



AMERICAN PSYCHOLOGICAL ASSOCIATION

MARCH 2025

GST# R127612802

monitor on psychology

**What war zone
psychology
teaches
us about
incivility**

PAGE 30

SUPPORTING
CANCER
PATIENTS'
CAREGIVERS
PAGE 38

TREATING
SURVIVORS
OF HUMAN
TRAFFICKING
PAGE 44

OVERCOMING
HURDLES IN
PUBLISHING
LGBTQ+
RESEARCH
PAGE 53





**Compared
Rates
Lately?**

**APA Members
Get a 20%
Discount**

Professional Liability Insurance for Psychologists

- 20% Discount for Members of APA, ABPP, and TPA
- 10% New Business Discount
- 35% New Graduate Discount
- 35% Part-Time Discount
- Many more combinable discounts available



**Protect against Cyber-Attacks with a
Cyber Endorsement**

AmericanProfessional.com

1.800.421.6694



Scan for a Quote



American Professional Agency, Inc.
LEADERS IN PROFESSIONAL LIABILITY INSURANCE



**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**

Corporate Supporter



**AMERICAN
PSYCHOLOGICAL
FOUNDATION**

Spring Into Impact!

APF continues to nurture and invest in groundbreaking research and applications. Let's bloom together and create a brighter future for psychology!



Join Us Today!



**Towards a world where people are
healthy, happy, and living with dignity.**

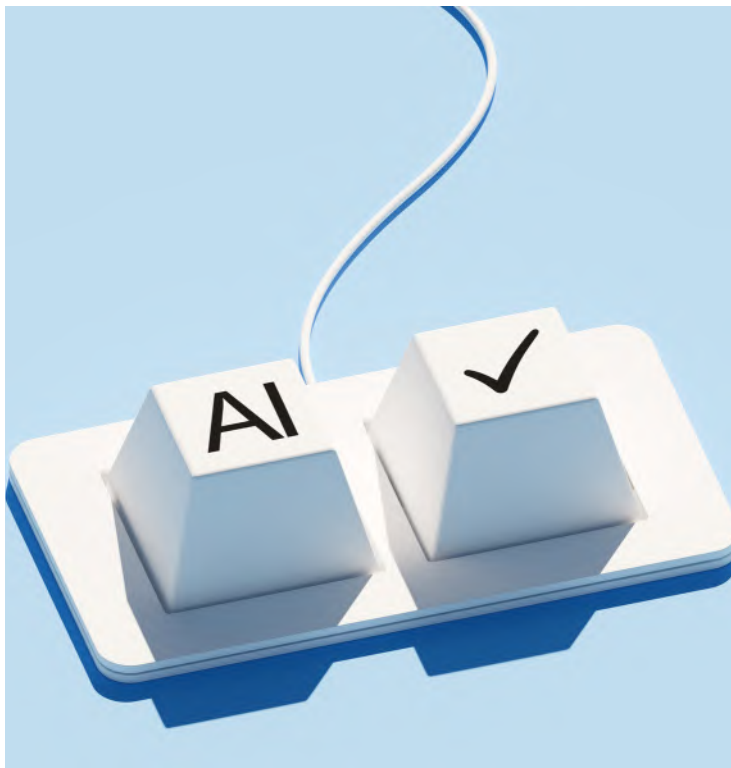


The American Psychological Foundation is a 501(c)(3) not-for-profit organization (EIN: 52-6051733). Your gift is tax deductible to the full extent allowed by law.

Please direct all questions to foundation@ampsychfdn.org

@APA

RESOURCES, OPPORTUNITIES, AND NEWS FOR PSYCHOLOGISTS FROM APA



AI TOOLS

APA Guide for Assessing AI Tools

As artificial intelligence tools proliferate, the goals of ethical research and writing remain the same: to be transparent, preserve the integrity of authorship, and verify reported findings. Experts from the APA Style team share the latest insights for both leveraging this rapidly evolving technology for research and writing and providing rigorous human oversight.

Go to apa.org/topics/artificial-intelligence-machine-learning/ai-research-writing.

RECOMMENDATIONS

APA Issues Recommendations for Safer Teen Video Consumption

Kids and teens have ever increasing access to video because of the explosion of content across streaming services and various online platforms. Research suggests that such content can have both positive and negative effects on teens. APA has issued its first ever set of recommendations to help parents, policymakers, and tech companies empower teens to manage their viewing habits. APA's *Recommendations for Healthy Teen Video Viewing* provides a summary of the science with action steps regarding video viewing and adolescent well-being. The report offers immediate guidance for parents and educators as well as recommendations for significant changes from platforms and creators.

www.apa.org/topics/social-media-internet/healthy-teen-video-viewing

SCIENCE SPOTLIGHT

Don't Miss Essential Science News

Track the pulse of psychological science with the newly relaunched "Science Spotlight." This biweekly newsletter is the insider's guide to groundbreaking research, career opportunities, and exclusive reporting. Stay ahead of the curve with curated content from top journals, funding alerts, and expert analysis.

For researchers, practitioners, or just the science-curious, "Science Spotlight" delivers the latest news to your inbox so you can stay informed and inspired. www.apa.org/news/science-spotlight

LEARN

A New Platform for Transformative Leadership

APA's Leadership Development Institute (LDI) offers powerful programs for diverse leaders looking to advance their careers and respective fields. LDI has launched a new central hub to connect passionate professionals with various programs in a digestible and easy-to-navigate format.

Explore programs, connect with mentors, and unlock your leadership potential. ldi.apa.org



How to Reach Us

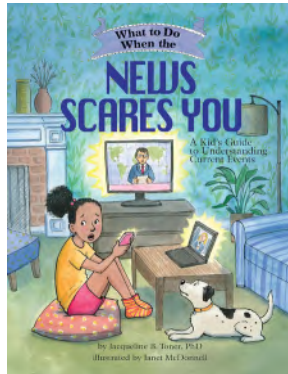
To access or update your print or digital subscription,
email monitorsubscriptions@apa.org;
for story ideas or comments, email monitor@apa.org.

BOOK

Helping Children Cope With Unsettling News

Children today are frequently exposed to unsettling information about the world, from reports of violence and extreme weather to discussions of climate change and terrorism. Just like adults, children can feel frightened and overwhelmed by these news stories. Magination Press's updated edition of the best-selling *What to Do When the News Scares You* tackles media anxiety and stress and helps children and their caregivers make scary news more manageable.

www.apa.org/pubs/magination/what-to-do-when-the-news-scares-your-revised-edition



ON THE PODCAST

The Psychology Behind Our Political Divide

In the aftermath of the 2024 election, many people are experiencing tension in their personal relationships because of political differences. Keith Payne, PhD, a social psychologist and author of *Good Reasonable People: The Psychology Behind America's Dangerous Divide*, joins APA's award-winning *Speaking of Psychology* podcast to discuss the psychology of political thinking, the historical underpinnings of the current state of conflict, and what to do to bridge the gap.

<https://www.apa.org/news/podcasts/speaking-of-psychology/political-divide>

CONNECT

Join APA Community

APA Community is the members-only benefit that allows APA members to make meaningful professional connections, share and view resources, and facilitate collaboration. Check out the latest exciting new feature, Division Groups, private spaces where division members can find new ways to communicate with colleagues and make new connections.

<https://community.apa.org/page/welcome>

PRACTICE

Subscribe to "Practice Update"

APA's e-newsletter for all psychologists who deliver health and mental health services features the latest advocacy updates, reimbursement and licensing/regulatory guidance, ways to use tech to enhance service delivery, and much more.

Read the latest issue and subscribe at www.apaservices.org/practice/update.



A publication of the American Psychological Association

VOLUME 56 | NUMBER 2

PRESIDENT Debra Kawahara, PhD

CHIEF EXECUTIVE OFFICER Arthur C. Evans Jr., PhD

CHIEF COMMUNICATIONS OFFICER Alicia Aebersold

EDITORIAL

EDITOR IN CHIEF Trent Spiner

MANAGING EDITOR, MONITOR Susan Straight

MANAGING EDITOR, NEWSLETTERS Lindsey Allen

MANAGING EDITOR, PRACTICE Jamie Chamberlin

MANAGING EDITOR, SCIENCE Leah Thayer

STAFF WRITER Efua Andoh

ART DIRECTORS Callie Strobel, Kat Scott

DESIGNER Selena Robleto

EDITORIAL PRODUCTION COORDINATOR Kirsten Weir

COPYEDITORS Jenny Miyasaki,
Shannon Pennefeather, Jane Sunderland

PRODUCTION MANAGER Peter S. Kovacs

EDITORIAL ASSOCIATE Barb Fischer

APA MEDIA AND EVENT SALES

SENIOR DIRECTOR Jodi Ashcraft

SENIOR MANAGER, MEDIA SALES James Boston

SR MGR, PSYCCAREERS OPERATIONS Amelia Dodson

SR SALES MGR Nancy Onyewu

ASSOCIATE DIRECTOR OF MARKETING Robin T. Kerr

BUSINESS MANAGER Eric Fuller

DESIGN & PRODUCTION Rebecca Halloran

COORDINATOR Brianna Garrison

The *Monitor on Psychology* (ISSN-1529-4978) is the magazine of the American Psychological Association (APA) and is published 8 times per year—January/February combined, March, April/May combined, June, July/August combined, September, October, and November/December combined. Publications office, headquarters, and editorial offices are at 750 First St., N.E., Washington, DC 20002-4242. APA purchases only "first publication rights" for photos and illustrations. Therefore, it cannot grant permission to reuse any illustrative material. APA holds the copyright for text material in *Monitor on Psychology* articles. Permission requests to reproduce text material should be addressed to APA, Permissions Office, at the APA address. Telephone numbers: Headquarters (202) 336-5500; TDD (202) 336-6123; Display advertising (202) 336-5714; Classified advertising (202) 336-5564; and Subscriptions (202) 336-5600. The views expressed in the *Monitor on Psychology* are those of the authors and may not reflect the official policies or positions of the American Psychological Association or the *Monitor on Psychology*. No endorsement of those views should be inferred unless specifically identified as the official policy or position of the American Psychological Association. The publication of any advertisement by APA is an endorsement neither of the advertiser nor of the product. APA endorses equal employment opportunity practices, and we reserve the right to edit all copy and to refuse ads that are not in consonance with the principles of Title VII of the Civil Rights Act of 1964. Subscription to the *Monitor on Psychology* (\$6) is included in the annual dues and fees for all APA members and student affiliates. Individual subscription rate is \$50; individual surface rate is \$107; and individual airmail rate is \$139. Institutional subscription rate is \$93; institutional surface rate is \$203; and institutional airmail rate is \$235. Single copies are \$20 each. For \$16 extra, the *Monitor on Psychology* will be mailed first-class to subscribers in the United States, Canada, and Mexico. For \$75 extra, airmail is available to foreign subscribers (other than Canada and Mexico). Periodical postage is paid at Washington, DC, and at additional mailing offices. POSTMASTER: Send address changes to *Monitor on Psychology* Subscriptions Department, 750 First St., N.E., Washington, DC 20002-4242. CANADA SUBSCRIPTIONS: Canada Post Agreement Number 40036331. Send change of address information and blocks of undeliverable copies to PO Box 1051, Fort Erie, ON L2A 6C7. Printed in the United States of America. ©2024 by APA. Address editorial inquiries to the *Monitor on Psychology* editor, and advertising and subscription inquiries to *Monitor on Psychology*/advertising or *Monitor on Psychology*/subscriptions.

♻️ Please recycle this magazine. If you wish to go paperless and receive only the digital edition of the *Monitor*, please email membership@apa.org or call (800) 374-2721. Answers to many member-related questions can be found on APA's website: www.apa.org.

Connect Globally with the

APA Community

MEMBERSHIP DIRECTORY

Engage with fellow members locally and worldwide. Our dynamic map and advanced search filters make it easy to find and connect with your peers.

Create or update your profile today to start building your network and collaborating!

community.apa.org



AMERICAN
PSYCHOLOGICAL
ASSOCIATION





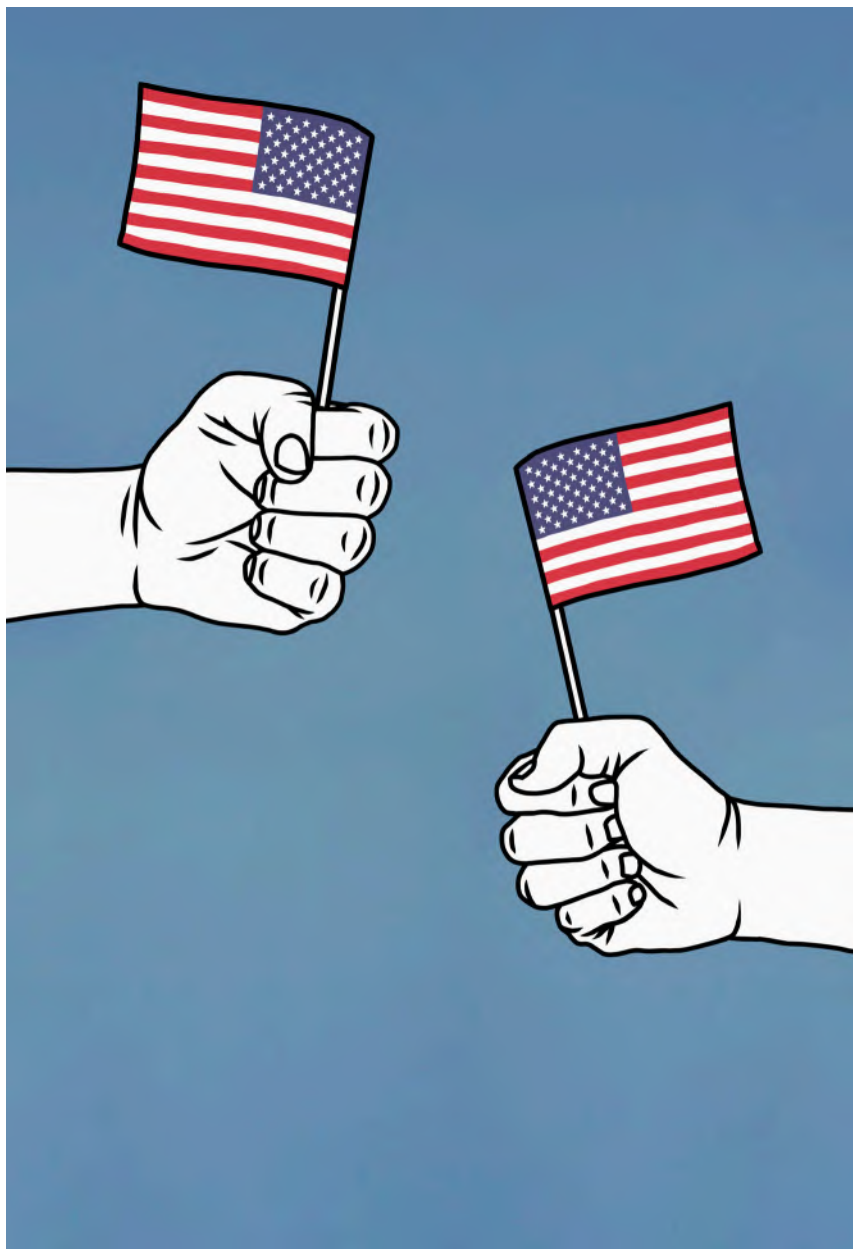
38 UNSUNG HEROES ON THE CANCER JOURNEY

As more cancer treatment occurs at home, caregivers shoulder a hefty portion of that logistical and emotional load. Psychologists can help them better process their own anxiety, depression, and potentially anticipatory grief.



44 HOW PSYCHOLOGISTS ARE TREATING SURVIVORS OF HUMAN TRAFFICKING

From providing compassionate individual care to reshaping institutional responses, psychologists are bringing trauma-informed strategies to treat people who have experienced human trafficking.



COVER STORY

WHAT WAR ZONE PSYCHOLOGY TEACHES US ABOUT INCIVILITY

Lessons from international peacebuilding can help heal the American political divide. *See page 30*

ON THE COVER: MAJIVECKA/BGWALKER/R.TSUBIN/GETTY IMAGES



Genetic links to childhood food fussiness and more in “In Brief”
Page 11

- 2 @APA: THE HOT LIST
- 8 PRESIDENT’S COLUMN
- 10 UPDATE FROM THE CEO

RESEARCH

- 11 IN BRIEF
- 72 BY THE NUMBERS

NEWS

- 18 A NEW DEFINITION OF LONG COVID
- 23 JUDICIAL NOTEBOOK

PEOPLE

- 52 PSYCHOLOGISTS IN THE NEWS

CAREER

- 53 OVERCOMING HURDLES IN PUBLISHING LGBTQ+ RESEARCH
- 58 OPPORTUNITIES IN TEMPORARY ASSIGNMENTS
- 62 GROWTH IN TRANSPLANT PSYCHOLOGY

EMPLOYMENT ADS

- 69 THE BEST JOBS IN PSYCHOLOGY



NEWS

A NEW DEFINITION OF LONG COVID

New research and a formal definition of long COVID from the National Academies of Sciences, Engineering, and Medicine can guide psychologists in helping patients battling the condition. *See page 18*



Researching LGBTQ+ topics. Page 53



Temporary assignments. Page 58



Transplant psychology. Page 62



STUDENT LOAN FORGIVENESS CONSULTATION

Find peace of mind with a student loan consultation

Did you know there's more than one path to student loan forgiveness? Get the facts and federal policy updates – and develop your personalized plan – on a free 30-minute consultation with one of our student loan specialists.

APA Member Benefit

APA members get a 20% discount
on a forgiveness counseling membership.¹



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

A student loan consultation can help you:



Apply for IDR

Understand your
Income-Driven
Repayment (IDR) and
forgiveness options.



Navigate PSLF

See if you qualify and
help you stay on track
for Public Service Loan
Forgiveness (PSLF).²



Explore Refinancing

Compare simple
refinancing options that
could help you save on
student loans.



Stay the Course

If you're already in
the right repayment
program, we can help
you stay on track.

Schedule your free 30-minute student loan consultation
laurelroad.com/APA



All credit products are subject to approval.

IMPORTANT INFORMATION: Please note that if you refinance qualifying federal student loans with Laurel Road, you may no longer be eligible for certain federal benefits or programs and waive your right to future benefits or programs offered on those loans. Examples of benefits or programs you may not receive include, but are not limited to, Public Service Loan Forgiveness, Income-Driven Repayment plans, forbearance, or loan forgiveness. Please carefully consider your options when refinancing federal student loans and consult www.studentaid.gov for the most current information.

1. APA members get a 20% discount off the published annual membership rate for Public Service Loan Forgiveness ("PSLF") or Income-Driven Repayment ("IDR") programs. The discount will apply to both Standard and Freedom Plus membership options and will automatically apply when the annual membership is charged. This discount is only available to current APA members, is non-transferable and cannot be applied to previous membership purchase(s). This discount cannot be redeemed for cash or combined with other offers; pricing and discount accurate as of July 9, 2024 and are subject to change or cancellation at any time and without notice.
2. To qualify for PSLF, you must be employed by a U.S. federal, state, local, or tribal government or not-for-profit organization (federal service includes U.S. military service); work full-time for that agency or organization; have Direct Loans (or consolidate other federal student loans into a Direct Loan); repay your loans under an Income-Driven Repayment plan; and make 120 qualifying payments. For full program requirements, visit www.studentaid.gov/manage-loans/forgiveness-cancellation/public-service.

Laurel Road is a brand of KeyBank N.A. All products offered by KeyBank N.A. © 2024 KeyCorp® All Rights Reserved.
Laurel Road is a federally registered service mark of KeyCorp. 3 Corporate Drive, 4th Floor, Shelton, CT 06484, USA.

082024CREQ11017

UNITING IN THE FACE OF DISASTER

APA Presidential Task Force leverages psychology to support relief efforts

BY DEBRA KAWAHARA, PhD



I am deeply saddened by the devastation caused by the recent wildfires in Los Angeles. The tragic loss of life, homes, businesses, and livelihoods is unimaginable, and our hearts go out to everyone affected by these fires. Our gratitude also goes out

to the firefighters and first responders whose tireless efforts in fighting the fires and protecting lives and property have been nothing short of heroic.

This tragic event has highlighted the importance of collaboration between APA and state associations during such crises. In response to the wildfires, APA reached out to the California Psychological Association (CPA) to determine the best ways to support local efforts. Together with the Los Angeles and San Gabriel Valley psychological associations, we have been closely communicating with CPA to support their efforts in assessing and addressing the state's psychological needs for those affected by the fires.

The wildfires underscore the critical need for psychology to be actively involved in the science and services in disaster psychology. This aligns with the mission of my Presidential Task Force on Disaster Preparedness, Response, and Recovery. We recognize that ongoing disasters, both natural and manmade, will

continue to occur, and there is a pressing need to address prevention, response, and recovery strategies.

The goal of the task force is to leverage our psychological science and best practices to develop a comprehensive blueprint that communities can adapt to their unique circumstances. This blueprint will consider the diversity of individuals and groups within

communities, their infrastructure and resources, and specific local issues. By doing so, we aim to assist communities in creating tailored solutions that effectively support the psychological needs of those impacted by disasters.

