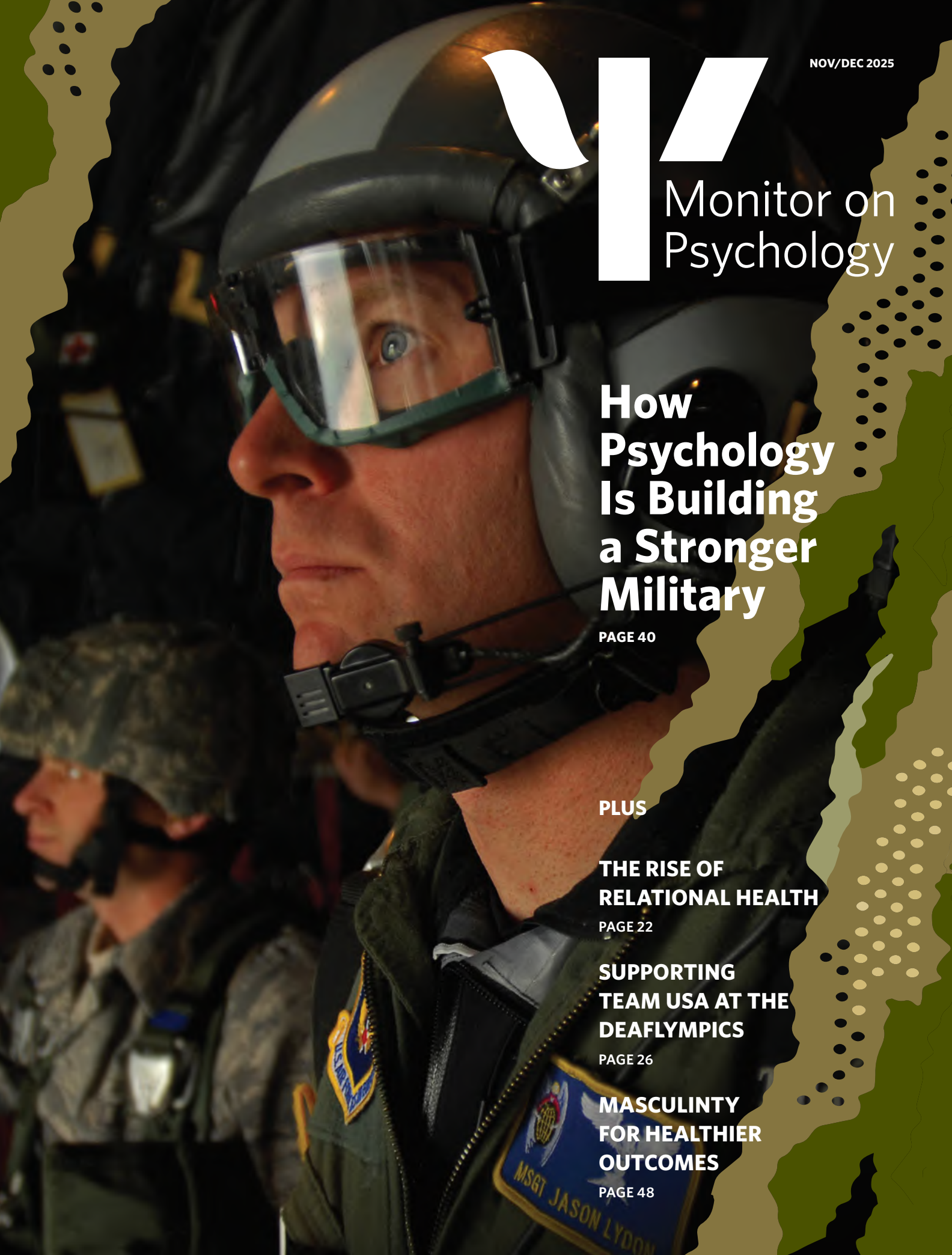
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Monitor on Psychology



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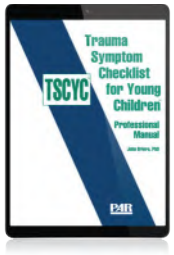
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The Hot List

Resources, opportunities, and news for psychologists from APA



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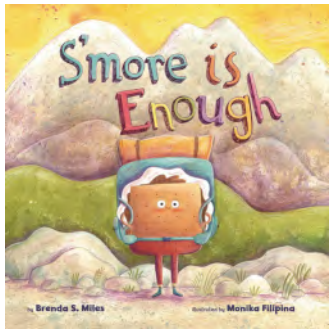
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AI MEETS THERAPY

Can AI Help Solve the Mental Health Crisis?

People are increasingly turning to chatbots for mental health advice and support. In this *Speaking of Psychology* podcast episode, Vaile Wright, PhD, discusses the promises, limitations, and risks of AI in mental health. She shares how AI tools are already being used in mental health care, how they could help expand access to care, and how AI might change what therapy looks like in the future. Listen at www.apa.org/news/podcasts/speaking-of-psychology/artificial-intelligence-mental-health.html.

PROFESSIONAL RESILIENCE

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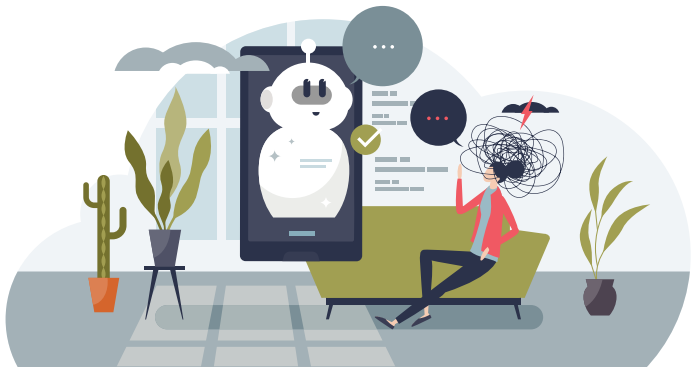
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40 Military Psychologists Give U.S. Troops a Strategic Advantage

(cover)

Psychologists are leading efforts to build cognitive resilience and optimize performance among service members.

48 Rethinking Masculinity to Build Healthier Outcomes

Rigid gender norms are taking a serious toll on boys' and men's mental health, prompting psychologists to promote healthier masculinities rooted in emotional connection, authenticity, and resilience.



ON THE COVER: A1C KENNY HOLSTON, IDENTIFIED BY DVIDS

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TREATING PANIC DISORDER
Research on this condition dating back nearly 50 years has shown that cognitive therapies such as cognitive behavioral therapy and some medications such as SSRIs can ease panic disorder. But more recent work is revealing that even short, intensive psychotherapy can have long-lasting benefits—and may spill over to improve people's mental health more broadly (see page 34).

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Endings: A Cycle Completed

I pass the torch with deep gratitude and appreciation



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.

BY DEBRA KAWAHARA, PhD

IT HAS BEEN both an honor and a profound privilege to serve as president of the American Psychological Association during a time when the significance of change is matched only by the urgency of the moment.

We stand at a pivotal juncture—not just for psychology but for our association and a world that increasingly looks to us for guidance, integrity, and leadership rooted in science and compassion. This year, I carried forward the theme "Strength in Unity" as a guiding conviction that our greatest strength lies not in conformity but in the richness of our diversity and in our willingness to turn toward one another in moments of challenge, discomfort, and change.

Serving as APA president has been one of the most deeply challenging and profoundly meaningful experiences of my life. I stepped into this role with hope and purpose, knowing the path would not be smooth. Yet I could not have anticipated the terrain: steep with friction, shadowed by uncertainty, quieted by pauses, and disrupted by seismic shifts that continue to reshape our lives and institutions.

Leadership, in this context, has felt like walking a tightrope between conviction and caution. The winds have not always been gentle. And yet, amid the turbulence, I have witnessed extraordinary courage. Members speaking truth—not to disrupt but to restore. Colleagues advocating for those most in need. Students urging psychology to rise to the moment and meet it with boldness and compassion.

Our field is being called to address individual suffering as well as systemic harm and collective healing to reimagine the role of psychology in shaping a more just and equitable society. This is where unity becomes strength through solidarity. When we build bridges between disciplines, communities, and lived experiences, we uncover new paths forward—paths that are inclusive, innovative, and transformative.

The world outside our walls presents us with intersectional crises: environmental emergencies, health inequities, displacement, political polarization, and a growing distrust of institutions, including science itself. And yet, in the face of these challenges, psychology remains a beacon. We are not merely observers of change. We are architects of transformation. Our tools are science, empathy, and ethical resolve. Our mission is not only to understand the human condition but to elevate it.

As I prepare to pass the torch, I do so with deep gratitude and appreciation. The cycle of leadership is not a solitary journey—it is a shared endeavor. And though this chapter closes for me, the story of our collective impact is far from finished.

In endings, we find clarity. In transitions, we find momentum. And in unity, we find strength. ■

Dr. Debra Kawahara delivers the presidential address at APA 2025 in Denver.



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Navigating Tumultuous Times

Psychologists must remain purposeful amid societal division

BY ARTHUR C. EVANS JR., PhD



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

AS WE CLOSE out 2025 with this issue of the *Monitor*, we find ourselves divided as a society. Hostility and incivility have reached levels that previously felt unimaginable. Our field has worked tirelessly to navigate this tumultuous environment, but it has been challenging to achieve the level of impact we know we can have. As we turn toward a new year, let us ask ourselves: How do we change that?

In our increasingly interconnected world, APA has deepened its commitment to fostering international relationships. We now maintain formal partnerships with psychological associations in nearly 80 countries. Through summits addressing critical societal issues, meetings at the United Nations, and global conferences, we are learning from one another—strengthening psychology worldwide.

From these exchanges, three insights stand out.

■ **First, we need to use the full breadth of our science and training to see clearly what is happening around us.** As experts in human behavior, we should be the least susceptible to psychological strategies that fuel manipulation and division. When fear and misinformation are used to divide people, we should not only recognize these tactics ourselves but also help inoculate others. Yet too often, we find ourselves caught in the same mental and emotional cycles that trap others. We simply cannot afford this luxury. Our field's credibility depends on our ability to model clear thinking even when—especially when—the stakes feel personal.

■ **Second, our field must remain unified.** Unity does not imply that we agree on everything. It means backing up the words "we are stronger together" with action. Diversity of perspective is essential to the growth and success of both our association and our field, but we must demonstrate to ourselves and others that psychology is a discipline and profession where people can vehemently disagree in civil ways and come together when it matters. Our colleagues in physical health do this well, with cardiologists, anesthesiologists, primary care physicians, and more, banding together to amplify medicine's voice on Capitol Hill and in other advocacy arenas. As a field, we must emphasize less where we differ and more where we are aligned, like in our shared desire to use psychology to improve the human condition.

■ **Finally, we must be willing to lead.** Even more important for our field than understanding the scientific complexities of human behavior is showing others what navigating these complexities looks like. Psychology also has a responsibility to model the way forward for broader society. When people are fearful, overwhelmed, and angry, psychology has the tools and knowledge to provide direction, but only if we make the commitment to lead with courage and purpose.

In 2026, let us rise to the challenge—and show the world the full power of psychology to heal, unite, and lead. ■



Diversity of perspective is essential to psychology's success, but we must demonstrate that ours is a field where people can vehemently disagree in civil ways and come together when it matters.

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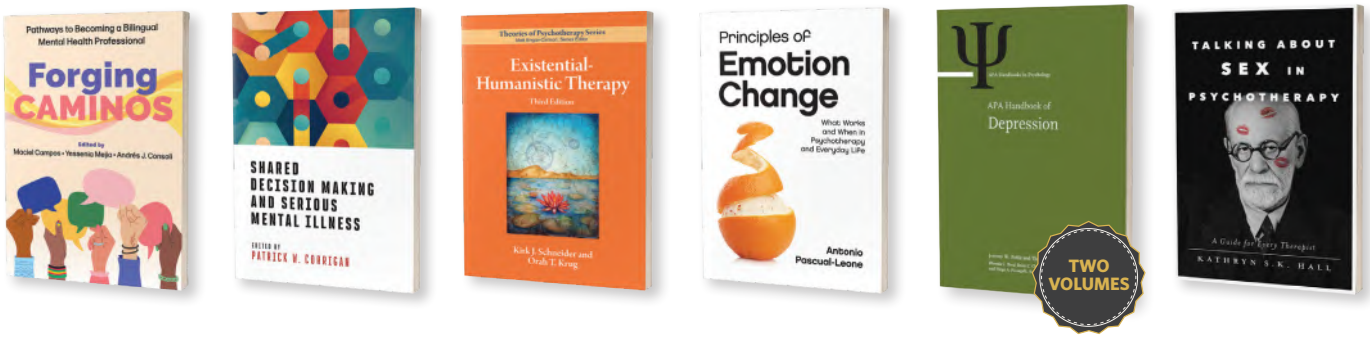
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In Brief

COMPILED BY CHRIS PALMER, PhD



People who trust others and institutions tend to feel happier and more satisfied with life.

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Cycle of trust and well-being

People with higher levels of trust are more likely to report greater well-being than those who are less trusting, according to research in *Psychological Bulletin*. Researchers conducted a meta-analysis of 241 studies on the link between trust and well-being. The studies involved more than 2.5 million participants, ages 6 to 84, from around the world. The researchers found that people who put more trust in others, institutions, or society in general felt happier and more satisfied with life than people who trust less. Some of the studies examining long-term trends suggested a virtuous cycle between trust and well-being: Not only did trust strengthen well-being, but feeling good engendered more trust in people and institutions over time.

DOI: 10.1037/bul0000480



Men and women are equally likely to hear crying babies at night—yet mothers do 3 times more nighttime baby care.

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To share or not share at work

What people share at work—and how it's received—matters more than most people think, suggests research in *Emotion*. Across two studies, 358 participants in the United States reported on 26,324 workplace conversations, including what they shared, why they shared it, how others responded, and how they felt afterward. Overall, sharing positive personal information and sharing to connect were associated with increased emotional well-being, greater energy to work, stronger feelings of connection, and lower levels of dwelling on negative thoughts. By comparison, sharing negative information or venting predicted worse outcomes, including increased rumination and lower well-being. When sharers perceived colleagues' responses as matching their motivation (e.g., offering emotional support in response to an emotional disclosure), they experienced boosts in mood and connection. But when sharers perceived a mismatched response, as occurred about half the time, they reported decreased well-being and increased rumination.

DOI: 10.1037/emo0001539

Hearing not a factor in nighttime baby care

There's little difference between how well men and women hear crying babies, despite mothers performing 3 times more nighttime infant care than fathers, according to a study in *Emotion*. In a study with 142 adults in Denmark without children, women were 14% more likely to wake up to a whisper-level sound, whether it was a baby crying or a regular alarm sound. However, once the volume increased, there was no significant difference between men and women. In a second study, 117 first-time parents in Denmark tracked their nighttime caregiving over a week. The results showed that mothers were 3 times more likely to attend to their babies at night than fathers were. The study authors suggest a small part of the discrepancy may be explained by two factors: Mothers generally take maternity leave before fathers take paternity leave, therefore gaining earlier experience soothing their babies, and when mothers breastfeed, they are usually the parent who must wake up at night anyway.

DOI: 10.1037/emo0001478

Shared worldviews, more meaning in life

Couples with a shared worldview experience less uncertainty and find greater meaning in their lives, suggests research in the *Journal of Personality and Social Psychology*. Researchers conducted five studies of 1,288 adults in the United States and Canada, pooling data from lab-based tasks, online surveys, and experiments to investigate the connection between shared reality, uncertainty, and meaning in life. The first study found that couples who perceived a higher shared reality—feelings, attitudes, and beliefs in general—with their partner also reported greater meaning in life. Results from the second and third studies, which examined shared realities around racism and the COVID-19 pandemic, indicated that a shared worldview decreased uncertainty, which in turn was associated with a greater sense of meaning in life. The fourth and fifth experimental studies emphasized how reduced uncertainty helped connect shared experiences with a strong sense of meaning in life.

DOI: 10.1037/pspi0000472

The role of social distraction in BPD

Individuals with borderline personality disorder (BPD) exhibit difficulties in both interpersonal emotion regulation and working memory, particularly when faced with social distractions, according to a study in *Personality Disorders: Theory, Research, and Treatment*. Researchers asked 70 women with BPD symptoms to rate how often they used interpersonal emotion regulation strategies. The women also performed a working

memory task with neutral, happy, fearful, and angry faces as distractors. Women with more severe BPD symptoms reported less frequent use of the strategies, especially those intended to enhance positive affect through interactions with others, such as by smiling. They made more mistakes in the task when distracted by faces, particularly happy faces. Better performance during distractor-free trials was associated with more frequent use of enhancing positive affect. The findings suggest that people with BPD are more easily disturbed by others' happy expressions, perhaps because they perceive positive social cues as more distracting. This could partially explain why they experience less positive affect when interacting with others.

DOI: 10.1037/per0000722

Forgiven but not forgotten

When we forgive others for a past offense, we experience less intensity in our negative feelings about the event, suggests research in the *Journal of Experimental Psychology: General.* In two online studies, 452 participants recalled real-life personal offenses they had either forgiven or not. They also completed questionnaires about the recall of the event, to which the researchers assigned a vividness score. Participants who had forgiven the person who wronged them reported less negative affect when remembering the event. In the third study, 595 participants were randomly assigned the role of victim or perpetrator and asked to evaluate incidents of wrongdoing. The results were largely similar to those of the previous studies. The emotional nature of their recall was more neutral and less intense if they had forgiven. In the fourth study, forgiveness among 432 participants was associated with less desire for revenge and avoidance and more feelings of goodwill.

DOI: 10.1037/xge0001787

'But I recycle': climate action trade-off risks

By focusing on individual-level decisions meant to reduce greenhouse gas emissions, people could become less committed to collective carbon-mitigation actions, suggests research in *PNAS Nexus*. Researchers randomly assigned 3,895 participants in the United



Learning which climate actions matter most can boost support for high-impact personal changes—but can dampen commitment to collective efforts like voting or protesting.

