



A PUBLICATION OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION • MAY 2019

monitor on psychology

GST# R127612802

THE EXPAT LIFE

**10 PSYCHOLOGISTS
WHO RENEWED THEIR
CAREERS ABROAD**

PAGE 44

*Dr. Nicholas Scull directs
mental health and wellness
at a clinic in Kuwait*

**Secrets and Lies
in Psychotherapy**

PAGE 38

**The Ecological
Grief of Climate
Change**

PAGE 24

**A Fashion
Psychologist**

PAGE 29



Now Available for iPads!







From Author
Samuel O. Ortiz,
Ph.D.

ORTIZ PICTURE VOCABULARY
ACQUISITION TEST™

Fair – Accurate – Digital



A new fully **digital** test that provides a **fair** and **accurate** assessment of receptive vocabulary ability for both English speakers and English learners

-  **Easy, visually engaging, and standardized administration**
-  **Can be used with any child or youth no matter what their first language is**
-  **User-friendly reports included to make assessment interpretation fast and clear**
-  **Unique dual norms for both English speakers and English learners**

American Professional Agency

Exclusive and preferred provider of the
psychologists professional liability insurance benefit for
American Psychological Association members

APA members receive **20% Discount annually** (many other discounts available)

Outstanding reputation
for exceptional customer
service for over 45 years.
Ask your colleagues!

- For Psychologists in all types of practice including applied, industrial and organizational psychology
 - Easy access to risk management services with dedicated toll free number
 - Prior acts available allowing an easy switch without purchasing tail coverage
 - We offer individual, group and student coverage

AMERICANPROFESSIONAL.COM/PSYCHOLOGIST-INFO
PSYCHOLOGY@AMERICANPROFESSIONAL.COM
(800) 421-6694 Ext.2304



AMERICAN
PSYCHOLOGICAL
ASSOCIATION
CORPORATE
SUPPORTER

PRESIDENT Rosie Phillips Davis, PhD

PRESIDENT-ELECT Sandra L. Shullman, PhD

CHIEF EXECUTIVE OFFICER Arthur C. Evans Jr., PhD

CHIEF COMMUNICATIONS OFFICER Alicia Aebersold

EDITORIAL

EDITOR IN CHIEF Sara Martin

SENIOR EDITORS Jamie Chamberlin, Tori DeAngelis, Lea Winerman

CONTRIBUTING WRITERS Eve Glicksman, Zara Greenbaum, Amy Novotney,
Alyssa Shaffer, Kirsten Weir

ART AND DESIGN

ART DIRECTOR Michele Chu

DESIGN CONSULTANT Jerry Sealy

PRODUCTION MANAGER Peter S. Kovacs

ADVERTISING

DIRECTOR OF ADVERTISING Jodi Ashcraft

ADVERTISING SALES MANAGER James Boston

RECRUITMENT ADVERTISING PRODUCT MANAGER Amelia Dodson

RECRUITMENT ADVERTISING SALES MANAGER Nancy Onyewu

MARKETING MANAGER Robin Tiberio

BUSINESS ADMINISTRATOR Eric Fuller

ADVERTISING SALES CONSULTANT Shelby Watson

GRAPHIC DESIGN AND PRODUCTION, ADVERTISING Rebecca Halloran

ADVERTISING AND EXHIBIT SALES COORDINATOR Age Robinson

● **Got a story idea?** We want to hear from you. Send your ideas to *Monitor on Psychology* Editor Sara Martin at smartin@apa.org.