I am committed to ensuring that this presidential task force includes a diverse group of experts who can contribute valuable insights and resources. If you have resources or examples that could aid our efforts, I encourage you to submit them to the task force or me (dkawahara@apaboard.org) as we begin the information gathering and needs assessment phase.

Together, we can make a significant impact in helping communities prepare for, respond to, and recover from disasters. Our collective efforts will not only provide immediate support to those in need but also build resilience for future challenges. ■

● **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.



HEADSHOT BY MICHAL CZERWONKA. DAVID SWANSON/AFP VIA GETTY IMAGES



**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**
SERVICES, INC.

MEMBER ADVANTAGE
PROGRAM

APA MEMBER

Advantage Program



Get the Tools, Information, and Services You Need to Succeed

Professional Liability Insurance • Student Loan Refinancing • High Yield Saving
HIPAA Compliance Software • Cloud-Based Electronic Health Record Software
Fitness & Health Program • All-In-One Accounting for Therapists • Car Rentals
1:1 Well-Being Coaching • Professional Website Design • And More

► [**at.apa.org/advantage**](https://at.apa.org/advantage)



TAKING PSYCHOLOGY TO THE NEXT LEVEL

APA continues to elevate the work of psychologists and the field

BY ARTHUR C. EVANS JR., PhD



For several years, APA has been working in new and improved ways to achieve members' desire for APA and psychology to have a meaningful impact on our field and society. We are more frequently elevating our members' expertise for broader audiences, more routinely packaging psychological knowledge in useable ways, and more clearly demonstrating psychology's role in solutions to

critical societal issues.

As a result, we have seen APA's and psychology's impact growing. For instance, media mentions of APA and research from our journals have increased more than 1,000% since 2018. Members of Congress regularly seek psychological expertise across a range of issues that include and go beyond mental health, such as artificial intelligence, social media, and climate change. APA is reaching broader and more diverse audiences through our work with partners like Google, YouTube, Sesame Workshop, and the U.S. Surgeon General, to name a few.

While we celebrate the impressive progress we have made, we cannot stop here. We have to take psychology to the next level—where Congress consults with psychology experts before making any decision; where psychological knowledge is embedded in how schools and workplaces function; where the public instinctively turns to our field for expertise on human behavior and cognition, like they turn to physicians for medical issues and lawyers for legal problems.

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

So, how do we get there?

■ **Be flexible.** As the world around us changes, we must continuously position psychology as an invaluable guide. As an organization, we should continue working in ways that promote flexibility as issues emerge, while staying true to our mission.

■ **Adopt a coherent vision.** We need to understand the totality of what our

field does. Human behavior connects all areas of psychology and is central to practically every critical societal issue. If we do not recognize and elevate that contribution, the public won't either, impeding our field's ability to advance and most effectively benefit society.

■ **Take collective action.** Psychology training involves early specialization, resulting in a more fragmented field of specialized identities. If all psychologists—no matter our specialty—serve as ambassadors and advocates for the entire field, we can elevate awareness of our important collective work and attract the best and brightest to the field.

I have no doubt that, together, we can move psychology forward and upward to the next level. ■



We need to take psychology to the next level, where psychologists are routinely consulted by other professionals, elected officials, and the public for expertise on human behavior.

In Brief

OLDER, WITH MORE DEPTH

Older adults prefer to deepen their knowledge by seeking details, while younger adults prefer to explore more broadly, according to research in *Psychology and Aging*. Researchers asked 498 participants in Canada and the United States, ages 12 to 78, to rate their prior knowledge about one of five broad themes: mythical beasts, historical expeditions, prehistoric animals, lesser-known scientists, and lesser-known countries. After selecting a series

of topics within the theme, participants were presented with short facts about each topic and chose to either learn more about the same topic or explore a new topic. Older participants opted for more facts per topic, whereas younger participants frequently switched topics. This effect was consistent with age: For each additional year of life, participants became slightly more likely to focus on their current topic instead of a new one.

DOI: 10.1037/pag0000847

As adults grow older, they tend to seek deeper knowledge about the topics that interest them.



SOURCE IMPACTS TRUST IN HEALTH ADVICE

People trust scientists more than governments for practical health advice, suggests a study in the *Journal of Experimental Psychology: Applied*. Researchers presented 4,561 individuals in the United Kingdom, the United States, Canada, Malaysia, and Taiwan with COVID-19 prevention advice (e.g., washing hands and social distancing) as coming from a government or scientific source and manipulated how effective the source said each piece of advice was. Participants found the advice more trustworthy when the stated source was science rather than government. Political orientation influenced this effect in all countries except Canada, where conservatives trusted

government more and liberals trusted science more. Religiosity influenced the effect in the United States, with less religious participants trusting science more.

DOI: 10.1037/xap0000500

PARENTS' VALUES AND CHILDREN'S GOALS

Research in *Psychological Bulletin* suggests that parents significantly influence whether their children are motivated by goals that are intrinsic (i.e., for personal growth, close relationships, community connections, and physical health) or extrinsic (i.e., for wealth, image, and status). Researchers analyzed 49 previous studies examining the link between parents' characteristics and their children's intrinsic and extrinsic goals. Their analysis revealed that

Parents' values and behaviors significantly influence whether their children are motivated by intrinsic or extrinsic goals.

children pursued intrinsic goals when their parents valued and encouraged intrinsic principles, while children pursued extrinsic goals when their parents emphasized extrinsic values or actively undermined their children's basic psychological needs.

DOI: 10.1037/bul0000448

MOOD GAINS PRECEDE BEHAVIOR CHANGES

During treatment for depression, people's mood and thought processes start to improve around the same time, according to research in the *Journal of Consulting and Clinical Psychology*. Their positive behavioral changes come later, after they begin to feel better. Researchers asked 32 U.S. participants with diagnosed depression to



WERA RODSAWANG/GETTY IMAGES

complete ecological momentary assessments about their emotions (e.g., sad or happy mood), behaviors (e.g., social interaction, number of activities), and cognitive variables (e.g., worrying, negative self-thoughts). They did this five times per day during a 4-month period of undergoing psychotherapy for depression. Participants' first emotional gains came before their behavioral improvements 70% of the time, compared with behavioral gains leading only 8% of the time. This may be because participants achieved fewer behavioral gains overall. Their cognitive and emotional improvements typically aligned, occurring in the same week 58% of the time versus only 18% before or 24% after emotional gains.

DOI: 10.1037/ccp0000890

PHOTO FILTERS IMPACT LIKEABILITY AND TRUST

Subtle photo filters can increase how much people “like” a face but not its perceived trustworthiness, finds research in the *Canadian Journal of Behavioural Science*. Exaggerated filters (those distorting facial features) have no impact. Researchers asked 218 Colombian university students to rapidly rate, within a simulated dating app, how much they liked and trusted 12 male and 12 female faces, each presented in three versions: unfiltered, subtly filtered (e.g., smoothed-out skin), and exaggeratedly filtered (e.g., enlarged eyes). Overall, participants rated attractive faces as more trustworthy and liked them more than unattractive ones. They found unattractive



male faces significantly less trustworthy than unattractive female faces. Participants higher in self-reported sociosexuality—openness to casual sexual relationships—were more likely to dislike unattractive faces yet trust all faces, regardless of the filter.

DOI: 10.1037/cbs0000423

FOMO OR EGO BOOST?

Self-centered people turn to social media not to boost their egos but to reduce their feelings of exclusion, suggests research in the *Canadian Journal of Behavioural Science*. In the first of three studies, 199 U.S. adults were surveyed about their levels of self-centeredness, fear of missing out (FOMO), and social media use. The results showed that self-centered participants used social media more frequently, driven by FOMO.

Research shows that attractive faces are judged to be more likable and engender more trust.

A second study with 241 participants showed that when people were made to feel self-centered, they experienced more FOMO, which led to increased social media use. In the third study, 102 participants were primed to experience FOMO. Those low in self-centeredness increased their social media use compared with a control condition. Those high in self-centeredness used social media equally in both FOMO and control conditions.

DOI: 10.1037/cbs0000382

AI TOOL CORRECTS EYEWITNESS BIAS

An artificial intelligence (AI) tool can help reduce a cognitive bias known as the featural justification effect, according to research in the *Journal of Applied Research in Memory and Cognition*. In this effect, detailed eyewitness descriptions of

suspects' features are more likely to raise doubts about accuracy than general recognition statements. In the study, 1,010 U.S. participants read eyewitnesses' justifications for their confidence in identifying suspects. The eyewitnesses provided a detail that was either about a specific physical feature ("I remember his eyes") or a general recognition ("I remember him"). Some of the participants then rated their perception of the accuracy of the eyewitnesses' identification. Other participants were presented with an AI tool's prediction, from 0% to 100%, of the accuracy of the eyewitness identification. Participants influenced by the AI tool were not biased by the featural justification effect, compared with their own perceptions—as long as they also regarded the AI as very useful.

DOI: 10.1037/mac0000192

FOR LONG LIFE, SATISFACTION OR PURPOSE?

Life satisfaction and purpose in life are both positive predictors of physical health and longevity, but purpose has a bigger impact, especially as people age, suggests research in *Psychology and Aging*. Researchers analyzed data from a 23-year follow-up study with 5,993 participants in the United States. Life satisfaction and purpose both predicted mortality when considered separately. But when these variables were considered simultaneously with self-rated health, lack of purpose was a significantly bigger predictor of mortality.

DOI: 10.1037/pag0000802

COGNITION TIED TO CONNECTIONS

Adults with more robust social networks tend to perform better cognitively, indicates a study in *Neuropsychology*. Researchers evaluated the social networks of 2,525 adults in India 45 and older, measuring size, diversity, and embeddedness (a measure of active engagement with different groups). They also assessed participants' cognitive performance on tasks related to narrative recall, attention, and various aspects of visuospatial ability and language. They found that social network diversity was associated with better narrative recall, spatial recognition, reading comprehension, semantic association, and attention. Participants

Having a diverse social network may strengthen adults' cognitive performance.

with larger social networks performed better in verbal fluency and semantic association, while greater engagement was associated with better visuospatial span and verbal fluency.

DOI: 10.1037/neu0000971

ISOLATION LINKED TO DEMENTIA

Loneliness is associated with greater odds of developing dementia, finds a meta-analysis published in *Nature Mental Health*. Researchers analyzed data from 21 studies examining the association between loneliness and dementia and data from 16 studies assessing the association between loneliness and cognitive impairment. The studies involved more than



KUBIKO/GETTY IMAGES



600,000 individuals. The analysis found that loneliness was linked with a 31% increase in a person's likelihood of developing any form of dementia. Loneliness was also linked with greater risk of Alzheimer's disease (39% increase), vascular dementia (73% increase), and cognitive impairment (15% increase). The associations persisted after controlling for depression, social isolation, or other modifiable risk factors for dementia.

DOI: 10.1038/s44220-024-00328-9

SMARTER MEN, HEALTHIER RELATIONSHIPS

Men with higher IQs tend to be less aggressive and more committed in romantic relationships, according to research in *Personality and Individual Differences*. Researchers assessed the general intelligence of 202 heterosexual men in the United States who had been in romantic

relationships for at least 6 months. They also interviewed the men (average age 25) about partner-directed insults, desire for power in intimate relationships, and erectile dysfunction. They found that men with higher general intelligence were less likely to use partner-directed insults or sexual coercion, to engage in damaging mate-retention tactics and casual sex, and to experience erectile dysfunction. The researchers also found a positive association between men's general intelligence and their self-reported relationship investment.

DOI: 10.1016/j.paid.2024.112902

REASSESSING SPANKING

Spanking's adverse effects may have been previously overstated, suggests a study in *Marriage & Family Review*. Researchers analyzed data from 47 studies of corporal punishment with 12,727 children ranging

in age from 18 months to 11 years. They focused on four key child outcomes: externalizing problems (e.g., aggression and defiance), internalizing problems (e.g., anxiety and depression), cognitive performance, and social competence. After controlling for the children's baseline behavior scores, the researchers found that spanking explained less than 1% of the variation in their outcomes. Yet spanking's effectiveness varied with a child's age, producing slightly better outcomes for children ages 2 to 6. Spanking was less effective and linked to marginally worse outcomes for children ages 8 to 11.

DOI: 10.1080/01494929.2024.2392672

Men with higher general intelligence tend to be more committed in romantic relationships.

INFECTIONS DEADLIER FOR MENTALLY ILL

People with severe mental illness are more than twice as likely to die from infectious diseases and more than 3 times as likely to die from respiratory infections compared with the general population, finds research in *eClinicalMedicine*. Researchers performed a meta-analysis of 29 studies assessing the impact of bipolar disorder, schizophrenia and schizoaffective disorders, and other psychoses on the risk of mortality from infectious disease excluding COVID-19. They found that people with severe mental illness had a 2.7-fold increased risk of dying from infectious diseases. This risk was 3.3 times higher for respiratory infections and 4.15 times higher for pneumonia specifically.

DOI: 10.1016/j.eclinm.2024.102867

AIR POLLUTION MAY TRIGGER SCHIZOPHRENIA EPISODES

Short-term spikes in ambient air pollution, especially sustained increases lasting for several days, may trigger schizophrenic episodes regardless of longer-term air pollution levels, according to a study in *JAMA Network Open*. Researchers examined the hospitalization records of 817,296 people in 259 Chinese cities and linked schizophrenia hospitalizations to daily air pollution levels. After adjusting for the absolute concentrations of different air pollutants, short-term increases in six different pollutants were

associated with schizophrenia hospitalization increases between 2.02% and 4.61%. Sustained pollution spikes lasting 4 or more days posed the highest risks of schizophrenia hospitalizations.

DOI: 10.1001/jamanetworkopen.2024.36915

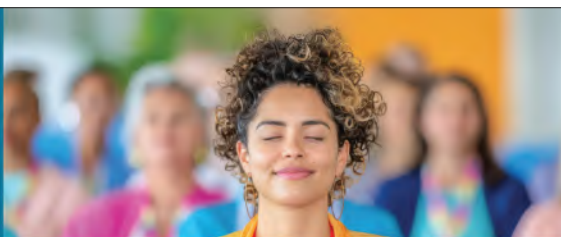
HIGH AMPHETAMINE DOSES INCREASE PSYCHOSIS RISK

People taking high doses of a prescription amphetamine like Adderall are 5 times more likely to develop psychosis or mania, according to a study in *The American Journal of Psychiatry*. Researchers reviewed electronic health records of patient



Research in China found that sustained spikes of air pollution can trigger schizophrenia episodes.

encounters in the United States between 2005 and 2019, focusing on adults between 16 and 35 years old, the typical age range of onset for psychosis and schizophrenia. They identified 1,374 cases of individuals



HEAL THE WHOLE PATIENT

INTEGRATIVE HEALTH & WELLNESS ONLINE CERTIFICATE

Improve your clinical practice by learning the fundamentals of integrative health, mind-body interventions, health coaching, and the clinical application of an integrative approach to health.

Continuing Education Credits available

Learn More & Apply Online:
graduate.umaryland.edu/wellness/

ONLINE

This unique, 12-credit certificate program is offered entirely online - work anytime, anywhere!

FOCUSED

Learn specific, targeted skills and treatment tools that will help your patients heal and thrive.

presenting with first-episode psychosis or mania and 2,748 control patients hospitalized for depression or anxiety. Patients who used a prescription amphetamine in the past month were 2.68 times more likely than nonusers to experience a psychotic or manic episode. That greater likelihood jumped to 5.28 with a dose of 30 mg or more of dextroamphetamine or 40 mg or more of Adderall. Use of methylphenidate (Ritalin) in the past month did not increase the odds of experiencing psychosis or mania.

DOI: 10.1176/appi.ajp.20230329

NOT JUST A PHASE

Childhood food fussiness may largely be explained by genetics, according to research in the *Journal of Child Psychology and Psychiatry*. Researchers surveyed 2,402 parents of identical or nonidentical twins in the United Kingdom about their children's fussy eating at the ages of 16 months and 3, 5, 7, and 13 years, when participation dropped to 970 children. Food fussiness was relatively stable across these ages, peaking around age 7 and declining slightly afterward. Genetics influenced food fussiness by 60% for toddlers and by at least 74% between the ages of 3 and 13. Pairs of identical twins' fussy eating increasingly diverged from each other as they got older, indicating an increase in the role of unique environmental factors with age, such as having different friends.

DOI: 10.1111/jcpp.14053

HIGHER DISEASE BURDEN, HIGHER SUICIDE RISK

The greater the burden of a medical disability, the higher the risk of suicide, according to a study in *JAMA Psychiatry*. Researchers analyzed the health records of more than 6.6 million people in Denmark between 2000 and 2020, including 12,876 who died by suicide. They identified nine categories of medical conditions, including 31 specific illnesses, as having a significantly higher suicide risk, with the highest risk associated with cancer and gastrointestinal and hematological conditions. Among those without a previous hospital-treated mental disorder, the higher the burden of disability, the higher the risk of suicide. The risk was highest in the first 6 months following diagnosis but declined over time, although some medical conditions kept the risk elevated for up to 15 years.

DOI: 10.1001/jamapsychiatry.2024.2561

Childhood food fussiness may reflect genetics.



MARIUSZBLACHGETTY IMAGES

PROFESSIONAL DEVELOPMENT TRAINING INSTITUTE ON ARTIFICIAL INTELLIGENCE AND TECHNOLOGY II

INCLUDES 2 CE CREDITS PER PROGRAM

FRIDAY, MARCH 28, 2025

This live one-day Institute will focus on the application of artificial intelligence and technology in psychology. The Institute will consist of four 120-minute live webinars, presented sequentially.

KEYNOTE

Beyond the Session: Mental Health Technology and AI for Measurement-Based Care

Marie Onakomaiya, PhD, MPH
9:00 am ET

Leveraging AI and Tech for Enhanced Mental Health Support

Valamere Mikler, PhD
11:30 am ET

The Future of Care: Integrating Neuropsychology With Digital Health Technologies

Sara Weisenbach, PhD, ABPP; Shifali Singh, PhD
2:00 pm ET

Video Games in Psychodynamic Psychotherapy: Opening a Window to Play in Treatment

Mike Langlois, LICSW
4:30 pm ET

Visit **APA.CONTENT.ONLINE** to register

The American Psychological Association is recognized by the New York State Education Department's (NYSED) State Board for Psychology as an approved provider of continuing education for licensed psychologists #PSY-0100.



AMERICAN
PSYCHOLOGICAL
ASSOCIATION



A NEW DEFINITION OF LONG COVID

New research and a formal definition of long COVID from the National Academies of Sciences, Engineering, and Medicine can guide psychologists in helping patients battling the condition

BY ZARA ABRAMS

More than 65 million people around the world are living with long COVID, a condition that spans over 200 symptoms and can disrupt work, school, and daily life for years. New research on the condition, as well as a formal definition from the National Academies of Sciences, Engineering, and Medicine (NASEM), is providing a road map for how health care professionals can help.

While new COVID-19 cases have lessened, “there are still people out there struggling with this as a long-term issue, and psychologists have a tremendous amount to offer them,” said Douglas Whiteside, PhD, ABPP, a clinical neuropsychologist and a professor of rehabilitation

medicine at the University of Minnesota Medical School.

Treating long COVID typically requires a team of providers who focus on rehabilitation and symptom relief because no cure exists for the condition. Psychologists are an important part of those provider teams because they can help address some of the most common and disruptive symptoms of long COVID, including depression and anxiety, sleep problems, fatigue, and pain.

“The most important things to know are what the symptoms are, how to assess for them, and where to direct patients and their families to get further help,” said Christine Koterba, PhD, ABPP, a pediatric neuropsychologist at Nationwide Children’s Hospital in

Columbus, Ohio, and a clinical associate professor of pediatrics at The Ohio State University.

Here is how psychologists might encounter long COVID in their work and what they need to know to support their patients.

SCREENING FOR LONG COVID

The 2024 NASEM definition describes long COVID as “an infection-associated chronic condition that occurs after COVID-19 infection and is present for at least three months as a continuous, relapsing and remitting, or progressive disease state that affects one or more organ systems” (*A long COVID Definition: A Chronic, Systemic Disease State with Profound Consequences*, NASEM, 2024).

While new COVID-19 cases have lessened, many people are still struggling with the condition as a long-term issue, and psychologists have a tremendous amount to offer them.

At a Glance

- » The National Academies has released a formal definition of long COVID that outlines key points about the condition and its severity and includes explicit examples of common symptoms.
- » All psychologists should be screening for long COVID, especially because treating issues such as depression and anxiety will differ in patients with a chronic health condition.
- » Research shows that helping patients manage depression and anxiety is helpful in treating long COVID as a whole.
- » Validating patients’ concerns and instilling optimism are an important part of the treatment approach, especially for youth.



BEVAN GOLDSWAIN/GETTY IMAGES



NASEM outlines key points about the condition, including that it can range from mild to severe, affect any of the body's organ systems, and begin either immediately after an acute COVID-19 infection or following a delay of weeks or months. Long COVID is diagnosed with a clinical assessment, either with or without a past positive COVID-19 test, because it has no known biomarker.