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States to one of three experimental conditions: an active learning condition in which they were asked to rank the relative effectiveness of 21 climate-mitigation behaviors and then received feedback; an information condition in which they were passively exposed to information about the relative mitigation potential of the 21 behaviors; and a no-information control condition. After the interventions, people in both the active learning and passive groups expressed less commitment to behaviors whose effects were overestimated (e.g., recycling) and more commitment to behaviors whose effects were underestimated (e.g., less meat consumption and airplane travel) in their carbon reduction potential. However, participants in both interventions focused on individual-level behaviors also reported being less likely to commit to climate-related collective actions like voting or joining public demonstrations.

DOI: 10.1093/pnasnexus/pgaf191

Failing to learn from Milgram

Most people believe they are better than others at overcoming social pressure, even if they know that social scientific research indicates most people cave to such pressure, according to a study in *Current Psychology*. Researchers presented 414 online participants with a first-hand account from the classic 1963 Milgram shock study before asking them to predict the level of shock they and the "average person" would deliver in such a study. Before making their predictions, only half were told that 65% of those in the original Milgram research were completely obedient. This group predicted that they would deliver less voltage (and the average person would deliver more) than the other half of participants. These results were almost identical to obedience levels reported by previous studies and fit the researchers' hypothesis that most people would underpredict their likely obedience in a Milgram-like study.

DOI: 10.1007/s12144-025-07962-1

Why are aha moments so memorable?

Epiphanies aren't just satisfying—they shape how our brains represent information and help sear this knowledge into memory, according to a study in *Nature Communications*. Researchers asked 31 participants in Germany to solve puzzles—finding "hidden pictures" in visually ambiguous images while undergoing functional magnetic resonance imaging (fMRI) brain scans—and indicate their perceived suddenness, emotion, and certainty (signs of insight) about the solution. fMRI results during puzzle solving indicated stronger activity changes in participants' visual cortex areas, accompanied by activation in the amygdala and hippocampus when their solutions were insights. Activity changes in participants' ventral occipito-temporal cortex reflected how their brains reorganized perception after identifying previously ambiguous images. Greater insight was also associated with enhanced functional connectivity between the hippocampus and higher-level cortical areas. The connection between insight generation and hippocampal activity, which plays a role in memory, was further supported by the fact that participants better remembered insight-based solutions than analytically derived answers in a memory test 5 days later.

DOI: 10.1038/s41467-025-59355-4



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People perceive empathy as more genuine and supportive when they believe it comes from a human rather than AI—even when the words are the same.

A computational model that 'thinks' like humans

Scientists have created a computational model called Centaur that can predict and simulate human behavior across a wide variety of psychological experiments with unprecedented accuracy, according to a study in *Nature*. Researchers fed Centaur data from more than 60,000 people who made more than 10 million decisions in 160 psychology experiments to train it to capture underlying patterns in human thought, learning, and decision-making. Centaur not only captured the behavior of participants who were not part of the training data better than existing cognitive models; it also generalized across various cognitive tasks, from reasoning to decision-making, accurately simulating human behavior even in variations in tasks not previously encountered. Furthermore, with some fine-tuning, the model's internal representations came to resemble human brain activity even though it was never explicitly trained to match neural data. Finally, Centaur's analysis of human behavior patterns led to the identification of a decision-making strategy that combines two heuristic strategies in a way that researchers had not considered before. This combined strategy explained human behavior more accurately and outperformed other heuristic strategies usually considered.

DOI: 10.1038/s41586-025-09215-4

Human empathy preferred over AI

People consistently rate empathy as more genuine, supportive, and emotionally satisfying when they believe it comes from a human, even when the content is identical to an AI-generated response, suggests research in *Nature Human Behaviour*. Researchers conducted nine studies in which AI-generated empathic responses to 6,282 online participants' emotional situations were labeled as being generated by either another person or AI. Participants rated responses attributed to humans as more empathic and supportive, and as eliciting more positive and fewer negative emotions, than AI-attributed ones. Moreover, when participants believed that AI had aided the human responses, perceived empathy and support plummeted. These effects were found across various AI models.

DOI: 10.1038/s41562-025-02247-w

Some professions are more beset by depression

People who work in the arts, design, entertainment, sports, and media in the United States have higher rates of lifetime diagnosed depression and more frequent mental distress than employees in other sectors, according to a study in *JAMA Network Open. Researchers* analyzed survey data from 469,129 workers in 37 states collected between 2015 and 2019 that captured industry and occupation, demographic information, and mental health outcomes. Overall, 14.2% of participants reported lifetime depression, and 9.6% reported frequent mental distress. Frequent mental distress prevalence was 1.32 times higher among workers in the arts, design, entertainment, sports, and media compared with workers in other fields. Other occupations with high mental distress

were food service, health care workers, sales, and building and grounds maintenance.

DOI: 10.1001/jamanetworkopen.2025.14212

Esketamine effective for depression

Esketamine (Spravato) used alone appears to improve depressive symptoms of treatment-resistant depression (TRD), according to a study in *JAMA Psychiatry*. Researchers conducted a double-blind, randomized clinical trial of 378 adults with TRD at 51 outpatient centers in the United States. Participants, who had been antidepressant free for 2 or more weeks before the study onset, were administered either 56-mg or 84-mg doses of esketamine twice weekly for 4 weeks. Both groups experienced statistically significant and clinically meaningful improvement of depressive symptoms compared with a placebo group. The positive results were initially observed 24 hours after the first dose and were maintained through Day 28 of the double-blind treatment phase. The most common side effects were nausea, dissociation, dizziness, and headache.

DOI: 10.1001/jamapsychiatry.2025.1317

Leaning on AI hampers learning

Students who rely on generative AI to help them learn may be missing out on basic skills, according to a study in *PNAS*. Researchers randomly assigned nearly 1,000 high school math students in Turkey to one of two AI chat bots: GPT Base, a chat interface similar to ChatGPT-4 that helps during practice sessions by providing correct answers; or GPT Tutor, an interface similar to ChatGPT-4 but with safeguards, such as teacher-designed hints rather than directly giving away answers. A control group had no technology assistance and relied only on textbooks and notes. During the AI-assisted practice session, the GPT Base group performed 48% better than the control group. But when the GTP Base group was given an exam on the material without access to AI, they performed 17% worse than the control group. The GPT Tutor group performed 127% better in the practice session but scored about the same as the control group on the exam.

DOI: 10.1073/pnas.2422633122



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Toddlers can flexibly learn new words by focusing on context and object interaction—even when the speaker's facial cues are blocked.

Trigger warnings and safe space notifications

Although trigger warnings given to students ahead of potentially controversial course material have no significant impact, safe space notifications positively affect students' sense of emotional security and their perception of instructors as more liberal, according to research in the *Journal of Experimental Psychology: Applied*. Researchers randomly assigned 738 undergraduate students in the United States to watch videos of instructors lecturing on trauma after providing either a trigger warning, a safe space notification, both, or neither. Participants rated each instructor's trustworthiness, concern for student well-being, political orientation, and left-wing authoritarianism tendencies, as well as their feelings of psychological safety and willingness to discuss controversial topics in that classroom. Trigger warnings were found to have no overall impact on students' perceptions. In contrast, safe space notifications increased their feelings of psychological safety and inclinations to discuss controversial topics. Safe spaces did increase students' perceptions of instructors as caring and trustworthy but also liberal and as having left-wing authoritarian tendencies, including a desire to engage in censorship.

DOI: 10.1037/xap0000541

Masks don't stifle word learning

Children 24 months and older can form associations between words they hear and objects they see even when the speaker's facial expressions and other visual cues are

partially obscured, according to research in *Developmental Psychology.* Researchers recorded eye gaze in 153 toddlers ages 17 to 42 months in France while the toddler performed a word-learning task. In the task, a speaker used a novel word to name and occasionally look at one of two novel objects flanking them. The children performed the task in three situations: the speaker's face fully visible, the speaker's eyes covered with dark glasses, or the speaker's mouth covered by a surgical mask. Toddlers ages 24 months and older learned the new word-object associations regardless of the situation. Moreover, toddlers' word-learning performance was linked with gaze shifting between the objects and the speaker's face but not with attention on the speaker's eyes or mouth. The findings suggest toddlers' optimal attentional strategy around 24 months involves social understanding and object exploration rather than focusing on cues from a speaker's face.

DOI: 10.1037/dev0002016

Adolescents who feel close to the same friends on a daily basis tend to experience a more positive mood.



Stable friendships keep teens' spirits up

Consistently feeling close to the same set of friends on a daily basis is associated with greater emotional well-being in adolescents, according to research in *Developmental Psychology.* Researchers asked 195 11th graders in the United States to record the names of up to three friends they felt closest to and to assess their mood every day for 2 weeks. While noting considerable fluctuation in friendship closeness across time, the researchers found that greater daily continuity in close friendships was associated with higher daily positive mood in adolescents and not negative mood, at both the within-person and between-person levels.

DOI: 10.1037/dev0002014

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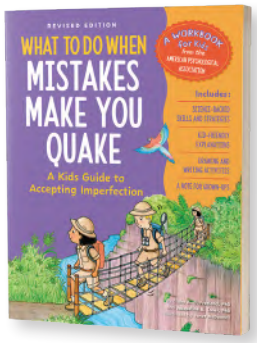
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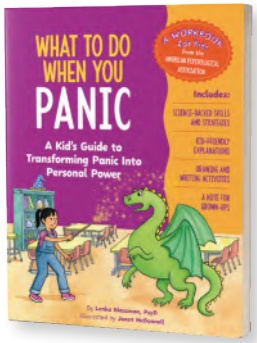
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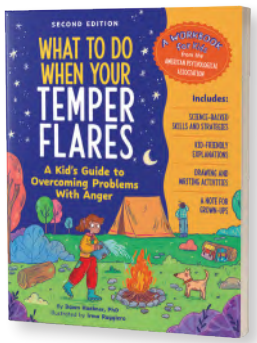
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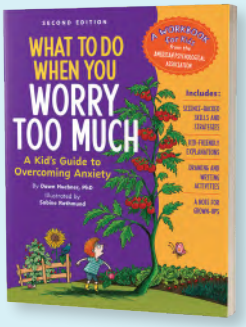
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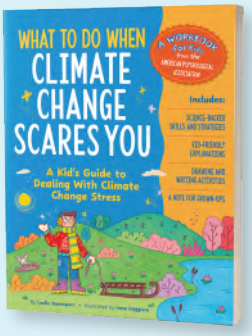
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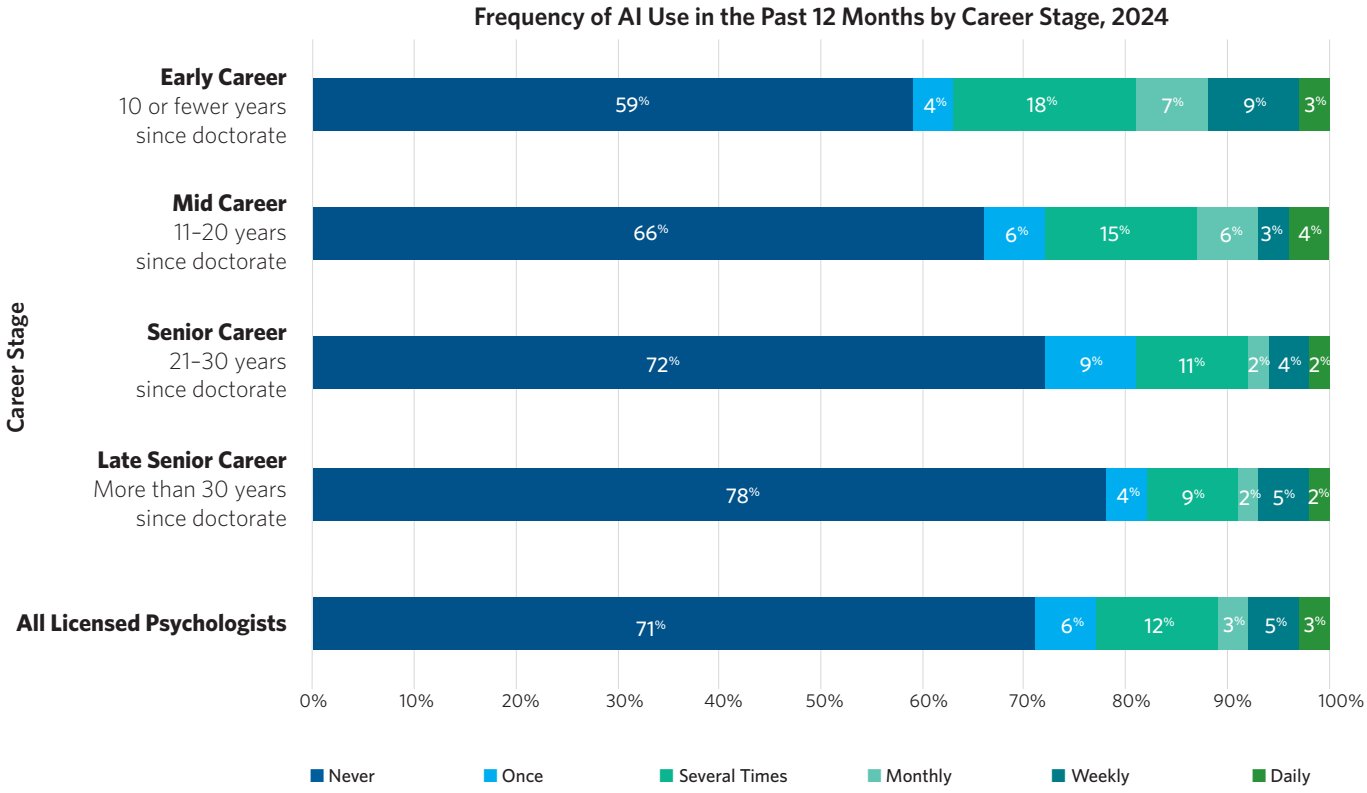
AI Use Is Highest Among Early Career Psychologists

Differing AI adoption across career stages may have implications for education

BY CORY PAGE, MPH, MPP, KAREN STAMM, PhD, & MERON ASSEFA, MS

IN SEPTEMBER 2024, 50% of licensed psychologists either agreed or strongly agreed that they were familiar with AI tools in psychology, but only 29% of licensed psychologists had used AI tools in their work at least once in the past 12 months. About 1 in 10 licensed psychologists (11%) used AI tools monthly, weekly, or daily at work, whereas 18% used AI tools once or several times in the past year.

Early career psychologists (those within 10 years of receiving their doctoral degree) reported using AI tools more often than those in more advanced career stages. About 41% of early career psychologists used AI at least once in the past year and 19% used AI monthly or more frequently, compared to 22% and 9%, respectively, of licensed psychologists in the latest career stage. This could suggest differences in familiarity with new technology, with recent graduates being exposed to novel technology in their training. Continuing education courses and on-the-job training could improve familiarity and potential uptake of AI tools in professional practice.



SOURCES

American Psychological Association. (2024). Barriers to care in a changing practice environment: 2024 *Practitioner Pulse Survey*. https://www.apa.org/pubs/reports/practitioner/2024

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The Rise of Relational Health in Early Childhood Care

Behavioral health specialists are promoting positive emotional connections between infants and toddlers and their primary caregivers

BY BARBARA MANTEL

A QUIET REVOLUTION IS reshaping pediatric and postpartum care in the United States, centered on a powerful but often overlooked concept: early relational health. Psychologists have long known that infant, toddler, and caregiver mental health are inextricably linked. But the health care system typically considers caregivers and children separately. That stance is changing, thanks to a growing network of evidence-based programs—many developed by psychologists—that promote safe, stable, and nurturing early relationships; a call to action from the American Academy of Pediatrics; and a surge in public and philanthropic support.

In mid-July, Oregon expanded its efforts to promote early relational health, requiring insurance plans to cover doula and lactation services before, during, and after the birth of a baby. Also in July, Washington State's Medicaid program began paying for community health workers trained in behavioral health to embed in pediatric clinics. The two states join at least nine others currently funding a variety of strategies focused on the relationship between children ages 0 to 3 years and their mothers and other caregivers. "This is a sea change," said David Willis, MD, a professor of pediatrics at Georgetown University and cochair of the National Academies of Sciences, Engineering, and Medicine's Forum for Children's Well-Being. States have become the incubators of sustainable programs to support early relational health, he said.

Also driving this momentum to strengthen early relational health are philanthropies focused on improving the lives of children and families. They include national organizations like the Perigee Fund and Blue Meridian Partners and state and local groups like the Burke Foundation in New Jersey.

These programs, typically offered at home or to all families at a pediatrician's office, involve working on two-way communication to build attachment between very young children and their primary caregivers. "Serve and return" interactions—such as mirroring a baby's coos or gestures—are foundational to early communication and relational health. These reciprocal exchanges not only support language development but also build the infant's sense of connection, safety, and responsiveness in relationships.

Promoting early relational health in this way yields huge mental health benefits, said Jessica Conner, PsyD, the director of behavioral health at Northeast Pediatrics and Adolescent Medicine in Ithaca, New York. One recent scoping review showed it is associated with reduced maternal depressive symptoms, increased maternal sensitivity to infant competencies, increased maternal confidence in child-rearing, better infant development, and enhanced positive early relationships (Yago, S., et al., *Early Human Development*, Vol. 183, 2023).

HealthySteps, a long-standing but newly expanding model that embeds child development and behavioral health specialists into pediatric care teams, is one of the programs at the forefront of this trend of focusing on early relational health. (Northeast Pediatrics is a certified HealthySteps practice.) HealthySteps supports child development in the first 3 years of life along with parental mental health as integral to that development, offering services like maternal depression screening, psycho-education, relationship guidance, and a family support line. HealthySteps, a program at ZERO TO THREE, a nonprofit focused on the healthy development of the nation's

AT A GLANCE

- Philanthropic organizations and an increasing number of states are spending money to make early relational health a statewide standard of care.
- Programs like HealthySteps, which embeds behavioral health specialists in pediatric practices, and Family Connects, which sends nurses to homes of families with newborns, are growing rapidly.
- Psychologists are at the forefront in developing and evaluating programs that promote early relational health and, at HealthySteps, supervising or providing clinical care.