● **Need to contact APA?** Answers to many of your questions may be found on APA's website: www.apa.org For phone service call (800) 374-2721

The *Monitor on Psychology* (ISSN-1529-4978) is the magazine of the American Psychological Association (APA) and is published 11 times per year—January, February, March, April, May, June, July/August combined, September, October, November, December. Publications office, headquarters and editorial offices are at 750 First St., N.E., Washington, DC 20002-4242. APA purchases only "first publication rights" for photos and illustrations. Therefore, it cannot grant permission to reuse any illustrative material. APA holds the copyright for text material in *Monitor on Psychology* articles. Permission requests to reproduce text material should be addressed to APA, Permissions Office, at the APA address. Telephone numbers: Headquarters (202) 336-5500; TDD (202) 336-6123; Display advertising (202) 336-5714; Classified advertising (202) 336-5564; and Subscriptions (202) 336-5600. The views expressed in the *Monitor on Psychology* are those of the authors and may not reflect the official policies or positions of the American Psychological Association or the *Monitor on Psychology*. No endorsement of those views should be inferred unless specifically identified as the official policy or position of the American Psychological Association. The publication of any advertisement by APA is an endorsement neither of the advertiser nor of the product. APA endorses equal employment opportunity practices, and we reserve the right to edit all copy and to refuse ads that are not in consonance with the principles of Title VII of the Civil Rights Act of 1964. Subscription to the *Monitor on Psychology* (\$6) is included in the annual dues and fees for all APA members and student affiliates. Individual subscription rate is \$50; individual surface rate is \$107; and individual airmail rate is \$139. Institutional subscription rate is \$93; institutional surface rate is \$203; and institutional airmail rate is \$235. Single copies are \$20 each. For \$16 extra, the *Monitor on Psychology* will be mailed first-class to subscribers in the United States, Canada and Mexico. For \$75 extra, airmail is available to foreign subscribers (other than Canada and Mexico). Periodical postage is paid at Washington, DC, and at additional mailing offices. POSTMASTER: Send address changes to *Monitor on Psychology* Subscriptions Department, 750 First St., N.E., Washington, DC 20002-4242. CANADA SUBSCRIPTIONS: Canada Post Agreement Number 40036331. Send change of address information and blocks of undeliverable copies to PO Box 1051, Fort Erie, ON L2A 6C7. Printed in the United States of America. ©2019 by APA. Address editorial inquiries to the *Monitor on Psychology* editor, and advertising and subscription inquiries to *Monitor on Psychology*/advertising or *Monitor on Psychology*/subscriptions.

COVER STORY

THE EXPAT LIFE

Some adventurous U.S. psychologists have uprooted their lives—and enhanced their careers—by working abroad. The *Monitor* interviewed 10 of them about why they left the United States, how they found jobs abroad and what it's like managing life in a foreign country. Among them are a therapist who offers cognitive-behavioral therapy in China, a school psychologist in Mumbai and the founder of a community mental health clinic in Costa Rica.

See page 44

COVER: PHOTOGRAPH BY
HAWRA ABDULKATEB



Dr. George Hu
in Shanghai



THE TRUTH ABOUT LIES

Lying in therapy is nearly ubiquitous. One study found that 93 percent of psychotherapy clients say they have lied to their therapist—and therapists often don't realize that their patients are being untruthful. What are the reasons that someone would hold back the truth in therapy? And what can therapists do to keep sessions on track and clients as honest as possible? *See page 38*



Finding treasure in public data. Page 58

- 6 PRESIDENT'S COLUMN
- 7 FEEDBACK
- 8 UPDATE FROM THE CEO
- 9 THE HOT LIST

RESEARCH

- 11 IN BRIEF
- 21 DATAPOINT
- 80 BY THE NUMBERS

NEWS

- 22 PHYSICAL DISCIPLINE IS
HARMFUL AND INEFFECTIVE
- 24 MOURNING THE LAND
- 31 JUDICIAL NOTEBOOK

PEOPLE

- 29 4 QUESTIONS FOR CAROLYN MAIR
- 75 PSYCHOLOGISTS IN THE NEWS

CAREER

- 58 FINDING TREASURE IN
PUBLIC DATA
- 62 PSYCHOLOGISTS ON THE TEAM
- 66 LAB WORK
- 72 HOW DID YOU GET THAT JOB?
- 76 APA ELECTION GUIDELINES