The definition provides explicit examples of common symptoms and requires them to last for at least 3 months before a diagnosis can be made. It also includes a statement on equity, highlighting that long COVID can affect "children and adults, regardless of health, disability, or socioeconomic status, age, sex, gender, sexual orientation, race, ethnicity, or geographic location" to steer practitioners away from stereotypes that could impact diagnosis. Some data indicate

Treating long COVID typically requires a team of providers who focus on rehabilitation and symptom relief, because no cure exists for the condition.

that people with lower socioeconomic status face a higher risk of the condition.

One hope is that the definition will help shift the view of long COVID to the medical condition it is so that its symptoms are not viewed by providers, insurance companies, and the public as psychosomatic in nature, said Jacqueline Becker, PhD, a clinical neuropsychologist and assistant professor of medicine at the Icahn School of Medicine at Mount Sinai in New York City, who is behind the recent effort to enhance long COVID awareness, documentation, and screening among health care professionals.

"Long COVID is not a psychological condition," Becker said. "It is a medical condition, and it should be treated as such." Still, many patients report having their complaints dismissed in both medical and psychological clinical settings

(Ireson, J., et al., *Health Expectations*, Vol. 25, No. 4, 2022).

Neuropsychologists work most frequently with long COVID patients, but any psychology clinician may encounter the condition. Symptoms might show up in existing patients, or in new patients who are referred with or without a formal long COVID diagnosis.

All psychologists should be screening for long COVID, Becker said, especially because treating issues such as depression and anxiety will differ in patients with a chronic health condition and can further impact quality of life.

"Determining the onset of symptoms in relation to COVID-19 infection is really important," she said. "Clinicians very simply need to ask the questions: When did this start? Have you ever had COVID-19, and when did it happen?"

While psychologists will not diagnose long COVID themselves, they can confer directly with a patient's primary-care physician to establish a long COVID diagnosis. It is important that psychologists include relevant International Classification of Diseases (ICD) codes to capture this secondary diagnosis when billing for services.

"For patients, the diagnosis provides an explanation of what's going on," said Laura Malone, MD, PhD, director of the Pediatric Post-COVID-19 Rehabilitation Clinic at Kennedy Krieger Institute in Baltimore, Maryland. "It also helps them get connected to specialty clinics that can provide the appropriate services they need."



MENTAL HEALTH CONCERNS

Part of the challenge of diagnosing and treating long COVID is its heterogeneity. But mental health issues, primarily depression and anxiety, are some of the most common symptoms. Research shows that supporting patients in managing those challenges is helpful in treating the condition as a whole (Whiteside, D., et al., *The Clinical Neuropsychologist*, Vol. 36, No. 4, 2022).

Often, patients will report manageable levels of anxiety, depression, or attention problems before they got COVID-19, Malone said. Then in the months following their COVID-19 infection, those problems became overwhelming.

Psychologists can draw on a range of interventions to improve their patients' well-being, including standard treatments for depression and anxiety, as well as cognitive behavioral therapy for pain, fatigue, or sleep problems.

When addressing mental health concerns, it is important to do so in the context of a chronic health condition, said Koterba, who was one of the reviewers on the NASEM report. Some centers are adapting approaches developed for chronic pain and post-concussion syndrome (Fry, L., et al., *The Clinical Neuropsychologist*, Vol. 38, No. 4, 2024). Part of that approach involves validating patients' concerns while giving them hope that they can continue to live full lives.

While psychologists will not diagnose long COVID themselves, they can confer directly with a patient's primary-care physician to establish a diagnosis.

"Instilling optimism is really key: Give patients the expectation that they can and will get better, and we will provide services to help them achieve that outcome," said Michael Basso, PhD, ABPP, a clinical neuropsychologist and professor of psychiatry and psychology at the Mayo Clinic in Rochester, Minnesota.

For children and teenagers with long COVID, that message is particularly important. Just a few months of symptoms can feel like a massive disruption, Malone said, and youth may struggle to keep their health problems in perspective.

"It's important that children get a lot of support with schooling, mental health, and physical symptom management. They often feel frustrated because they have symptoms that can affect their daily lives in so many ways," she said.

Supporting kids involves teaching them strategies to get through the day, including taking breaks at school. Psychologists can also address feelings of anxiety and depression related to uncertainty about the future or missing out on social opportunities.

Tools such as relaxation and mindfulness can also help. At Nationwide Children's Hospital, Koterba and her colleagues use the Comfort Ability Program, initially developed for chronic pain, to train kids and their caregivers on those and other skills.

"If we can't make your symptoms go away, we're going to teach you the coping skills and strategies to deal with the symptoms that are making you uncomfortable," she said.

COGNITIVE CONCERNS

Another symptom closely associated with long COVID is “brain fog”—cognitive dysfunction such as problems with memory, attention, and executive functioning. So far, researchers have linked the symptom with the condition but have not found a mechanism to describe the problem (Becker, J., et al., *JAMA Network Open*, Vol. 4, No. 10, 2021; Becker, J., et al., *Brain, Behavior, and Immunity*, Vol. 114, 2023).

Cognitive rehabilitation or “brain training” programs, such as those used after a concussion or stroke, appear to help some patients. Becker is currently testing this approach through the National Institutes of Health’s RECOVER-NEURO study.

But methodological issues with early research on cognitive dysfunction in long COVID suggest the field still has a lot to learn, said Basso, who has reviewed meta-analyses on the link between the condition and cognitive dysfunction. For example, many of the early studies did not properly account for pre-existing or comorbid psychiatric conditions. Some studies showed selection bias, only including patients who complained about cognitive problems after they had COVID-19. Others relied purely on subjective complaints, rather than objective measures, and used small sample sizes or flawed research designs.

With that ambiguity in mind, Basso said clinicians should use a variety of measures to test cognitive function in patients with long COVID rather than rely simply on basic

screening tools such as the Montreal Cognitive Assessment (MoCA) and Mini-Mental State Examination (MMSE).

Ongoing research seeks to rectify those methodological problems as well as to develop screening tools and treatment approaches specifically for long COVID. In the meantime, psychologists can continue to support patients by ensuring the condition is recognized and understood.

“It’s important for psychologists and neuropsychologists to understand that our role in this is significant,” Becker said. “These patients are really suffering, and while we can’t relieve their physical symptoms, we can and should advocate for them.” ■

All psychologists should consider screening for long COVID because treating issues such as depression and anxiety will differ in patients with a chronic health condition.



FURTHER READING

Neuropsychology practice guidance for the neuropsychiatric aspects of long COVID

Koterba, C. H., et al.

The Clinical

Neuropsychologist, 2024

A long COVID definition:

A chronic, systemic disease state with profound consequences
NASEM, 2024

A long COVID diagnosis:

Implications for social, behavioral, and economic sciences
NASEM, 2024

Long-term health effects

stemming from COVID-19 and implications for the Social Security Administration
NASEM, 2024

Multi-disciplinary collaborative consensus guidance statement on the assessment and treatment of postacute sequelae of SARS-CoV-2 infection (PASC) in children and adolescents

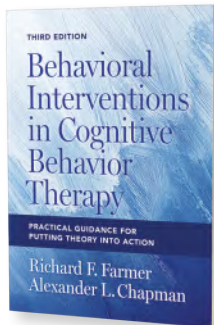
Malone, L. A., et al.

Physical Medicine & Rehabilitation, 2022



AMERICAN PSYCHOLOGICAL ASSOCIATION

New Releases from APA Books

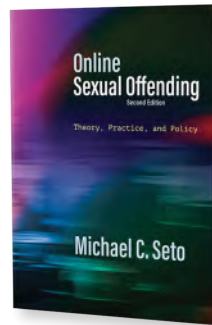


Behavioral Interventions in Cognitive Behavior Therapy

Practical Guidance for Putting Theory Into Action, Third Edition

RICHARD F. FARMER
AND ALEXANDER L. CHAPMAN

Paperback | 645 pages
978-1-4338-4141-5
Nonmember: \$69.99
APA Member: \$52.49

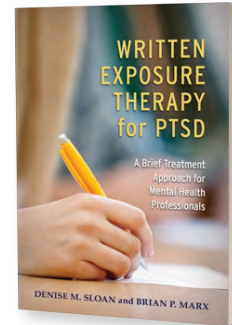


Online Sexual Offending

Theory, Practice, and Policy, Second Edition

MICHAEL C. SETO

Paperback | 293 pages
978-1-4338-3948-1
Nonmember: \$76.99
APA Member: \$57.74

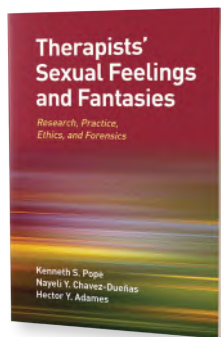


Written Exposure Therapy for PTSD

A Brief Treatment Approach for Mental Health Professionals, Second Edition

DENISE M. SLOAN AND BRIAN P. MARX

Paperback | 156 pages
978-1-4338-4437-9
Nonmember: \$45.99
APA Member: \$34.49

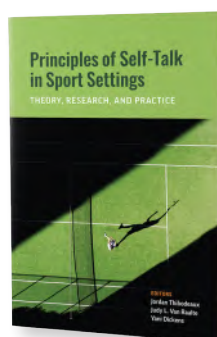


Therapists' Sexual Feelings and Fantasies

Research, Practice, Ethics, and Forensics

KENNETH S. POPE,
NAYELI Y. CHAVEZ-DUEÑAS,
AND HECTOR Y. ADAMES

Paperback | 203 pages
978-1-4338-4433-1
Nonmember: \$44.99
APA Member: \$33.74

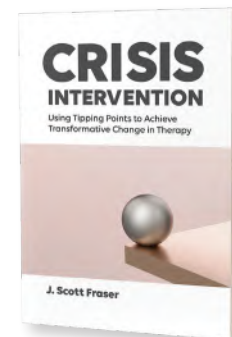


Principles of Self-Talk in Sport Settings

Theory, Research, and Practice

JORDAN THIBODEAUX,
JUDY L. VAN RAALTE,
AND YANI DICKENS

Paperback | 236 pages
978-1-4338-3998-6
Nonmember: \$49.99
APA Member: \$37.49



Crisis Intervention

Using Tipping Points to Achieve Transformative Change in Therapy

J. SCOTT FRASER

Paperback | 263 pages
978-1-4338-4334-1
Nonmember: \$69.99
APA Member: \$52.49

BKS.APA.ORG/MONITOR

THE VALIDITY OF NON-EYEWITNESS IDENTIFICATIONS

Psychological science can guide courts and law enforcement on the nuances of this type of witness identification

BY JENNIFER K. ROBBENNOLT, PHD, JD, UNIVERSITY OF ILLINOIS COLLEGE OF LAW

In January 2017, Jason Reddick was shot and killed at a gas station in Hartford, Connecticut. Antron Gore was charged with and convicted of Reddick's murder and the criminal possession of a firearm. During the investigation, a car that looked like the car driven by the shooter was located at the home of Gore's friend Caron Canty.

Canty—who described Gore as a “close friend,” had known Gore much of his life and saw Gore most days—told police the car belonged to Gore and identified Gore as the person depicted in a photo taken from surveillance video of the crime, giving what's known as a *non-eyewitness identification*. By the time of the trial, Canty denied making the identification, but the lead detective testified that Canty had identified Gore in the photo.

Gore appealed his conviction, arguing that Canty's identification was inadmissible because it was a lay opinion. The Connecticut Supreme Court (*State v. Gore*, 2022) rejected that argument, finding that such non-eyewitness identifications are admissible if they are “rationally based on the perception of the witness and [are] helpful to a clear understanding of the testimony of the witness or the determination of a fact in issue.”

The court noted that non-eyewitness testimony is much like eyewitness testimony because both are based on the witness's recognition of the defendant. One difference is that a non-eyewitness identification is based on familiarity with the defendant rather than on memory of an event (eyewitness testimony). Another difference is that the jurors can see the defendant and the photo or video in the courtroom.

The court held that a non-eyewitness identification would be admissible if the “totality of the circumstances” suggests that “the witness is more likely to correctly identify the defendant from the photograph [or video] than is the jury.”

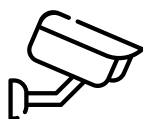
Relevant factors include the witness's familiarity with the defendant's appearance, any changes

in appearance since the image was taken, and the image quality. Other courts considering this issue have allowed non-eyewitness testimony if the witness has at least a minimal degree of familiarity with the defendant. Recognizing the need to protect against “good faith mistaken identifications,” the court in *Gore* required more than a minimal degree of familiarity with the defendant for the identification to be considered sufficiently reliable. Because Canty had a “long-standing and intimate association” with Gore, the court found that the identification was admissible.

In explaining its decision, the court referenced psychological science on eyewitnesses and emerging research on non-eyewitnesses. Two findings reflected in the court's decision in *Gore* are that increased familiarity with the subject and the image quality are both related to increased accuracy in non-eyewitness recognition (Pezdek, K., & Lerer, T., *Current Directions in Psychological Science*, Vol. 32, No. 6, 2023).

Research on variables that can influence the accuracy of non-eyewitness identifications can advance how law enforcement and courts approach this kind of identification. Accuracy can also be affected by whether the witness is primed to expect a familiar face or is exposed to information other than the image. Accuracy also tends to be lower when the non-eyewitness is asked to identify a person of a different race.

Mistaken identification plays a role in nearly 70% of DNA exonerations. As the use of cell phone, doorbell, body-worn, and surveillance cameras proliferates, the role of non-eyewitness identifications will increase. Ideally, law enforcement ought to use procedures that minimize the likelihood of mistaken non-eyewitness identifications. Courts should be sensitive to factors that can influence the reliability of non-eyewitness identifications. And psychologists must continue to develop research that explores the nuances of non-eyewitness identifications and how they are similar yet distinct from eyewitness identifications. ■



AT ISSUE

How can psychological science advance understanding of the reliability of non-eyewitness memory?



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



What the psychology of conflict zones can teach us about incivility

How lessons from international peacebuilding
can help heal the American political divide

BY ZARA ABRAMS



Incivility is surging across the United States, seeping into workplaces and online spaces (Civility Index, Society for Human Resource Management, 2024; Vogels, E. A., *The State of Online Harassment*, Pew Research Center, 2021).

Whether it's name-calling on social media, threats toward local officials, or fighting words from political leaders, incivility is more than just a nuisance. It silences people, especially those on the receiving end, and can lead to an atmosphere of fear. Rewarding incivility can also lead more people to act uncivilly—even if they don't want to, said Ravi Iyer, PhD, a social psychologist who is managing director of the Neely Center for Ethical Leadership and Decision Making at the University of Southern California.

"America structurally encourages an 'us versus them' mentality with the two-party system" because it encourages rivalry, said Kurt Gray, PhD, a professor of psychology and neuroscience at the University of North Carolina at Chapel Hill and author of *Outraged: Why We Fight About Morality and Politics and How to Find Common Ground*.

"It becomes easy to demonize the other side because we're self-segregated into neighborhoods and social media bubbles where we hardly have meaningful interactions with them," he said.

If unaddressed, incivility can fester, said Eran Halperin, PhD, a professor of psychology at the Hebrew University of Jerusalem who studies and applies research

on intergroup conflict. "Time is very, very important here. One thing we know about hostile relations is that the longer they remain, the potential for hatred becomes higher," he said.

Researchers who focus on psychological healing within conflict zones and other fractured societies say lessons from international peacebuilding can be applied in the United States. These science-backed methods help challenge misconceptions about the "other side" and promote civility through a focus on shared values and increased connection.

Here's what psychological research says about how incivility starts and what can be done to address it.

THE ROOTS OF INCIVILITY

The U.S. political divide mirrors international conflicts in several ways, said Linda Tropp, PhD, a professor of social psychology at the University of Massachusetts Amherst who studies intergroup relations and peacebuilding. Polarization, demonization of the "other," information echo chambers, and political violence echo patterns seen in other fractured societies. That has led many in the peacebuilding field to believe that lessons from abroad can be applied here.

At a fundamental level, incivility can arise when basic psychological needs aren't met, Tropp said. We want to feel heard and that our lived experiences matter. We crave certainty so we can navigate our social environments successfully.

"When there are people in our social circles who appear



AT A GLANCE

- » Incivility is increasing across the United States, affecting workplaces, schools, online spaces, and more.
- » Psychological research shows that incivility relates to unmet basic psychological needs and misconceptions about opposing groups.
- » Experts suggest that focusing on shared values and increased connection can help bridge divides and restore civility in society.



MALTE MUELLER/GETTY IMAGES

to threaten our worldview or way of life, we don't like that feeling of vulnerability," she said. "A common response is to withdraw and distance or to become louder and more aggressive in response."

That hostility toward the "other side," such as those with different political views, is often based on misconceptions.

One study found that partisans—people who identify strongly with a political party—dislike each other equally, regardless of party. But each party thinks the other's prejudice toward them is about twice as strong as it really is (Moore-Berg, S. L., et al., *PNAS*, Vol. 117, No. 26, 2020). In another study, both sides show a "partisan trade-off bias." When weighing their own party's views, people see the negative trade-offs of various policies (such as gun control and voting rights) as unfortunate and unintended. But when the other side makes policy trade-offs, those compromises are seen as deliberately harmful (Goya-Tocchetto, D., et al., *Journal of Experimental Social Psychology*, Vol. 98, 2022).

"We have this destruction narrative in U.S. politics, where we believe that the other side is motivated to burn it all down and wants to hurt others," Gray said. "That's a misconception, but if you think the other side hates you, it's easier for you to hate them."

That excludes outliers such as extremists and some members of the political elite, Gray said. Actual threats of violence

and intimidation can harm the political process. A recent sharp rise in threats toward local officials could even prevent leaders from running for local office (Bauer, J., & Glickman, J., *Promoting Community Civility to Reduce Local Political Violence*, National League of Cities, 2024).

Most of the time, members of the general public don't aim to harm their political opponents. When given the theoretical chance to help their own party or harm the opposing one, people generally choose the former. But if they feel their partisan identity is under threat, the calculus changes. People were more likely to choose to publish a news story criticizing the other party—rather than one praising their own—when they believed their own group identity was under attack (Amira, K., et al., *Political Behavior*, Vol. 43, 2021).

This plays out in real world scenarios such as when leaders convince partisans that their votes are under threat, mobilizing anxious and often hostile throngs to crowd polling places. According to a 2024 survey, one in three poll workers had experienced threats of violence and 92% of local election officials have had to increase security for voters, election workers, and election infrastructure (Edlin, R., & Norden, L., *Poll of Election Officials Finds Concerns About Safety, Political Interference*, Brennan Center for Justice, 2024).

When it comes to the emotions fueling the often intense conflict between average



Democrats and Republicans, Halperin's lab has made a surprising discovery.

"Most people think that hate and hostility are the main emotional vehicles in U.S. politics," he said. "But our findings suggest that it's mainly about disappointment."

Halperin said this reflects a shared identity that sets the U.S. conflict apart from others, such as the one between Israeli Jews and Palestinians. Despite differing values, Americans expect to be working toward a larger common purpose (*Cognition and Emotion*, Vol. 38, No. 4, 2024). Instead, they feel disappointed because their political rivals aren't acting in the prosocial way they expected.

Progressive activist Van Jones and President Trump's son-in-law Jared Kushner at a White House event showcasing their work on criminal justice reform.

FINDING COMMON GROUND

Throughout U.S. history, a disproportionate focus on differences has paved the way for a society rife with incivility, said Fathali Moghaddam, PhD, a professor of psychology at Georgetown University who studies peace, conflict, and inter-group relations. That includes teaching schoolchildren how they differ from one another and encouraging a lop-sided focus on differences rather than similarities.

"Our [nation's] slogan has been that we should celebrate differences," he said. "That has laid the ground for a situation where incivility and lack of respect for others has arisen."

In his most recent book, Moghaddam probes the empirical evidence in favor of multiculturalism, which he finds to be weak. While a focus on diversity tends to benefit the elites of various marginalized groups, it may do less to help others. His theory of omniculturalism proposes an alternative: Shift the focus—in schools, communities, and political forums—to commonalities (*The Psychology of Multiculturalism, Assimilation, and Omniculturalism*, Springer, 2024).

At school, that means emphasizing the biological and psychological similarities between people from different backgrounds, at least until adolescence begins. To resolve

political differences, psychology's common ingroup identity model offers a framework for shifting from "us versus them" to a more inclusive "we" (Gaertner, S. L., et al., *International Journal of Intercultural Relations*, Vol. 20, No. 3–4, 1996).

"In practice, especially in politics, we need to begin focusing on our common objectives and challenges. Celebrating difference will not get us to dealing with nuclear proliferation and climate change," Moghaddam said.

Finding common policy goals can bring unlikely allies together. Our political parties used to do this quite successfully. In the 1970s, U.S. Senators George McGovern, a Democrat, and Bob Dole, a Republican, worked together on major legislative breakthroughs. They reworked the Food Stamp Program and collaborated on agricultural reform and veterans' services. Despite differences in political ideology, they shared a history of military service and connected on a personal level, including during regular lunch meetings.

In a more recent example, Van Jones, a progressive activist, partnered with Jared Kushner, whose father served time in prison, to tackle their shared goal of criminal justice reform. In 2018, that work helped pass the First Step Act, which changed sentencing laws and aimed to smooth the transition between prison and society.