Research has shown that the first several years of life are a critical period of opportunity—as well as risk—with 80% of brain development occurring before age 3 and 90% by age 5.

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babies and toddlers, currently reaches more than 500,000 children in 25 states, in Washington, D.C., and on U.S. military bases in Germany and aims to double that figure by 2032.

Developmental Understanding and Legal Collaboration for Everyone (DULCE) is another pediatric innovation model that is building a focus on relational health. It shares many characteristics of HealthySteps but focuses on birth to 6 months of age and uses an interdisciplinary team, including local legal consultants, to mitigate the risks to family well-being posed by unmet social determinants of health, such as food or housing instability.

Other programs send providers—typically nurses or community health workers—to the home, providing a complementary model of care. One example is Family Connects, a home-visiting program created by psychologists and piloted in Durham, North Carolina, that is now scaling to other states like Oregon and New Jersey. Family Connects, which often coordinates with HealthySteps, offers postpartum families one to three nurse visits to assess both medical and behavioral needs.

"The goal of Family Connects is universal: to try to reach every family giving birth in a geographic or identified community," said Kenneth Dodge, PhD, a professor of psychology and neuroscience at Duke University and the founder of Family Connects International, the nonprofit responsible for growing the program beyond North Carolina.

The importance of early relational health

Research shows that the early years of a child's life set the stage for their future, said Lisa Powell, PhD, a psychologist and growth manager at HealthySteps. "We know that 80% of brain development occurs in the first 3 years of life, 90% in the first 5 years—this all happens in the context of relationships," Powell said. It is a period of enormous risk and opportunity and the most critical time to facilitate consistent, nurturing caregiving to promote optimal child mental health and, if there is a concern, to intervene before problems are entrenched, she said (Lenroot, R. K., & Giedd, J. N., *Neuroscience & Biobehavioral Reviews*, Vol. 30, No. 6, 2006).

The pediatric community agrees. A 2021 policy statement from the American Academy of Pediatrics urged "a paradigm shift toward relational health" because safe, stable, and nurturing relationships "not only buffer childhood adversity when it occurs but also promote the capacities needed to be resilient in the future" (Garner, A., & Yogman, M., *Pediatrics*, Vol. 148, No. 2, 2021).

A decades-long study of abandoned Romanian infants and toddlers who were randomly assigned to foster care or the then standard care in orphanages has yielded data demonstrating the long-lasting impact of early relational health. Followed through childhood and into their teens, children assigned to foster care had better cognitive and physical outcomes and less severe psychopathology than those in orphanages (King, L. S., et al., *The American Journal of Psychiatry*, Vol. 180, No. 8, 2023).

"When we look at what might be driving the differences, it's often through improved caregiving relationships," said one of the study's coauthors, Kathryn Humphreys, PhD, an associate professor of psychology and human development at Vanderbilt University.

A population health approach in primary care

Before coming to HealthySteps, National Director Rahil Briggs, PsyD, worked as a clinician in a Bronx early childhood mental health clinic. "You could paint [the walls] whatever color

you wanted, you could give out books, but nobody wanted to bring their toddler to see a psychologist" in a mental health clinic, she said. "For those select families who were brave enough to walk through the doors, it always felt like it was too late." The youngest children were often at least 4 years old, with years of exposure to toxic stress, domestic violence, or other risk factors, Briggs said.

In contrast, the vast majority of parents take their infants and toddlers to a pediatrician, according to Centers for Disease Control and Prevention statistics, and the American Academy of Pediatrics recommends taking them often—at least 12 well-child visits over the first 3 years of life. "We see babies within 3 days of their discharge from the hospital," said Conner of Northeast Pediatrics. That creates an opportunity to foster early relational health in pediatricians' offices, which are "nonstigmatized . . . almost universally accessed and really trusted," said Briggs. This kind of broad care of the general population, focusing on promoting and fostering positive behaviors to bolster general wellness, is also known as a population health approach.

At HealthySteps, psychologists play three sometimes overlapping roles, said Briggs. They can be a HealthySteps specialist—last year, 18% were psychologists, the rest primarily social workers; a supervisor and sometime clinician, like Conner, who oversees one HealthySteps specialist and two behavioral health consultants, who are social workers; and/or a psychologist at an academic medical center with a HealthySteps clinic who conducts program evaluation and research. HealthySteps practices offer three tiers of program services based on health and social needs. In the first tier, the practice's medical staff screen all infants, toddlers, and their families for developmental milestones and caregiver mental health as well as food insecurity, transportation needs, and other social determinants of health, and give families age-appropriate books and handouts. In Tier 2, identified at-risk families receive behavioral health consults, typically to address stressful issues like feeding, sleeping, and behavioral challenges, said Powell. Tier 3 is for families at the greatest risk—for example, children who are already experiencing developmental delay, babies just out of the neonatal intensive care unit, or mothers who have screened positive for anxiety and postpartum depression. In these cases, the HealthySteps specialist attends every well-child visit.

"Maternal depression is considered an adverse childhood experience [ACE] for children and can have a huge impact on their development and emotional health," said Powell. A recent study of electronic health records of one large health system found that postpartum depression diagnosis rates increased from 9.4% in 2010 to 19% in 2021 (Khadka, N., et al., *JAMA Network Open*, Vol. 7, No. 11, 2024).

HealthySteps and programs like it work to reduce the likelihood of a child experiencing items on the ACE list or to mitigate such experiences by providing healthy relational connection. "It's about coaching, modeling, and practicing observing and responding to baby's cues and promoting caregiver-child attachment and interaction," said Powell. It may also involve some cognitive restructuring, said Conner.

Families enrolled in HealthySteps were more likely to receive a developmental assessment, attend well-child visits, receive vaccinations, have higher maternal depression referrals, notice behavioral cues, and share picture books and play with their infants daily, and they were less likely to use harsh punishment than families who were not enrolled in HealthySteps, according to an early study (Minkovitz, C. S., et al., *JAMA*, Vol. 290, No. 23, 2003).

DULCE is smaller than HealthySteps and operated last year in 19 pediatric clinics across six states—California, Florida, Massachusetts, New Mexico, Rhode Island, and Vermont—serving 1,408 families. The model focuses on the baby's first 6 months and conducts similar screening as HealthySteps. The DULCE family specialist, a specialized community health worker, attends well-child visits with families and provides relational and emotional support and guidance. Local mental health consultants, including psychologists and clinical social workers, help families access needed resources (Noël, W. H., et al., *Child Welfare*, Vol. 100, No. 6, 2023).

Psychologists, psychiatrists, pediatricians, and other health care professionals from Boston Children's Hospital's Brazelton Touchpoints Center and the Brazelton Institute train DULCE family specialists. They learn the Newborn Behavioral Observations, a relationship-building tool that helps families recognize their baby's cues and build responsiveness, and the Brazelton Touchpoints approach that offers families anticipatory guidance ahead of expected periods of disorganization and stress that precede spurts in a baby's development. "This strengths-based stance toward children's behavior and their parents promotes healthy interactions so as to prevent derailment in the relationship," said Jayne Singer, PhD, the director of developmental and relational health at Brazelton Touchpoints Center.

In a randomized controlled study of the original DULCE pilot program conducted between 2010 and 2012,

infants from families who received the intervention were more likely to receive vaccinations and less likely to have visited an emergency department by 6 months of age, compared with controls. DULCE families had greater access to concrete supports including utilities, income, and food assistance (Sege, R., et al., *Pediatrics*, Vol. 136, No. 1, 2015).

Home visits

Family Connects targets all postpartum families in a geographic area, no matter their income or circumstances. "All families have needs," said cofounder Dodge, adding that targeting recipients based on income or risk can be stigmatizing.

Family Connects is being implemented in 55 communities across 22 states, from small cities to entire states, said Dodge. But reaching all families in a geographic area is a challenge, he said. Family Connects nurses access new parents through relationships with maternity wards in local hospitals as well as obstetricians and primary-care physicians. Family Connects staff also comb through public birth records to find new parents, Dodge said.

Family Connects nurses visit the family when the baby is about 3 weeks old to understand the family's needs and to either provide a brief intervention or connect them to a community resource—anything from a mental health provider to an organization that supplies cribs. They follow up by phone or sometimes in person.

Studies have shown that families assigned to this brief intervention had more connections to community organizations and services, fewer child abuse investigations, fewer cases of maternal anxiety and depression, and fewer child emergency care visits (Goodman, W. B., et al., *Maternal and Child Health Journal*, Vol. 26, No. 5, 2022; Goodman, W. B., et al., *JAMA Network Open*, Vol. 4, No. 7, 2021).

Programs are growing

A combination of public and private funding is fueling the growth of programs fostering early relational health.

Family Connects is free of charge to families, and each location finds its own way to pay for the service. Oregon passed a law in 2019 that requires Family Connects be offered to every baby born in the state. Either Medicaid or private insurance pays for the service, depending on a family's health insurance. If a family does not have insurance, the state pays. Family Connects is scaling up in New Jersey and is in contract negotiations with Ohio and Maryland, said Dodge.

Family Connects has also begun a pilot program in North Carolina called Community Navigation to expand the nurse intervention from the second trimester through the baby's third birthday. The Duke Endowment, a private foundation, and Blue Meridian Partners are funding the pilot.

"The role of philanthropy is to serve as a catalyst, piloting innovative programs and bringing people together to demonstrate new kinds of solutions," said Lisa Mennet, PhD, a psychologist and founder of Perigee Fund, established in 2018 to finance, among other things, programs that support infant and early childhood mental health in pediatric and OB-GYN practices, childcare settings, and other family-focused environments. "Philanthropy also plays a critical role in advocating for government and private sector investments to scale up successful programs," Mennet said.

Several states have stepped up. In March, Medi-Cal, the Medicaid program in California, finalized a new payment policy that allows pediatric practices to bill for *dyadic care*—behavioral health services delivered to caregiver and child together—without requiring a mental health diagnosis, said Kathryn Margolis, PhD, who leads the integrated behavioral health division at Zuckerberg San Francisco General Hospital, which includes HealthySteps services at its Children's Health Center. "Now we have a billable pathway to be able to provide this type of care that we've known for a long time has worked," said Margolis. "This momentum is building in different ways across the country in different states."

Medicaid programs, for example, in Colorado, Massachusetts, New York, South Carolina, and North Carolina, also no longer require a diagnosis for integrated behavioral health providers to bill for dyadic behavioral health care, said Powell. In another change, Medicaid programs in Maryland, Arkansas, and New Jersey make enhanced payments to HealthySteps practices, she said.

Briggs said commercial insurance has not followed suit, although New Jersey and Massachusetts are considering legislation requiring insurers to reimburse for preventive services in pediatric practices without a behavioral health diagnosis.

Partly as a result of these expanded Medicaid payments, HealthySteps has expanded rapidly, growing from 200 sites in 2021 to more than 350 sites currently. However, the federal cuts to Medicaid recently signed into law by President Donald Trump threaten critical services and are expected to lead to millions of people losing insurance, said Powell. "We're deeply concerned about the impact of cuts to Medicaid. We know that caregivers and children will need dyadic services more than ever and, at the same time, states and health systems will be under unprecedented financial strain," she said. ■

Psychologists Help Prepare Team USA for the Deaflympics

A first-of-its kind collaboration improves sport and performance psychology services for Deaf and hard-of-hearing athletes

BY EFUA ANDOH

WHEN BECKY CLARK, PhD, first attended the Deaflympics in 1981 in what was then West Germany, she was a 21-year-old athlete. Surrounded by thousands of Deaf and hard-of-hearing (DHH) athletes for the first time, as part of Team USA, she took home the silver medal. In a full circle moment, Clark will return to the Deaflympics in Tokyo this November. This time, instead of competing she'll be leading a first-of-its-kind initiative. Clark leads a dedicated team of sport and performance consultants that is providing support to the approximately 350 U.S. athletes that make up Team USA.

The Deaflympics—celebrating its centennial this year—is the second oldest international sports competition in the world after the Olympics.

AT A GLANCE

- Deaf and hard-of-hearing athletes (DHH) face unique barriers, including communication gaps, financial obstacles, and exclusion from mainstream competition.
- In a historic first, the University of Western States and USA Deaf Sports Federation are partnering to provide mental performance consultation to Team USA for this year's Deaflympics.
- Psychologists working with DHH athletes can facilitate communication, adapt interventions, and help them to self-advocate.

Despite the vital role sport and performance psychology plays in the success of Olympic athletes such as Simone Biles and Michael Phelps, Deaflympic athletes have not received comparable support. Jointly funded by the USA Deaf Sports Federation (USADSF) and the University of Western States (UWS) in Portland, Oregon, Clark and her team are taking steps to close this long-standing gap.

"We hope to make this an ongoing collaboration, as the partnership effort essentially quadruples the number of mental performance consultants with experience working in this unique population," said Sarah Castillo, PhD, who is the program director of sport and performance psychology programs at UWS.

The psychology of sport for DHH athletes

Although research on DHH athletes in sport and performance psychology has been limited, there is emerging research on how professionals in this field can tailor their work to better support these athletes' needs. Alon Markov-Glazer, PhD, a postdoctoral researcher in the developmental psychology program at the Friedrich Schiller University Jena in Germany, has conducted a number of studies with Deaflympic athletes, in particular.

He coauthored a study on 84 German Deaflympic athletes as part of a research project led by his dissertation supervisor, Rainer Schliermann, PhD. They found that only 9.5% had received sport psychology compared with approximately half of Paralympic athletes who had (*International Journal of Sport and Exercise Psychology,* Vol. 22, No. 8, 2024). Both groups used psychological skills like goal setting, imagery, self-talk, and regulating arousal at similar rates. However, Deaflympic athletes were less likely to use relaxation techniques, which often rely on auditory cues. Markov-Glazer and his colleagues suggested that sport and performance consultants could adapt such strategies to bridge the gap. For example, progressive muscle relaxation—a stress and anxiety reduction technique that involves briefly tensing and then relaxing muscle groups—can be guided using sign language and supported with touch or visual stimuli.

In a follow-up qualitative study, the researchers interviewed 23 German Deaflympic athletes and four coaches to learn how mental training skills could be adapted for their needs (Markov-Glazer, A., et al., *Frontiers in Sports and Active Living,* Vol. 7, 2025). For example, traditional visualization or imagery training often relies on spoken instructions or auditory cues. One coach adapted this technique to be more inclusive by making such cues visual or tactile. First, he instructed



Runners compete during the men's 800 meter final at the 23rd Summer Deaflympics in 2017 in Turkey. Tokyo is hosting the 2025 Summer Deaflympics, November 15 to 26.

ANADOLU/GETTY IMAGES

his team to imagine standing together in a circle holding a trophy after a win. He then asked them to close their eyes for about 10 seconds. To signal the end of the visualization exercise, he clapped or knocked on the floor.

Psychologists and mental performance consultants have a unique role to play in addressing the mental health, training, and communications needs of DHH athletes. By adapting interventions or skills training appropriately, they can ensure the athletes are fully supported and primed for success in a variety of sports environments.

DHH athletes face systemic challenges

Clark's work in this space exemplifies such an approach. As a licensed clinical social worker and kinesiologist specializing in sport and exercise psychology, Clark's personal journey drives her dedication to this work. She experienced hearing loss in her early teens and learned American Sign Language (ASL) to communicate. She continued to pursue athletics through her adolescence and college career, eventually winning one gold and two silver medals in volleyball across three Deaflympics in the 1980s.

However, like many elite athletes, Clark faced intense pressure to perform and internalized the belief that admitting to mental health struggles was a sign of weakness. A lack of open dialogue about emotional well-being in sports only made things harder. "I needed help with mental health to process stress, loss, and grief that's normal in and of itself," she said. "But as an athlete, I didn't want to be labeled. I didn't want someone saying, 'You're seeing a psychiatrist? What's wrong with you?' So, I became a therapist myself, specializing in athletes. It was my way of normalizing the conversation."

Many DHH athletes grapple with the fact that deafness, often an invisible condition, has historically led to DHH individuals being misdiagnosed with psychiatric conditions or labeled as intellectually disabled. This fuels reluctance to seek mental health support as many fear misunderstanding or judgment. Frustrated by the lack of culturally competent services for DHH athletes, Clark has spent decades advocating for change across universities and sports organizations.

The DHH community is a heterogenous group, with a wide range of communication styles and preferences, cultural identities, and degrees of hearing loss (Padden, C., & Humphries, T., *Deaf in America: Voices from a Culture*, Harvard University Press, 1988). For example, some, especially those with complete hearing loss, communicate through sign language, have only (or mostly) DHH friends and acquaintances, and capitalize the word "Deaf" to reflect their status as part of this cultural and linguistic minority. Others may view their hearing loss as a medical condition or disability rather than an identity. They may employ assistive technologies such as hearing aids or cochlear implants as well as speech reading, a combination of lip reading and interpreting facial expressions and gestures.

DHH athletes must navigate hurdles that don't exist for their hearing counterparts. For example, they often encounter communication barriers, such as limited access to qualified interpreters. These challenges can result in them missing vital information such as training plans or instructions and reduced opportunities to connect with coaches, training staff, and their hearing teammates. These factors not only hamper inclusion but may impact performance.

Danielle Previ, PhD, a pediatric psychologist at Gallaudet University in Washington, D.C., is competing in the Deaflympics for the first time as a mountain biker for Team USA. "The last local race that I did, the organizer was making announcements with a microphone," said Previ, who identifies as profoundly deaf. "I was completely lost as to what was going on." Previ asked a hearing cyclist for information,

but she was also unable to hear the announcer properly because of background noise and the mic's feedback. To Previ, it demonstrated the importance of conveying crucial information in accessible ways that benefit every competitor's performance and safety, regardless of hearing ability. "I know sound is important for many people, but there are several different ways. For example, in other races, there's a board with different categories written down that conveys what time each race starts, and that is definitely more accessible."

