as the natural tendency to justify the status quo as evidence of one's own worth. Usman Liaquat, PhD, a social psychologist at Cornell University, and Emily Balcetis, PhD, an associate professor of psychology at New York University, recommend a clear, consistent, and thoughtful communications approach to address system justification.

"In this contentious environment, one thing people might want to do is highlight there is a consensus on this moral justification for why we need diversity," Liaquat commented. "From a system justification perspective, when people perceive that there's a broad social consensus on a particular issue, then they may be less likely to resist these changes" (*Social Issues and Policy Review*, Vol. 17, No. 1, 2023).

Balcetis suggests framing EDI in terms of long-standing American values like equality and human rights and using well-established metaphors like "melting pot." She also cautions against using "zero-sum" framing and instead positioning EDI initiatives as opportunities for improvement that benefit everyone.

HOW TO MAKE EDI EFFORTS SUSTAINABLE

According to Markus Brauer, PhD, a social psychologist at the University of Wisconsin–Madison, influencing social norms by embedding EDI into an institution's values and practices is more likely to drive behavior change than efforts to change intergroup attitudes (*Perspectives on Psychological Science*, Vol. 19, No. 1, 2024).

Washington routinely counsels her clients to integrate EDI into core strategy, lest it be seen as easily disposable in the face of opposition. "If DEI is actually integrated into your business strategy, you'll find a way to make sure the most vital programs are protected," she said.

The University of Michigan has been navigating the challenges of a ban on race-based admissions since 2006, long before last year's Supreme Court ruling. Chavous explained that this challenge early on allowed them to develop innovative yet legally compliant strategies to maintain their EDI goals. Chavous added that integrating EDI across the university's core mission, operations, and procedures makes their efforts harder to dismantle, even when programs with specific labels are targeted.

Chavous and her team employ a multifaceted approach, drawing on psychological and sociological frameworks to guide their work. They also continually consult their Office of General Counsel to ensure all EDI initiatives comply with the law to safeguard their work from potential legal challenges.

One successful strategy has been early outreach to middle and high schools across the state to counter declining Black student enrollment. This proactive approach helped create a diverse applicant pool while playing by the state's rules. "We're proud of the work that we've done to turn those trends in the opposite direction," she said. "At the same time, we are working on efforts to support every single community on our campus." One example: Recruitment efforts in low-income rural areas have benefited many White students.

LEADING WITH INCLUSION—AND CAUTION

As challenges to EDI mount, some institutions are emphasizing inclusion rather than diversity or equity. While this strategy aims to broaden the appeal of diversity efforts, experts stress the importance of nuanced and careful execution.

In July 2024, the Society for Human Resource Management (SHRM) announced it was pivoting to a "leading with inclusion" approach, dropping "equity" from the DEI acronym. Several SHRM members reacted negatively and accused the organization of abandoning equity.

SHRM CEO John C. Taylor defended the shift in strategy on the *Culture Leaders* podcast, citing data from corporate leaders and employees. "The data told us very clearly that the 'E' was creating a lot of division, divisiveness, disagreement, and incivility because people didn't have a common agreement about what the 'E' was," Taylor explained



Focusing on inclusion may also generate positive reactions from marginalized groups, but it may backfire if not executed thoughtfully or if it appears superficial or performative.



to the podcast host, Jessica Kriegel. “[SHRM] chose to go down not the path of abandoning inclusion and diversity but focusing on those things that we think will help move this conversation further.”

Other experts advocate alternative approaches. “I struggle with decentering equity, because in a lot of ways, that’s where the rubber meets the road,” Washington said. Instead, she recommends working to improve communication and messaging to help people understand equity rather than retreat. She also advises leaders to shoulder the responsibility of addressing equity while their employees focus on inclusion.

Inclusion-first approaches could be strategic ways to signal up front that everyone is welcome to the table of EDI, according to Chavous. However, she maintains it is still important to define and pursue diversity, equity, and inclusion as distinct yet interrelated conditions that are important for advancing society.

Research supports the potential benefits of emphasizing inclusion for all groups, but it must be done with care and forethought. When done well, inclusive policies supporting both dominant and marginalized group members can increase dominant group members’ overall support for organizational diversity initiatives (Iyer, A., *Social and Personality Psychology Compass*, Vol. 16, No. 5, 2022).

Focusing on inclusion may also generate positive reactions from marginalized groups, but it may backfire if not executed thoughtfully or if it appears superficial or performative, such as making public declarations that are not backed by concrete actions or policy changes. Other experts caution against EDI initiatives that implicitly capitulate to the preferences and comfort of dominant groups at the expense of nondominant groups. Not only do they make nondominant groups feel less safe,

but they may also become less effectual overall (Plaut, V. C., et al., in Thomas, K. M. [Ed.], *Diversity Resistance in Organizations*, Routledge, 2020).

Danielle Henderson, PhD, an adult clinical health psychologist at Indiana University Health (IU Health), uses a balanced approach. While the state of Indiana has passed legislation that restricts EDI initiatives, particularly in higher education, IU Health has maintained its commitment to EDI, tailoring its work to comply with current legal limitations, according to Henderson. This approach balances targeted outreach to medically underserved communities with wider initiatives addressing the needs of diverse groups. For example, Henderson conducts monthly TV interviews to raise awareness about mental health among Central Indiana’s residents while also participating in narrower community initiatives that address inequities in maternal and cardiovascular health.

IU Health’s diversity training also encourages participants of all backgrounds to explore personal experiences of discrimination. “There are many different dimensions of diversity,” said Henderson. Working with all participants, regardless of identity “is a way to get buy-in and a fuller understanding of what EDI is,” said Henderson.

Ultimately, APA continues to champion the acronym EDI to emphasize equity as foundational to diversity and inclusion work. Using psychological science as a cornerstone of progress in equity, diversity, and inclusion has been the anchor of this work. APA will continue to advance EDI efforts by leading with the science to exert efforts toward long-term systemic change. As Washington said, “It’s about doing the work that you know is leading to the outcomes that we value and hope to see.” ■

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PSYCHOLOGISTS ARE SEEKING TO MODERNIZE THE PROFESSION

APA leaders are developing recommendations for training, licensure, and regulations for master's-level psychology professionals

BY HEATHER STRINGER

Though psychology has historically been a doctoral-level field, APA's elected and appointed leaders are creating a blueprint to become a multitiered profession that embraces and guides the training of master's-level psychology professionals who can help meet the nation's unprecedented demand for mental health services. The goals are to build consistency for the field, position psychologists to lead in mental and behavioral health, and improve public access to care that is rooted in psychological science.

Psychology is responding to global changes in health care and service delivery that call for a unified vision for the field. This move will also help psychologists remain a distinct and viable part of the mental health workforce as patients seek treatment in a market in which the demand for services far outstrips the mental health provider supply. A recent APA survey of psychologists showed that more than half of respondents reported having no openings for new patients, and 56% reported not maintaining a waitlist (Practitioner Pulse Survey, APA, 2023). The increasing demand for services is such that employment growth in the mental health field is expected to be triple the projection for the typical U.S. job over the next decade, according to a CNN analysis of data from the U.S. Bureau of Labor Statistics.

"Increasing training and licensure of master's-level psychology professionals elevates the field of psychology by providing opportunities for increased leadership, training, and supervision for psychologists in the health care marketplace," said Teri Strong, PhD, who leads a private practice in Eugene, Oregon, and serves as chair of APA's Board of Professional Affairs (BPA).

All states offer licensure for master's clinicians in social work, counseling, and marriage and family therapy. But only

20 states offer licensure to master's-level psychology graduates, and the scope of practice, educational requirements, and level of independence varies from state to state. Some states require master's-level psychology professionals to be supervised throughout their careers, while others grant independence after a certain number of hours or years of supervision. The titles given upon licensure also vary by state, and include licensed psychological associate (LPA), licensed psychological practitioner (LPP), licensed psychological examiner (LPE), and master's limited license (MLL).

"These master's-level providers are working in integrated health care systems, community mental health centers, private practice, schools, and other settings," said Catherine Vieira-Baker, PhD, a psychologist at South Coast Educational Collaborative in Massachusetts and a member of BPA. "APA is trying to ensure that we provide guidance about the requirements for education and licensure for these psychological professionals."

To support the transition to a multitiered profession, BPA appointed a task force in May 2024 that is revising what is known as the Model Licensure Act (MLA), sample legislation that states can use to implement licensure

for psychology professionals. The MLA will include recommendations for master's-level psychology professionals, including a master's degree title and scope of practice, educational requirements, and other information to guide state lawmakers and regulatory agencies. Two possible titles are out for public comment now: licensed practitioner of psychology and licensed psychological associate. In February 2025, APA's Council of Representatives will vote on the task force's recommendations for the act. "The MLA will help APA and state psychological associations work with regulators to move toward greater uniformity in licensing laws," should they wish to do so, said Strong.

In July 2024, APA's BPA and Board of Educational Affairs cleared another major hurdle by detailing the distinct and shared competencies for master's and doctoral students. This competency framework, which can be used by psychology graduate programs to guide training, will go before APA's Council of Representatives in February 2025. APA gathered feedback on the framework for 60 days, from August through October 2024.

By leading states and schools in this transition, psychologists will create consistency across the profession, which

Key Points

- » APA's elected and appointed leaders are creating a blueprint to become a multitiered profession that embraces and guides the training of master's-level psychology professionals.
- » The goals are to build consistency for the field, position psychologists to lead in mental and behavioral health, and improve public access to care that is rooted in psychological science.
- » What's motivating this shift? Psychology is responding to global changes in health care and service delivery that call for a unified vision for the field.

will help patients and providers alike, said Strong. Focusing on master's-level credentialing also offers opportunities to increase the diversity of qualified mental health professionals in psychology. "This is a social justice issue," Strong said. "Getting a doctorate is not available to everyone, and we need a diverse workforce to serve a diverse population."

States that do not offer licensure to master's-level psychology professionals run the risk of creating barriers to practice for historically marginalized student populations. "We need to reduce systemic barriers," said Vieira-Baker. "Not everyone can go directly to a doctoral program after earning an undergraduate degree, and we need to create a pathway for graduates to gain licensure after a master's degree."

A UNIFIED VISION

Helping states develop licensure guidelines for master's-level psychology professionals could also increase access to high-quality mental health care, especially in parts of the country experiencing provider shortages. "I'm already seeing providers without psychological training who are filling this need, which is lowering the quality of services," said Matthew Davis, EdS, LPA, who works at Heartstrings Mental Health in London, Kentucky. His concern is that non-psychology master's-level providers are offering services such as cognitive behavioral therapy and applied behavior analysis without adequate training. "If the field of psychology does not step up to provide guidance for master's-level licensure, these other fields will take our place."

As fields such as social work and counseling have gained more footing in recent years, job applicants with psychology training are facing difficulty finding job postings that accept their training, said Sarah Nolan, MA, LPP, who recently served as

the master's representative for the Kentucky Psychological Association. "I am constantly hearing feedback from members that master's-level psychology professionals can't find clinical supervision or are being bypassed for promotions by other disciplines such as social work, counseling, or marriage-family therapists," said Nolan, who works as a therapist at True North Counseling and Development in Lexington, Kentucky.

Kentucky is one of the states that grants licensure to master's-level psychology professionals, but until recently these clinicians were required to be under supervision for 5 years before they could be eligible to practice independently—3 more years than the requirement for master's-level mental health professionals in other fields in Kentucky. In 2024, the Kentucky Board of Examiners of Psychology revised the requirement to 2 years of supervision for master's-level psychology professionals.

Nolan is seeing a decrease in the number of applicants to master's programs in psychology departments at schools throughout Kentucky because the path to practice is longer and more complex than for other mental health disciplines. "The more accessible we make the psychology profession to future master's-level psychology professionals, the more I see our field having a monumental impact across many career fields, including education, clinical practice, industry, and in health care settings," said Nolan.

In Arkansas, master's-level psychology professionals are called LPEs, and they have been frustrated for years by the state's requirement for perpetual supervision by psychologists with no path to independence. The state passed legislation in 2007 that allowed existing LPEs to start practicing independently, but the state stopped offering this licensure to any new master's-level

graduates in 2013. "I had a lot of confidence in the training LPEs received, so it always bothered me that they were perpetually under supervision," said J. Art Gillaspay, PhD, a professor in the department of psychology and counseling at the University of Central Arkansas. "It felt like their practices were limited."

The loss of new LPEs in the workforce was felt throughout the state. Positions that were once filled by LPEs were being advertised for psychologists only, but there were not enough psychologists to fill those roles, especially in rural areas. Community mental health agencies sponsored new legislation to reinstate this form of licensure. In 2023, the LPE was reestablished in Arkansas. Supervision is still required for newly licensed LPEs, but legislation is planned for the upcoming legislative session to create a pathway for independence. Gillaspay hopes the consequences of halting the LPE career path will serve as a cautionary tale. "Together, we can get more providers out there who can deliver the quality care people need," Gillaspay said.

As a leader who oversees 10 emergency departments in Michigan, Jennifer Peltzer-Jones, PsyD, RN, assistant medical director of emergency behavioral health services at Henry Ford Health System in Michigan, confronts the consequences of the mental health provider shortage on a regular basis. Patients frequently seek emergency department care because they cannot find mental health services in the community. "Every day I see people who would benefit from receiving treatment with a mental health provider, and it is distressing knowing that we have a huge cadre of master's-level professionals who are not being utilized," she said. "Caseloads are too full, and as we raise up a group of master's-prepared clinicians, it helps us all."

As health care delivery systems continue to evolve and incorporate



increasing numbers of master's-degree professionals into care, Strong urges psychologists to educate themselves about the benefits of a multitiered profession, such as more consistency in licensure requirements from state to state and improved access to quality care from professionals with psychology training. "It is time to take a leadership role and put psychology at the forefront of behavioral health," Strong said. "We need to advocate with state legislatures and regulatory bodies about what this change would look like and why an increase in the number of master's-level clinicians licensed in the psychology profession will serve the population in need of behavioral health services."

If APA does not take the lead in developing recommendations, building consistency for the field, and positioning psychologists to lead in mental and behavioral health, the risk is that states will continue to create a variety of

different requirements for supervision and scope of practice for master's-level psychology professionals, and the quality of care may suffer. In states that do not offer licensure to master's-level psychology professionals, students will need to pursue other fields such as social work, counseling, and marriage and family therapy if they wish to obtain a master's in a behavioral health field. "My biggest fear is that the voice of psychology will be left behind as legislators make these decisions," said Vieira-Baker. "We don't want talented individuals to get credentialed in another field simply because there wasn't a place for them in the field of psychology." ■

The article "Frequently Asked Questions: Psychology as a Multitiered Profession" provides answers to the most common issues raised by psychologists and APA members. Go to www.apaservices.org/practice/ce/faq-psychology-multitiered-profession.

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PSYCHOLOGY TAKES



A GLOBAL VIEW

In an interconnected world with interconnected problems, psychological scientists are increasingly working across borders to tackle questions with global ramifications

BY STEPHANIE PAPPAS

P psychological science is going global, seeking larger, more representative samples and tackling issues not solely of interest to WEIRD (Western, educated, industrialized, rich, and democratic) nations.

Technology is one key factor enabling global collaborations, facilitating connections across oceans and time zones. Likely more important, though, is the commitment of psychologists willing to tackle administrative complexity and set up international projects despite funding structures set up for single-lab research and journal policies that do not always favor consortiums of dozens or hundreds of members. Moving into 2025, researchers who do this work say to watch for more collaborative projects spearheaded by psychological researchers from Africa, Latin America, the Pacific Islands, and other locations where behavioral science is underresourced.

“What I’m looking forward to on the horizon is the further inclusion of the Global South, not just as data collectors but as people leading the research,” said Miguel Silan, a doctoral student in psychology at Université Lumière Lyon 2 and the assistant director of the Psychological Science Accelerator (PSA), an

international network of nearly 2,500 researchers whose goal is to enable rigorous psychological science. “Or even as collaborations within the Global South, banding together to tackle shared national urgent issues across these different countries.”

BIG TEAM SCIENCE ACROSS BORDERS

International collaborations are a natural outgrowth of “big team science,” an effort dating to the early 1990s that aims to bring together many labs and many researchers to collect data from large, diverse samples of people. Crossing borders can be a boon for reproducibility and generalizability. It can enable comprehensive studies of large global problems, such as climate change and political polarization. It is also a way to test whether a common assumption—that results might vary across culture and context—is actually true.