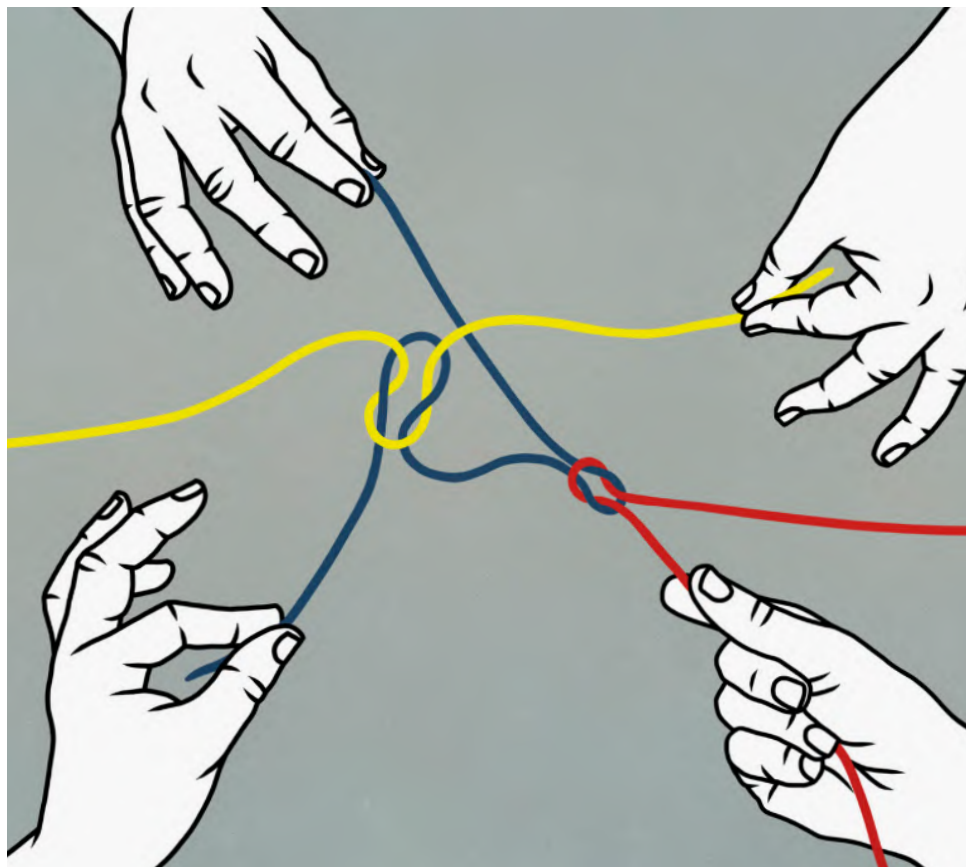
But promoting civility also requires finding shared values in day-to-day life. The gold standard approach used by international peacebuilders: intergroup contact. Bring

people together under equal conditions to interact and work cooperatively toward common goals over a sustained period of time (Pettigrew, T. F., & Tropp, L. R., *Journal of Personality and Social Psychology*, Vol. 90, No. 5, 2006). The strategy has improved empathy, reduced prejudice, and increased support for peace processes among opposing groups in many settings, including Israeli Jews and Palestinians and Catholics and Protestants in Northern Ireland.

It has also worked in the United States. Led by cross-cultural organizers Paula Green, PhD, a psychologist, and Ben Fink, PhD, the Hands Across

the Hills program united 25 people from rural Massachusetts and Eastern Kentucky for 3 weekends of dialogue and culture exchange between 2017 and 2019. After sharing meals, music, hopes, and fears, the communities began to see one another as neighbors and friends.

"It was profoundly transformational," said psychologist Barbara Tint, PhD, a professor emerita in the conflict resolution program at Portland State University and the University of Oregon Law School. "What happened is that they were able to humanize each other. They were able to see the threads that unite us across differences."





RESTORING CIVILITY ONLINE

Addressing incivility in society requires a close look at the role of social media. A 2021 Pew Research Center survey found that more than 40% of U.S. adults have faced harassment online and that its most severe forms, such as physical threats, are on the rise (Vogels, E. A., *The State of Online Harassment*, Pew Research Center, 2021).

“We are inundated with social media, so it’s difficult to separate uncivil discourse from the algorithms that amplify it,” said psychologist Barbara Tint, PhD, of Portland State University and the University of Oregon Law School.

Those algorithms push people—local politicians, for example—to act less civilly to get attention and engagement, said psychologist Ravi Iyer, PhD, managing director of the Neely Center for Ethical Leadership and Decision Making at the University of Southern California. They also make it easier for highly motivated people, sometimes called conflict entrepreneurs, to divide others to serve their own interests, which are often financial.

“Most people are not actively seeking out conflict,” Iyer said. “But the way these platforms are engineered to reward activity and engagement, people can game the system to get more distribution.”

Iyer says moderating content is not the solution. Policing all discourse is impractical, and incivility shouldn’t be banned entirely—there’s a time and place for calling people out. Instead, he suggests reworking online systems to incentivize more constructive behaviors.

“There are basic psychological processes that exist offline that don’t have real analogs online,” Iyer said. Feelings of guilt and empathy typically prevent face-to-face incivility, but most online systems lack the reputational consequences and human connection that deter such behavior.

The Neely Center’s Design Code for Social Media offers a set of practical tools for improving civility online. Recommendations include changing engagement incentives, adding the option to give negative feedback (similar to downvotes on Reddit), and setting rate limits that stop small groups of people from dominating online conversations. A group of leading academics, authors, and technologists have offered their support for the recommendations.

“We should keep in mind that online systems can also bridge divisions,” Iyer said. “With the right incentives in place, people can make connections they might otherwise not.”

BRIDGING DIVIDES

While organized intergroup contact can take substantial resources and planning to implement, the spirit of the approach can guide daily interactions in our schools, workplaces, and communities.

“Whether it’s the rotary club or the soccer field, healing is always through relationship. How can we use these connections to open the door to understanding new perspectives?” Tint said.

Research supports a shift toward personal narratives as a way to foster connection. When Gray and his colleagues asked U.S. adults what kind of information would increase their respect of political opponents, people said they wanted facts. But in practice, talking about experiences was more effective (*PNAS*, Vol. 118, No. 6, 2021).

“It turns out that what bridges divides better is telling stories, especially personal experiences of harm or suffering,” he said.

Tint observed the same during her work on the Portland Diaspora Dialogue Project, a 5-year program that brought together African refugees from groups historically in conflict. The challenges they faced as newcomers to the United States motivated them to connect despite their differences (*Diasporas in Dialogue: Conflict Transformation and Reconciliation in Worldwide Refugee Communities*, Wiley-Blackwell, 2017).

Gray suggests three simple steps: Before talking about politics, bond with a person about something else. Then, invite them to share their beliefs. Finally, validate what they say (even if you don’t agree) by thanking them and confirming you understood.

“If you’re having these conversations, you need to acknowledge that people are not monsters—that there are reasonable points on both sides of the spectrum,” Gray said. He points to work by psychologist Richard Petty, PhD, of The Ohio State University, who uses messages that present both sides of an issue to encourage openness toward

people with different values (*Personality and Social Psychology Bulletin*, Vol. 48, No. 8, 2022).

When words are particularly hateful, disengaging can be a better choice, Tint said. That might include racist or transphobic policies promoted by political leaders.

“When people are at risk, we’re really in a threat state, and the desire to sit and listen to the other is no longer the most appropriate thing,” she said.

Keep in mind that the “other side” is probably more diverse and dynamic than they seem, Halperin said. In a series of studies, he found that highlighting changes over time in an opposing group’s policies or public opinion is linked to reduced hate and emotional polarization. The method is effective because it suggests that the opponent’s attitudes and behaviors are more malleable than we might think, he said (In *Psychological Intergroup Interventions*, Routledge, 2023).

Similarly, emphasizing criticism within the outgroup—for example, exposing Democrats to internal disagreement among Republicans—can help instill hope for change.

“If there are people in the outgroup expressing criticism, not everyone is the same. That gives the sense that change over time is a possibility,” Halperin said.

At the community level, small acts of civility are one way to spark change, Tropp said. She suggests a 30-day challenge with one civic act per day, such as a brief, friendly interaction with a stranger. The “Belonging Begins with Us” campaign offers tips for improving connection in communities and the YMCA’s 21-day equity challenge provides guidelines for a similar initiative.

“I fear for the future if we continue along this current path,” she said. “But I also see incredible opportunity if we can reckon with our discomfort and realize that people whom we initially perceive as different from us typically don’t confirm our worst fears.” ■

FURTHER READING

Renewing American democracy: Navigating a changing nation
Barsa, M., et al.
Beyond Conflict, 2022

Cultivating contact: A guide to building bridges and meaningful connections between groups
Tropp, L. R., & Dehron, T. A.
Welcoming America, 2022

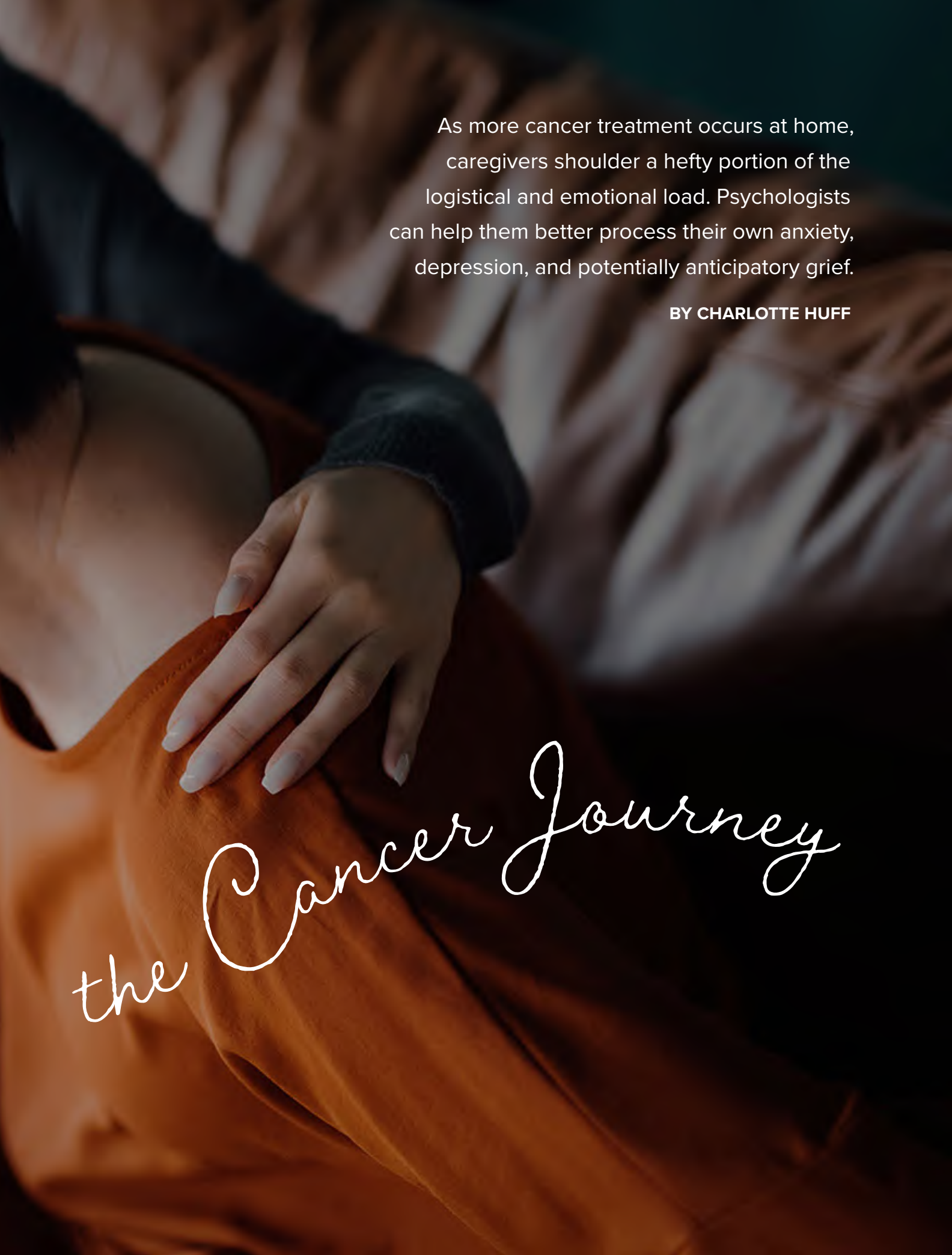
Designing, implementing, and evaluating impact of social mixing programmes: A toolkit for IOM and its partners
International Organization for Migration, 2022

Psychological intergroup interventions
Halperin, E., et al. (Eds.)
Routledge, 2023

How to leverage psychology to aid a war-torn world
Abramson, A.
Monitor on Psychology,
March 2024



Unsung Heroes on

A close-up photograph of a person wearing an orange hospital gown. A hand, presumably belonging to a caregiver, is gently resting on the person's shoulder. The background is blurred, showing what appears to be a hospital bed with white linens. The overall mood is somber and supportive.

As more cancer treatment occurs at home, caregivers shoulder a hefty portion of the logistical and emotional load. Psychologists can help them better process their own anxiety, depression, and potentially anticipatory grief.

BY CHARLOTTE HUFF

the Cancer Journey

Behind the 2 million Americans diagnosed each year with cancer stands a hidden and sometimes overwhelmed population: their caregivers.

These caregivers, disproportionately women, are closely tied to the cancer patient—as a spouse, an adult child, a parent, a close friend—and often lack prior medical expertise. Along with their loved ones, they have been thrust into an intense medical crisis where the stakes are potentially life-threatening.

“Caregivers witness suffering from the sidelines; they often feel powerless,” said Allison Applebaum, PhD, a professor at and director of the Center for Caregiving at the Icahn School of Medicine at Mount Sinai in New York City. “They are given enormous responsibilities. They are often tasked with serving as a champion for patients and doing everything under their control to help patients get the care that they need while also grappling with understandable fears of patient mortality.”

Moreover, she added, “Many caregivers will live for years in this dual reality of trying to make the most of a present time with an awareness that a loved one with an advanced cancer likely is not going to be alive in 10 years.”

New cancer diagnoses have continued to increase over the past 2 decades, from 1.4 million in 2004 to an estimated 2 million by 2024, driven primarily by an increasing and aging U.S. population. One analysis found that as many as 6 million U.S. adults provide care for a loved one with cancer, nearly 60% of them female, with related responsibilities that consume about 33 hours weekly on average (Kent, E. E., et al., *Seminars in Oncology Nursing*, Vol. 35, No 4, 2019). The prevalence of mental health symptoms among caregivers is significant, with 42% describing symptoms of depression and nearly 47% reporting anxiety, according to a systematic review involving 30 studies (Geng, H., et al., *Medicine*, Vol. 97, No. 39, 2018). Various factors, including being female, the caregiver’s sleep quality, and the duration of caregiving, among others, were associated with caregiver depression. Sometimes, the strain can become overwhelming. Suicide attempts run 28% higher among individuals whose spouses have cancer, and suicide deaths are 47% higher compared with adults whose spouses are cancer-free (Liu, Q., et al., *JAMA Oncology*, Vol. 10, No. 10, 2024).

The skills and responsibilities required of caregivers have only increased, as more medical care is provided in the home, said Applebaum, who recently authored *Stand By Me* about caregiving, including her role in her father’s care. Nearly half describe performing complex medical and nursing tasks without any prior preparation (*Cancer Caregiving in the U.S.: An Intense, Episodic, and Challenging Care Experience*, National Alliance for Caregiving, 2016). If these caregivers aren’t adequately supported, they will be less able to help their ill loved ones, Applebaum said.

Along with the emotional impact, caregivers frequently face financial costs. One analysis showed that 8% of cancer caregivers take off at least 2 months from work following their loved one’s diagnosis (de Moor, J. S., et al., *Journal of Cancer Survivorship*, Vol. 11, 2017). More commonly, they juggle caregiving around jobs, parenting, and other responsibilities without any compensation. A recent AARP survey found that more than 7 in 10 voters did back more supportive caregiving policies, such as paid family leave and a tax credit of up to \$5,000 (*U.S. Voters’ Views on Support for Family Caregivers*, AARP Research, 2023).

“Caregivers witness suffering from the sidelines; they often feel powerless.”

Allison Applebaum, PhD, director of the Center for Caregiving at the Icahn School of Medicine at Mount Sinai, New York City

Caregivers, who are often women, face significant emotional and financial challenges while providing essential support to cancer patients.





Despite their critical role, many caregivers do not have adequate support, leading to high rates of depression and anxiety.

brought sometimes closer together—it brings into focus what’s important, and that can be really beneficial,” she said. In others, she said, “There’s this crucible effect of whatever is going on in that relationship, this intensifies it. If you have a shaky relationship, it’s probably going to be a little bit shakier.”

Mental health symptoms may also differ. When researchers assessed caregiver-patient dyads following a patient’s diagnosis with an incurable cancer, caregivers reported more symptoms of anxiety, while patients were more likely to describe depressive symptoms (Jacobs, J. M., et al., *Annals of Behavioral Medicine*, Vol. 51, No. 4, 2017). In addition, caregivers have described becoming more physically worn down as cancer treatment stretches on, with difficulties ranging from fatigue to loss of appetite to weight loss (Stenberg, U., et al., *Psycho-Oncology*, Vol. 19, No. 10, 2010).

They also may skimp on their own preventive health care needs, Reblin said. “They are not doing their mammogram. They are not getting their teeth cleaned. They are not checking out that weird lump.”

At a Glance

- » Cancer caregivers are disproportionately women, providing an average of 33 hours per week of often complex medical and nursing tasks.
- » Along with perhaps coping with their own anxiety and depression, these caregivers may be processing their own anticipatory grief.
- » Therapists can teach caregivers how to mitigate stress responses through mindfulness techniques and building their sense of meaning and purpose.

But at this point, there is scant infrastructure to identify caregivers and get them the mental health support they need, caregiving researchers and psychologists said. When caregivers do seek out therapy, psychologists can assist them in various ways, from teaching mindfulness and other strategies to ease anxiety to fostering a broader sense of resilience and finding meaning and purpose at such a difficult time, said Yasmin Asvat, PhD, a clinical psychologist in the Supportive Oncology program at RUSH MD Anderson Cancer Center in Chicago.

If the patient’s prognosis worsens, therapists can assist caregivers as they support their loved ones through the transition from active treatment to palliative and hospice care while managing their own anticipatory grief, Asvat said. “We are working to help our caregivers recognize that this is really, really hard,” she said. “And you can do hard things; you can survive hard things; you can navigate hard things.”

STRAIN ON CANCER CAREGIVERS

Caregivers may also be required to suddenly assume many of the logistics of daily life previously handled by their loved one, whether that’s additional parenting responsibilities or figuring

out who will mow the lawn, said Maija Reblin, PhD, a social and health psychologist and co-program leader of cancer population sciences at the University of Vermont Cancer Center in Burlington. “Oftentimes cancer diagnoses come out of the blue, and so the caregiving role also comes out of the blue.”

Peter Gee’s husband had initially experienced a few symptoms, including insufferable headaches and insomnia. Then Jeff Helfgott started suddenly vomiting one day in late 2018. The couple first headed to urgent care and then to the emergency room, where physicians ordered a CT scan. “That’s when they noticed the mass in his brain,” Gee said.

That November day began Gee’s nearly 2-year caregiving journey, supporting his 56-year-old spouse through surgery and other treatment for an aggressive form of brain cancer while holding down his job at a nonprofit organization to retain the couple’s health insurance. “Jeff thought he was going to be part of the 5% that would make it past 5 years,” Gee recalled. “And I thought it was the apocalypse that was happening and that the world was ending.”

In some scenarios, the medical crisis tightens the bonds between caregivers and patients, Reblin said. “You are

CULTURAL CONSIDERATIONS

For caregivers, daily challenges can be shaped by broader logistical and cultural factors, such as where they live and their family heritage. Reblin, who has been developing a web-based app and other caregiving support tools, describes the burden as particularly daunting for caregivers who live in rural areas (*Supportive Care in Cancer*, Vol. 30, 2022). For those whose driving abilities are affected, transportation to appointments and other medical care can be more difficult, she said. They may lack access to other nearby resources—everything from food delivery to the availability of home health nurses.

Plus, a steely sense of independence can become further isolating, Reblin said. “What we’ve seen is, ‘I don’t like to ask for help. We’ve been doing this on our own; we’re off the grid; we can do this. I’ve got a truck that works fine.’ But that only goes so far.”

The approach to caregiving is also “culturally embedded,” said Ranak Trivedi, PhD, a clinical health psychologist and an associate professor in the Department of Psychiatry and Behavioral Sciences at Stanford University, who is leading research involving South Asian breast cancer survivors and their caregivers. In South Asian culture, there’s a collectivist mindset in which people typically rally around someone when they develop a health crisis, she said. But a cancer diagnosis may carry a fair degree of stigma, particularly if it involves female organs, such as breast or ovarian, she added.