Jeffrey Mansfield, USADSF president and a three-time Deaflympian, brings personal insight to how communication barriers can undercut both performance and the mental well-being of DHH athletes. As an NCAA Division 1 college hockey player, Mansfield often didn't have equal communication access to essential team moments such as pregame speeches or strategy sessions because of a lack of integrated interpreting services. That had significant consequences when he failed an exam on the team's system. "I was seeing certain things and words for the very first time, and I was completely at a loss. My failure was interpreted as a failure of commitment, as a lack of attentiveness and focus," said Mansfield. "These microaggressions happen to [DHH] athletes at all levels. We need to educate our coaches and our sports organizations, and sports psychologists play a key role in this effort."

When sport and performance consultants and psychologists take the time to recognize and respond to the unique communication needs of the DHH athletes, they can help deepen engagement and support in their training and competition. This includes appropriate and thoughtful modifications such as using visual tools including PowerPoint slides, text messages, video, or white boards to ensure DHH athletes have full access to the information they require (Hanrahan, S. J., *Australian Psychologist,* Vol. 50, No. 2, 2015).



Dr. Danielle Previ, a competitive athlete and a pediatric psychologist at Gallaudet University in Washington, D.C., is competing in the Deaflympics for the first time as a mountain biker for Team USA.

PHOTO BY BRUCE BUCKLEY

Supporting Team USA

As team director for the mental performance consultants and mental health clinicians working with Team USA, Clark is working alongside three faculty members from UWS's sport and performance psychology program: Castillo, Gily Meir, PhD, an assistant professor, and Skip Flanagan, EdD, a former professional baseball player, cofounder of the National Deaf Athlete Center and visiting assistant professor at Rochester Institute of Technology. The team also includes five doctoral students who received specialized training in DHH culture and ASL. In addition, all team members were trained and certified in Mental Health First Aid by the U.S. Olympic and Paralympic Committee (USOPC) Psychological Services team. Their work with Team USA represents a major step toward greater accessibility and inclusion in sport and performance psychology while celebrating Deaf sport on the global stage.

"For most of these Deaflympians, this is the first time they have had access to mental performance and mental health support services with full communication accessibility," Clark said. "The response has been overwhelmingly positive, and athletes and coaches are actively utilizing these resources."

The USA performance psychology team is deploying a variety of strategies tailored to the specific needs of each athlete on Team USA. For example, they developed performance routines where the Deaflympians set clear and measurable goals for themselves. They also use skills such as visualization and methods to boost motivation and confidence. "We don't offer a package where we go and say, 'OK, here are the six things that we're going to talk about today.' These are elite athletes," said Castillo. "We make sure that we're delivering the types of skills and services that they're most interested in and that they think will make the biggest impact in their performance."

They also helped the teams for each sport build rapport, as some only had the opportunity to meet in person for two or three training camp sessions before the games. Building team

cohesion has involved facilitating communication gaps, often with the use of written communication on tablets, as the athletes on Team USA have a range of degrees of hearing loss and fluency in ASL. "Every athlete has completely different needs. Every team has different team dynamics. It's fun to see how we can develop our tool kit to better serve those individuals," Flanagan said.

This partnership also marks the first time that sport and performance consultation sessions will be free for Deaflympic athletes, with most funding provided by UWS and the USADSF. "The affordability of having someone work on mental performance challenges is an expense that often can't be overcome," said Clark. "So, us being able to offer that as part of their process as members of the 2025 team, I think is really exciting."

Deaflympic athletes encounter significant financial barriers to fulfilling their goals. While the USOPC offers a range of financial resources to Olympic and Paralympic athletes—including support for sport performance services through the Team USA Fund—Deaflympic athletes are not included in those systems. In addition, the USOPC's control over the term "Olympics" and its derivatives limit the Deaflympics' ability to seek private sponsorship and funding from companies that already have partnerships with the USOPC, according to Mansfield.

As a result, Deaflympic athletes often have to self-fund their journey toward the games to cover the costs of intense training, equipment, uniforms, travel, accommodations, and incidentals for training camps, world championships, and the Deaflympics (Mesch, J., & Clark, B., *Routledge Sport Studies,* Dec. 3, 2023). Clark estimates that the cost for each athlete to attend the games in Japan this year could range from $7,000 to $8,500.

A strengths-based approach to DHH athlete care

Jennifer Reesman, PhD, a clinical neuropsychologist at The Chesapeake Center in Bethesda, MD, has provided concussion care tailored for DHH athletes. She highlighted the importance of accessible communication and culturally competent assessment tools in these scenarios. "We really need to get back to our roots of understanding, What is this task? Is this accessible to the population that I'm trying to use this with?" Reesman said. Psychologists can find practical information and resources to guide their work in the *APA Guidelines for Assessment and Intervention With Persons With Disabilities*.

Previ has witnessed how medical mistrust and a lack of cultural competence can compromise care. She recalled a DHH patient coming in for a possible concussion at her previous hospital, but communication during the concussion screening broke down even with an interpreter present. "They were doing screening in the concussion clinic with the interpreter, and it did not go well at all because of poor communication. They didn't fully understand anything about the Deaf community," she said. "The patient didn't feel comfortable and didn't trust the assessment or the psychologist. So, they were referred to us. I ended up doing the concussion screening and was able to appropriately diagnose that individual."

Experts stress that a strength-based perspective is crucial to reframing how psychologists think about deafness. For example, reconceptualizing hearing loss as "deaf gain" is a way to highlight the unique strengths that DHH people bring by virtue of the bodies they walk in. For example, Deaf culture has a rich history of contributing innovations that benefit people of all sensory abilities. In sports alone, such advances include the creation of the football huddle at Gallaudet in 1894 and, more recently, a 5G-enabled football helmet that projects visual play signals.

That strength-based approach is central to Clark's team and marks an encouraging shift in sport and performance psychology toward equitable support for DHH athletes. "We don't want pity or to merely be inspiration. We want visibility, advocacy, funding, and culturally competent support," Clark said. ■

FURTHER READING

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Brancaleone, M. P., et al.
Clinical Journal of Sport Medicine, 2021

The socialization and participation of Deaflympians in sport
Foster, R., et al.
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Trends and future directions in the sports performance of Deaf and hard-of-hearing athletes: A systematic review
Gaweł, E., et al.
Applied Sciences, 2024

Sport psychology consultants' views on mental training with elite Deaf sport athletes
Markov-Glazer, A., et al.
International Journal of Sport and Exercise Psychology, 2024

"Where I didn't have to hear anything, and I could just run": The lived sport experiences of Deaf or hard of hearing collegiate athletes
Rich, J., et al.
American Annals of the Deaf, 2024

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5 Questions for Jennifer Freyd

This psychologist's groundbreaking research on institutional betrayal and manipulation by abusers is helping institutions and individuals build moral courage and address harms

BY EFUA ANDOH

JENNIFER FREYD, PhD, a professor emerit of psychology at the University of Oregon in Eugene, is internationally acclaimed for her research on sexual harassment and trauma, with a particular focus on betrayal trauma and institutional betrayal. In her most recent role as founder and president of the Center for Institutional Courage, Freyd and her team employ data-driven recommendations to guide institutions to act with courage, accountability, and transparency.



PHOTO BY GEO RITTENMYER

Your research introduced the now widely recognized concept of "Deny, Attack, and Reverse Victim and Offender" (DARVO). How can psychologists help reduce the harms of DARVO?

DARVO is a tactic that people use to deflect blame when held accountable for wrongdoing. First, they *deny* the allegation, then *attack* the person accusing them, typically by questioning their credibility. The most insidious part is *reversing victim and offender*, where they adopt the victim role and say, "You're harming me with what you're saying," "You're ruining my reputation," or "You're harming my family." The person making the allegation is put into the offender role. One of the most important findings from our research is that when bystanders [who have no prior knowledge of DARVO] observe DARVO being used, they tend to be swayed by it. They start to doubt the person who brought up the accusation, who is very often the true victim. However, when educated in advance about DARVO, bystanders are not as swayed by it. Knowing how to recognize it helps diminish its power to influence and harm the people it is used to target, who tend to blame themselves and have more mental health symptoms like PTSD [post-traumatic stress disorder]. We all have a huge responsibility to prevent that from happening and protect people from its effects.

Institutional betrayal can occur in any workplace or institution, from universities and health care systems to the military and corporations. How can psychologists respond?

Institutional betrayal hurts people and alienates them from the institution they're dependent on, or they may feel that they have to be in a kind of fog. I refer to this as "betrayal blindness," where they don't let themselves really see the betrayal, whether it's interpersonal or institutional. They do that because once you fully see the betrayal, it's really hard to not take action. Once fully aware of a betrayal, the usual reaction is to confront or withdraw. That can be a great response if you are empowered and have a choice of where to work, shop, or who to be in a relationship with. But if you are disempowered, confronting or withdrawing might only make things worse. You don't really have any other options. You stay in that institution [or store, or relationship], but by doing so, you're shutting yourself down in part. One thing clinicians can sometimes do is help people see the options for having a different job or something to break the pattern of mistreatment. It's a kind of trauma for people, so trauma treatment may generalize somewhat to institutional betrayal, but in some ways it's specifically different too.

You've also developed the concept of institutional courage. What are some practical steps organizations can take to move from betrayal to courage, and how can psychologists lead or advocate for these changes within their own institutions?

My current passion is helping institutions do better. Many people who hold power in institutions are well intentioned but engage in institutional betrayal because they don't understand the harm they're causing. It's exciting to think that we could help institutions commit to behave morally and transparently and to seek truth even if it causes discomfort and short-term distress. Institutions can then also teach people about institutional betrayal and how victims react to mistreatment, reducing some of the harm that comes from ignorance. We have identified 12 steps for institutional courage, such as "cherish the whistleblowers" and "educate the community." Institutions should reward whistleblowers by acknowledging them and partnering with them to figure out how to fix the institution. The use of anonymous surveys on a regular basis is another proactive step to find out what's really going on instead of waiting for people to come forward.

In your view, how does moral injury intersect with institutional betrayal, particularly for individuals who once trusted the systems that harmed them?

Think of moral injury and institutional betrayal as existing on a Venn diagram—they overlap. Moral injury occurs when you realize you've been a part of a system or action that goes against your values and morality. Jonathan Shay wrote about this powerfully in a book called *Achilles in Vietnam*. The Vietnam War created moral injury for many soldiers and other people in the military because they were doing terrible things such as killing civilians. Shay argued this moral injury could just enrage people—that's one extreme version. But when you experience moral injury because an institution forced or incentivized you to act in a way that's inconsistent with your values, then you've got both [moral injury and institutional betrayal] going on. It may be doubly harmful.

What emerging areas of research or intervention do you believe hold the most promise for addressing systemic patterns of betrayal and rebuilding trust at both individual and societal levels?

The intervention that I'm most excited about involves instituting the 12 steps of institutional courage. We have published two peer-reviewed studies that show how these steps benefit the people who are dependent on the institutions, such as employees and students—even if they have had bad experiences with the institution in the past. For example, when people who had been sexually harassed or mistreated experience institutional courage instead of betrayal, it really helped buffer against the bad stuff. Institutions don't have to be perfect. People are very eager to like or even love their institutions and tend to really respond well when an institution takes sincere steps toward doing better and being more courageous and moral. ■

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High Stakes and Low IQ Scores

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In *Hamm v. Smith,* the U.S. Supreme Court considers how intellectual impairment should be assessed in death penalty litigation

BY CYNTHIA CALKINS, PhD, CITY UNIVERSITY OF NEW YORK AND JOHN JAY COLLEGE OF CRIMINAL JUSTICE

JOSEPH CLIFTON SMITH, regarded as a "slow learner" since first grade, spent his school years in special education classrooms designed for those with intellectual or learning disabilities. In 1997, when in his late 20s, he beat a man named Durk Van Dam to death while stealing his tools and $140. The U.S. Supreme Court ruled in *Atkins v. Virginia* in 2002 that executing individuals with intellectual disabilities violates the Eighth Amendment's prohibition on cruel and unusual punishment. To avoid the death penalty under Alabama law, Smith would need to show an IQ at or below 70, measurable deficits in adaptive behaviors, and manifestation of an intellectual disability before age 18. Smith's IQ had been tested five times during his school years and the trial stage, with scores ranging between 72 and 78, but no single composite score was below 70.

IQ scores are reported, however, with a standard error of measurement (SEM) that accounts for variability in test performance due to environmental distractions, individual factors like mood or fatigue, or slight measurement imprecision. As such, an IQ score is understood to occur within a confidence interval of plus or minus several points—typically 3 to 5 points on most standardized tests of intelligence. A 3-point confidence interval around Smith's lowest score of 72 meant that his score might fall as low as 69. The district court considered the range of scores as well as his adaptive behavior deficits and concluded that executing Smith would be a violation of the Eighth Amendment. The 11th Circuit, also using a holistic approach that considered multiple IQ scores and the SEM around those scores, affirmed the district court's finding that Smith is intellectually disabled. The Supreme Court is now being asked to consider how intellectual impairment should be assessed in death penalty litigation, particularly whether there is a bright-line rule or whether SEMs should be applied and scores considered more holistically.



AT ISSUE

How should courts consider varying IQ scores and their standard errors of measurement in death penalty cases?

Psychologists are central to assessing the criteria set forth in *Atkins v. Virginia* and will want to consider how to deal with variability in patient IQ scores. Like Smith, some individuals will have multiple and varying IQ scores on record, and use of confidence intervals will broaden that range of scores even further. Clinicians will need to consider how to interpret and report discrepancies among test scores. Anette Bünger, PhD, and her colleagues at the University of Basel—who found that score discrepancies in IQ tests tend to be the rule rather than the exception—recommend against the use of rigid cutoff values, particularly in high-stakes decisions. Bünger and colleagues recommend the use of the 95% confidence interval, as it allows for the best trade-off between comparability and accuracy when comparing IQ scores (*Journal of School Psychology*, Vol. 88, 2021). The American Association on Intellectual and Developmental Disabilities 2021 manual recommends consideration of a range of scores, noting that the scoring trends and clinical information are more telling or informative than any single score (Schalock, R. L., et al., *American Journal on Intellectual and Developmental Disabilities,* Vol. 126, No. 6, 2021). The *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition) Text Revision does not recognize a hard cutoff score for a diagnosis of intellectual disability and instead suggests a score of "around 70," consideration of confidence intervals in test score reporting, and analysis of adaptive functioning.

Ultimately, *Hamm v. Smith* underscores the critical need for courts to align legal standards with clinical practice by interpreting IQ scores within their scientific limits and giving full weight to adaptive functioning, ensuring that constitutional protections for individuals with intellectual disability are meaningfully upheld. ■

ROHMAN HARIS/THE NOUN PROJECT



Panic attacks are sudden surges of intense fear or discomfort that include such symptoms as heart palpitations, nausea, dizziness, and feelings of depersonalization.

CE Corner

Recent progress in treating panic disorder

BY STEPHANIE PAPPAS

BONNIE ZUCKER, PhD, a clinical psychologist in Los Angeles, was in graduate school studying treatments for panic disorder in 2001 when she got hit by a tsunami of stress: her dissertation work, the terrorist attacks in New York, where she previously lived, and a tense dinner party where the attacks became the subject of conversation.

Sitting at the table, she suddenly felt like she could not breathe. Her heart pounded. She fled to the bathroom, wondering whether she was having a heart attack. And then she realized: She was having a panic attack.

"But because I knew that it was a panic attack, I was able to calm myself down," Zucker said. "Someone else might have thought, I need to go to the hospital."

Zucker's knowledge of panic attacks had saved her from spiraling into panic disorder, a condition in which people experience recurring panic attacks and mounting fear about them. Patients can feel out of control and hopeless, but as Zucker's experience suggests, panic disorder can be controlled. Research on this condition dating back nearly 50 years has shown that cognitive behavioral therapy (CBT) and some medications such as selective serotonin reuptake inhibitors (SSRIs) can ease panic disorder. Now, more recent work is revealing that even short, intensive CBT can have long-lasting benefits—and spill over to improve people's mental health more broadly.

"For patients, it's important to realize that focused treatments like CBT can really have a broad impact on many parts of the mind," said Jonathan Huppert, PhD, a clinical psychologist and head of the Laboratory for the Treatment and Study of Mental Health and Well Being at the Hebrew University of Jerusalem whose work focuses on anxiety disorders. "By focusing on thoughts, behaviors, and emotions, it can really change who you are."

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

1. Define panic disorder and list key symptoms of panic attacks.
2. Explain why confronting the symptoms of a panic attack is a key part of treatment.
3. Discuss potential benefits of cognitive treatments on other psychological processes, such as attachment.

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Understanding panic

Panic disorder is defined in the *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition) by recurrent and unexpected panic attacks, followed by a month or more of either persistent concern about more attacks or their consequences, or a significant maladaptive behavior change related to the attacks. Panic attacks are sudden surges of intense fear or discomfort that include such symptoms as heart palpitations, nausea, dizziness, and/or feelings of depersonalization (see sidebar page 38 for a full list).

Panic disorder often co-occurs with agoraphobia, in which the person develops a fear of situations or places that are hard to escape or where getting help might be difficult, such as elevators, public transportation, or crowds.

The gold-standard treatment for panic disorder is CBT, which has been shown to be effective both in trials and in clinical care settings (Öst, L., et al., *Clinical Psychology: Science and Practice,* Vol. 30, No. 3, 2023). While this therapy is a long-standing treatment, clinicians are increasingly refining their understanding of the way people overcome their fears using CBT techniques. Where once it was thought that patients needed to habituate to their feared sensations or stimuli, there is now more focus on inhibitory learning, or replacing the learned fear with new information, even chasing the experience of a panic attack—all the better to learn that

BOY_ANUPONG/GETTY IMAGES

KEY POINTS

1. Panic disorder is marked by recurring panic attacks as well as ongoing fear of these attacks.
2. Medications and cognitive therapies are the first-line treatments for panic disorder.
3. Cognitive behavioral therapy, the best-studied intervention for panic disorder, can also have downstream effects on psychodynamic processes such as attachment and anxiety sensitivity.



