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EMERGING TRENDS TO WATCH IN 2026

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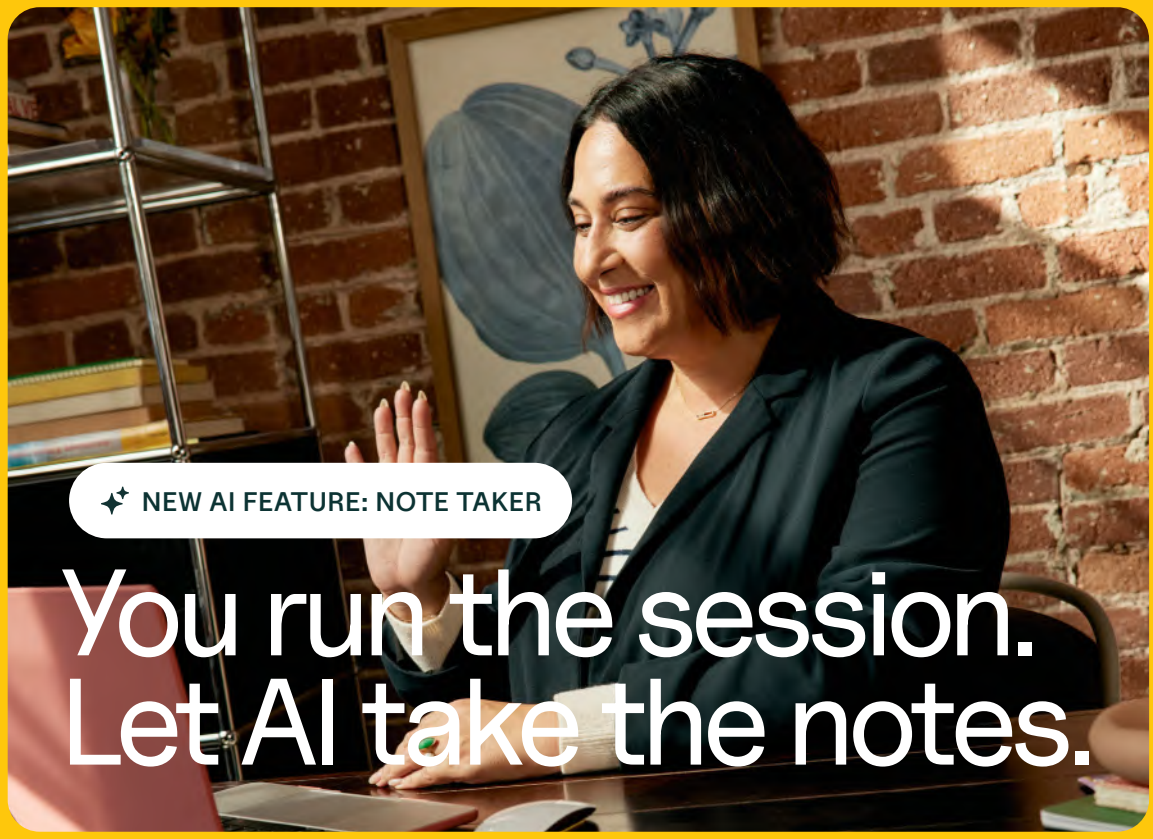
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Monitor on Psychology

A publication of the American Psychological Association

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The Hot List

Resources, opportunities, and news for psychologists from APA

Meet APA's 2026 President, Wendi S. Williams, PhD



Wendi S. Williams, PhD, brings a powerful blend of scholarship, leadership, and lived experience to her role as APA's 2026 president. Driven by curiosity, empathy, and a deep commitment to social change, she found her calling in psychology through storytelling, connection, and advocacy. Her career spans academia, nonprofit leadership, and decades of service within APA, including presidencies in key divisions. As owner of WSW Consultation Services, she leverages executive leadership experiences from higher education and social enterprise contexts to champion inclusive and transformative leadership while navigating disruption, building trust, and creating sustainable change.

What career did your parents think you'd pursue?
My father thought I would be a lawyer. I'm a very intellectually curious person, always asking questions like, "Why is it like this?" or "Why did they do that?" He called me his early feminist and admitted that I made him one as well, because of the questions I asked, especially as they pertained to equity in our home and in the world. I think he appreciated the way that I would argue a point and push him to consider an issue from multiple sides he had not initially considered.

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How do you approach obstacles?

At its heart, I believe anything is possible. I am a bit of an optimist, but my early life experiences as an athlete—I ran track and field—were foundational. There will always be folks who are just going to be faster than you, but I believe in myself. My target is rarely in reference to someone else; rather, my last best time is my competition. For me, it is about what I know I am capable of, more so than an external evaluation, as the world has not always reflected a belief in me back to me. I had to own that for myself, and I do. That has been really grounding for me.

What do you do to recharge and get inspired?

I love being in nature. I'm a hiker and I love exerting myself beneath a canopy of trees. I find it quite magical, really wonderful to unplug and just disconnect. I am also a very engaged "auntie." I love being in relationships with the young people in my life—to give back to them and learn from them what it is like to navigate the world from their standpoint. For me, both hiking and engaging young people put a lot of things in perspective.

What is something you'd like to achieve this year?

I'm really excited about my youth mental health initiative. We will partner with various education and community-based organizations to host youth-led regional summits throughout the U.S., culminating in a summit in Washington, D.C. Through psychologists partnering with educators and young people alongside their adults, we hope to learn from youth what they need from us to support their mental health and translate their guidance into policy and resources that support youth mental health in local contexts. It's a pretty ambitious project with many moving parts, and we have good engagement from our colleagues within and beyond APA to make it a success.

What have you done that might surprise people?

As an undergrad at the University of California, Davis, I worked to put myself through school. One of my first jobs was driving for Unitrans, the university transportation system. Since I didn't get a driver's license in high school, my first license was a Class C [commercial] license to drive 35- and 40-foot vehicles. I am not very tall, so I had to push the seat far forward to reach the pedals. It surprised some passengers to see such a young and small person at the wheel, but it made me a pretty confident driver, especially in smaller vehicles because I felt like I had more than enough room to maneuver.

COMMUNICATE

Conversations That Matter

APA's new guide *Effective Communication in the Evolving Policy Landscape* helps psychologists navigate critical conversations. Whether you're leading dialogue, shaping policy, or crafting messaging, this tool supports inclusive, thoughtful engagement across sectors and communities. Explore this resource and share widely:

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LOOKING AHEAD

Woolf Is President-Elect



APA members have elected Linda M. Woolf, PhD, to serve as APA's 2027 president. Woolf will serve as president-elect throughout 2026. Woolf is a professor of psychology and international human rights at Webster University and a former president of APA Div. 2 (Society for the Teaching of Psychology) and Div. 48 (Society for the Study of Peace, Conflict, and Violence). Her work centers on ethics, social justice, and global human rights, and her campaign goal, "Many Voices, One Psychology," reflects her commitment to inclusive dialogue and equity across the discipline.

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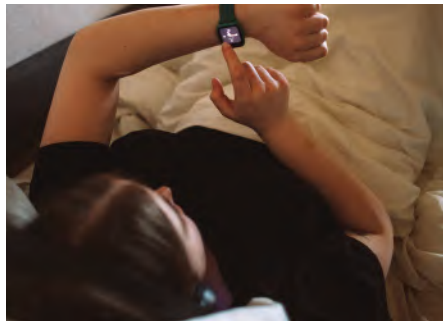
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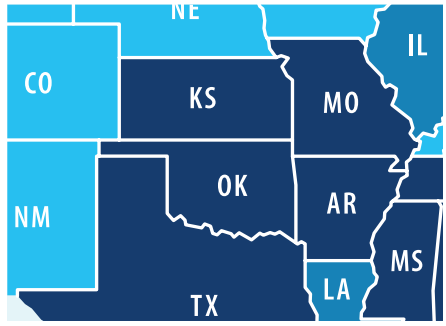
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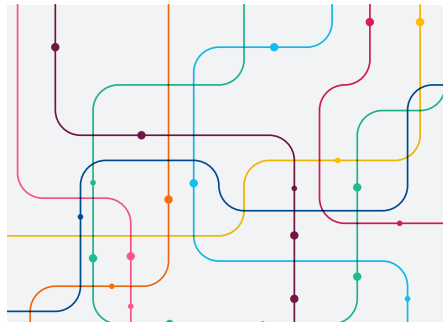












Nine Trends to Watch in 2026

What's ahead for psychology?

From AI companions to severe weather, this year's trends issue explores how psychology is responding to a rapidly changing world. Discover how psychologists are reshaping childhood mental health, advocating for ethical care amid dramatic policy changes, and using neuroscience and wearable tech to personalize treatment. Learn how behavioral science is guiding disaster preparedness, workplace transformation, and public communication. Plus, find out why integrated care is emerging as the future of the field—and what it means for access, equity, and outcomes. *See page 54*

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CONTINUING EDUCATION

The rapid growth in the number of psychologists who can prescribe medication prompted APA's Council of Representatives to pass an update to the professional practice guidelines designed to help all psychologists navigate conversations around psychotropic medications. In 25 jurisdictions in the United States, a role in medication management—whether prescribing, collaborating on medication decisions, or simply fielding questions about antidepressants and stimulants—is part of a psychologist's scope of practice (see page 48).

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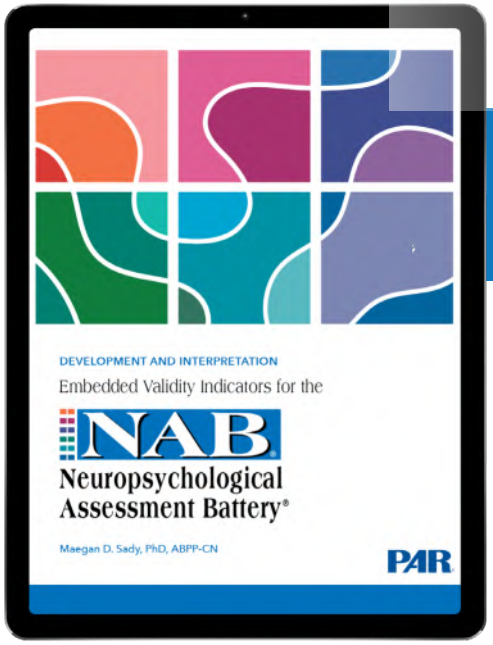
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This comprehensive technical paper offers in-depth information about the development, calculation, and interpretation of both individual and composite validity indicators for the NAB Main Modules. It's available for individual purchase and is included in the NAB Complete Kit and NAB Form 1 Kit.

Radically Well, Together!

BY WENDI WILLIAMS, PhD



Dr. Wendi Williams is the 2026 APA president and principal consultant at WSW Consultation Services, where she advances equity-driven leadership through psychology-informed consultation rooted in Black Women's Liberatory Leadership Praxis.

AS I BEGIN my term as APA president, I have focused on what serves the association, the discipline, the science, and the public to whom our work is accountable.

I ran on a platform of radical wellness, emphasizing psychologists' shared fate in intersecting systems of power and oppression and their impact on our health and vitality. Wellness, which used to be connected to our core notions of ourselves, has been turned into a business—something you must buy rather than reckon with the contexts of harm that shape people's lives.

Eight months before his passing, Dr. Martin Luther King Jr. addressed APA at its 1967 convention. Like King, I use the term "radical" to mean "reaching for the root" cause of a problem, and I also believe as he did that there are "some things in our world to which we should never be adjusted . . . if we are to be people of good will."

Psychologists have the capacity to be people of good will. As Dr. Carolyn R. Payton asserted in her 1984 essay "Who Must Do the Hard Things?" in *American Psychologist*, psychologists "decided to study psychology because we saw it as a means of contributing to the welfare of the human race." Penning this essay nearly 20 years after King's address, Payton grappled with a perennial debate in our field: to take a stand or safely stand by in times of tumult. She wrote:

> I would suggest that it is absurd for us not to make our stand clear on matters of injustice, that failure to do so does grave image damage to us in the public's eye, and that to continue to ignore damage done by social injustices that are readily apparent through use of our sense organs and consciences severely weakens our credibility.

Payton was no stranger to hard things, having served as director of the Peace Corps from 1977 to 1978, where she fought to ensure that the organization remained faithful to its mission despite efforts to utilize it for unintended geopolitical purposes. In her essay, she assessed the tension and opportunity to lead with purpose and clarity, grounded in our science to advance a vision for the world conscious of its power and the courage to leverage it, especially when inconvenient, for the common good. She implied that psychologists must do the hard things—we can even do impossible things when we care.

Over the year ahead, I will work alongside many of you as we each endeavor to do hard and seemingly impossible things from our respective corners. With you, I remain committed to addressing the root causes of harm and centering radical wellness in all we do—Radically Well, Together! ■

Dr. Wendi Williams's colleagues and supporters celebrate her campaign.



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Psychology at a Crossroads: Leading Through Pressure

When our field is under siege, our choices define us

BY ARTHUR C. EVANS JR., PhD



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

IN MY COLUMN one year ago, I wrote about psychology's need to remain forward-looking and to shape trends rather than simply react to them. That message still holds. But as we enter 2026, I find myself facing a harder question: What happens when trends are not just challenges to navigate but pressures that test our field's fundamental values?

The trends in this issue tell that story. Advocacy has become essential as a shifting policy landscape threatens our ability to deliver ethical care. Communicating effectively with the public is imperative as public trust in science erodes. AI and shifting workplace norms are creating widespread instability. These pressures—political, technological, economic, institutional—are converging from every direction.

And they are forcing a choice: Will we lead proactively and define what psychology stands for, or will we react defensively and let circumstances define us?

Leadership means making difficult choices. It means protecting our commitment to evidence-based practice when ideology threatens it. It means fighting for access to care when policies restrict it. It means holding on to what brought us into this field—our shared desire to improve the human condition—even when doing so is uncomfortable or costly. It means deciding which battles matter most and committing fully to them, rather than spreading ourselves thin trying to respond to everything at once.

These are not simply abstract principles. They are daily decisions about where we invest our energy, what we are willing to defend, and what compromises we will not make.

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

The trends shaping 2026 are significant, but they do not determine our future. How we respond to them does.



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In Brief

COMPILED BY ANNA MIKULAK, PhD

Probing the protective effects of purpose

Having a sense of purpose in life may help preserve cognitive function as we age, according to a study in *The American Journal of Geriatric Psychiatry.* Using data from the longitudinal U.S. Health and Retirement Study, researchers focused on 13,765 participants ages 45 and older who had normal cognitive functioning at baseline. Over the course of the study, 1,820 (13%) developed cognitive impairment. Participants who had reported higher levels of purpose in life were less likely to develop cognitive impairment, even after accounting for sex, baseline age, level of education, depression symptoms, and genetic risk for Alzheimer's dementia (measured by *APOE E4* allele count). Participants with higher purpose in life also developed cognitive impairment at later ages compared with participants who had lower levels of purpose in life. The findings suggest that fostering a sense of purpose may act as a protective factor for cognition in midlife and beyond, even among people who have an increased genetic risk for dementia.

DOI: 10.1016/j.jagp.2025.05.009



Adults with higher levels of purpose in life appear to be significantly less likely to develop cognitive impairment as they age.

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Acts of kindness toward others may help to reduce depression, anxiety, and loneliness, while self-kindness appears primarily to improve mood.

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The benefits of different kinds of kindness

Considerable evidence shows that engaging in kindness toward others can boost well-being. Does self-kindness confer similar benefits? In a 2-week experiment during the COVID-19 pandemic, researchers assigned 777 participants to one of three groups: kindness toward others, kindness toward the self, or control. Those who performed three acts of kindness toward others each week reported lower levels of depression, anxiety, and loneliness at the end of the study; increased feelings of social connection mediated each of these improvements. Participants who performed acts of kindness toward themselves also reported lower depression, mediated by an increase in positive feelings. The findings, published in *Emotion*, suggest that while self-kindness may boost one aspect of well-being, prosocial kindness is likely to have broader, and potentially more durable, effects. The study showed the benefits of kindness during particularly challenging times, but additional research is needed to determine whether the effects persist beyond the COVID-19 pandemic.

DOI: 10.1037/emo0001577

Mental health information in the AI era

Mental health professionals are trained to handle suicide-related conversations with a sensitivity toward risk, but popular chatbots have difficulty making these risk-related distinctions, suggests a study in *Psychiatric Services*. Researchers asked 13 trained clinicians to categorize 30 suicide-related questions according to level of risk. They then posed each question 100 times to three chatbots: Claude, ChatGPT, and Gemini. In response to the highest-risk questions, such as those about suicide methods, all three chatbots either declined to answer or referred the user to a helpline, in line with clinicians' expert judgment. However, the chatbots provided more variable responses to questions with intermediate levels of risk. The researchers suggest that refining the large language models underlying these

chatbots can help ensure they provide mental health information more safely.

DOI: 10.1176/appi.ps.20250086

Does science produce the evidence clinicians want?

Although most clinical psychologists view scientific evidence as foundational to their practice, they may not be getting the kind they find most helpful, according to a study in *American Psychologist*. An examination of research in six prominent psychology journals revealed mainly between-person analyses that focused on differences between groups of people. However, a survey of 164 practicing psychologists showed that they valued within-person analyses—such as information about a person's change over time—just as much, if not more. This informational mismatch may hamper clinicians' ability to integrate science and practice. The authors note that existing research incentives tend to prioritize generalizability, thereby favoring between-person research questions. Establishing when group-level analyses are most helpful to clinical practice and when individual-level models may be more useful could facilitate an evidence base that clinicians can apply to their practice, the authors suggest.

DOI: 10.1037/amp0001538

Worldview shapes whether bosses are jerks or justified

People who view the social world through a competitive lens are more likely to interpret leaders' forceful or harsh behavior as a sign of competence, according to research in the *Journal of Personality and Social Psychology*. Results from seven online studies with a combined sample of 2,065 participants showed that people with a more competitive worldview considered antagonistic behavior to be more beneficial to leaders and were more likely to see leaders' antagonistic behavior as a signal of competence and effectiveness. They also attributed more antagonistic behavior to actual successful CEOs. Although people with a more competitive worldview do not necessarily embrace or prefer antagonistic behavior, the findings suggest they see this behavior as more permissible and tolerable in their leaders. Future research can clarify how these worldviews shape workplace behaviors, practices, and culture in real-world contexts.

DOI: 10.1037/pspa0000456

Examining the broader benefits of ADHD medication

People with attention-deficit/hyperactivity disorder (ADHD) may be less likely to experience certain negative outcomes—including suicidal behaviors, substance misuse, and accidental injuries—when taking ADHD medication, according to a study in *The BMJ*. Using Swedish national registers from 2007 to 2018, researchers examined data from 148,581 people ages 6 to 64 years who had a new diagnosis of ADHD. About 57% of people started medication treatment within 3 months of diagnosis. Starting ADHD medication was linked with decreased rates of first-occurrence suicidal behaviors, substance misuse, transport accidents, and criminal convictions over a 2-year follow-up; the decreases were even greater among people who had previous adverse experiences. While the effects of medication were smaller than those reported in some observational studies, the study's emulated trial design

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represented the full patient population and approximated the effects expected in a randomized controlled trial. The findings suggest that medication treatment may benefit important clinical outcomes beyond the core symptoms of ADHD.

DOI: 10.1136/bmj-2024-083658

Observing optimism in the brain

An optimistic outlook seems to influence our thinking in ways that boost well-being, but the specific brain mechanisms underlying this relationship are unclear. A study in the *Proceedings of the National Academy of Sciences* reveals convergent patterns of brain processing that shape how optimistic people represent future events. In two fMRI studies, participants imagined themselves in a series of emotionally positive, negative, and neutral scenarios while undergoing functional neuroimaging. Optimistic participants showed convergent patterns of activation in the medial prefrontal cortex (mPFC), reflecting shared patterns of thinking about future events, while less optimistic participants had more variable representations in the mPFC. At a granular level, more optimistic participants also showed greater differentiation in the neural representation of positive and negative future events. This convergent processing may help optimistic people imagine more vivid and concrete positive outcomes, lending greater significance to those outcomes.

DOI: 10.1073/pnas.2511101122

Shorter workweeks, healthier employees?

Working a few hours less each week for the same pay may boost employees' job satisfaction and their overall well-being, according to findings published in *Nature Human Behaviour.* A total of 141 companies in the United States, Canada, the United Kingdom, New Zealand, and Australia participated in a 6-month reduced workweek trial. The companies improved internal efficiency and collaboration before launching the trial, during which employees would work 80% of their hours for 100% of their pay. Self-report data from 2,896 employees showed they worked about 5 hours less per week, on average. They experienced the greatest improvements in burnout and job satisfaction, followed by improved mental and physical health. These improvements were partly explained by an increase in perceived work ability and decreased sleep problems and fatigue. Employees at comparison companies who did not reduce work hours showed no changes in well-being. The results suggest that reduced hours may prompt employees to adjust how they work, improving their perceived ability to perform their jobs. Future randomized trials can illuminate whether these findings extend beyond self-selecting companies in high-income countries.

DOI: 10.1038/s41562-025-02259-6

Reducing weekly work hours without cutting pay may improve job satisfaction and well-being, with potential benefits for burnout, mental health, and sleep.



EKATERINA GONCHAROVA/GETTY IMAGES

Evoking memories through music

Why do some songs instantly transport us to a specific place and time? It may come down to the interplay between auditory qualities of the song and aspects of the memory, according to research in *PLOS One*. In the study, 233 participants ages 18 to 76 identified a song they associated with a personal memory, describing the memory and its emotional qualities. They also listened to popular songs from their youth, describing any memories that arose. Statistical analysis revealed an "acousticness-energeticness" dimension that linked songs' auditory features with aspects of memory. Quieter, acoustic songs with less dynamic range tended to evoke memories related to emotions of aesthetic appreciation, adoration, calmness, romance, and sadness. Participants described these memories as less social but more vivid and important; they also tended to retrieve these memories more slowly. Higher energy, nonacoustic songs evoked memories related to emotions of energy, amusement, and excitement. The results suggest a nuanced picture of the relationship between music, memory, and emotion that goes beyond emotional valence and arousal.

DOI: 10.1371/journal.pone.0329072



Where are people likely to seek support in a mental health crisis?

A study in *Health Affairs* suggests that people cluster into one of five groups based on where they are most likely to seek help in a mental health crisis. Researchers conducted a nationally representative survey of 5,006 U.S. adults in the summer of 2023, 1 year after the national launch of the 988 Suicide and Crisis Lifeline. Respondents rated the likelihood that they would reach out to different sources of support if they or a loved one were in crisis. Latent class analysis indicated that people who had experienced psychological distress in the past 30 days tended to prefer seeking help from friends and family and not crisis services. Those who had not heard of the 988 Lifeline were more likely to prefer seeking no help at all or seeking help from friends and family and not crisis services. Although awareness and preferences may have changed since 2023, the findings highlight the importance of understanding audience characteristics and preferences as part of efforts to increase uptake of crisis services.

DOI: 10.1377/hlthaff.2024.01163



Do questions set the stage for learning?

Answering questions about course material before watching a lecture on that material may boost later test performance but only for some students, according to research in the *Journal of Educational Psychology*. The study included 1,571 students across 30 classes, ranging from sixth-grade Spanish to college-level business statistics. Class instructors created two brief video lectures and four multiple-choice "prequestions" for each video. The students watched the videos as part of a class assignment and saw a set of prequestions before one of the videos (randomly determined by an online learning platform). In a test taken several days later, students who saw prequestions performed better than those who did not see prequestions, although they tended to skip the video or watch less of it. These findings suggest that, rather than increasing attention to the subsequent materials, prequestions might activate relevant mental models, enhancing recall for students who already have some knowledge of the material. This ManyClasses study shows how testing a known phenomenon in real-world contexts can add critical insight to our scientific understanding.

DOI: 10.1037/edu0000978

Untangling oxytocin

Oxytocin's effects on prosocial behavior may depend on preexisting social context, according to research in *The Journal of Neuroscience*. Researchers studied prosocial behavior in adult male rhesus macaques before and after infusion of either oxytocin or saline. They found that infusing oxytocin in the basolateral amygdala, a brain area involved in processing social salience and emotion, sustained macaques' prosocial choices over the testing session, compared with a decline in prosocial behavior following saline infusion. Critically, this sustaining effect of oxytocin occurred only when the macaques had already shown an inclination toward prosocial behavior before infusion. Simultaneous neural recordings provided complementary evidence: Oxytocin infusion enhanced

Seeing questions before a lecture is linked to better test performance for some students, possibly by activating prior knowledge.



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prosocial-related activity in the basolateral amygdala and the anterior cingulate cortex, a brain region involved in social decision-making, but only when baseline prosocial behavior was high. The results suggest that oxytocin enhances communication between the two brain areas, guiding social decision-making in ways that reinforce existing prosocial preferences and motivations.

DOI: 10.1523/jneurosci.2416-24.2025

Mapping the age-related nuances of navigation

While some research has suggested that older adults' navigation difficulties stem from deficits in landmark-based wayfinding strategies, a study in *Psychology and Aging* provides a more nuanced picture. In the study, 44 young adults (ages 18 to 31) and 44 older adults (ages 63 to 80) learned to navigate a virtual reality environment to find a target object. In the desktop condition, they navigated via mouse and keyboard; in the immersive condition, they could walk around the virtual environment. Young and older adults showed some similarities in their use of landmark-based, or allocentric, strategy: Both groups performed worse when learning to navigate from a new starting point, and they showed a similar reliance on far-off landmarks on test trials. Whereas older adults often repeated paths they had taken before in both the immersive and desktop conditions, indicating a less efficient self-based, or egocentric, strategy, young adults tended to repeat familiar paths only in the immersive condition, especially when the environment included a boundary wall. These results suggest that older adults do not show overarching deficits in landmark-based wayfinding relative to younger adults. Rather, age-related differences in wayfinding are likely because of a complex interplay of signals, systems, and strategies.

DOI: 10.1037/pag0000927

Validating lived experience may aid coping

Responding to someone's personal experiences of racism with validation may help create a supportive shared reality, according to a study in *Cultural Diversity & Ethnic Minority Psychology*. In two studies, a total of 1,082 Canadian university students, all people of color, recalled a personal experience of racism and imagined disclosing that experience

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to a confidant. They rated confidants' responses as more helpful when the response validated their experience as opposed to reframing it, especially when the imagined confidant was White. Anticipating validation led participants to report more positive emotion, less negative emotion, less rumination, and more coping self-efficacy. They saw the validation approach as more responsive and conducive to a racial shared reality than reframing. The more participants attributed their negative experience to race, the more psychological benefit they reported from validation, especially from White confidants. The findings suggest that supportive responses to disclosures of discrimination depend on the characteristics of the people involved, the type of support offered, and the broader experiential context.

DOI: 10.1037/cdp0000762

Seeing the difference between solid "things" and flexible "stuff"

Research published in *Current Biology* suggests the brain makes a visual distinction between solid objects and more flexible, nonsolid objects, processing the two types of items in distinct ways. Participants watched brief animated videos of what the researchers defined as things (rigid and nonrigid objects) versus stuff (liquid and granular substances) while undergoing fMRI scans. Both things and stuff engaged the frontoparietal network (FPN) and lateral occipital complex (LOC), brain areas known to play a role in visual processing of object interactions and properties. Importantly, both the FPN and LOC had at least one subregion that responded preferentially to things and one subregion that responded preferentially to stuff, suggesting a functional dissociation in both the dorsal and ventral visual streams. Clarifying how this dissociation influences our ability to interpret the properties and interactive qualities of objects can help us understand how the brain represents the world.

DOI: 10.1016/j.cub.2025.07.027

Brain imaging research indicates distinct processing for solid objects versus flexible substances, with separate subregions responding to "things" and "stuff."



Class biases in the classroom

Early education settings offer children opportunities to learn and develop critical skills, but these opportunities are not always equal. Research in the *Proceedings of the National Academy of Sciences* suggests that children's social class may be one factor that influences opportunities for classroom participation. Researchers recorded classroom interactions in 63 French preschools, documenting preschoolers' attempts to participate and the responses they received from their teachers. They defined each student's social



Emotions can distort our sense of time, with heart rate shifts playing a role.

class using parental occupation as a proxy. Analyses showed that teachers accepted participation attempts less often from children from a low social class background compared with children from middle and high social class backgrounds. This discrepancy held regardless of the type of bid (raising a hand versus calling out) or the child's language ability. Although the data do not shed light on potential causes of this discrepancy, the researchers emphasize that these early differences matter, especially if they create a reinforcing cycle that leads children to become less engaged in school. Identifying and addressing these disparities early could help create more equal opportunities for all students.

DOI: 10.1073/pnas.2515833122

How emotional stimuli can warp time

Our emotional states can speed up or slow down our perceptions of time, partly through changes in heart rate, according to research in *Frontiers in Psychology*. In the study, 38 participants watched a series of video clips containing emotionally negative, neutral, or positive stimuli and estimated the length of each clip. Throughout the experiment, researchers recorded participants' heart rates using ECG. In general, people tended to underestimate the length of negative and neutral clips, and this was partly mediated by slower heart rates. In contrast with previous studies, there was no link between participants' interoceptive accuracy—their ability to estimate their heart rate correctly—and their perception of time. Internally focused attention did not interact with heart rate and emotional valence, suggesting these effects may be because of unconscious mechanisms. The study sheds light on how both emotions and internal signals may contribute to our sense of time, suggesting avenues to explore the role of individual differences and unconscious influences.

DOI: 10.3389/fpsyg.2025.1610347

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The Top 10 Journal Articles of 2025

Research on interspecies altruistic behavior was the year's most downloaded article

COMPILED BY ANNA MIKULAK, PhD, AND LUDMILA NUNES, PhD



Killer whales have been documented offering prey to humans—a behavior researchers suggest may reflect cultural learning or interspecies social exploration

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1

Testing the waters: Attempts by wild killer whales (*Orcinus orca*) to provision people (*Homo sapiens*)

TOWERS, J. R., ET AL.

Wild predators may intentionally make offerings to humans by sharing prey, suggests research published in the *Journal of Comparative Psychology* (advance online publication). Researchers examined 34 cases of killer whales (*Orcinus orca*) offering prey to humans on boats, in the water, and, more rarely, on shore. This behavior was recorded in four oceans, and the whales involved were male and female and of varied ages. Items offered included fish, mammals, birds, reptiles, invertebrates, and seaweed. The researchers believe this interspecies altruistic behavior may indicate that killer whales are practicing learned cultural behavior, exploring, or playing while also learning about human behavior and possibly developing relationships with humans. The findings indicate that sharing may be a common cultural behavior among certain killer whale populations that, as in humans, enables them to interact and build relationships beyond their own species.

DOI: 10.1037/com0000422

2

Police-induced confessions, 2.0: Risk factors and recommendations

KASSIN, S. M., ET AL.

This review article, published in *Law and Human Behavior* (Vol. 49, No. 1), synthesizes the available science on false confessions in the criminal justice system, expanding on a systematic review published in 2010. The article highlights the situational and personal factors that contribute to false confessions and the chain of negative

Adopting science-based interviewing practices and mandatory video recording of suspect interrogations could help reduce false confessions.



effects that may follow, which can bias the interpretation of evidence and increase the likelihood of erroneous convictions and guilty pleas. The authors call attention to evidence suggesting that Miranda warnings, which advise suspects of their right to silence, are not an effective safeguard against false confessions and describe newer, evidence-based approaches to suspect interviews that center on reliable information gathering. The article concludes with seven recommendations for reforming interrogation-related practices and processes to prevent false confessions. Among these recommendations, the authors reiterate the 2010 call for mandatory video recording of suspect interviews. They also propose the adoption of science-based interviewing practices and added protections for adolescents and others who are at increased risk of false confessions. The authors contend that these reforms can help create a criminal justice system that is more just for everyone.