Trivedi, who has interviewed U.S. breast cancer patients and caregivers of Indian heritage, said this stigma may influence who caregivers will share news about the diagnosis with across an extended family—some of whom may live in the United States and others elsewhere—thus amplifying that sense of isolation. “There are these layers of secrecy, right? It’s really delicately titrated. Who finds out? When do they find out?”

In addition, because of mental health stigma in Asian cultures, therapy is not common, Trivedi explained. “So, if somebody finds that there’s an Indian caregiver in the clinic, then they should rejoice,” she said. “Because a lot of the battle has already been won. They’re recognizing that mental health is something that they need to focus on.”

IMPROVING SUPPORT

During the pandemic, individuals were called upon to rapidly assume the care of critically ill loved ones at home, highlighting the importance of caregiving, Applebaum and other psychologists note. They also cite encouraging steps on the legislative front. In 2018, the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act was passed to create the nation’s first national family caregiver strategy. Also in recent years, AARP has advocated for passage of the Caregiver Advise, Record, Enable (CARE) Act. The law, which has been approved by more than 40 state legislatures, requires that a caregiver’s name be listed in the patient’s medical record and that the caregiver is also provided instruction about medications, injections, and other medical tasks that will be performed at home.

Still, cancer caregivers continue to fall through the cracks, with most clinicians focused primarily or exclusively on the patient, Applebaum said. She and colleagues conducted a survey of 238 U.S. cancer centers and found that three-quarters reported having at least one caregiver program that provided training on medical/nursing tasks or mental health support. But half of those programs were limited only to information and referral services (Odom, J. N., et al., *JAMA Network Open*, Vol. 6, No. 10, 2023).

To gain a window into a caregiver’s distress, psychologists can use a screening tool such as the National Comprehensive Cancer Network’s Distress Thermometer or the Zarit Burden Interview, said Erin Kent, PhD, an associate professor



Psychologists can use screening tools like the Distress Thermometer to identify areas of caregiver distress and tailor interventions, helping caregivers build resilience through cognitive behavioral therapy and mindfulness techniques.

and associate chair for research in the department of health policy and management at the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill. These tools are more often used in research settings but can also be incorporated into therapy, identifying areas of caregiver distress and unmet needs to tailor treatment, Applebaum added.

Caregivers’ ability to cope with the stress of their newfound role rests in part on their degree of resilience, said Asvat, the RUSH clinical psychologist. Resilience may be shaped by external factors, some of which are beyond their control, such as whether they have ties to a supportive community, whether they have access to paid leave and their loved one has affordable health care, or their own personality makeup and coping style, she said. “Oftentimes through that interaction between personality factors and environmental influences, we can develop these personalities that can thrive under stress or thrive under pressure,” Asvat said.

Caregiver resilience can be bolstered through a combination of cognitive behavioral therapy and mindfulness techniques, said Asvat, citing a systematic review looking at resilience interventions (Joyce, S., et al., *BMJ Open*, Vol. 8, 2018). Therapists can help patients learn deep breathing techniques and other

"Once you start looking into [assisting cancer caregivers], it's overwhelmingly obvious how big of a problem it is—no one can argue against the need."

Erin Kent, PhD, an associate professor and associate chair for research, Gillings School of Global Public Health, University of North Carolina at Chapel Hill

approaches to better regulate the body's stress response so that "caregivers feel like they can influence how their body is feeling at any given moment," she said.

If their loved one's cancer advances, psychologists can support caregivers through this difficult transition, particularly if their hopes and goals diverge from the patient's, Asvat said. For instance, the caregiver may advocate for their loved one to pursue one more line of treatment, when the patient prefers to spend their remaining time free of medical care.

Therapists can also help caregivers recognize that resisting the transition to end-of-life and hospice care may be connected to anticipatory grief and work with them to reframe their role during this final phase of caregiving, Asvat said.

In that reframed role, she said, the caregiver is helping their loved one "maintain a sense of agency and autonomy over this process. Letting them know that respecting their choice is central to you and matters to you. And that you will do the work of managing your anticipatory grief."

FINDING MEANING

In her clinical practice, Applebaum has repeatedly witnessed opportunities for positive growth along this difficult journey. "I have lost count of the number of caregivers who have said to me, 'Dr. Applebaum, I have found my voice because of caregiving. I used to be so shy and so meek.' Or caregivers who said to me, 'I had no idea I was so strong—I could not have imagined actually going through this.'"

Caregivers can find meaning even when their relationship with the patient was strained prior to their illness, Applebaum said. "They've said to me, 'The relationship didn't improve. But I will always know that I took care of her. And when she's gone, I'm not going to live with regrets.'"

In 2014, Applebaum and her colleagues at Memorial Sloan Kettering Cancer Center in New York City, where she was then based, adapted Meaning-Centered Psychotherapy—developed by William Breitbart, MD, to assist patients with advanced cancer—into a psychosocial intervention to assist caregivers to remain connected to meaning and purpose (*Translational Behavioral Medicine*, Vol. 12, No. 8, 2022).

The Meaning-Centered Psychotherapy for Cancer Caregivers approach, Applebaum stressed, "never negates suffering" related to caregiving, whether that may be anticipatory grief or the difficulties involved with putting one's life on hold. Over the course of seven sessions, caregivers complete readings and homework exercises, which guide discussions in subsequent sessions. Some of the themes include focusing on one's identity before and after becoming a caregiver, identifying attitudinal and creative sources of meaning, and how to tap those sources of meaning moving forward.

Clinicians referred Gee to this approach after his husband's brain cancer emerged in another part of the brain. "I knew that the first tumor would grow back," he said. "I didn't think a second tumor would pop up someplace else. I just lost it."

As Gee worked through the sessions, he began to envision what his life might look like after Helfgott died. Influenced by the clinicians that he had met, Gee considered changing careers and going to nursing school, which he initially discounted as a crazy idea. "But the modality gives you permission to totally think outside the box." And his husband, he said, immediately embraced the idea. Gee started on his nursing degree shortly after Helfgott died in 2020.

For too long, the heavy lift of assisting these cancer caregivers has been viewed as too costly and overwhelming to address, Kent said. "Once you start looking into it, it's overwhelmingly obvious how big of a problem it is—no one can argue against the need."

But Kent and other caregiving experts point to legislative initiatives and therapeutic advances as encouraging signs, an early but long overdue shift that therapists can highlight and build upon in their own practices. "We're getting to the point," Kent said, "where there's so much recognition of the problem now that it's coming to a critical mass of evidence to do something about it." ■

FURTHER READING

Caregiving resources APA

Documentation of caregivers as a standard of care

Applebaum, A. J., et al.
Journal of Clinical Oncology, 2021

Family caregiver distress

Gallagher-Thompson, D., et al.
Hogrefe Publishing Corp., 2023

Meaning-centered psychotherapy for cancer caregivers

Applebaum, A. J., & Breitbart, W. S.
Oxford University Press, 2024



HOW PSYCHOLOGISTS ARE

TREATING SURVIVORS OF HUMAN TRAFFICKING

ACROSS SYSTEMS



From providing compassionate individual care to reshaping institutional responses, psychologists are bringing trauma-informed strategies to treat people who have experienced human trafficking

BY EFUA ANDOH

At age 14, Marjorie Saylor ran away from a home plagued by sexual abuse and domestic violence only to fall prey to an even darker world. Raised in a strict religious environment that valued female subservience, Saylor internalized a toxic message. “Violence equals love. Sex equals love. That was the narrative that I believed as a child going into adulthood and early relationships,” Saylor said. “I didn’t understand what healthy relationships or boundaries looked like at all.”

For 17 agonizing years, Saylor endured both sex and labor trafficking before finally breaking free of her trafficker. Her story echoes the experiences of millions worldwide, highlighting how poverty, abuse, and violence create fertile ground for human trafficking. Now the director of human trafficking services and awareness for San Diego County, Saylor stressed the importance of understanding the recruitment tactics, physical and behavioral

indicators, and risk factors of human trafficking. “Those who are fully educated on what human trafficking looks like in all its forms can identify exploitation even if their client is not directly stating it.”

Nancy Sidun, PsyD, ABPP, co-chair of the former APA Task Force on Trafficking of Women and Girls, highlighted the role psychologists play in providing appropriate and effective care for survivors. “Being trauma informed is critical,

especially around complex trauma. Those who are at higher risk of being trafficked are more vulnerable people who have greater adverse childhood experiences,” she said.

MYTHS AND FACTS

Human trafficking is an estimated \$236 billion global industry that exploits men, women, and children from all walks of life. The U.S. Department of Justice



Victoria continues her efforts to heal after experiencing extreme abuse from her trafficker, who brought her to the United States promising a family life and stability.

HOUSTON CHRONICLE/HEARST NEWSPAPERS/GETTY IMAGES; PREVIOUS PAGES: ROBERT NICKELBERG/GETTY IMAGES

defines it as “the use of force, fraud, or coercion to obtain some type of labor or services, or to engage in commercial sex acts.” Estimating the scope of domestic human trafficking is challenging due to the crime’s clandestine nature coupled with victims’ fear and isolation. In 2021, the National Human Trafficking Hotline identified 16,554 likely victims—and experts believe these numbers only scratch the surface. Countless victims are likely hidden in plain sight.

The dramatic abduction scenarios portrayed in movies like *Taken* are far from the norm. Contrary to popular belief, human trafficking is as much a domestic issue as it is an international one. It occurs in every community, affecting victims of all ages, genders, races, sexualities, and socioeconomic levels. Traffickers are often known to their victims—they can be family members, romantic partners, peers, or trusted community figures.

Traffickers exploit their victims by taking advantage of personal vulnerabilities, power imbalances, and opportunities for profit. Factors such as poverty, housing instability, mental health concerns, substance use, and other adverse childhood experiences place potential victims at disproportionate risk. These groups include communities of color, people living with disabilities, and those who identify as LGBTQ+. Members of those groups may be rendered vulnerable because of systemic inequalities, social marginalization, and reduced access to support systems. However, anyone with exploitable vulnerabilities can become a target.

While women and girls are disproportionately targeted, men and boys are also victims, though their experiences are often underreported. “Research says that 7 in 10 victims are women and girls. However, boys are the fastest growing group in both sexual and labor exploitation,” Sidun said.

Not all human trafficking is sex trafficking. Labor trafficking is also prevalent, but it is frequently overlooked because it can masquerade as legitimate employment. Laura Dryjanska, PhD, a researcher and professor of psychology who directs the minor on human trafficking studies at Asbury University in Wilmore, Kentucky, emphasized the need for more data on the diversity of victims. Traffickers often lure in vulnerable individuals by exploiting their victims’ aspirations.

For example, Dryjanska is currently researching young male Venezuelan survivors who were promised baseball scholarships but were ensnared into trafficking schemes instead. They entered the United States on student visas, but their traffickers seized their documentation upon arrival and forced them into construction and other labor. Meanwhile, the sponsoring institutions had to revoke their visas when they did not show up to play, essentially making them undocumented and even more vulnerable to their traffickers’ manipulations.

“That human quest we appreciate so much in psychology and willingness to take risks is completely crushed and misused by traffickers. They often take high-achieving and brave individuals who want to better themselves and

At a Glance

- » Human trafficking involves using force, fraud, or coercion to control someone for commercial sexual or labor exploitation.
- » Human trafficking violates human rights and harms mental health, leading to depression, anxiety, and complex trauma.
- » Psychologists are helping treat trauma, train providers and law enforcement, and aid long-term recovery of survivors.

provide for their families and crush their dreams. I’m especially sensitive to those types of stories being overlooked,” Dryjanska said.

She added that many individuals subjected to labor trafficking may not self-identify as victims, having normalized or internalized deep shame about their exploitation. Others fear the consequences of seeking help. Traffickers exploit this reluctance, using threats of legal action or deportation as tools of control.

Research shows that survivors often endure severe psychological symptoms. Depression is common and often coupled with symptoms like sleep disturbances, feelings of worthlessness, and suicidal ideation. Many survivors suffer from post-traumatic stress disorder (PTSD), experiencing intrusive thoughts, nightmares, and hypervigilance. Complex PTSD (CPTSD), which results from prolonged exposure to early trauma like child sexual abuse, may also create difficulty in self-perception and emotional dysregulation among survivors.

One study of 131 sex and labor trafficking survivors found that 71% suffered from depression and 61% from PTSD,

In 2021, the National Human Trafficking Hotline identified **16,554 likely victims**—and experts believe these numbers only scratch the surface.



Evelynn Ware of the Oglala Nation, a student at the American Indian Academy of Denver, participates in a student-led rally in support of Missing or Murdered Indigenous Persons Awareness Day in Denver, Colorado, on May 5, 2023.

Trafficking's Toll on Indigenous Communities

Cerynn Desjarlais, PhD, a counseling psychologist who is a member of the APA Div. 35/45 Task Force on Missing and Murdered Indigenous Relatives (MMIR), notes the disproportionate impact of human trafficking on Indigenous communities across the United States. Desjarlais cites the country's violent history of relegation of Native Americans to economically deprived reservations and forced assimilation, in addition to Indigenous communities' experience of ongoing racial discrimination, poverty, and substance use that are primary drivers of this disparity. In a study of sex trafficking among American Indian/Alaska Native (AI/AN) women in Minnesota, a majority (62%) viewed colonization and their sex trafficking as connected because it created the conditions that made their exploitation more likely. Some even saw the devaluation of AI/AN peoples through colonization as "identical to the devaluation of women in prostitution" (Farley, M., et al., *American Indian and Alaska Native Mental Health Research*, Vol. 23, No. 1, 2016).

The MMIR task force is spearheading efforts to spotlight trafficking's devastating impact on Indigenous communities through presentations, media interviews, and dialogues with law enforcement. Task force members also suggest psychologists raise awareness and advocate for greater resources to address trafficking's root causes and partner with law enforcement and other health providers to provide psycho-education about trafficking. Those providers include community elders who have a deep understanding of Indigenous values and healing practices. Psychologists interested in learning more can read APA's 2023 Continuing Education Corner article on the healing power of Native American culture at <https://www.apa.org/ed/ce/resources/ce-corner>.

with two thirds of those people also meeting criteria for CPTSD (Hopper, E. K., & Gonzalez, L. D., *Behavioral Medicine*, Vol. 44, No. 3, 2018; see p. 24 for interventions for treating CPTSD). Additional research among homeless youth in Kentucky and Indiana found participants who had experienced sex trafficking were almost 4 times more likely to report suicidal ideation than those who had not (Frey, L. M., et al., *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, Vol. 40, No. 4, 2019).

A systematic review indicated a median PTSD prevalence of one-third of adult and child survivors of trafficking, with higher rates among survivors of commercial sexual exploitation (41.6%) than survivors of labor trafficking (30.67%) (Newberry, G. C., *Modern Psychological Studies*, Vol. 30, No. 1, 2024). Another review found that 41% of survivors of human trafficking had CPTSD (Evans, H., et al., *The European Journal of Psychiatry*, Vol. 36, No. 2, 2022).

Children who have been subjected to child sex trafficking are more likely to develop dissociative responses. In a study of confirmed and at-risk victims of commercial sexual exploitation, 20% of the

confirmed victims met criteria for dissociation, while only 7.7% of the at-risk victims did (Kenny, M. C., et al., *Child Abuse and Neglect*, Vol. 100, 2020). Richard LaBrie, PsyD, a clinical psychologist and trauma specialist based in Pasadena, California, explained that dissociation can serve as a protective mechanism for victims who have faced repeated trauma. “People with dissociative identity disorder often don’t get a proper diagnosis for years because they encounter therapists who don’t understand or can’t test for it appropriately,” LaBrie said. Only when paired with a trained and trustworthy therapist do they reveal their symptoms.

ESTABLISHING SAFE THERAPEUTIC RELATIONSHIPS

Creating a safe environment for victims and survivors is essential, as betrayals of trust and violations of their personal boundaries are commonplace. Elizabeth Hopper, PhD, codirector of the National Center on Child Trafficking at Georgia State University, stated that for many, the process of engaging with providers can leave them feeling exposed, reminding them of the ways that their vulnerabilities were exploited by traffickers. Hopper urges psychologists to prioritize building a sense of safety to assist survivors’ recovery, combating the depersonalization, devaluation, and mistrust that occur when traffickers convey to survivors, “You’re an object. You’re here for my benefit.”

Hopper recommends working with survivors to help them recognize their strengths and support them in their own process of recovery and self-determination. “The level of disempowerment is so huge that our role as providers for this population is really around recognizing and elevating,” she said. Some strategies to build that sense of safety include flexibility in service delivery such as not requiring victims and survivors to go through a rigid intake

process, or inviting “warm handoffs” from trusted mentors or health care providers whom they already trust. Psychologists should also invest in understanding survivors’ individual cultural beliefs and perspectives on healing.

Cassandra Ma, PsyD, is the executive director of Reclaim13, a nonprofit supporting child and adolescent survivors of sexual abuse and exploitation, including sex trafficking. A central aspect of Reclaim13’s approach is teaching survivors what healthy relationships look like, contrasting the exploitative dynamics they experienced with traffickers. Many young victims develop trauma bonds with their traffickers because of their developmental need for an adult caregiver, even if that caregiver is also a perpetrator. Ma and

her team respond to survivors in nurturing and nonjudgmental ways as a direct repudiation of the tactics traffickers use to shame and manipulate their victims.

“Our first goal is always helping them to feel safe. The way that we react to them tells them a whole lot about how other people might react and challenges their paradigms about adult-child relationships. We gradually create that safety and build healthy attachment,” she said. Ma and her team provide therapy and support services that address the layers of complex trauma the children have experienced and model supportive and loving interactions that demonstrate healthy relationships are not transactional. She added that children exposed to trafficking may internalize their perpetrators’



At My Life My Choice, an anti-human trafficking agency in Boston, survivor and counselor Audrey Morrissey speaks with an unidentified victim of sex trafficking.



Police officer Nicole Ledoux, center, speaks about sex trafficking to an audience at Plymouth State University in New Hampshire.

distorted view that human interactions are not prosocial. “We help them to understand a different mindset. We show our kids that human relationships are not a means to an end,” Ma explained.

Ellen Lacter, PhD, a licensed clinical psychologist based in San Diego, works directly with adult victims of child sex trafficking. These victims have been violated by those closest to them at much younger ages than the typical adolescent victim portrayed in the media. Perpetrators include parents, neighbors, and institutions with access to children. “Psychotherapists, like myself, have a window into the nature of child sex trafficking that paints a more gruesome picture than is usually represented in summary reports by federal agencies or in psychological research,” Lacter said. Her clients experience CPTSD and dissociative identity disorder. In her work, she provides an

empathetic and nonjudgmental environment that allows victims to explore their feelings, memories, and dissociated parts of self within their window of tolerance.

TAKING A SYSTEMIC PERSPECTIVE

To overcome barriers to escaping commercial sexual exploitation, Abigail Judge, PhD, takes her services outside the office. Judge, a clinical psychologist and codirector of the Boston Human Exploitation Advocacy Team (HEAT), leads a community-based program for women dealing with opioid use disorder who are currently experiencing sex trafficking. “We quickly learned the limits of traditional psychological models for a population constantly in survival mode. This population tends not to seek help in traditional ways,” Judge explained.

Boston HEAT meets women in various locations, including streets,

emergency rooms, and detention centers, building person-centered therapeutic relationships over time. They receive referrals from hospitals and the Boston Police Department. Initially, they focus on addressing basic needs like food, clothing, and providing safe spaces for rest and hygiene. Through consistent engagement, they foster trust and offer psychological support throughout the women’s recovery journeys. Judge urges psychologists to avoid “saviorism” and lead with humility as they work with victims and survivors. Humility requires valuing the women’s knowledge based on their lived experience and partnering with them in good faith to find solutions for their struggles. This can help psychologists understand the barriers to treatment from the women’s perspective and adapt services accordingly. Research indicates that such approaches can

enhance trust, address safety concerns, and foster agency among survivors of sex trafficking (Mumey, A., et al., *Psychological Trauma: Theory, Research, Practice, and Policy*, Vol. 13, No. 2, 2021).

Kalyani Gopal, PhD, leads the Sex-Trafficking Awareness, Freedom, and Empowerment Coalition for Human Rights (SAFECHR) in Munster, Indiana. SAFECHR has developed a Human Trafficking Credentialing Training Curriculum and operates a therapeutic residence for female trafficking survivors and their children, employing an innovative approach to healing.

Traffickers often become a victim's entire world, fulfilling all roles typically provided by family or support systems. Many of Gopal's patients endured extensive abuse by traffickers who created deep trauma bonds with them. They exploited their desire to be loved and cared for, especially if they came from unstable or abusive backgrounds. Since 2020, 56 women have graduated from her program, representing 87% completion for women coming into the residence. Statistics from the housing program show comorbid substance use disorders (40%), foster care placement (50%), childhood histories of sexual abuse (70%), and mental illness diagnoses (91%) among residents.