Panic disorder is often comorbid with other anxiety disorders and depression.

these physical sensations are not catastrophic.

"Exposure itself is insufficient," said Reid Wilson, PhD, a clinical psychologist and director of the Anxiety Disorders Treatment Center in Chapel Hill, North Carolina, comparing habituating to panic to white-knuckling through a flight for a person with a fear of flying. "We are now looking at this model, which has more to do with distress tolerance: I am willing to experience the symptoms and then handle the symptoms, as opposed to avoiding them."

Deepening treatment

Psychoeducation can be helpful for people who have had one panic attack and seek help, said Zucker, who has a book on panic disorder coming out with publisher New Harbinger next summer. While working as a graduate student counselor, she saw many students who just needed education on why they might be having panic attacks and why these episodes were not dangerous in order to avoid developing deeper anxiety.

For established panic disorder, structured and collaborative CBT protocols are the go-to, said Kevin Chapman, PhD, a clinical psychologist and the founder and director of the Kentucky Center for Anxiety and Related Disorders in Louisville. These protocols combine psychoeducation and symptom tracking. Therapist and patient work together to catalog feared situations and avoidance behaviors, like refusing to visit the supermarket or always sitting near an exit. This information helps shape the exposure therapy in which patients will learn to tolerate their fears. This approach typically begins with interoceptive exposure—creating the sensations of a panic attack so that the patient can work on disentangling the bodily sensations from the overwhelming feeling of threat.

"For instance, if they get lightheaded, then we might spin them in the office chair for a minute and then have them stand up quickly," Wilson said. "We are provoking the sensations, but we're reducing the threat because they're in the safety of their relationship with us in our office."

Then come field trips that take patients into real places they would prefer to avoid. In keeping with the inhibitory learning approach, the



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idea is to break the link between the patient's anticipatory dread and the actual outcome. It is also important to move from an attitude of "I have to do this" to "I want to do this," Wilson said.

The goal of CBT is to teach people that it does not matter if they have a panic attack, said Martin Antony, PhD, chair of the Department of Psychology at Toronto Metropolitan University and a specialist in anxiety disorders.

"When people are finally willing to welcome these sensations that they don't like and to say, 'OK, come on panic attack, come get me,' that's when they stop having panic attacks," Antony said.

A typical CBT course for panic disorder might run 9 to 12 weeks, but there are shorter, more intensive options as well. The Bergen 4-Day treatment for panic disorder is a concentrated CBT method developed in Norway that was first used for obsessive-compulsive disorder but has also proven effective for panic. It begins with psychoeducation in a group setting and first focuses on establishing the patient's intentions to lean into their discomfort. On Day 2 of the treatment, the patient chooses an individual plan for exposure tasks and launches into these tasks with the help of a therapist. These tasks are both interoceptive and in vivo, such as going somewhere the person would normally avoid because of agoraphobia. Group sessions throughout Days 2 and 3 allow participants to share their experiences and draw support from fellow patients. OnDay 4, patients learn how to continue training and maintain changes in their daily lives, making an exposure plan for the next 3 weeks.

A long-term follow-up on 30 patients who underwent this protocol found that there were significant and continuing decreases in symptoms at 3 months, as measured by the Panic Disorder Severity Scale. At 18 months, these gains were maintained, and 90% of patients were in remission. Though panic was the focus of the intervention, participants also saw reduced depression and generalized anxiety, persisting through 18 months (Eide, T. O., et al., *BMC Psychiatry,* Vol. 25, No. 107, 2025).

Other research also suggests that narrowly focused treatment for panic can have wider effects. Huppert and his colleagues have found that CBT treatment for panic disorder can improve anxious attachment, which is a relationship style marked by fear of abandonment and a strong need for reassurance, despite attachment not being a focus of treatment (*Psychotherapy Research*, Vol. 29, No. 3, 2019). A follow-up study found a similar improvement in anxious attachment in an asynchronous, internet-based CBT module—in other words, when no human therapist was involved (*Journal of Counseling Psychology,* Vol. 69, No. 2, 2022). This finding suggests that anxious attachment improved not because of a therapeutic relationship but as a direct result of the treatment reducing patients' sensitivity to anxiety. The patients may have relied less on other people to cope with anxiety as their sensitivity to anxiety declined, Huppert said.

In a final study, Huppert and his team randomized 128 participants to single-session CBT, psychodynamic therapy, or a control group, this time focusing on targeting anxiety sensitivity specifically. They found that CBT reduced anxiety sensitivity compared with the control group, while psychodynamic therapy did not. CBT also improved interpretation bias, or the tendency to interpret bodily sensations as catastrophic. Interestingly, Huppert said, those who improved their anxiety sensitivity in the CBT condition also saw an improvement in reflective functioning (*Psychotherapy Research*, 2025).

"One potential interpretation of this is that when one is doing good CBT, it affects psychodynamic processes of attachment and reflective functioning as well, even if they're not directly addressed," Huppert said.

The growing understanding of the processes underlying related disorders has led to more interest in transdiagnostic treatment. Panic disorder is

OLEG BRESLAVTSEV/GETTY IMAGES

Symptoms of a panic attack

As defined in the *DSM-5*, panic attacks occur suddenly, peak within minutes, and include four or more of the following:

- Palpitations, a pounding heart, or an accelerated heart rate
- Sweating
- Trembling or shaking
- Sensations of shortness of breath or smothering
- Feelings of choking
- Chest pain, discomfort
- Nausea, abdominal distress
- Dizziness, light-headedness, or faintness
- Chills or heat sensations
- Numbness or tingling (paresthesia)
- Feelings of unreality (derealization) or detachment from the self (depersonalization)
- Fear of losing control or "going crazy"
- Fear of dying

often comorbid with other anxiety disorders and depression; a transdiagnostic approach helps the patient learn to regulate their emotions more effectively across the board, rather than sequentially tackling each diagnosis.

"With generalized anxiety disorder, worry is a strategy people use in response to anxiety, just like escape and avoidance is a strategy people use to respond to panic," Chapman said. "What we say now is, all these symptoms are emotional dysregulation. Let's teach skills to address that at the core, and then you conclude with exposures."

Expanding options

While CBT is typically the first-line psychotherapy for panic disorder, SSRIs and serotonin-norepinephrine reuptake inhibitors (SNRIs) are also effective (Chawla, N., et al., *BMJ*, 2022). The research shows that medications work faster than CBT at reducing panic attacks, Wilson said, though CBT is more effective over time. Medications can be used in conjunction with psychotherapy, Wilson added, noting that therapists should be aware of a few concerns. One is that in reducing the panic symptoms, these medications may lessen the opportunities patients have to practice confronting and accepting their feared sensations. That can mean a higher chance of relapsing if the person stops taking the medications. Another concern is that patients who are working on CBT while also using medication may attribute their gains to the medication rather than to their hard work, Wilson said.

"When there is an issue regarding external attribution . . . they have a tendency to attribute it to the medication and not their efforts," he said, "so there's a drawback for people with a particular perspective."

On the other hand, Wilson said, medications can put a damper on symptoms, so patients feel more comfortable starting to confront them. And some patients with panic disorder may reject taking medications because of their worries about possible side effects such as nausea or dizziness, which might mimic their feared panic symptoms. Wilson counsels patients on the pros and cons and works with their preferences.

In addition to the psychological models of panic disorder, biological models suggest that for some people, panic may arise because of oversensitivity to feelings of suffocation. These people overreact to the buildup of carbon dioxide in the blood, which triggers the urge to breath faster and more deeply. Ironically, however, overbreathing can cause the body to take in more oxygen than it needs while not clearing enough carbon dioxide. This can lead to a cycle of feeling even shorter of breath.

"It sets a brittle balance, a brittle homeostasis, that can be tripped into full-bore panic," said Robert Cuyler, PhD, the chief clinical officer at Freespira Inc., a company that offers a capnometry-guided respiratory intervention (CGRI). For 4 weeks, patients spend about 20 minutes twice a day breathing into a capnometer, a medical device that measures the concentration of carbon dioxide in a patient's exhalations. The device translates the measurements into visual and audio instructions on how to inhale and exhale to keep oxygen and carbon dioxide in a normal range.

CGRI is based on capnometry-assisted respiratory training (CART), an FDA-approved therapy developed by Alicia Meuret, PhD, a professor of psychology and director of the Anxiety and Depression Research Center at Southern Methodist University and chair of the scientific council and board of directors at the Anxiety and Depression Association of America. (Meuret is not involved with Freespira Inc.)

Breathing and biofeedback have a long history of controversy in panic disorder treatment, Meuret said. In the early 2000s, teaching breathing techniques in CBT fell out of favor over concerns that breathing would dampen the physical symptoms that patients needed to confront. There were also concerns that breathing might become a safety behavior, or a crutch, to which patients attributed their success, rather than seeing

AKIO MAESHIMA/GETTY IMAGES

themselves as in control during a panic episode. (Today, some therapists use breathing techniques in CBT, while others downplay them.)

The problem, Meuret said, is that traditional breathing techniques can be counterproductive for people with panic disorder precisely because these techniques might cause them to overbreathe. When people breathe more slowly, she said, they compensate by taking in a larger volume of air. "Instead of breathing at a normal volume, they double or triple their volume, which basically would be as if they're tripling their respiratory rate," she said. CART can help patients normalize their breathing and reduce panic symptoms by correcting lower-than-normal levels of carbon dioxide and feelings of shortness of breath, Meuret and other researchers have found (*Biological Psychiatry: Cognitive Neuroscience and Neuroimaging*, Vol. 3, No. 6, 2018; Kim, S., et al., *Journal of Clinical Psychiatry,* Vol. 73, No. 7, 2012).

Moving forward, there may be ways to tailor treatments or to determine which people will respond best to each treatment, Antony said. Newer research is also working on understanding the relationships among these disorders, their treatments, and underlying psychodynamic processes, Huppert said.

"We're starting to switch over from looking at CBT directly for panic or anxiety sensitivity and using unified protocols to see how wide this impact is on some of these processes, including things like attachment and reflective functioning," he said. "You don't always need to be doing psychodynamic techniques in order to facilitate psychodynamic processes." ■



Cognitive behavioral therapy (CBT) is typically the first-line psychotherapy for panic disorder. Recent work is revealing that even short, intensive CBT can have long-lasting benefits—and spill over to improve people's mental health more broadly.

RESOURCES

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Oxford Academic, 2022

MILITARY PSYCHOLOGISTS ARE GIVING U.S. TROOPS A STRATEGIC ADVANTAGE

Psychologists are leading efforts to build cognitive resilience and optimize performance among service members

BY EFUA ANDOH





Marines of the Silent Drill Platoon, Marine Barracks Washington, perform during a flyover of the U.S. Navy Blue Angels' "Fat Albert" C-130J Super Hercules at Marine Corps Air Station Yuma, Arizona. The Marines of this platoon use military mindfulness techniques to train for the concentration required to execute their precision drills.

PO1 CODY DECCIO, IDENTIFIED BY DVIDS

THE U.S. MILITARY, WHICH COMPRISES MORE THAN 2.8 MILLION ACTIVE-DUTY AND RESERVE PERSONNEL, ENDURES SOME OF THE HIGHEST LEVELS OF STRESS OF ANY OCCUPATION.

ACCORDING TO THE 2024 Navy's Health of the Force survey, for example, nearly 2 in 5 enlisted sailors reported feeling severely or extremely stressed. Service members often face high-stakes and unpredictable situations and perform duties that require them to make quick decisions and think clearly while carrying out complex tasks. Military careers also come with unique stressors, from deployment and combat exposure to family separation and difficulties transitioning back to civilian life.

To help with the challenges specific to life in the military, training and leadership development programs now routinely include mental conditioning. Metaphors like "brain exercise," "push-ups for the mind," and "bicep curls for the brain" describe this vital cognitive fitness training. Research shows it boosts performance, reduces emotional reactivity, and supports physical health. Psychologists are at the forefront of this crucial shift, spearheading programs to develop mission-critical mental strength and an optimal warrior mindset. Service members report boosts in their decision-making abilities as well as positive impacts in their relationships and overall mental and physical fitness.

The Department of Defense has embraced a comprehensive approach to weaving mindfulness-based programs into overall military training. "We've been able to incorporate it into everything, ranging from when they come into the military during their basic training to field training exercises, garrison or routine operations, all the way to pre-deployment, during deployment, and after deployment operation," said Timothy Hoyt, PhD, a clinical psychologist and deputy director for force resiliency in the Office of the Under Secretary of Defense for Personnel and Readiness.

The neuroscience of mindfulness

Mindfulness encompasses various practices that involve sustaining attention to the present moment with a nonjudgmental attitude. One meta-analysis of its impact on 13 performance-related outcomes for the military found mindfulness can improve attention, emotional regulation, impulsivity, morale, and social support (Hepner, K. A., et al., *Rand Health Quarterly*, Vol. 10, No. 1, 2022).

Mindfulness-based training in the general sense has long been championed by Amishi Jha, PhD, a neuroscientist and professor of psychology at the University of Miami. Jha has spent nearly 2 decades studying how stress, threat, and negative mood undermine attention. "Attention is the brain's boss. Wherever and however we pay attention, it impacts information processing throughout the brain," she said.

Shortly after 9/11, Jha expanded her research to examine whether mindfulness training could strengthen attention in high-demand professionals such as service members. She recognized that heightened demands on the military could harm their ability to focus when it matters most, for example, making decisions under fire, using their weapons with precision, or remaining situationally aware in hostile territory.

To address this issue, Jha and her colleague Scott Rogers codeveloped the Mindfulness-Based Attention Training (MBAT) program for service members (*Progress in Brain Research*, Vol. 244, 2019). After multiple refinements, it became an 8-hour course delivered over 4 weeks, requiring a "minimum effective dose" of 12 to 15 minutes of mindfulness practice 3 to 4 days per week. Her research has shown that MBAT protects and strengthens attention, working

AT A GLANCE

- Military mindfulness practices for peak performance boost focus, resilience, and sustained performance under pressure.
- Military psychologists are leading training at all levels of active-duty and reserve military personnel, military academy students, and family members.
- Programs like Mindfulness-Based Attention Training (MBAT) and Peak Mind are transforming training for all levels—from new recruits to senior leaders.

memory, and mood among military personnel.

How mindfulness training is implemented also matters. Jha's research shows the benefits of using a train-the-trainer model to deliver MBAT to soldiers. Her team examined whether trainers' familiarity with military contexts shaped the extent of benefits experienced by the soldiers. They found that soldiers who received MBAT from military-savvy instructors performed better than those who received training from mindfulness experts unfamiliar with the military (*Mindfulness*, Vol. 11, 2020).

MBAT-trained soldiers also performed better in shooting tasks under stress than those who did not practice mindfulness. They also had fewer attention lapses, fewer difficulties managing emotions, greater mental toughness, and higher self-reported mindfulness (*Military Medicine*, Vol. 188, No. 3–4, 2023). Jha's MBAT program has been offered in basic combat training for soldiers (*Frontiers in Psychology*, Vol. 14, 2023) and delivered to one-star generals in the U.S. Army. MBAT has also drawn international interest from militaries in Australia, New Zealand, Ukraine, and Singapore.

Jha also developed an app called Pushups for the Mind.mil in partnership with the Department of Defense. The app provides 12-minute lesson modules, guided meditation programs, and tools to build a consistent mindfulness practice. The app is available at no cost to active-duty personnel, reservists, National Guard members, and students at military educational institutions.



U.S. Air Force Col. Seth Spanier, 7th Bomb Wing commander, experiences a MindGym sensory deprivation and bio-responsive mindfulness session.

SRA ALONDRA CRISTOBAL HERNANDEZ, IDENTIFIED BY DVIDS

Using military-specific terminology

At the U.S. Army War College, psychologists Maurice Sipos, PhD, and Kelly Ihme, PhD, used Jha's book, *Peak Mind: Find Your Focus, Own Your Attention, Invest 12 Minutes a Day* (Harper One, 2021) and research to develop mindfulness training for senior-level leaders. They recognized that many military personnel may have dubious reactions to the traditional terminology of mindfulness, seeing it as quasi-religious or unscientific.

To counter this problem, their course, "Peak Mind: Brain Health and the Power of Paying Attention," uses terms like "attentional fitness" rather than "mental health" or "resilience." By using military-specific wording, they were able to overcome initial skepticism from students.

"Mindfulness is the tool that we are using, and what we are getting after is attentional fitness. It's your attention system and the brain itself that we're targeting. Just like you would do push-ups for your pecs and chest, push-ups aren't the goal. It's the musculature," said Ihme.

"Peak Mind"—which included daily mindfulness practices, yoga sessions, practical exercises like mindful eating, and group and pair leadership exercises—was the most popular elective in the first semester it was introduced and the second most popular in spring 2025.

Graduates of the course reported key improvements in attention and focus, along with improved self-awareness and



U.S. Marine Corps Lance Cpl. Daniel Castro holds security during a patrol base operation at Joint Base Elmendorf-Richardson, Alaska.

CPL EARIK BARTON, IDENTIFIED BY DVIDS

"WHEN SERVICE MEMBERS TRAIN TO SHOOT THEIR WEAPON, THEY ARE TAUGHT TO FOCUS, TAKE A BREATH AND PAUSE, SHOOT, THEN BREATHE AGAIN.

THEY ARE PRACTICING MINDFULNESS AND SELF-REGULATION TECHNIQUES. SERVICE MEMBERS JUST DO NOT CALL IT THAT."

Cdr. Adeline Ong, PsyD

Navy clinical psychologist and chief at the Naval Center for Combat and Operational Stress Control at the Bureau of Medicine and Surgery

metacognition. Another positive outcome was reduced bias in decision-making. "When students had a clearer mind, when they weren't influenced by emotional reactivity, they were less likely to default to habitual behavioral and thinking patterns, leading to more effective and better decisions," Ihme said.