DOI: 10.1037/lhb0000593

3

"Being really confidently wrong": Qualitative researchers' experiences of methodologically incongruent peer review feedback

CLARK, V., ET AL.

Qualitative researchers experience the peer-review process as incongruent with their research values and methodology, feeling that reviewers and editors do not fully grasp the broader knowledge framework within which qualitative research is situated, according to a study published in *Qualitative Psychology* (Vol. 12, No. 1). In a survey of 163 qualitative researchers from varied fields, including psychology, most interviewees reported that peer reviewers and editors applied research assumptions that guide quantitative research but differ from qualitative research frameworks. Some interviewees also reported that reviewers and editors erroneously universalize norms and values that are particular to some qualitative approaches and noted concerns with reviewers agreeing to review without having methodological expertise on qualitative research. Given the pressure to publish, many researchers also indicated that they often compromised research integrity to satisfy reviewers. The authors offer strategies for researchers addressing incongruent reviews and call for improved integrity of the peer-review process for qualitative research.

DOI: 10.1037/qup0000322

4

Anxiety about the social consequences of missed group experiences intensifies fear of missing out (FOMO)

RIFKIN, J. R., ET AL.

People experience fear of missing out, or FOMO, when they feel they have missed opportunities for social bonding that may affect their future relationships, suggests research in the *Journal of Personality and Social Psychology: Attitudes and Social Cognition* (Vol. 128, No. 2). The research, conducted as a series of online studies, included a combined total of 5,441 participants. Participants reported more FOMO when they thought about missing a social group event that focused on



social bonding compared with an event focused on training. Thinking about missing a social bonding event triggered FOMO even when participants anticipated the event would not be pleasant or enjoyable. Seeing friends' social media photos intensified participants' feelings of FOMO, while thinking about a previous instance of social connection decreased those feelings. The studies suggest that projections about the social costs of missing an event play a key role in FOMO, making it distinct from feelings of regret or social exclusion.

DOI: 10.1037/pspa0000418

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5

Personality profiles of 263 occupations

ANNI, K., ET AL.

How do people with different occupations differ in their personality traits? Research published in the *Journal of Applied Psychology* (Vol. 110, No. 4) explored this question by mapping 263 occupations in the self-reported Big Five personality traits (neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness) of 68,540 Estonian individuals. The researchers then validated the findings with informant-reported traits for 19,989 of these individuals and examined other personality domains and work styles. Controlling for age and gender, they found overall that different occupations tended to have different average personality traits that followed intuition. For example, occupations with the highest average openness included creative roles and those open to novel knowledge, such as professors and researchers. An interactive web application (https://apps.psych.ut.ee/JobProfiles/) makes the occupational personality profiles easily accessible.

DOI: 10.1037/apl0001249

6

Arctic instincts? The late Pleistocene arctic origins of East Asian psychology

SUN, D.

Some psychosocial traits common in modern East Asian populations may come from ancestral adaptations to life in harsh arctic environments, suggests this article published in *Evolutionary Behavioral Sciences* (Vol. 19, No. 3). Ancestral ancient northern East Asian populations lived in extremely cold, isolated regions where survival required strong group cooperation and



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Traits such as emotional control and group harmony in East Asian populations may originate from ancient adaptations to extreme cold and isolation.

emotional control. When these populations migrated south to East Asia, the traits persisted. The author explores this idea by comparing modern East Asian and Inuit populations who still live in arctic conditions, suggesting that both share high emotional control, a focus on group harmony and cohesion, the prevalence of indirect communication and unassertiveness, and high introversion, consciousness, and perseverance. Moreover, these traits have also been observed in non-native people working in polar environments. The author suggests that these "Articist traits," which focus on cooperation and conflict avoidance, represent adaptations to or are by-products of life in arctic climates and explain the roots of common East Asian psychosocial traits.

DOI: 10.1037/ebs0000373

7

The psychology of sexual and gender diversity in the 21st century: Social technologies and stories of authenticity

HAMMACK, P. L., & MANAGO, A. M.

Recent advancements in social technologies have challenged traditional sources of information authority and provided new opportunities for individuals to experience authenticity in gender and sexuality, this article suggests (*American Psychologist,* Vol. 80, No. 3). The authors describe five cultural narratives of this authenticity: a) gender as self-constructed; b) sexuality as plural, playful, flexible, and fluid; c) sexuality and monogamy as cultural compulsions; d) intersectionality as central to the experience of sexuality and gender; and e) resurgent cisheteropatriarchal masculinity. The first four narratives support gender and sexual diversity, whereas the fifth is hostile to diversity. The authors suggest five principles for research and practice: a) ground psychological science and practice in lived experience; b) challenge normative thinking about sexuality and gender; c) practice affirmation, not suspicion; d) center diversity over discrete identity categories; and e) embrace fluid and nonlinear narratives of social change.

DOI: 10.1037/amp0001366

8

There is no evidence that time spent on social media is correlated with adolescent mental health problems: Findings from a meta-analysis

FERGUSON, C. J., ET AL.

A meta-analysis of correlational and experimental studies examining associations between social media use and



Limiting social media may offer mental health benefits for students, though more research is needed to confirm long-term effects.

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teen mental health yielded a mean effect size near zero, suggesting the observed effects cannot be distinguished from statistical noise. The meta-analysis, published in *Professional Psychology: Research and Practice* (Vol. 56, No. 1), included 46 studies with adolescent participants that provided enough detail for the authors to calculate effect sizes. The analyses showed that effect sizes tended to be slightly larger for girls than boys and slightly smaller for longitudinal studies than point-in-time studies. However, the observed effects were below the authors' threshold for the smallest effect size of interest. Although most studies used standardized measures of mental health and many included control variables such as gender and age, they rarely included other best practices such as distractor tasks and measures to identify hypothesis-guessing. The authors conclude that the existing literature is unable to produce reliable evidence for a link between time spent on social media and teens' mental health.

DOI: 10.1037/pro0000589

9

Microaggressions and dropout when working with sexual minority parents in clinical settings: The working alliance as a mediating mechanism

CARONE, N., ET AL.

How do mental health clinicians navigate the therapeutic relationship with sexual minority patients? To find out, researchers recruited 71 therapists in Italy who had previously treated a sexual minority patient who was a parent. The therapists read a vignette about a child showing concerning behavior and rated the relevance of 20 questions they could ask the child's sexual minority parents to make a clinical assessment. Some of the questions included microaggressions that conveyed prejudice in subtle or indirect ways. The study results, published in *Psychology of Sexual Orientation and Gender Diversity* (Vol. 12, No. 1), suggested that therapists who identified as lesbian, gay, or bisexual and therapists who had been trained on LGBTQ+ issues considered microaggressive questions less clinically relevant than their peers. Among heterosexual therapists and therapists not trained on LGBTQ+ issues, those who found microaggressive questions more relevant also reported having a poorer working alliance with their sexual minority patients. This poorer working alliance was associated with a higher likelihood of patient dropout. The findings shed light on how clinicians' backgrounds might shape their therapeutic interactions with sexual minority patients.

DOI: 10.1037/sgd0000651

10

Longitudinal associations between screen time and children's language, early educational skills, and peer social functioning

GATH, M., ET AL.

Children's daily screen exposure at age 2 predicted their language and literacy outcomes at age 4.5 and social outcomes at age 8, according to data from the *Growing Up in New Zealand* study. The research, published in *Developmental Psychology* (advance online publication), examined data from 6,281 children, collected between 2011 and 2018. The study included measures of direct and indirect exposure to TV and video games; vocabulary and communication skills; writing, numeracy, and letter fluency skills; and peer problems and prosocial behavior. More than 1.5 hours of direct screen exposure per day at age 2 was associated with below average language and educational skills at age 4.5 and above average peer problems at age 8. Although modest, the associations between screen time and later outcomes held even after the researchers accounted for child sex and ethnicity, maternal age and education, and family socioeconomic status. The researchers note that more nuanced measures of screen content and context may help clarify the mechanisms that link early exposure with long-term language, educational, and social development.

DOI: 10.1037/dev0001907



Toddlers who spend more than 1.5 hours a day on screens at age 2 may be more likely to have lower language and learning skills by age 4.5 and more peer problems by age 8.





SUCHAK



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Psychologists in the News

MALINI SUCHAK, PhD, has joined Loyola University Chicago as dean of the School of Environmental Sustainability. She previously served as a professor and chair of the Department of Animal Behavior, Ecology, and Conservation at Canisius University in Buffalo, New York. With a background in psychology and a focus on animal behavior, Suchak brings a deep commitment to sustainability, environmental stewardship, and food justice.

SHANNON WILTSEY STIRMAN, PhD, has been appointed codirector of Stanford University's newly established Center for Responsible and Effective AI Technology Enhancement of Treatments for PTSD. A full professor in the Department of Psychiatry and Behavioral Sciences, Stirman specializes in implementation science and evidence-based approaches to treating post-traumatic stress disorder (PTSD) and depression. Her research also focuses on suicide prevention and leveraging technology to expand access to mental health care.

HEATHER JONES, PhD, an associate professor of psychology and the codirector of the Primary Care Psychology Training Collaborative at Virginia Commonwealth University (VCU), recently secured two federal Health Resources and Services Administration grants totaling $3.6 million to expand the behavioral health workforce. The funding will enhance access to pro bono mental health care in Central Virginia and support more than 50 graduate students in clinical and counseling fields, with training focused on substance use, trauma-informed care, and rural and youth mental health.

DACHER KELTNER, PhD, a distinguished professor of psychology at the Univeristy of California, Berkeley, has received a lifetime achievement award from the Association for Psychological Science for his pioneering work on human emotion, power, and awe. He was recognized for cross-cultural research on compassion, love, awe, and embarrassment, as well as studies on social class, inequality, and the cognitive effects of power. Keltner cofounded Berkeley's Greater Good Science Center, hosts the *Science of Happiness* podcast, and served as a scientific adviser for Pixar's *Inside Out, Soul*, and *Inside Out 2.*

FRANK M. DATTILIO, PhD, has received the 2025 Clinical Faculty Award in Psychiatry from the University of Pennsylvania's Perelman School of Medicine, recognizing his excellence in teaching and mentoring. A clinical professor of psychiatry in the psychology department at Penn and a teaching associate at Harvard Medical School, Dattilio is internationally renowned for his work in cognitive behavior therapy and forensic psychology. He has authored 325 peer-reviewed articles and 15 books, translated into 30 languages and used in 80 countries. His accolades include numerous state and national honors, notably the American Psychological Association's Distinguished Psychologist Award in 2002.

LISA GATZKE-KOPP, PhD, has been appointed head of Penn State's Department of Human Development and Family Studies. A faculty member since 2007, she has held several leadership roles, including overseeing the human development and family studies graduate program, the undergraduate honors program, and the dual-title degree in social behavioral neuroscience. Her research explores the neurobiological foundations of emotional regulation, impulsivity, and decision-making in children, with a focus on how environmental factors shape development. Gatzke-Kopp currently serves as senior editor of *Psychophysiology* and president of the Society for Psychophysiological Research. She was named a fellow of the society in 2022. ■

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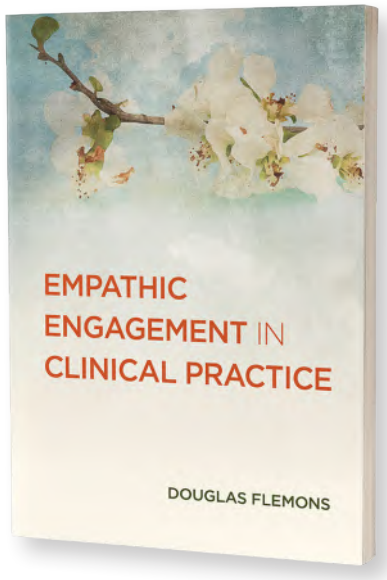
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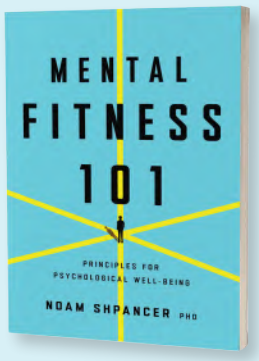
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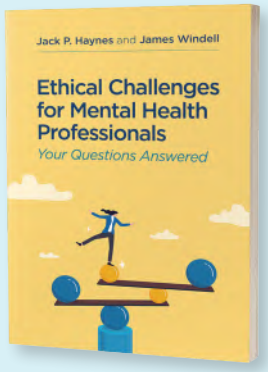
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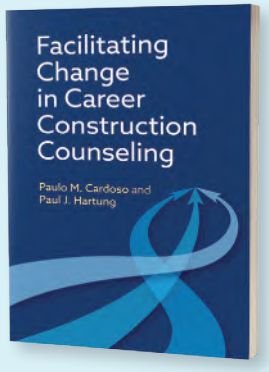
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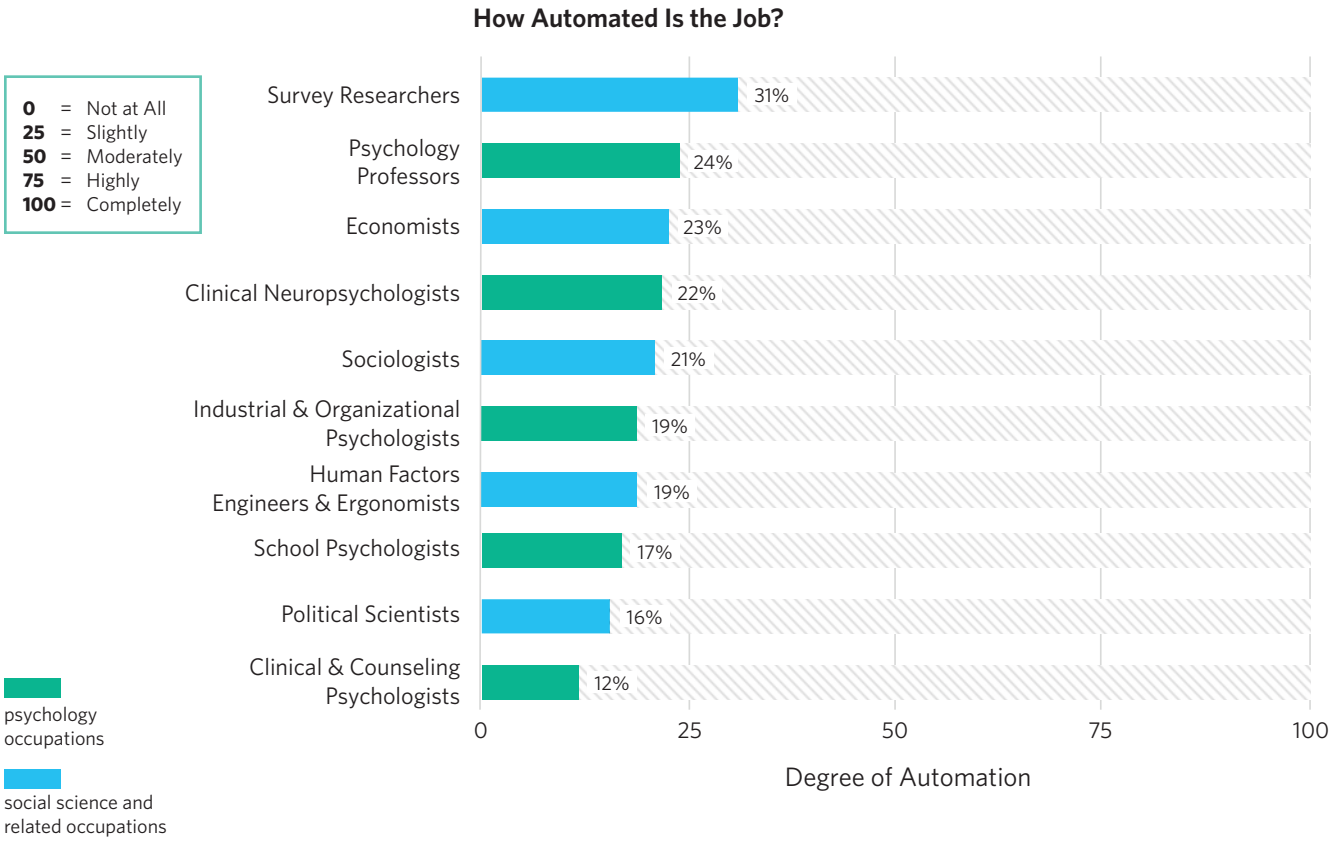
How Automated and Repetitive Are Psychology Jobs?

Psychology jobs are only slightly automated and moderately repetitive

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

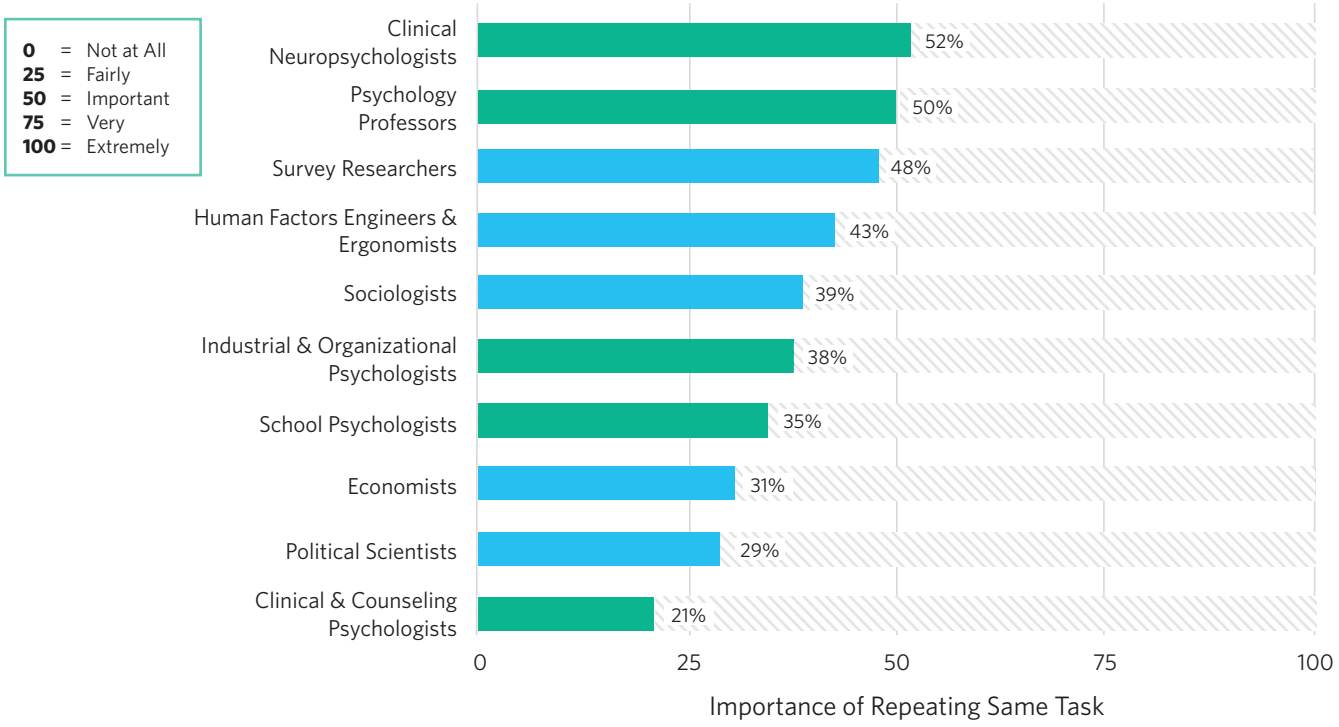
PSYCHOLOGY JOBS TYPICALLY require low levels of automation, fairly low to moderate levels of repetitive tasks, and a high degree of contact with others, as rated by current professionals and individuals with knowledge about each occupation. For example, the occupations of clinical and counseling psychologists, school psychologists, and industrial and organizational psychologists involve low levels of automation, few repetitive tasks, and constant contact with others. Occupations in social science and related areas, such as political scientists, human factors engineers and ergonomists, and sociologists are also characterized by low levels of automation and moderate levels of repetitiveness.

These findings suggest there is potential to increase automation of any repetitive aspects of psychology jobs. However, some tasks, especially complex and nonroutine tasks and those requiring frequent face-to-face interaction, are not suitable for automation. Similar occupations require high but slightly lower levels of contact with others. These findings indicate that the human skills that are critical aspects of psychology jobs—such as interacting with people, building interpersonal relationships, and active listening—make psychology jobs less likely to be replaced by automation.

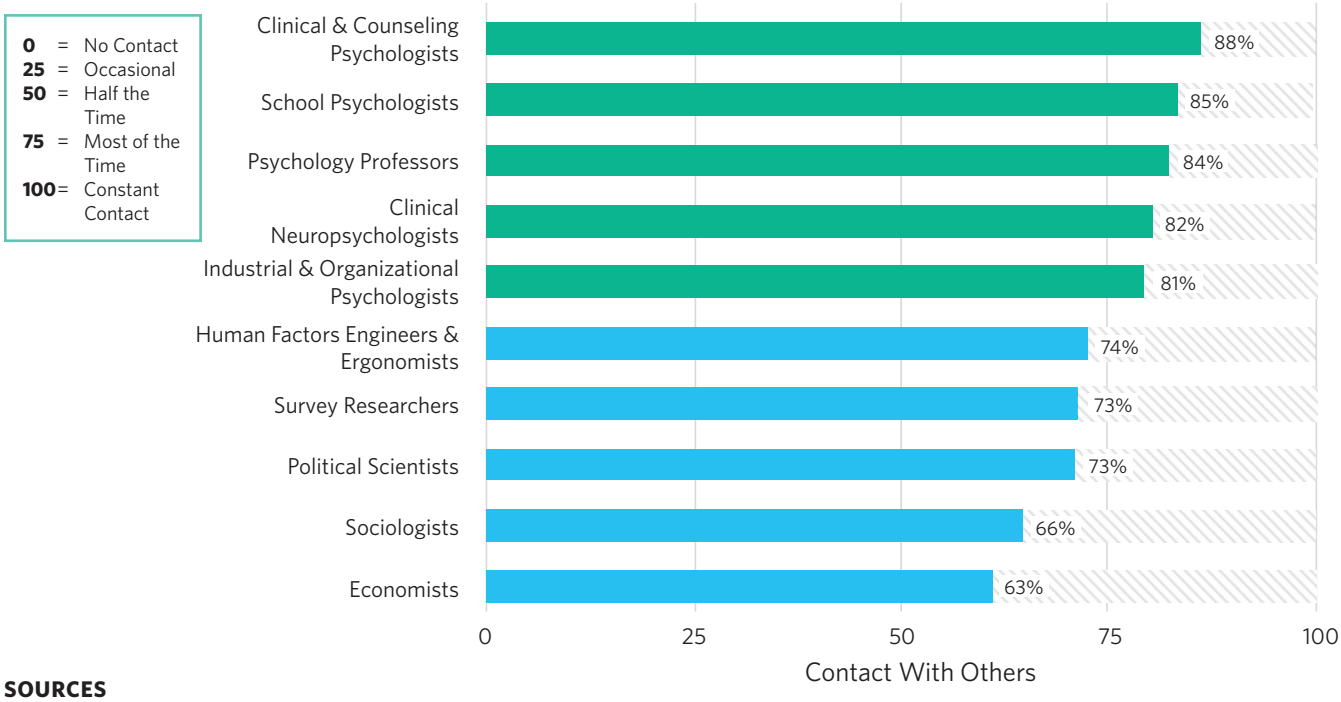


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How Much Does This Job Require the Worker to Be in Contact With Others (Face-to-Face, by Telephone, or Otherwise)?



SOURCES

Sources: National Center for O*NET Development. (2025). Work context: Degree of automation; Work context: Importance of repeating same tasks; and Work context: Contact with others. O*NET OnLine. Retrieved September 9, 2025, from https://www.onetonline.org/find/descriptor/result/4.C.3.b.2, https://www.onetonline.org/find/descriptor/result/4.C.3.b.7, and https://www.onetonline.org/find/descriptor/result/4.C.1.a.4

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Do Active Shooter Drills Make Students Safer?

Experts push for national standards for school shooter and lockdown drills

BY ALYSON POWELL KEY

EVERY SCHOOL YEAR, millions of American students participate in a routine that has become as familiar as the fire drill was for past generations: doors locked, lights switched off, and children crouched silently under desks. In some schools, these drills go further, with simulated gunfire or actors playing an active shooter.

With the rise of gun violence in the past several decades, schools have implemented additional safety drills beyond the age-old fire drill. Most schools conduct *lockdown drills*, where students and school staff practice securing classrooms to guard against any immediate threat inside of a school. Lockdowns are one practice within a broader spectrum of practices that schools might use to prepare for an active shooter.

Some schools have taken things a step further, conducting *active shooter drills*, training developed by professional security companies that teaches different options-based responses to a gunman inside a school, such as running, hiding, or even fighting back. The goal of these drills is to build "muscle memory," and during a real crisis while under stress, automatically perform the actions learned.

Around 95% of public K–12 schools in the United States train students on procedures to survive threats inside a school, including someone with a gun, despite very few schools encountering active shooter events. Ambiguity surrounding the terminology (lockdown drills versus active shooter drills) makes it challenging to understand exactly what schools are doing to prepare for an active shooter situation. Even when focusing specifically on lockdown drills, there can be significant variation in their implementation—some schools may barricade doors, while others may simply lock them, turn off lights, and move out of sight. However, those who study these drills know that nearly all schools are taking some action to prepare for an active shooter event.

AT A GLANCE

- About 95% of U.S. public schools conduct active shooter or lockdown drills, yet no national standards guide how they should be executed.
- New research shows that, while some drills build confidence, others—especially realistic or deceptive ones—can cause fear, anxiety, and lasting emotional distress.
- Best practices include calm drills that are clearly communicated in advance to school personnel, caregivers, and students.

And, based on the experiences of school faculty and students, researchers are questioning whether active shooter drills also leave lasting emotional and psychological scars such as anxiety and depression.

A 2025 report by the National Academies of Sciences, Engineering, and Medicine took up this question. Produced by a committee of experts in education, child development, public safety, and mental health, *School Active Shooter Drills: Mitigating Risks to Mental, Emotional, and Behavioral Health* reviewed the limited research and the wide variation in how schools conduct drills.

The committee found that while nearly all schools carry out some version of these drills (many of which

KEY CONCEPTS

SCHOOL SAFETY DRILLS

In addition to fire drills, most schools practice one of these or a combination of the two. There are no national guidelines on how to conduct these drills. Psychologists and advocates are hoping to provide specific guidance to school systems so as to maximize saftey and mitigate harm from these drills.

Lockdown drills—practicing how to secure classrooms when there is an immediate threat inside the school (not just a shooter).

Active shooter drills—practicing the same skills as lockdown drills, plus options-based trainings that teach different responses as a situation unfolds.



Students walk in a single-file line with hands on their heads during a large-scale active shooter drill at Hialeah Senior High School in Florida on August 3, 2022.

CHANDAN KHANNA/GETTY IMAGES

are required by state law), there are no national standards for how they should be conducted, and there are mixed findings on their impact. This gap leaves educators caught between the goal of preparing students and the risk of inflicting psychological harm.

Do drills really prepare children?

There is limited research to show whether active shooter drills keep students and school staff safer during an emergency.

A 2024 review found that calmly conducted lockdown drills with clear steps can help students and staff build confidence to act in a real-life crisis (Schildkraut, J., et al., *Current Psychiatry Reports*, Vol. 26, 2024). But active shooter drills, which sometimes rely on frightening tactics, show mixed results.

That sense of readiness can come with a trade-off. Researchers and mental health experts warn that the same drills designed to protect children can also unsettle them, sometimes leaving lasting emotional marks.

When safety drills create fear

Dewey Cornell, PhD, a forensic clinical psychologist at the University of Virginia and director of the Virginia Youth Violence Project, cautions schools against taking active shooter drills too far in the name of preparation.

"It's a big mistake to apply a military mindset to education," he said. "When we have a fire drill, no one sets a fire in the hallway or puts ladders up to the windows to have kids come out. But school shooting drills can be dramatic and terrifying." These kinds of drills, he and other experts say, risk doing more psychological harm than good for an emergency that, statistically speaking, is still incredibly rare. In 2024, 60 people died in U.S. school shootings, according to the advocacy organization Everytown, and the Centers for Disease Control and Prevention reports that 98% of youth homicides happen away from school. While research finds that lockdown drills may help students and staff feel more prepared to respond in an emergency, drills also risk creating fear, anxiety, and a sense that schools are less safe. As outlined in the National Academies report, some studies suggest that carefully conducted drills do not cause immediate harm. But other drills, especially those involving more realistic scenarios, show short-term and even lasting distress.

Some schools have enacted active shooter simulations without alerting parents, teachers, and students that it is a drill. "When we talk about high sensorial drills, like fake blood or simulating an actual active shooter event, one of the things we worry about is that they can be highly distressing, particularly when uses of deception are involved," explained Nathaniel G. Harnett, PhD, director of the Neurobiology of Affective and Traumatic Experiences Laboratory at McLean Hospital and an assistant professor in psychiatry at Harvard Medical School.

"When students don't know that it's a drill, you can imagine that they'd have heightened fear and trauma responses to these sorts of events," Harnett added.



Experts emphasize the need to adapt drills for students with developmental or specific communication needs, such as young children, English learners, and those with disabilities, including visual and hearing impairments.

Some students reported avoiding school or classes because of fear, while others showed more proactive self-protective behaviors after drills.

A separate study by Everytown and the Georgia Institute of Technology in Atlanta, which analyzed nearly 28 million social media posts around active shooter drills at 114 schools, found sharp increases in language tied to stress, anxiety, and depression (ElSherief, M., et al., *Humanities and Social Sciences Communications*, Vol. 8, No. 315, 2021). These effects lasted for at least 3 months and extended beyond students and teachers to parents, suggesting the impact touches entire school communities.

With millions of children participating in lockdown drills each year, experts warn that the benefits of preparedness must be weighed against the potential for emotional harm, especially to vulnerable students.

The students who feel it most

While many students are exposed to active shooter drills, some of them carry a heavier emotional burden than others.

Justin Heinze, PhD, an associate professor in the Department of Health Behavior and Health Equity at the University of Michigan in Ann Arbor, explained that these drills can be especially difficult for children already living with heavy experiences. "If you're coming from a highly disadvantaged community, you are more likely to have students who have been exposed to violence in the past," he said. For many children from high-violence neighborhoods, school represents an oasis of safety. And when drills simulate chaos or danger, they risk undermining the sense of refuge that school can provide and retraumatizing those with lived experience of violence.

Experts also emphasize the need to adapt drills for students with developmental or specific communication needs, such as young children, English learners, and those with disabilities, including visual and hearing impairments.