Recognizing the limitations of traditional therapies like cognitive behavioral therapy (CBT) for trafficking survivors, Gopal and her team employ "ACES-based shadow work," which addresses the root causes of complex trauma through writing, drawing, reflecting, and group discussions. Gopal advises psychologists to go directly into community settings to engage with victims and survivors. This firsthand experience can help them understand the complex cultural, political, and economic factors shaping the lives of people who have been trafficked. "Macro-, micro-, and mesosystems are impacted by human

trafficking. Seeing them in a clinic alone doesn't cut it," Gopal noted.

Phuong Nguyen, PhD, a clinical psychologist in Houston, leads the Anti-Human Trafficking Program at Baylor College of Medicine. He and his team reach victims via the medical center's emergency department. "This setting grants confidentiality and safety, which a lot of our patients don't have when they encounter law enforcement," Nguyen said. His program is the first of its kind to offer a postdoctoral fellowship that specializes in working with human trafficking victims, particularly within an integrated health care system.

His team provides trauma-informed care for victims who present with mental health issues, including PTSD, suicidal ideation, and depression. The program also collaborates with city officials to create a health care response that complements law enforcement efforts. Since its inception in 2017, the program has screened more than 700 victims and aims to serve as a model for other hospital systems. Nguyen's program has also trained thousands of health care providers to recognize and respond to signs of human trafficking.

Krista Fritson, PsyD, a licensed clinical psychologist and professor at the University of Nebraska at Kearney, works with law enforcement to recognize and better respond to human trafficking. Kearney is a small town of slightly more than 30,000, but it is a potential hub for human trafficking because of its location on I-80, which cuts across the country. In collaboration with Kearney's SAFE Center, Region 3 and other agencies, Fritson trains officers to adopt trauma-informed techniques during their interactions with victims.

Fritson and other mental health professionals lead role-playing scenarios to help officers practice using open body language, managing tone of voice, and avoiding interrogation-style questioning

to allay fear when they encounter victims. This approach is crucial because many fear being charged with a crime if they interact with law enforcement. "We have seen officers start to engage differently and behave in a different, more empathic way versus how they are trained to be adjudicators in law enforcement," Fritson said. As a result, victims are more willing to access services such as medical care or housing rather than feeling intimidated. ■

FURTHER READING

Leaders at Italian Alzheimer's cafés addressing ethical issues: From advocacy response against human trafficking to *Dolcezza* approach with persons living with dementia

Dryjanska, L., & Giua, R.
Aging & Mental Health, 2024

Building better quality mental health care for individuals and families impacted by human trafficking

Hopper, E. K.
APA Continuing Education webinar, 2024

Featured counter trafficking program: Reclaim13's "Cherish House"

Ma, C.
Child Abuse & Neglect, 2020

Psychological perspectives on human trafficking: Theory, research, prevention, and intervention

Dryjanska, L., et al.
APA, 2023

Handbook of sex trafficking: Feminist transnational perspectives

Walker, L., et al.
Springer, 2018

Unearthing historical trauma to advance health equity for survivors of human trafficking

Woo-Cater, S.
HCA Healthcare Journal of Medicine, 2022



Gross



Hajcak



Noltemeyer



Senzaki



Kaholokula

PSYCHOLOGISTS IN THE NEWS

James Gross, PhD, a psychology professor at Stanford University, will receive the 2025 Grawemeyer Award in Psychology. Gross was recognized for being a leader in the field of emotional regulation, from developing the process model of emotion regulation to his studies in the ways people manage their feelings. His theory was modulating one's feelings before an emotional reaction presents a healthier approach than trying to manage them after the fact.

Greg Hajcak, PhD, the Sheri Sobrato Endowed Chair and Professor of Child and Adolescent Mental Health at Santa Clara University in California, has been awarded a 3-year, \$3 million grant from the state of California to tackle an escalating youth mental health crisis with a particular focus on depression among LGBTQ+ youth. The project will evaluate two promising online approaches—a novel digital application and telehealth-based peer counseling—tailored for LGBTQ+ youth to reduce their experiences of depression.

Amity Noltemeyer, PhD, has been promoted from interim dean to permanent dean of the College of Education, Health, and Society at Miami University in Oxford, Ohio. She has been a professor

of psychology at the university for more than a decade, conducting research on positive behavioral interventions and supports, school climate, racial disparities in school discipline, and student resilience. Prior to her interim appointment, she served as associate dean of the university's graduate school.

Sawa Senzaki, PhD, a psychology professor and associate dean of the College of Arts, Humanities, and Social Sciences at the University of Wisconsin–Green Bay, was one of 12 recipients of the Universities of Wisconsin's 2024 Outstanding Women of Color in Education Award. The award is given each year to faculty, staff, students, or community members to recognize their achievements in advancing equity and inclusion for people of color within the Universities of Wisconsin as well as communities across the state.

Joseph Keawe'aimoku Kaholokula, PhD, a professor and department chair of native Hawaiian health at the John A. Burns School of Medicine at the University of Hawaii at Manoa, was one of 100 new members inducted into the National Academy of Medicine (NAM). Kaholokula, recognized by NAM for his "pioneering evidence-based interventions using Indigenous cultural values

and practices," is believed to be the first Native Hawaiian elected to the academy. His health disparities research focuses on identifying the biomedical, behavioral, and sociocultural factors associated with cardiometabolic-related diseases and developing and testing community-based interventions to address these diseases in Native Hawaiians and Pacific Islanders.

Leapetswe Malete, PhD, an associate professor of kinesiology at Michigan State University, has been named president-elect of the North American Society for the Psychology of Sport and Physical Activity. He will serve as president-elect for 1 year and then president for the 2025–2026 academic year. Malete currently serves as director of global initiatives for the Department of Kinesiology and director of the International Research on Youth Sport, Physical Activity, and Health Research Lab.

Jeremy Hogeveen, PhD, an associate professor in the University of New Mexico's Department of Psychology, was one of eight recipients of the 2024 Research and Creative Works Leadership Awards. Hogeveen's research findings include the impact of socioeconomic disadvantage on the motivation centers of the brain. ■

News You Can Use

Career

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



RESEARCHERS SHARPEN THEIR STRATEGIES FOR PUBLISHING ON LGBTQ+ TOPICS

Psychologists who study LGBTQ+ issues tend to face higher levels of scientific and political scrutiny than others—a concern that is escalating in the current political climate. Here's how to strengthen your publication odds and support your community at the same time. **BY TORI DEANGELIS**

When Kimberly F. Balsam, PhD, was planning her dissertation research in the late 1990s, colleagues warned that she shouldn't pursue her intended focus on LGBTQ+ populations.

"That's not going to be a good career move—you won't get a job," they told Balsam, now a professor at Palo Alto

University and director of the university's Center for LGBTQ Evidence-Based Applied Research.

In the face of pushback—including overly harsh criticism and multiple rejections from peer-reviewed journals—Balsam forged ahead anyway, becoming a prominent researcher in the emerging field of LGBTQ+ psychology. She

developed widely used measures of minority stress, resilience, and intersectionality, and she was one of the first researchers to publish articles in mainstream psychology journals on LGBTQ+ topics, including on families and intimate relationships, trauma, and mental health (see, for example, *Journal of Consulting and Clinical Psychology*, Vol. 73, No. 3, 2005; *Journal of Abnormal Psychology*, Vol. 114, No. 3, 2005; *Developmental Psychology*, Vol. 44, No. 1, 2008).

“Despite the challenges of conducting research in a stigmatized area, the benefits of doing LGBTQ+ research have greatly outweighed the costs,” Balsam said. “It’s been incredibly rewarding to contribute to the scientific knowledge base on this population and to challenge myths and stereotypes with actual data.”

But she realizes that despite progress in the area, challenges persist. While there is much more openness and opportunity to publish in this area than there was 20 years ago, LGBTQ+ research remains vulnerable to public, academic, and political scrutiny. LGBTQ+ researchers are still more likely than non-LGBTQ+ researchers to face critiques about their sampling and methodology (see box on page 55 for more), and younger researchers face the possibility that if they can’t get their research published, it may harm their chances of getting a job, a promotion, or tenure. They may also internalize this criticism and decide not to move forward with research plans, assuming their work will be rejected.

This situation is amplified in a political climate that is growing more restrictive, said M. Paz Galupo, PhD, the Audre Lorde Distinguished Professor of Sexual Health & Education at Washington University in St. Louis, Missouri, and editor of the APA journal *Psychology of Sexual Orientation and Gender Diversity*. Internet trolls had been spreading disinformation about LGBTQ+ research long before the 2024 election, and on his inauguration day, President Trump issued executive orders that would slash DEI (diversity, equity, and inclusion) initiatives across the federal government and mandate that the government recognize only two sexes, male and female. Both moves specifically align with the aim of the Heritage Foundation’s Project 2025 to reshape the federal government in line with its conservative agenda.

These are big causes for concern about the future of SOGD and other research on minoritized populations and mean that LGBTQ+ psychological researchers must be extra vigilant about how they describe and frame their research, said Galupo.

“There is a unique conversation happening now in our community about how to ensure that our research is not misinterpreted or used in ways that limit our rights or our ability to receive evidence-based care,” they said, “and about our responsibility in thinking about that.”

Thankfully, there is growing support for LGBTQ+ research and researchers, as well.

FURTHER READING

Doubly marginalized: Addressing the minority stressors experienced by LGBTQ+ researchers who do LGBTQ+ research
Veldhuis, C. B.
Health Education & Behavior, 2022

LGBTQ health research: Theory, methods, practice
Stall, R., et al. (Eds.)
Johns Hopkins University Press, 2020

On, with, by—Advancing transgender health research and clinical practice
Streed Jr., C. G., et al.
Health Equity, 2023

Balancing community and research needs in gender measurement decisions
Herman, R., et al.
Sexuality Research and Social Policy, 2024

Perspectives from transgender and gender diverse people on how to ask about gender
Puckett, J. A., et al.
LGBT Health, 2020

Comparing national probability and community-based samples of sexual minority adults: Implications and recommendations for sampling and measurement
Krueger, E. A., et al.
Archives of Sexual Behavior, 2020

There are many more journals devoted to LGBTQ+ issues, more LGBTQ+ researchers on editorial boards, federal offices devoted to LGBTQ+ health and research (see Resources), and a strong global network of LGBTQ+ researchers eager to mentor students and early career psychologists. A new APA resource offers additional guidance: the *Sexual Orientation and Gender Diversity Research Manuscript Writing Guide*, a collaborative venture by members of Div. 44 (Society for the Psychology of Sexual Orientation and Gender Diversity) and headed by Div. 44 science committee chair Cindy Veldhuis, PhD, who is an assistant professor in Northwestern University’s Department of Medical Social Sciences and Institute for Sexual and Gender Minority Health and Wellbeing. The guide describes common issues that LGBTQ+ psychology researchers face in gaining institutional support for research proposals and for getting published, and ideas on how to overcome those obstacles.

Veldhuis and others suggest the following:

■ Consider the bigger picture.

Before starting your research, become familiar with the literature on the specific LGBTQ+ population you’ll be working with as well as on the specific societal and cultural issues they are facing, Balsam advises.

“Knowing about one subpopulation doesn’t mean you know about another,” she said. Gaining this knowledge is especially

important for researchers who do not identify as LGBTQ+, she added: “It’s important to incorporate LGBTQ+ cultural competence and humility in all stages of the research and writing process.”

When you start to conceptualize and write up your study, think about what you want to project and who you want to reach, Balsam added. What do you want the “story” of your research to say? What audience do you want to reach with your findings? How will your research be seen or used by others? How can your research best serve the LGBTQ+ community? If your study focuses on couples where one partner is trans and the other is cisgender, for example, you could focus your article on the trans person’s experience in the relationship, the cisgender person’s experience, or on how clinicians could best work with these couples, to name a few possibilities.

Also, consider how your choices could be interpreted by reviewers and other critical eyes and adjust your writing accordingly, Balsam recommends. One powerful way to do that is to anticipate ways that your research may be misinterpreted and to proactively address those points in the discussion section (see box at right for more).

■ **Choose your venues deliberately.** Choosing journals to pitch to—those that publish primarily LGBTQ+ research or mainstream journals—depends on your research goals and values. For instance, if it’s important

Combatting Common Critiques

LGBTQ+ research tends to be scrutinized for several reasons, including the relative historical recency of this work, the fact that LGBTQ+ researchers are often part of the communities they study, and bias on the part of reviewers and the public. But you can make rejoinders that address many of these concerns, said Cindy Veldhuis, PhD, an assistant professor in Northwestern University’s Department of Medical Social Sciences and Institute for Sexual and Gender Minority Health and Wellbeing and lead author of the APA Div. 44 (Society for the Psychology of Sexual Orientation and Gender Diversity) *Sexual Orientation and Gender Diversity Research Manuscript Writing Guide*. She offers these ways to respond to reviewers and others:

CRITIQUE: This study is simply “me-search”—the researcher’s efforts to better understand their own issues and problems. Hence, it is not real science.

RESPONSE: Being part of the LGBTQ+ community gives researchers a deeper understanding of the underlying issues these communities face and makes participants more likely to trust them. LGBTQ+ researchers are also more likely to be aware of their own potential biases and power differentials than someone outside the community would be. What is more, a lot of non-LGBTQ+ psychological research could also be considered me-search.

CRITIQUE: The study lacks a heterosexual or cisgender comparison group.

RESPONSE: A heterosexual or cisgender comparison group is important if the researcher is trying to demonstrate health inequities in a marginalized group versus a majority group. But it is not necessary for conducting in-group comparisons on a particular topic or understanding specific issues within a particular community.

CRITIQUE: The researcher’s data do not generalize to the wider population.

RESPONSE: The LGBTQ+ population is growing, as gains in visibility and rights

make it more possible for people to come out and live openly as LGBTQ+. In fact, some 28% of Gen Z adults now identify as LGBTQ+, according to the nonprofit research organization PRRI. That’s a significant portion, and such data suggest the need for more research on this population, particularly given the significant health and mental health inequities faced by LGBTQ+ people.

CRITIQUE: Sample sizes are too small to be meaningful.

RESPONSE: For many reasons—lack of funding, the relative newness of the area, and people’s reluctance to come out in studies—there remains a dearth of population-based data on the LGBTQ+ community at large and on LGBTQ+ subpopulations specifically. It is also difficult to recruit truly diverse samples of LGBTQ+ people because participants may fear that the data will be misused or will not be kept confidential, a particular concern in the current sociopolitical environment.

That said, large sample sizes aren’t always necessary depending on the analyses being done, for example, if it’s a simple group comparison versus a study with multiple variables. And even when a study is not amply powered, it may still provide important directions for future research.

to you to become known as a trauma researcher, consider pitching to a mainstream trauma journal, said Galupo. If your intention is to speak specifically to the needs of a particular LGBTQ+ subpopulation, a specialized LGBTQ+ journal might be the way to go.

In general, the Div. 44 guide recommends thinking about “why the editor and reviewers should be interested in the article and make a brief ‘pitch’ as to the significance of the article, the fit for the journal, why it would interest the journal’s readership writ large, and the broader community, societal, and clinical implications of the article.” To consolidate your case, Veldhuis recommends writing a strong cover letter that briefly delineates these points.

Also key is reading sample articles from your top journal picks to get a feel for their language and culture, said Galupo. If you’re writing for an LGBTQ+ journal, for example, you probably don’t need to define identity terms like SOGD, LGBTQ+, and cisgender. But for mainstream journals, it’s best to define such terms as well as basic concepts in the field like health disparities and minority stressors because reviewers and readers might be unfamiliar with them.

Galupo also recommends looking at the journal’s editorial board since they will be reviewing your manuscript. If you’re not familiar with the names, “you’re probably not operating in the same theoretical framework as that journal,” they said.



■ **Balance scientific and community concerns.** While conducting good science is paramount, the ongoing reality of anti-LGBTQ+ bias and violence means that many LGBTQ+ researchers work from a social justice and advocacy framework, with a preference for community-based work that accurately captures community needs and issues.

“I’m always thinking about how to center the voices of the TNB [trans and nonbinary] community while not perpetuating stereotypes or pathologizing TNB people,” said Em Matsuno, PhD, an assistant professor at Arizona State University whose EMpowerment Lab studies ways to promote the health and wellness of trans and nonbinary people. Matsuno achieves this by partnering with TNB community organizations and seeking TNB community feedback on their research projects.

Lab director Em Matsuno, PhD (standing, center), and members of Arizona State University’s EMpowerment Lab at a local community event where they drew from qualitative research to provide a workshop on cultivating trans and nonbinary joy.

Researchers also need to be aware that LGBTQ+ participants might ask to have their voices heard in ways that are not within the framework of your study. If that is the case, think creatively about how to stay faithful to your scientific mission while addressing community concerns as much as possible, including in the way you write up the study, said Balsam.

“You have to find a way to balance scientific aims with community input, relationships, and goodwill,” she said.

■ **Include positionality statements and team diversity.** Consider adding positionality statements—which briefly note researchers’ identities and how they relate to the topic and to participants’ identities—to support a study’s credibility and transparency. These statements

can take a variety of forms depending on an author's comfort level and intentions and can be individual or team statements (see, for example, APA's standards on research transparency and disclosures).

■ **Learn to love reviews.** If your manuscript returns from review with a pile of comments, reply in an even-handed way, Matsuno recommends. "Even when it doesn't feel like it, reviewers usually have the good intentions of trying to strengthen your manuscript," they said. "They are reading your paper from a different perspective and may catch things that other readers might misunderstand as well."

When your manuscript comes back from review, read the comments once, then set it aside for a week, Galupo suggested. "When you come back to it, it's usually not nearly as bad as you think it was," they said. And, when you do respond, do so in a conversational, collegial manner: Reviewers will appreciate your tone, and it helps to build rapport.

Don't be alarmed if your manuscript is rejected, either, underscored Cory Cascalheira, PhD, a research fellow at the VA Puget Sound Health Care System who studies mental health stressors among LGBTQ+ veterans. Because of lifetime experiences of bias, LGBTQ+ researchers may be more sensitive to rejection than others. "But rejections are just part of the scientific process," he said. "So, get your manuscripts out there early and often."

■ **Grow a mentorship network.** Finding mentors to guide you can turbo-charge your publication efforts, Cascalheira added. If you want to work alongside a more established researcher, for example, you could offer to help analyze their data. "Most professors I've worked with have so much data, they don't know what to do with it all," he said. "I didn't know that when I first started, and I wish I had known that from day one."

Cascalheira also signed up for a free year-long LGBTQ+ graduate student mentoring program offered by the American Psychological Association of Graduate Students Committee on Sexual Orientation and Gender Diversity. There, he talked with a mentor about the best journals to pitch to and about his research program—"specifically about how to tell a research story with my articles in ways that set me up well for job talks in the future," he said.

■ **Consider new research avenues.** A lot of LGBTQ+ research centers on the minority stress model—the theory that high levels of stress related to stigma and discrimination put minority populations at greater risk for poor physical and mental health outcomes than others.

That model remains an important paradigm and one that tends to get funded. But Galupo also encourages researchers to stretch their vision and study other areas that need exploration, such as the positive aspects of having an LGBTQ+ identity.

RESOURCES

Sexual orientation and gender diversity research manuscript writing guide

Veldhuis, C. B., et al. *Psychology of Sexual Orientation and Gender Diversity*, 2024

NIH Sexual & Gender Minority Research Office
Coordinates LGBTQ+ research across the National Institutes of Health

VHA LGBTQ+ Health Program
Funds pilot research for LGBTQ+ veterans

Nonbinary fact sheet
Matsuno, E., et al. APA Div. 44

Queer data: Using gender, sex and sexuality data for action
Guyan, K. Bloomsbury Academic, 2022

Equity, diversity, and inclusion toolkit for journal editors: Second edition
APA, 2024

"There is some really important work happening right now that documents the joy and healing and liberation of our communities," said Galupo. While funding needs to catch up with this trend, "we are not documenting our full humanity if we only talk about it from a disparities perspective."

Also in need of more investigation are LGBTQ+ mental health challenges at the clinical, structural, and societal levels, including in the areas of training, prevention, and intervention, said Balsam. In addition, more work is needed to understand the mechanisms of health and mental health challenges among LGBTQ+ women, since far more is known about LGBTQ+ men's mental health than LGBTQ+ women's, Veldhuis said.

■ **Think big.** Finally, be bold in your research efforts, said Cascalheira. While it's common for students and early career psychologists to harbor self-doubt—a condition that can be amplified among LGBTQ+ psychologists and in the current political climate—face those fears and have confidence that your research will shed new insight on the human condition. Don't be afraid to pitch to top-tier journals, either, especially if you've done your homework and your research is sound.

"The important thing is to get your work out there," he said. "Practice courage and let other LGBTQ+ researchers help you move forward with your science. There's a lot of work to be done, and there's a lot of room at the table." ■



THRIVING IN TEMPORARY ASSIGNMENTS

Short-term assignments are the key to work-life balance and career advancement for a growing number of psychologists

BY ALYSON POWELL KEY

Temporary work for psychologists is starting to gain traction. For those in a medical field, short-term positions have long been a part of work options. One study found that by 2023, about 50,000 doctors, or 7% of the U.S. physician workforce, worked temporary assignments. While concrete stats for temp work

for psychologists are difficult to find, anecdotally, this work has expanded significantly over the past 2 decades.