Walt Piatt, a former Army general who is CEO of Wounded Warrior Project, can attest to the benefits of mindfulness training in his troops. Piatt was one of the first high-ranking officers to collaborate with Jha and her team of researchers, giving them access to his brigade and laying the foundation for one of the first large-scale mindfulness studies in the Army—the Schofield Barracks Training and Research on Neurobehavioral Growth (STRONG) project.

Some of his troops were skeptical at the outset, but Piatt reframed the program for them in military-relevant language. "I use the term 'zero the mind' like 'zero your weapon,'" Piatt explained, drawing a parallel between aligning a rifle's sights for accuracy and sharpening one's mental focus for better performance. "You zero your weapon so you can hit your target. That makes sense for a warrior." Piatt further explained that mindfulness training provided the mental clarity for his troops to perform typically high-stress training engagements in a lower stress way.

In a similar manner, mindfulness practices are often naturally embedded in military training, just under a

different name. Commander Adeline Ong, PsyD, a Navy clinical psychologist and chief at the Naval Center for Combat and Operational Stress Control at the Bureau of Medicine and Surgery, noted that they are often part of the attentional and focus skills that strengthen performance: "When service members train to shoot their weapon, they are taught to focus, take a breath and pause, shoot, then breathe again. They are practicing mindfulness and self-regulation techniques. Service members just do not call it that. If we can bridge the language between operational and clinical resources and emphasize cognitive fitness training that strengthens performance, our operational forces would embrace these concepts and techniques more easily."

Educating strong minds

Ryan Erbe, PhD, an assistant professor in the behavioral sciences and leadership department at the U.S. Military Academy at West Point, teaches mindfulness training to those at the start of their military careers. He sees it as a powerful tool to enhance cadets' physical endurance, mental resilience, academic rigor, and character, giving them a long-term advantage over those without this training.

"Mindfulness helps people to emotionally regulate and increase their ability to be self-controlled," he said. "When you think about character formation and ethical decision-making in intense environments, that becomes really important," Erbe explained.

He and his team noticed that cadets' willingness to engage in mindfulness practices seemed to be influenced by authority figures' attitudes. To understand how that phenomenon might be leveraged for more effective training, Erbe and colleagues used a behavior framework called the Reasoned Action Approach to examine cadets' intentions to engage in meditation (*Military Psychology*, Vol. 36, No. 4, 2024). They discovered that cadets were more likely to meditate if they believed their chain of command thought they should, known as an *injunctive norm*, or the perception of what important others think one should do. "It's pretty important for cadets to see that officers, leadership, but also their chain of command, have a positive perspective on [mindfulness] behavior," Erbe said.

Psychologists in other military training environments are also observing the practical impact of mindfulness training for young service members. Kimberly Dickman, EdD, an assistant professor at the U.S. Air Force Academy's Center for Character and Leadership Development, embedded a mindfulness intervention into her applied positive psychology class. Over a period of several weeks, she invited cadets to explore mindfulness through meditation, mindful daily activities, or guided breathing exercises.

Cadets documented their experiences including how much they engaged in meditation, how easy it was, how much they enjoyed it, and their perceived outcomes. While mindfulness was not hugely popular among cadets—many struggled to slow down and integrate it into their demanding

TEACHING CONNECTIONS

MENTAL FITNESS ON THE FRONT LINES

The following prompts (organized by topic) can support high school and undergraduate educators in exploring military psychology, mindfulness, and cognitive resilience in psychology and behavioral science courses.

1. **Motivation and Emotion** Military mindfulness programs help service members regulate emotions and reduce stress under pressure. How do mindfulness practices influence emotional reactivity and resilience in high-stakes environments?
   Reinforces: *Emotion regulation, stress response, and performance psychology*
2. **Learning and Conditioning** Programs like MBAT use repeated practice and reinforcement to build attentional control. How do these methods reflect principles of operant conditioning and habit formation?
   Reinforces: *Behaviorism, reinforcement schedules, and cognitive training*
3. **Neuroscience and Cognition** Mindfulness strengthens attention and working memory. What neural mechanisms underlie these improvements, and how do they relate to cognitive load and executive function?
   Reinforces: *Cognitive neuroscience, attention systems, and brain–behavior relationships*
4. **Social Psychology** Cadets were more likely to engage in mindfulness when they believed their leaders supported it. How does this reflect injunctive norms and the influence of authority figures?
   Reinforces: *Normative influence, leadership psychology, and social cognition*
5. **Research Methods** Evaluate one study from the article (e.g., MBAT shooting performance or Warrior Toughness outcomes). What were the variables, controls, and measures of success?
   Reinforces: *Experimental design, operational definitions, and applied research*

schedules—some reported notable benefits, such as higher scores in flight simulator training and physical performance at the gym.

Mindfulness for military families

Military psychologists are also discovering notable benefits of mindfulness for service members' spouses and children. Leigh Ann Perry, PhD, an associate professor of psychology and behavioral science at the U.S. Naval War College, has designed a mindfulness program to enhance cognitive fitness and readiness for military personnel at multiple levels—including military family members. With individual members, she provided guided techniques to improve attention, emotion regulation, and mental performance. For students, she offered a psychology elective with a block of instruction on mindfulness, as well as twice-weekly sessions featuring techniques like mindful breathing, body scans, and lectures. For flag officers, she provided presentations on how mindfulness enhances complex decision-making in high-stress environments, optimizes performance, and enhances military lethality.

Perry also offered team-level interventions to help leaders implement mindfulness strategies that improve collective performance, resilience, and team communication. Notably, Perry also extended her mindfulness training to military families, recognizing that supporting spouses, children, parents, and siblings contributes directly to service members' ability to focus and perform while deployed. "[Engaging with families] has also been a wonderful part of what I get to do," said Perry. "Whether it is with spouses, parents, or kids individually, we talk about mindfulness practices you can do together as a family."

"Our adversaries are doing that mental training. You better believe they're preparing cognitively and emotionally," Perry said. "We need to be able to maximize how we prepare our warfighters. And by extension, how we are taking care of their families also helps them prepare and be ready."

One mindfulness practice that helps military families manage the emotional challenges of deployment includes focusing on the present moment to maximize time spent together. "Mindfulness can bring them back to the moment with the person who supports them the very most," said Hoyt. It can also " turn down the temperature" during potential disagreements.

Strengthening service members' relationships with their families and social networks alleviates stress that could harm their focus while deployed, added Ong. "If we're doing well in our relationships, then we're going to do better in our military assignments. And when we have to leave our families and friends to go on deployment, and we know they're doing well and are safe, then we will be better able to maintain and sustain our focus and performance."



A Fort Drum family takes a closer look at the reflection pond located near LeRay Mansion during a mindfulness walk on the Commando Trail. The weekly group walk is organized by the Military and Family Life Counselor program and the Fort Drum Army Volunteer Corps program.

MICHAEL STRASSER, IDENTIFIED BY DVIDS

Building mental toughness in new recruits

One of the Navy's most successful mindfulness training efforts, the Warrior Toughness initiative, introduces recruits to breathing techniques, visualization, and grounding exercises to optimize performance.

It combines mindfulness practices with four mental skills drawn from sports and performance psychology: goal setting, arousal control, visualization, and self-talk. Researchers evaluated three pilot studies of the initiative, comparing recruits who practiced daily 10-minute mindfulness and mental skills training with control groups who engaged in silent reflection. Recruits in the mental toughness group showed improved physical performance, better results in final training exercises, and reduced stress, and they graduated on time more often, with 63.5 on-time graduates per division compared with 55.75 in the control groups (Saul, K. M., et al., *Military Psychology*, Vol. 36, No. 2, 2024).

Ong also noted the parallels between the pressures on Navy personnel and elite athletes, but with one key distinction.

"Elite athletes get to go home and rest after a game or race. Our sailors and Marines are expected to sustain that level of performance for weeks or months during deployment."

Given the demonstrated results, the Department of Defense plans to continue using mindfulness as a strategic advantage for service members, helping them to focus and excel under pressure. "We are going with the science and where mindfulness has been shown to be effective, integrating that into training, treatment, rehabilitation, and leadership programs," said Hoyt. "Those are all areas where we've seen good success, and I anticipate that that success will continue." ■

FURTHER READING

Peak mind: Find your focus, own your attention, invest 12 minutes a day
Jha, A. P.
Harper One, 2021

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Bencker, A., et al.
Military Psychology, 2025

WRAIR-West collaborates with the Brazilian Army to optimize warfighter readiness
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DVIDS, March 7, 2025

Mindfulness training in military settings: Emerging evidence and best-practice guidance
Jha, A. P., et al.
Current Psychiatry Reports, 2025

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Kearns, N. T., et al.
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Extending the transformative potential of mindfulness through team mindfulness training, integrating individual with collective mindfulness, in a high-stress military setting
Tobias Mortlock, J., et al.
Frontiers in Psychology, 2022

BODILY AWARENESS

THE POWER OF INTEROCEPTION

Military training often conditions service members to ignore discomfort and push through pain to complete missions. However, April Smith, PhD, director of Auburn University's Research on Eating Disorders and Suicidality Lab, highlights an important potential role of teaching military personnel about *interoception*—the ability to sense and interpret internal bodily states such as breathing, heartbeat, and hunger—which is crucial to recognizing emotional distress. To this end, Smith and her team developed the Reconnecting to Internal Sensations and Experiences (RISE) intervention, which improved six of eight aspects of interoceptive awareness in a randomized controlled trial with service members and veterans (*Suicide and Life-Threatening Behavior*, Vol. 53, No. 6, 2023).

In collaboration with Nathan Kearns, PhD, of the Walter Reed Army Institute of Research, Smith adapted RISE into a program called RISE for Uniformed Personnel (RISE UP), aimed at enhancing bodily awareness and emotional regulation while reducing emotional numbing and suicide risk and improving resilience and performance.

RISE UP includes four 30-minute online modules that address body functionality, emotional regulation, communication, self-care, and, last, intuitive eating. Intuitive eating is essential to service members fulfilling their bodies' basic nutritional needs before they can even begin to apply the other skills. The self-guided format combines reading, psychoeducation, audio clips, and writing prompts and can be accessed confidentially, without having to go through a behavioral health provider.

"The inability to appropriately regulate emotions could be the difference between whether you live or die or whether the mission is successful or not," Kearns said. "In many cases, especially when it comes to intuitive eating, it can be the difference between whether or not you maintain your job. If you don't meet very strict physical training requirements, you could lose your job or not be picked up for a promotion."

For Smith, getting military input was crucial. "We were really fortunate to have a community advisory board [of military leaders] review all the materials and help us think through specific military adaptations," Smith said. The Army is currently offering RISE UP as part of the onboarding process for their substance abuse program at Joint Base Lewis-McChord. The Air Force and Space Force have also expressed interest in incorporating RISE UP into future trainings.

Kearns emphasized that RISE UP is framed as equipping service members with practical tools that will help them excel at their jobs rather than as a mental health intervention. "We're not trying to fix you," Kearns said. "At the very end of this, you're going to have developed [skills] X, Y, and Z, and that's going to help you become a better service member. If that happens to also improve anxiety and depression, sometimes the best offense is a good defense."

RETHINKING







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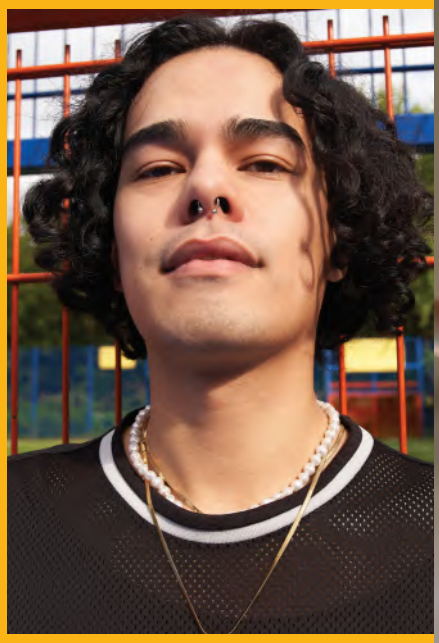
MASCULINITY

TO BUILD HEALTHIER OUTCOMES

Rigid gender norms are taking a serious toll on boys' and men's mental health, prompting psychologists to promote healthier masculinities rooted in emotional connection, authenticity, and resilience

BY EFUA ANDOH









IN JUNE, EQUIMUNDO—also known as the Center for Masculinities and Social Justice—released its *State of American Men 2025* report. Its findings were sobering. The report points to economic insecurity, isolation, and adherence to a rigid masculinity ideology as major drivers of distress for men and boys. The report found 86% of men (and 77% of women) view being a "provider" as defining manhood, a gender expectation challenged by growing income inequality, wage stagnation, and job insecurity. They also found that men facing financial strain were 16 times more likely to report suicidal thoughts than those who were not. The report aligns with other concerning data about the well-being of boys and men in the United States.

U.S. health data show men are at greater risk for so-called "deaths of despair," dying by suicide at nearly 4 times the rate of women and experiencing fatal drug overdoses at more than twice the rate of women. They accounted for almost 4 in 5 (78%) homicide deaths between 2000 and 2019. While men's longevity is improving (women outlived men by an average of 8 years in 1980), in 2023, they still lived shorter lives than women by an average of 5.3 years.

The nationwide loneliness epidemic is also taking a heavier toll on men. According to Gallup polling, 1 in 4 men under 35 report feeling lonely, compared with 18% of women. While nearly 1 in 5 men experience a mental health condition each year, fewer than half (41.6%) seek treatment, compared with 56.9% of women. At the same time, men and boys are encountering gaps in education compared with women and girls. The American Institute for Boys and Men reports a 14-percentage-point gap in school readiness between boys and girls at age 5. Once in school, boys are 3 times more likely to be expelled. Male college enrollment has also been stagnating. Fifty-five percent of male high school graduates enrolled in college in 2022, compared with 66% of their female counterparts. Overall, men are significantly less likely to obtain a bachelor's degree, with a 17-percentage-point gap between young men and young women.

AT A GLANCE

- Boys and men face pressure to conform to traditional masculinity norms from an early age.
- Many socially isolated boys are drawn to online spaces that promote rigid hypermasculinity and hostility toward women and girls.
- Psychologists are developing approaches to encourage healthy, pro-social masculinities that benefit young males and society overall.

Masculinity in transition

These trends have fueled national discourse about a "masculinity crisis." Psychologists caution against framing these challenges as a simplistic zero-sum contest where boys are losing ground to women and girls. They argue that such binary explanations create hostile competition and fail to account for the overall social, economic, historical, and cultural forces at work. Rather than signaling a straightforward decline in the status of men, they reflect a mismatch between rigid masculinity norms and the demands of a rapidly changing society.

According to Andrew Smiler, PhD, a developmental psychologist who studies the experiences of boys and men, "One of the definitions of masculinity is our culture's expectations for boys

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> You have to 'be a leader' and 'a technical expert' while not being 'too invested in your academics.' Look good but not be 'too invested in your appearance.' Inherently, [boys and men] can't do it all."
>
> **Andrew Smiler, PhD**
> Developmental psychologist who studies the experiences of boys and men

and men. Every time the culture shifts in a substantial way, so do our expectations for men and for women. Whether we accept that change or fight against it reflects whether you think this is a crisis or just kind of a natural evolution," he added.

According to Smiler, debates about masculinity resurface every 2 to 3 decades, often during periods of significant social and economic upheaval, such as during widespread joblessness during the Great Depression, anxiety about rising juvenile delinquency in the 1960s, cultural shifts sparked by advances in women's and civil rights during the 1970s and 80s, and the transition to a service-based economy in the early 2000s. Since 2000, the rise of a service-based economy has restructured gender roles by accelerating growth of higher-skilled, communication-intensive jobs that tend not to employ men and by narrowing wage and hour gaps. Men's participation has also declined due to the erosion of manufacturing.

The mental health toll of rigid masculinity

From an early age, boys and men face pressure to conform to the "man box," a rigid set of masculinity norms that include emotional stoicism, dominance, self-reliance, and rejection of traits or behaviors deemed feminine (Hill, A. L., et al., *Preventive Medicine*, Vol. 139, 2020). Masculinities researchers posit that for many boys and men, manhood is a precarious social status that is difficult to achieve and tenuously held—one that constantly has to be proven (Vandello, J. A., & Bosson, J. K., *Psychology of Men & Masculinities*, Vol. 14, No. 2, 2013).

This performative masculinity can cause persistent anxiety about being "man enough" in the eyes of others. As a result, boys and men often feel pressured to engage in risky or maladaptive behaviors to confirm their masculinity. Smiler added that the modern gender expectations of men and boys often contain contradictory elements that create cognitive dissonance. "You have to 'be a leader' and 'a technical expert' while not being 'too invested in your academics,'" said Smiler. "Look good but not be 'too invested in your appearance.' Inherently, [boys and men] can't do it all."

These mixed messages can leave boys and men struggling, making psychologists vital to bridging the gap between expectations and reality. Daniel Ellenberg, PhD, a psychotherapist and leadership coach sees this internal conflict play out in his patients. "There's this confusion around who they are, how they relate to feminism and women, and how they find their place in the world," said Ellenberg. "There's this pull between being a tough guy or a nice guy." His Strength With Heart practice helps men to combine those two paradigms within themselves through a variety of modalities, including psychotherapy, workshops, and more. Ellenberg is also the founder of the Men and Boys Compassion Coalition, and, together with colleagues, he is working to teach boys and men that they can integrate feeling strong with being kind.

For Niobe Way, PhD, the issue is not masculinity itself but what our culture chooses to elevate. Way is a professor of developmental psychology at New York University (NYU) Steinhardt who has been studying social and emotional development among adolescents for almost 4 decades. As director of the Science of Human Connection Lab at NYU Steinhardt, Way argues that boys deeply desire emotional

> Boy culture reinforces a cartoon character of a boy as a person who only has a hard side and doesn't have a soft side. Thinking and feeling do not have a gender identity. We have gendered what is human. Boys have a soft side. They have the capacity to be sensitive and caring just like girls and gender nonconforming kids."
>
> **Niobe Way, PhD**
> Professor of developmental psychology at New York University Steinhardt

connection and have a natural capacity for it, but societal expectations discourage them from expressing these needs. "Boy culture," as Way terms it, privileges stereotypically masculine traits (toughness, stoicism, and independence) while dismissing sensitivity and emotional expression as weak or feminine, despite all those traits being fundamentally human and requiring courage. Way's coauthored research on middle school boys in the United States and China found that those who adhered to rigid masculinity norms were more likely to feel depressed, have lower self-esteem, and experience worse friendships (*Journal of Research on Adolescence*, Vol. 23, No. 1, 2013).