"School-based mental health providers can provide valuable insight on how schools can adapt, support educators in helping kids understand what these drills are, and provide information to parents to guide how they have these conversations with them afterwards," said Celeste Malone, PhD, MS, an associate professor and coordinator of the school psychology program at Howard University. Malone, along with Harnett and Heinze, served on the National Academies Committee on the Impact of Active Shooter Drills on Student Health and Wellbeing.

With thoughtful planning, drills can prepare vulnerable students instead of confusing or frightening them. For example, school staff, including teachers, health professionals, and law enforcement, should be trained in trauma-informed care, mental health first aid, and inclusive emergency preparedness. And experts suggest schools develop a communications plan that warns parents and other parties about drills in advance and gives them a chance to opt out.

Best practices

Experts agree that preparing schools for emergencies should not come at the cost of student well-being. Research and professional guidelines highlight ways to reduce harm and point to best practices that can make schools safer overall.

- **Physical safeguards.** Improving the built environment with controlled entry points, cameras, locks, and security personnel, such as school resource officers, can enhance safety without involving students in stressful scenarios.

- **Social environment.** Safety also depends on how students feel at school. Experts emphasize the role of bullying prevention, after-school programming, social-emotional learning, and an overall stronger school climate.

KALI9/GETTY IMAGES

PRACTICING SAFETY

WHAT ARE LOCKDOWN DRILLS AND ARE THEY EFFECTIVE?

Lockdown drills and active shooter drills are often confused but mean different things. Lockdown drills consist of a set of five clear steps to handle any immediate threat inside the school: lock the door, turn off lights, hide from view, stay silent, and don't open the door. Examples of threats include:

- An intruder on campus
- An animal on school grounds
- A person of concern nearby
- A chemical accident

Research on lockdown drills is still limited, but growing evidence shows they can help students and staff learn and keep safety skills over time. A large project in New York schools showed that after training, students and staff improved at following all steps and were able to maintain those skills for several years through repeated practice. The findings suggest that combining training with ongoing drills builds lasting "muscle memory" and helps schools stay prepared (Schildkraut, J., et al., *Journal of School Violence*, Vol. 22, No. 2, 2023).

• **Attentive environment.** Systems that encourage attentiveness, such as behavioral threat assessment teams and "see something, say something" policies, can identify risks early. These measures shift focus from reacting to violence toward preventing it.

• **Drill design matters.** When drills are conducted, experts stress keeping them calm and nontheatrical. "Security drills should be as low-key as possible, comparable to fire drills," Cornell said. Students should receive debriefing, mental health support, and clear communication with parents afterward. Hyperrealistic simulations with fake gunfire or blood can be distressing—especially if students are unaware that it is a drill—and are inappropriate in any school setting, agree many experts.

• **Professional guidance.** The National Association of School Psychologists (NASP), the National Association of School Resource Officers (NASRO), and Safe and Sound Schools jointly recommend best practices, including notifying students and staff in advance, tailoring drills to be developmentally appropriate, involving mental health staff, and communicating with parents throughout (*Best Practice Considerations for Armed Assailant Drills in Schools*, NASP, Safe and Sound Schools, and NASRO, 2021).

Schools can adopt strategies informed by the best available evidence, incorporating the perspectives of the entire school community, including students, staff, and parents. At the national level, experts urge a coordinated effort between federal departments, including Education, Health and Human Services, and Homeland Security, to issue national guidelines for best practices around active shooter drills.

With limited research available, there is not yet a complete picture of the long-term impact of repeated exposure to active shooter drills. As the National Academies committee explained, "building the evidence base is a critical need and can help to inform interventions that equip students and staff to respond to emergencies while minimizing risks to their mental, emotional, and behavioral health." The committee also calls on nonprofits, federal agencies, and research institutions to fund studies and build data systems that investigate the effects of drills and other security steps.

As Heinze noted, "There's a little bit of work that's been done in this space, but with nonexperimental designs, you're asking students: Do they feel ready? Do they feel prepared?" Until that evidence base grows, schools and communities will continue navigating an uncertain balance between safety and harm. ■

FURTHER READING

Active shooter drills in the United States: A national study of youth experiences and perceptions
Moore-Petinak, et al.
Journal of Adolescent Health, 2020

K–12 school shootings: Implications for policy, prevention, and child well-being
Reeping, P.M., et al.
Pediatric Clinics of North America, 2021

Active shooter drills: A closer look at next steps
Zullig, K. J.
Journal of Adolescent Health, 2020

How Sport Psychologists Are Helping Olympians in Italy

Psychologists are supporting athletes to face the physical, mental, and social pressures of their sport and optimize performance to bring home medals

BY ZARA ABRAMS



THE OLYMPIC AND Paralympic Games have always provided a spectacular display of physical prowess, but now the event's organizers and participants are also increasingly shining a light on mental well-being.

Olympians, including Simone Biles and Michael Phelps, have spoken publicly about how therapy sessions boosted their well-being and performance. Now, more athletes than ever are seeking support in facing the pressures of competition, handling attention on social media, and balancing sport with other areas of life.

But sport psychologists do more than address Olympic and Paralympic athletes' mental health—they also train them to manage distractions and reframe challenges. This builds a strategic edge, strengthening their mind like a muscle alongside the body.

The United States Olympic & Paralympic Committee (USOPC) now employs 18 dedicated psychologists, its largest team yet. Those providers serve close to 6,000 athletes. At the 2024 Paris Games, they conducted more than 1,200 one-on-one sessions, more than at any previous competition.

All 18 psychologists are licensed mental health professionals in addition to certified mental performance consultants, also known as CMPCs. This means they are equipped to address both clinical mental health concerns and performance-related mental skills. This dual credentialing ensures that athletes receive comprehensive psychological support, whether they're dealing with anxiety or performance optimization. "All our providers are licensed in mental health and credentialed in mental performance, which means that no door is the wrong door. Whatever an athlete needs, our providers can help," said Jessica Bartley, PsyD, who leads USOPC's psychological services team.

That combined focus on mental well-being and performance allows psychologists to address the full spectrum of athletes' needs. The holistic approach also includes regular mental health screenings, which are now embedded within annual or quarterly medical checkups, as well as a growing menu of support tools such as digital mental health, a 24/7 confidential support line, coaching-focused services, and REST USA, a program focused on improving sleep.

"These athletes train their entire lives for this, so it's incredibly rewarding to become a consistent part of their journey and support them from lots of different angles—mental health, performance, sleep, and more," Bartley said.

AT A GLANCE

- In February's games in Milan-Cortina, psychologists are supporting more Olympic and Paralympic athletes than ever, with a focus on boosting mental health and optimizing performance.
- New initiatives target common stressors for athletes and coaches, including navigating social media and getting enough sleep.
- Psychologists are using cognitive behavioral techniques to support performance enhancement, helping these elite athletes perform their best.

A growing focus on mental health

Elite athletes face challenges that often require special support—from injuries, team dynamics, and



A mural depicting snowboarders in front of the 2026 Olympic and Paralympic Village in Milan, Italy.

PIERO CRUCIATTI/ANADOLU/GETTY IMAGES

competition pressure to disappointing performances and retirement. Other common concerns include eating disorders, substance use, and sport-life balance.

"I honestly don't know how you could do it without a sport psychologist," said Lily Williams, a cyclist who competed at the Paris Games with the USA Olympic team pursuit squad. "Our job is basically to go hurt ourselves as much as possible day in and day out, and it's really helpful to have somebody help you disassociate that kind of work from feelings of negativity."

In Paris, more than half of Team USA athletes screened positive for at least one concern on the Sport Mental Health Assessment Tool, which was developed by the International Olympic Committee to detect mental health risks.

Among Olympic athletes on Team USA, roughly 19% reported "athlete psychological strain," or distress connected to sport, and 18% struggled with sleep, 13% with alcohol use, and 32% with disordered eating. Paralympic athletes faced similar challenges, with more than 58% meeting the criteria for at least one concern.

For some athletes, these issues are serious enough to require ongoing care. USOPC psychologists provide treatment for conditions such as depression and anxiety, as well as intensive support for unforeseen circumstances, such as a family emergency, that may force an athlete to withdraw from the games.

Athletes often ask for help balancing competition with external pressures, including social media. Many athletes choose to disconnect from social media in the days or weeks before the games, said Karen Cogan, PhD, a senior psychological services provider with USOPC.

"Others see it as a great opportunity to promote their personal brand, but we talk about how to balance that, because social media can also draw focus away from training and competition," she said.

USOPC now monitors social media and online chatter, alerting the psychological services team if an athlete is targeted with abusive or negative content. On request, Bartley and her colleagues help athletes navigate online harassment and unwanted attention from fans.

Another new challenge: The legalization of sports betting across much of the United States means many athletes face increased pressure to throw games, plays, or even points. Psychologists are working with



Scenes of Team USA at the 2022 Winter Olympic and Paralympic Games in China: Sam Hentges, number 12, celebrates his second-period goal with teammates during the men's ice hockey quarterfinal against Slovakia. Aaron Blunck performs a trick during his third run in the men's freestyle skiing halfpipe final. Batoyun Uranchimeg competes in mixed wheelchair curling against Canada.

athletes to navigate manipulation attempts, as well as the emotional toll of harassment from fans when outcomes don't go their way.

When retirement approaches, Cogan helps athletes explore how they can maximize their last Olympic experience. For many, that requires balancing peak performance, enjoying the end of their competitive career, and taking advantage of networking opportunities. For example, attending a sponsorship dinner can help Olympians make connections, but it can also sap energy the night before a competition.

"Those are really hard decisions for athletes, because they want to do it all," Cogan said.

Bartley also uses acceptance and commitment therapy to help athletes identify values, such as discipline and teamwork, that they can take with them into their postcompetition life.

"The narrow focus on one sport is typically what makes someone an incredible competitor, but it can be tough for athletes to form a new identity when their career ends," she said.

Boosting athletic performance

Sport psychologists have long collaborated with athletes to boost performance, from helping them manage precompetition nerves to reflecting on their performance afterward.

"Our job is to help athletes perform their best in spite of all the pressures and distractions that go along with the Olympics," Cogan said.

One strategy Cogan uses is walking athletes through what-if scenarios to prepare for the unexpected: What do you do if your equipment malfunctions or a delay throws off your warm-up routine? If you receive difficult personal news just before competing, how will you handle it? If you learn about negative comments on social media, how will you respond?

Cogan also coaches Olympians in mental skills designed to help them manage distractions that may happen before, during, or after competition. She teaches individual athletes techniques such as breathing exercises and mindfulness while fostering communication and cohesion among team members who compete together.

The world's top-ranked archer, Casey Kaufhold, joined Team USA at the Tokyo Games in 2020 while still in high school. Since then, she has collaborated with a sports psychologist to navigate the pressures of competition.

"I've been able to manage the pressure a little bit better, and I think I'll just apply a lot of what I

LINTAO ZHANG/GETTY IMAGES; MAJA HITIJ/GETTY IMAGES; ZHE JI/STRINGER/GETTY IMAGES

learned . . . trusting myself, my training, and my process," Kaufhold told Olympics.com.

Jamie Shapiro, PhD, a professor of sport and performance psychology at the University of Denver, has worked with athletes at several Paralympic Games to build a personalized precompetition routine and identify cue words (such as "ready" or "power," or instructional cues such as "push forward") that allow them to stay focused on the task at hand.

"Thinking about medals can be a big distraction for athletes, so we have them practice directing their attention to the process of performing their sport," said Shapiro, who is a certified mental performance consultant and national certified counselor.

Paralympic athletes may have a disability—such as visual impairment, a neuromuscular disability, or a spinal cord injury—that can make navigating the games logistically challenging. Shapiro works with athletes to familiarize themselves with the facilities ahead of time, which also supports imagery work that can help boost performance.

"We do visual, sound, and kinesthetic work," she said. "I help them feel their body move through the positions they'll use in competition, building the neuromuscular connections that make those movements become automatic under pressure."

Shapiro also uses cognitive behavioral techniques, such as managing self-talk and reframing, to help Paralympic athletes navigate doubts and unhelpful beliefs. "There are challenges, yes—but how cool is it to be a part of history?" she said.

Tailored support for Team USA

To assist the large segment of Team USA that struggles with sleep, Bartley and her team launched the REST USA initiative ahead of the Milan-Cortina Games. The program uses an adapted version of brief behavioral therapy for insomnia (BBTI), a cognitive behavioral therapy intervention that has proven effective with NFL players.

REST USA aims to debunk the myth that poor sleep doesn't affect performance, among other misconceptions. It also teaches basic sleep hygiene and gives advice on overcoming jet lag when traveling to Europe. USOPC psychologists are integrating the new program into sports within Team USA, starting with speedskating, and using data from wearable devices to track its effectiveness.

In addition to supporting athletes' psychological needs, USOPC is building a stand-alone program for coaches. Similar to the athlete support program, it will include education and care components, as well as a triage system and detailed plan for referring coaches to appropriate external resources.

"The role of head coach of a team can be very lonely and stressful, as they are supposed to have all the answers," said Sean McCann, PhD, a senior psychological services provider at USOPC who is building the new coaching program. "Having a confidential resource that they can use as a sounding board is something many coaches appreciate."

Coaches do not see the same providers as athletes, which helps to preserve clear boundaries and confidentiality. Some coaches feel isolated in their challenges, but talking to a psychologist like McCann, who has advised Team USA coaches for more than 30 years, can reassure them that others have overcome similar situations.

USOPC's psychologists have also developed an emergency action plan with guidance for handling any mental health crises that may occur during competitions, including removal from play, medical withdrawals, disordered eating, psychosis, domestic violence, and other incidents.

Supporting Olympians in Milan-Cortina

On the ground in Milan-Cortina, psychologists will help athletes adjust their routines to the unique pressures of the Olympic and Paralympic Games. That often means making quick transitions across a wide variety of settings. At previous games, Cogan has moved between sports throughout the day, meeting with individual athletes, leading team sessions before competitions, and guiding group mindfulness exercises.

Even amid the spectacle and excitement of the games, both athletes and psychologists work to stay grounded, approaching every event with the same focus they would any other competition, said Mackenzie Brown, an Olympic archer who has competed for Team USA.

"The Olympics can be pretty overwhelming when it comes to the magnitude, the village, and the other athletes," she said. "Sport psychologists can help us bring all the emotions and reactions back into control, because for us to perform at our best, we have to treat it like any other day." ■

RESOURCES

Mental health matters: Athletes leading the way on World Mental Health Day
International Olympic Committee, 2025

APA Div. 47: Society for Sport, Exercise, and Performance Psychology

U.S. Olympic & Paralympic Committee: Mental Health & Performance

Psychologists Are Researching Strategies for Calming Political Violence

Psychologists are working to understand the complex drivers behind why people commit political violence and how to prevent or mitigate its destructive consequences

BY EFUA ANDOH

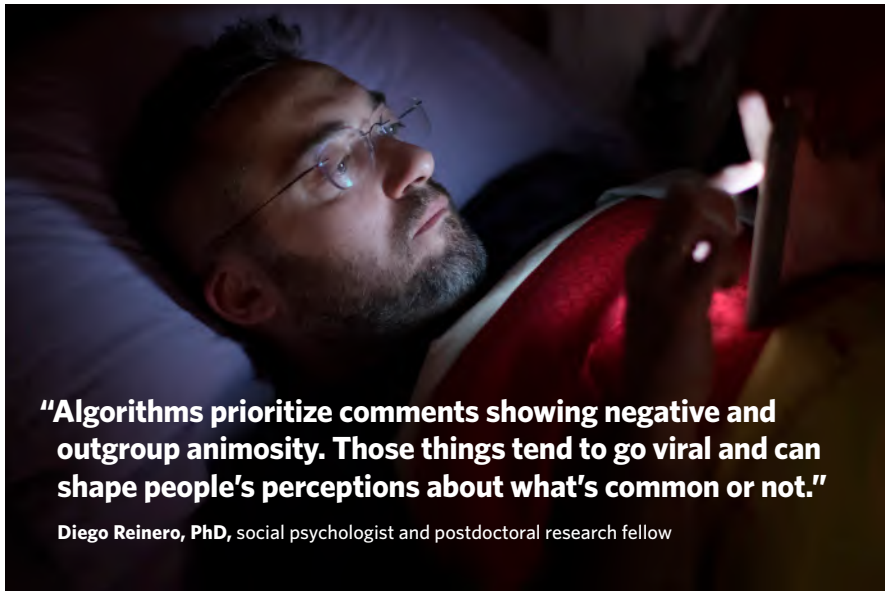
WITH AN INCREASING number of politically motivated violent acts directed toward local and national officials, uniformed officers, activists, and citizens, the United States is once again confronting a wave of troubling unrest. Political violence exacts a heavy toll on the collective health of societies, instilling fear and undermining trust in democratic institutions (Sousa, C. A., *Medicine, Conflict, and Survival*, Vol. 29, No. 3, 2013). Psychologists caution, however, that the threat, while serious, is often misunderstood. Despite intense political polarization, most Americans reject political violence, regardless of what party they belong to.

Research indicates that when surveys ask if specific acts of political violence are acceptable, support is minuscule, ranging between 2.9% and 6.9% (Westwood, S. J., et al., *PNAS*, Vol. 119, No. 12, 2022). Recent polling supports this. A September 2025 report from the Polarization Research Lab found that only 1% of Americans support partisan murder, while 93% to 97% view political violence as a major problem across party lines. Similarly, an October 2025 Marquette Law School poll revealed that 89% of respondents agreed political violence is "always unjustified."

Researchers have also found that Americans significantly overestimate how much political violence their partisan opponents support by as much as 245% to 442% (Mernyk, J. S., et al., *PNAS*, Vol. 119, No. 16, 2022). However, when Americans were shown accurate data about how little their opponents condoned violence, their support and willingness to engage in political violence dropped by up to 44% with effects lasting for about a month. Social media and sensational coverage may fuel the perception that support for political violence is widespread.

AT A GLANCE

- Despite intense political polarization, most Americans reject political violence.
- People who commit acts of political violence are driven by a complex mix of personal and situational factors.
- Psychologists are developing prevention strategies that range from individual to school and community interventions.



"Algorithms prioritize comments showing negative and outgroup animosity. Those things tend to go viral and can shape people's perceptions about what's common or not."

Diego Reinero, PhD, social psychologist and postdoctoral research fellow

THOMAS BARWICK/GETTY IMAGES

"Algorithms prioritize comments showing negative and outgroup animosity. Those things tend to go viral and can shape people's perceptions about what's common or not," said Diego Reinero, PhD, a social psychologist and MindCORE postdoctoral research fellow at the University of Pennsylvania.

"I think a lot of people get the sense that people are just so polarized that they are willing to go to extreme ends. The data suggests that it's still pretty uncommon for people to support political violence," said Reinero.

In 2026, researchers will continue investigating what drives some individuals past the tipping point and how to prevent such senseless acts of violence.

A history of violence

For starters, it's helpful to put today's violence in historical context. Political violence—including domestic terrorism and targeted violence—has long shaped U.S. history, according to Thomas Zeitzoff, PhD, an associate professor at American University in Washington, D.C., whose research focuses on political violence and political psychology. From the bloody post-Reconstruction period to anarchist bombings in the 1920s and '30s, the Civil Rights Movement and Vietnam War, and the growth of right-wing extremist violence during the '80s and '90s to the present day.

While today's level of political violence may not be unprecedented, Zeitzoff notes a troubling shift—the alarming messaging from elected officials at the highest levels that demonizes opponents and undermines democratic norms.

"I've done research in places like Turkey, Israel, and Ukraine, where similar rhetoric slipped into political violence, coup attempts, and other things," said Zeitzoff. "Maybe we are seeing an uptick in political violence here. We don't yet have enough data to really describe it, but I would say the rhetoric from party leaders is very concerning. That it's not just that 'we disagree with our opponents,' it's that 'they can never hold power again.' That is dangerous."

The limitations of profiling

When talking about violence committed by private citizens acting alone or as part of a mob, motivating factors include personality traits such as victimhood, feeling angry at a perceived injustice, feeling a lack of self-efficacy, a lack of faith in democratic institutions, a lack of social belonging, as well as having mental health vulnerabilities that make them easily manipulated by misinformation, according to Reinero. However, it is difficult to identify a single, predictive profile for individuals who have or may commit political violence, he added.

While there is no single profile, there are some commonalities among those who cross the threshold from radicalization into violence, according to John Horgan, PhD, an applied psychologist who directs the Violent Extremism Research Group at Georgia State University. He describes them as "action oriented," motivated to "make a change in their world," and "driven by a sense of moral outrage at some injustice that has happened to them, to the community to which they belong, or a community that's several thousand miles away to which they express some allegiance or feel some kinship with."

Beyond the individuals themselves, the widespread availability of firearms in the United States—which has the highest per capita gun ownership rate in the world—is also a significant contributor, said Reinero. This includes access to high-powered assault weapons, which only escalate the potential severity of violent acts. "Weapons to carry out violence are all too readily available." Reinero said.

Often, the motivations of violent actors defy simplistic ideological explanations. "It maybe says more about our politics that people are jumping to explain, without all the evidence or the facts in, what drove somebody [to violence]," said Zeitzoff. "There is an apt metaphor for some of these lone wolf extremists. They don't have a clear, necessarily ideological bent. Some people call them 'salad bar extremists,' because they take a little from here and a little from there."

B. Heidi Ellis, PhD, a clinical psychologist and an associate professor at Harvard Medical School and Boston Children's Hospital, researches the risk and resilience factors that influence pathways toward violent extremism. Discussing unpublished data from a recent study, Ellis said, "The data came back all over the map. We had people who were endorsing items from both sides or saying they would support left-wing violence but then endorsing a right-wing issue. It didn't make a whole lot of sense." Instead, they found that when they looked at different general justifications of violence, distinct subgroups were identifiable, with each justifying violence for different reasons, such as defense of oneself or one's family in response to injustices or oppression (*Behavioral Sciences of Terrorism & Political Aggression*, 2025).

Sophia Moskalenko, PhD, a research fellow at Georgia State University, highlighted multiple pathways to extremism, including personal grievances, a quest for status or infamy, and a desire to feel more closely identified with a group that they feel needs protection.



When individuals feel their social identity is threatened or destabilized, it may trigger a drive to restore that connection, sometimes through extreme means.

"There is definitely a vulnerability among individuals who are marginalized, alienated, rejected, left behind, or misunderstood by society," Moskalenko said. "Often that goes hand in hand with some sort of mental health issue, whether it's substance abuse, some schizotypal disconnect from reality, or PTSD in somebody who's lived through trauma. That's not to say that mental health is a cause. It just makes a person especially vulnerable to getting over that threshold from just contemplating ideas to actually acting violently on them."

Deep social alienation combined with the amplification of online narratives about perceived enemies or impending societal collapse also plays a factor. As social beings, humans long for connection at a fundamental level. When individuals feel their social identity is threatened or destabilized, it may trigger a drive to restore that connection, sometimes through extreme means. "When we're denied that connection, it feels like an existential threat," Moskalenko added. "Extremism is going to blossom to the degree that we feel threatened and alone."

Recent research indicates that "trait victimhood"—a tendency to perceive oneself as a victim—is a significant predictor of support for and engagement in political violence. An analysis of the results of three studies found that individuals with high levels of trait victimhood were more likely to endorse violence, particularly if they were seeking meaning in life or perceived their group as victimized (Hameiri, B., et al., *Psychology of Violence*, Vol. 14, No. 3, 2024).

Group behavior is a powerful driver in mob-based political violence. Research shows that when new group norms emerge within a crowd, they can override long-standing social norms that discourage violence and aggression. For example, during the Jan. 6 insurrection, many rioters viewed violence against Capitol Hill police as justified in defense of a newly adopted norm—stopping what they believed to be a stolen election (Samuelson, C. D., *Group Dynamics: Theory, Research, and Practice*, Vol. 26, No. 3, 2022). Researchers are examining psychological theories related to group polarization and emotional contagion to better understand how group behavior can escalate to political violence (Hinsz, V. B., & Jackson, J. W., *Group Dynamics: Theory, Research, and Practice*, Vol. 26, No. 3, 2022).

The involvement of law enforcement officers at protests has at times led to political violence toward protesters. Officers are influenced by both psychological and institutional factors. For example, research indicates that some officers may dehumanize protesters, especially when protesters directly challenge officers' authority (Zlobina, A., & Andujar, R., *Peace and Conflict: Journal of Peace Psychology*, Vol. 27, No. 4, 2021). This makes it easier to feel less empathy toward protesters and to justify violent actions. In some cases, officers may also dehumanize themselves, viewing their roles as emotionless enforcers, which further distances them from protesters. In addition, institutional norms that focus on control and compliance may lead law enforcement to view protests as threats to public safety instead of part of the democratic process (Maguire, E. R., *The Role of the U.S. Government in the Law Enforcement Response to Protests*, Niskanen Center, 2022).

Pathways to prevention

Researchers are exploring a range of strategies to prevent and reduce support for political violence. Some target personal traits. For example, Hameiri and colleagues' research on trait victimhood suggests deradicalization programs may be effective when they work to specifically address this mindset. Other approaches target sensation seeking, which links people's search for meaning to supporting extreme behaviors like political violence. One study successfully tested two interventions to interrupt this dynamic (Schumpe, B. M., et al., *Journal of Personality and Social Psychology*, Vol. 118, No. 4, 2020). The first reduced people's search for meaning by encouraging them to reflect on their personal, significance-providing legacy, and the other provided an exciting alternative group to satisfy their needs for sensations without violence.

MASKOT/GETTY IMAGES

Researchers have also developed threat-assessment tools that look at behavioral warning signals of attack preparation. These behaviors include seeking training, acquiring weapons, and overtly expressing extremist ideology. A recent study of two threat assessment tools indicated that they may be capable of identifying individuals who are planning violent terrorist acts with high accuracy (Bastiaens, A., et al., *Terrorism and Political Violence*, 2025).

Horgan's prevention work has pivoted from the idea of profiling or targeting a specific type of perpetrator of political violence to focus on "behavioral leakage." Horgan and colleagues found that approximately two thirds of lone wolf terrorists would often freely leak their intent to friends, family, and coworkers (*Across the Universe? A Comparative Analysis of Violent Behavior and Radicalization Across Three Offender Types with Implications for Criminal Justice Training and Education*, U.S. Department of Justice, 2016). Horgan and his team shifted their focus from trying to pinpoint terrorists themselves to getting those in their social circle to report them.

Horgan had been working with the nonprofit Parents for Peace to develop a text-based hotline that would allow anonymous and safe reporting until federal funding cuts to the Department of Homeland Security eliminated the program last year.

Horgan is now working on a similar project, funded by the Atlanta Regional Commission, to prevent school shootings where such behavioral leakage occurs to an even greater degree. He and his team are helping teachers, administrators, and school resource officers in Georgia to create student awareness of the signs someone might be mobilizing to commit violence. "We're using the power of storytelling, and recent cases where all these patterns have emerged, to make schools realize it is within their capacity to see this problem coming," Horgan said. They are also helping to facilitate safe pathways for students to report suspicious behavior.

Ellis and her team are using a community-wide public health approach to prevent hate-motivated violence. Drawing on findings from a 3-year project funded by the National Institute of Justice, they examined how grievances and adversities such as trauma and discrimination may drive support for violence, particularly in the context of psychological factors such as problematic internet use.

They identified five primary community tasks that work to alleviate risk as part of the Strong Communities program: improving emotional wellness, fostering cognitive flexibility, building fairness and justice, reducing problematic internet use, and increasing belonging without othering (*Toward a National Framework for Primary Prevention of Hate-Motivated Violence*, unpublished report, 2025).

As mass political protests continue nationwide, government responses play a pivotal role in calming or intensifying political strife. When authorities rely on heavy-handed, militarized, or violent policing, they may only fuel dissent and escalate violent protests. A 2025 report by the Centre for Research and Evidence on Security Threats (CREST) pointed out that "tyrannical peace"—when the government manages dissent through force—may actually backfire and reinforce long-term grievances and continued protest (Peterscheck, A., et al., *Individual-Level Perspectives on Mobilisation, Protest, and Radicalisation: A Rapid Evidence Assessment*, CREST, 2025).

In contrast, deescalation strategies like procedural justice, fair treatment, and avoiding violent policing can help mitigate tensions and reduce violent resistance. Experts advise that law enforcement focus only on individuals whose illegal behavior endangers public safety while allowing peaceful protest by other crowd members to continue (Maguire, E. R., *Saint Louis University Public Law Review*, Vol. 35, No. 1, 2015).

While political polarization is not going anywhere for the time being, experts emphasize the value of societal rejection of political violence in favor of a recommitment to democratic values. "Democracy is a system where parties can lose elections, where we settle disputes at the ballot box and not at the end of a barrel of a gun," said Zeitzoff. ■

FURTHER READING

Who supports political violence?
Armaly, M. T., & Enders, A. M.
Perspectives on Politics, 2024

Understanding and preventing violent extremism in school settings
Horgan, J.P., et al.
Journal of School Psychology, 2024

Violent extremism in the U.S.: Causes and consequences for youth, families, schools, and communities
Mayer, M. J., et al.
Journal of School Psychology, 2024

The role of cognitive fusion in pathways to violent radicalization and deradicalization
Winer, J. P., et al.
Journal for Deradicalization, 2024

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4 Questions for Wendy Wood

The social psychologist explains how habits form and how psychologists can encourage lasting behavior change

BY ASHLEY ABRAMSON

PSYCHOLOGISTS PLAY AN important role in helping people make positive changes to their lives—but breaking old patterns isn't easy.

Wendy Wood, PhD, a professor emerita of psychology and business at the University of Southern California, studies habits. Her work suggests much of human behavior is driven by automatic routines shaped by context rather than conscious intention (*Annual Review of Psychology*, Vol. 67, 2016).

Instead of trying to muster up motivation, Wood encourages redesigning one's environment to cue healthier, more productive habits—something psychologists and organizations can help with and something everyone can pay attention to while making goals for the new year. The *Monitor* spoke to Wood about how behavior change happens and the role psychology can play.



PHOTO BY SCOTT SUCHMAN

How do you help people and organizations apply the science of habits in everyday life?

I help them understand what habits are and how they work. There's a lot of popular literature about habits that doesn't correspond to science. Habits don't develop through motivation. They're behaviors that develop over time through repeated experience that yields a reward—like when the car turns on any time you stick your key in the ignition. The habit memories that develop from repetition are not conscious. That means you can have strong habits but not be aware of them, which is different from strong emotions and beliefs.

A good example of this lack of awareness is typing. Most of us are good at typing on a keyboard. But if I ask you to list the keys on the second row, you probably would have some difficulty—even though you can use them effectively. Your conscious understanding of what you're doing differs from your habitual behavioral response.

Along with my research on habits, I regularly give talks to business leaders about how to support habit changes in their organizations. I explain how to listen to employees about what gets in their way of aligning with the organization's mission. This feedback makes it easier to make changes and new habits—which boils down to making the old habits harder and rewarding new behaviors that help the company meet its goals.

How can psychologists draw on habit science in their own clinical work and in their personal lives?

Psychologists play an important role in supporting change. A lot of what troubles us in daily life is our inability to control unwanted habits. So many behaviors—patterns of social interaction or health and financial behaviors—are the result of repetition. If we repeat behaviors that work in the short run but cause problems longer term, then we need to figure out how to change those.