“Almost all of the questions that psychologists ask have an assumption that there’s going to be heterogeneity across regions or across people,” said Brian Nosek, PhD, a social and cognitive psychologist at the University of Virginia and the executive director of the Center for Open Science. Nosek collaborated on Many Labs, a 10-year-long project that attempted to globally replicate selected findings in psychology. When these findings failed to replicate, he explained, people did as they had often done, pointing to geographical or cultural differences as a possible explanation despite the fact that those moderators had rarely been tested directly. The Many Labs research team found that, despite occasional cultural variation, findings that replicated tended to replicate across cultures and geographies while findings that did not replicate tended to fail everywhere (Klein, R. A., et al., *Advances in Methods and Practices in Psychological Science*, Vol. 1, No. 4, 2018).

Many Labs wrapped up in 2022, but global collaborations are increasingly institutionalized, with organizations like the PSA working to connect large teams of researchers across borders. Many of these collaborations explicitly take an open science approach, which involves preregistering hypotheses, methods, and analyses; making data freely available; and publishing in open access journals or making preprints available so that results are accessible to everyone.

The Network for International Collaborative Exchange (NICE), run by Psi Chi, the International Honor Society in Psychology, aims to connect researchers at small, underresourced psychology programs, where it can be difficult and costly to gather large subject pools. “We’re trying to open up to areas of the world where people are not often collecting data,” said Martha Zlokovich, PhD, the former executive director of Psi Chi and the president-elect of APA Div. 52 (International Psychology).

NICE has been coordinating one annual global study on a different psychological topic since 2018. Member labs submit proposals, and one is chosen each year. Participation has been steadily growing, said Zlokovich. Researchers from six countries participated in data collection the first year. In 2023–2024, 50 institutions in 18 countries contributed.

In 2024, Psi Chi also launched a National Science Foundation–funded training conference, IGNITE (Innovating Global Networks to Inspire Tomorrow’s Experts), to teach students about transparent research practices and encourage global collaborations. The first, highlighting the need to open more research opportunities to undergraduates, took place in New York City in November and drew more than 800 registrants, far exceeding the organizers’ hopes for 150, Zlokovich said. (The team put together a virtual option for the overflow.)

Key Points

- » Technology and entrepreneurialism are advancing global collaborations among dozens or hundreds of psychological researchers, notably including those in the Global South, to tackle shared national challenges.
- » Besides helping to balance representation among diverse researchers and cultural contexts, a global view can advance credibility in psychological measurement, as researchers around the world use different—not always interchangeable—scales to measure outcomes.
- » International clinical collaborations remain challenging but can be impactful when researchers work together to use the same measurements and outcomes.

The Many Labs concept is now also ubiquitous, with collaborations ranging from ManyBabies, an infant-research consortium with collaborators from more than 50 countries, to ManyManys, a collaboration to compare cognition across different animal species, to ManyLabs Africa, a preregistered replication project that aims to flip the usual WEIRD-centered research pipeline by taking effects first found in Africa and replicating them in North America, Europe, and other African populations.

ManyLabs Africa aims to correct “the underrepresentation of African researchers and African thoughts in psychology,” said Adeyemi Adetula, ManyLabs Africa’s lead researcher and a doctoral student in psychology at the Université Grenoble Alpes in France. Africa is projected to be home to a quarter of the world’s population by 2052, Adetula said. “We cannot ignore this population,” he said.

The project team is replicating three studies first conducted in Africa and arising out of African cultural contexts. One is on how parents perceive teen pregnancy in rural Nigeria, another is about the role of gender in condom-use negotiation among high schoolers in Ghana, and the third is on how Mozambican women respond to their husbands’ extramarital affairs in the context of a cultural expectation to ignore and forgive the infidelity (Mgbokwere, D. O., et al., *Global Journal of Pure and Applied Sciences*, Vol. 21, No. 2, 2015; Teye-Kwadjo, E., et al., *South African Journal of Psychology*, Vol. 48, No. 4, 2018; Vera Cruz, G., *Sexuality & Culture*, Vol. 22, 2018).

A global view of psychology can also improve the credibility of measurement, Adetula said. Researchers around the world use different scales to measure psychological outcomes, such as depression and well-being. Though these scales are often seen as interchangeable, they may not be (Fried, E. I., *Journal of Affective Disorders*, Vol. 208, 2017).

Silan and his colleagues are currently testing the extent to which two universal human experiences—relationship quality and loneliness—are experienced similarly across cultures. “The form of these concepts may very likely differ not only across individuals but also systematically across cultures,” he said.

Two teams of researchers are conducting in-depth interviews in six to nine countries from different regions to get an ethnographic basis for defining the two terms, Silan said. The next step will be validation, which will expand the research to ideally dozens of countries to ensure the usefulness of the scales.

TRANSLATING RESULTS

While bridging cultures, many researchers are also looking to bridge the gap between academic research and psychological practice. Studies based around questionnaires or online tasks are fairly simple to repeat from lab to lab. More difficult are studies that focus on clinical populations, largely because different nations have different ethical requirements, said Ekaterina Pronizius, PhD, a postdoctoral researcher at UCLouvain in Belgium.

“Clinical psychology needs big team science,” Pronizius said, “but it’s very hard to do.”

Pronizius is currently working on a cross-European project probing the self-other distinction in borderline personality disorder. Even within Europe, institutional review boards require different information for approval, and varying laws around medical privacy can limit what kind of questions psychologists can explore. Complicating matters, different countries may follow different diagnostic guidelines, meaning that study populations with a given diagnosis may not be entirely similar.

International clinical collaborations have the potential to be high-impact, though, Pronizius said.

“Clinical psychology needs big team science, but it’s very hard to do ... There are a lot of experts who are really motivated to be part of these collaborations despite the difficulties.”

EKATERINA PRONIZIUS, PHD,
POSTDOCTORAL RESEARCHER,
UCLouvain in Belgium

Between-population differences in psychological diagnoses, such as anxiety, lead to speculation over whether culture can decrease or increase risk for specific disorders. Country-specific factors, like trust in institutions or social cohesion, may also inform the risk of psychopathology. Comparisons between countries are easiest to interpret, she added, if researchers studying these questions work together from the beginning and use the same measurements and outcomes.

GLOBAL VIEWS

Big team science and global collaborations are not infallible, even with their frequent focus on transparency. In September 2024, an influential paper in *Nature Human Behaviour* arguing that high replicability of new social and behavioral findings is achievable through open science methods was retracted after outside researchers noticed that not all of the analyses had been preregistered and that the original study design was not targeted for the outcomes that were ultimately reported. (Nosek was a coauthor on this study, originally published in November 2023.) The controversy



highlighted the fact that open science requires scrutiny.

Nor does a large international sample necessarily mean a fully representative sample. For example, in 2022, a paper led by Kai Ruggeri, PhD, a professor of health policy and management at Columbia University, found that temporal discounting, or a preference for immediate rewards over future ones, was generalizable across 61 countries in a sample of more than 13,000 people (*Nature Human Behaviour*, Vol. 6, 2022). But a revisiting of the sampling methods led by Sakshi Ghai, PhD, an assistant professor in psychological and behavioral science at the London School of Economics and Political Science, found that the study participants were disproportionately young, well educated, urban, and digitally connected (*Nature Human Behaviour*, Vol. 8, 2024). While big team science holds enormous potential for increasing diversity, Ghai and her coauthors wrote, researchers need to be aware of the limitations of their sampling. Organizing large collaborations can also be a serious challenge, said Jay Van Bavel, PhD, a professor of psychology and

neural science at New York University. “These projects are just a beast,” he said. “It’s just an incredible amount of administrative oversight.”

Funding still remains a challenge, especially for researchers in low- and middle-income countries, Silan said. Many big team science projects are done as add-ons to a researcher’s regular project and are unfunded. The ability to get a representative sample is correlated with the Human Development Index (HDI) ranking of the country where a researcher works, Van Bavel said. (The HDI is a measurement of health, life span, education, and standard of living.) It is often difficult for researchers to share funding across national borders when they do have it. “We need to have solidified support for groups like the PSA and ManyBabies and others,” Nosek said.

Researchers from lower-HDI countries are nevertheless pushing into leadership roles. In Brazil, researchers from the National Institute of Science and Technology on Social and Affective Neuroscience are aiming to replicate findings from the United States on reducing partisan animosity (Voelkel, J.

G., et al. *Nature Human Behaviour*, Vol. 7, No. 1, 2023). Silan and his colleagues are working on a Templeton World Charity Foundation–funded project to set up human flourishing research hubs in Southeast Asia and the Arab region, hoping to replicate the success of the PSA and promote a Global South lens in the research literature. “I am from the Philippines,” Silan said. “If not for the studies like those from the Psychological Science Accelerator, we probably wouldn’t have that kind of representation, at least not in mainstream psychology.”

Meanwhile, the Global Psychology Alliance, an international network of more than 60 psychological science associations of which APA is a member, will be developing its next 2-year road map at its next summit in Jamaica in March 2025, with the Jamaican Psychological Association taking a leadership role.

The work is interesting and energizing, Pronizius said. “There are a lot of experts who are really motivated to be part of these collaborations,” she said, “despite the difficulties.” ■

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Work Is Reaching a Boiling Point



Psychologists are helping to redefine best practices as conflicting workplace desires and expectations come to a head

BY ANNA MEDARIS

Five years after the start of the COVID-19 pandemic, working life in America remains fractured. Psychologists who focus on the workplace say employers and employees in traditionally office-based jobs are facing off over where-to-work mandates, colleagues are clashing over generational norms, and workers are battling internally to find work that aligns with their values but doesn't consume their identities. Nowhere is this workplace tension more evident than in the resurgence of union organizing, which has hit levels not seen since the 1960s, especially among younger workers.

"We are reaching a boiling point," said Jessica Kriegel, EdD, chief strategy officer at Culture Partners, a business management consulting firm.

But psychologists are also helping to cool the temperature by parsing out the nuances and similarities—not just stereotypes and differences—in diverse workers' desires, studying how to maximize the benefits of new technologies and shifting work environments, and redefining best practices so that businesses and their people can thrive.

And there's more work to be done, said Zhiqing (Albert) Zhou, PhD, an associate professor at the Johns Hopkins Bloomberg School of Public Health. "We need more interdisciplinary efforts to not only understand how work might contribute to impaired or better mental health but also to potentially design and implement changes in the workplace," he said. "This will take efforts and contributions from researchers, practitioners, and policymakers all together."

"We need to break this us-versus-them narrative," added Megan Gerhardt, PhD, a professor of management and leadership at the Farmer School of Business at

Miami University in Ohio. "We're not on different sides. We're all in organizations pursuing shared goals and visions. We [just] might have different ideas about how to get there or the priority we put on certain ways of working."

EMPLOYEES AND EMPLOYERS CLASH

Look no further than unionization efforts—and successes—for real-world proof of the disconnect between employees' and employers' work-life expectations. From Trader Joe's and Barnes & Noble to news organizations and the auto industry, employees are organizing in record numbers to demonstrate their mistrust of management and demand more.

One Gallup poll, for instance, found that 67% of Americans now approve of unions, and another showed that 88% of those under 30 see unions in a positive light. "We're renegotiating that view of what we think is reasonable to expect, and I think workplaces are trying to figure out how to respond to that," Gerhardt said.

Some of that renegotiation is around where to work. When Amazon, for one, announced its return-to-office mandate, which requires that all employees must work full-time in the office beginning January 2025, many employees were outraged. One survey conducted days after the announcement found that 73% said they were considering finding another job to avoid complying with the policy.

Not that the company, or the many others expected to follow suit, really care, said Kriegel, whose doctoral research focused on human resources development, educational leadership, and management. "These big companies are not worried about losing workers—they welcome it; they're overstaffed," she said. "They are all going to be downsizing from here on out."

Psychologists are redirecting the debate by gathering data and pointing to evidence showing what really works for office-type jobs that can be done remotely.

In one 2024 study in the journal *Nature*, for instance, researchers randomly assigned 1,612 employees of a Chinese technology company to work from the office either 5 days a week or 3 days a week. After 6 months, the study authors found that the hybrid model improved job satisfaction and reduced quit rates by one third, with no effect on performance or promotions (Bloom, N., et al., *Nature*, Vol. 630, 2024).

That's not to say hybrid or remote work is flawless. Elizabeth Marsh, PhD, a researcher in England's University of Nottingham's School of Psychology, has studied some of the "dark side effects" of a digital workplace. She found that workers can struggle to manage both "information overload" from technology (think nonstop Slack messages and Zoom meetings) and the "fear of missing out" on information if they don't stay technologically engaged. (Marsh, E., et al., *Sage Open*, Vol. 14, No. 3, 2024).

Key Points

- ▶ Unionization is at a high, and employers and employees are facing off over where-to-work mandates.
- ▶ There's an urgent need to build psychologically healthy workplaces that respect differences in how different generations view work.
- ▶ Psychologists see a disconnect between how people think they should feel about their jobs (passionate and fulfilled) and how they actually feel (bored or disillusioned).
- ▶ More interdisciplinary research is needed on how work impairs and improves mental health to inform transformative changes in the workplace.

“Technology has really eroded our boundaries—that was true pre-pandemic and that’s really gotten true since the pandemic,” says Jason Wang, PhD, a therapist and owner of Inflection Points Therapy in Washington, D.C., who specializes in working with patients with career issues. “We proliferated the number of tech tools needed to communicate with each other during the pandemic, and a lot of those haven’t been pulled back.”

One related outcome: micromanagement. In one study conducted during COVID, for instance, Zhou and colleagues found that remote workers reported higher self-regulation at work and better work outcomes when supervisors were equally supportive and offered a sense of control. If supervisors’ behaviors weren’t balanced, though, workers did better if their bosses offered more support than control (Gan, J., et al., *The International Journal of Human Resource Management*, Vol. 34, No. 15, 2023).

At the same time, many workers are lacking direction in the place they need it: the use of artificial intelligence (AI). In APA’s 2024 Work in America survey, 35% of workers said they’re using the technology at least monthly to assist on the job, but only 18% reported knowing that their employer has an official policy on how to use AI appropriately.

Instead of simply waiting for a consensus about the best use of digital tools, some strategies can help remote workers take their workplace well-being into their own hands. In another 2024 study, Marsh and colleagues found that both digital mindfulness (like consciously taking screen breaks and being aware of how technology is affecting you emotionally and physically) and digital confidence (feeling capable of using said technology) protected digital workers against stress, anxiety, and overload (*PLOS ONE*, Vol. 19, No. 2, 2024).

“That process of reflection on our digital practices is one of the strongest things [we can do]—not ‘we should or shouldn’t’ do certain things,” Marsh said.

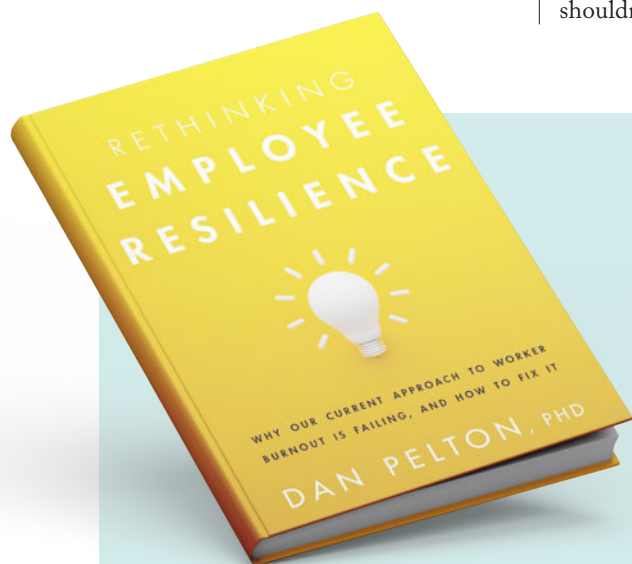
AN INTERGENERATIONAL WORKFORCE

There are also rifts between workers themselves who are operating in a five-generation workforce, Gerhardts said.

In APA’s 2024 Work in America survey, 32% of U.S. workers said they felt that colleagues of different ages didn’t see the value in their ideas. That was especially the case for 18- to 25-year-old employees, nearly half of whom felt that older coworkers didn’t appreciate their insights. Still, 92% of all workers said they appreciated the opportunity to work with people of different ages.