Locum tenens, or temporary work, allows psychologists to expand their résumés, gain varied experience, and potentially transition into a permanent role. Locum tenens roles suit both early career and experienced

At a Glance

- » At certain career or life stages, temp work offers essential work-life balance with a choice of location, hours, and practice settings.
- » Temp work allows psychologists to try different facilities, from hospitals to telehealth, enhancing their experience.
- » Agencies handle licensing, credentialing, and logistics, ensuring psychologists focus on patient care.

WESTEND61/GETTY IMAGES

psychologists; some use it to test different work environments without a long-term commitment. Others find that temp work suits their needs to alleviate burnout, experience a new region of the country, or ease into retirement.

One recruitment agency, LocumTenens.com, established in 1995 with psychiatry staffing, historically worked primarily with doctors and advanced practice registered nurses. In 2020, the agency expanded into psychology staffing. Though overall numbers are still small, they have seen significant growth over the past 5 years. With the COVID-19 pandemic compounded by social unrest and workforce shortages, the agency's clients have "needed all the help they can get to address and meet the needs of their patients," said Jeannie Smith, associate vice president of behavioral health at LocumTenens.com.

A CAREER CHANGE

As the COVID-19 pandemic raged around the world and millions of people's lives were upended, Debra Warner, PhD, PsyD, realized that she needed a change.

The forensic and organizational leadership psychologist wanted more flexibility in caring for her aging mother, who's a cancer survivor, and an aunt with dementia, and to be more present for her children. She started looking into temporary psychology work—months-long assignments that would allow her to escape traditional, rigid work schedules and tailor her career around her family life.

Warner now works as a contract consultant in a correctional facility in California, training professionals from psychologists to security staff. She works mainly hybrid and often schedules in-office time during her children's school breaks when they can travel with her.

Her family remains her top priority, and being able to travel with them to different assignments and maintain a stable income made temporary work ideal. "My job allows me to support my family and still be there for them, which is an amazing thing," Warner said. With more flexibility, she's also pursuing activities that bring her joy and fulfillment, including more media-related work and volunteer opportunities.

The COVID pandemic turned out to be the perfect time for a career shift because the demand for psychology services surged. A survey conducted by APA about 6 months into the pandemic found that more than a third (37%) of psychologists reported an increase in patient referrals. And 44% observed a decrease in no-show rates and appointment cancellations compared with before the pandemic.

Amy Gentile, divisional vice president of behavioral health at locum tenens agency Consilium Staffing, has been in the industry for more than 20 years. "I don't remember seeing psychology jobs when I started, but in the last decade, it's really grown." Her agency also saw a surge during and after the COVID pandemic as mental health needs increased. For practitioners experiencing burnout, locum tenens provided

Choosing a Recruitment Agency

What should psychologists looking for temp work consider when selecting an agency?

- » **Support services.** Look for an agency that provides support services, including licensing, credentialing, and logistical arrangements.
- » **Dedicated recruiters.** Does the agency have specialty-specific recruiters or those for each state or region of the United States? This helps psychologists and recruiters build relationships. "Make sure there's a human connection with your agency—it's not just a business but about serving those who serve patients," said Amy Gentile of Consilium Staffing.
- » **Credibility.** Look for an agency that communicates transparently and understands you and your needs. Read reviews and ask for referrals by reaching out to peers through professional networks such as APA Community.

viable options to relieve pressure. Agencies say this growth has continued in the years after COVID.

BUILDING SKILLS AND FINDING THE RIGHT FIT

"Locum tenens" is a Latin phrase meaning "to hold the place of, to substitute for." This health care model began in the 1970s in Utah to prevent burnout among rural doctors. A network of physicians took over rural practices while local doctors attended training. Today, recruitment agencies match clinicians with employers, offering short-term assignments that fill staffing gaps and address the rising need for mental health services.

The process for a temp agency begins with understanding a clinician's availability, preferences, and experience. "I try to match them first to their actual interests," explained Kristina Armistead, psychology and clinical social work recruiter at

LocumTenens.com. This involves detailed questions about preferred settings, populations, and case types.

Armistead says the most in-demand settings for employers at her agency include state hospitals, community mental health clinics, and correctional facilities. They also work with private practices, Indian Health Services facilities, and government entities.

MEETING THE NEED IN UNDERSERVED AREAS

Rural areas face a critical shortage of psychologists. Studies show that the mental health workforce meets only 32.5% of the estimated demand for behavioral health services, indicating a significant gap. This shortage is especially pronounced in rural regions, where around 62% of the designated mental health professional shortage areas are found (Domino, M. E., et al., *The Journal of Rural Health*, Vol. 35, No. 1, 2019).

To attract psychologists to rural areas, recruitment agencies and employers will sometimes negotiate higher rates. "There are times when facilities, if funding is available, will offer higher pay to get clinicians to consider more remote opportunities," Smith said.

Psychologists passionate about helping underserved populations tend to be more successful in rural roles. "They're there because they want to be there; they aren't just chasing a check," explained Ricky Moses, divisional vice president of behavioral health at Consilium Staffing. Psychologists

who take on these assignments typically have a deep-rooted commitment to service, which helps them thrive despite the challenges of remote or resource-limited environments.

Agencies assist with travel and lodging to make relocation as easy as possible. And they provide support with licensing, credentialing, and pay negotiation. The idea is to ensure that the process is "seamless so providers can focus solely on patient care," Armistead said.

Some agencies also cover malpractice insurance for workers. But since clinicians are considered independent contractors, agencies don't typically provide traditional benefits. So while the hourly wage might be higher for temporary work, psychologists pay their own taxes and for life insurance, disability, retirement plans, health insurance, and other benefits out of pocket.

THE LOCUM TENENS LIFE

Joseph D. Salerno, PsyD, a clinical psychologist, was initially drawn to locum work because of the higher pay and opportunity to travel. "I've always been interested in seeing different areas of the country. This is a great way to see it."

He's worked in various settings, including correctional facilities, an immigration processing center, and a state psychiatric hospital. He typically stays in one location for 6 months to a year and often applies for licenses to practice in states he wants to explore, planning moves months or years

in advance. His dream location is Hawaii.

Salerno said those interested in temporary assignments "need a certain degree of flexibility to get started with licensing as the first step." He added that assertiveness is another essential quality "to make decisions in terms of what you want and where you want to go."

Salerno plans to continue with temporary roles for now, appreciating the variety it brings to his work. "The role of psychologist never changes, just the location."

Warner encourages psychologists new to locum work to try different roles and, as with any other job, be ready to work hard. "Be able to roll your sleeves up and just go in there. You can choose to stay or decide it wasn't your cup of tea."

Temporary assignments typically last 3 to 6 months, although some may extend to a year or more. This flexibility provides opportunities for diverse work experiences and allows

Is Locum Tenens Right for You? Key considerations for psychologists

Here are some questions psychologists should ask themselves to determine whether locum work is right for them:

- » Are you comfortable with change?
- » Are you open to relocating or working in varied practice settings?
- » Do you want more control over your hours and work-life balance?
- » Are you in a life or career stage that makes short-term flexibility ideal?
- » Are you comfortable managing your own benefits, such as health and life insurance?

for personal scheduling. One psychologist associated with LocumTenens.com works with the agency for 6 months each year and spends the remainder of the year volunteering with Doctors Without Borders.

THE IMPACT OF TEMP WORK AND THE FUTURE AHEAD

There isn't much research yet on the impact of locum tenens; however, one study looked more broadly at independent contractors (who may negotiate contracts directly with hiring organizations) in public mental health clinics (Beidas, R. S., et al., *Psychiatric Services*, Vol. 67, No. 7, 2016). From a hiring perspective, employers appreciate flexibility in hiring for specific skills, but there are challenges.

The study found that relying on independent contractors leads to increased staff turnover. Administrators noted that contractors are more likely to leave their positions without adequate notice, creating operational instability and challenges in providing consistent patient care.

Employers also saw independent contractors as having a weaker connection to the organization than salaried staff. This disconnect stems from their exclusion from organizational activities such as team meetings, professional development opportunities, and social events, which leads to a sense of isolation. Because contractors aren't integrated into the organization's culture, they often view their roles as transactional rather than mission driven. This perspective limits their commitment to



the organization's broader goals and initiatives.

Some organizations have reported a reluctance to allocate resources for training and professional development for independent contractors. Since contractors are not permanent employees and tend to have higher turnover rates, organizations view investing in their training as a financial risk. They're concerned that training contractors may not provide long-term benefits since contractors could leave before the organization recovers its investment (Beidas, R. S., et al., *Psychiatric Services*, Vol. 67, No. 7, 2016).

Temporary employees also allow organizations to cover vacations and sabbaticals or supplement seasonal staffing needs during peak seasons, which can be more cost-effective than hiring permanent staff.

Regine Neiders, PhD, is the CEO of Pacific Rehabilitation

Dr. Debra Warner has found a satisfying work-life balance through temporary assignments.

Centers in Washington, which provides physical, occupational, medical, vocational, and psychological therapies for injured workers. The company has employed temporary psychologists for the past decade to address ongoing psychology staffing shortages. Her team is intentional about integrating temp staff into the organization.

"We train them on our state's workers' compensation system and assign mentors to smooth out misunderstandings about our approach. They join all appropriate team meetings and educational sessions. We make them feel like they are truly part of the team."

Today, the locum tenens industry prioritizes onboarding by providing important points of contact, orientation, and training to improve the experience for the hiring organization and the locum workforce.

For now, the future of locum tenens work for psychologists appears to be on an upward trajectory. The severe shortages of psychologists in some areas and the increasing desire for services mean more work for both agencies and psychologists, plus relief in the form of temporary staff for clients. Locum tenens work is redefining career possibilities for psychologists, offering flexibility, diverse experiences, and the chance to make meaningful contributions in underserved areas. As demand for mental health services continues to rise, this model provides a unique pathway for professionals to thrive—on their own terms—while meeting critical community needs. ■



Transplant psychologists play a crucial role in improving patient outcomes and satisfaction by addressing psychological barriers to medication adherence and recovery throughout the transplant process.

PSYCHOLOGISTS PAVE THE WAY FOR TRANSPLANT SUCCESS

Psychologists play a key role in medical transplant teams, helping patients improve their chances of getting an organ and making full posttransplant recoveries

BY BARBARA MANTEL

The role of transplant psychologists has become increasingly vital as the number of organ transplants has surged, rising from 28,956 in 2013 to 48,137 in 2024. These specialists usually are part of a multidisciplinary transplant team, although some are health psychologists employed by another area of the hospital who

work on transplant as needed.

“Having health psychologists embedded with a transplant team affords a lot of opportunity for improved outcomes and improved patient satisfaction and patient care, starting at the very beginning of the transplant process,” said Kelly Bryce, PhD, the lead transplant psychologist at Henry Ford Hospital in

Detroit. They participate in the initial evaluation for transplant, see patients yearly while they are on the waiting list, and “once patients are transplanted, we can get involved as early as the moment they wake up from sedation,” Bryce said.

Transplant psychologists help patients qualify for transplant by identifying and recommending therapy for untreated mental health problems and contributing to improved patient outcomes and satisfaction by addressing psychological barriers to medication adherence and recovery. The demand for transplant psychologists outstrips the current supply, presenting both challenges for health care teams and patients and opportunities for psychology students interested in the field and the academic programs educating them.

Psychoeducation and communication are big aspects of the transplant psychologist’s role. Educating patients about the importance of immunosuppressant medication after transplant to prevent organ rejection, for example, helps them stay out of the hospital and live longer, said transplant psychologist Stephan Weinland, PhD, at Virginia Commonwealth University (VCU) Medical Center in Richmond. Transplant psychologists can do this directly or show others how. In one recent study, a transplant center cut organ rejection rates among young kidney recipients in half after psychologists trained staff to use nonjudgmental communication and problem-solving when discussing medication adherence

GARY JOHN NORMAN/GETTY IMAGES

with patients (Hooper, D. K., et al., *American Journal of Kidney Diseases*, Vol. 79, No. 3, 2022).

Weinland also spends time helping physicians understand their patients' behavior. "I emphasize to physicians that there is no such thing as a 'difficult patient,' only patients with difficult problems," he said. "That recognition puts the emphasis where it needs to be, on the issues to be addressed, and it can reduce burnout and help physicians remember why they got into medicine."

EVALUATING PATIENTS FOR TRANSPLANT

Once a kidney dialysis center or a physician refers a patient to a transplant center, the patient must undergo an evaluation by a multidisciplinary team to determine if they are a good candidate.

The surgeons and medical specialists on the transplant team evaluate patients' physical health. For some organs, such as livers, patients with the most advanced organ failure and pressing need are placed higher on the waiting list. At the same time, some illnesses will eliminate transplantation as an option. For instance, patients with cancer may be denied a spot on the waiting list. Other patients may be told they need to lose weight before they can secure a spot.

The psychologist on the transplant team conducts interviews with most patients, assessing for multiple psychosocial factors that can contribute to success or difficulty with transplant.

"The first is the presence of untreated or undertreated mental

health conditions," said Weinland. "We need to make sure that the patient can take care of an organ if they're given one. For every patient who gets an organ, there may be someone else on the waiting list who could pass away because they did not get an organ." Depression, anxiety, post-traumatic stress disorder (PTSD), and basic mental health concerns can be addressed across the transplant process with psychotherapy or medications, but some situations can disqualify patients for transplant. Someone with an untreated delusional disorder who thinks posttransplant antirejection drugs are poison and would not take them, for example, would likely be ineligible for transplant, said Weinland.

Transplant psychologists, along with social workers on the team, also assess the patients' social supports. "If you get a liver transplant, for the first few weeks you may be learning to walk again, eat again, and go to the bathroom again, to do basic functions," said Weinland. For a transplant to succeed, patients need a dedicated caregiver to help them through recovery, manage their medications, drive them to appointments, and take on household chores, he said.

"Another domain that we're assessing is the patient's use of any substances that might be contraindicated or contribute to different problems with transplants, and that includes both illicit substances as well as nicotine, tobacco products, and alcohol," said Yelena Chernyak, PhD, the lead psychologist for the Advanced Heart and Lung Care Center at Indiana Uni-

A Forum for Transplant Psychology

By 2015, enough psychologists, psychiatrists, and social workers were working in transplantation in the United States to support a forum for networking, collaboration, and discussion of policies and practices, said Jody Jones, PhD, a clinical psychologist at the Transplant Institute of University Hospitals Cleveland Medical Center. In response, the American Society of Transplantation (AST) created the Psychosocial Community of Practice.

Four years later, its members changed the group's name to the Psychosocial and Ethics Community of Practice "because [ethics] is really what most of us do," said Jones, who is its chair. "Now we're getting the involvement from surgeons, nephrologists, hepatologists, pulmonologists, and others who are interested in ethical issues within the family of transplants," she said, adding that membership has more than tripled since the name change to more than 350 professionals.

A perennial topic among forum members, Jones said, is, "What are the criteria that we want to establish that makes one person a better risk for going into transplant versus another?" This is of particular concern for patients with psychotic disorders who may not be able to withstand the psychologically destabilizing effects of medicines prescribed after transplant to suppress the immune system and prevent organ rejection.

For more information about AST's Psychosocial and Ethics Community of Practice, visit www.myast.org/communities-of-practice/psychosocial-and-ethics.

versity Health, where thoracic transplants take place.

Patients must also have the ability to understand the risks and benefits of transplant. For example, while a transplant can extend life, it can also fail if the body rejects the donor organ or the organ stops working. And finally, they must be willing and able to follow pre- and post-transplant regimens, including antirejection medications and lifestyle changes that are critical to transplant success. For example, Weinland assesses whether the patient has a history of rule-breaking behavior or other antisocial tendencies that could interfere with working with a doctor or person in authority.

“For transplant psychologists, the assessment is an opportunity to identify strengths and barriers or challenges to transplant and

provide or recommend additional support that would help patients succeed and maximize overall outcomes posttransplant,” said Elizabeth Steinberg Christofferson, PhD, a pediatric psychologist with the solid organ transplant team at Children’s Hospital Colorado.

Psychologists attached to kidney and liver transplant teams also meet with living donors, who make up a little less than a third of all organ donors. They want to make sure that people who volunteer to donate a kidney or a lobe of their liver understand the weeks-long recovery that follows the laparoscopic surgery, the need to monitor their kidney or liver function annually after donation, and the importance of addressing ongoing mental health conditions, said Jody Jones, PhD, a clinical psychologist at the

Transplant psychologists help the medical team to understand how psychological factors can impact patient care and recovery, contributing to improved overall treatment strategies and patient outcomes.

Transplant Institute of University Hospitals Cleveland Medical Center. “Emotionally, it can be challenging” because the surgery turns a healthy person into a temporarily ill one, Jones said.

HELPING THE MEDICAL TEAM

At Tampa General Hospital’s Transplant Institute, the transplant team includes physicians, surgeons, nurse coordinators, social workers, financial counselors, pharmacists, and, for close to 30 years, psychologists, said Christine Machado-Denis, PsyD, the director of transplant psychology at the institute. “We are very fortunate,” she said.

When presenting the results of their evaluation, transplant psychologists must frequently educate the medical team. Sometimes patients are not following



BEVAN GOLDSWAIN/GETTY IMAGES

Changes in the Field

Transplant psychologists have seen many changes over the past 5 to 10 years that have affected their work:

- » Now that hepatitis C can be cured, treated patients no longer need a liver transplant. This has freed up organs for people previously not considered for transplant, specifically patients with acute alcohol-related hepatitis. This condition can develop so quickly that patients have little warning and are unable to detect early signs of illness; as a result, their physicians may not have cautioned them to reduce drinking. Assessing these patients and connecting them to treatment has become a greater focus of his practice, said Stephan Weinland, PhD, a transplant psychologist at Virginia Commonwealth University (VCU) Medical Center in Richmond.
- » Advances in transplant medicine have led to improved survival rates and quality of life and have changed the nature of conversations with patients who are ambivalent about transplant, said Yelena Chernyak, PhD, the lead psychologist for the Advanced Heart and Lung Care Center at Indiana University Health. “Transplant is not always an obvious decision for the medical team, nor is it an obvious decision for the patient,” she said.
- » As states have legalized marijuana use, more patients at transplant centers are using it, said Chernyak. Marijuana can reduce the effectiveness of antirejection medicines, “but more and more programs are experimenting with allowing those substances to be used, which is changing how we evaluate patients and prepare them for transplant,” she said.
- » The increasing volume of transplants has meant that Weinland, currently the only transplant psychologist at VCU, spends less time on each assessment and more time working with social workers, addiction medicine specialists, and physicians to successfully engage patients in posttransplant care, he said. It has also led to a push to transplant faster and address mental health and behavioral concerns after transplant, said Kristin Kuntz, PhD, the director of transplant psychology at The Ohio State University Wexner Medical Center. But addressing issues before transplant can sometimes prevent or reduce significant psychological and behavioral issues after transplant, she said. “In addition, patients may be more motivated to seek help before transplant because there’s a bit of a carrot dangling in front of patients who have been asked to change their behavior to get on the waiting list,” Kuntz said.
- » Transplant volume may increase further starting later this year because of a new government payment program incentivizing transplant centers to decline fewer kidneys and to expand their kidney transplant programs. The 6-year program is called the Increasing Organ Transplant Access (IOTA) Model and will enroll half of all eligible transplant centers starting July 1, 2025. Judy Jones, PhD, a clinical psychologist at the Transplant Institute of University Hospitals Cleveland Medical Center, expects IOTA to “absolutely” affect her work. More kidney transplants will mean more evaluations of potential candidates, some of whom may not have gas money to drive to the hospital, lack caregivers who can take time off from work to accompany them to medical appointments, or have psychological issues that could make a successful outcome more challenging. “It will be my job to help create pathways forward for these individuals,” said Jones. “Some of these patients will need increased attention during their hospital stay at the time of transplant and increased follow-up afterward.”

instructions—for instance, to stop smoking—and the physicians may consider the patient non-compliant, said Machado-Denis. “We can help the provider team use different language, help them see the patient in a different light,” she said. The psychologist can explain that with therapy, the patient may be able to stop smoking and eventually become a good candidate for transplant. In such a case, the transplant psychologist can help arrange therapy with the goal of reevaluating the patient for the waiting list once the behavior is addressed.

Psychologists also decode for the team how psychological factors might impact the patient’s care and recovery. For instance, the psychologist can advise a

physician to make longer visits to build trust with a patient who fears doctors or to use pictures to explain transplant to a patient with low health literacy, said Machado-Denis. “We advocate for the patient and at the same time increase physician satisfaction because we’re giving them tools to understand this patient from that whole-person care model,” she said.

COMMON MENTAL HEALTH ISSUES AND ARRANGING THERAPY

During the initial evaluation, the three transplant psychologists at Henry Ford, each specializing in a different organ, often see anxiety and depression in patients, who, after all, are

The Transplant Institute at Tampa General Hospital performed 889 transplants in 2024, making it the top-ranked transplant center in the nation by volume.

wrestling with life-threatening chronic diseases, said Bryce. Typically, the psychologists refer these patients out for therapy. “We’re the evaluating psychologist at that point, and so to avoid the potential of any dual relationships, that treatment goes elsewhere,” she said.