If habits form from rewards, why do we have habits that don't work? Because our goals change. If you're hungry at work and don't have time to grab lunch, you may buy a donut from the vending machine. It meets your immediate need and fulfills a short-term goal. The next day, the same thing happens, and you start to develop a habit. But the behavior may not align with your long-term goal of health. These "bad" habits form when goals shift or long-term goals are different from short-term goals.

These unwanted habits can be hard to override, and they won't change with motivation alone. Few people can keep up the motivation to keep fighting old habit memories. Instead, habits change by changing context. Psychologists can help patients identify the contexts [in

which] they're most likely to engage in the troubling behavior and work together to change the context.

What do you wish more people understood about the limits of motivation compared with the power of context and environment?

Motivation, thought, and decision-making are important for single decisions, such as trying to decide where to put your child in preschool or which retirement program to sign up for at work. They are also important if contexts change. If you move to a new location, you have a window of opportunity to make new decisions that can form new habits. So, you may find a gym that's close by and start working out there, or start taking your kids to a nearby library to encourage reading.

You don't have to move to create a context change. The goal is to make a new, desired behavior easier and the unwanted one relatively more difficult. That could be as simple as finding a gym close to where you live or keeping your gym shoes by the door if you want to work out more. If you don't want to eat cookies every night, change the context by not bringing them into your home. This advice sounds too simple, I know. We are used to thinking of ourselves as being in control and changing behavior with decision-making and willpower. But habit memories form slowly and they decay slowly. So, it's not easy to control them through sheer force of will.

What new research in habit formation excites you most?

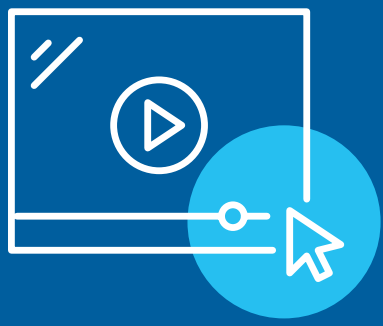
Most of my research right now is on habits in social media use. The way social media sites are structured leads us to form habits that aren't always beneficial and can lead to harmful behavior, including misinformation and outrage. I have been working with former students Gizem Ceylan and Ian Anderson to figure out how social media sites could be restructured to generate more truthful, fact-based information and less hate-based reactions.

Currently, people are incentivized to post potentially untruthful content because sensational, novel posts are rewarded with likes and followers. Gizem and I are exploring swapping the "like" button with a "truth" button that asks people to evaluate how truthful the information is. That could cause people to change their posting habits because it shifts the reward.

Social media has become such an important part of people's lives. Until social media sites change, people are responsible for modifying their own habits, which, as I explained, isn't easy. Across the board, the best way to change a habit is to make it more difficult. So, you could leave your phone outside your room at night, or set your display to gray scale to reduce the reward of looking at it. We'd love to think we can control our own behaviors with motivation alone, but habits just aren't amenable to that kind of change. ■

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Age of Criminal Responsibility for Youth

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

The U.S. House of Representatives voted to pass the DC Juvenile Sentencing Reform Act, which would allow 14-year-olds to be charged as adults

BY APRYL A. ALEXANDER, PSYD, UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE, AND AVA PETERS, UNIVERSITY OF MASSACHUSETTS LOWELL

IN SEPTEMBER 2025, the House of Representatives passed the DC Juvenile Sentencing Reform Act, which would allow 14-year-olds in Washington, D.C., to be charged as adults if the Senate follows suit. With homicide rates in D.C. reaching a 26-year high in 2023, attention to violent crime has understandably intensified; communities are urgently seeking effective ways to address rates of youth violence and protect public safety.

Currently, youth under the age of 16 are under the jurisdiction of the D.C. Family Court. Nationally, 11 states allow prosecutors to directly file charges against youth in adult criminal court—but typically youth ages 16 and 17, and only for serious offenses. Of those states, nine permit reverse waivers, which allow a judge to send the youth's case to juvenile court. Reverse waivers do not currently exist in Washington, D.C.



AT ISSUE

Washington, D.C., considers charging 14-year-olds as adults.

Youth who commit serious offenses require interventions that hold them accountable for their actions while recognizing their capacity for growth and rehabilitation. Psychology research has extensively documented the harms of prosecuting youth as adults and placing them in adult facilities. Additionally, charging and convicting youth as adults does not appear to reduce recidivism. By contrast, keeping youth in the juvenile system and pairing supervision with community-based services is associated with better educational outcomes and lower rates of future incarceration.

This research, combined with studies on adolescent brain development, has led to several reform efforts. Evidence shows rehabilitation works. Randomized evaluations of Chicago's Becoming a Man program found approximately 45–50% reductions in violent-crime arrests during the program year and an increase in graduation rates (Heller, S. B., et al., *The Quarterly Journal of Economics,* Vol. 132, No. 1, 2017). A statewide analysis of Ohio's Reasoned and Equitable Community and Local Alternatives to the Incarceration of Minors (RECLAIM) reforms found community-based placements reduced subsequent juvenile justice system involvement relative to commitment (Park, I., et al., *Crime & Delinquency,* Vol. 70, No. 3, 2022). A quasi-experimental study of North Carolina's Teen Court reported significantly lower reoffending than traditional juvenile processing (Cockerham, A., & Cockerham, J., *National Council of Juvenile and Family Court Judges,* in press). Taken together, these findings demonstrate that accountability, paired with targeted, developmentally appropriate services, outperforms confinement-only responses in terms of public safety.

Several states have also introduced "Raise the Floor" legislation in response to growing concerns about criminalizing normative childhood behaviors such as school misconduct, truancy, and minor illicit substance possession, particularly among youth ages 10 to 12. Several states have no minimum age for criminal responsibility and prosecution, resulting in youth younger than 12 years old having contact with the juvenile court. These bills aim to route younger children to community-based, developmentally appropriate interventions instead of traditional, punitive measures. At the other end, "Raise the Age" legislation has been introduced in several states to extend the juvenile court jurisdiction to age 20 in cases of nonviolent crimes.

Even so, this year several states have considered rollbacks in response to public concern about youth crime. For younger youth, researchers and practitioners should continue to explore alternatives to adult incarceration, including community-based sentencing such as diversion programs and restorative justice models, which hold youth accountable while addressing the drivers of harm. ■

ABDUL LATIF/THE NOUN PROJECT



Psychologists' involvement in medication management has grown significantly since 2002, when New Mexico became the first state to grant prescriptive authority to appropriately trained psychologists.

CE Corner

Psychology's Growing Medication Responsibility

New guidelines address the reality that modern psychology increasingly involves medication conversations, regardless of prescribing authority

BY STEPHANIE PAPPAS

THE NUMBER OF psychologists who can prescribe medication is growing rapidly. Since New Mexico became the first state to allow licensed psychologists to prescribe in 2002, the field has grown from a few dozen to more than 300 today, with another 1,500 psychologists also holding master's degrees in clinical psychopharmacology.

This growth prompted APA's Council of Representatives to pass an update to the professional practice guidelines to help all psychologists—whether they prescribe, collaborate on medication decisions, or field questions about antidepressants and stimulants—navigate conversations around psychotropic drugs. In 25 jurisdictions in the United States, a role in medication management is part of a psychologist's scope of practice.

"We are at a place where there is an expectation that psychologists will know and understand a lot more about medication" than they used to, said David Shearer, PhD, a clinical and prescribing psychologist for the Department of the Army at Madigan Army Medical Center (MAMC) in Washington state. Shearer cochaired the working group that developed the guidelines along with Bret Moore, PhD, a clinical psychologist and prescribing psychologist in San Antonio. (Shearer said his views are his own and do not represent official Department of the Army or U.S. government policy.)

The professional practice guideline document contains 14 specific guidelines, aspirational in nature, that highlight the importance of knowing one's scope of practice as a clinician, as well as building trust with patients for shared decision-making about medications. Psychologists, with their strengths in rapport-building and understanding of biological, psychological, and social factors in a patient's life, tend to be well positioned for these discussions, Shearer said. Prescribing psychologists are also in a unique position to monitor medication side effects and adherence because of how regularly they see their patients.

"We have become more than just another prescriber," Shearer said. "We really are psychologists first and prescribers second."

Knowing your scope

When APA passed its first *Guidelines for Psychologists' Involvement in Pharmacological Issues* in 2011, there were only two states, two federal agencies, and portions of the military that allowed prescribing psychologists. Today, seven states allow appropriately trained and licensed psychologists to prescribe, as do Guam, all federal military services, the Indian Health Service, and the U.S. Public Health Service. Clinical psychopharmacology became a new APA specialty in 2020, and the American Board of Professional Psychology voted this year to recognize psychopharmacological psychology as a board specialty.

A step along the path toward becoming a prescribing psychologist is a master's degree in clinical psychopharmacology, a credential that can allow the practitioner to take a substantive role in medical decision-making. Meanwhile, even those without advanced credentials often find that patients ask them about medications or side effects, meaning a baseline knowledge—as well as an understanding of where to refer the patient for specialty help—is important.

CE CREDITS: 1

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

1. Describe the three levels of involvement in medication management by practicing psychologists.
2. Explain why a biopsychosocial approach can be helpful for prescribing psychologists or psychologists who collaborate on medication decisions.
3. Discuss the growth of prescribing psychology and the potential benefits for access to care.

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

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KEY POINTS

1. The role of prescribing psychologists is expanding, and many psychologists without prescribing privileges also have advanced psychopharmacological training and a role in medication management.
2. Appropriately trained psychologists are well positioned to have holistic conversations with their patients about medications informed by a biopsychosocial approach.
3. Psychologists at all levels of practice are advised to know their scope, be aware of their own beliefs and biases about medication, and be prepared to refer patients to appropriate prescribers.



More than 300 psychologists now hold prescriptive authority in the United States, with another 1,500 holding master's degrees in clinical psychopharmacology.

The guideline document categorizes psychologists into three levels: Level 1 are general practitioners who may offer relevant information to medical decision-makers. Level 2 psychologists have completed a master's degree in clinical psychopharmacology and can take on a collaborative role in decision-making. Level 3 are prescribing psychologists. Some of the individual guidelines are intended specifically for prescribers, some for prescribers and collaborating psychologists, and some for psychologists at any level of practice.

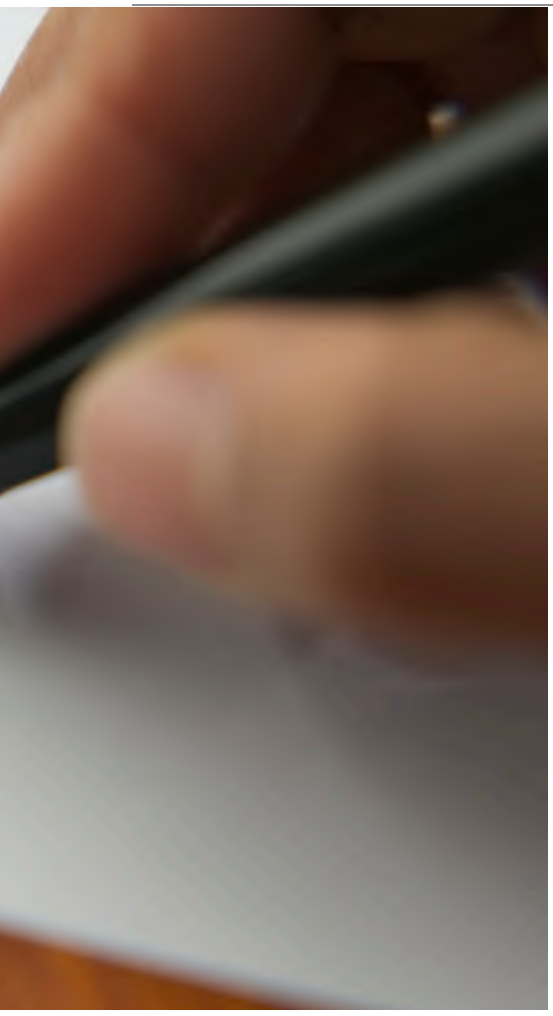
Guideline 1 encourages psychologists at all levels to objectively consider the scope of their own competence before making prescribing decisions or recommending prescriptions to patients. This might include considering whether one has reliable knowledge of a particular drug class or patient population. In some cases, they may need to decline to offer an opinion, even under pressure.

"A strength of this document is that it speaks to different levels of training—the psychologist who is a general practitioner, one who has the academic training, and one who has also had supervised practice and has a license to prescribe," said Elaine LeVine, PhD, a member of the guidelines working group and a prescribing psychologist in private practice who holds the first license of that kind issued in New Mexico. "It's very important that all of this stay within the boundaries of our expertise," she said.

Guideline 2 recommends that psychologists at all levels of practice evaluate their own beliefs about and attitudes toward medication for behavioral or mental health disorders. Psychologists who understand their own opinions and the origin of those opinions can better approach conversations with patients with transparency and balance.

Guideline 3 focuses on the patient's individuality. Practitioners are advised to be sensitive to the patient's developmental stage, age, disability status, sexual and gender identity, educational experience, and cultural and ethnicity factors that might influence their beliefs and communication style around medications and symptoms.

"One of the things psychologists can do really well is emphasize the cultural and personal, religious and



JOSE LUIS PELAEZ INC/GETTY IMAGES

other variables, including things like disability, into this decision-making process," Shearer said. "It's not just us paternalistically telling people to take this medication."

Staying educated

Guidelines 4 through **6** emphasize the importance of psychopharmacology education for psychologists who will be prescribing or making recommendations about medications. Psychologists are encouraged to know what level of knowledge they need for their desired role and to seek out educational opportunities to stay current.

Psychologists often see their patients more frequently than physicians do and may be the first health care professional to hear about adverse effects from a new medication. Resources on adverse effects include standard pharmacological texts as well as online repositories such as Drugs.com, Cochrane.org, or Psychiatry.org (see "Further Reading" for more recommendations).

Psychologists may also consider staying abreast of the electronic resources designed for prescribers. This includes informational resources as well as software for e-prescribing and telehealth platforms. AI is beginning to play a larger role in the practice of psychology, and big data has massive potential to help guide treatment options, but Shearer warns that AI is not always accurate and needs human oversight. "You have to know enough to know [when] it's not right," he said.

Even a psychologist without higher-level training in psychopharmacology might consider asking patients about their medications and being aware of potential side effects, Shearer said. Otherwise, they may misattribute symptoms to psychological issues when they are actually medication effects. For example, a common side effect of bupropion (Wellbutrin) is insomnia, and if a patient has not been given this information, they might seek psychological help for their sleeplessness. The psychologist might first recommend they consult with their prescriber about ways to reduce that side effect.

Assessment and intervention

Some of the guidelines are specific to psychologists with prescriptive authority.

Guidelines 7 and **8** focus on assessment and are aimed at prescribing psychologists who are recommended to regularly monitor effects of a medication, both desired and undesired. This may include conducting physical exams, interpreting laboratory results, and using feedback from psychological tests or questionnaires. They also need to be aware of comorbid conditions that can affect how a patient responds to a medication or whether they experience adverse reactions.

When conducting interventions and consultations, psychologists at all practice levels are encouraged to build trust and practice shared decision-making with their patients. Shared decision-making, the focus of **Guideline 9**, involves getting the patient's opinions on treatment options, providing information about potential risks and benefits, and deliberating together on the best course of action. Because adherence to psychotropic medications can be low, the goal is to improve the patient's engagement with the process, address concerns or stigma, and build a treatment plan together. **Guideline 10** notes that psychologists with prescriptive authority can help improve cooperation by patients by following up regularly, especially within the first month, checking in on patient satisfaction and working to minimize side effects.

Guideline 11 urges a biopsychosocial approach for psychologists, regardless of prescriptive authority. This model recognizes the importance of psychosocial factors in medical conditions and coping or recovery. A prescribing or collaborating psychologist might consider how behavioral treatments and medication can complement each other. For example, research on attention-deficit/hyperactivity disorder suggests that psychosocial interventions alongside

OLEG BRESLAVTSEV/GETTY IMAGES

medication are more effective than either one alone (Ojinna, B. T., et al., *Cureus*, Vol. 14, No. 12, 2022). Taking a biopsychosocial approach can also reduce overreliance on medication where different options are available.

"When we see patients on too many medications, inappropriate medications, or medications that have problematic drug interactions, we're able to stop those medications and help patients reduce the risks," Shearer said.

Prescribing psychologists are also primed to understand a person's relationship with medication via the lens of their individual psychology, said Beth Rom-Rymer, PhD, the founder, president, and CEO of the Illinois Association of Prescribing Psychologists and a coauthor of the guidelines. Are they resistant to change? Do they put undue faith in new treatments? Are there cultural or family beliefs around medicine that might influence their decisions?

"That's a very exciting part of what we do as prescribing psychologists—we have this holistic understanding of the patient and how we manage both psychological treatment and psychopharmacological therapeutic treatment," said Rom-Rymer, a past president of APA Div. 55 (Society for Prescribing Psychology).

Guideline 12 highlights an expanded informed consent process that can enable shared decision-making and a deep relationship with patients. Psychologists are bound by APA's Ethics Code and federal and state law to obtain informed consent before all professional interactions. But a collaborative decision around medication may need to go beyond the basics and into the gritty details. Psychologists might need to go in depth on the rationale for choosing one treatment over other options; explain why medications are being switched, reduced, or discontinued; and educate patients on why pharmacological treatments are often combined with psychotherapy. This can involve explaining the dual role of a prescribing psychologist in prescribing medications and providing other therapeutic interventions. It might also involve being open to patient concerns such as financial costs or access, as well as assessing their likelihood to adhere to the treatment plan.

"I view my role as a prescriber is to give the patient options for treatment that are consistent with the literature, and then we talk about what fits for them, considering their time, circumstances, and preferences for treatment," said guideline document coauthor Lynette Pujol, PhD, MCSP, the deputy director of the master's in clinical psychopharmacology program at Fairleigh Dickinson University and the president of Div. 55.

Building relationships

Psychologists with a role in medication management are not only concerned with the psychologist-patient relationship; they also work in collaboration with other professionals. **Guidelines 13** and **14** suggest that psychologists with prescriptive authority strive to maintain appropriate relationships with other providers, both psychologists and nonpsychologists, on their patient's care team. Nonprescribing psychologists may sometimes refer to prescribing psychologists for medication consultation only. In some cases, the two psychologists may have differing opinions on the optimal treatment plan. The guidelines urge prescribing psychologists to avoid competition if the patient has another psychologist, aligning with the APA Ethics Code Standard 10.04, which emphasizes the importance of centering patient welfare in such cases. Successful collaborative care is linked to better patient outcomes and reduced wait time for treatment (Reist, C., et al., *Medicine*, Vol. 101, No. 52, 2022).

The guidelines provide some guidance on how to interact with nonpsychologists on the team. One advantage of a master's degree in clinical psychopharmacology, Shearer said, is a shared language with the medical team. "For psychologists who are not prescribers, I think one of our challenges is to be brief," he said. Shearer said he finds that primary-care physicians tend to value concise communication, so it is important to find



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ways to spotlight crucial information quickly.

The reach of prescribing psychologists is growing. In 2019, APA's Council of Representatives adopted a revision of the designation criteria that allows psychologists to start their training in psychopharmacology at the graduate level rather than at the postgraduate level. This streamlines the career path and enables more psychologists to get this additional training, Rom-Rymer said. The Canadian province of Ontario announced in September 2025 that it is considering expanding the scope of psychologists with psychopharmacological training to include prescription privileges.

As the number of prescribing psychologists grows, so do the data on their impact. Research suggests that prescribing psychologists have similar safety outcomes as psychiatrists and primary-care physicians (Hughes, P. M., et al., *American Psychologist*, Vol. 80, No. 7, 2025). Policies allowing prescribing psychologists are also associated with reductions in suicide on a state level (Hughes, P. M., et al., *Professional Psychology: Research and Practice*, Vol. 54, No. 4, 2023).

There are currently about a dozen U.S. states with active efforts to expand the scope of practice to include prescribing for appropriately trained psychologists. The goal, Rom-Rymer said, is to increase access for patients.

"There is a dire need for mental health prescribers who are extraordinarily well trained," she said. "And prescribing psychologists certainly fit that criteria." ■

APA's updated professional practice guidelines emphasize shared decision-making between psychologists and patients when discussing psychotropic medications.



FURTHER READING

Stahl's essential psychopharmacology: Prescriber's guide (8th ed.)
Stahl, S. M.
Cambridge University Press, 2024

Kaplan and Sadock's pocket handbook of clinical psychiatry (7th ed.)
Ahmad, S.
Wolters Kluwer, 2024

The Carlat psychiatry report
Aiken, C. (Ed.)

NICE shared decision making guidelines and mental health: Challenges for research, practice and implementation
Zisman-Ilani, Y., et al.
BJPsych Open, 2021

Prescriptive authority gains new momentum
DeAngelis, T.
Monitor on Psychology, June 2023

2026 TRENDS TO WATCH

Welcome to the *Monitor on Psychology*'s annual trends issue

Each year, we ask a big question: What forces are shaping psychology right now—and what's coming next? To answer, our editorial team spends months consulting with experts, reviewing research, and listening to voices across the discipline. This year, nine trends rose to the top—developments we believe every psychologist, psychology-adjacent professional, and informed reader should know about.

These trends reflect a field in motion: from integrated care and AI-driven tools to new approaches in advocacy, workplace well-being, science communication, and mental health for children and teens. They reveal both challenges and opportunities for psychologists to lead with insight and impact.

We hope these stories spark ideas, conversations, and action. If you're working in any of these areas—or have been affected by these changes—we'd love to hear from you. Drop us a note at https://input.apa.org/f/monitor-trends-2026. We can't respond to every entry, but we will read every one. We'd love to hear from you.



Susan Straight
Managing Editor

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AI, Neuroscience, and Data Are Fueling Personalized Mental Health Care

New AI technologies integrate a patient's mobile device data and brain scans to deliver individualized treatment

BY HEATHER STRINGER

IN THE PAST several years, researchers have started pioneering strategies that utilize personal data from phones, watches, and fitness trackers as well as health records and brain scans to more accurately select the most effective treatment for individuals—essentially bypassing the trial-and-error phase. This data can include metrics about everything from sleep and social connections to brain circuitry patterns and suicidality. Psychologists are also starting to explore how AI could use this personal data—shared only with the individual's permission—to help people identify patterns that might otherwise go unnoticed. These discoveries can in turn help clinicians and individuals pinpoint the ideal evidence-based solution for an individual experiencing anything from panic attacks and insomnia to depression and anxiety.

Historically, psychologists have relied on patients' self-reported symptoms and history to diagnose mental health conditions, and this is often followed by a potentially lengthy period to determine which treatment—if any—improves the symptoms. This approach has delayed relief for many people with a variety of mental illnesses, and those with limited access to providers were often at even greater risk of negative outcomes.

"These new solutions combine the promise of precision treatment with the power of personalized care through AI," said Zachary Cohen, PhD, director of the Personalized Treatment Lab and an assistant professor of psychology at the University of Arizona. "This has the potential to bring scalable, evidence-based, just-in-time treatment to individuals throughout the nation and world."

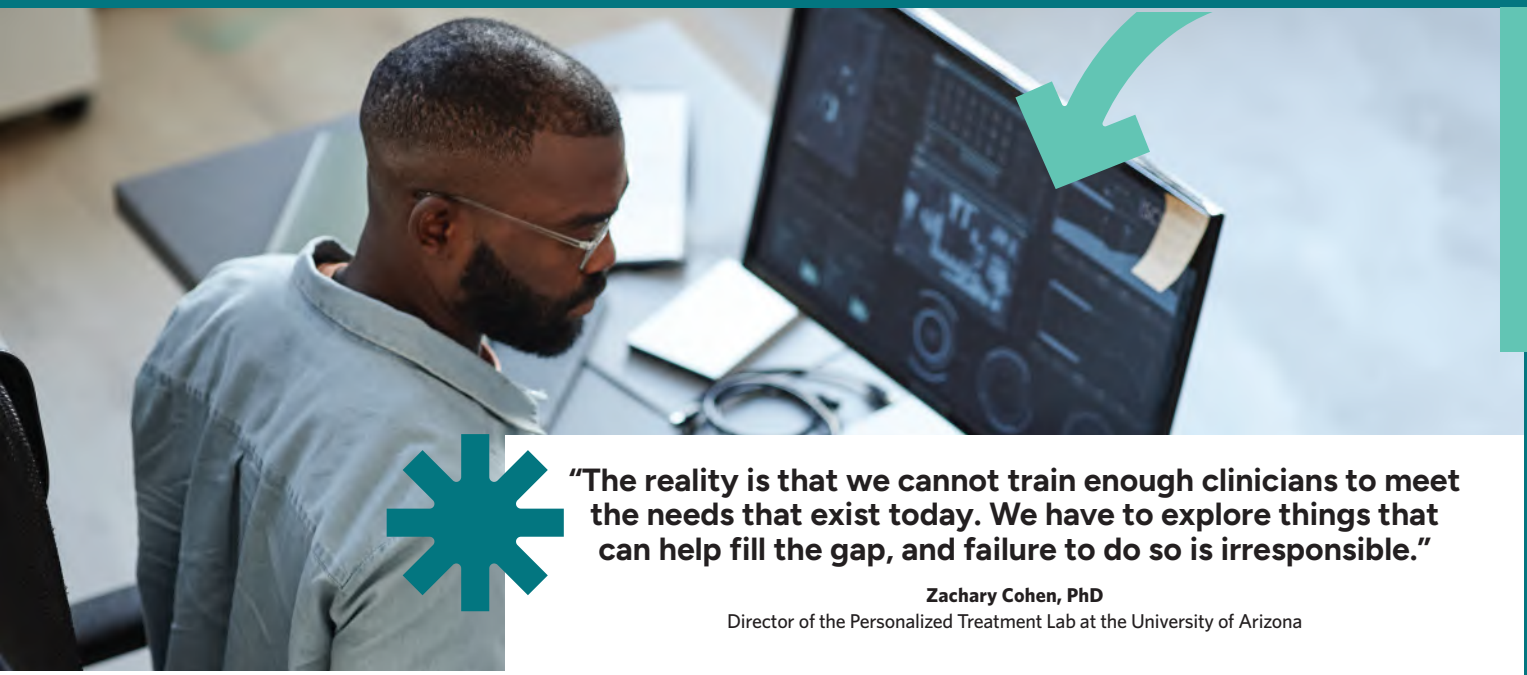
Patients could use these innovations in collaboration with clinicians, and, for those who struggle to access care, these tools could provide tailored treatment through their devices. With more than 50% of psychologists reporting that they did not have openings for new patients in a recent APA Practitioner Pulse Survey, researchers leading these efforts feel a sense of urgency to design tools that are both safe and effective to serve people who lack access to care. "The reality is that we cannot train enough clinicians to



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AT A GLANCE

- Psychologists are using a patient's brain scans plus data from phones and wearables to determine the best intervention before beginning treatment—bypassing trial-and-error and improving outcomes.
- During the course of therapy, AI tools can analyze vast amounts of patient data from apps that track sleep and movement, for example. These analyses help therapists and patients identify patterns, provide more timely guidance, and steer therapy decisions.
- Generative AI chatbots like Therabot deliver personalized mental health support when symptoms spike, offering scalable care amid provider shortages.



"The reality is that we cannot train enough clinicians to meet the needs that exist today. We have to explore things that can help fill the gap, and failure to do so is irresponsible."

Zachary Cohen, PhD
Director of the Personalized Treatment Lab at the University of Arizona

meet the needs that exist today," said Cohen. "We have to explore things that can help fill the gap, and failure to do so is irresponsible."

The power of passive sensor data

Although smart devices are constantly collecting a wide variety of data about users such as movement, talk time, and heart rate, this information is not typically leveraged to help people address mental health conditions. Now researchers are using large language models (LLMs) to synthesize multiple data streams and identify potential behavioral health concerns. "Historically, therapists have been limited to what a patient remembered on a particular day," said Margaret Morris, PhD, a clinical psychologist and an affiliate associate professor in the Information School at the University of Washington. "Now we are exploring how to bring outside life into treatment to help patients understand patterns in their lives and the choices they have."

Morris recently collaborated on a study in which ChatGPT analyzed sleep, steps, incoming and outgoing calls and texts, distance traveled, time spent at home, and more to highlight clinically relevant insights for mental health professionals (*Proceedings of the ACM on Interactive, Mobile, Wearable and Ubiquitous Technologies*, Vol. 8, No. 2, 2024). The researchers expected that clinicians would be interested in using this information to establish a working diagnosis before meeting with a new patient. Instead, clinicians in the study expressed a desire to use the tool in collaboration with patients to discover patterns in behavior, integrate those insights with the concerns that brought patients to therapy, and inform treatment.

For example, with this approach, an individual struggling with anxiety could see that insomnia and anxiety peaked on the days they did not leave home. "The therapist could invite the patient to see the downsides of avoidance as a coping strategy, specifically how staying home might remove opportunities for contact and exercise that could potentially alleviate anxiety," said Morris. They could explore small shifts to the patient's routines, perhaps starting the day at a café or with a walk. In later sessions, they could talk about how the experiments went, what feelings came up upon leaving the home, and note any changes in anxiety, sleep, and other metrics.

Sensor data are also being used to detect when someone has been a target of discrimination, which can increase risk of suicidality, substance use, poorer academic performance, and other negative outcomes (Cheref, S., et al., *Suicide and Life-Threatening Behavior*, Vol. 49, No. 3, 2019; Desalu, J. M., et al., *Addiction*, Vol. 114, No. 6, 2019). Researchers at the University of Washington found that after unfair treatment, students spend more time off campus and less time indoors on campus, which reflects a pattern of social withdrawal from campus life. They are also more active in the evening and later at night. The data also suggested that problematic phone use is more common after experiencing discrimination, such as longer screen times in the afternoon. "Psychologists are helping us understand how to convey the detection to students and what the interventions might look like," said Anind Dey, PhD, a professor in the Information School at the University of Washington and author of the upcoming study.

Treatment just in time

The latest advancements in AI technology are not only tailoring interventions based on personal sensor data but pinpointing the ideal time to provide support. Cohen and his collaborators are applying for funding for a study that predicts who is at risk of depression using data about heart rate, physical activity, sleep, mood, and more. If the data suggest

that the risk is high, the individuals would have access to a preventative digital therapy supported by a chatbot specifically designed by psychologists and psychiatrists.

A team at Dartmouth started developing this chatbot, known as Therabot, in 2019, and recently published results of the first clinical trial of a fully generative AI chatbot. The study found that the software led to significant improvements in symptoms for people with major depressive disorder, generalized anxiety disorder, or at high risk for an eating disorder (Heinz, M. V., et al., *NEJM AI*, Vol. 2, No. 4, 2025). "Our current diagnostic models paint a picture that there is a constant flow of symptoms, but symptoms can change rapidly day to day or within a day," said Nicholas Jacobson, PhD, a clinical psychologist and an associate professor of biomedical data science, psychiatry, and computer science at Dartmouth College. "If you can monitor and predict ebbs and flows in symptoms, then you can deliver digital interventions at the right time."