Generations differ in their workplace behaviors and expectations, too. Tessa West, PhD, a professor of psychology at New York University and author of *Jerks at Work: Toxic Coworkers and What to Do About Them* and *Job Therapy: Finding Work That Works for You*.

“Young people who embrace the ‘slow life’ strategy care less about being unemployed—even the ones that have no money,” she said. “They will quit out of unhappiness in a way that



Reducing Burnout

A NEW GUIDE FOR REIMAGINING WORKPLACE RESILIENCE

Coming in May, the new APA book *Rethinking Employee Resilience: Why Our Current Approach to Worker Burnout Is Failing, and How to Fix It* by psychologist Dan Pelton, PhD, offers a set of practical guidelines that organizations can adopt to foster workplace resilience. “In modern workplaces, adversity is a constant,” said Pelton. “Overwork, cognitive overload, emotional exhaustion, and a lack of transparency are just some of the stressors that can either break us or make us stronger. But one thing is clear: Adversity changes us. So, why not harness it to build a resilient culture?” Read more about Pelton’s work at www.apa.org/monitor/2023/01/addressing-employee-burnout.

other generations never would have fathomed doing.”

Gen Z also expects their mental health to be a priority for their superiors, not relegated to something you leave at home, finds Gerhardt, coauthor of *Gentelligence: The Revolutionary Approach to Leading an Intergenerational Workforce* and founder of a company by the same name. One survey by the Society for Human Resource Management, for instance, found that 61% of Gen Z respondents said they’d strongly consider leaving their job for one with significantly better mental health benefits.

Gerhardt said their mentality is understandable. Young people who started their first jobs remotely during COVID may not have realized that a supervisor’s frequent mental health check-ins were situational, not standard. They may also struggle to comprehend “returning” to an office they’ve never seen. “The anchor is always interesting—what lens are you using? And then it’s not right or wrong, it’s just different,” Gerhardt said.

And while companies can’t and shouldn’t necessarily bend to every new generation’s demands, they can recognize that often what’s good for young workers is good for middle-aged and older workers too. For example, APA’s Work in America data show psychological safety at work—or feeling comfortable expressing yourself without fear of negative consequences—is linked to feelings of belonging in the workplace. That cuts across generational lines.

“Research shows across generations we have very similar intrinsic needs: We need to feel respected; we need to feel connected. Where we’re getting hung up is how one fills those needs,” Gerhardt said. “We need to break that toxic ‘we’re hesitant to hire Gen Z’ narrative and

say, ‘How do we build psychologically healthy workplaces that respect the fact that there’s going to be some differences in the ways people have viewed work or the ways that they want to integrate work into their life?’”

A JOB, CAREER, OR CALLING?

Even individuals face sometimes seemingly paradoxical desires when it comes to designing their work lives. One of Wang’s patients, for example, struggles to reckon his need to make a living with his socially conscious nature.

“He wants to be able to live a good life, but at the same time, he feels really uncomfortable working within a system that demands productivity and all of these capitalistic ideas that he doesn’t subscribe to in terms of an ideology,” Wang said.

Similarly, psychologists also often see a disconnect between how people think they should feel about their jobs (passionate and fulfilled) and how they actually feel (burned out or disillusioned). One survey found that nearly 90% of millennials and Gen Z respondents, for instance, say that finding work they feel passionate about is their top career priority. At the same time, APA’s 2024 Work in America survey found 67% of workers experienced a lack of interest, low energy, or feeling isolated at work in the past month.

“Society has really pushed the idea, at least recently, that our work should be a calling—it should be more than a job or a career—and I challenge that notion,” Wang said.

But social media continues to drive this often-unrealistic expectation. One 2024 study of 1,204 Chinese college graduates found that social media use, and particularly upward social comparison, predicted employment anxiety (Jin T., et al., *Frontiers in Psychology*, Vol. 15, 2024).

“We’re finding people in this kind of danger zone when they’re chasing this passion-driven narrative,” West said. “Then when it’s not going well, it absolutely crushes them. And because they don’t have a healthy psychological distance from their career, they don’t know what to do, and so they panic, and they start job hunting.”

One key to creating that psychological distance could be to truly understand what the day-to-day details of many office-based jobs look like: emails, meetings, and spreadsheets—not making world-altering decisions, West said.

“You can be highly engaged with your job, and you can find passion for it [when] you’ve actually created some more psychological distance from it,” she said. “I’m starting to come around to this idea that psychological distance from your career is a necessary condition to finding love in places that you’re not necessarily looking.” ■

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Technology Is Reshaping Practice to Expand Psychology's Reach

Advancements in tech are harnessing productivity and therapeutic breakthroughs in the clinical setting

BY HEATHER STRINGER



GUZALIA FILIMONOVA/GETTY IMAGES

As psychologists struggle to meet the nation's high demand for mental health services, advancements in technology are showing promise as a life-line to reduce burnout, boost productivity, and increase access to care. Clinicians are taking advantage of digital therapeutics, virtual reality, artificial intelligence (AI), and other innovations to reach more patients, improve outcomes, and reduce their administrative burden.

While these digital resources are appealing, many psychologists are wary of the risks the tech solutions could introduce related to patient safety and privacy. Caution is warranted, but mental health leaders at the forefront of the technology revolution worry that an overly risk-averse approach could harm the public in the long run by preventing access to much-needed care. "This is a health equity issue," said Vaile Wright, PhD, senior director of health care innovation at APA. "Solving the mental health crisis is going to require multiple solutions, and technology is one of the solutions to address the suffering people are experiencing."

According to APA's 2023 Practitioner Pulse Survey, for the third straight year psychologists reported that many patients needed more care and presented with more severe symptoms than in the past. More than half of psychologists in the survey reported that they have no openings for new patients. Digital therapeutics, which provide evidence-based treatments through mobile devices or the Web, are among the innovations gaining momentum and have significant potential to expand care and to aid more patients. In November 2024, the Centers for Medicare & Medicaid Services approved new reimbursement codes that providers can use to bill Medicare for FDA-cleared digital mental health therapies. This change could lead to a transformative shift because commercial



Key Points

- » Digital therapeutics are among the innovations gaining momentum and have significant potential to expand care and to aid more patients.
- » Advancements in virtual reality are helping clinicians explore creative approaches to improving mental health outcomes for a variety of patients and mental health conditions.
- » AI that can tackle administrative tasks is showing promise to help mental health providers reduce the amount of time they must devote to clerical work.

insurance companies typically follow Medicare's lead with new reimbursement codes. "Up to this point, there was not any established way to pay for these products in health care, so this will help many digital therapeutics that are struggling to find more revenue streams and reach patients who could not afford to pay for these products out of pocket," Wright said.

To increase support for psychologists' clinical use of digital therapeutics, APA formed a partnership in early 2023 with Big Health, one of the leading developers of these interventions. The company created SleepioRx, which delivers cognitive behavior therapy (CBT) via mobile devices to people who are suffering from chronic insomnia. Patients are guided through an initial sleep assessment, and they receive CBT that addresses their specific sleep difficulties. The company also created DaylightRx, another research-backed digital therapeutic for generalized anxiety disorder. Unlike wellness apps that can help people reduce stress or lose weight, digital therapeutics like SleepioRx and DaylightRx use evidence-based techniques and show meaningful clinical improvements treating a medical condition in randomized controlled trials.

Historically, when digital therapeutics

developers pursued U.S. Food and Drug Administration (FDA) clearance for products, they included only physicians with prescription privileges in their labeling, which prevented psychologists from accessing the treatments. But Big Health, which was cofounded by a psychologist, wanted to change that trend by specifying that SleepioRx and DaylightRx could be ordered by psychologists and other licensed health care providers. In August 2024, the FDA granted clearance for both products. "We hope this FDA clearance will be an example for others to follow," said Jenna Carl, PhD, chief medical officer at Big Health. "It's critical for developers to consider the range of providers who could access these digital therapies to help patients."

CUT THE BUSYWORK

AI that can tackle administrative tasks is another burgeoning field in health care that is showing promise to help mental health providers reduce the amount of time they must devote to clerical work. There are numerous Health Insurance Portability and Accountability Act (HIPAA)-compliant AI platforms that can be effective if users are aware of the potential risks, said Elizabeth Stuart, PhD, a pediatric neuropsychologist at Miller Children's Hospital in California.

Stuart recently started using AI in her clinical practice for note writing, diagnostic clarification, and neuropsychological data interpretation. With platforms such as Mentalyc, Upheal, or Parchment, psychologists can input a variety of information about patients, such as their mental health and medical history, symptoms, previous assessments, and a clinician's personal assessment. As she uses these tools, Stuart carefully reviews anything created or synthesized by the AI to ensure accuracy and clarity.

She has found that AI can offer diagnostic insights that are not always immediately apparent to the clinician. "There is no way I could think through the entire *DSM* [*Diagnostic and Statistical Manual of Mental Disorders*], but a computer can," she said. In one of Stuart's cases, her cognitive bias led her to believe that a patient's symptoms were related to autism spectrum disorder, but an AI tool also suggested differential diagnoses including obsessive-compulsive disorder and traumatic brain injury (TBI)/concussion. A second interview with the patient's parents revealed that a mild TBI was to blame for some of the symptoms.

AI platforms can also help mental health providers record therapy sessions and generate therapy notes in the clinician's preferred format. There are many AI tools that can also help clinicians format their notes to increase the likelihood that they will be reimbursed by insurance companies, said Stuart. Experts advise practitioners to answer some key questions before using a tool (see the Trend article on harnessing the power of AI on page 46).

Although AI may seem like a superpower for such tasks, early adopters caution users to beware of errors that can occur. AI platforms can have racial biases and problems with "hallucination," or making up information about a patient that is not true, said Ayoub Bouguettaya, PhD, a research fellow in biomedical

POPULATION HEALTH

A Parity Overhaul Strengthens Access to Care

For years, lack of access to mental health care through insurance has stymied patients seeking treatment, but on Sept. 9, 2024, the Biden administration finalized a rule that aims to hold payers accountable for that problem.

One major hurdle patients often encounter is difficulty finding providers in their insurance networks. Recent studies and media reports highlight that low reimbursement rates and administrative hassles are among the reasons psychologists and other mental health professionals have left insurance networks. One recent study showed that patients were more than 10 times more likely to have to go out of network for psychological care than for specialty medical care.

The new rule requires private insurance companies to:

- Collect and assess data on whether networks include enough mental health providers and how that coverage compares with network access for medical patients.
- Take action to remedy the problem if the data show that mental health patients have less access to care.

"This is the biggest overhaul of the rules since the parity law was enacted in 2008," said Alan Nessman, JD, senior special counsel in APA's Office of Legal and State Advocacy. For more than two years, APA Services worked to push the parity agencies to issue a new rule by explaining the weaknesses of the existing rule and by arguing for specific improvements before and after the agencies issued the proposed rule. "We are optimistic that these changes will help address the nation's current mental health crisis by making it easier for patients to find care through their insurance," said Nessman. Learn more at www.apa.org/news/apa/2024/mental-health-parity-rule.

sciences at Cedars-Sinai Medical Center in Los Angeles. One recent study of AI-generated discharge summaries showed that AI fabricated information about patients up to 9% of the time (Zaretsky, J., et al., *JAMA Network Open*, Vol. 7, No. 3, 2024).

Bouguettaya recently led a study that assessed AI-powered note writing tools catered to mental health practitioners. Most vendors provided comprehensive information about data protection and privacy measures, but little about which data was used to train the model and the techniques to prevent racial biases. Bouguettaya hopes to see psychologists begin

to advocate for ethical standards for AI-powered health products at the state and federal levels, such as requirements for product owners to state how AI tools are trained for bias and error correction.

SMART COMMUNICATION

Psychologists are also discovering the benefits of using AI to improve care by helping them communicate with patients and develop patient educational materials more quickly. Stuart, for example, uses platforms such as ChatGPT, which is not HIPAA-compliant but can assist with phrasing, to generate high-quality explanations of complex concepts. Prior

to meeting with a patient, Stuart might type the following prompt: “I am a pediatric neuropsychologist. Please come up with an analogy to explain processing speed deficits to a 6-year-old child with cancer who is receiving intrathecal chemotherapy.” In this scenario, ChatGPT described the brain as a busy race car on a racetrack. Processing speed deficits are like sticky patches on the racetrack that make it harder to zoom around and do things quickly on the track. Even though the car might be slower, it will still reach the finish line.

ChatGPT and Perplexity have helped Charmain Jackman, PhD, create outreach emails for her company InnoPsych, a directory of providers of color where therapy seekers can connect with therapists and resources. InnoPsych also consults for organizations looking to improve emotional wellness, inclusion, and belonging; AI has helped Jackman tailor marketing emails for human resources executives and other leaders looking for these services. “It might have taken me months to find the time for tasks like this without AI,” Jackman said. “Now I can finish in less than an hour.”

NEW POSSIBILITIES FOR VR

New advancements in tech are also helping clinicians explore creative approaches

to improving mental health outcomes. Though the use of computer-generated simulation in the clinical setting is not novel, University College Dublin’s John Francis Leader, PhD, noticed that most studies involving the use of virtual reality (VR) in mental health treatment were narrow in focus, such as with military members with post-traumatic stress disorder (PTSD). Leader was eager to create a platform that clinicians could use for a variety of patients and mental health conditions.

In 2021, he launched the Mixed Reality Therapy Project, a free, open-source platform clinicians can download. Patients wear a VR headset or look at a large screen on a wall, and they partner with the therapist to create a therapy room and an experience room that are separated by a door. They can add objects like a chair, lamp, and window to the therapy room, and the experience room can be tailored to a patient’s specific fears or phobias. For someone struggling with social anxiety, the patient might add a group of people talking at a party. Patients can choose when—and whether—to open the door to the experience room. The therapist can ask patients how they are feeling emotionally and physically at different moments and help them practice strategies to overcome

their fear (“Mixed Reality Therapy Clinic Design,” IEEE Games, Entertainment, Media Conference, 2018).

Leader has seen the mixed reality platform help patients experience a breakthrough that was elusive with traditional therapy. One man struggled with PTSD after being attacked in an alley, and he made shapes in the mixed reality platform

that reminded him of feeling trapped in the alley. “Creating the space visually helped him access the feelings in a new way,” Leader said. “I helped him understand the fight or flight stress response his body was having, and he started practicing strategies like breathing to help him feel a sense of control.”

Leader encourages clinicians to experiment with the platform, which can be adapted for a variety of uses including sports psychology, end-of-life care, and neurodiverse patients who might benefit from an active role in therapy.

While it may feel daunting to learn how to incorporate tech innovations into practice, Leader urges psychologists to explore the options now and to view these innovations as powerful tools rather than threats. Psychologists have the potential not only to reach more people but also to provide better care.

“We are in the midst of a technological creative renaissance,” Leader said. “Therapists have their own expertise and patient populations, and they get to decide how to adapt the latest advancements to facilitate healing.” ■

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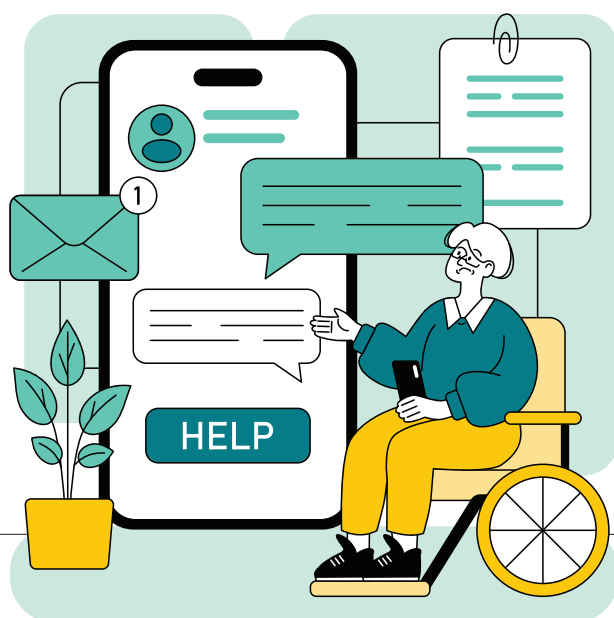
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CLASSROOMS ARE ADAPTING TO THE USE OF

ARTIFICIAL INTELLIGENCE





Young people's use of artificial intelligence is forcing change in classrooms. Psychologists can help maximize the smart adoption of these tools to enhance learning.