Patients who end up receiving a donor organ also often grapple with depression because of the lengthy recovery process and permanent lifestyle changes such as taking lifelong antirejection drugs. It has been estimated that depression affects, for example, 85% of kidney recipients (Zimbren, P. C., *Current Opinion in Organ Transplantation*, Vol. 27, No. 6, 2022). From 30% to 40% of patients will meet



STEVE HEAP/GETTY IMAGES

criteria for major depressive disorder after a liver transplant, said Machado-Denis. “We see increased rates of adjustment disorder, and sometimes that can progress into depressive symptomatology, anxiety, and sleep problems,” she said.

In addition, patients can have some PTSD after extended hospitalizations or from complications during their hospital stay. Some patients suffer from delirium and brain fog after a turn in the intensive care unit, said Kristin Kuntz, PhD, the director of transplant psychology at The Ohio State University Wexner Medical Center.

Some struggle with survivor’s guilt. “Organ recipients may say, ‘For me to live, someone has to die. It’s not fair,’” said Kuntz. “It doesn’t feel right to them, especially for patients who struggle with depression and self-esteem issues.” This may be especially true for patients whose behavior contributed to or caused their condition, for instance, people with alcohol-related cirrhosis or chronic obstructive pulmonary disease related to smoking. They may compare themselves with their deceased donor or ask themselves if it is fair that they receive an organ while those whose behavior did not contribute to their illness may not, she said.

After a transplant, Bryce, Kuntz, and other transplant psychologists treat mental health symptoms related to the transplant or any behavior concerns linked to recovery, such as experiencing survivor’s guilt, avoiding follow-up appointments because of transplant-related emotional

trauma, or struggling to comply with the medication regimen. In a 2023 literature review, the authors found that psychosocial interventions significantly improve adherence to immunosuppressant drugs (de Zwaan, M., et al., *Deutsches Ärzteblatt International*, Vol. 120, No. 24, 2023).

GROWING DEMAND FOR TRANSPLANT PSYCHOLOGISTS

Transplant psychologists have seen demand for their expertise climb as the number of organ transplants has steadily grown. “When I first started working on transplant in the late 1990s, it was definitely not common to have a health psychologist as part of the transplant team,” said Jones. Programs relied more heavily on social workers, and many still do. But most larger transplant programs have now hired transplant psychologists, she said.

Demand for transplant psychologists outstrips the number of psychologists trained in the field, and job openings are going unfilled. And yet the job is tremendously rewarding, said Jones. “Never, ever do I forget that it’s a miracle, that someone has died and a family in terrible grief wipes their tears and makes the decision to share that person’s life with numerous other people,” she said. “I just love it.”

Weinland’s transplant program at VCU has been advertising for two additional transplant psychologists since spring 2023. Tampa General Hospital’s Transplant Institute is also looking to hire two more health psychologists, said

FURTHER READING

Depression, quantified medication adherence, and quality of life in renal transplant candidates and recipients

Robiner, W. N., et al.
Journal of Clinical Psychology in Medical Settings, 2021

Effect of an integrated transplantation mental health program on alcohol relapse after liver transplantation for severe alcoholic hepatitis: A single-center prospective study

Zanowski, S. C., et al.
Transplantation Proceedings, 2022

Psychological assessment of surgical candidates: Evidence-based procedures and practices

Marek, R. J., & Block, A. R. (Eds.)
APA, 2023

Reexamining “psychosocial clearance”: A procedural framework for psychosocial evaluation in liver transplantation

Winder, G. S., et al.
Liver Transplantation, 2024

Machado-Denis. And there are openings at other transplant programs around the country.

Some psychologists may not want to be part of a medical team in a hospital and prefer the flexibility of private practice, said Jones. In addition, “organ failure can be painful to witness, and you have to sometimes have a pretty strong stomach for what these people are going through,” she said. Furthermore, “there are a lot of people getting trained in health psychology,” Jones said, “but if their graduate program is not at a center where transplants are done, then there’s not even an opportunity to do a rotation with somebody who works in the field.”

For the open positions, Weinland is willing to train health psychologists without transplant experience, he said. So is Machado-Denis. “If you’re willing to learn [about transplantation], I’m willing to teach you,” she said, adding that a psychologist with experience in neuropsychology or in addressing chronic pain or substance use would be a welcome addition.

To fill the educational pathways, VCU, Tampa General Hospital, Henry Ford Hospital, and Children’s Hospital Colorado offer postdoctoral fellowships in clinical health psychology devoted to transplant or with a rotation in transplant. About 6 years ago, Chernyak and her colleagues created a postdoctoral fellowship with a focus on transplant at Indiana University School of Medicine. “We’re trying to prepare the next generation of psychologists in this field,” she said. ■

CALIFORNIA

ASSISTANT, ASSOCIATE OR FULL PROFESSOR IN CLINICAL PSYCHOLOGY

The Azusa Pacific University Department of Clinical Psychology invites applications for a term-tenure track position in our APA-accredited PsyD Program in Clinical Psychology beginning August 2025. The position is open to applicants with expertise/experience and capacity to teach in our sequence of courses on research design and methodology; psychological assessment (including neuropsychological assessment), psychobiology, cognitive and affective bases of behavior. The successful applicant must demonstrate commitment to doctoral teaching, scholarship and research, and dissertation research mentoring. As a faith-based program in Southern California with an emphasis in diversity and social justice, we are especially interested in recruiting faculty of color and faculty who are underrepresented in the psychology workforce. A track record of publication is preferred as is a developed plan to maintain and expand scholarship. Candidates at the Full or Associate Professor Rank are expected to have well developed

research agendas, whereas those at the Assistant Professor rank should have ideas about future research that would contribute to the department and university. In addition to teaching and scholarship, candidates who are committed to service within the institution, profession and community are preferred. Qualifications: PsyD or PhD in Clinical Psychology or a closely related field. Review of applications will begin immediately, and the position will remain open until filled. To apply, visit <http://www.apu.edu/cp/employment/>.

PSYCHOLOGIST: Are you a psychologist seeking a fulfilling career opportunity? Join CCHCS and be part of an organization committed to public safety, successful community reintegration, and providing rehabilitative and restorative justice programs. Diversity and inclusion are valued, and candidates from all backgrounds are encouraged to apply. The annual salary for licensed psychologists ranges from \$129,000 to \$158,412, and for pre-licensed psychologists, it ranges from \$109,284 to \$130,788. Psychologists providing in-person care in an inpatient unit will receive \$148,344 to

\$182,172 if licensed, and \$125,676 to \$150,396 if pre-licensed. Depending on experience, be sure to discuss Hire Above Minimum options with your Hiring Analyst. The Recruitment and Retention Bonus for clinicians newly hired with the State of California is restructured to provide a 1% bonus for the first 7 years, increasing by 1% year over year, maxing out at a 7% annual bonus by year 7. We offer a wide variety of geographic settings, including Northern California Coast, San Francisco Bay Area, California Capitol, and Southern California. Requirements include a valid license as a Psychologist issued by the CA Board of Psychology and a Doctorate Degree in Psychology from an accredited institution. Benefits include a 2.5% salary increase in July 2024, opportunities for career growth and advancement, comprehensive medical, dental, and vision coverage, robust retirement plans, generous paid time off and holiday schedule, work-life balance with a 40-hour workweek and flexible schedules, and potential NHSC Loan Repayment (depending on location). Relocation assistance is also available. To apply and learn more about

these opportunities, visit: <https://calcareers.ca.gov/CalHRPublic/Search/JobSearchResults.aspx?kw=psychologist-clinical&depid=279>.

LICENSED ASYLEE AND REFUGEE COUNSELOR

At AACI, we are committed to providing culturally sensitive, client-centered, and specialized services to over 2,100 survivors of torture and their families through our CST program. Our approach is multidisciplinary, holistic, and strengths-based, encompassing services such as individual and group psychotherapy, psychiatry, psychological and medical evaluations for political asylum cases, as well as social and legal support. Join our team as a Behavioral Health Counselor and make a meaningful impact on the lives of Asylee and Refugee populations. You'll be at the forefront, delivering direct behavioral health services in diverse settings like homes, clinics, and field environments. Your role will involve conducting transformative individual and group therapy sessions, alongside providing crucial case management services. Ensuring cultural relevance and sensitivity in service delivery, you'll play a vital role in creating a supportive and inclusive environment for those in need. Salary Range \$84,856.00 - \$110,000.00 (Rate dependent on licensure and experience). What We Offer: Signing Bonus: A warm welcome to our team! Generous Paid Time Off: 12 Paid Holidays, including a Floating Holiday, Paid Vacation, and Sick Time. Comprehensive Benefit Plan: Choose from four Health Plan Options, with 95% of premiums covered! Retirement Benefits: 403(b) Retirement Plan with a match. Investing in Your Future: Eligibility for the State Loan Forgiveness Program and the HRSA Loan repayment program! Wellness: Free access to Headspace mindfulness app. Education & Experience: Licensed in California as a Marriage Family Therapist, Social Worker, Professional Clinical Counselor, or Psychologist. Master's degree in social work or psychology; or equivalent education, training, and experience. One year or more of direct clinical experience working with working with refugees. Apply now to learn more about us and why we are a great fit for you! Find out more and apply at: <https://www.paycomonline.net/v4/ats/web.php/jobs/ViewJobDetails?job=101868&clientkey=EE2DE7EA42FB7DF874A0B94BC8FFBAA9>

JOIN OUR TEAM AND GROW!

The nation's largest forensic mental health hospital system is the ideal place for psychologists looking to grow and develop. We're looking for **clinical psychologists** to join our team at any of our five California locations. We offer competitive pay, top-tier benefits, and an excellent work-life balance!

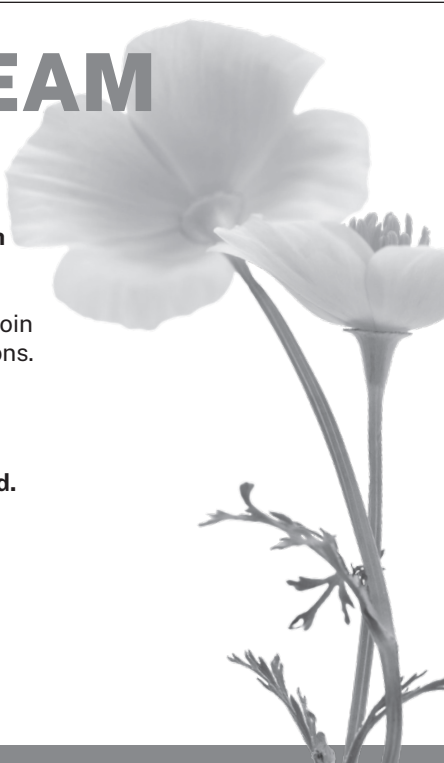
Salaries start at \$122k/yr for licensed psychologists, and \$104k/yr for unlicensed.

Connect with a recruiter today!

(916) 654-2609 • careers@dsh.ca.gov



California Department of
State Hospitals



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



Boston Children's Hospital
Where the world comes for answers

Research Faculty Member Clinical Research Laboratories

The Clinical Research Laboratories (CRL) within the Division of Developmental Medicine (DDM) at Boston Children's Hospital (BCH) are recruiting a research faculty member to lead innovative intervention research in child and adolescent development. The CRL's mission is to integrate sophisticated research methods and high-quality clinical care to improve the lives of children with neurodevelopmental and behavioral conditions. The Research Faculty member is expected to contribute to this mission through extramurally funded research, as well as via collaboration with and mentorship of DDM clinician-scientists and trainees. Academic appointment at Harvard Medical School will be commensurate with clinical and research experience, training, and achievements at the Assistant Professor or Associate Professor level.

About the Candidate

The candidate must be a PhD, MD, or MD/PhD, with expertise conducting translational intervention and treatment research for children with developmental-behavioral conditions. Candidates should have a track record of extramural funding, preferably from NIH, as well as a record of collaboration with other investigators and successful mentorship of trainees and early career investigators. Potential areas of expertise may include medication or device trials, intervention trials, data science, artificial intelligence, measurement expertise, behaviorally-based interventions and health services.

The ideal candidate will have expertise that complements existing research programs, which include:

- Neurodevelopment of autism spectrum disorder (ASD)
- ADHD and ASD diagnostic and treatment approaches and outcomes
- Biomarkers of ADHD and ASD diagnosis and treatment response
- Neuro-genetic etiology of ASD, ADHD, and genetic conditions including Down syndrome and Fragile X Syndrome

About the Division of Developmental Medicine

Boston Children's is a teaching hospital within Harvard Medical School, and the DDM is home to 32 clinicians and research faculty, constituting one of the largest developmental medicine centers in the United States. The interdisciplinary staff in the DDM include developmental-behavioral pediatricians, child psychologists, child psychiatrists, neurologists, nurse practitioners, and educational specialists. Our clinical and research patients include children with developmental, psychiatric, and behavioral challenges.

About the Clinical Research Laboratories

Current CRL projects include refining understanding of neurodevelopmental phenotypes and developmental trajectories; developing and evaluating novel intervention approaches for children with neurodevelopmental conditions/diagnoses; and leveraging our vast clinical data to

improve developmental outcomes. A current cornerstone of the CRL is Project STANDARD (Structured Approach to Neurodevelopmental Clinical and Research Data), which is a multi-site effort aimed at improving the efficiency of clinical care and research through standardization of clinical documentation.

CRL researchers collaborate with investigators and trainees in the Laboratories of Cognitive Neuroscience within the DDM, child neurology, genetics/genomics and child psychiatry at BCH. CRL researchers benefit from division-funded infrastructure to support recruitment and enrollment, study execution, clinical trials operations, and biostatistics. Additional shared resources include behavioral testing rooms, technical support, neuroimaging, neurophysiology, and cognitive-behavioral evaluators.

The CRL is located at Two Brookline Place. This state-of-the-art building constructed in 2020 includes integrated outpatient clinical and research space and is the home of the BCH Brain, Mind, & Behavior Center. The center integrates the Laboratories of Cognitive Neuroscience, the Division of Developmental Medicine, Behavioral

Neurology, the Autism Spectrum Center, the Division of Genetics and Genomics and the Rosamund Stone Zander Translational Neuroscience Center. There is an on-site dedicated research MRI, phlebotomy, radiology, research pharmacy, and child life specialists who can provide behavioral support to children.

Application Instructions

Please send your CV and a statement of interest to: Search Committee, Attention: Sandra Maislen, Division of Developmental Medicine, BCH 3185, Boston Children's Hospital, 300 Longwood Ave., Boston, MA 02115 or send via email to sandra.maislen@childrens.harvard.edu.

We are an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, gender identity, sexual orientation, pregnancy and pregnancy-related conditions or any other characteristic protected by law.



**HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL**

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>. 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 MEXICO

CLINICAL PSYCHOLOGIST II: The New Mexico Behavioral Health Institute (NMBHI) has openings available in the Psychology Department. Excellent opportunities exist working on acute, inpatient psychiatric units, or at the Forensic Division. NMBHI has a collegial atmosphere that is post-doc friendly. A loan repayment program is available and more information may be found at: <https://hed.state.nm.us/financial-aid/loan-repayment-programs/health-professional>. Following is a link to summary job information: <http://www.spo.state.nm.us/>. Search for job 13080, Clinical Psychologist II position.

OHIO

FACULTY POSITIONS IN THE INSTITUTE FOR MENTAL AND BEHAVIORAL HEALTH RESEARCH AT NATIONWIDE CHILDREN'S HOSPITAL: The Institute for Mental and Behavioral Health Research is located in the state-of-the-art Big Lots Behavioral Health Pavilion and will be hiring for multiple positions from 2025 to 2027. The mission of faculty within the institute is to conduct innovative translational, clinical and epidemiological research focused on assessment, etiology, prevention, and treatment of mental, emotional and behavioral disorders.

About the Faculty Position: Seeking Assistant, Associate, or Full Professor. Highly collaborative researcher with expertise in areas such as m-health, artificial intelligence, data science, genomic medicine, implementation science, school-based intervention, prevention, cost-effectiveness, or evidence-based assessment is strongly encouraged. Content areas of interest include assessment, mood, anxiety, attention problems, externalizing and aggressive behavior, trauma, sleep, early onset psychosis. A generous start-up package is available for highly qualified candidates. **Qualifications Required:** Doctoral degree in Clinical, School, or Quantitative Psychology, Nursing, Medicine, Health Services Research, or related field. Two years of post-doctoral research training or equivalent experience. Strong track record of publishing in high-quality journals. Current K level or R level federal funding. Applications will be accepted until the position is filled. Send correspondence, including curriculum vitae, a brief statement of research interests, and contact information for three references to Dr. Eric Youngstrom via Patrick.Kennedy@nationwidechildrens.org in Faculty Recruitment.

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 curriculum vitae 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, Tennessee, 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

PRIVATE PRACTICE IMMEDIATE 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.psyccareers.com/company/the-ludden-group-p.c.-99958> for details or to apply. Locations: Rockwall, Dallas, Round Rock, Kaufman, Greenville, and Paris, Texas.

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>.

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.

Manitoba, Canada is Hiring Clinical Psychologists!

Shared Health is recruiting for newly funded full-time permanent doctoral positions based in Winnipeg hospitals and health centres.



Our clinical psychologists are medical staff who work in interprofessional team-based care environments, spanning mental health and medical areas across the lifespan.

Opportunities available in:

CHILD: transgender health, early years developmental disorders, FASD, pediatric neuropsychology, diabetes, medical psychology, mental health, youth forensic.

ADULT: cardiac disease, pain, transplant, inpatient assessment, bariatric surgery, depression, geropsychology, primary care, community MH (newcomer; ACT), forensic.

We offer competitive salary, comprehensive benefits, relocation support, clinical supervision until licensed for independent practice, ongoing professional development, professional license reimbursement; opportunity for psychology resident supervision, clinical research through integrated clinical/academic roles. APA or CPA-accredited PhD/PsyD and clinical residency required.

Contact us to learn more and submit your CV:

rperinot@hsc.mb.ca • 1-204-787-5163

healthcareersmanitoba.ca/clinical-psychologists



Shared health
Soins communs
Manitoba



University of Manitoba



85%

Percentage of U.S. teens who say they play video games. Boys are more likely to play video games than girls (**97% versus 75%**) and are far more likely than girls to play them daily (**61% versus 22%**). Boys are also much more likely than girls to identify as “gamers” (**62% versus 17%**).

72%

Percentage of teen players who say they do it partly to **spend time with others**. Nearly half (**47%**) say they **met a friend** online because of a video game they both play, while **47%** say it has helped their real-world friendships. In addition, **41%** say it has helped them improve **how they work with others**.

32%

Percentage of teen game players who say gaming has helped their **mental health**, with **60%** saying it has neither helped nor harmed it. Meanwhile, **56%** say gaming has also improved their **problem-solving skills**. On the downside, **41%** say playing video games has negatively impacted their **sleep**.

41%

Percentage of players who have been called an offensive name while playing video games—**48%** of teen boys compared with **32%** of teen girls. A smaller percentage—**15%** of boys and **9%** of girls—add that they have been **physically threatened** while playing games. Overall, **80%** of teens say **bullying** is a problem in relation to video game use.

Source: Pew Research Center. (May 9, 2024). Teens and video games today. Available at https://www.pewresearch.org/wp-content/uploads/sites/20/2024/05/PI_2024.05.09_Video-Games_REPORT.pdf.

SABRINA BRACHER/GETTY IMAGES

On-Demand Learning for Mental Health Professionals

From APT, leaders in mental health training.

- **High-quality training, available anytime, anywhere.** Learn at a time that's convenient for you and your organization—right now, if you'd like!
- **Exclusive post-course resources and APT accreditation.** Access the most transparent and trustworthy accreditation system available.
- **Trusted by leading healthcare professionals worldwide.** Proven success with healthcare organizations in the US, Canada, and beyond.
- **Truly effective online courses for mental health professionals.** Developed by one of the most successful independent training providers globally.
- **Training that educates and inspires.** Empowering mental health professionals across the US, Canada, the UK, and more.

See why APT training is so good:



“

Above and beyond the best online course I have ever taken.

“

I LOVED this course ... I have found this concept to be the most valuable tool I use in treatment.

“

Enlightening and tremendously helpful ... Needless to say I loved this course, thank you so much for making it available.

Information and bookings:

www.aptmalhealthtraining.com/online

The APT, The Dower House, Thurnby, Leicestershire, LE7 9PH, UK | [e: office@aptmalhealthtraining.com](mailto:office@aptmalhealthtraining.com)



The Association for Psychological Therapies

Leave the busy work to us

Practice management software that helps you make the most out of your day.

- Plans start at \$9.50/per month
- In-platform insurance integration
- Scheduling & client waitlist
- Online forms & bookings
- Appointment reminders
- Progress notes
- Zoom® Telehealth
- Reports & analytics
- Plus so much more

Start a Free Trial



★★★★★ 1000+ reviews

zandahealth.com

VOLUME 56 | NUMBER 2

MONITOR ON PSYCHOLOGY

MARCH 2025 INCIVILITY | CANCER CAREGIVERS | HUMAN TRAFFICKING | LGBTQ+ RESEARCH | TEMPING FOR PSYCHOLOGISTS