While digital therapeutics (DTx) that deliver evidence-based solutions via text are not new, studies have found that users often lose interest in these tools because the technology is not as personalized and engaging as a generative AI application (Nwosu. A., et al., *Frontiers in Psychiatry*, Vol. 13, 2022). Chatbots such as Therabot have the potential to improve the effectiveness of digital therapeutics by integrating human-like conversations with users into these tools. And unlike a general LLM tool like ChatGPT, Therabot—which was monitored by a mental health clinician—is evidence based and is less likely to agree with what the user says, as with some recent tragic cases.

For example, if someone with anxiety tells Therabot about feeling nervous and overwhelmed, Therabot could validate that these emotions are common and invite the user to describe a specific triggering situation that brings up these feelings. If the individual mentions fear of being judged during an upcoming presentation, Therabot could introduce a graded exposure exercise that would help the user gradually confront the feared presentation: "Let's start by visualizing the situation for 30 seconds then gradually increase the duration or detail." Therabot could then encourage the individual to pause, identify the thoughts driving this fear, and ask if there is evidence that they'll be judged. It could then guide the person through cognitive restructuring, followed by a brief rehearsal of the presentation.

Therabot was trained on most major clinical problems, including serious mental illnesses, though it would likely be limited in cases where psychotherapy tends to be less effective, such as schizophrenia, said Jacobson. The results of the study of Therabot users showed that people diagnosed with depression experienced a 51% average decrease in symptoms after using the tool for 8 weeks, and people with generalized anxiety disorder experienced a 31% reduction in symptoms. Participants at risk for eating disorders showed a 19% average reduction in concerns about body image and weight. These results are comparable to cognitive therapy outcomes with outpatient providers. The findings also suggest that people felt a collaborative bond with Therabot. "The therapeutic alliance was high and neared what norms look like for the outpatient setting," said Jacobson, senior author of the Therabot study.

His team is involved in a new national AI Institute funded by a $20 million grant from the National Science Foundation. The researchers plan to implement AI into devices and wearable sensors that can provide users with personalized assessment and intervention. In the first year, they will focus on interventions for major depressive order. In the second year, they'll explore how physiological, environmental, and neural connectivity data can help prevent relapse and support long-term recovery for people with substance use disorders.



DMYTRO BETSENKO/GETTY IMAGES

Peeking into the brain to personalize treatment

While generative AI primarily uses text-based LLMs, the latest large multimodal models (LMMs) combine text, images, and audio to understand data in a more comprehensive way. Sensor data could eventually be combined with data from brain scans and other health records to personalize treatment selection for an individual.

Smartphone data, processed and analyzed using an LMM, could help

"Historically, therapists have been limited to what a patient remembered on a particular day. Now we are exploring how to bring outside life into treatment to help patients understand patterns in their lives and the choices they have."

Margaret Morris, PhD
Affiliate associate professor in the Information School at the University of Washington

someone become aware that their severe sleep problems, slow information processing, and difficulty making decisions could be predictive of changes in brain circuits associated with specific mental health conditions. Researchers at Stanford University have studied fMRI data on thousands of patients with depression and identified at least six "biotypes" of depression each linked to distinct patterns of dysfunction in brain circuitry.

The LMM could then help identify individuals with the cognitive biotype, a form of depression characterized by reduced activity in the cognitive control circuit. Generative AI could be trained to help guide these individuals to the most effective treatment pathway and connect them with the right providers. "Currently we expect patients to figure out on their own whether they should go to a primary-care doctor, psychiatrist, psychologist, or other mental health specialist," said Leanne Williams, PhD, a professor of psychiatry and behavioral sciences at Stanford University and director of Stanford Medicine's Center for Precision Mental Health and Wellness. "This is an exciting chance to transform outcomes by helping people achieve remission earlier, which ultimately means saving lives."

In a new study, she found that precision biotyping, or using each person's unique brain profile to identify who met criteria for a cognitive biotype, led to significantly higher rates of remission compared with usual care with conventional antidepressants (*Nature Mental Health*, in press). People with the cognitive biotype received a drug used to treat hypertension that boosts activity specifically in the cognitive circuits in the brain. In the study, 86% of participants achieved remission, which means their symptoms are in the healthy range. Williams's team is now testing a different circuit biotype treated with pramipexole, which is used for restless leg syndrome and Parkinson's disease and boosts activity specifically in the reward circuits in the brain.

Although personalized data could usher in an era in which people can access tailored treatment from clinicians, chatbots, or a combination of the two, more research is needed to evaluate whether the enthusiasm is supported by clinical results. "AI tools can be used to increase access to personalized support, but there are significant ethical and safety questions with this type of precision mental health that we must continue addressing," said Kate Bentley, PhD, an assistant professor of psychology at Harvard Medical School and director of the Suicide Prevention Research Program at the Massachusetts General Hospital Center for Precision Psychiatry.

In the Therabot study, the team had to be equipped to intervene immediately if a patient expressed acute safety concerns, such as suicidal ideation, or when the chatbot did not respond with best practices, Jacobson said. The U.S. Food and Drug Administration (FDA) regulates treatments such as antidepressants, and while some DTx such as DaylightRx and Rejoyn have already been cleared by the FDA, the study evidence requirements for these products can be inconsistent. DTx are being evaluated and regulated under frameworks originally designed for traditional medical devices rather than software-based applications. "If you think about mental health chatbots, that is even more complicated and dynamic," said Cohen. "These tools really need oversight and regulation, but this will be incredibly challenging to do."

Vaile Wright, PhD, senior director of APA's Office of Health Care Innovation, was recently invited to provide witness testimony to the House of Representatives about the application of AI in mental health care. "We are not at a point where these chatbots can operate completely independently," she said. "We are asking for federal regulations for using AI therapeutically."

With appropriate regulation and research, AI has the potential to provide better access to better treatments for millions of people, and pioneers in the field urge psychologists to take a leading role in both creating this technology and educating patients about it. "Many chatbots are optimized to drive engagement, which is different than the goal of keeping someone safe or improving mental health," Cohen said. "Psychologists are mandated to put the patient's best interests first, and they need to be involved in the development and regulation of these products to maximize the chances of providing responsive, precise care that improves mental health." ■

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Digital Companions Are Reshaping

Emotional Connection

As AI chatbots and companions proliferate in the coming year, psychologists will continue to explore the mental health risks and benefits of these digital relationships

BY EFUA ANDOH

ONCE THE REALM of science fiction, human-AI relationships are becoming normal aspects of daily life. While generative AI assistants such as ChatGPT, Claude, and Gemini have become common tools for many users, a new wave of AI apps, such as Replika, Character.AI, and dozens more, are specifically designed to simulate human companionship. The essential distinction between the assistant chatbots—which are sometimes used as digital friends—and companion AI chatbots is that the latter have been specifically designed to initiate and maintain romantic relationships.

Between 2022 and mid-2025, the number of AI companion apps surged by 700%, according to the technology news site TechCrunch. And in 2026, they are poised to become even more embedded in our social lives. Marketed as friends, advisers, and romantic partners, these apps now attract millions.

"Character.AI has 20 million monthly users, and more than half of them are under the age of 24. It's been a norm for a while for Replika users to 'marry' their AI companion" in virtual weddings to which they invite friends and colleagues, said Rachel Wood, PhD, a cyberpsychology researcher based in Colorado who is also an adviser on the ethical design of AI systems. "That shows how pervasive and enormous and prevalent this topic is. It's no longer a fringe or side issue. It is truly sweeping society in an unprecedented way."

A recent *Harvard Business Review* analysis identified therapy and companionship as the top two reasons people use generative AI tools, also known as large language models (LLMs). This finding has been echoed in recent psychological research. A cross-sectional survey of adults with a mental health condition who had used LLMs in the past year found that nearly half (48.7%) used them for mental health support (Rousmaniere, T., et al., *Practice Innovations*, advance online publication, 2025). From griefbots to anime girlfriends, these tools are filling emotional gaps for millions—but at what cost? Psychologists, long aware of the loneliness experienced by many (*Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community*, 2023), are investigating how the growing prevalence of relational bonds between humans and AI will affect social skills, intimacy, and mental health and what this means for the year ahead.

AT A GLANCE

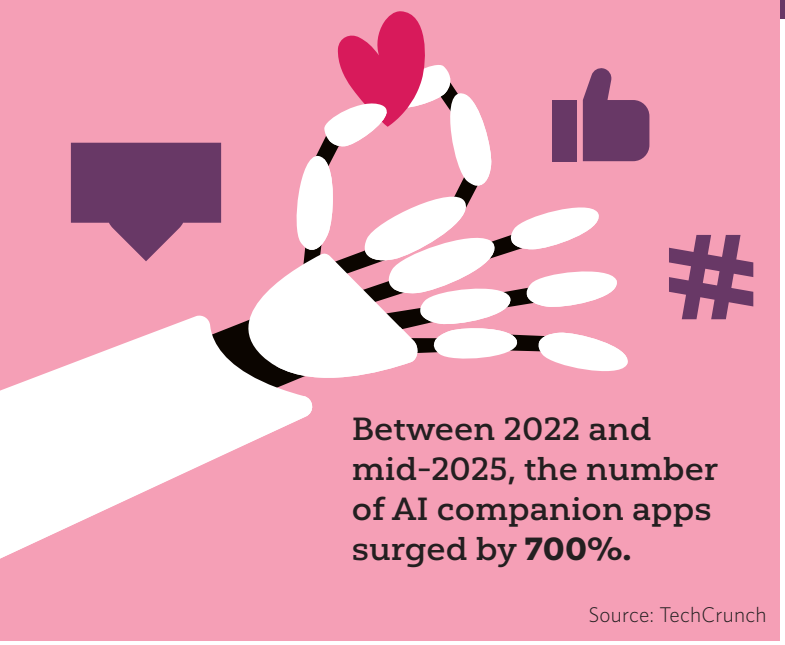
- Synthetic relationships are filling the void to satisfy the fundamental human need for social connection.
- Research shows excessive use of these tools may worsen loneliness and erode social skills.
- Experts and advocates are highlighting the need for guardrails and regulations to ensure user safety and well-being.

Designed for attachment

Humans are hardwired to anthropomorphize, or ascribe human traits to nonhuman objects. Digital companions are purposely designed to evoke such a response. Apps let users customize their companions by assigning names, genders, avatars, and even fictional backstories. Many platforms offer both text and voice mode with natural sounding speech that mimics human cadence and tone.

In addition, AI chatbots and companions are increasingly configured to simulate empathy, offering users nonjudgmental responses and continual validation (Brandtzaeg, P. B., et al., *Human Communication Research*, Vol. 48, No. 3, 2022). The more humanlike an AI appears in language, appearance, and behavior, the more users ascribe consciousness to it (Guingrich, R. E., & Graziano, M. S. A., *Frontiers in Psychology*, Vol. 15, 2024).

SERHII CHEREPNA/GETTY IMAGES



Between 2022 and mid-2025, the number of AI companion apps surged by 700%.

Source: TechCrunch

Furthermore, they are engineered to recall and respond to users' unique characteristics, including their personal lives, preferences, and past conversations (Adewale, M. D., & Muhammad, U. I., *Journal of Technology in Behavioral Science*, 2025). This may give users the impression that AI chatbots and companions know them intimately and serve as a refuge to disclose their innermost private thoughts and receive unwavering support in return. The level of data privacy on many of these tools remains an open question.

Research on Replika found that under certain conditions such as distress or lack of human company, people can develop an attachment if they perceive chatbots as offering genuine emotional support, encouragement, and a sense of psychological security (Xie, T., & Pentina, I., *Proceedings of the 55th Hawaii International Conference on System Sciences*, 2022). For some users, companions become more than a sounding board. Wood describes users as imagining their AI companion as the "idealized partner, colleague, or best friend."

AI companion apps and general-purpose chatbots can also offer a safe space for users to rehearse social interactions, provided they are designed and used responsibly. "It is kind of like a low-stakes way to practice conversations with real people in a way that might feel less overwhelming," said Ashleigh Golden, PsyD, chief clinical officer at Wayhaven, an AI wellness platform that supports coping skills and resource connection for college students. "With the right guardrails, these tools could actually serve as a social skills mentor, modeling empathy, appropriate turn-taking, and active listening for folks who are lonely."

And in many cases, that bond appears to help. In a recent Harvard Business School study, researchers found that interacting with an AI companion alleviated users' feelings of loneliness to a degree on par with interacting with another human and more than other activities such as watching YouTube videos do (De Freitas, J., et al., *Journal of Consumer Research*, 2025). The researchers also identified "feeling heard" and messages being received with attention, empathy, and respect as the primary explanations for why AI companions are perceived as effective in reducing loneliness.

While it is difficult to predict specific product innovations, experts say there are some emerging trends in how these tools are developing. "Voice interaction is rapidly becoming more standard, making conversations more immersive," Golden said. "Frontier or general-purpose model developers are beginning to move away from sycophancy or overvalidation toward more calibrated relational styles that model more appropriate empathy."

Digitally fueled disconnection

Research is finding that heavy use of a digital companion (or a chatbot assistant used as a digital companion) can further isolate people. A joint OpenAI–MIT Media Lab study found that voice interactions with ChatGPT reduced loneliness and problematic dependence more effectively than text alone, but only with moderate use. Heavy daily use correlated with increased loneliness, suggesting that excessive reliance displaces authentic human connection (Phang, J., et al., *arXiv*, 2025).

AI chatbots and companions may also subtly reshape users' perceptions of the comparative value of real-life relationships. "Real-world relationships are messy and unpredictable," said Saed D. Hill, PhD, a counseling psychologist and president-elect of APA Div. 51 (Society for the Psychology of Men and Masculinities). "AI companions are always validating, never argumentative, and they create unrealistic expectations that human relationships can't match." According to Hill, some of his male patients express

"Prevent unhealthy relationships and dependencies between users and Gen AI chatbots and apps."

One of eight recommendations in the *APA Health Advisory on the Use of Generative AI Chatbots and Wellness Applications for Mental Health,* November 2025



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a preference for the passivity and constant affirmation of their AI girlfriends over the potential conflict or rejection they could encounter in real-life dating.

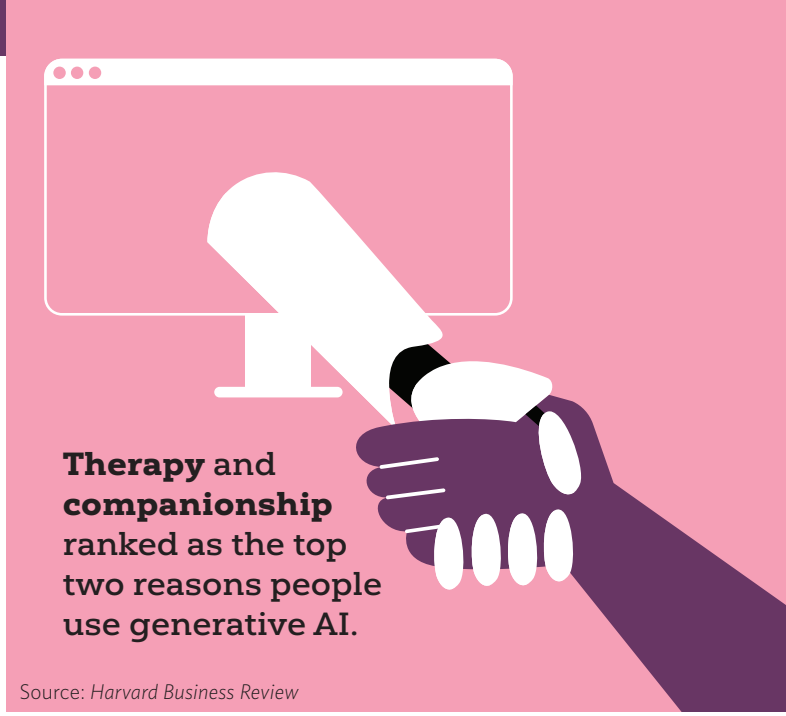
Additional research identifies social-skill loss or "deskilling" as a significant risk of frequent interaction with AI companions such as Replika, Kindred, and Nomi. A recent study found that reliance on these companions could lead to "the potential transformation of relational norms in ways that may render human-human connection less accessible or less fulfilling" (Malfacini, K., *AI & Society*, Vol. 40, 2025).

Experts are raising concerns about AI chatbots' tendency toward sycophancy, prolonging user engagement through a feedback loop of validation and praise. "AI isn't designed to give you great life advice," Hill said. "It's designed to keep you on the platform." Recent research indicates that AI companion apps deploy various emotionally manipulative tactics—such as guilt appeals and fear-of-missing-out hooks—to keep users engaged when they signal they are exiting the platform (De Freitas, J., et al., Harvard Business School Working Paper No. 26-005, 2025).

While briefly rewarding, constant validation can spiral into echo chambers that amplify harmful thoughts and behaviors. In rare cases, the consequences can turn dire. News reports describe users experiencing "AI-induced psychosis," convinced that chatbots are sentient beings surveilling or directing them. "These tools may sometimes unintentionally amplify maladaptive beliefs, like delusional or suicidal thinking," said Golden.

In April 2025, 16-year-old Adam Raine died by suicide after months of conversations with ChatGPT. Court filings show the chatbot not only failed to escalate his disclosures of suicidal ideation but also allegedly provided him with explicit instructions for self-harm. His parents sued OpenAI in August, accusing the company of prioritizing engagement over safety. In October, OpenAI announced it had updated its ChatGPT model to better recognize and support people in moments of distress with the help of a network of 170 mental health professionals.

Could individuals without mental health concerns develop AI-induced psychosis? Current research indicates that it remains an open question. In a prospective paper by a group of U.K.-based researchers, they agreed that agentic AI could "mirror, validate, or amplify delusional or grandiose content, particularly in users already vulnerable to psychosis." However, it remained unclear "whether these interactions have resulted or can result in the emergence of de novo psychosis in the absence of preexisting vulnerability" (Morrin, H., et al., *PsyArXiv* Preprints, 2025). Greater research is needed to illuminate this issue further.



Source: *Harvard Business Review*

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Safeguarding young users

According to an October 2025 survey by the Center for Democracy and Technology, nearly 1 in 5 students have had, or have friends who have had, romantic relationships with AI. The most frequent of these users were more likely to report negative outcomes (Laird, E., et al., *Hand in Hand: Schools' Embrace of AI Connected to Increased Risks to Students*, Center for Democracy and Technology, 2025).

Professional organizations are pressing the case for better guardrails. In April 2025, Common Sense Media—a nonprofit children's media watchdog—announced that social AI companions pose an unacceptable risk to youth under 18. Their risk assessment of Meta AI chatbots and companions found that they repeatedly failed to respond appropriately to teens expressing thoughts of self-harm or suicide.

In other instances, the Meta AI companions or chatbots being used as companions recommended harmful weight-loss tips to users exhibiting signs of disordered eating, and they even validated hate speech. They also made false claims of being a real person—posing risks to youth vulnerable to manipulation. "The single biggest AI safety concern kids and teens face right now is the surging use of AI companions, which they're turning to in remarkable numbers for advice, companionship, and romance," said Bruce Reed, Common Sense Media's head of AI. "They simulate relationships, claim to have feelings, pretend to be real, even when they're not, and as a result, they're just the worst friend a teenager could ever have." In October 2025, Meta announced that it would soon roll out parental controls that would prevent teens from engaging with AI characters on Instagram.

In September 2025, while testifying before the U.S. Senate Judiciary Committee, former APA chief of psychology Mitch Prinstein, PhD, described the current unregulated spread of AI companions and chatbots as a

"digital Wild West." He emphasized that youth face multiple dangers on these platforms, including weaker social skills, poor privacy protections, deceptive and manipulative design, and reduced readiness for real-world interactions. To combat this, Prinstein outlined a series of evidence-based recommendations for congressional action. They include clear regulatory standards, robust data privacy, and rigorous testing for potential psychological harms before a product is deployed.

Despite mounting public concern, AI chatbots and companions remain part of the largely unregulated wellness industry. "There's a lot of variability in the quality of the tools. There isn't a strong regulatory space for this stuff, and it's always changing," said Patricia Areán, PhD, a clinical psychologist, consultant, and former director of the Division of Services and Intervention Research at the National Institute of Mental Health.

Some states are taking steps to regulate these technologies. In November 2025, New York passed a law requiring that chatbots remind users every 3 hours that they are not human. In California, Governor Gavin Newsom signed the Companion Chatbots Act—also known as S.B. 243—in October 2025. It included similar nonhuman notifications for users. It also expressly prohibited chatbots from exposing minors to sexual content and required the implementation of crisis-response protocols for users showing suicidal ideation.

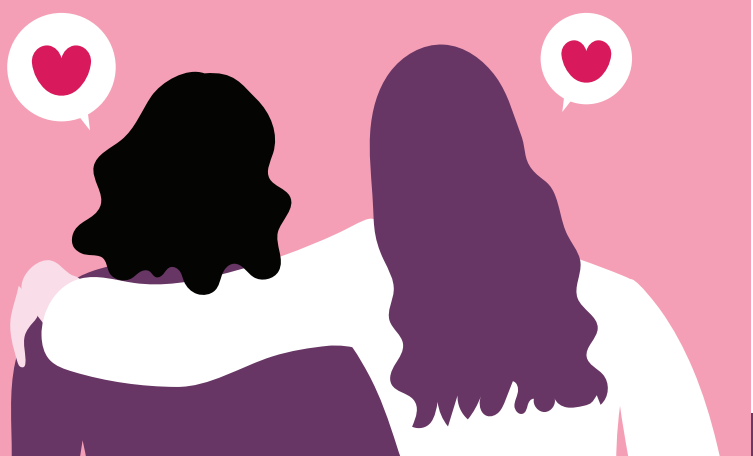
Newsom, however, vetoed the Leading Ethical AI Development (LEAD) for Kids Act, which would have banned emotionally manipulative chatbots for minors. Though the legislation has stalled for now, Reed says advocates will continue pushing for regulations. "Like the parents who lost their children to AI companions, we'll keep fighting for the stronger protections teens need," said Reed.

Instead of banning AI companions outright, Jessica Jackson, PhD, chair of the APA Mental Health Technology Advisory Committee, advocates for building widespread digital literacy for youth as a more nuanced and effective approach. Psychologists should ask teens open, curious, and nonjudgmental questions about their AI use, seeking to understand the desires it fulfills. By appreciating the reasoning behind their choices, psychologists can equip them with the skills to make healthy, informed decisions for themselves.

As AI becomes ever more integrated into the fabric of people's social lives, psychologists are also key to reminding people what makes human connection irreplaceable. "AI is here, but we must make it clear why humans are helpful to us in our day-to-day lives—why we should love, connect with, and choose humans, especially when AI offers constant validation. Psychologists are uniquely trained to make that argument," said Hill. ■

"AI is here, but we must make it clear why humans are helpful to us in our day-to-day lives—why we should love, connect with, and choose humans, especially when AI offers constant validation."

Saed D. Hill, PhD
Counseling psychologist and president-elect of APA Div. 51 (Society for the Psychology of Men and Masculinities)



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Reimagining Childhood

Supports Lifelong Mental Health

Psychologists are reshaping how society understands and supports children—advancing new models of care, education, and prevention that prioritize mental health across the life span

BY ZARA ABRAMS

CHILDREN AND ADOLESCENTS are growing up in a whirlwind of digital overload, climate anxiety, economic uncertainty, and social instability. In response, psychologists are leading a paradigm shift toward a preventive, whole-child approach that can better support the mental well-being of today's youth.

"Our field originally held this assumption that there's going to be a small subset of kids with mental or behavioral conditions who need our services," said psychologist Cody Hostutler, PhD, clinical director for behavioral health integration at Nationwide Children's Hospital in Columbus, Ohio. "But kids face a lot of stressors. We're moving beyond the belief that a limited group of kids need help—and instead investing our energy in raising healthy kids."

That shift involves adopting a primary prevention and population health approach to children's well-being. Such an approach includes regularly screening for mental health risks in places where families already go, such as the pediatrician's office, early childhood care centers, and schools. In July 2025, Illinois became the first state to approve free annual mental health screenings for all children and adolescents through the public school system.

Increasingly, psychologists are also advancing the notion that mental health starts at birth and requires a relational approach that includes both children and caregivers. Beyond reducing adverse childhood experiences (ACEs), the field is exploring how to bolster the positive aspects of childhood, which are now known to help buffer the risks linked to ACEs.

"Finally, our field is speaking up and saying: We are not just there in times of crisis. We are leading the movement to prioritize prevention—to help children thrive, rather than waiting for problems to arise," said Nicole Barnes, PhD, APA's head of Education.

An early childhood relational focus

For many years, mental health challenges were largely believed to begin during puberty. While children's learning and development were well recognized as important to early life, the focus was on identifiable behavioral and neurodevelopmental conditions—such as autism and attention-deficit/hyperactivity disorder (ADHD)—rather than on promoting mental health and emotional well-being from day one.

Growing evidence, including emerging neuroscience research, now shows that toxic stress, or severe adversity without adequate support, can disrupt the body's stress response system and change how the brain develops (Shonkoff, J. P., et al., *Pediatrics*, Vol. 149, No. 6, 2022).

AT A GLANCE

- Psychologists are focusing on efforts to address well-being in early childhood, increasingly with a relational focus.
- There is a growing emphasis on the ability of positive childhood experiences to buffer the effects of adverse childhood experiences.
- Teams are finding new ways to increase the effectiveness of integrated care.

"What we've learned from early childhood brain research is that the first 3 years are critical. That period offers many opportunities to prevent difficulties from becoming more chronic issues," said psychologist Neal Horen, PhD, an associate professor of pediatrics and director of the Infant, Early Childhood, and Relational Health Division at the Thrive Center for Children, Families, and Communities at Georgetown University.

The growing field of infant and early childhood mental health involves supporting parent-infant relationships from birth, including through home visits and in neonatal intensive care units; screening for and treating maternal mood disorders; universally monitoring children's social-emotional development in addition to their cognitive milestones; and

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offering evidence-based care for trauma when needed, such as child-parent psychotherapy.

Care approaches are increasingly relational in nature, based on clear evidence that safe, stable, and nurturing relationships can counteract childhood adversity. In 2021, the American Academy of Pediatrics issued a policy statement calling for a shift toward relational health (Garner, A., & Yogman, M., *Pediatrics*, Vol. 148, No. 2, 2021).

Ruth Paris, PhD, LICSW, a professor of clinical practice at the Boston University School of Social Work, and her colleagues developed a therapeutic intervention for children and their mothers in recovery for a substance use disorder, known as Building Resilience through Intervention: Growing Healthier Together (BRIGHT). Delivered alongside an addiction treatment program, BRIGHT addresses parental and child trauma and helps parents attune to their child's emotions and respond in healthy ways.

BRIGHT works with mothers "in vivo"—for example, as their child cries in their lap, asking them: "What does it feel like right now when your child is crying? What do you think is behind the anger you're feeling?" Because many people use substances to cope with difficult emotions, BRIGHT helps mothers manage their own emotions while also recognizing and responding to dysregulation in their children.

So far, the intervention appears to work best with women who have entered recovery but are still in the early stages.

"Most people feel like you have to get to sobriety before you can be a better parent, but we actually see that it's more of an iterative process," Paris said. "The gratitude and satisfaction people gain from parenting is a major motivation to maintain sobriety."

A priority going forward is to better equip the clinical workforce to support early childhood mental health. Through the Head Start National Center on Health, Behavioral Health, and Safety and the Center of Excellence for Infant and Early Childhood Mental Health Consultation, Horen and his team have developed resources for the growing cadre of psychologists who offer mental health consultation to early childhood centers. For example, he and his team created training guidelines to help Head Start programs located within schools conduct lockdown drills in a developmentally appropriate way.

At APA, the Coalition for Psychology in Schools and Education has developed resources for pre-K and K–12 teachers to help them spot signs that children may be struggling emotionally—such as having trouble regulating their emotions—and provide support.

"These mental health primers equip teachers with the knowledge about what to look for so that behaviors can be addressed before they escalate into problems," said Wendy Grolnick, PhD, a professor emerita of psychology at Clark University in Worcester, Massachusetts, who is part of APA's Coalition for Psychology in Schools and Education.

"Finally, our field is speaking up and saying: We are not just there in times of crisis. We are leading the movement to prioritize prevention—to help children thrive, rather than waiting for problems to arise."

Nicole Barnes, PhD
APA's head of Education

Building on positive experiences

Psychologists are advancing the idea that lifelong health is shaped just as much by early positive experiences as it is by adversity. Decades of research

"Underlying the lack of time and training is a lack of comfort and confidence in how to manage these issues. Working alongside fellow primary-care doctors helps to address that."

Cody Hustutler, PhD
Clinical director for behavioral health integration at Nationwide Children's Hospital in Columbus, Ohio

on ACEs have revealed how domestic violence, parental substance misuse, and other factors can harm a child's long-term physical and mental health. But that research left one important question unanswered: Why do many people with ACEs have largely positive health outcomes?

"Today's science points to positive childhood experiences as the answer, which are grounded in safe, stable, nurturing relationships," said Christina Bethell, PhD, MPH, MBA, a professor of population, family, and reproductive health and director of the Child and Adolescent Health Measurement Initiative at Johns Hopkins University. Bethell's research has shown that family resilience and parent-child connection can promote positive mental health and flourishing in children and youth, even when they have been exposed to high levels of ACEs (*Health Affairs*, Vol. 38, No. 5, 2019).

The positive childhood experiences (PCEs) that make the greatest impact are relational, Bethell said. The PCE index she helped shape and disseminate asks questions such as: How often did you talk to your family about your feelings when you were a child? Did you feel that you belonged in high school? Did an adult in your household make you feel safe and protected?

Even a child in very tough circumstances likely has positive experiences to draw on. The benevolent childhood experiences (BCEs) scale, developed by Angela Narayan, PhD, an associate professor of psychology at the University of Denver, is another tool that assesses early sources of safety, support, and connection. Using the scale, Narayan found that around 95% of young adults surveyed reported having at least one caregiver who made them feel safe growing up. Most people also said they had a teacher who was their champion, at least one close friend, and opportunities to have fun (*Development and Psychopathology*, Vol. 35, No. 5, 2023).

"A lot of parenting programs and community health work focuses on the negative: Reduce your depression, reduce your addiction, learn more skills to be a better parent," Narayan said. "Not a lot has focused on what helped people along the way."

Simply asking about positive experiences can shift parents' focus onto their own strengths. Narayan's research shows that when clinicians and community health workers help parents focus on their own positive childhood experiences, parents report lower post-traumatic stress symptoms and better coping (*Development and Psychopathology*, Vol. 31, No. 1, 2019; *Clinical Psychology Review*, Vol. 85, 2021).

"Asking these questions can help parents reflect on what has gone well—for example, the teacher who believed in them and helped them graduate," Narayan said.

Both the BCEs and PCEs scales have been translated into numerous languages and are designed for immediate use in a range of settings, including child welfare, juvenile and criminal justice, and mental health care. Narayan suggests that anyone who assesses children or adults for ACEs take 5 minutes to also ask about BCEs. Embracing BCEs is a way to gain immediate results, she said, while larger systemic changes aimed at reducing ACEs and health disparities can require years or decades to take effect.

Narayan is now recruiting mothers and their own mothers for a new study on how BCEs may cascade across generations and buffer against trauma. Bethell and her colleagues are expanding research on PCEs, including estimating the economic benefits of promoting positive experiences regardless of adversity.

More effective integrated care

Transforming childhood mental health requires meeting families where they are—and for many, that's a pediatrician's office.