BY ZARA ABRAMS

Generative artificial intelligence (AI) promises to touch nearly every part of our lives, and education is one of the first sectors grappling with this fast-moving technology. With easy and free-to-access tools like ChatGPT, everything related to teaching, learning, and assessment is subject to change.

"In many ways, K–12 schools are at the forefront of figuring out practical, operational ways to use AI, because they have to," said Andrew Martin, PhD, a professor of educational psychology and chair of the educational psychology research group at the University of New South Wales in Sydney. "Teachers are facing a room full of people who are very much at the cutting edge of a technology."

AI has been used in classrooms for years, quietly powering learning management tools, such as Google Classroom, Canvas, and Turnitin. But the recent democratization of generative AI tools such as ChatGPT, and the rush to commercialize similar technologies across sectors, is providing new challenges and opportunities for students and educators alike.

In a growing movement to find out how to safely and effectively use AI to enhance learning, educational psychologists are playing a critical role. They are studying how AI tools can lighten the workload on teachers—without interfering with the social aspects of learning—as well as how intelligent tutoring systems can personalize education while keeping students motivated. They are also exploring whether educators can leverage tools such as ChatGPT without hindering the broader goals of learning.

One question should always be at the forefront, said educational psychologist Ally Skoog-Hoffman, PhD, senior director of research and learning at the Collaborative for Academic, Social, and Emotional Learning (CASEL): "How

Key Points

- ▶ AI has been in use in classrooms for years, but a specific type of AI—generative models—could transform personalized learning and assessment.
- ▶ Teenagers are quick adopters, with 7 in 10 using generative AI tools, mostly for help with homework.
- ▶ Educational psychologists are studying how these tools can be used safely and effectively, including to support social and emotional learning in children and adolescents.

are we using AI and technology as tools to elevate the conditions and the experiences of education for students without sacrificing the human connection that we absolutely know is integral to learning?"

HOW CHILDREN VIEW AI

Psychologists have studied human–technology interaction for decades. A new line of research now seeks to understand how people, including children, interact with chatbots and other virtual agents.

"Little kids learn from characters, and our tools of education already [rely on] the parasocial relationships that they form," said David Bickham, PhD, a health communication researcher based at Boston Children's Hospital, during a panel discussion on AI in the classroom. "How are kids forming a relationship with these AIs, what does that look like, and how might that impact the ability of AIs to teach?"

In a series of qualitative studies, Randi Williams, PhD, a program manager at the Algorithmic Justice League, a nonprofit focused on making AI more equitable, observed playful interactions between young children and robots, including the children's attempts to both teach the agents and learn from them. Williams and her colleagues also found that children viewed agents with a more humanlike and emotive voice as friendlier and more intelligent (*Proceedings of the 2017 Conference on Interaction Design and Children*, 2017).



But many questions remain, including how to study and foster such relationships while protecting the safety and privacy of minors—issues that psychologists are well poised to address.

Among adolescents, the use of generative AI is already widespread. Of the 7 in 10 who reported using at least one such tool in a 2024 Common Sense Media survey of 1,045 teenagers ages 13 to 18, homework help was the most common reason. About half of those who used generative AI for schoolwork did so with permission from a teacher. A similar number checked the veracity of generative AI outputs using outside sources, suggesting that many students are aware of the fallibility of such tools (*The Dawn of the AI Era*, Common Sense Media, 2024).

“Teens have quite a sophisticated and nuanced view of AI,” said Beck Tench, PhD, an information scientist based at the Center for Digital Thriving, which explores the role of technology in young people’s lives and is part of the Project Zero initiative at the Harvard Graduate School of Education. “They report that they feel conflicted, and are having just as many excitements and concerns as we do as adults,” including worries about misinformation, awareness that it will change their work prospects, and enthusiasm about its potential to advance science, creativity, and humanity (*Teen and Young Adult Perspectives on Generative AI*, Common Sense Media, Hopelab, and Center for Digital Thriving, 2024).

The Center for Digital Thriving offers guidelines for talking to youth about

generative AI, including asking children what school rules seem fair and whether they have ever heard about AI getting something wrong.

INTELLIGENT TUTORING

Much of the conversation so far about AI in education centers around how to prevent cheating—and ensure learning is actually happening—now that so many students are turning to ChatGPT for help.

A majority of teachers surveyed by the Center for Democracy and Technology, a nonprofit focused on technology policy, said they have used AI detection software to check whether a student’s work was their own, but those tools can also be fallible—in a way that could exacerbate inequities (*Up in the Air*, Center for Democracy and Technology, 2024). Black teenagers were about twice as likely as their peers to tell Common Sense that they had schoolwork incorrectly flagged as being AI-generated (*The Dawn of the AI Era*, Common Sense Media, 2024).

Some schools are adapting by changing the nature of assessment, Martin said. In Australia, for example, senior year science projects are traditionally submitted in written form, but students must now also present their findings orally and respond to questions in real time. On the whole, teachers told the Center for Democracy and Technology they need better guidance and training on what responsible use is and how to respond if they suspect a student is cheating by using AI tools.

On the bright side, educators are increasingly relying on AI such as Curi-pod, Gradescope, and Twee to automate certain tasks and lighten their workload, said Nicole Barnes, PhD, APA’s senior director for schools and education. That includes generating new ideas for lesson plans and activities, writing parent-teacher letters, adapting materials for different age groups and neurodiverse learners, and getting a second opinion on how to improve existing materials.

Intelligent tutoring systems are another major focus for researchers, developers, and education technology companies. These AI-powered systems promise to help personalize the learning experience for each student, tailoring style, pace, and assessment to the individual and making lessons more accessible to students learning English or those with disabilities. Khan Academy, McGraw Hill, and Carnegie Learning are among the companies offering AI tools, while the Los Angeles Unified School District invested millions in “Ed,” a custom chatbot that survived for just a few months after the financial collapse of the company that built it.

“It’s sort of a gold rush right now for edtech companies to sell districts the right thing, without having any data to support their claims,” said educational psychologist Stephen Aguilar, PhD, an associate professor of education at the University of Southern California who studies how such technologies relate to student motivation and engagement.

As an alternative to commercial offerings, which are expensive and difficult to customize, some researchers are working on open-source intelligent tutoring systems. OATutor—built by Zachary Pardos, PhD, an associate professor of education at the University of California, Berkeley, and his colleagues—uses generative AI to learn from an instructor’s own teaching style and materials, then creates new and improved worksheets and lesson

The Center for Digital Thriving suggests the following questions for starting conversations with youth about generative AI:

- 1 Do you know any kids your age who are using generative AI?
- 2 Has your school or teachers set any rules about using generative AI?
- 3 What kinds of uses do you think should be allowed in school?
- 4 Have you ever seen an AI tool get something wrong?
- 5 What kinds of questions feel easier to ask AI than a human?

plans. This bespoke learning tool can allow teachers to replace textbook homework questions with interactive exercises that cater to each student's mastery level and do not require grading.

"The teacher can spend less time adapting to the technology, so it feels more like an extension of her class that helps unburden her, rather than another professional development task," said Pardos, who is also publishing journal articles on OATutor to add to the knowledge base about adapting and scaling generative AI in education.

A key task for psychologists, Aguilar said, will be to study how using AI tools relates to students' motivation to learn. Intelligent tutoring systems still lag far behind human teachers, Barnes said, in their ability to detect whether a student is feeling frustrated, anxious, or uncertain about the content they're learning.

"These systems often treat responses as black and white, but the reality is far more nuanced," Barnes said. "Every answer elicits an emotional response from students, whether positive or negative." Teachers detect these nuances and adjust instruction accordingly—existing AI tutors do not.

Future intelligent tutors are poised to collect more nuanced data on students as they learn—including everything from the heart rate to facial expressions, Bickham said—and know when to call on a teacher to step in. That could ultimately shift teachers into more of a facilitator role.

"The teacher role has the potential to evolve from the person who's really directing the education to a person who is kind of managing the experience," he said.

SOCIAL AND RELATIONAL SHIFTS

Ask ChatGPT for homework help and you'll get a polite, friendly response, Martin said, which makes it easy to forget you're not interacting with a sentient being. The tool may therefore represent a social opportunity cost if children use it to answer questions they might otherwise ask their parents, peers, or siblings.

"The more you rely on generative AI to help you with your schoolwork, the less you might be inclined to meet up with friends in person or online after school to brainstorm around an essay," Martin said.

Teenagers also report talking to generative AI about relationships, identity, and sexuality, including to find answers to questions they're afraid to ask adults and to have the feeling of talking to a friend who won't judge them (*Teen and Young Adult Perspectives on Generative AI*, Common Sense Media, Hopelab, and Center for Digital Thriving, 2024).

"It's striking to me that young people are sharing their deepest, darkest secrets and questions to a company that can collect that information and use it," Tench said.

To help students learn about the downsides of using such technologies, CASEL has partnered with Common Sense Media to apply its five social and emotional learning (SEL) competencies (self-awareness, self-management, responsible decision-making, relationship skills, and social awareness) to the digital space. The goal is to empower students to bring social and emotional awareness to difficult online situations. For example, how can teenagers with body image

concerns navigate a social media feed rife with photos edited by AI?

CASEL is also exploring whether AI can be used to teach SEL. Because young people today are beginning to enmesh their online and offline lives, virtual SEL lessons could be useful, Skoog-Hoffman said.

Young people may develop a cyber identity that differs from their real-world social identity. How do those concepts relate to one another and influence behavior, both online and in person? Before AI can safely be used to teach SEL, more research is needed to understand these concepts, Skoog-Hoffman said, as well as whether skills such as empathy can be practiced and acquired in a digital context (with a chatbot, for example).

"For youth, online and in-person interactions are starting to become more seamless," she said. "That could change the way teens are learning about relationships and interpersonal skills, and as educators, it's time for us to adapt." ■

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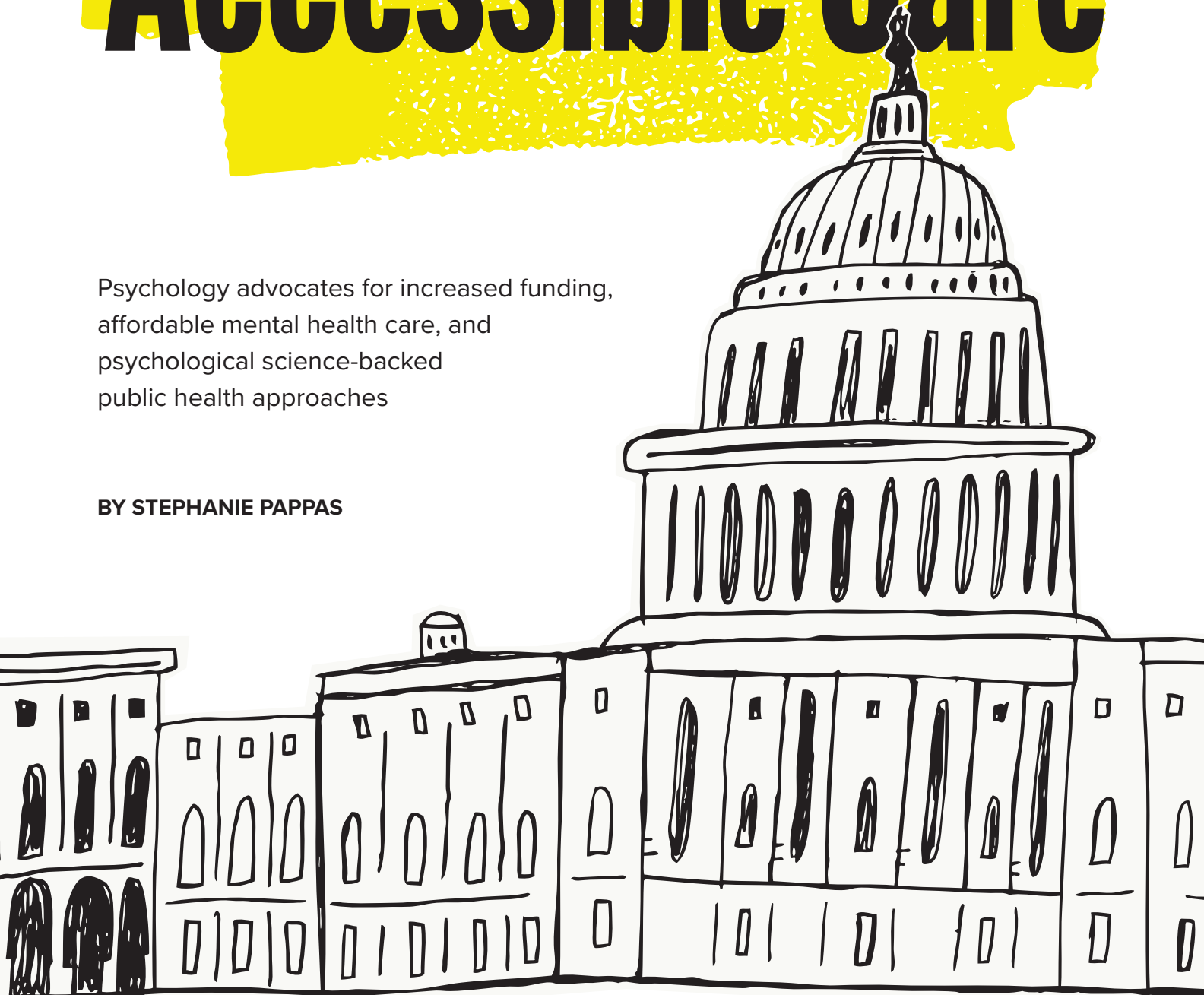
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Advocating for Accessible Care

Psychology advocates for increased funding, affordable mental health care, and psychological science-backed public health approaches

BY STEPHANIE PAPPAS



After a year of fighting to stave off major funding cuts to mental health programs, psychology's top advocates are aiming to gain ground with a new Congress in 2025.

Fighting for psychology in the face of a largely inactive Congress has been an uphill battle, especially given the uncertainty of an election year. But the APA Advocacy Office, which works to advance psychology both as a discipline and a practice, with help from APA membership and other interested parties, persevered. Staff gained key sponsors for important bills and are poised to reintroduce many with new sponsors after the 119th Congress is sworn in. Looking ahead, advocates are aiming to secure sustainable, long-term investment in psychology through such means as pushing legislatures to keep funding for youth mental health at the levels spurred by the COVID-19 crisis and the Uvalde school shooting or advocating with insurance payers to enable affordable psychological treatments.

"We can't only legislate in response to an emergency," said Kenneth Polishchuk, the senior director for congressional and federal regulations and the education policy lead in the

Advocacy Office. "We are telling Congress they need to continue to invest rather than cut."

Other advocacy efforts are public facing: APA is providing scientific expertise to the Office of the Surgeon General, which regularly develops and publishes health advisories on matters related to mental health. APA also works with journalists to bring widespread attention to the barriers to psychological treatment.

FIGHTING FOR FUNDING

In 2024, cuts were on the table while emergency COVID-19 funding for mental health, education, and research was expiring, Polishchuk said. By engaging grassroots advocates, APA Services, a 501 (c)(6) organization focused on advocating for the profession of psychology, and their partners were able to encourage Congress to reject the cuts. "I don't typically like to say that flat funding is a win, but considering what we were facing, it really was," Polishchuk said.

Throughout the year, advocacy efforts focused strongly on youth mental health, often working in concert with partner organizations advancing similar goals. In February, for example, more

than 40 members of APA's Council of Representatives and Board of Directors met with Congress members and staffers to push support for the Youth Mental Health Research Act (H.R. 5976/S. 3060) and funding for the Department of Labor to investigate child labor violations. Also in February, APA Services joined with the Friends of the Institute of Education Sciences to urge Congress to support that institute's research and evaluation work in order to better support U.S. students. Both of these advocacy efforts were focused around advancing the goals of recent Council resolutions: the Council Resolution on Child and Adolescent Mental and Behavioral Health and the Council Resolution on Developmental Risks and Opportunities in Adolescent Employment. In a regulatory win for youth mental health, the Biden administration expanded the protections of the federal civil rights law Title IX to LGBTQ+ students, an effort strongly supported by APA.