"Boy culture reinforces a cartoon character of a boy as a person who only has a hard side and doesn't have a soft side," said Way. "Thinking and feeling do not have a gender identity. We have gendered what is human. Boys have a soft side. They have the capacity to be sensitive and caring just like girls and gender nonconforming kids."

Way also contends that a narrow construction of masculinity harms girls, too, as they are encouraged to adopt boy culture as a pathway to future success. Research shows that adherence to masculinity norms like emotional stoicism correlates with increased school avoidance, decreased school liking, and decreased school engagement in boys and girls alike (Rogers, A. A., et al., *Psychology of Men & Masculinities*, Vol. 18, No. 1, 2017).

Way added that while boys may be "suffering in a louder way" than girls, boy culture fosters an antisocial environment where all young people are starving for connection. She pointed to the results of the Harvard Kennedy School Institute of Politics Youth Poll Spring 2025, which indicate that only 17% of young people under 30 say they have meaningful connections with other people. "Social health predicts mental health," she said. "We can change our culture to be pro-social. All it means is nurturing the skills we are born with such as interpersonal curiosity, which is at the root of all human connection."

Y. Joel Wong, PhD, a professor of psychology at Indiana University Bloomington, has researched how conformity to traditional masculine norms impacts mental health. In a meta-analysis of multiple studies, Wong and colleagues identified self-reliance, a belief in male superiority, and sexual promiscuity as particularly detrimental (*Psychology of Men & Masculinities*, Vol. 21, No. 4, 2020). "These three are kind of an unholy trinity that seems to be a problem for both boys and men," Wong said. These expectations are deeply embedded in powerful socialization messages from peers, parents/educators, and media that equate masculinity with dominance, emotional detachment, and sexual conquest.

Masculinity is not monolithic and navigating restrictive gender norms manifests in complex ways for boys and men with marginalized identities. Asian American boys and men, for example, are confronted with stereotypes about the degree to which they meet such gender expectations and are often led to feel that their masculinity is conflicted or incomplete (Keum, B. T., *The Counseling Psychologist*, Vol. 51, No. 5, 2023). "They are often seen as less masculine, effeminate, less sexual, and poor romantic partners," said Wong. "The pressures and stress sometimes lead them to overcompensate by becoming better and stronger physically to appear more attractive."

Black boys, meanwhile, experience *adultification*, a phenomenon in which they are perceived as older, more threatening, and more disruptive than their White peers (Hines, E. M., et al., *Journal of Family Strengths*, Vol. 21, No. 1, 2021). As a result, they are disproportionately suspended and expelled from schools, and many wind up feeling invisible, according to Erik Hines, PhD, a professor of counseling at George Mason University who has studied

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adultification and its consequences. "If you feel invisible, that invisibility can manifest as internalized anger, which can outwardly express itself in negative ways such as trying to be perfect, physical and mental health issues like cardiovascular concerns and stress, or an inferiority complex," he explained.

Latino boys and men often encounter a different set of cultural expectations rooted in *machismo*—a set of masculinity norms that emphasize hypermasculinity, dominance, reserved emotions, and the role of provider and protector. Machismo is multifaceted and includes pro-social traits such as *caballerismo*, which emphasizes the importance of chivalry, loyalty, and devotion to family. Traditional machismo traits have been linked to anxiety and cynicism about the intentions of others, and caballerismo has been linked with a higher tendency to experience anger when provoked (Nuñez, A., et al., *Journal of Latinx Psychology*, Vol. 4, No. 4, 2015). However, caballerismo has also been linked with greater satisfaction with social support in other research (Estrada, F., & Arciniega, G. M., *Journal of Multicultural Counseling and Development*, Vol. 43, No. 3, 2015). Understanding the nuanced aspects of these norms is key to supporting Latino boys and men.

Media influences are especially potent in shaping beliefs about masculinity norms. The "manosphere," in particular, is a loosely connected network of online communities that reinforces rigid views of manhood, promotes male dominance, contempt for women, and hostility toward gender equality. Controversial influencer Andrew Tate has gained traction by playing on the financial insecurities of young males while modeling aggression, entitlement, and control of women as masculine ideals (Haslop, C., et al., *Social Media and Society*, Vol. 10, No. 1, 2024).

Such messages exact an emotional toll. A 2025 survey by the Movember Institute of Men's Health found that young men ages 16 to 25 consuming online masculinity influencers' content reported higher rates of emotional distress. They were more likely than young men who did not regularly engage with such content to experience feelings of worthlessness (27% versus 23%), nervousness (26% versus 19%), and sadness (26% versus 19%) than their peers. They were also less likely to prioritize looking after their mental health (45% versus 55%).

The manosphere is appealing because it offers a sense of belonging and validation, according to Adam Stanaland, PhD, a social and developmental psychologist at the University of Richmond who studies the impact of rigid gender norms. "The dangerous part is that you shouldn't have your negative feelings validated in a way that's going to put other groups down, whether it's women or racial minorities or whatever Tate is espousing," Stanaland said. "That's why media literacy is crucial. Parents and schools need to teach kids how to navigate











online spaces and think critically about content that's misleading or harmful." Stanaland's research shows that boys going through puberty often respond with aggression when told they don't fit traditional male stereotypes—especially when they're pressured or judged by parents and peers—suggesting this stage may be critical for developing what he calls "fragile" masculinities (*Developmental Science*, Vol. 27, No. 6, 2024). Stanaland added that exposing boys and men to a diverse range of male role models "from Paul Bunyan to RuPaul" will demonstrate that "there's no one right or wrong way to be a man."

AI is also changing the landscape of gender socialization. Saed D. Hill, PhD, a counseling psychologist, is examining how socially isolated boys and young men are using AI companions as romantic partners. These submissive and compliant tools offer constant validation and fantasy fulfillment, but they do so at a cost. "AI companions and girlfriends provide sort of an emotional safe space where they do not really have to explore or be pushed a little bit in their emotional range like they might in a human relationship," Hill said. He warned that such relationships can restrict the emotional and relational development of boys and young men, teaching them that dominance or stoicism, emotional suppression, and control are the ways to be in relationship. Hill encourages psychologists to be curious and nonjudgmental when discussing AI interactions with their male patients. The emphasis should be on exploring why these tools appeal to them and increasing their literacy about how AI companions are designed for engagement and profit.

Healthier masculinities

Psychologists are working to highlight how the strengths of boys and men can be harnessed in clinical and educational settings. Two leaders in the field, Mark Kiselica, PhD, and Matt Englar-Carlson, PhD, codeveloped the positive psychology positive masculinity model that emphasizes noble aspects of masculinity (*APA Handbook of Men and Masculinities*, APA, 2016). Kiselica, a professor of psychology at Penn State Harrisburg, defines noble masculinity as "the pro-social attitudes and behaviors of boys and men that have positive impact on boys and men themselves and the other people in their lives." These include respecting women, valuing hard work, protecting others, caring for children, and serving the community.

Kiselica encourages clinicians to meet their male patients where they are and make action-oriented and male-friendly adaptations to therapy—such as taking a walk or shooting baskets during sessions (see October *Monitor*)—to build trust and encourage conversation. "I've worked in schools or agency settings where boys are having conversations about a wide variety of topics, including very personal matters, while they're playing a game. Through game playing and other action-oriented activities, boys get to know each other intimately little by little over time. To enhance their work with boys, I urge psychotherapists to engage in the same type of behaviors to help boys and men to gradually tell their stories, express their concerns, and consider new ways to address their challenges in life," Kiselica said.

For Englar-Carlson, a professor of counseling at California State University, Fullerton, where he is also director of the Center for Boys and Men, healthy masculinities consist of three core components: being connected, being authentic, and being motivated. *Connection* means fostering emotional literacy by helping boys and men "know what they feel and manage those feelings." *Authenticity* involves resisting rigid gender pressures and embracing their full identity. *Motivation*, the third pillar, helps boys and men to maintain a sense of direction and adaptability in the face of shifting cultural expectations.

Englar-Carlson views healthy masculinities as a psychological target that clinicians, educators, and mentors can actively support in interventions with boys and men. "This is really about moving from a mental illness model to a mental health model," Englar-Carlson said. He urged school professionals to be empathetic toward behaviors like "acting out," which are often linked to emotional dysregulation, not willful defiance. "Being able to understand that as a teacher greatly changes your intervention. You have to reach before

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you teach," he said. "You have to build relational connections with boys, and when you do and they feel that kind of safety, then you find that the temperature gets turned way down."

Reconstructing and deconstructing masculinities

Men's mental health researchers Ethan Hoffmann, PhD, and Michael Addis, PhD, encourage psychologists to think beyond healthy masculinities. They distinguish between two theoretical approaches for supporting healthier outcomes in boys and men: reconstructive and deconstructive. A reconstructive approach reframes traditional norms like toughness or stoicism into adaptive, pro-social behaviors, while a deconstructive one aims to eliminate the man box altogether (*Psychology of Men & Masculinities*, Vol. 25, No. 1, 2024). For example, seeking mental health help—seen by many men as admitting weakness—can be redefined as taking personal responsibility. Using the man box metaphor, reconstructive approaches modify the box's contents to better serve boys and men. However, this approach is not without its limitations. "Framing help-seeking as something a 'real man' does still implies there's a standard of manhood to live up to," said Wong. Hoffmann warned that even positive redefinitions risk reinforcing the idea that masculinity is essential. "It still puts men in a box," he noted, "just a different one."

Deconstructive approaches take a more radical stance. They question the centrality of masculinity as an identity and make the case for eliminating the man box altogether. By encouraging boys and men to detach their self-worth from the need to be masculine, psychologists can promote gender role transcendence. "We are not saying masculinity has to be irrelevant," said Hoffmann. "We are taking it out of the heavens and bringing it down to Earth so that it's just one among many other identities, where we are weaving our priorities and balancing equities across different value systems rather than putting masculinity as the most important thing."

The two approaches are not mutually exclusive and may be woven together to meet patient needs. Reconstructive strategies can serve as a bridge to deeper deconstruction, especially for patients whose identities are strongly fused with traditional masculinity. For example, clinicians might commend a patient's bravery in seeking help (reconstruction) before exploring, later in treatment, why seeking help has been coded as "unmanly" at all (deconstruction).

WiseGuyz, a school-based healthy relationships program aimed at ninth-grade boys, takes a deconstructive approach to traditional masculine norms. Through facilitated group discussions, students critically examine those restrictive norms and build their emotional literacy. A preliminary evaluation of WiseGuyz participants showed significant improvements in mental health and friendship closeness (Exner-Cortens, D., et al., *Psychology of Men & Masculinities*, Vol. 21, No. 1, 2020).

Addis encourages clinicians to understand their patients' unique relationship to masculinity and help them to interrogate whether those ideas protect or constrain them. This understanding then informs the deployment of various treatment methods like cognitive behavioral therapy, acceptance and commitment therapy, and more. "If I'm talking to a client, my questions are: What are his ideas about manhood? And how are they working for him in different parts of his life? How wedded is he to the idea that he needs to be masculine? If you have answers to those questions, you have at your disposal all the things you need to get started," Addis said. ■

FURTHER READING

Training mental health and social services professionals for gender-sensitive work with men: Results of a promising continuing education initiative
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The Journal of Men's Studies, 2024

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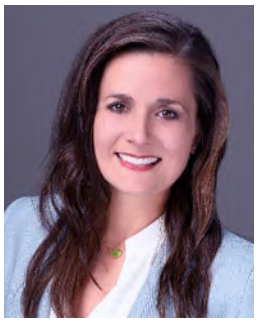
In search of positive masculine role norms: Testing the positive psychology positive masculinity paradigm
McDermott, R. C., et al.
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Smiler, A. P.
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"It might be nice to be a girl . . . Then you wouldn't have to be emotionless": Boys' resistance to norms of masculinity during adolescence
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CHRISTOPHER


LAFRANCE


KEETON


BENNETT


MCNAMARA BARRY

Psychologists in the News

MIKE CHRISTOPHER, PhD, has been appointed as the inaugural full-time associate dean of research at Boise State University's College of Health Sciences. Prior to his position at Boise State, Christopher advanced academic programs at Pacific University, including establishing the PhD program in clinical psychology in 2012. He also founded and directed the Mindful Health and Resilience Lab, where he and his students explored how mindfulness and related contemplative practices can strengthen resilience and reduce stress reactivity, particularly among high-risk and diverse populations.

MICHELLE LAFRANCE, PhD, a professor of psychology at St. Thomas University in Fredericton, New Brunswick, has been honored with the 2025 Feminist Mentoring Award by the Canadian Psychological Association's section on Women and Psychology. This award celebrates feminist supervisors who foster their students' growth through mutual respect and by exemplifying the principles of feminist mentorship. Lafrance's academic work is grounded in critical and feminist perspectives, with a focus on how distress and well-being are socially constructed. Her latest research examines the experiences of caregivers for older adults.

KATHRYN KEETON, PhD, has been appointed interim vice president of presidential initiatives and chief of staff at the University of Texas at San Antonio. She previously held the same roles at UT Health Science Center San Antonio and served as senior executive director of the university's Center for Professional Excellence. A licensed psychologist in Texas, Keeton specializes in executive coaching, leadership and team development, employee selection and engagement, organizational growth, and innovation and entrepreneurship.

Google has announced the formation of a Consumer Health Advisory Panel, a group of 11 experts ranging from medical doctors and biomedical researchers to clinical psychologists and digital health strategists who will provide clinical and scientific guidance to support the company development of trustworthy health technologies. Among the members is **GARY BENNETT, PhD,** professor at Duke University and founding director of the Duke Digital Health Science Center. Bennett was selected for his expertise in designing digital therapeutics for physical activity and health behavior change.

CAROLYN MCNAMARA BARRY, PhD, dean of the College of Arts and Sciences at the University of Scranton in Pennsylvania, has officially begun her term as president of the Society for the Study of Emerging Adulthood (SSEA). The SSEA is an international organization with approximately 450 members, dedicated to advancing theory and research on adults ages 18 to 29. Prior to joining the University of Scranton in 2024, Barry was a professor of psychology and later associate dean at Loyola University Maryland. Her research explores how close relationships and other influences contribute to the psychosocial development of emerging adults.

KARLEAH HARRIS, PhD, an associate professor of human sciences at the University of Arkansas at Pine Bluff (UAPB), has been honored with the American Association of Family and Consumer Sciences' Leader Award. This national organization promotes education and research in fields such as nutrition, child development, personal finance, and family relationships. Since joining UAPB in 2020, Harris has taught undergraduate and graduate courses in child development, parenting education, and childcare center administration. Her research centers on inquiry-based science education for young children, horticultural therapy, food deserts, and gardening as a strategy to address food insecurity. ■



A dwindling academic job market and changes in the academic funding landscape mean faculty are recognizing the importance of preparing students at all levels for careers outside the ivory tower.

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Course Correction: Faculty Shift Gears to Facilitate Career Connections for Young Researchers

Jobs in academia are becoming scarcer, leading faculty to consider how to better prepare students for research careers outside the ivory tower

BY TORI DEANGELIS

TRADITIONALLY, PSYCHOLOGY RESEARCH faculty have tended to nudge or outright push students toward careers in academia rather than applied fields, partly because they consider it a more prestigious path and partly because it's the world they know the best.

But a dwindling academic job market and changes in the academic funding landscape mean faculty are recognizing the importance of preparing students at all levels for careers outside the ivory tower. In many ways, the shift mirrors efforts by students themselves to more proactively explore alternative career paths (see September *Monitor*).

"We need to start being more deliberative about helping students think about careers outside of academia and helping them make career connections," said industrial and organizational (I/O) psychologist Margaret E. Beier, PhD, who chairs the Department of Psychological Sciences at Rice

University in Houston, Texas. While that need is most relevant for students at the undergraduate and master's levels, it's becoming increasingly important for some doctoral students as well, she said.

Besides fewer job options in academia, other factors play into the need to help students gain more real-world experience, said Karen Stamm, PhD, senior director of APA's Center for Workforce Studies. For one thing, students with fewer economic resources and larger debt loads may need to find ways to enter the workforce sooner than others. A survey by the National Science Foundation, for example, found that the median debt for psychology PhDs in 2024 was $80,000 (that debt load is far higher for PsyD students).

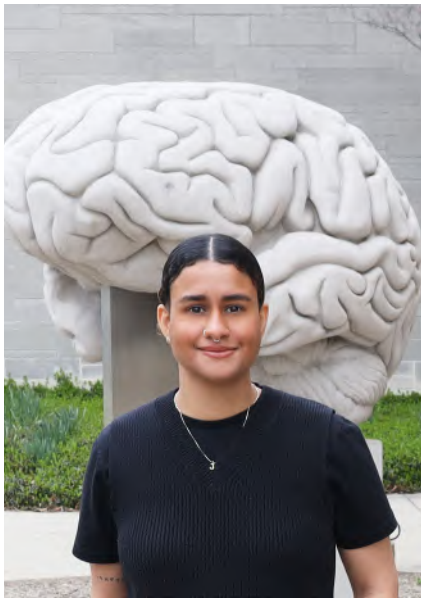
There is also the long-standing issue of how to help undergraduate psychology majors gain psychology-related employment if they don't pursue higher degrees in the field. (Only about 14% of psychology bachelor's degree holders go on to earn a graduate degree in psychology, and only 4% pursue a doctorate or professional degree in psychology, according to APA statistics.)