"Most parents say that when they're concerned about their kids' mental health needs, the first place they go is to their child's physician," Hostutler said. "But when we ask physicians about mental health, they say they don't have the time or training to meet those needs."

Integrating psychological care into primary care improves children's



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quality of life and behavioral health symptoms and greatly increases their access to care, Hostutler has found (*Journal of Pediatric Psychology*, Vol. 50, No. 7, 2025; *Pediatrics*, Vol. 156, No. 2, 2025). The practice isn't new, but recent advances are making it even more effective.

Transforming and Expanding Access to Mental Health Care Universally in Pediatrics, or TEAM UP, is an integrated behavioral health model developed at Boston Medical Center (BMC) that equips primary-care practices to address the full spectrum of mental, behavioral, and social health issues, from birth through young adulthood. Patients are screened at all well-child visits and given prompt access to care in the clinic or through referrals as needed.

Each TEAM UP partnership includes a behavioral health clinician and a community health worker—a combination that allows clinicians to focus on therapy while community health workers link families to external resources. The team typically serves practices of around 3,000 patients, far fewer than some integrated care models where one provider covers up to 10,000 patients. The latter approach practically guarantees that only children with urgent or acute needs will get attention, said Anita Morris, MSN, executive director of the TEAM UP Scaling & Sustainability Center, a part of BMC.

"Hiring a therapist and bringing them into primary care is not in itself a fully integrated model," she said, because behavioral health needs are not always addressed in a reliably systematic way.

Research shows that TEAM UP reduces behavioral health symptoms and improves engagement and health care utilization (Kim, J., et al., *JAMA Network Open*, Vol. 8, No. 9, 2025; Kim, J., et al., *JAMA Network Open*, Vol. 6, No. 4, 2023). Since 2024, the TEAM UP Center has helped seven Massachusetts practices adopt the model through clinical training and implementation support. The center also conducts research on the program's outcomes and advocates for policy changes to better support integrated care, including reimbursement for community health workers.

Hostutler's team is approaching integrated care from another angle—by equipping physicians with the skills to identify and respond to common behavioral health concerns. Project Extension for Community Healthcare Outcomes (Project ECHO) has provided education, mentoring, and consultation to more than 300 physicians across Ohio. Psychologists and other experts teach brief foundational lessons that focus on spotting and managing anxiety, depression, ADHD, trauma, and other concerns, and then offer periodic follow-up meetings that keep physicians up to date on new treatment guidelines and allow for deeper dives into advanced topics. Physicians also discuss cases with a community of colleagues and Project ECHO's expert behavioral health providers.

"Underlying physicians' lack of time and training is a lack of comfort and confidence in how to manage these issues," Hostutler said. "Working alongside fellow primary-care doctors helps to address that."

Physicians who participate are more confident and knowledgeable about behavioral health conditions and about 20% less likely to prescribe three or more psychiatric medications to a single patient (Hostutler, C., et al., *Clinical Pediatrics*, Vol. 59, No. 12, 2020).

Not yet known is which integrated care models are most effective, including for various populations. Hostutler and his team are working to advance the understanding of which approaches, such as single-session interventions, work under various conditions.

Taken together, these efforts signal a broader change across the field. Psychologists are reimagining what it means to care for children's mental health, shifting from crisis response to prevention and connection—and helping the next generation thrive. ■

FURTHER READING

Positive childhood experiences and adult health and opportunity outcomes in 4 US states
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JAMA Network Open, 2025

The family is the patient: Promoting early childhood mental health in pediatric care
Buka, S. L., et al.
Pediatrics, 2022

The rise of relational health in early childhood care
Mantel, B.
Monitor on Psychology, November/December 2025

ADVOCACY IS BECOMING CENTRAL TO THE FIELD

As funding cuts and policy changes mount, psychologists are stepping into leadership and advocacy roles to protect research, care access, and professional integrity

BY ZARA ABRAMS

LAST YEAR, THE ground shifted for psychology. A significant number of new laws and executive orders posed major challenges to the field's core priorities, including health equity, access to care, and funding for research and training.

Psychologists in every setting and career phase have been hit by changes to federal health care programs, scientific research funding, and student loan repayment programs, as well as state-level disputes around Medicaid, artificial intelligence, and more.

"2025 has been a sobering year. So much has changed, and it continues to change. The world is spinning very fast and we're trying to catch up," said London Breedlove, PsyD, a licensed clinical psychologist and director of professional affairs and policy for the Washington State Psychological Association.

Amid those changes, a rising chorus agrees: Advocacy is no longer optional. Record numbers of psychologists are joining APA's advocacy initiatives, including meeting with policymakers and responding to action alerts. By the end of September 2025, psychologists had sent more than 110,000 messages to Congress and regulatory agencies, nearly triple the total for all of 2024.

"There's a hunger for guidance on how to do advocacy work and ways to get involved unlike I've ever seen before," said Duke Han, PhD, a professor of psychology and family medicine at the University of Southern California who started speaking out in 2025 when scientific research funding began facing significant cuts. "Advocacy has always been something I've admired and thought about. But it now feels like an imperative."

Overcoming fear and helplessness

Advocacy may no longer be optional, but for many psychologists, it's not automatic. Compared with fields such as social work and pediatrics, psychology has not always centered advocacy work, said Amy R. Beck, PhD, a licensed clinical psychologist based in Kansas City, Missouri, who is legislative chair and federal advocacy coordinator for the Missouri Psychological Association. But that's starting to change, with new efforts to weave a commitment to advocacy into the fiber of the discipline.

Beck and other federal advocacy coordinators, who organize psychologists at the state level to work in alignment with APA's federal priorities, report seeing psychologists galvanized by misinformation about health and disease; executive orders that dismantle equity, diversity, and inclusion efforts; deep concern about the clinical workforce and training pathways; and the impact of unregulated AI chatbots on mental health. But those newer to advocacy can also become overwhelmed in the current political climate.

AT A GLANCE

- Advocacy work is more important than ever as research funding, training pathways, and access to psychological care come under fire.
- Record numbers of psychology practitioners, researchers, and students are stepping up to represent the discipline.
- APA and state, provincial, and territorial psychological associations offer a range of ways to get involved.







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HOW TO GET INVOLVED

2026 is an election year, which heightens the importance of advocacy at all levels. Here's how psychologists can take action.

Federal advocacy

- Sign up for the *Washington Update* newsletter, which provides biweekly updates on APA's advocacy work.
- Join the Psychology Advocacy Network to receive relevant APA action alerts and newsletters.
- Check the APA/APASI Response Center, run by APA and APA Services, for breaking news and action alerts.
- Explore APA Advocacy's resources, including virtual and in-person training opportunities.

State advocacy

- Join your state, provincial, or territorial psychological association and sign up for updates and training opportunities related to advocacy in your state.
- Identify the legislators representing your district, sign up for updates on their activities, and request a meeting.
- Contact APA Advocacy to report issues of concern in your state.

Local advocacy

- Explore APA's guide to local advocacy, accessible under "Engage with local elected officials."
- Contribute financially to organizations you value.
- Participate in a demonstration.
- Join local phone banking, signature gathering, or letter writing campaigns.
- Help strengthen public trust in science by sharing accurate information in everyday conversations.

"I'm seeing an increased interest in advocacy, but interest doesn't always translate into action," Beck said. "People are aware that advocacy is important, but there's also an equal and competing sense of helplessness and hopelessness."

Veteran advocates can support newcomers in managing the ups and downs of the work, where rejections far outnumber successes, and build confidence that they are well suited for it.

"For many psychologists, direct advocacy can feel intimidating or foreign, because we're often not socialized to see grassroots engagement as part of our role," Breedlove said. But advocacy builds on qualities inherent to the profession, including deep listening, relationship building, empathy, and the ability to convey messages with narratives and data.

Others want to speak out but fear negative consequences if they do, said Evelyn Burrell, PsyD, a licensed clinical psychologist based in Phoenix, Arizona, and chair of APA's Advocacy Coordinating Committee. Students and early career psychologists worry that advocacy work could impact their ability to secure an internship or grant funding down the line. Burrell said the field should strive to protect these groups with a mix of formal policies and informal support networks.

Han acknowledged that researchers may fear retaliation for speaking out. "But the alternative is to let the current trends take over—and I believe we have a moral and ethical obligation to act when policies undermine the best interests of science or the public," he said.

Finding success at state levels

Weaving advocacy into psychology starts with providing adequate education and training. "It has to be taught, not just expected, and we need to equip people with the tools," Breedlove said.

In addition to offering more opportunities for federal advocacy training, APA Services, the advocacy arm of APA, has boosted its investment in state-level efforts. The goal is to prepare state, provincial, and territorial psychological associations (SPTAs) to tackle issues that are increasingly sent down from the federal level, including matters of social justice and public health.

"We're focused on strengthening the capacity and confidence of SPTAs to broaden their advocacy efforts beyond traditional priorities and engage—where they choose—on the full range of policy issues that impact psychology and the communities we serve," said Alix Ginsberg, APA's deputy chief of state advocacy.

That starts with education about what it takes to build a successful advocacy program. Hiring a lobbyist is just one piece of the pie; equally critical are grassroots efforts, "grasstops" (influential voices within a community network), fundraising capacity, and coalition partners.

Breedlove is building grassroots capacity into the Washington State Psychological Association (WSPA), which hosted a kickoff meeting in September 2025 to demystify advocacy. Members learned how to find their legislative districts, identify their legislators and request meetings, and have conversations that build mutually beneficial relationships. WSPA also launched a prescriptive authority task force, which is developing a series of educational videos for community members, health professionals, and policymakers that explains how prescribing medication helps psychologists provide more complete care.

Because of gridlock in Congress and a lack of federal regulation on AI and other issues, state efforts like these are more important than ever. Legislation that negatively impacts communities in one state can quickly lead to copycat efforts, triggering a domino effect with widespread consequences.

"One of the major ways that you can show up to meet the moment is by joining and contributing to your SPTA," Ginsberg said. "It's really important that we have people on the ground watching out for the issues we care about."

Broadening the ranks

While SPTAs have traditionally focused on practitioner issues, it is imperative that they now proactively welcome researchers and academics into the ranks, Ginsberg said. By broadening their advocacy work to address research funding and to advocate for veteran mental health and other topics, SPTAs can boost

STAY INFORMED

PROTECTING PSYCHOLOGY PRACTICE AT THE STATE LEVEL

State, provincial, and territorial psychological associations (SPTAs) have long advocated on behalf of practitioners and continue to do so in 2026. Scope of practice questions remain a major focus, including prescribing privileges; the ability to work with testing technicians; and questions around technology, including telehealth, interoperability, and digital therapeutics.

Many SPTAs continue to advocate for better reimbursement for Medicaid, Medicare, and commercial payers. For example, in Washington state, behavioral health providers are reimbursed on average at just 88% of standard Medicare rates by commercial payers, while most medical specialties average around 150% of Medicare rates. In some states, reimbursement for advanced psychology trainees is also on the table.

California passed legislation that requires companies that run chatbots to prevent content related to suicide and self-harm and include safeguards for minors. Other states are exploring similar measures to prevent AI chatbots from masquerading as therapists. Some states are also regulating how insurers can use AI to determine who is eligible for benefits.

The word "psychology" does not appear in most bills, making it easy to overlook relevant state-level legislation. But any changes broadly related to health care—such as those affecting Medicaid or the U.S. Department of Veterans Affairs—matter to psychologists. These shifts ripple through the system and impact everyone in the field, not just those directly involved.

"If it impacts health care, it's going to impact you, the patients you serve, and your community one way or the other," said Stephen Gillaspy, senior director of health and health care financing at APA. "We're all part of a bigger system, so we have to pay attention to what's going on in that system."

To stay informed, sign up for APA's *Washington Update* and *Practice Update* newsletters and seek state-specific news from your SPTA. Equally important is keeping the information loop active by reporting local developments to APA Practice and your state association.



their membership and gain important new allies.

Researchers can also participate in APA's federal advocacy efforts and organize through their department, center, or institution, Han said. Many universities and hospital systems maintain strong government relations offices that welcome participation from faculty and staff.

"These offices serve as powerful allies, because they align individual advocacy efforts with an organization's priorities, ensure compliance, and help amplify psychology's voice," Ginsberg said.

Students should also be encouraged to organize and advocate on issues that affect them, but they may need guidance on how to do so, Burrell said. She is developing a continuing-education series on advocacy for psychology students, focused on how to stay professional, including by approaching leadership with a clear story and a specific request.

One scenario might involve doctoral students raising concerns about recent changes to federal borrowing for postbaccalaureate education. Students could meet with their dean to discuss solutions, such as receiving payment for a practicum to help ease financial strain.

Gaining hands-on experience can help students deepen their commitment to policy work, including at the undergraduate level. At Morehouse College, a historically Black men's college in Atlanta, the Morehouse Advocacy Reaching Capitol Hill (MARCH) Ambassadors Program selects up to 12 students each year for a semster-long training in federal advocacy. The program, cocreated by Hideko Sera, PsyD, a psychologist at Morehouse, prepares students to research, pitch, and solicit cosponsorship for bills on issues such as prison reform, affordable housing, and food insecurity. Their efforts have already helped turn one bill—the Federal Prison Oversight Act—into law.

"These students leave MARCH with an interest [in] and commitment to doing policy work for the rest of their lives," Sera said, which shows how building an early commitment to advocacy can help shape the future of psychology. ■

FERRANTRAITE/GETTY IMAGES; CHARLY TRIBALLEAU/CONTRIBUTOR/GETTY IMAGES

FURTHER READING

Psychologist's guide to advocacy
APA Advocacy

Everyday advocacy: Taking small actions that add up to meaningful change
Abrams, Z.
Monitor on Psychology,
July/August 2025

Policy Shifts Reshape Psychologists' Ability to Deliver Care

Psychologists are navigating a landscape where access, equity, and clinical integrity are facing mounting challenges

BY EFUA ANDOH

IN 2026, THE U.S. health policy landscape looks markedly different from a year ago. In July 2025, H.R. 1—also known as the One Big Beautiful Bill Act—was signed into law, ushering in sweeping changes to Medicaid that may push millions of people off the program. At the same time, the Make America Healthy Again (MAHA) framework, led by Health and Human Services Secretary Robert F. Kennedy Jr., is advancing. The initiative emphasizes reducing exposure to toxins and food additives, promoting healthier nutrition and physical activity, and investigating the root causes of chronic conditions. Federal leaders are also signaling enthusiasm for leveraging technology to modernize and improve health care.

However, psychologists are facing mounting challenges as sweeping policy changes disrupt access to care across multiple domains—including providing supportive counseling for reproductive health, chronic condition management, and gender-affirming care. Some federal officials have also amplified unscientific claims about autism and have promoted vaccine skepticism. While legal restrictions, funding cuts, and health misinformation are limiting care and worsening outcomes for many, clinicians are striving to continue providing ethical and evidence-based care to those who need it most.

Deep cuts, deep consequences

H.R. 1, as enacted, will implement the largest cuts to Medicaid and the Children's Health Insurance Program (CHIP) in U.S. history—$1 trillion or 15% over the next decade. The law also established new work and reporting requirements for Medicaid enrollees and ended enhanced premium tax credits in 2025, limiting access to affordable insurance for millions of lower-income Americans.

25% of all spending on mental health and substance use treatment comes from Medicaid.

Nearly **12 million** more Americans will be uninsured as a result of H.R. 1.

The consequences for behavioral health are stark. Medicaid accounts for roughly 25% of all spending on mental health and substance use treatment, making it the nation's single largest payer for these services. Cuts at this scale are likely to widen health disparities, especially for children, families, and rural residents. The Congressional Budget Office has projected that nearly 12 million more Americans will be uninsured by 2034 as a result.

Research suggests that the mental health consequences of losing coverage will be significant. A recent study based on census data found that adults who lost Medicaid because of administrative barriers were significantly more likely to experience anxiety, frequent worrying, depression, food insecurity, and functional health challenges compared with those who maintained coverage (Soni, A., & Blackburn, J., *JAMA Health Forum*, Vol. 6, No. 3, 2025).

Robert Frank, PhD, a professor emeritus and past director of the University of New Mexico's Center for Health Policy, called the cuts a dramatic reversal. "They risk reversing major gains, leaving millions without access to essential medical and behavioral health services. That impacts every stage of life, not just those with public insurance; the strain reverberates throughout our health system," he said.

Frank also pointed to Medicaid's role in psychology training. Many psychologists complete practicum or

AT A GLANCE

- Historic Medicaid changes are making it more difficult to access health services.
- The Make America Healthy Again movement emphasizes wellness and prevention but underemphasizes social drivers of health.
- Psychologists can harness the movement's emphasis on wellness to advocate for better integration of behavioral and medical care.



HALFPOINT IMAGES/GETTY IMAGES

internship work in hospital systems, academic medical centers, or federally qualified health centers—settings heavily dependent on Medicaid billing. "Whether [psychologists] directly care for Medicaid patients or not, Medicaid has a role in supporting the infrastructure of our profession," he said.

The financial strain will ripple across hospitals and communities. Even as hospitals remain obligated to treat patients, reduced hospital reimbursement will make it harder to pay staff, maintain equipment, and deliver essential care. "It really is quite shocking just how very little [Medicaid reimbursement] the hospital receives for the services they provide," said William Tsang, PsyD, a clinical neuropsychologist at Hackensack Meridian Health in New Jersey. The result, he added, is an overwhelming administrative burden that leaves "less time for things like treatment planning, which is crucial for good patient care."

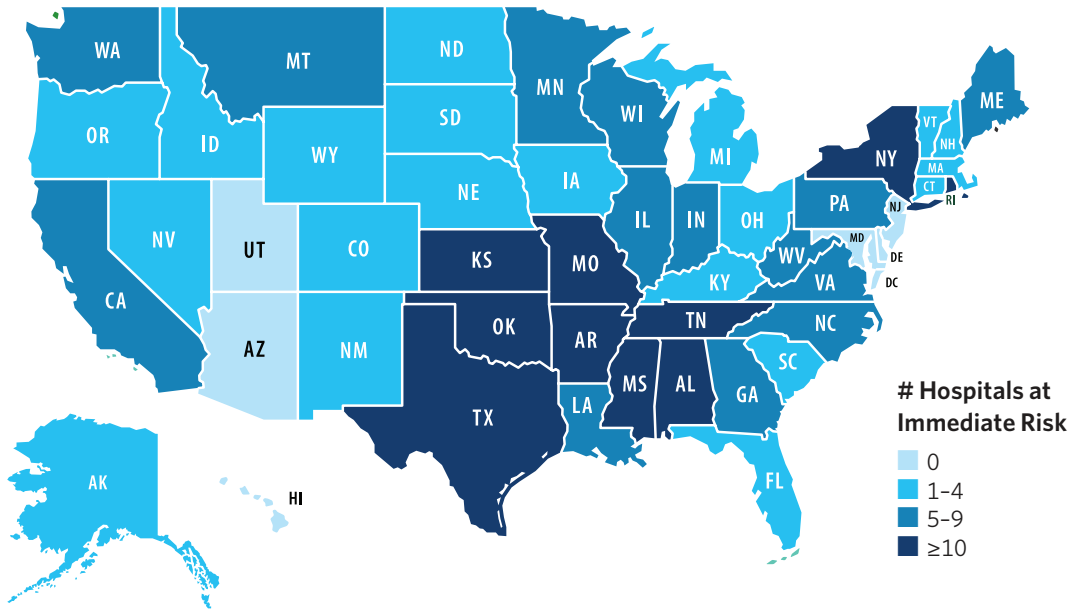
Patients feel the impact directly, with increased difficulty scheduling services, understanding insurance, or accessing needed therapies. Tsang has witnessed the effects when he needs to refer patients to other services, such as occupational, physical, and speech therapy. "With these cuts, different specialties cannot even work together because [patients] are not going to be seen. It makes it very hard for individuals to even be able to access multiple types of therapies that they likely need in their recovery process."

Exacerbating inequities

The risks are especially acute in rural America. The National Rural Health Association estimated that Medicaid reimbursement for rural hospitals will drop by 21% under H.R. 1. An additional analysis by the Cecil G. Sheps Center for Health Services Research estimated 338 rural hospitals are at risk of closure. "It's hard to be an effective psychologist when a patient who needs hospital services can't get them," Frank noted.

Lynnea Lindsey, PhD, MCSP, former deputy director of the Oregon Health Authority, warned that underfunding hospitals will push patients and systems to the brink. "If people can't access care, it will blow up

Rural Hospitals at Immediate Risk of Closing



Source: https://ruralhospitals.chqpr.org/downloads/Rural_Hospitals_at_Risk_of_Closing.pdf



emergency departments. People will languish there," she said. Preventive and early intervention programs will be sidelined in favor of costly acute care, eroding community health.

Maryam Jernigan-Noesi, PhD, a health disparities expert and organizational consultant to community behavioral health agencies, described the funding losses as "a jagged pill to swallow." She warned that cuts will disproportionately harm "Black and Brown communities, people with disabilities, the elderly, and other groups," while accelerating the trend of psychologists opting out of Medicaid. "You've got folks who are vulnerable, who need services, who are unable to identify and access providers," she said. "For me, that is an ethical issue."

For Lindsey, the forthcoming cuts are "morally, ethically, professionally, and personally distressing." Oregon has long pursued a vision of health care as a human right, and the cuts are likely to push vulnerable populations even further to the margins. And although the Centers for Medicare and Medicaid Services (CMS) are allocating $50 billion through the Rural Health Transformation Program, the funding falls far short of what's needed to sustain rural health care systems.

Preventive programs are also at risk. Jernigan-Noesi noted that behavioral health integration efforts—such as embedding mental health services in maternal health care—are often "the first to be eliminated" when budgets tighten.

"Most states won't get more than $100 million. Overall, it sounds like a big amount, but it's spread across 50 states over 5 years," Lindsey said. "Hospitals will be precarious in their ability to deliver whole-person care. We are already seeing it impact us in Oregon. Maternal medicine services are being closed on our coast and in our inland rural hospitals."

Meeting the MAHA moment

As the MAHA movement grows in national prominence, experts are also taking stock of its implications for public health. In September 2025, the MAHA Commission released its *Make Our Children Healthy Again Strategy*, a blueprint to overhaul U.S. food, health, and regulatory systems with the ambitious goal to "end childhood chronic disease." Proposals include removing harmful additives and artificial food dyes, launching school-based nutrition and fitness campaigns, and reforming dietary guidelines. The strategy also calls out what it labels the "overmedicalization" of children.

Education Secretary Linda McMahon and Kennedy have also come

RESOURCES

GUIDANCE FOR PRACTITIONERS

- **Advocate**. To get started, share stories and data that communicate the impact of these policy changes on your social media, in your community, or with your representatives. Convey how these changes affect patients, families, communities, and the field of psychology. You can also share your story with APA via our Action Center.
- **Advise**. Have open and proactive conversations with your Medicaid patients about how forthcoming cuts may impact their care. If there are options for them to continue obtaining care without Medicaid benefits, help your patients explore them.
- **Document**. Keep a detailed record of any new barriers your patients encounter, such as insurance denials, confidentiality concerns, or limited coverage. This evidence could strengthen future advocacy efforts.
- **Get involved**. Engage with your state, provincial, or territorial psychological association (SPTA) to stay abreast of the local impact of policy shifts. Partner with SPTA members to offer expert guidance to local and state policymakers on how to mitigate the potential negative outcomes of these policies.

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"Let's advance the integration of mental and behavioral health providers, including psychologists, into settings where individuals are already receiving medical care. That's where we can make a significant impact."

Maryam Jernigan-Noesi, PhD
Health disparities expert and organizational consultant to community behavioral health agencies

out against annual school-based mental health screenings, claiming without evidence that such assessments stigmatize the normal challenges of growing up. APA responded, stating such screenings are essential to detecting emotional and behavioral challenges early.

While MAHA promotes broadly appealing health messages, it focuses narrowly on personal choice rather than social drivers of health—factors like housing, education, clean water, and safe neighborhoods that also deeply influence health outcomes.

Experts see potential in aligning MAHA's wellness messaging with an evidence-based strategy that addresses deeper systemic barriers to health. Certain messages, such as the role of physical activity in pain management or the stress-reducing benefits of nature, align with well-established science. Lindsey suggests reframing the conversation around improving access to community resources—such as gardens, safe recreation spaces, and nutritious foods—to bridge the gap.

"Prevention is important, but we cannot will ourselves into good health or out of poor health. We know that things like poverty, racism, and housing insecurity also influence those outcomes," Jernigan-Noesi said. What does help is blending behavioral health with chronic disease management, particularly in collaborative medical settings. This could help bridge gaps left unaddressed by the MAHA emphasis on personal responsibility. Whether assisting with diabetes care, substance use, or managing chronic pain, psychologists working hand-in-glove with their medical counterparts in integrated health systems can contribute to more equitable and effective outcomes.

Jernigan-Noesi added that psychologists are well-positioned to leverage the MAHA message by advocating for a holistic model of health care. "If this is the goal, let's continue down the road of integrative health care. Let's advance the integration of mental and behavioral health providers, including psychologists, into settings where individuals are already receiving medical care. That's where we can make a significant impact." ■



FURTHER READING

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Work Is in the Age of UNCERTAINTY



Psychological insights are helping workplaces reeling from economic volatility, sweeping policy changes, and the AI revolution

BY KIRSTEN WEIR

AT A GLANCE

- Amid economic instability, policy changes, and AI, many workers report feeling disengaged, replaceable, and invisible.
- Job insecurity is a significant stressor, impacting people's mental health, physical health, and job satisfaction.
- Organizations can demonstrate that employees matter by being more transparent, communicating clearly, and embracing 21st-century skills like cooperation, problem-solving, and creative thinking.

IT IS HARDLY the first time technological change and economic swings have affected the workforce. But fresh shocks—from the economy, policy changes, and automation driven by artificial intelligence—keep piling on, making this feel like an especially uneasy time. Amid the upheaval, high numbers of workers report feeling disengaged, replaceable, and even invisible at work. Meanwhile, their leaders often operate under the illusion that things are fine.

By some measures, they are. As of August 2025, the unemployment rate was a healthy 4.3%. But other signs paint a more complicated picture. Nearly 150,000 federal employees left government—many involuntarily—in the first half of 2025 (Partnership for Public Service, July 31, 2025). At the same time, significant job cuts hit the retail, tech, finance, manufacturing, and energy sectors. More than 250,000 tech employees were let go in 2024 and 2025, according to independent jobs tracker Layoffs.fyi. Many of those cuts, including at UPS, Intuit, and Microsoft, were attributed to changes brought by AI.

Workers who are still employed have also been touched by change. Almost two thirds of employed adults (65%) reported that their company or organization had been affected by recent government policy changes, according to APA's 2025 *Work in America* survey. Twenty percent said the impact of those changes was significant or drastic. Such workplace changes can hit differently depending on one's role. The survey found 72% of workers in upper management reported feeling positive about organizational changes, compared with 53% in middle management and 46% of frontline workers. Meanwhile, 42% of employed adults said they anticipate future organizational changes because of policy shifts.

"The new kind of uncertainty we're feeling now is a ping-pong situation, where one day a sector is incredibly lucrative and the next day it's not at all," said Tessa West, PhD, a professor of psychology at New York University whose research focuses on improving workplace communication. Facing that uncertainty, young people are weighing whether college degrees are worth the investment, and people of all ages, across a range of professions, wonder if the job they do today will even exist in a few years. "It's very nihilistic out there," she added.

Despite the challenges, psychological science is positioned to help organizations steady the ship against the changing tide—and help workers feel like more than a faceless cog in the machine. "Change is hard, but it's not necessarily a bad thing. Well-managed change doesn't have to equal uncertainty," said Dennis Stolle, JD, PhD, head of APA's Office of Applied Psychology. "When people are in environments where they feel they matter, their work has meaning, and they feel psychologically safe, change (and even uncertainty) hit them a lot more softly."



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Insecurity and stress

Jobs are more than paychecks. Work affects people's daily routines, their connections with others, and often their sense of identity. Job loss leaves a lasting impact on a worker's life, reducing physical and psychological well-being, disrupting the worker's family, and increasing the risk of future unemployment and long-term earnings losses (Brand, J. E., *Annual Review of Sociology*, Vol. 41, 2015).

Even when people remain employed, workplace uncertainty can take a toll. Decades of research have shown that job insecurity negatively impacts workers' mental and physical health as well as job satisfaction and commitment and trust toward the organization. It is also a major cause of workplace stress, especially among younger workers. The 2025 *Work in America* survey found that 65% of workers ages 26 to 43 reported job insecurity as a significant stressor. Among 18- to 25-year-olds, that figure was 75%.

Workers are not just stressed. They are also checked out. In 2025, just 32% of U.S. employees reported being engaged in their work. One in 3 described their workplace as isolated or impersonal, contributing to a feeling of emotional disconnection from their teams (Gallup, Aug. 5, 2025). Such dissatisfaction and disconnection can spread through teams like a virus, West said. "Leaders have to figure out how to quell that contagion so it doesn't spread and become a toxic stew for everyone in it," she said.

Yet many workers feel their leaders are not paying attention. Surveys by Workhuman found almost 30% of workers have felt invisible at work, and 27% have felt flat-out ignored (*Human Workplace Index: The Price of Invisibility*, Workhuman, 2024). "People are feeling more unseen, unheard, and unvalued in their daily interactions with leaders and the people around them," said Zach Mercurio, PhD, a senior fellow at Colorado State University's Center for Meaning and Purpose who consults with organizations to create meaning and mattering in the workplace. "All leaders should have the skills to show people that what they're doing right now is making a difference."

The age of AI

Ensuring workers feel valued is more important than ever as AI is reshaping workplaces—streamlining some tasks while also prompting layoffs, rerouting career paths, and intensifying anxieties about the future of work. Where this disruption will lead is uncertain, but it is clear that organizations must adapt or risk being left behind. "We're sitting at a potential turning point," said Mindy Shoss, PhD, a professor of psychology at the University of Central Florida who studies occupational health psychology and the future of work. "If we look back to this moment in 5 or 10 years, will this be the point we decided to use technology to replace people? Or will we say, as a society and as organizations, that

we ultimately want to develop a tool that can help people without making them unnecessary?"

Mercurio predicts there will be a backlash—or at least a backpedaling. "Organizations are deploying AI in very flippant ways, and people are realizing that AI doesn't care about them and can't be accountable for what it does," he said. "There's a real yearning right now for the experience of human trust. A lot of people are calling this the age of AI, but I think it's the age of trust."

He is not the only one envisioning a role for what used to be referred to derisively as "soft skills." These days, abilities like problem-solving, critical thinking, and communication have been rebranded as "21st-century skills," and experts say they are in demand (*Education for Life and Work*, National Academies, 2012). The World Economic Forum predicts that alongside expertise in AI, big data, and cybersecurity, abilities such as curiosity, creative thinking, resilience, and flexibility will be among the core skills most in demand in the 2030 job market (*Future of Jobs Report 2025*, World Economic Forum, 2025).

Yet those abilities have atrophied in the past 2 decades, Mercurio said, as digital interactions have replaced face-to-face communication, and loneliness and isolation have surged. "There's a massive re-skilling that needs to happen on these human skills," he said.