"We deeply appreciate the pivotal role of psychological science in guiding policy changes and addressing the myriad challenges our society faces," said Katherine McGuire, APA's chief advocacy officer. "Our success relies on our

Key Points

- » Advocates are urging Congress to invest in psychology proactively, rather than responding to cuts.
- » The year 2025 holds hope for steps toward affordable and accessible care.
- » Large-scale partners, like the U.S. Surgeon General, and partnerships with local researchers, educators, practitioners, and students are crucial.



partnership with researchers, educators, practitioners, and students and our collective efforts to advance research and apply it to real-world issues contributing to a better future for all.” Looking forward, Polishchuk said, there is a lot of momentum for building on school-based mental health services established over the past 5 years. “Part of the goal is to continue to provide this kind of funding so schools can continue to hire more professionals and also invest in career pathways for these folks,” he said. “We need to continue down this path and not go backward because the need is so, so substantial.”

MAKING PSYCHOLOGY AFFORDABLE

Because a key part of ensuring access to mental health support is ensuring a strong and diverse mental health workforce, the APA Advocacy Office is also involved in efforts to strengthen training and reimbursement. APA Services helped draft the ACCESS in Mental Health Act (H.R. 7924), introduced in March 2024. The bill would provide grants to minority-serving institutions to create or expand graduate programs in mental health fields and would provide grants to students attending these graduate programs. Though the bill did not pass in 2024, getting it introduced laid the groundwork for this year’s efforts: APA Services will be working with a new lead sponsor in 2025 to push the legislation forward.

APA Services has also been working to increase mental health options for Medicare beneficiaries by supporting reimbursements to doctoral interns and postdoctoral residents practicing under supervision. The Accelerating the Development of Advanced Psychology Trainees (ADAPT) Act (S. 2511/H.R. 9138) and Increasing Mental Health Options Act (S. 669/H.R. 8458) have been introduced in both the Senate and

House with bipartisan support in committees with jurisdiction over Medicare, a “critical step forward,” said Scott Barstow, APA’s director of congressional affairs. The office is also lobbying in support of evidence-based integration of behavioral health services into integrated care models that deliver mental health services in primary-care settings. Policymakers are increasingly focusing on integrated care as well as shifting to value-based payment systems and establishing new models of paying for primary care. APA Services is working to ensure patients served by new payment models get the behavioral or mental health services they need. At the same time, psychology is joining the broader health care provider community in uniting behind efforts to address the continuing failure of Medicare provider payments to keep pace with inflation.

“I think there is a really good chance that discussions across all these fronts lead to progress next year,” Barstow said.

In addition, advocacy efforts are increasingly focused on raising the public’s understanding of why their insurance may offer poor coverage for mental health care. APA has been assisting the investigative journalism organization ProPublica to expose insurance barriers that keep psychologists and other mental health professionals from practicing in-network. More than 500 mental health professionals shared their experiences with ProPublica for the final article, which was copublished with NPR in August (Waldman, et al., *ProPublica*, Aug. 25, 2024).

“It’s one thing to go talk with payers to say, ‘You need to reimburse people better,’” said Stephen Gillaspay, PhD, director of health and health care at the APA Center for Psychology and Health. “It’s something else if someone in the state legislature reads an article and goes to the health care commissioner.”

APA is also lending expertise to independent organizations drawing attention

to insurance coverage gaps. APA helped fund the nonprofit RTI International to look at in-network and out-of-network coverage of mental and behavioral health. That report, released in April, found that patients went out of their health care network 10.6 times more often to see a licensed psychologist than to see a medical or surgical clinician (Mark, T. L., & Parish, W. J., *Behavioral Health Parity—Pervasive Disparities in Access to In-Network Care Continue*, RTI International, 2024). APA also contributed psychology expertise to a National Academies of Sciences, Engineering, and Medicine report on expanding access to behavioral health care through Medicare and Medicaid (*Expanding Behavioral Health Care Workforce Participation in Medicare, Medicaid, and Marketplace Plans*, The National Academies Press, 2024). The hope is that these reports give local state psychological organizations a tool for advocacy, Gillaspay said.

“Partnering with psychologists in the states is a force multiplier for our advocacy efforts,” McGuire agreed.

The effort to secure better access to mental health care will continue in 2025. One major goal is to push for an increase in the Medicare Conversion Factor for mental health services. Conversion factors are monetary values on medical services that act as a multiplier for the value for specific services. If, for example, the value for service for 60 minutes of psychotherapy is set at 3.5, the payment would be 3.5 times that year’s conversion factor.

As of 2023, the conversion factor sat at \$33.89, barely above the 1992 factor of \$31.00. APA Services supports the Strengthening Medicare for Patients and Providers Act (H.R. 2474), which would build in an inflationary index to the conversion factor. That bill was introduced by Rep. Raul Ruiz, MD, (D-CA) in April and is also supported by other professional organizations such as the American Medical Association.

Throughout 2025, APA Services will also continue working to maintain the telehealth access expansions first established during the COVID-19 pandemic by supporting the Telemental Health Care Access Act of 2024 (S. 3651).

INFORMING PUBLIC HEALTH

Finally, APA has provided scientific feedback on U.S. Surgeon General's Advisories, which are public statements on matters of public health written and published by the Office of the Surgeon General.

"The Surgeon General is an incredibly important partner," said Corbin Evans, APA's deputy chief of advocacy for science and technology. "They have the ability to impact recommendations for federal policy, but also to impact people outside of the government, whether it be parents or teachers, looking for tips from their office on how to react to the most pressing mental and physical health concerns."

APA provided subject matter expertise for a U.S. Surgeon General's advisory on social media and youth mental health (*Social Media and Youth Mental Health*, 2023). The advisory highlights mental health concerns related to social media use, acknowledges gaps in the research, and recommends tips for children, adolescents, and caregivers to reduce the risk of negative outcomes. The advisory also calls for technology companies to prioritize safety and health in user design and to share data related to the health impact of their projects. In addition, it calls for policymakers to fund research on social media, strengthen privacy and safety standards for children, and support media literacy education.

APA also provided scientific feedback on a recent U.S. Surgeon General's advisory on firearm violence (*Firearm Violence: A Public Health Crisis in America*, 2024). "There is a lot of psychological science at the forefront of trying to explain why gun violence

occurs and how to address negative repercussions," Evans said.

Workplace mental health and parental mental health are two other areas of overlap between the goals of the field of psychology and Surgeon General Vivek Murthy, MD. APA provided psychological science expertise to the surgeon general's framework on workplace well-being (*The U.S. Surgeon General's Framework for Workplace Mental Health and Well-Being*, 2022). And a recent U.S. Surgeon General's advisory on parental mental health and well-being used data from APA's Stress in America survey to highlight the challenges faced by parents (*Parents Under Pressure: The U.S. Surgeon General's Advisory on the Mental Health and Well-Being of Parents*, 2024).

"APA's work has long kept the country informed through scientific expertise across a range of critical topics," said Murthy. "I am confident APA will remain a valuable resource for psychological expertise for years to come."

"Our success relies on our partnership with researchers, educators, and practitioners and our collective efforts to advance research and apply it to real-world issues contributing to a better future for all," McGuire said.

Looking ahead, the "bread and butter" of promoting the sustainability of the psychology workforce will remain a major goal, Polishchuk said. APA will also be active in legislative and regulatory conversations around technology, particularly artificial intelligence (AI). Bringing psychologists to the table early in the conversation around AI could help prevent some of the negative impacts seen with the excesses of social media.

"We would like to avoid negative implications for AI 10, 12, 15 years down the road," Evans said, "if we're able to do the work now on the front end on the design, transparency, research, access, and funding pieces that were absent from the social media conversation." ■

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PSYCHOLOGY



IS FACING DOWN



THE ENROLLMENT CRISIS



As college enrollments decline, academic institutions must get creative to ensure a robust workforce of mental health providers, psychological scientists, and educators to meet society's needs

BY KIRSTEN WEIR

The U.S. fertility rate has been trending downward for decades, and colleges and universities find themselves on the edge of a precipice of declining enrollments—a situation that some institutions of higher education are ominously calling the “Great Cliff” or the “Enrollment Cliff.” In 2023, the nation’s fertility rate reached the lowest level ever recorded. The number of high school graduates is expected to peak in 2025 before dropping steadily at least through 2037 (Bransberger, P., et al., *Knocking at the College Door* [10th ed.], Western Interstate Commission for Higher Education, 2020). Meanwhile, the price tag for higher education continues to soar, leading more young people to make the calculation not to pursue college or graduate degrees. It all adds up to a

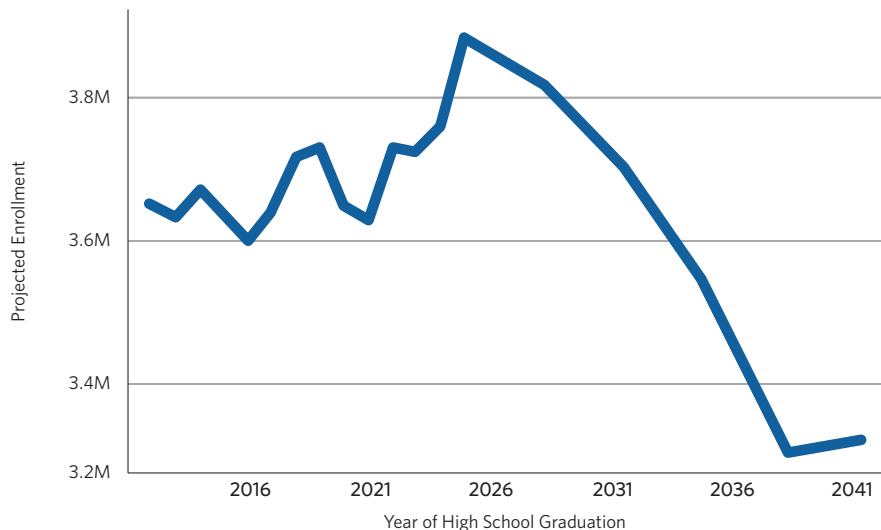
significant threat—not only for psychology programs that rely on incoming tuition dollars but for the future of the field itself.

As enrollments contract, schools may be forced to cancel classes, lay off instructors, and even consider mergers or closures. And the broader impact on society could be significant. Fewer psychology students translates to fewer mental health providers, fewer psychological scientists, and fewer educators to train the next generation of psychologists. “Psychology is beautiful because it applies to everything we do—it can make the world a better place. But we can’t do that unless we continue to have people trained in psychology,” said Karen Naufel, PhD, a professor of psychology at Georgia Southern University and 2024 chair of APA’s

Board of Educational Affairs (BEA).

Prospective future psychologists are lost at multiple junctions on the pathway from high school graduation to psychology career. But APA and others are identifying opportunities to shore up the bumpy spots along that route, including efforts to clear financial barriers to graduate education and inspire a new generation of future psychologists. “Right now, psychology is fairly healthy as a major. There’s a lot of student interest, but there are financial and logistical barriers at all stages that need to be addressed,” said Karen Brakke, PhD, a professor of psychology and director of the Teaching Resource and Research Center at Spelman College in Atlanta, Georgia, and a member of the BEA. “It’s up to us to make sure the pathways are clear so those students can get to where they need to go.”

Predicted 4-Year College Enrollment



Key Points

- As the U.S. fertility rate has declined, colleges and universities are facing a steep drop in enrollment that could impact the psychology workforce.
- Efforts to recruit and support underrepresented students could help address workforce shortages and improve diversity in the field.
- Initiatives to address declining enrollment include educating K–12 students about psychology, smoothing transitions from 2-year to 4-year colleges, and reducing financial barriers to pursuing psychology careers.

RECRUITING A DIVERSE PSYCHOLOGY WORKFORCE

Psychology programs may not be feeling the pinch yet, but that could be shifting. “Psychology has long been a popular undergraduate major,” said Catherine Grus, PhD, APA’s former chief education officer. “But because that’s what we’ve enjoyed forever, there’s a risk that psychology faculty aren’t taking this seriously.”

Historically, enrollment numbers in undergraduate and graduate psychology programs have shown annual growth. “In the past few years, that growth has been smaller,” Grus said. “And so far, the trends for this academic year suggest we may actually be seeing a small decrease in enrollment.”

At the same time, there is growing recognition that the field of psychology must diversify to meet the needs of individuals and society. Efforts to recruit and support psychology students from wide-ranging backgrounds can help with both aims, ensuring a robust field of psychology professionals that reflects the rich diversity of



the United States. “If we want to diversify the field and make sure we have adequate numbers of people in the workforce, we need to strengthen bridges across degree levels, through financial support, mentorship opportunities, and practical, hands-on opportunities to get people excited about psychology,” said Karen Stamm, PhD, senior director of APA’s Center for Workforce Studies, which collects, analyzes, and disseminates data about the psychology workforce and education system.

Those opportunities can start years before a student declares a major. To get young people excited about psychology careers, APA President Debra Kawahara, PhD, associate dean of academic affairs and distinguished professor at the California School of Professional Psychology at Alliant International University, is launching a presidential initiative called Engaging Psychology’s Future. With partners including APA’s Teachers of Psychology in Secondary Schools and Committee on Associate and Baccalaureate Education, she is planning a series of local events in as many as 100 communities across the United States. Through these informal events, high school and community college students can hear from psychologists about career options and connect with mentors in the field.

“Given my own lived experience as a first-generation college graduate, I know that if you’re not exposed to the people doing this work, you often can’t imagine yourself in that role. These events can provide that personal connection,” Kawahara said. “I’m hopeful that APA members will step up to participate. It’s a small lift, but it’s so important to engage young people to consider the array of things psychologists do that contribute to society’s well-being.”

SUPPORT FOR COMMUNITY COLLEGE

Community colleges present another opportunity for growing the field.

According to the 2019 National Survey of College Graduates, about half of graduates who hold bachelor’s or master’s degrees in psychology attended community college early on. Yet among psychology doctoral graduates, less than one third attended any community college. That suggests more can be done to strengthen the supports needed to help community college graduates transition into psychology graduate programs.

Research experience presents a significant obstacle in that transition, said Todd Joseph, MA, division chair for Public Safety, Social, and Behavioral Sciences at Hillsborough Community College in Tampa, Florida, and executive director of Psi Beta, the national honor society for psychology at 2-year colleges. Most 4-year colleges encourage students to take a research methods course soon after intro-level psychology. But many 4-year institutions will not accept research methods as a transfer equivalent from 2-year colleges. Since the credits will not transfer, most community colleges do not offer the course at all. That means community college transfer students cannot take the foundational class until their junior year. Without that prerequisite, they have fewer opportunities to enroll in higher-level psychology courses and are less likely to be selected to participate in hands-on research. Those limitations hurt their chances of being accepted into graduate programs.

The belief that community colleges are not equipped to teach research methods is as widespread as it is dubious, Joseph said. “As a 3rd-year grad student I taught a 200-person section of research methods. Now, with 20 years of experience, I can’t teach it [at Hillsborough Community College] because universities won’t accept it as a transfer equivalent.”

One way community colleges try to sidestep that obstacle is through organizations such as Psi Beta, which provide

students with opportunities to participate in research projects and present at local and national conferences. Still, Joseph and other advocates urge universities to do more to ensure that students—and their transfer credits—can make the shift from 2-year to 4-year colleges. Improving those on-ramps would also benefit efforts to diversify the field. Data show that students from underrepresented backgrounds, including first-generation, low-income, and BIPOC students, are more likely to start their education in community colleges (“An Introduction to Community Colleges and Their Students,” Community College Research Center, 2021).

“Community college students generally come from a lower SES [socioeconomic status] background, often have more responsibilities as caregivers, and almost always work outside of school. These aren’t just poor students who ended up at community college. They’re often excellent students who have had to persevere through more negative experiences than the average [4-year college] student,” Joseph said. “More universities need to develop a transfer-receptive culture and recognize that community college students can succeed because they’re transfers, not in spite of it.”

CLEARING FINANCIAL HURDLES

Financial barriers also get in the way of a psychology career. Pursuing a doctorate is expensive—not only because of the cost of tuition and living expenses, but also because of the opportunity costs of not working during those long years of education and training. Yet the need for skilled mental health providers continues



to grow. “We need to create more ways for people to enter the field,” Stamm said. “Not everyone wants or is able to pursue a doctorate. But given our mental health workforce shortages, we need everyone to contribute.”

To address that need, APA’s Commission on Accreditation (CoA) has been working since 2018 to develop an accreditation program for master’s programs in health service psychology, comprising clinical, counseling, and school psychology programs. In 2024, CoA approved the first such accreditation, for the clinical psychology master’s program at Capella University in Minneapolis. Several other master’s programs in health service psychology are now being evaluated for accreditation (see “Psychologists Are Seeking to Modernize the Profession” on page 54).