Psychology departments are at different stages of working on these issues, with many just beginning. Fortunately, there are some strong role models to turn to: Areas with clear applied bents such as I/O psychology and human factors psychology have long been making connections with outside partners. And in the undergraduate arena, a few institutions with solid programs for connecting students with real-world career opportunities serve as guideposts for other psychology programs hoping to do the same.

That said, all psychology programs are facing the same needs. Here are some approaches they are taking.

Fostering networks with alumni and others

A simple way to help students connect to life outside academia is to bring in speakers from relevant applied areas. At Bowling Green State University in Ohio, for example, the I/O psychology program holds weekly speaker series where faculty from other departments and practitioners in applied fields talk with students about various career options. In one recent session, an I/O psychologist who works at the Army Research Institute gave students an overview of how the Army works, while in other sessions alumni shared their experiences doing consulting work and executive coaching and how they found those positions, said Melissa G. Keith, PhD, an associate professor of I/O psychology at the university.



Fifth-year graduate student J Wolny made valuable connections through Indiana University Bloomington's Department of Psychological and Brain Sciences' colloquium series, where outside speakers talk with students about career options.

PHOTO BY JORDAN MORNING

Similarly, Indiana University Bloomington's Department of Psychological and Brain Sciences offers a colloquium series that invites outside speakers to talk with students about career options. Fifth-year graduate student J Wolny said that attending these sessions helped them to make valuable connections on the outside.

"I started to network with individuals who were in my department or had similar backgrounds and who now work in industry," said Wolny, who studies equity issues and is considering pursuing such work in applied settings. "That was a really helpful starting-off point to building a career network."

Creating job-minded programs on campus

Other universities and psychology programs are creating programs that are designed to help students gain tools for applied careers. The I/O psychology program at George Mason University (GMU) in Fairfax, Virginia, for instance, hosts an on-site nonprofit consulting firm where students use their training to do pro bono consulting work helping local nonprofit agencies like animal shelters and environmental organizations improve their operations. The students survey volunteers about their experiences and then analyze the data and present it to the organization's board for discussion.

The experience gives students a taste of the real world, said GMU professor and I/O psychologist Reeshad S. Dalal, PhD, who oversees some of these activities. While many clients give positive feedback, "some might be nonresponsive or even hostile, and students have to manage the conflict," Dalal said. "So, all in all, it's a good learning experience."

Likewise, Bowling Green houses an internal consulting firm that connects I/O students with projects



George Mason professor and I/O psychologist Dr. Reeshad S. Dalal (shown with PhD students Julia Baines, JeongJin Kim, and Jeeho Sohn) helps students gain work experience through an onsite consulting firm where they apply their training to pro bono consulting work with local nonprofits.

at companies including Proctor & Gamble, WEX, the City of Toledo fire and police departments, and more, said Keith. The university also features a campus-wide program called Life Design, which gives students tools to help them maximize their academic experience, manage work-life balance, and make connections with industry and other partners. "The program encourages students to think beyond, 'I'm getting a psychology degree, now what?'" Keith said.

Faculty can also get students involved in competitions that mimic real-world problems. Dalal, for example, encourages his master's and doctoral students to take part in "consulting challenges" sponsored by APA Div. 14 (Society for Industrial and Organizational Psychology) and by a local I/O organization in Washington, D.C., the Personnel Testing Council Metropolitan Washington. Students are asked to solve a real-world conundrum like why a particular firm has a high turnover rate, using tools such as literature searches and data analyses. "They also have to take that research and translate it for laypeople who don't want to be confronted with a blizzard of statistics," said Dalal. "Even if they don't win," he said, "it provides valuable real-world experience."

Supporting internship and work experiences

Given the current job market, psychology students—particularly undergraduates and master's students—are increasingly eager to find applied internships. That's not always a plus because traditionally these experiences can prove a dead end if they are not well chosen, said Dalal. And because most programs aren't equipped to help students find internships, it's usually up to students to find these opportunities themselves.

Some programs, however, are building in mechanisms to support internship endeavors and to ensure they align with students' psychology education, interests, and potential career goals. At American University in Washington, D.C., undergraduate psychology majors can do internships for course credit and/or as part of a required senior capstone experience. Although students find these placements themselves, they receive supervisory support from faculty member Noemí Enchautegui-de-Jesús, PhD, who has students outline up front what they want to learn from the internship and note who will be supervising them and how. During the internship, students take part in weekly group meetings and complete assignments on how the experience might fit with psychology, engage in structured reflection, troubleshoot problems that arise, and learn from others' experiences.

"These reflections help them think about where they're going with this experience and develop a higher level of thinking about the internship and how they're approaching it," Enchautegui-de-Jesús said.

Because internships aren't easy to find, Enchautegui-de-Jesús lets students choose opportunities in varied settings as long as they make the case for how it applies to their degree. One student, for example, successfully lobbied to get an internship at a dental office by articulating how psychology might relate to the position and what she expected to learn. Once on site, the student observed patterns in the office related to dental phobias and gender dynamics and then found research related to these topics that she shared with her fellow undergraduates in the support group and planned to share with her site supervisor. In fact, she was so drawn to the topic that she wanted to study it further in graduate school, Enchautegui-de-Jesús said.

"She discovered there is a whole field of oral health sciences, and that it was an area she was really interested in."

COURTESY OF REESHAD S. DALAL

Similarly, in 2022, Rice graduate and I/O psychologist Tim Oxendahl, PhD, got the green light from his mentor Beier to pursue internships in industry when he realized he was more interested in an applied career than an academic one. That support helped him land internships at Gallup, the polling and analytics company, and SAP SuccessFactors, a cloud-based software company that helps organizations optimize workforce management. "I was able to wear a lot of different hats and feel out what potential careers would look like for me," said Oxendahl, who is currently doing contract work for the Association of American Medical Colleges. "Doing those internships definitely broadened my perspective and helped me develop skills that I'm sure I'll be using for the rest of my career."

In a similar vein, Wolny of Indiana University said that mentoring support from Bill Hetrick, PhD, led to two part-time consulting jobs while Wolny was still in school: at APPA Health, a digital health company geared toward youth, and A-B, a company that studies and designs social-justice messaging campaigns.

"Oftentimes graduate students don't realize they can pursue those kinds of opportunities," Wolny said. "I'm fortunate to have a great relationship with [Hetrick] where he's super supportive of me pursuing my goals and understands that I may not be on the tenure-track professor route."

Making connections with industries and other outside programs

Other psychology programs are fostering relationships with outside entities that provide students with short-term psychology-related work opportunities. Dalal of GMU regularly shares information with students on relevant prospects including a recurring opportunity to conduct 3-day assessments at an employment assessment center in Alabama. The center pays students' training and travel expenses, making it a relatively easy way to gain real-world experience.

"Several of our students have taken on that role, and they find it very intense but worthwhile," Dalal said. His program also stays in regular touch with alumni who hire students for short-term projects such as scoring job-applicant essays and writing items for situational judgment tests, which evaluate potential employees on how they would respond to realistic, hypothetical work scenarios.

Meanwhile, a few programs geared mainly toward undergraduates have well-developed relationships with outside partners in industry and other settings that enable students to take degree-relevant jobs while still in school.

A key example is Drexel University in Philadelphia, which has a long-standing program in which any undergraduate, including those in the university's Department of Psychological and Brain Sciences, can opt to take part in co-ops—paid work arrangements relevant to their areas of study (a co-op, in this use of the term, is a formal arrangement between the university and various companies, industries, and other outside employers). Some 94% of Drexel's undergraduates—and 98% of psychology undergraduates—participate in co-op arrangements, which entail 6 months of work experience at a time, about 70% of which are paid, said Dorothy Charbonnier, PhD, the psychology department's liaison to the co-op program. Altogether, the university's co-op program has formal relationships with 1,500 companies nationally and internationally, and some 5,500 Drexel students take part

Psychology programs are fostering relationships with outside entities that provide students with short-term psychology-related work opportunities.



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in these arrangements each year. (In academic year 2024–25, about 90 psychology undergraduate students did co-ops with 61 employers for a total of 144 jobs, 111 of which were paid.)

Before taking part in co-op arrangements, psychology majors also take a class that educates them about the co-op program itself as well as a class on potential psychology careers, developed by Charbonnier. And, similar to the match system for clinical psychology graduate students, Drexel's system has students make their top placement picks. Companies do the same with the students.

Because a psychology degree is more ubiquitous in potential application than more cut-and-dried degrees like business or engineering, the Department of Psychological and Brain Sciences has worked on ways to optimize the co-op experience for its students, Charbonnier added. One way is to encourage students to double major or declare a minor early, which allows them to apply for a greater range of co-op opportunities. For example, Drexel sophomore Sumeet Musfirah, who is double majoring in psychology and neuroscience, was able to secure a paid, 40-hour-a-week stint at Synesqo, a multinational chemical and biochemical manufacturing company. At the company's Bristol Research and Innovation Center in Buck's County, Pennsylvania, Musfirah applied the research skills she learned in her psychology classes to biochemistry projects in a "wet lab" setting, designing and synthesizing experiments, collecting and analyzing data, and interpreting results to inform ongoing research and development.

"They treated me like a full-time employee in the best ways possible," she said. "They expected results, but they were also there to help me."

Another Drexel undergraduate, Alli Dickerson, did a paid 40-hour-a-week co-op at the A.J. Drexel Autism Institute on the Drexel campus, where she supported a team that studies early detection and intervention of autism and other developmental diagnoses in children. She set up evaluation rooms, learned how to score standard behavioral measures for children, and even attended a national conference and published a paper with members of the institute. She also discovered that working in clinical and developmental psychology is an area she really enjoys: "It's been great having this experience to really learn what I want to do and what I like," she said. Getting this kind of hands-on experience can also help students figure out what they don't want to do, Charbonnier added.

Future directions

For many programs, thinking along these lines is still new, but others are continuing to evolve. For example, Bowling Green is starting to build a mentorship program that will connect I/O students with alumni doing work that students are interested in pursuing. The university is also overhauling its undergraduate curriculum to include more career-related coursework. Similarly, Rice University faculty are considering ways to make more formal connections with potential employers such as the Texas Medical Center in Houston, which employs more than 120,000 people and is an excellent fit for I/O students and psychologists interested in human resource management, health-related research, and more, Beier said. Meanwhile, Charbonnier is launching a collaborative effort with colleagues in Drexel's Steinbright Career Development Center to bring the undergraduate co-op concept to the master's level.

Faculty realize that an important part of ensuring the success of these efforts is helping students to market their unique skills to potential employers—skills like research design, data analysis and evaluation, and communicating those results to the public in clear, accessible terms, Beier added.

"Those are all skills that people develop in graduate school, and they can be broadly applied to a lot of different problems," she said. "We need to do a better job of communicating that to potential employers." ■

FURTHER READING

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Inside Higher Ed, April 30, 2024

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Inside Higher Ed, Feb. 13, 2024

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People Want Mental Health Treatment and Self Care, but Some Feel Uncomfortable Pursuing Them

Barriers include reluctance to ask others for help and guilt about taking time for oneself

BY TORI DEANGELIS

45%

Percentage of U.S. adults who say they have sought mental health care in the past, with **17%** saying they want to seek care in the future. That said, **41%** say they are often uncomfortable asking others for help.

70%

Percentage of U.S. adults who have sought help and were interested in getting personal **therapy**. That compares with **48%** who sought care involving **medications**, and **39%** who sought a **formal diagnosis** for a mental health condition.

96%

Percentage of U.S. adults who say **self-care** is important, with **63%** saying they engage in it at least **once a week**. However, **21%** say they feel **guilty** taking time for themselves, feelings that are most common among **women** and **young adults**.

Source: Harris/APA Poll conducted April 18–25, 2025, with 1,076 U.S. adults ages 18 and older. https://theharrispoll.com/briefs/mental-health-awareness-month-key-findings-on-u-s-attitudes-and-barriers-to-care-2/.



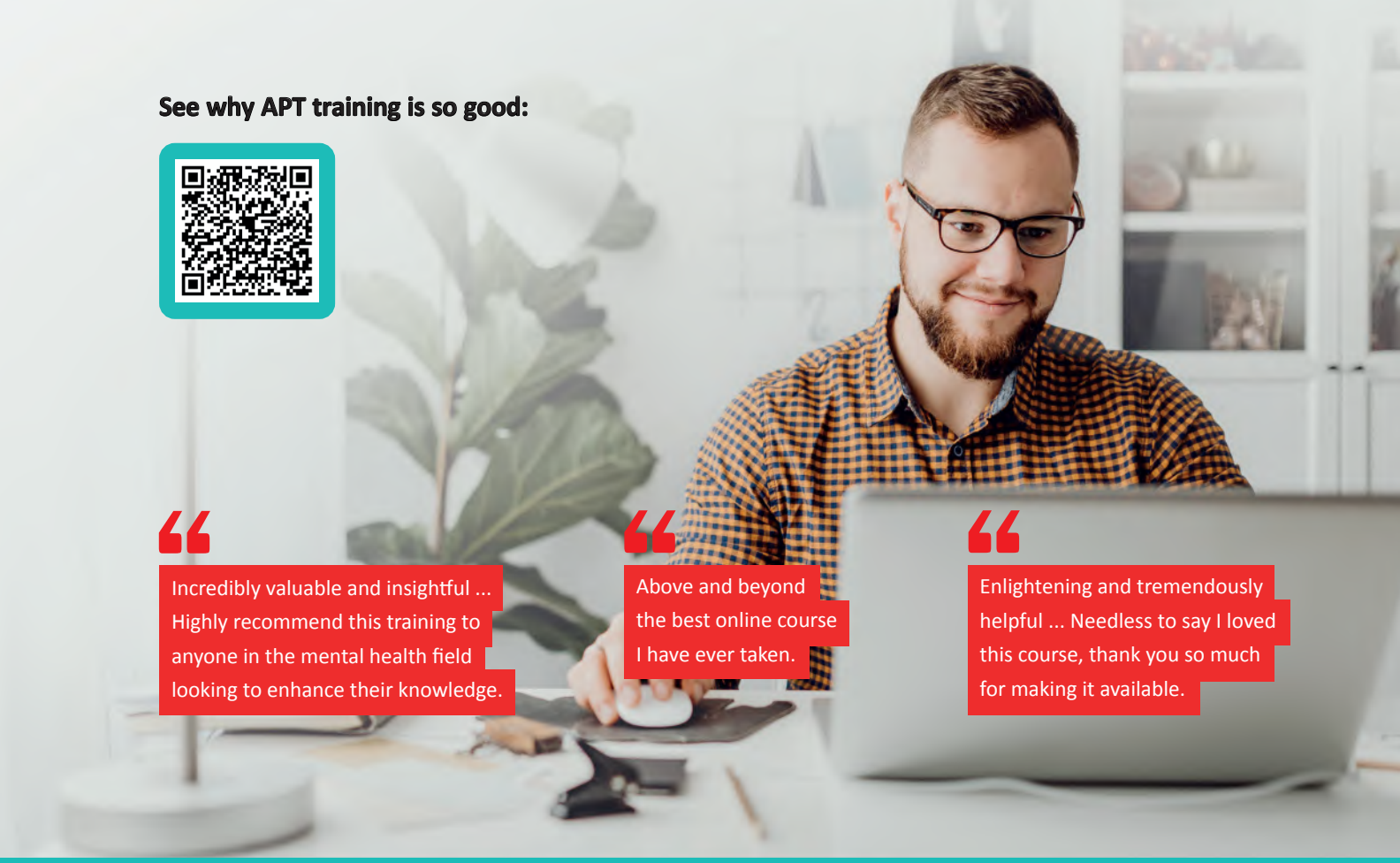
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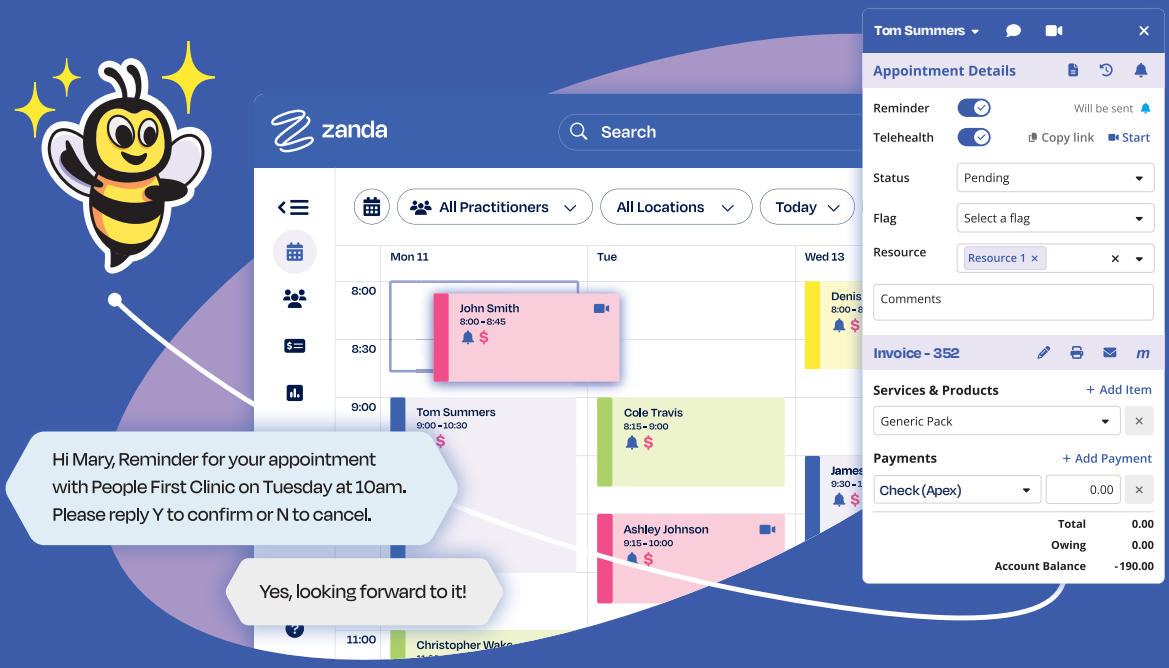
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