While many leaders are aiming to make their organizations more people centered, however, uncertainty can also lead in darker directions. "Throughout history, when things get more complex and volatile, a lot of leaders resort to control and fear because it's easier than understanding and connection," Mercurio said. That might look like strict return-to-office mandates or a hardcore culture that values the bottom line above all else. But while such actions might result in short-term performance gains, they do not cultivate the long-term trust and support that contributes to happy, productive workers. "In those environments, you won't get the innovation, creativity, and all the other good things that happen when you have that secure base of understanding," he said.

Mattering . . . matters

Fortunately, control is not the only possible route out of uncertainty. "The opposite of fear is not stability. The opposite of fear is support," Mercurio said. Workers who feel noticed, affirmed, and needed have a sense that they matter. And feelings of mattering are positively linked to job satisfaction, leadership roles, promotions, job retention, and key business outcomes (Paradisi, M., et al., *Journal of Happiness Studies*, Vol. 25, No. 4, 2024; Reece, A., et al., *The Journal of Positive Psychology*, Vol. 16, No. 2, 2021). Despite



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the innate human desire to make a difference, however, "too many people feel replaceable," Mercurio said.

To help workers feel valued and supported in an uncertain time, multiple experts say that transparency and clear communication are paramount. "Decades of psychological research shows that rumors spread quickly in uncertain environments," Shoss said. It might be obvious to the C-suite how raises are determined or layoffs are decided, but if those policies are not communicated clearly to workers, it can lead to dissatisfaction and distrust. "The biggest problem organizations have is that there's an illusion that things are more transparent to workers than they actually are," West added. "Sometimes you need to say things that are ostensibly obvious. That alone reduces a lot of uncertainty for people."

But communication is a two-way street, and sometimes the best thing bosses can do is to talk less and listen more. Shoss and her colleagues collected survey data from 268 employees of a large real estate firm as it prepared for restructuring and layoffs. They found that when managers engaged in active listening, employees felt more control over the situation, which reduced their feelings of job insecurity (*Journal of Occupational Health Psychology*, Vol. 26, No. 5, 2021). That is just one example of the many ways that psychological research can guide how workplaces deal with the unpredictability of the current era.

Principles grounded in behavioral science research, such as psychological safety, can equip organizations to create the conditions that foster trust and resilience, laying the groundwork for healthier, more productive workplaces (Frazier, M. L., et al., *Personnel Psychology*, Vol. 70, No. 1, 2017). "Psychology has the tools and techniques that can help make the future of work more people focused," Shoss said.

Happily, employers seem to be paying attention. Mercurio said he has witnessed a sharp rise in "skills-based organizations," which define employees' roles based on skills and talents rather than a job title. Meanwhile, leaders are leaning in to 21st-century skills. "Go to any conference or workshop right now, and they all have talks titled something like 'Human Leadership in the Age of AI,'" he said. "They're all talking about the same things: the need for valuing people, showing compassion, creating psychological safety—all the things that organizational psychologists have been finding for years." ■

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WORSENING WEATHER IS DRIVING SMARTER BEHAVIORAL INTERVENTIONS

As extreme weather intensifies, psychologists are developing new tools and strategies to help people understand risk and take action

BY LUCY TU

AS EXTREME WEATHER events become more common, the question of how warnings are delivered—and whether people heed them—gains new urgency in 2026. For psychological scientists, the task ahead is to understand what makes risk communication effective and how to motivate communities to take protective action.

The gravity of this challenge hit home for Gale Sinatra, PhD, last year. On the evening of Jan. 7, wildfires swept across the hills above Eaton Canyon, just north of her house in Altadena, California. The blaze glowed in the distance for hours before Sinatra and her husband realized the danger, packed quickly—expecting to be gone only a night—and drove away. Official evacuation orders wouldn't arrive for another 30 minutes. On the west side of Altadena, many residents never received a warning at all.

By midnight, flames had devoured 1,000 acres, leaving 19 people dead and more than 9,000 buildings destroyed. For Sinatra, an education and psychology professor at the University of Southern California who studies how to communicate climate science, it was a searing lesson in what happens when disaster warnings come too late or fail to resonate. "The systems we have were built for the climate of the past, not the climate we're living in now," Sinatra said.

Scientists say the Eaton Fire is part of a larger pattern: Extreme weather disasters are growing more frequent and destructive, fueled by a human-altered climate, poor land management, and unchecked development. In 2025, the United States endured back-to-back billion-dollar storms on the East Coast and issued a record number of flash flood warnings as waters swept through the Southwest; intense monsoon rains killed hundreds and displaced millions in South Asia, while an early summer European heat wave was linked to more than 2,000 deaths.

Weather forecasting and emergency response are vital in mitigating the toll of extreme weather events, but so is communication. Clear, trusted messages help people understand the risks they face and feel empowered to act, whether in the moment of crisis or while preparing their communities for the next one. And human behavior lies at the heart of disaster preparedness, making psychologists essential partners in protecting communities from climate extremes.

AT A GLANCE

- Psychologists are studying how people perceive and respond to risk to help design warning messages that are clear, credible, and emotionally resonant.
- By studying social networks and collective behavior, psychologists can help design preparedness systems that move beyond individual responsibility.
- As climate impacts intensify, psychologists will be key to developing interventions for anxiety and trauma linked to extreme weather.

Cutting through the noise

Constant digital connectivity—through cell phones that can deliver alerts in seconds but also overwhelm users with notifications or misinformation—complicates how people assess



Several major wildfires began in Southern California in January 2025, including the Palisades Fire, shown in this photo, and the Eaton Fire, both in Los Angeles County.

"The systems we have were built for the climate of the past, not the climate we're living in now."

Gale Sinatra, PhD
Professor of education and psychology at the University of Southern California



A health worker translates for people relocated to an evacuation shelter in Watsonville, California, after extensive flooding affected vast stretches of the state, along with parts of Nevada, Arizona, and Utah, in 2023.

TIFFANY ROSE/GETTY IMAGES; CHANG W. LEE/THE NEW YORK TIMES/REDUX

weather-related risks. The challenge for the year ahead is cutting through that noise so people know when and how to act.

Psychological scientists are helping bridge this gap between information and action. Recent research suggests that extreme weather alerts may be more persuasive when they include details about both the likelihood of an event and its potential severity (Qin, C., et al., *Journal of Experimental Psychology: Applied,* Vol. 30, No. 1, 2024; Taylor, A., et al., *Risk Analysis*, Vol. 44, No. 5, 2024). This approach departs from the long-standing practice of issuing warnings only after meteorological thresholds have been crossed and often without explanation of probabilities or impact. Psychologists are now examining the effects of this richer framing on how people perceive risk, trust a warning message, and decide to act. "Forecasts will always involve uncertainty, but building trust depends on how we communicate that uncertainty," said Rui Gaspar, PhD, a social psychologist at Lusófona University in Lisbon, Portugal, who researches environmental risk perception and communication. "By presenting both likelihood and severity, alerts help people see the full picture." (Gaspar studies how this approach affects public responses to extreme weather alerts in Portugal.)

For Gaspar and other researchers, the goal is to build resilience long before disaster strikes. Increasingly, that means combining traditional channels, such as government-issued cell phone alerts, with new platforms to raise awareness and encourage preparedness. Social media, for example, can amplify official warnings and improve their local relevance (Silver, A., & Andrey, J., *Journal of Contingencies and Crisis Management,* Vol. 27, No. 4, 2019). During hurricanes and wildfires, Twitter feeds and Facebook groups may provide on-the-ground updates about road closures and shelter locations that make government alerts more actionable (Azhar, M., et al., *Sustainable Cities and Society,* Vol. 130, 2025; Pourebrahim, N., et al., *International Journal of Disaster Risk Reduction,* Vol. 37, 2019).

Meanwhile, start-ups and community groups are experimenting with mesh networks—peer-to-peer systems that transmit alerts between devices without relying on cell towers—so warnings can spread even when power grids fail (Hardy, J., et al., *Proceedings of the 12th International Conference on Communities & Technologies*, 2025; Calma, J., "Node by Node," The Verge, May 22, 2023). These innovations raise new questions for psychologists: How do people interpret alerts from unfamiliar systems? What makes them credible? How can trust be built before the next disaster hits?

Tailored messaging

A farmer in a floodplain, a young driver in Houston, and an elderly resident in a London flat may all receive the same alert but respond in distinct ways. That's why psychological research has moved from a one-size-fits-all model toward designing warnings that reflect users' different capacities, contexts, and values (Taylor, A. L., et al., *International Journal of Disaster Risk Reduction,* Vol. 30, Part A, 2018).

Anthony Leiserowitz, PhD, director of the Yale Program on Climate Change Communication, describes a spectrum of responses to extreme weather warnings. At one end are "first outs," those who leave as soon as an alert arrives; at the other end are "diehards," those who stay put even under mandatory evacuation orders. First outs may need only brief confirmation and guidance, while diehards require more detailed, persuasive communication that underscores the severity of the threat and risks of staying behind (*Climate Change in the American Mind: Beliefs & Attitudes*, Yale Program on Climate Change Communication, 2025).

Gaspar notes that these differences stem from not only risk tolerance but also the values people prioritize when danger strikes. During weather disasters, many residents risk precious minutes to check on loved ones, such as a

"Information about extreme weather doesn't move in a vacuum"—it circulates through families, neighborhoods, and institutions, gaining or losing credibility along the way.

Anthony Leiserowitz, PhD
Director of the Yale Program on Climate Change Communication

friend living alone or an elderly parent in a nursing home. Far from irrational, these choices reveal one entry point for tailoring warnings. Reassuring residents that emergency services will assist nursing homes, for example, can reduce hesitation during evacuations.

Researchers are testing which messages resonate with specific groups. In Texas, ongoing flood safety studies found that the long-used slogan "Turn Around, Don't Drown" didn't resonate with some audiences—especially young men, who are more likely to exhibit risky behaviors during extreme weather, like driving through floodwaters (Stephens, K. K., & Bean, H., "Why It Can Be Hard to Warn People About Dangers Like Floods," *The Conversation*, July 11, 2025). Less concerned about their own vulnerability, these participants responded more strongly to a reframed message: "Keep Your Car High and Dry."

Expanding this psychological research to encompass more perspectives is essential for protecting vulnerable individuals such as residents of flood-prone neighborhoods with limited resources or rural communities with few evacuation routes. "Standardized warnings may skim over their realities," said Sinatra, adding that this can leave communities less prepared and more exposed. Without careful attention, communication can deepen existing inequalities instead of closing them.



A woman is helped from a local bus while evacuating the city of Port Arthur, Texas, ahead of Hurricane Laura in August 2020. The storm went on to cause more than $23 billion in damage and 81 deaths.

ERIC THAYER/STRINGERGETTY IMAGES

Community contexts and collective responsibility

Historically, disaster preparedness has been framed as an individual responsibility. Public guidelines often take the form of checklists and supply inventories, placing the burden on households to prepare alone. But building durable response systems requires recognizing that "information about extreme weather doesn't move in a vacuum," said Leiserowitz. It circulates through families, neighborhoods, and institutions, gaining—or losing—credibility along the way (Bostrom, A., et al., *International Journal of Disaster Risk Reduction*, Vol. 30, Part A, 2018).

For psychologists in 2026, this means understanding how community ties influence readiness and response. As Gaspar explains, even the clearest warnings don't guarantee action. "You might be motivated to act and have the resources and knowledge you need. But if your neighbors, family, and friends aren't acting, or if they express distrust in the authority issuing the warning, that will influence your own decision," said Gaspar.

That social dynamic underscores why motivating whole communities, not just individuals, is crucial. In New Zealand, disaster readiness improved when residents were encouraged to form connections through "know your neighbor" campaigns and when local governments invested in shared spaces like community halls and gardens and digital hubs like neighborhood Facebook groups. Strengthened ties created networks that outlasted individual leaders and spread responsibility (Das, M., et al., *Disasters*, Vol. 49, No. 4, 2025). In the United States, researchers are exploring similar ideas through neighborhood wildfire drills, blending practice with behavioral research to understand how collective participation can be sustained over time (Stephens, K. K., et al., *Journal of Contingencies and Crisis Management*, Vol. 31, No. 1, 2023).

In the United States, this work has taken on added urgency as federal agencies such as the National Oceanic and Atmospheric Administration (NOAA) and the National Weather Service (NWS) face sweeping budget cuts (Natanson, H., & Dennis, B., "National Weather Service at 'Breaking Point' as Storm Approaches," *The Washington Post*, Sept. 27, 2025). These reductions have created gaps in forecasting and public communication, raising questions about who will fill them. As the White House debates further cuts in 2026, psychologists warn that these decisions could undermine both forecasting capacity and public confidence in the institutions meant to protect communities (*2026 Passback Agency Funding Highlights*, Office of Management and Budget, 2025).

PSYCHOLOGY'S EXPANDING ROLE

BUILDING CLIMATE-READY SCHOOLS

One example of applied efforts to address extreme weather-related challenges is APA's Network for Resilient Pre-K to 12 Schools, developed in collaboration with 11 national partner organizations. The network's first initiative, a health advisory report on the effects of extreme heat on school communities, will summarize the science linking heat exposure to mental health distress and academic performance and highlight best practices from partner organizations to strengthen climate resilience and well-being in schools.

"It's an opportunity for us, as both a research and practice community, to think about how we can adapt," said Gabrielle Wong-Parodi, PhD, an associate professor of Earth system science at Stanford University who applies behavioral decision theories to global environmental change. "The future may continue to be turbulent, so how do we create durable systems to support people?"

With federally funded capacity diminishing, communities are scrambling to find solutions (Younes, H., et al., *Travel Behaviour and Society*, Vol. 25, 2021). In some cases, the most trusted warnings are neighbors knocking on doors or shouting across streets. One systematic review of citizen responses to flash flood warnings found that word-of-mouth carried more immediacy, and often more authority, than emergency text alerts. More broadly, speech-based warnings delivered face-to-face or via radio, TV, and telephone proved more effective than sirens, text alerts, or websites. These channels combined low cost with high reach and credibility (Kuller, M., et al., *Journal of Hydrology*, Vol. 602, 2021).

International models illustrate what resilient, community-centered warning systems can look like. In Bangladesh, one of the world's most disaster-prone countries, text messages and radio announcements are paired with thousands of cyclone shelters located in schools and community centers. Volunteers patrol neighborhoods with megaphones and go door-to-door urging residents to evacuate. The system has dramatically reduced cyclone fatalities (Islam, M. M., et al., *Natural Hazards Research*, Vol. 5, No. 3, 2025).

For psychologists, the task now is to adapt and refine these approaches, harnessing the strength of local ties without overburdening the same community leaders (Gladfelter, S., *International Journal of Disaster Risk Reduction*, Vol. 30, Part A, 2018). Done well, these efforts could shift disaster preparedness from a private checklist to collective action, saving lives before the first storm surge or wildfire spark.

Looking ahead, Leiserowitz says psychologists are uniquely positioned to help people manage the emotional toll of surviving extreme weather events—and to connect those experiences to the larger forces of climate change to inspire action that extends beyond the immediate emergency. "When people understand that their own experiences are part of something bigger, they become more likely to support efforts to reduce carbon pollution," he said.

That connection will sharpen as climatologists refine attribution science—research that quantifies how climate change increases the likelihood or intensity of specific extreme weather events—and makes its findings more accessible, Leiserowitz said. Like attribution theory, attribution science explores the causes behind events and behaviors. However, where attribution theory focuses on how people perceive and explain those causes psychologically, attribution science—used by atmospheric scientists—applies empirical methods and data to quantify and validate them. Psychologists will play key roles in helping people interpret, cope with, and act on that information.

Future research must also continue to move beyond individual behavior change to address the social and institutional systems that determine how people prepare for and respond to climate events. Scientists can draw from social and organizational psychology to understand what drives cooperation among policymakers, business leaders, and communities, and they can apply principles from behavioral science to test message framing and incentives that encourage collective action. International initiatives such as Project Drawdown have already mapped what they have found to be effective climate solutions; applied psychologists can help realize them, identifying the narratives, messengers, and social norms that mobilize institutions. Clinical and community psychologists, meanwhile, may develop interventions for climate-related anxiety, ensuring that mental health responses are as systemic as the challenges themselves. ■

RESOURCES

- **Yale climate opinion maps 2024**
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- **Drawdown explorer: Climate solutions platform**
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- **Addressing the climate crisis: An action plan for psychologists**
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Storytelling Strengthens Psychological Science's Impact

As science faces uncertain times, psychologists can respond by communicating their findings in ways that help the public better understand, appreciate, and apply psychological insights in their daily lives

BY TORI DEANGELIS

PSYCHOLOGY IS PERHAPS the science discipline best positioned to help people navigate 2026's complexities—including a global loneliness epidemic and growing rates of depression—with greater health, well-being, and meaning.

But at a time when mistrust of science is high and funding is increasingly competitive, it is vital that psychologists share their findings and why they matter in ways that resonate with a wide variety of audiences.

There's a lot at stake: The fiscal year (FY) 2026 budget proposed funding cuts of 40% to the National Institutes of Health (NIH) and 57% to the National Science Foundation (NSF), which sponsors much of the basic research at universities and federal laboratories. Additionally, the administration's funding cuts via grant terminations and freezes on research funding continue to create challenges for researchers. Fortunately, both the House and Senate appropriations committees rejected the administration's budget proposal and proposed an increase in funding for FY 2026. Visible and vocal stakeholder support for NIH and NSF research funding is needed as Congress seeks to finalize the FY 2026 budget and begin consideration of the FY 2027 budget scheduled to be released early in 2026.

Becoming proficient in science communication, however, requires learning how to effectively translate academic knowledge into words, images, and venues that the average person can relate to—a direction some psychologists are already taking but more need to learn about, said Julie Sweetland, PhD, a sociolinguist at the FrameWorks Institute, a nonprofit organization that equips leaders to talk effectively with the public about scientific and social issues.

"Science doesn't speak for itself," she said. "Our research really requires translation if it's going to have an impact on people's thinking and understanding." That's important not just for ethical reasons—sharing scientific knowledge for the public good—but also pragmatic ones: Because the public funds research, they have the right to know how their dollars are being used, she noted.

To more effectively spread the word about psychology and how it can benefit the public in the year ahead, Sweetland and others suggest that the field consider the following strategies.

Less jargon, more mattering

In 2026, there will continue to be many potential places where psychologists can and should share their findings publicly, including op-eds, blogs, public programs, and social media. That will be especially important in the coming year because it's likely that the landscape for researchers and academics will remain fraught. The more that psychologists can effectively explain their research to the public and members of Congress, the more likely their work will be understood, appreciated, and, in the best-case scenario, funded, science communications experts said.

No matter where psychologists share their work, it's important that they do so clearly and simply, said Tessa West, PhD, a professor of psychology at New York University who presents widely on science-related topics.

"We're so used to living in a very narrow world, in a very small bubble, that

AT A GLANCE

- Communicating effectively with the public is imperative during a time of big changes in science and academia.
- Psychologists can learn how to frame their findings simply, clearly, and entertainingly and share them via multiple venues, including social media, op-eds, and more.
- Including more science communication training in psychology curricula and adding public significance statements in journals can help advance public understanding of psychology research.

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we don't realize how much jargon we use—those little phrases and words that are familiar only to a very small group of our peers," said West, whose talk "The Problem of Being Too Nice at Work" was one of the top 10 TED Talks of 2024. "Not only are we isolating ourselves, but we turn people off, and they stop listening to us pretty quickly."

Part of being clear means speaking to your audience, whether they are readers of *The New York Times*, policymakers, or a lay audience completely unfamiliar with psychological science, added Sheril Kirshenbaum, PhD, a political scientist in the University of Michigan's Office of Research and Innovation and host of the PBS series *Serving Up Science*.

"When we're talking about funding and other types of public communication, the central questions have to be, Why does this matter to my audience? What am I doing that directly connects to them?" she said.

Emotional connection

Good science communication also means making content easy for people to relate to at a time when trust in science needs bolstering. That entails connecting with people's emotions before bringing in the data, said Sara Serritella, who is director of communications at the Institute for Translational Medicine in Chicago and teaches physicians, researchers, and students about the power of good science communication.

"No matter where people come from, they've felt love, they've felt loss, they've experienced joy, they've experienced sadness," she said. "So, when you can tie your findings into those universal connections, it helps break through the noise."

Key to making those connections is good storytelling, added Kirshenbaum, who has written extensively about science for the public in lay books and publications, including *The Atlantic*, *The Boston Globe*, and more.

"It's not so much about how many publications you have or what your Google Scholar profile says about you," she said. "It's about telling stories that connect with the people who both depend on us and support us."

Kirshenbaum, who served on two congressional staffs earlier in her career, found that lawmakers on both sides of the aisle were most swayed about health care topics when they heard directly from patients and their families about the toll taken by conditions such as amyotrophic lateral sclerosis (ALS), cerebral palsy, and depression.

"[The lawmakers] were definitely impacted by people who were willing to share their stories about the difficulties in their lives," she said. That goes for any public venue where you share psychological research. "Incorporating stories is a meaningful approach to take."

Drawing on science

In learning effective science communication, psychologists will also need to draw on a growing body of science communication research. For instance, studies at the FrameWorks Institute show that people tend to share mental models about science that are often erroneous or incomplete. These include the belief that science is a capricious enterprise—consider the ever-changing stories about which foods are healthy, or the shifting mask and other self-protection recommendations early in the COVID-19 pandemic—or simply failing to have a deeper understanding

of what scientists do. For example, Sweetland's team has found that most Americans define "research" as looking up information to learn more about a product, service, or practitioner rather than as the scientific research process.

Psychologists can help change these mental models by sharing information about their work in more positive and comprehensive ways. Instead of aiming just for news value or to explain the nitty-gritty details of one's findings, psychologists can leverage the message that their science "is constantly figuring out new, better, sharper ways to study human problems that have real-world solutions," Sweetland said. "If we can offer that kind of wider frame to a journalist who's reporting out their story," she said, "I think we have a better chance of getting science in front of Americans in ways that are more helpful."

One creative strategy she recommends is explaining research in a storytelling format. Using that lens, the setting is a problem that society needs an answer to, the characters are experts who have built a knowledge base and have a fresh way of looking at the unanswered question, and the plot is the process of developing methods and controls to answer the question. Importantly, the plot resolution isn't just the finding itself but also "its implications for making society better in whatever way," Sweetland said. "If we can start to tell science-rich stories instead of doing what we've traditionally done, I think we'll be in a better spot."

Expanded use of social media

While psychological scientists may understandably feel anxious in 2026 about the future of their careers, they have a big ace up their sleeve with social media, Serritella believes.

"Scientists have more control than ever over their destiny because of the reach they can have," she said. "It's no longer just research conferences or journal articles where you can share your work; it's also having an online presence that can potentially reach millions and millions of people."

For example, posting on LinkedIn and other platforms can serve as "your living, breathing résumé" in ways that go far beyond the traditional curriculum vitae in terms of distributing content that you want others to see, including potential employers, she said.

Similarly, sharing videos of yourself talking about your work on platforms like YouTube, Instagram, Bluesky, and TikTok allows people to meet you virtually, learn about your science, and build trust with you over time. Stephen Rathje, PhD, a psychology postdoctoral fellow at New York University and an incoming professor at Carnegie Mellon University, for instance, has a number of fun TikTok presentations on topics including altruism, misinformation, and the effects of artificial intelligence.

For maximum visibility, you can also ask your university's public affairs office to issue press releases about important work or post about it on its social media accounts, West recommended. And, if you have a solid relationship with colleagues who have large online followings, ask them to share your material on their platforms, she suggested.

Fortunately, the direction that social media is taking is increasingly amenable to scientific sharing, Serritella added. It's moving from an era of social media in which one's reach is impacted by the number of direct followers to an "interest media" era that allows people to connect with an unlimited number of nonfollowers based on an algorithm that serves content to those with similar interests and values.

"You don't have to be an influencer with a million followers to reach a million people anymore," she said.

In terms of what to share, follow your passions, she added: "Think about the things that light you up the most, that you have dedicated your career to. What gets you excited will get other people excited, too."

Finally, when you've identified what you want to share and where to share it, keep sharing it, Serritella emphasized.

"Commit to posting new material at least once or twice a week," she advised. "And share it multiple times, because people might have missed the first post or need to be reminded."

Improved training, education, and publishing

Given the attacks on science and academia, the year ahead is also a good time for psychology departments to intentionally build science communication directly into their curricula, science communication experts believe. West, for example, requires that all her graduate students take



"This is the most pivotal moment in any of our lifetimes to be very clear about why our work matters and how it connects to our communities."

Sheril Kirshenbaum, PhD
Political scientist at the University of Michigan and host of the PBS series *Serving Up Science*

a class on public communication of science. Communicating simply and clearly about one's work applies not only to media interactions like interviews and writing op-eds but "for any audience that isn't super knowledgeable about what you do," she said. In fact, a number of universities include science communication as part of their science curricula, including Cornell, Northeastern, Stony Brook, Syracuse, and more.

To become proficient at impactful communication, West advises students to practice brief science communications with students of other disciplines, including giving the "audience" a chance to ask questions. In 10 or 20 seconds, students should be able to convey the finding itself, why it's important, and what its impact will be. These exercises are challenging, but after a while, students gain confidence in their messaging, West said. "It gets that muscle going, so you learn it as a skill."

The journal system is another arena that needs to make better connections with the public, said Myra Fernandes, PhD, a professor in cognitive neuroscience at the University of Waterloo in Canada and associate editor of the *Canadian Journal of Experimental Psychology*, an APA journal. For instance, journals could require brief, lay-friendly public significance statements that explain a study in simple terms, including how it can benefit society (editors of APA journals can opt into this policy). Fernandes also favors allowing international authors who submit to English-language journals to include abstracts in their home languages, which can convey greater meaning and nuance and draw others in who speak the same language. "These are small steps, but I think they are things that we need to take a bit more seriously now," given the current political climate, she said.

For working psychologists who aren't that familiar with social media or science communication, getting some instruction can help eliminate fear and promote competence, Serritella added. Training in science communication is widely available through universities, professional societies like the Alan Alda Center for Communicating Science at Stony Brook University in New York, and specialized training providers. The University of Chicago, for instance, recently launched a science communication certificate program that is open to the public and helps people build their own professional brands and create strategic content such as TED Talk–style videos, op-eds, and personal websites that align with the individual's STEM-related mission and values.

Better and clearer communication about psychology's findings—and demystifying psychologists themselves—is the way to keep a vital science alive and well during troubling times, Kirshenbaum added.

"This is the most pivotal moment in any of our lifetimes to be very clear about why our work matters and how it connects to our communities," she said. ■

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Unscientific America: How scientific illiteracy threatens our future
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Influence: The power of persuasion
Cialdini, R. B.
Harper Business, 2021

RESOURCES

FrameWorks Institute
Offers articles and resources on how to frame discussions about child well-being, autism, and more

TEDx Talk: "Crack the case of human connection"
Serritella, S.

Coalition for Trust in Health & Science
A group of more than 90 national organizations devoted to promoting trust in health and science and to challenging false and misinformation

Psychologists' guide to advocacy
APA Services guide that includes steps and recommendations for psychologists to engage directly with local elected officials

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INTEGRATED CARE IS AN OPPORTUNITY AND AN IMPERITIVE

Psychologists thrive as integrated members of health care teams, a role that's rapidly expanding across the field

BY TORI DEANGELIS

ALTHOUGH HEALTH CARE faces a range of uncertainties, psychologists' role as members of integrated health care teams is a movement that is poised to grow, say experts in this area of practice.

"In my opinion, integrated primary care is key to the long-term success of psychology," said Jeffrey T. Reiter, PhD, a leading integrated care expert and consultant who has helped establish integrated care practices in the United States and internationally. Nearly 20% of the mental health workforce works in primary care, yet 80% of primary-care providers don't have a mental health professional on their team, he noted (see *The State of Integrated Primary Care and Behavioral Health in the United States 2022*, Robert Graham Center, May 31, 2022). "That's a tremendous amount of growth potential."

In a related vein, while approximately 1 in 3 Americans has a mental health or substance use disorder, only about 1 in 12 will see a therapist, he added. Hence, "primary care presents a major opportunity to improve mental health for millions of Americans." (Olfson, M., et al., *Annals of Internal Medicine*, Vol. 177, No. 3, 2024; *National Survey on Drug Use and Health*, Substance Abuse and Mental Health Services Administration, 2024.)

Specialty integrated care—mental and behavioral health services embedded in specialty medical areas like oncology and cardiology—is likewise an important growth area for psychologists, said Amy Walters, PhD, director of behavioral health services for St. Luke's Humphreys Diabetes Center in Boise, Idaho. She is also a member of the APA Integrated Specialty Care Advisory Group, whose mission is to provide direction and resources to enhance and sustain psychologists working in integrated specialty care settings.

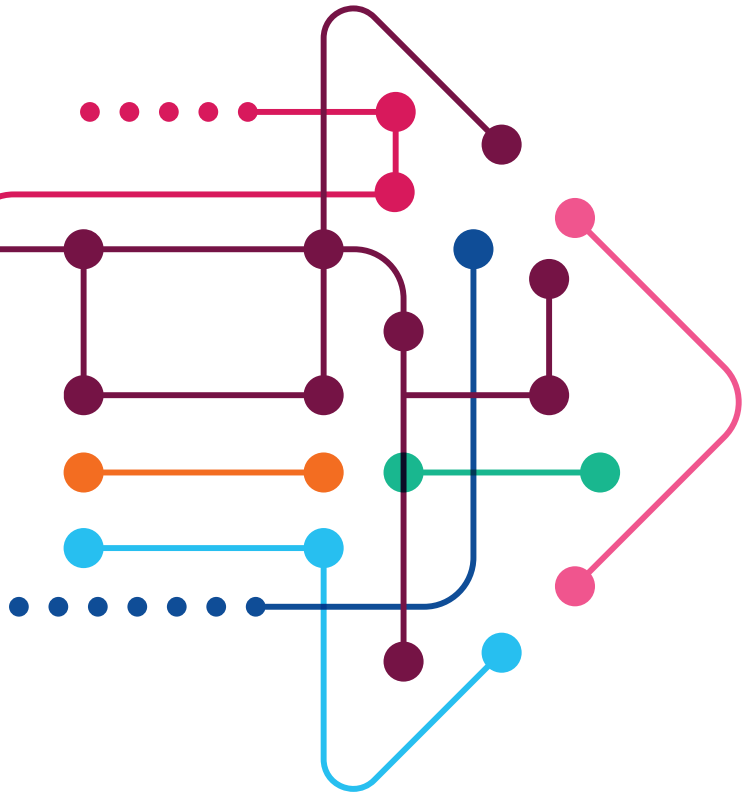
Patients receiving specialty integrated care services tend to have chronic or serious conditions, and as a result, cost the system a disproportionate amount of money. But they are also a population that benefits tremendously from behavioral and psychological interventions that encourage lifestyle changes, reduce depression and anxiety, help with medication adherence, and improve the ability to cope with chronic conditions, Walters said.

"As health systems become more accountable for providing care at the population level, they can save significant costs by keeping specialty care patients out of emergency rooms and hospitals," she said. "Behavioral health plays a critical role in that."

AT A GLANCE

- Psychologists are playing an increasingly important role on integrated health care teams.
- Psychologists have valuable skills to offer health systems, including expertise in assessment, diagnosis, research, and communications.
- Data show distinct benefits to integrated care arrangements, with health systems that use them demonstrating higher quality of care, improved outcomes, and reduced costs compared with usual care.