Other efforts are underway to clear financial hurdles for people pursuing psychology careers. In July 2024, the Accelerating the Development of Advanced Psychology Trainees (ADAPT) Act was introduced in the U.S. House of Representatives following advocacy from APA and others. The bipartisan legislation would support reimbursement in Medicare for supervised services provided by doctoral interns and postdoctoral residents—a policy that could make it

more fiscally feasible for people to pursue clinical careers.

Individual institutions can also do more to support students, seeking out novel funding sources, for instance, and making programs more accessible to working students. “Nontraditional students who have been away from higher education for some time may be interested in joining the mental health workforce. But they often need flexible training programs that can fit into their existing jobs and caregiving commitments,” Brakke said. In other words, schools may have to rethink the status quo to find ways to help their students—and their departments—succeed.

PLANNING AHEAD

The challenges created by the enrollment crisis are likely to vary from institution to institution. Prestigious schools will probably continue to see a relatively steady stream of students (and tuition dollars). But other schools could pay the price as better-resourced universities with large endowments ramp up recruitment from the shrinking pool of prospective students. Still, all psychology programs should pay attention, Naufel said.

“Institutions and individual psychology departments need to look at this issue to understand the threats and opportunities to their program, and think about how they can address them,” she said. The BEA has begun collecting resources to assist programs as they prepare for the changes to come. A release date for those resources has not been set, but academic faculty should not wait to start thinking about ways to take action, Naufel said. “It’s important that we share ideas and work together to address this issue while preserving the quality of psychology education,” she added.

That last piece is critical. As the student body shrinks, Naufel said, some administrators may be tempted to take rash measures, such as lumping

psychology, social work, and other programs together into a single “social sciences” program without giving enough thought to who will be teaching such programs and how well they will prepare students for graduate school. “We need to have a plan ahead of time to make sure psychology students continue to get the prerequisite knowledge they need to succeed in the field,” she said.

Psychologists across the discipline can act in ways small and large to protect the future of the field, through efforts like teaching young kids about psychology careers, mentoring community college students, or advocating for incentives to support students from diverse backgrounds in pursuing graduate degrees. “Faculty need to make sure they communicate with students all of the different ways they can enter the psychology workforce and contribute to addressing the issues we face as a society,” Brakke said. “Students are interested in making a difference. We need to get creative and find ways to give them the opportunities that will open those gates.” ■

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PATHWAYS TO PSYCHEDELIC TREATMENT NAVIGATING A LONGER TRIP WITH OPTIMISM



In both research and therapy, psychologists are preparing to provide safe and effective access to mind-altering interventions for mental health conditions

BY HEATHER STRINGER

Key Points

- » Studies are shedding light on how psychedelics influence neural connections associated with people's sense of identity and memory to help them overcome maladaptive behaviors.
- » To increase research on psychedelics, scientists are developing multiple study designs and adapting how they recruit, include, and exclude study participants.
- » Clinicians and patients alike need greater education about the risks and benefits of psychedelic therapies and the ethical considerations related to treatment.

Although a much-anticipated psychedelic treatment did not receive approval in 2024, the research community is forging ahead with efforts to demonstrate the vital potential for these nontraditional drugs in mental health treatment.

In August, the U.S. Food and Drug Administration (FDA) rejected an application from Lykos Therapeutics to approve MDMA (3,4-methylenedioxymethamphetamine, also called Ecstasy or Molly) in combination with therapy for treatment-resistant post-traumatic stress disorder (PTSD). The drug would have become the first psychedelic approved by the FDA, which requested additional research to show the treatment is safe and effective. Although the FDA's letter to Lykos is not public, an advisory committee had previously cited concerns such as difficulty evaluating the benefits of the therapy component and trouble creating a truly "blinded" experiment. The mind-altering effects, the committee worried, meant participants were more likely to predict if they had received the drug or a placebo, which could skew results.

During a congressional roundtable on psychedelic-assisted therapy in September 2024, APA leaders highlighted the need for quality, unbiased research as well

as care models that include a psychotherapy component. APA is also updating the 2017 *Clinical Practice Guideline for the Treatment of PTSD in Adults*.

Though more research is needed, scientists are optimistic that there is still a clear path to approval for MDMA, psilocybin, LSD (lysergic acid diethylamide), and other psychedelics in the coming years. "The FDA determination for MDMA was one decision for one drug for one sponsor for one application," said Fred Barrett, PhD, director of the Center for Psychedelic and Consciousness Research at Johns Hopkins University. "This is really just the beginning. For the FDA to gain confidence, there will likely need to be studies with multiple designs that show these drugs are safe and effective."

Researchers involved in clinical trials with psychedelics contend that issues of blinding are common in other studies of mental health treatments not involving psychedelics, such as antidepressant medications.

While federal regulators await more clinical trial data, new studies are shedding light on how psychedelics alter the brain to facilitate lasting improvements related to substance use disorders, PTSD, depression, anxiety, and other conditions. The latest evidence suggests that these drugs influence neural connections associated with a sense of identity and memory to help people overcome maladaptive behaviors.

As researchers hone their understanding of the neurobiological mechanisms involved in psychedelic treatment and patient demand continues to grow, psychological scientists have a crucial role in guiding the field. "There is a lot of potential, but people are prone to thinking this is a magic pill that can solve their problems," said Mia Sarno, PsyD, a licensed clinical psychologist and a study therapist who assists with clinical trials for psychedelics. "Psychologists are uniquely

positioned to provide leadership because we are experts in assessment, research, ethics, and the study of consciousness." Sarno believes the field of psychology has an opportunity and a responsibility to ensure safe delivery of psychedelic-assisted therapy to individuals suffering from mental health conditions.

TAKING THE HIPPOCAMPUS OFFLINE

The latest research findings are providing clues as to how psychedelics increase synaptic connections in the brain, and how clinicians can help patients take advantage of this neuroplasticity to combat treatment-resistant mental health conditions. In one study, researchers scanned the brains of healthy adults before, during, and 3 weeks after a high dose of psilocybin and again 6 to 12 months later. Controls were given methylphenidate, a drug to treat attention-deficit/hyperactivity disorder (ADHD). During the psychedelic dosing session, the scans showed that neural pathways associated with the default mode network—which creates a sense of identity and self—were "desynchronized," or disrupted (Siegel, J. S., et al., *Nature*, Vol. 632, 2024).

After the "trip," most brain activity returned to normal, but there was a lasting reset in the connection between the hippocampus—the hub of memories—and the default mode network.

"Putting these parts of the brain into a more plastic and adaptable state seems to help people change behavior," said Joshua Siegel, MD, PhD, a neuroscientist who is first author of the study and an assistant professor in the Center for Psychedelic Medicine at New York University's Grossman School of Medicine. "When therapy is used in this setting, it allows people to take advantage of this increased flexibility to overcome maladaptive patterns."

The role of psychedelics in memory was also the focus of a recent study of multiple drugs, including sedatives, cannabinoids, and stimulants. Psychedelics impaired the formation of hippocampal episodic memories, which is the recollection of experiences in the context of time, place, and emotions (*Psychological Review*, Vol. 131, No. 2, 2024). Cortical familiarity memory, however, was enhanced on higher doses of psychedelics. These are memories without the details of when or where, such as a person who looks familiar but cannot be placed. “Taking the hippocampus offline may be a useful way to learn how to create new cortical learning and override behaviors that have arisen over time,” said Manoj Doss, PhD, lead author of the study and a research fellow in the Center for Psychedelic Research and Therapy at The University of Texas at Austin Dell Medical School.

The possibility that psychedelics might reopen “critical periods” of learning development and memory formation was also the focus of a study that aimed to teach mice social skills. The researchers trained mice to differentiate between an environment associated with social interaction and one associated with being alone. The mice that received a psychedelic drug preferred the social setting, a behavior they usually learn as juveniles (Nardou, R., et al., *Nature*, Vol. 618, 2023). This critical period of learning lasted 2 weeks with psilocybin and MDMA, and 3 to 4 weeks with LSD and ibogaine. This timing was similar to how people self-report the acute effects of each psychedelic drug. The investigators also identified which genes were expressed during this open critical period. They found that about one fifth of these genes regulate proteins involved in maintaining or repairing a part of the brain associated with learning behaviors that respond to rewards.

While priming the brain to learn new, healthy behaviors has the potential to help patients, these findings highlight the importance of providing therapeutic guidance for this form of treatment. “We need to direct what people are learning to some degree so we are not introducing false beliefs,” Doss said.

CLOSING GAPS IN RESEARCH

Even as the number of studies of psychedelics grows, scientists acknowledge the need to confront challenges with finding the ideal research patient population. In late 2022, a team at Massachusetts General Hospital’s Center for the Neuroscience of Psychedelics began screening potential participants for a study that would assess the effects of a single dose of psilocybin on rumination and brain activity. They were looking for people with treatment-resistant depression, defined as failure to respond to two or more antidepressant regimens despite adequate dose and duration. Many potential participants were eliminated because they had not had two adequate trials of antidepressant medications. The study also required participants to abstain from cannabis for 18 weeks, but the researchers discovered that many potential participants used cannabis regularly, which was an exclusion criterion. The team screened 700 people, and not one person met the inclusion and exclusion criteria.

“It was very sobering to realize that so many people were undertreated and continued to suffer,” said Sharmin Ghaznavi, MD, PhD, who is leading the study. To increase the chances of finding participants, Ghaznavi edited the inclusion/exclusion criteria for the protocol to allow one failed trial of an antidepressant instead of two, and she received approval from the FDA to move ahead with the study. “We are more optimistic about recruitment with this change,” she said.

Researchers will also need to study more diverse participant pools. Most of the findings related to psychedelics are also drawing conclusions from studies that involve largely affluent, educated, White participants. In one review of 39 studies published from 1994 to 2024, more than 85% of participants identified as non-Hispanic White, with 3.1% Black, 6.8% Latinx/Hispanic, 3.6% Asian, and 1.2% Indigenous (*The Lancet: eClinicalMedicine*, Vol. 74, 2024). “We cannot necessarily surmise that people from other backgrounds will respond the same way,” said study author Albert Garcia-Romeu, PhD, associate director of the Center for Psychedelic and Consciousness Research at Johns Hopkins University.

To increase diversity in psychedelic clinical trials, Garcia-Romeu urges researchers to consider building connections with community organizations, places of worship, and other groups to create collaborative approaches to engage community members in research efforts.

EDUCATING PATIENTS AND PROVIDERS

Although federal approval of psychedelics is still pending, evidence suggests that patients are eager to learn more about these treatments now. According to a recent study of more than 200 mental health providers in California, nearly half reported that patients asked them for advice about psychedelics (*Clinical Psychology & Psychotherapy*, Vol. 30, No. 6, 2023). The vast majority of providers in the study were largely supportive of psychedelic use for psychotherapy and treatment of psychiatric disorders. But nearly half of the providers did not feel comfortable addressing questions from patients about how psychedelics might affect them. “The clinicians felt that they were not informed enough about this topic,” said Nancy Haug, PhD, a professor

ALTHOUGH PSYCHEDELIC-ASSISTED THERAPY HAS YET TO CLEAR FEDERAL REGULATORY HURDLES, PATIENTS ARE SEEKING OUT THIS TYPE OF TREATMENT REGARDLESS.

in the department of psychology at Palo Alto University and senior author on the paper. “More education about the risks and benefits of psychedelic use is needed.” Under current billing and payment models, non-prescribing psychologists would not be able to prescribe psychedelics even if these drugs receive FDA approval.

Numerous training programs in the United States teach mental health professionals about the history of psychedelics, the different substances available, the safety issues, contraindications, how to integrate therapy into treatment, and more. To equip the psychology workforce to support patients, a group of psychologists across six APA divisions plans to roll out a free toolkit and series of webinars in 2025 that will cover the current research, foundational elements, ethical considerations, and models of care for this type of treatment, according to Sarno. She said psychologists can get involved in psychedelic-assisted therapy through ketamine clinics, through FDA clinical trials, or by offering psychedelic integration therapy to patients who receive dosing in another setting.

Informed clinicians can also help guide standards of care as psychedelics become more common in medical settings. “This model of care is somewhat different than traditional psychotherapy,” said Sarno. “There are additional ethical considerations when working with people in non-ordinary states of consciousness.” Patients may be at increased risk of

transference and countertransference and more vulnerable to power dynamics with their providers. For their part, providers may also need to hold nonjudgmental space for patient experiences they have never seen before, Sarno said. They may see patients shaking, moving erratically, or making noises like yelling or screaming. Patients can also experience hallucinations, such as visions of humans, nonhuman entities, or geometric shapes and colors.

Psychologists can also pave the way for safe practices by advocating for thoughtful, informed consent processes related to psychedelic treatment, said Haug. For example, physical touch—which is not typically part of psychotherapy—can sometimes be used to provide reassurance during a dosing session. This may include holding hands or placing a hand on a patient’s shoulder. The process of consent should include opportunities for patients to practice exercising their choices, such as declining touch from the therapist.

Although psychedelic-assisted therapy has yet to clear federal regulatory hurdles, patients are seeking out this type of treatment regardless. For patients suffering from treatment-resistant conditions, receiving guidance from a knowledgeable, nonjudgmental health provider about psychedelics could help them make educated decisions. “If someone with PTSD attempted suicide twice, then I consider their condition life-threatening,” said Jennifer Mitchell, PhD, lead author of a recent Phase

3 clinical trial of MDMA-assisted therapy for PTSD and a professor in the departments of neurology and psychiatry and behavioral services at University of California, San Francisco. “If the individual is well informed about the potential risks and the safest way to access psychedelic treatment, they should have the right to try—just as cancer patients at the end of life have the right to enroll in clinical trials.” ■

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The therapeutic alliance between study participants and intervention facilitators is associated with acute effects and clinical outcomes in a psilocybin-assisted therapy trial for major depressive disorder

Levin, A. W., et al.
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Integral psychedelic therapy: The non-ordinary art of psychospiritual healing

Butler, J. A., et al.
Routledge, 2024

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

A central aim of measurement-based care is to make therapy more transparent and collaborative. The approach also offers patients the opportunity to be more honest about how they're doing.



A TRANSFORMATIVE APPROACH TO TREATMENT

Incorporating patient-reported data in treatment—measurement-based care—can improve therapy outcomes and strengthen the therapeutic alliance, but psychologists have been slow to adopt it. Here's why it is important and how to get started. **BY TORI DEANGELIS**

Measurement-based care (MBC)—the use of patient data to inform treatment goals and progress—is squarely in line with the aim of evidence-based practice: using science and data as a key part of good treatment.

But because this kind of measurement is still not routinely taught in graduate school, many psychologists are only tangentially aware of it, so it remains a source of mystery and confusion. Common concerns are that MBC will cut into valuable clinical time, that patients will dislike filling out

data forms, and that adding this process will disrupt the natural flow of treatment. Some clinicians also worry that insurers and managers will use the data from measurement-based care to penalize them if they don't think patients are progressing quickly enough.

However, such concerns can prevent psychologists from employing a tool that can empower patients, clarify treatment goals, strengthen the therapeutic alliance, and improve outcomes, said Ruben Martinez, PhD, an assistant professor at Brown University and member of the APA Advisory Committee for MBC and MBHR (Mental and Behavioral Health Registry).

"Like anything else you start that is new, learning this approach can be challenging and anxiety-provoking," said Martinez, who practices, studies, implements, and trains others in the use of measurement-based care. "But in my experience, once you've learned it and you employ MBC with consistency and care, your patients and practice will benefit."

HOW IT WORKS

Measurement-based care is "a clinical process that uses quantitative data to allow clinicians and patients to track patient progress," explained Jessica Barber, PhD, an assistant clinical professor at the Yale University School of Medicine and associate director of the Measurement-Based Care in Mental Health Initiative in the Veterans Health Administration (VHA) Office of Mental Health. "Measures

are administered regularly and repeatedly, and that information helps inform treatment decisions and goal setting."

Here's how it works: Ideally, patients fill out a short electronic questionnaire before every session or two that provides a snapshot of how they are doing psychologically, emotionally, socially, and functionally. Many measurement systems assess the relationship between the clinician and patient, as well. With the click of a button, the data are transferred to the clinician, who reviews the results via easily interpretable graphs and metrics. At the beginning of a session the clinician then references the findings, and the clinician and patient have a brief chat about the patient's progress and about any issues in their relationship. If the data indicate any significant improvements or declines, the two mutually decide whether to continue discussing the area of change, stay on the therapy path they were taking, or even terminate therapy if they both feel the patient has made enough headway toward reaching their goals.