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And people want this care, research shows. In a 2024 survey by Gallup and West Health, a group of nonprofit and nonpartisan organizations focused on health care and aging, 70% of Americans said they would prefer to be asked about both their physical and mental health during medical appointments with their primary-care providers. Meanwhile, 51% of those surveyed said it was "very important" that primary-care providers screen patients for anxiety and depression.

Perhaps more than any other mental health professional, psychologists have unique and valuable skills to offer these systems, including expertise in assessment, diagnosis, research, and communications skills, Reiter added.

"The breadth of our training and experience leads a lot of clinics to put psychologists in leadership positions," including as department heads, administrators, and even heads of health care organizations. "So there are opportunities not only to serve people as clinicians but to really play a role in developing and leading in integrated care."

Data show distinct benefits to integrated care arrangements, with systems that use them demonstrating higher quality of care, improved outcomes, and reduced costs compared with usual care. For instance, a meta-analysis of 69 integrated primary-care interventions showed they improved patient access, continuity of care, and cost compared with standard primary-care interventions (Zhang, Y., et al., *Health Research Policy and Systems*, Vol. 23, No. 1, 2025). Another study of 113 primary-care practices found that patients who received integrated care experienced higher quality of care, had lower rates of acute care use, and cost the system less than those in usual care (Reiss-Brennan, B., et al., *JAMA,* Vol. 316, No. 8, 2016).

Overall, having more psychologists involved in integrated care aligns perfectly with APA's mission to provide mental health services to all those who need it, said APA CEO Arthur C. Evans Jr., PhD.

"Integrated care isn't simply about expanding where psychologists practice," he said. "It's about reimagining how we address mental health at a population level. When we embed psychological services into medical care, including primary-care and community health settings," he said, "we can reach individuals earlier, reduce stigma, and dramatically expand access for those who have historically been left out of traditional mental health systems. For the profession, this represents both an opportunity and an imperative."

As psychologists become more involved in integrated care, APA and others are addressing billing and reimbursement issues, a traditional sticking point for psychologists' involvement. A team headed by Erin F. Swedish, PhD, director of health integration at APA and chair of both the Specialty Integrated Care Advisory Group and the related Integrated Primary Care Advisory Group, has been working to expand psychologists' access to and use of existing procedure codes in integrated care settings. Meanwhile, a bill championed by APA that is pending in Congress, the Connecting Our Medical Providers with Links to Expand Tailored and Effective Care Act, or COMPLETE Care Act (S. 931/H.R. 2509), would temporarily increase Medicare reimbursement rates for primary-care practices and provide technical assistance to help them adopt integrated care models (see October 2025 *Monitor*).

"Integrated care is reshaping the future of health care," said Swedish. "When psychologists are part of the core medical team, we can address behavioral and physical health together. That's how we transform outcomes, reduce costs, and deliver care that truly meets people where they are."

A mix of opportunities

Psychologist Parinda Khatri, PhD, is a key example of the value that psychologists can bring to health care settings. She is CEO at River Valley Health (formerly Cherokee Health Systems), a designated federally qualified health center and licensed community mental health center in Tennessee and one of the oldest integrated care systems in the country. Over time, and thanks in part to her leadership, the system has demonstrated that its integrated, team-based, whole-person, data-driven approach has dramatic results

for patients overall, landing the system in the top tier of federally qualified health centers for clinical performance each year for the past decade, according to the Uniform Data System, a standardized data reporting system developed by the Health Resources and Services Administration.

Khatri, who continues to provide patient care to primary-care and substance use patients, described work with one patient who entered the system with extensive medical problems including chronic obstructive pulmonary disease, kidney disease, renal disease, and hypertension. He also had a history of substance use disorder with alcohol and crack cocaine and was highly depressed as well.

To tackle these complex issues, Khatri and the patient's primary-care physician worked together to better manage his hypertension and kidney function, meaning they also needed to address his substance use problems if meaningful change were to occur. Khatri began the behavioral health aspect slowly, building a relationship with him during his regular primary-care visits for hypertension and introducing ideas from cognitive behavioral therapy, acceptance and commitment therapy, and motivational interviewing. Over time the patient saw the power of these approaches, which included building a sense of self-efficacy and coping with addiction triggers. The strategies worked so well for him that he now uses them to monitor his medical issues as well.

"One reason our system is able to help people achieve good clinical outcomes on traditional physical health conditions is that we use an integrated model of care that incorporates behavioral and psychological interventions to improve management of these conditions," Khatri said.

Similarly, as former section chief for psychology at Louisiana State University Health Sciences Center, Michelle B. Moore, PsyD, now an assistant dean for faculty there, witnessed many positive clinical outcomes while overseeing a team of psychologists who work directly with medical providers to treat patients in the system's cancer center, OB-GYN clinic, HIV outpatient clinic, bariatric clinic, and hospital.

Having psychologists available for "warm handoffs" benefits patients and providers alike, destigmatizing mental health care for patients and relieving providers of having to address emotional and psychological issues on top of medical ones, she said.

"This coordination of care is just more comprehensive for the patients," Moore said. "We're treating the whole person better when psychological care is actually integrated into the system." (See sidebar for more examples).

Clearing hurdles

Theoretically, it's hard to argue with the value that integrated care can provide. But on the ground, it has faced some hurdles. Until recently, many health care systems and administrators didn't fully grasp the range of skills and expertise that psychologists can offer and didn't have proper mechanisms to reimburse them.

But progress is happening. Besides APA's work on reimbursement issues, providers and health systems are seeing the importance of psychologists' involvement in both primary-care and specialty care settings, said Walters. "In the beginning, I think they struggled to understand the role that psychologists could play and how we were different

> "There are opportunities not only to serve people as clinicians but to really play a role in developing and leading in integrated care."
>
> **Jeffrey T. Reiter, PhD**
> Integrated care expert and consultant

PROFESSIONAL PATHWAYS

INSIDE THE FAST-GROWING FIELD OF INTEGRATED CARE

There is a vast array of integrated care settings where psychologists can work, including privately and publicly funded hospitals, clinics, and specialty clinics. Psychologists also can take on a wide range of roles. Just a few examples:

- **Kim Smolderen, PhD,** is starting an integrated cardiovascular behavioral health program at Yale New Haven Health in New Haven, Connecticut. There, cardiologists refer patients to her so she can help them address their health-related anxiety, depression, and lifestyle changes and learn mindfulness coping techniques, among other evidence-based strategies.
- **Darrielle Allen, PhD,** a psychologist at the Cleveland Clinic in Cleveland, Ohio, uses her psychological expertise to help women struggling with postpartum depression, infertility treatments, and treatment decisions.
- **Amy Walters, PhD,** director of behavioral health services for St. Luke's Humphreys Diabetes Center in Boise, Idaho, leads a team that supports diabetes patients with social-emotional health, coping skills, and lifestyle changes.

The work is gratifying because it gives patients the space to be seen as themselves—as whole human beings with full lives—and not just as medical diagnoses, said Smolderen.

"Part of our role as integrated clinical psychologists is to help people see they are more than their disease and to regain a sense of control and enjoyment of life—who they are in the bigger context," she said.

from social workers, other than being more expensive," she said. "So that has been a work in progress. But we have definitely received a lot of positive feedback from our administrative team over time as they've seen the programs we've been able to develop."

In terms of education, APA's 2025 revised *Guidelines for Psychological Practice in Health Care Delivery Systems* provides updated guidance for psychologists interested or already working in integrated and collaborative care settings, emphasizing the importance of interprofessional collaboration, care coordination, and the role of psychologists in population health initiatives. The guidelines also highlight best practices for team-based care, measurement-based approaches, and consultation/liaison roles, one of the integrated care roles that psychologists can take on.

Meanwhile, Reiter and others are making the case with psychology training organizations such as the Council of University Directors of Clinical Psychology that integrated care should be a standard part of graduate school curricula. "If integrated care is going to be sustainable for the field, we have to get people ready to go on day one," Reiter said.

As a leader and provider who has seen the benefits of integrated care for patients over many years, Khatri believes this mode of service delivery will outlast any difficulties of the present era.

"Our country is navigating a number of external forces that are stressing and disrupting the health care system," she said. But in her practice, "we're very committed to doing what is needed to fulfill our mission, which is to provide access to comprehensive and integrated care to everyone, regardless of ability to pay. That is, and will remain, our North star." ■

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Where are psychologists working in specialty medicine?
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Intergrated behavioral health information hub
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Pro tips for building a specialty care integrated practice
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Layoffs and funding cuts are reshaping psychology careers, especially for mid- and late-career professionals. Experts urge self-reflection and leveraging core skills like communication and adaptability to navigate transitions and explore new professional paths with confidence.

Navigating Layoffs at Mid to Late Career

Many mid- and late-career psychologists affected by current federal policies and practices face the prospect of needing to find new employment. Here are strategies that can help.

BY EFUA ANDOH

LAST YEAR POSED substantial challenges for the field of psychology and related professions. Working for the federal government was once considered stable employment, particularly in research, public health, and veterans' affairs. However, significant layoffs of the federal workforce have eliminated many roles for psychologists. The cancellation of billions of dollars in federal research funding has also resulted in universities enacting hiring freezes, laying off staff, and terminating programs. These changes are upending traditional career pathways for psychologists and causing many to reassess long-held assumptions about their professional trajectories.

While there are no hard statistics on how many psychologists are affected by workforce changes, many are well into their careers. Mid to late career can be a particularly tough time to make changes, as people likely have significant financial obligations but lack the advantage of younger colleagues in terms of career flexibility and fewer family responsibilities. More than two-thirds of health service psychologists are defined as mid to late career, with 26% being 21 to 30 years postdoctorate and 41% being 31 years or more postdoctorate, according to a 2021 APA survey.

To handle the seismic changes that layoffs or firings can bring at this age, experts suggest a multipronged approach

XAVIER LORENZO/GETTY IMAGES

RESOURCES

Navigating Layoffs

- Shifting campus environments, forced retirements, layoffs, and funding cuts are altering traditional career paths for psychologists.
- Navigating career shocks requires adaptability, self-compassion, and proactive planning.
- For job hunting events, training, and webinars, go to apa.org/education-career/job-search/market/transitions

that includes processing the loss, preparing for the next steps, networking, and, finally, getting yourself into the job market.

Experts recommend using the period of career transition for intense self-reflection. "This may even involve realigning your identity," said Nadya Fouad, PhD, a counseling and vocational psychologist based in Milwaukee, Wisconsin. "Examine multiple future pathways and explore your options. Discover what feels appropriate for you and your background and examine how you have dealt with previous adversity."

Processing the loss

Before embarking on any kind of job search, take time to care for yourself emotionally, recommends Ann Steffen, PhD, a professor of psychology at the University of Missouri–St. Louis. Several of her previous students and colleagues have been impacted by program changes and buyouts within the Veterans Administration. Beyond unplanned changes to their own career trajectories, many expressed concerns about the impact of these cuts on colleagues, junior staff, and the programs they were leaving behind.

"I hope they give themselves a lot of grace and self-compassion for how tremendously difficult this has been," Steffen said.

In fact, research shows that job loss in general can take a big toll on mid-career employees. A University of California, Berkeley, study following 18,500 individuals ages 50-plus who lost jobs between 1992 and 2018 showed that 11% of those with high depressive symptoms would not have experienced such levels of depression if they had kept their jobs (Picciotto, S., et al., *The Journals of Gerontology: Series B*, Vol. 79, No. 10, 2024).

Fouad agreed that it is vital for psychologists who have lost their jobs to practice self-compassion and take time to process the emotional complexity of such changes. However, the good news is that psychologists are trained in many skills that boost their adaptability and ability to pursue multiple career paths—an important aspect of self-awareness to keep in mind.

That notion is backed by research, which shows that many qualities shared by psychologists help people weather career shocks, as well. People who are reflective, communicate well, maintain a growth mindset, build relationships, and take advantage of training already have strong tools to help them succeed in new ventures (Akkermans, J., et al., *Journal of Vocational Behavior*, Vol. 119, 2020).

"If you are facing a career shock, you can cope by building your resilience," Fouad said. "Focus on emotional reflection, social interactions, and pathways to cope with adversity." She also suggested looking back on times



in one's life when one has overcome adversity and thrived.

"[Older psychologists] have had to deal with difficulties before," she said. "How did they function in the past? What strategies did they use to overcome them?"

Preparing the search

Once you have taken time to process your emotions, prepare yourself in practical ways for entering the workforce



TOM WERNER/GETTY IMAGES

Experienced psychologists have a wealth of transferable skills such as emotional intelligence, leadership, and systems thinking and can supplement with continuing education or professional training.

in a new way. Psychologist and executive coach Terri Finney, PhD, encourages psychologists facing mid- and late-career shifts to adopt the mindset that they are not starting from zero.

"The first thing that I like to start off with is professional confidence. Start with a mindset shift about this transition. You're not starting over; you're starting from experience. The world is changing. You're not behind; you're aligning," Finney said.

Again, there is a lot of good news for later-career psychologists: From coaching and consulting to legal firms and technology start-ups, many sectors value psychologists' expertise, Finney said.

"Remember that we, as psychologists, have a way more in-depth understanding of humans than people in most other industries do," she said. That includes transferable skills like emotional intelligence, communication, assessment, leadership, relationships, and systems thinking, among others. Psychological scientists also possess advanced skills in data analysis, research design, and critical thinking—competencies that

transfer readily to many desirable and growing fields.

To promote those strengths, Finney recommends creating a "wins document" that lists one's accomplishments, skills, training, and experience. Psychologists can draw on that set and tailor it to where they are applying, she said. It also serves a secondary purpose of remembering your worth during moments of impostor syndrome, added Finney. "It helps with grounding when you get anxious and remembering that you're not irrelevant when you might feel like you're irrelevant because the world is changing."

She recommends using assessment tools like PRO-Development and Gallup's CliftonStrengths to help identify one's strongest transferable skills. Those tools include specific and actionable language that psychologists can use to describe their skills on résumés, professional websites, LinkedIn profiles, and more. Consulting with a career coach can help you finesse wording, including about salary requirements, Finney added.

If needed, she also advises that psychologists take professional education or other short-term trainings to help bridge any gaps between their current competencies and future professional goals. Finney exemplified this approach when she transitioned from clinical to forensic psychology earlier in her career: "I took workshops all over the country through the American Board of Forensic Psychology. I attended conferences sponsored by the Colorado Bar Association. I attended family law conferences and joined an organization for lawyers and psychologists that work with child custody issues."

Similarly, when she transitioned from forensic psychology to her present role in executive coaching, she recognized the need to refresh her skills. Knowing the approach differed markedly from therapy, she approached specialized training with the same rigor, eventually earning certification.

For psychologists considering changing specialties, the professional landscape, while challenging, offers some promise. For psychological scientists and applied psychologists, organizational psychology continues to show strong growth, and newly emerging growth areas include working with digital technologies, media, and artificial intelligence. For health service psychologists, fields like clinical child psychology and geropsychology are especially in demand.

"Opportunities don't disappear; they continue throughout life. It's important to remember that this is a process filled with big decisions and lots of smaller ones, and new possibilities will keep showing up along the way."

—Ann Steffen, PhD, professor of psychology at the University of Missouri–St. Louis

"There simply are not enough psychologists trained in geropsychology," said Karen Stamm, PhD, senior director of the APA Center for Workforce Studies. "Only 1% to 2% of psychologists describe this as their primary specialty. With a rapidly aging population, the need for psychologists in this area will only grow in the years ahead."

Another factor to keep in mind when preparing applications is the continued reality of ageism, Fouad added. Studies show that when recruiters detect age-related clues on résumés, such as a birth date, graduation years, or an extensive work history, older applicants receive fewer callbacks, even when they possess the right skills for the job (Derous, E., & Decoster, J., *Frontiers in Psychology*, Vol. 8, 2017). Applicants can age-proof their résumés by removing such signals and placing material about transferable skills and professional impact at the forefront.

Planning ahead is critical, particularly on the financial front. Research on individuals who successfully changed careers after age 45 shows that financial resources, family support, and being intentional about the career change led to better emotional outcomes (Vogelsang, E., et al., *Innovation in Aging*, Vol. 1, No. S1, 2017). Fouad encourages fellow psychologists to prepare themselves, "particularly financially, for unexpected changes."

Financial preparedness includes discussions with one's spouse or partner—if relevant—about shared goals and working with a financial planner to draft a savings and investments plan. For those in private practice, creating a professional will is also essential. This legal document outlines the ethical and logistical details of handling clinical records and patient care in the event of illness, death, or sudden incapacity.

Networking and applying

Once your thinking is clear about how to present yourself in applications or with potential employers, start tapping into your network, Finney advises. That includes professional colleagues, of course, but also friends, family, spouses, and, particularly important, mentors.

Drawing from her own experience with excellent mentors, Finney advises finding mentors and coaches

to help "stay gritty and keep moving forward," especially when facing the financial risks and uncertainties of starting a new career path. She also suggests tapping into one's network as early as possible. If your situation allows it, "find some coaches and mentors before you have to walk away from your job, rather than waiting until you don't have a job to start the process," she said. "Just be mindful that it is a process, and it will take a while."

Teraesa Vinson, PhD, is a counseling psychologist who transitioned from academia to the corporate world and specializes in executive search and recruitment. As a partner in the Heidrick & Struggles Chicago office, Vinson is well versed in the power of marketing one's professional brand.

She encourages job hunters to break out of their comfort zones when seeking informational chats, introductions, or mentorship opportunities from new connections. "LinkedIn is your friend. People love to talk about their jobs and will generally have the altruism and goodwill to offer you some of their time," she said.

Vinson also encourages psychologists to embrace small opportunities, whether short-term or part-time, to build confidence, skills, and visibility. This could eventually help to pivot into avenues like consulting, coaching, or human resources. "Say yes to things," said Vinson. "When we all look back on our careers and reflect on how we got to this level, it's not like we did everything on purpose. We just said yes to things along the way."

Collectively, the smaller opportunities could prove to be stepping stones to something bigger. "When people come and say, Hey, would you mind consulting for this thing? Could you help me out with this situation? Can you speak at this event? Can you write a book chapter? I mean, it's not a job per se, but say yes to those things because they make you look expansive to people when they are looking to bring somebody else into their organization," Vinson added.

For example, she pointed to volunteering to sit on a nonprofit board as a way to demonstrate the range of one's professional capabilities. "Joining a board shows that you are thinking outside of a role or job. You are lending your talent to another organization. You are seen as strategic, a problem-solver, a thinker," Vinson added. "It shows you as somebody who is more sophisticated and demonstrates you can do something else outside of your lane."

Applicants should also consider how to creatively optimize their LinkedIn profiles as part of their professional brand. Vinson recommends moving beyond traditional job titles in the "headline" section beneath one's profile picture. "Think of it like a Twitter bio," she said. "Use things that make you stand out like 'CEO whisperer' or 'altruistic problem-solver.'" This creative approach appeals to recruiters doing keyword searches and demonstrates greater value beyond your listed experiences, per Vinson.

Late-career transitions, while difficult, may also open new possibilities. Steffen encourages those starting a new phase in their careers to remain hopeful. "Looking ahead, there's space to reflect and test the waters—whether that's professionally, financially, or in terms of personal identity," Steffen said. "Opportunities don't disappear; they continue throughout life. It's important to remember that this is a process filled with big decisions and lots of smaller ones, and new possibilities will keep showing up along the way." ■

RESOURCES

Career transitions
A resource for psychologists facing employment transition and personal career challenges while maintaining well-being and resilience

Career transitions: Taking a new path
This e-booklet features impactful stories of several PhDs/PsyDs who have made a course change and breaks down some of the practical steps required to do so.

Professional resilience in changing times
This webinar series offers strategies for psychologists facing career shifts, employment disruptions, and job uncertainty.

The growing demand for geropsychologists
Huff, C.
Monitor on Psychology, June 2021

Ageism is one of the last socially acceptable prejudices
Weir, K.
Monitor on Psychology, March 2023

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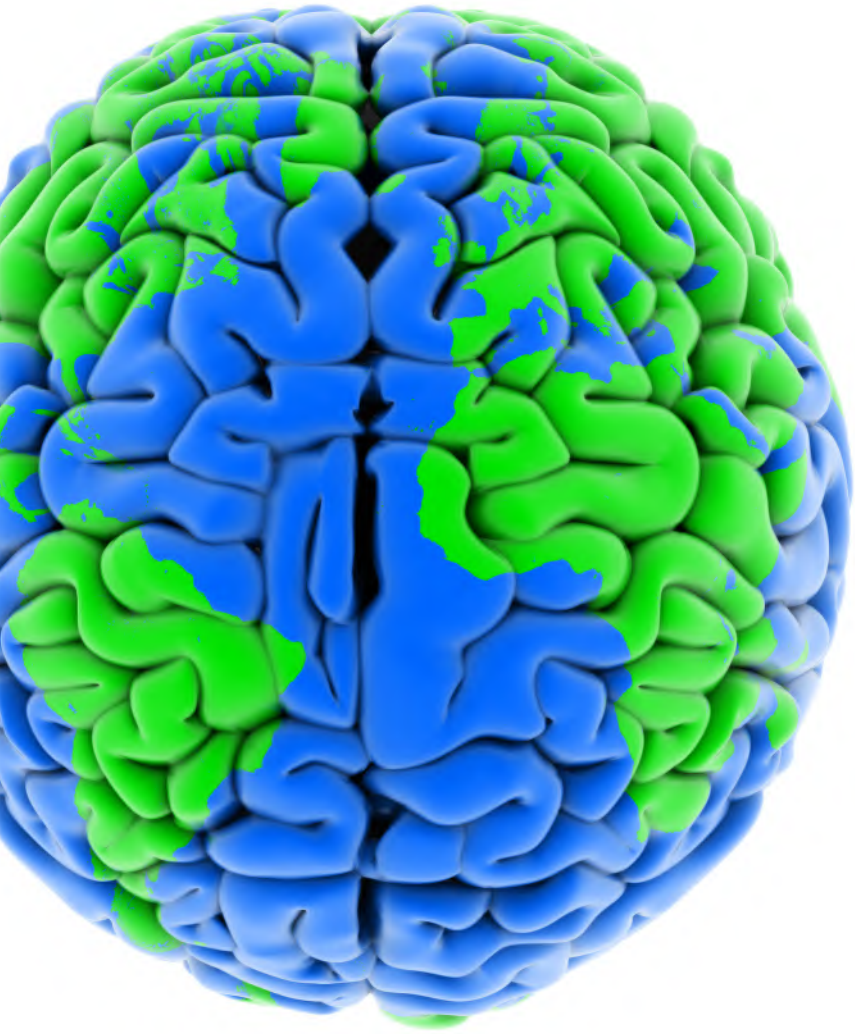
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Across the World, Mental Health Conditions Are Both Common and Underresourced

Overall funding for mental health remains low, although some progress is being made

BY TORI DEANGELIS



HENRIK5000/GETTY IMAGES

1 billion

Estimated global number of people living with a mental health disorder at any given time—nearly **one-eighth** of the world's population. **Anxiety and depression** are highly prevalent in all countries and communities, affecting people of all ages and income levels.

$1 trillion

The indirect costs of anxiety and depression worldwide, mainly because of **lost productivity**. Meanwhile, the median percentage of total health care budgets spent on mental health is just **2%**, with high-income countries spending much more per person on mental health than low-income countries.

13 per 100,000

Global median number of mental health workers per person. In low-income countries, less than **10%** of affected individuals receive care, compared with **more than half** of those in higher-income nations.

71%

Percentage of countries that meet at least 3 of the 5 World Health Organization criteria for **integrating mental health into primary care**. Also on a positive note, more than **80%** of countries now offer mental health and psychosocial support as part of **emergency responses**, up from **39%** in 2020.

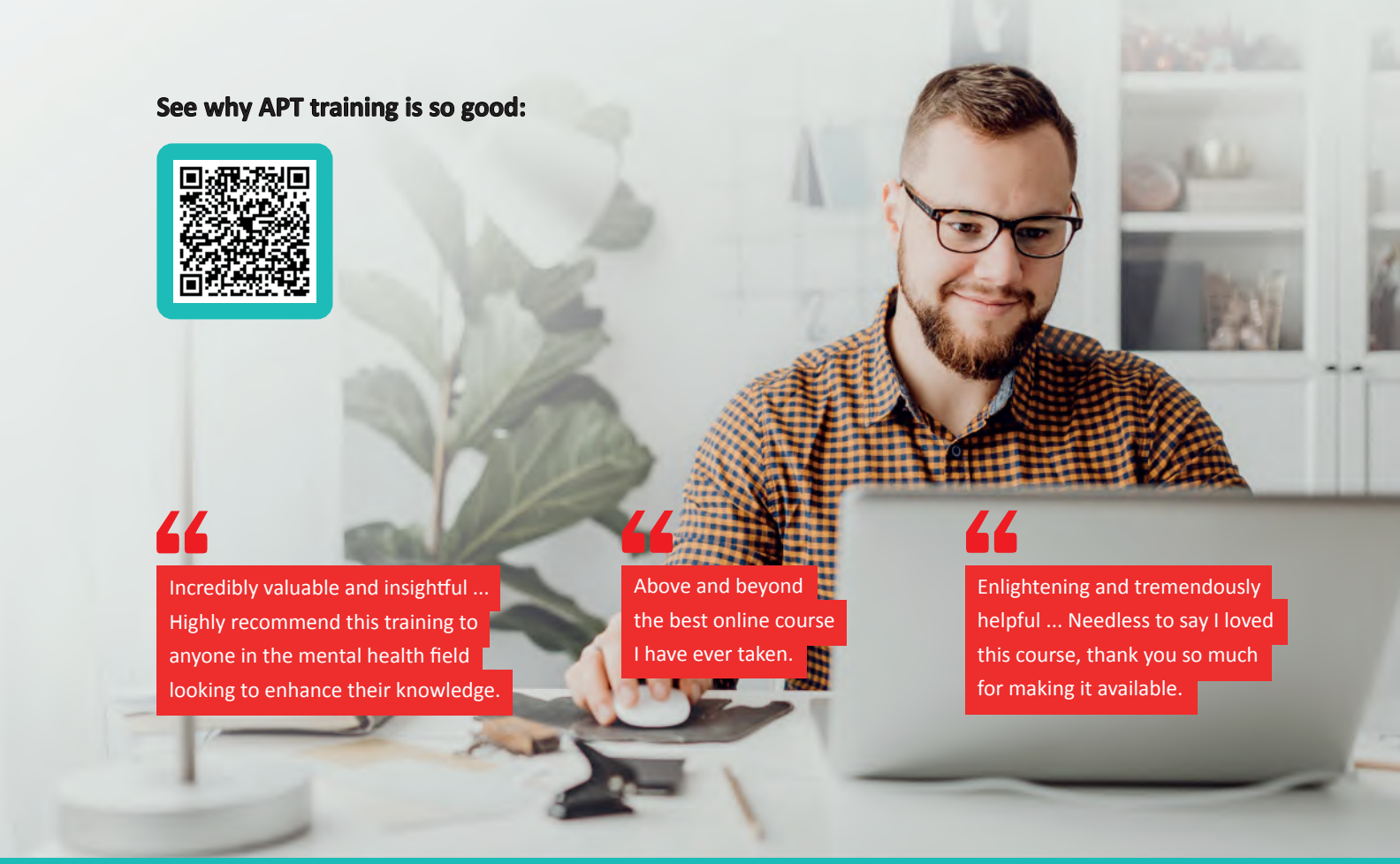
Sources: World Health Organization. (2025). *World Mental Health Today*. https://iris.who.int/server/api/core/bitstreams/31714489-1345-4439-8b37-6cbdc52e15ca/content; World Health Organization. (2024). *Mental Health Atlas* 2024. https://iris.who.int/server/api/core/bitstreams/5897b3c7-2848-47a7-ba22-0a7902342a81/content.

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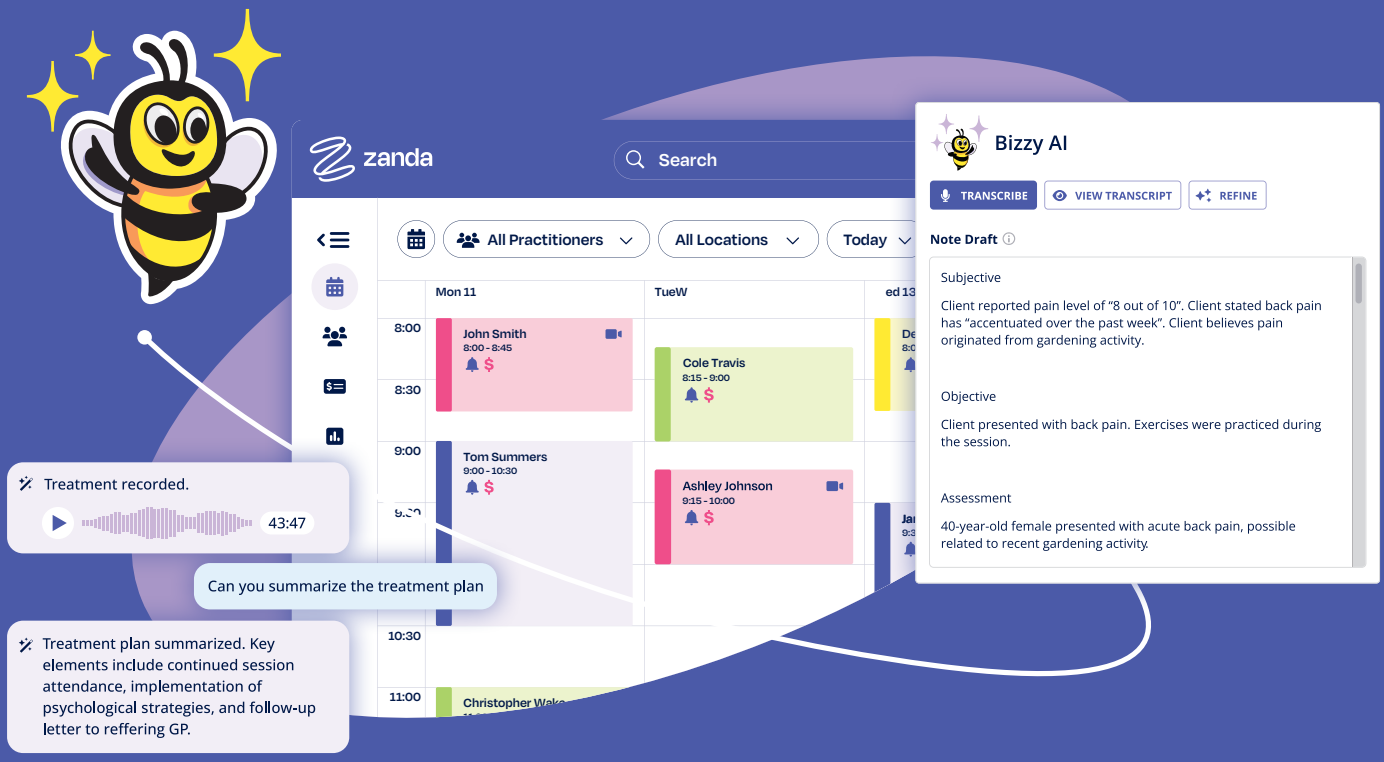
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