Over time, the data provide objective information about patient progress—whether someone is becoming less anxious or depressed or more comfortable socially, for example. It can also show when a patient remains stuck and a different tack or even provider is needed, said Barber, who is also cofounder of the Yale Measurement Based Care Collaborative, dedicated to advancing the understanding and implementation of high-quality MBC.

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Measurement-based care as a practice improvement tool: Clinical and organizational applications in youth mental health
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Therapist perceptions of measurement-based care: Findings from a practice research group of private practitioners
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Psychotherapy
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A modified measurement-based care approach to improve mental health treatment engagement for racial and ethnic minoritized youth
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Psychological Services
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"MBC can be really useful for detecting inertia in treatment and prompting the clinician and patient to decide together about what treatment options might be helpful to get back on track," she said.

Research on measurement-based care is positive: It shows that employing the technique helps to modestly but significantly reduce symptoms and lower dropout rates, according to a meta-analysis by Kim de Jong, PhD, of Leiden University in the Netherlands and colleagues (*Clinical Psychology Review*, Vol. 85, 2021). Another study points to specific factors that can make MBC a success: In semi-structured interviews with 26 patient-therapist dyads, Stephanie Brooks Holliday, PhD, of the RAND Corporation in Santa Monica, California, and colleagues found that in dyads that valued MBC the most, clinicians provided clear and repeated rationale for the practice, discussed data with patients each time they received them, and connected observed scores to patients' learned skills or strategies (*Psychotherapy Research*, Vol. 31, No. 2, 2021).

Gains from measurement occur for both patients at risk for treatment failure and those on track to do well, added Matteo Bugatti, PhD, an assistant professor at Oregon State University who studies MBC. That's good news on two fronts: It's rare to find new therapy processes that make an appreciable difference for the better, and it's unusual to find an intervention that benefits all types of patients, he said. That said, further tailoring MBC to

the unique process of psychotherapy promises to further contribute to the achievement of good outcomes, he said.

MORE COLLABORATIVE THERAPY

In addition to these basics, a central aim of the measurement approach is to make the therapy process more transparent and collaborative, Barber noted. The “Collect, Share, Act” model, developed by the VHA’s MBC in Mental Health Initiative and further operationalized by Barber, highlights the ingredients that go into the optimal use of this approach: collecting data from the patient, sharing what the data may indicate, and acting collaboratively on the data with the patient. The model also emphasizes the importance of explaining the rationale behind the system so that patients understand why they’re doing the task.

Using data forms as an integral part of treatment “operationalizes the therapeutic alliance by inviting patients to repeatedly and regularly let us know what they’re thinking,” said Barber.

In a related vein, MBC offers patients the opportunity to be more honest about how they’re doing, said Bruce Wampold, PhD, emeritus professor of counseling psychology at the University of Wisconsin–Madison and chief clinical officer at Making Therapy Better, an MBC-related platform sponsored by the behavioral health care company CarePaths.

“Many patients just want to please their therapist,” he said,

TRAINING

Options for Skill-Building in Measurement-Based Care

It is still hard to find training in measurement-based care (MBC) because there is not one single national or professional training source to turn to yet—a gap that APA and others are trying to address. In the meantime, options for training include accessing online training modules (see below), purchasing MBC platforms with a training element, hiring a measurement consultant, and working in a health system that provides training. Experts also advise clinicians to:

■ **Involve patients in the approach.** An important step in implementing MBC is telling patients why they are filling out questionnaires. Otherwise, they may end up confused or resistant, said Jessica Barber, PhD, cofounder of the Yale Measurement Based Care Collaborative, a hub for measurement research, resources, and training.

“We want to make sure that patients understand what we’re doing with these assessment tools—how we’ll be using them together, and how they’re informing our treatment—so they can see that this is really an active part of their intervention,” she said.

■ **Choose a platform carefully.** Experts advise choosing a platform that offers the most practical features for one’s practice. For example, some platforms flag the therapist when there is a significant clinical change, while others provide links to salient research and information on how to respond to various score changes.

■ **Form a supervision group.** A group of colleagues using MBC can hire a coach to discuss problems, work on different treatment scenarios, and learn from one another, suggested Robbie Babins-Wagner, PhD, a pioneer in agency-based MBC. Tech tools can enhance some of this work, Babins-Wagner added. Her staff uses Skillsetter, software that helps them practice therapy skills shown to characterize the most effective therapists. Other resources include:

- » **PCOMs** (Partners for Change Outcome Measurement System): a manualized system that includes assessing the therapeutic alliance as well as domains that address social and interpersonal functioning.
- » **Yale Measurement Based Care Collaborative:** MBC training videos, resources, and research.
- » **Greenspace Health:** wraparound services to help mental health systems and clinicians implement MBC.
- » **Measurement-Based Care: Guiding treatment and improving outcomes using the tools you already have:** an online training through the University of Buffalo.
- » **Making Therapy Better:** aimed at educating clinicians, patients, and researchers about MBC.
- » **International Center for Clinical Excellence:** a global network that promotes excellence in behavioral health care through feedback-informed treatment and deliberate practice.

“so if I ask them if they think they’re making progress, they’re likely to say yes.” Providing hard data “allows them to give a more objective answer to that question.” In fact, in collaboration with CarePaths, Wampold has created a free MBC-based app, Making Therapy Better, that patients can share with their therapist whether or not their therapist uses measurement-based care. “This app empowers patients to improve their therapy,” he said.

In understanding what MBC is, it is also important to understand what it is not, Wampold added. For one thing, it is not intended to be a rigid system that requires psychotherapists to use one or two specific questionnaires in specific ways. Although many clinicians and agencies rely on a few well-vetted measures that address common concerns like depression, anxiety, and post-traumatic stress disorder, there are hundreds of measures to choose from, including those that assess factors like functionality, well-being, loneliness, and therapy relationship factors such as confidence in the therapist and in the treatment. Some clinicians also use idiographic measures, which track patient progress on issues of individual importance, for example, how often they fight or do enjoyable things with their partner.

In addition, psychologists can use more than one measure to assess and address different problems, for example, if a patient has both depression and insomnia, or obsessive-compulsive disorder and problems in social functioning. “You can pick one or several measures that are appropriate for a particular patient, their context, their disorder or problem, and their individual goals,” Wampold explained.

MBC also does not mean changing your theoretical orientation, noted Simon Weisz, president and cofounder of Greenspace Health, a company that uses technology and training to help

organizations and individuals implement MBC in ways tailored to their culture and needs.

“If anything, MBC should fit easily and flexibly into your workflow to enhance your practice and inform your clinical decisions with objective insights,” said Weisz, who is also a member of APA’s MBC advisory committee. “First and foremost, MBC is about providing clinical value to both clinicians and their patients.”

TAILORED USES

Measurement-based care is still vastly underused: Less than 20% of clinicians have adopted it despite advances in technology that have made measurement easier to implement (Jensen-Doss, A., et al., *Administration and Policy in Mental Health and Mental Health Services Research*, Vol. 45, No. 1, 2018).

But many of those using the methodology underscore that it has strengthened their practice by clarifying treatment goals, putting more agency in the hands of patients, and providing an evidence-based way to keep improving how they work with patients. Thanks to the flexible nature of MBC, they’ve also been able to tailor it to meet the needs of diverse patients and settings.

Martinez, for example, worked at a therapeutic day program for children and teens that strongly involved parents as well. He used standard depression and anxiety screeners to assess young people’s symptoms but also worked with a care team to incorporate a brief idiographic measure called Youth Top Problems, which asks young people and their parents to list the top three issues each wants to work on.

Because parents and kids pick the issues themselves, it is easy for both parties to see tangible progress in areas that make an immediate practical difference, such as kids getting along better with siblings or parents not yelling at their

kids as much. It also gives therapists and nurses clear goals to track over time.

“Treatment can meander, it can wander, and using MBC in these ways helps to define our focus,” Martinez said.

Meanwhile, Ajeng Puspitasari, PhD, a clinical professor and director of clinical training at the University of Wisconsin–Milwaukee and a member of the APA advisory committee for MBC, has used the modality not only with patients who have depression and anxiety but also with those who have serious mental illness or suicidal thoughts and behaviors. Like Martinez, she supplements symptom measures with other measures, for example, those that assess more internal factors like emotion regulation and mindfulness.

“Because these patients often struggle with ‘big feelings,’ they tend not to see how much progress they’re making,” she said. “But if we use measures that look at more than just symptoms, we can say, ‘Okay, maybe your depression is not going down, but look at how far you’ve come in your ability to manage symptoms, to be mindful, to regulate your emotions.’” Such input gives patients who are struggling hope and confidence that they are improving, she said.

On a larger scale, Robbie Babins-Wagner, PhD, chief executive officer at the Calgary Counselling Centre in Alberta, Canada, first implemented MBC in 2004 and has been refining it ever since.

All 120-plus members of the clinical staff use the same measurement system, making it relatively easy to study how the system is working overall, Babins-Wagner explained. Before each session, patients fill out a form called the Outcome Questionnaire, a checklist that asks about symptoms of distress, social role functioning, and interpersonal relationships. With the best practice use of MBC, the findings are consistently used as a fulcrum for communication



Measurement-based care uses quantitative data to provide objective information about patient progress. Research shows it can reduce symptoms and lower dropout rates.

and intervention, resulting in a slow but steady increase in patient improvement (*Psychotherapy*, Vol. 53, No. 3, 2016).

The ability to analyze long-term data also means that center clinicians have discovered ways to improve treatment they might not have noticed otherwise, Babins-Wagner added. For example, one therapist grew curious about factors that influenced the center's depression rates. She used 10-year data to compare the effects of individual therapy and group therapy. To the therapist's surprise, patients who underwent individual counseling followed by 14 weeks of group therapy were no longer depressed at the end of treatment, while those who only undertook individual counseling were less depressed but did not meet the cutoff score for depression.

The center is now changing its program to make group therapy a regular

part of depression and anxiety treatment. "We don't care if the data are good or bad because we learn something no matter what they tell us," Babins-Wagner said.

INCREASING UPTAKE

While research and experience suggest that MBC could be a significant boon for the field, there is more work to be done to convince psychologists that it's a wise investment of time and energy. More work is also needed to educate mental health agencies, health care systems, and insurance companies about the proper use of MBC in the mental health context, Bugatti said. In many settings, it's still used more for administrative purposes—a box for therapists to check to indicate they're using the system—than as a tool for clinical improvement. There is also a big need to develop measures that reflect the more nuanced realities

of psychotherapy rather than those of medicine, where there is a direct, causal relationship between, for example, a drug intervention and a medical outcome, he said.

APA is starting to address many of these issues through its advisory committee for MBC and MBHR. Subcommittees are working to engage with third-party payers to educate them about psychology's unique makeup as it relates to MBC and to train psychologists in measurement who can then train others in the approach. A related workgroup is also writing a professional practice guideline that will detail optimal ways to incorporate MBC into psychological practice.

Research on MBC is also still in its infancy, especially as it relates to mental health. Terms for the practice are all over the board, and research needs to evolve so it better defines and addresses the processes and outcomes of MBC, as well, Barber said.

Challenges notwithstanding, it's important that practitioners consider adopting a measurement approach, both because of its value for patients and because it is increasingly on the radar of insurers and regulators, said Weisz.

"We're seeing significant growth in its utilization among providers, and the momentum is promising," he said. "When we know what is working, what is not working, and why, we can continually improve care and innovate, using the same standards that are already in place across other health care specialties."

At its core, measurement-based care is about enhancing why psychologists went into the field in the first place, Barber added.

"With this little clinical process that anybody can weave into their practice," she said, "we can confer this extra benefit—this above-and-beyond improvement—in how our patients are responding to care." ■



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PSYCHOLOGICAL ASSESSMENT CLINICAL SUPERVISOR: Are you passionate about guiding the next generation of mental health professionals while making a meaningful impact in the Behavioral Health field? Look no further! As the Psychological Assessment Clinical Supervisor, you will lead the supervision of psychological assessment batteries and reports, offering clinical guidance to interns, trainees, and staff within our dynamic Behavioral Health department. Your role will involve both supervision and consultation, ensuring the growth and development of our dedicated team. Salary Range \$109,000-\$124,000. Who

we're looking for: Current license in Psychology from the California Board of Psychology. Two years or more of psychological testing, including neuropsychological testing and report writing experience. Join a supportive community that values professional growth and recognizes the importance of a positive work environment. Your expertise will contribute to shaping the future of Behavioral Health, and you'll be part of a team committed to making a difference. Find out more and apply at: <https://www.paycomonline.net/v4/ats/web.php/jobs/ViewJobDetails?job=98101&clientkey=EE2DE7EA42FB7DF874A0B94BC8FFBAA9>.

COLORADO

ERIE, COLORADO: Established psychology practice in a growing suburban town along the beautiful North-Central Colorado Front Range. Strong client base, excellent referral network, and fully equipped office. Ideal for an experienced psychologist or new practitioner looking to step into a thriving business in a rapidly expanding community. Flexible transition options available. Price Negotiable. Contact: coloradoprac-tceopportunity@gmail.com.

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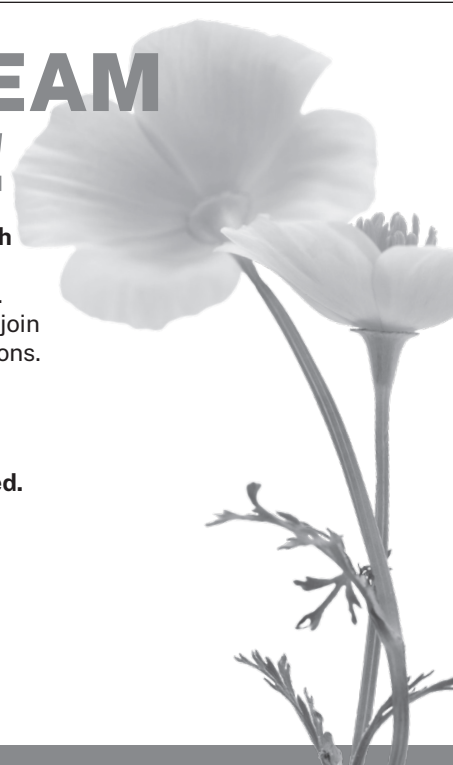
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MISSISSIPPI

CLINIC DIRECTOR: Mississippi State University-Meridian (MSU-M) is thrilled to announce an exciting opportunity for a Clinic Director at our soon-to-be-launched Mental and Behavioral Health Clinic in Meridian, Mississippi. This clinic will play a vital role in expanding access to mental and behavioral health services in the community, while also serving as an essential training facility for MSU students. The clinic will accept insurance, Medicaid, and Medicare, ensuring its services are accessible to a broad range of individuals. MSU-Meridian is a dynamic and expanding campus, committed to providing accessible, high-quality education and fostering community engagement. Located in the heart of East Mississippi, Meridian is celebrated for its rich cultural history, vibrant arts scene, and welcoming atmosphere, making it an ideal place to live and work. Position Overview: The Clinic Director will report to the Head of the Division of Education and lead mental and behavioral health services at the MSU-Meridian campus. Key responsibilities include: Overseeing therapy services, educational programs, workshops, and crisis management for the Meridian area and surrounding counties. Recruiting and supervising clinical and support staff in collaboration with the Division Head. Promoting partnerships with MSU-Meridian faculty and staff. Seeking additional funding and external support. Providing direct clinical services and engaging in teaching responsibilities. Teaching opportunities available, if desired. This position offers a unique opportunity to significantly impact the community while advancing student learning and development. Contact Kimberly Hall: krj4@msstate.edu.

ASSISTANT OR ASSOCIATE PROFESSOR IN CLINICAL PSYCHOLOGY: Mississippi State University-Meridian (MSU-M) is thrilled to announce a tenure-track opportunity for an Assistant or Associate Professor in Clinical Psychology for our PsyD program in Combined Health Service Psychology with concentrations in clinical, counseling, and school psychology. Position Overview: The selected candidate will engage in graduate teaching and advisement, supervise field experiences, conduct research, and participate in service and outreach. Clinical work and research can take place at our new Mental and Behavioral Health Clinic or in local clinical settings. Located in the heart of Meridian,

MSU-Meridian serves the educational and health needs of Lauderdale County. The city is known for its cultural heritage, vibrant arts scene, and beautiful outdoor spaces, making it an excellent place to live and work. Qualifications: Doctorate in Psychology or a closely related field with an emphasis in Clinical Psychology. Eligibility for Mississippi licensure as a clinical psychologist. Demonstrated excellence in teaching, research, or service for Associate Professor candidates; potential for excellence for Assistant Professor candidates. ABD candidates will be considered if the degree is completed by August 15, 2025. If you are a dedicated psychologist eager to make an impact, we encourage you to apply! Submit your cover letter, curriculum vitae, transcripts, and references at MSU Jobs under Assistant/Associate Professor (#507402): <https://explore.msujobs.msstate.edu/cw/en-us/job/507402/assistantassociate-professor>. Join us in shaping the future of mental health care at MSU-Meridian!

NON-TENURE-TRACK ASSISTANT OR ASSOCIATE TEACHING PROFESSOR: Mississippi State University-Meridian (MSU-M) is excited to offer a non-tenure-track Assistant or Associate Teaching Professor position in Psychology for our PsyD program in Combined Health Service Psychology, with concentrations in clinical, counseling, and school psychology. Position Overview: The successful candidate will contribute to graduate teaching, advisement, and supervision of field experiences, and participate in service and outreach. They may also have the opportunity to serve as Training Director and engage in clinical work at the new Mental and Behavioral Health Clinic at MSU-Meridian. Located in the heart of Meridian, MSU-Meridian is a growing campus dedicated to addressing the educational and health needs of Lauderdale County. Meridian offers a rich cultural heritage, vibrant arts scene, and outdoor attractions like The MAX, Bonita Lakes Park, and the historic Dentzel Carousel. Its welcoming, diverse community provides a high quality of life. Qualifications: Doctorate in Psychology or a related field. Eligibility for Mississippi licensure as a psychologist. Excellence in teaching or service for Associate Professor candidates; potential for excellence for Assistant Professor candidates. ABD candidates will be considered if the degree is completed by August 15, 2025. To apply, submit a cover letter, curriculum vitae, transcripts, and references through MSU Jobs: Assistant/Associate Teaching Professor (#507541 or #507542): <https://explore.msujobs.msstate.edu/cw/en-us/job/507541/assistantassociate-teaching-professor>.

msujobs.msstate.edu. For accommodations, contact Human Resources at (662) 325-3713 or ada@hrm.msstate.edu. Join us at MSU-Meridian to shape the future of mental health care!

MISSOURI

PSYCHOLOGIST AND LICENSED SOCIAL WORKER POSITIONS: Fulton State Hospital is the oldest mental health institution west of the Mississippi River and the only high-security, mental health hospital in the state of Missouri. The team at Fulton State Hospital focuses on providing the highest quality care and evidence-based treatment to help transition patients to the next chapter of their lives. For more about open job opportunities visit the Missouri Department of Mental Health at <https://modmh.us>.

NEW YORK

PSYCHIATRIST: NYU Langone Health Long Island, a premier 591-bed academic medical center, offers an exceptional opportunity for a Full-Time Board Certified/Eligible Psychiatrist to join our rapidly expanding Behavioral Health Group. As part of NYU Long Island Grossman School of Medicine, we provide a rare combination of clinical excellence and academic engagement, making this an unparalleled chance to advance your career. This role is ideal for a dynamic physician with a passion for Consultation-Liaison Psychiatry, with the freedom to develop a niche expertise in Outpatient Psychiatry. Interest in Geriatric Psychiatry, Child/Adolescent Psychiatry, or Addiction Psychiatry is highly welcome. At NYU Langone, you'll benefit from a base salary starting at \$250,000, plus generous incentive compensation and professional growth. Beyond the competitive compensation, this role includes an academic appointment, enabling you to engage in both patient care and scholarly pursuits. Recognized as No. 1 in New York and No. 3 nationally by U.S. News & World Report, and honored by Forbes and Diversity Inc., NYU Langone offers an inclusive and supportive workplace culture. This is an outstanding opportunity to work in a collegial environment with access to New York City and Long Island's vibrant community. For those looking to grow their career in an academic setting with excellent benefits and professional development, this position is unmatched. For consideration, send a cover letter and curriculum vitae to arielle.celeste@nyulangone.org.

SOUTH CAROLINA

DEVELOPMENTAL PEDIATRIC PSYCHOLOGIST OPPORTUNITY IN COLUMBIA, SOUTH CAROLINA: Prisma Health, the largest not-for-profit healthcare provider in South Carolina, has an opening for a psychologist specializing in autism to join our very busy developmental pediatric practice. PhD or PsyD in School or Clinical Psychology from an APA-accredited program required. Specific training with ADOS is required. Must also have experience with cognitive, adaptive, academic, and behavioral measures. Details: Conduct autism assessments on school-age children using the ADOS. Provide feedback to parents to explain test results and diagnoses, as well as make evidence-based recommendations. Write evaluation reports to summarize interview accurately and thoroughly, test results, interpretations, diagnosis, and treatment recommendations. Collaborate with other professionals (e.g., developmental pediatricians) to provide comprehensive care. Highlights: Competitive salary. Paid relocation and malpractice with tail coverage. Professional expense allowance. Generous benefits including retirement, health, dental, and vision coverage. Public Service Loan Forgiveness employer. EPIC EMR. The Department of Pediatrics has a record of academic achievement, financial success, and high faculty morale. The Department which includes 18 subspecialty divisions along with our freestanding Children's Hospital presently provides 151,000 patient encounters annually with 7,500 admissions and over 35,000 pediatric emergency room visits. The Pediatrics Department has been recognized as the best teaching Department for 28 out of the last 31 years. Opportunities in quality improvement, research, and clinical trials exist locally within the Department and systemwide with our "sister" Children's Hospital in Greenville through our Pediatric Service Line. With nearly 30,000 team members, 18 hospitals, 2,984 beds and more than 300 physician practice sites, Prisma Health serves more than 1.2 million unique patients annually. Its goal is to improve the health of all South Carolinians by enhancing clinical quality, the patient experience and access to affordable care, as well as conducting clinical research and training the next generation of medical professionals. For more information, visit PrismaHealth.org. Columbia is home to the state's flagship university and offers a wide range of cultural and recreational opportunities.

Qualified candidates should submit a letter of interest and CV to: Lexy Doane, Physician Recruiter, Lexy.Doane@prismahealth.org.

LICENSED PSYCHOLOGIST OPPORTUNITY, DEPARTMENT OF PSYCHIATRY IN GREENVILLE, SOUTH CAROLINA: Prisma Health, the largest not-for-profit healthcare provider in South Carolina, currently seeks Licensed Psychologists to join our growing psychiatry department. The department is expanding our clinical, education, and research missions. Successful candidates will have the opportunity to work within our specialty outpatient clinics and/or programs, and collaborate across disciplines with other departments. Ideal candidates will have an interest in teaching and be eligible for faculty appointment at the University of South Carolina School of Medicine Greenville, located on Prisma Health's Greenville Memorial Medical Campus. Details: Candidate must be licensed or license-eligible in the State of South Carolina. Candidate should have experience working in an outpatient interdisciplinary team, providing psychotherapy and assessment services for patients with a variety of psychiatric conditions. Academic faculty position working with learners, including residents and medical students. Candidate will have the opportunity to participate in creating and implementing an educational plan within a team setting. Time set aside for clinical and didactics teaching/preparation. Ability to participate in administrative aspects of residency, including interviews and various committees. Highlights: Competitive salary. Paid relocation and malpractice with tail coverage. Professional allowance. Generous benefits including retirement, health, dental, and vision coverage. Public Service Loan Forgiveness employer. EPIC EMR. With nearly 30,000 team members, 18 hospitals, 2,984 beds and more than 300 physician practice sites, Prisma Health serves more than 1.2 million unique patients annually. Its goal is to improve the health of all South Carolinians by enhancing clinical quality, the patient experience and access to affordable care, as well as conducting clinical research and training the next generation of medical professionals. For more information, visit PrismaHealth.org. Greenville, South Carolina is a beautiful place to live and work and the catchment area is 1.3 million people. Greenville is located on the I-85 corridor between

Atlanta and Charlotte and is one of the fastest growing areas in the country. Ideally situated near beautiful mountains, beaches and lakes, we enjoy a diverse and thriving economy, excellent quality of life, and wonderful cultural and educational opportunities. Qualified candidates should submit a letter of interest and curriculum vitae to: Lexy Doane, Physician Recruiter, Lexy.Doane@prismahealth.org.

TENNESSEE

DIRECTOR OF THE PSYCHOLOGICAL SCIENCE AND COUNSELING CLINIC (PSCC) AND CLINICAL ASSISTANT PROFESSOR: The Department of Psychological Science and Counseling at Austin Peay State University (APSU) invites applications for the position of Director of the Psychological Science and Counseling Clinic (PSCC) and Clinical Assistant Professor position in the area of Counseling Psychology with a start date of August 1, 2025. The department also seeks to fill a tenure-track faculty position in the area of Counseling Psychology with a start date of August 1, 2025. The Department of Psychological Science and Counseling is a diverse, dynamic, and collegial environment that in addition to the PsyD program, is home to a large undergraduate program in psychological science, a Master of Science program in Industrial and Organizational Psychology (MSIO), a Master of Science program in Counseling, and a graduate certificate program in Academic Advising. The department is housed within the College of Behavioral and Health Sciences which affords rich opportunities for interdisciplinary collaborations. Austin Peay State University is located in Clarksville, TN, which Money Magazine rated number 1 in its 2019 Best Places to Live rankings: <https://clarksvillenow.com/local/clarksville-named-best-place-to-live-by-money-magazine/>. Clarksville is a vibrant, diverse community with a low cost of living, and easy interstate access to nearby Nashville. For additional information about APSU including our mission and vision visit: <https://www.apsu.edu/about-apsu/index.php>. A doctorate (PsyD or PhD) in Counseling Psychology (preferred) or Clinical Psychology (acceptable) from an APA-accredited program is required for these positions. ABD considered if conferred before August 1, 2025. Applications taken online only at <https://www.apsu.edu/human-resources/>.

TEXAS

ASSISTANT/ASSOCIATE PROFESSOR: We seek applicants who are dedicated to serving The University of Texas Rio Grande Valley's student body as an Assistant/Associate Professor beginning in the 2025-2026 academic year. We are particularly interested in candidates with expertise in the following areas of experimental psychology, cognitive psychology, developmental psychology, health psychology, neuroscience, or social psychology. Applicants will teach at the undergraduate and graduate levels but the responsibilities of this position are primarily within the Master's program. The Department of Psychological Sciences offers a PhD program in clinical psychology that uses a scientist practitioner model, a MA program in clinical and experimental psychology, and Major in psychology. The successful candidate will also be expected to maintain an active program of research, seek extramural research funding, and teach graduate level courses in the program. Interested candidates should send a cover letter, a curriculum vitae, list of three references, a research and teaching statement, and three representative publications. Review of applications began October 16, 2024, and the position will remain open until filled. Incomplete applications will not be accepted. Applicants must apply online at <http://careers.utrgv.edu>. Questions about the positions can be sent to Dr. Alfonso Mercado, at alfonso.mercado@utrgv.edu. For more information and to apply for position, please go to the following link: <https://careers.utrgv.edu/postings/44310>.

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OPPORTUNITIES: for Neuropsychologist, Psychologist, Formal Internships, Post Doc/PLP, LCSW, LPCs, LPC Associates, LPA, Psychiatrist, Nurse Practitioner available at The Ludden Group P.C. for Outpatient and Nursing Homes. Visit <https://www.psyscareers.com/company/the-ludden-group-p.c.-99958> for details or to apply. Locations: Rockwall, Dallas, Round Rock, Kaufman, Greenville, and Paris, Texas.

VERMONT

THE UNIVERSITY OF VERMONT MEDICAL CENTER: Seeking Staff Psychologists to join their team in Burlington across several departments. \$5,000 sign on, \$55/hour starting pay with relevant

experience/education. To apply, visit uvmhealthnetworkcareers.org/psych_apr.

VIRGINIA

CLINICAL PSYCHOLOGIST: Virginia Department of Behavioral Health and Developmental Services (DBHDS) is seeking an experienced Clinical Psychologist to join our team. Responsibilities include evaluating individuals with serious mental disorders, providing, and referring them to necessary services, and collaborating with other disciplines to ensure quality interdisciplinary care. The ideal candidate will participate in planning for effective transitions and continued recovery in a community care setting as well as contribute to departmental, hospital, and statewide committees. In addition, the Clinical Psychologist will prioritize and deliver psychological services, assessments, therapy and lead or co-lead PSR groups. Other duties include conducting initial psychology assessments for admitted patients, making recommendations for treatment plans, attending treatment planning meetings, and completing progress notes. The candidate must also perform forensic evaluations in compliance with legal and professional standards. If you are a dedicated professional who is passionate about providing high-quality mental health services, we encourage you to join our team and help create A Life of Possibilities for All Virginians. Apply online at: <https://bit.ly/DBHDSPsychologist>.

PRACTICE FOR SALE

ERIE, COLORADO: Established psychology practice in a growing suburban town along the beautiful North-Central Colorado Front Range. Strong client base, excellent referral network, and fully equipped office. Ideal for an experienced psychologist or new practitioner looking to step into a thriving business in a rapidly expanding community. Flexible transition options available. Price Negotiable. Contact: coloradopracticeopportunity@gmail.com.

PUBLICATIONS AND OTHER

PSYCHPROFILER: The PsychProfiler is a reliable and valid DSM-5-TR instrument that screens for 20 psychiatric, psychological, and educational disorders in children and adults. Online and paper, automatically scored, \$5 per use. www.psychprofiler.com.

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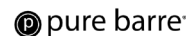


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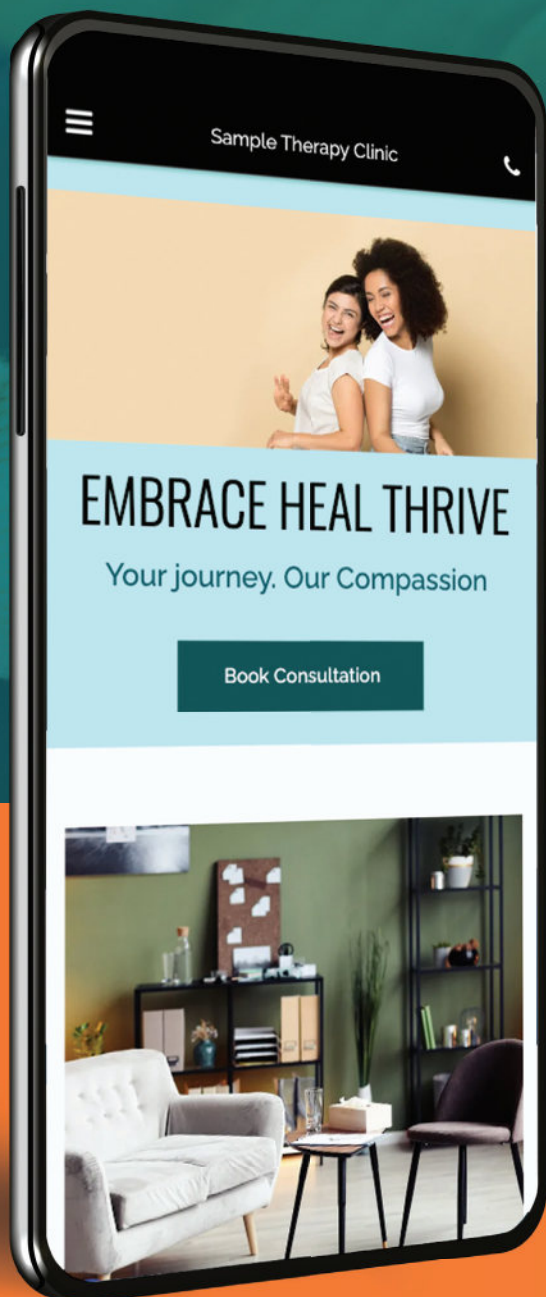
² Monthly fees are subject to applicable enrollment fees and taxes. Costs for premium exercise studios exceed \$28/mo. plus applicable enrollment fees and taxes. Fees vary based on premium exercise studios selected.

³ Members may purchase multiple standard and premium gym memberships with a \$5 discount off the monthly fee for each membership purchased after their first.

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