EMPLOYMENT ADS

- 77 THE BEST JOBS
IN PSYCHOLOGY

The brain activity
behind perfect
pitch. Page 17



CE CORNER

SOCIAL ISOLATION: IT COULD KILL YOU

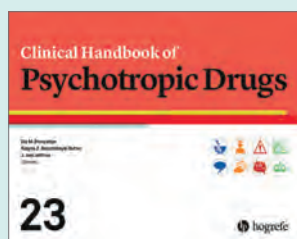
Studies have found correlations between social isolation and a range of health problems, including heart attacks, stroke, cancer, depression, alcoholism, anxiety and cognitive decline. Now, psychologists are studying how to combat loneliness in those most at risk, such as older adults. *See page 32*



NEWS FEATURE

“There’s still a gap between the clinicians and the environmental psychology researchers. And the challenge with ecological grief is that it falls right into that gap.”

Thomas Doherty, PsyD, a clinical and environmental psychologist in Portland, Oregon. *See page 24*



Ric M. Procyshyn /
Kalyna Z. Bezchlibnyk-Butler /
J. Joel Jeffries (Editors)

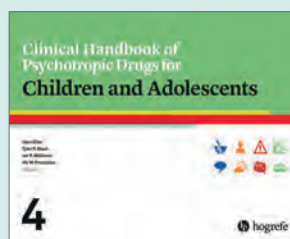
Clinical Handbook of Psychotropic Drugs

23rd ed. **May 2019**, iv + 408 pp. + 50 pp. of printable PDF patient information sheets, spiral bound
US \$99.80
ISBN 978-0-88937-561-1
Also available as online version

NEW

New in this edition

- New formulations/trade names: Adzenys ER (amphetamine), Aristada (aripiprazole) ... Jornay PM (methylphenidate) ... Spravato (esketamine) ... Zelapar (selegiline), and many more
- Now includes esketamine (Spravato) for treatment-resistant depression! Other major updates: antipsychotic augmentation strategies, antidepressants, treatments for substance use and extrapyramidal effects, pharmacogenomics, unapproved treatments and lots more

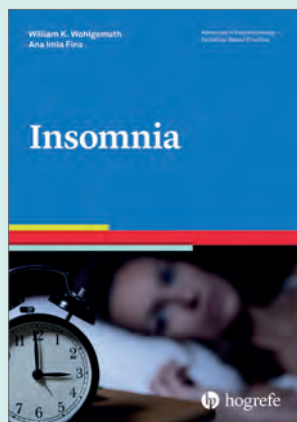


Dean Elbe / Tyler R. Black /
Ian R. McGrane /
Ric M. Procyshyn (Editors)

Clinical Handbook of Psychotropic Drugs for Children and Adolescents

4th ed. 2019, iv + 396 pp. + 53 pp. of PDF patient/caregiver information sheets, spiral bound
US \$99.80
ISBN 978-0-88937-550-5
Also available as online version

The *Clinical Handbook of Psychotropic Drugs for Children and Adolescents* has become a standard reference and working tool for mental health professionals, psychiatrists, pediatricians, psychologists, physicians, pharmacists, nurses, and others. It is a must for all mental health professionals working with children and adolescents who need an up-to-date, easy-to use, comprehensive summary of all the most relevant information about psychotropic drugs.

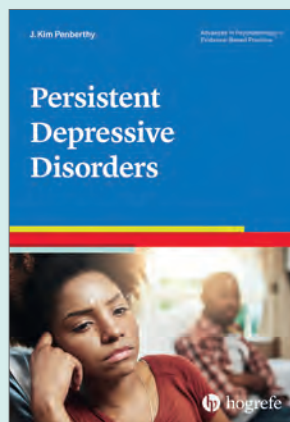


William K. Wohlgenuth /
Ana Imia Fins

Insomnia

(Advances in Psychotherapy –
Evidence-Based Practice –
Volume 42)
2019, viii + 94 pp.
US \$29.80
ISBN 978-0-88937-415-7

This concise reference written by leading experts for busy clinicians provides practical and up-to-date advice on current approaches to diagnosis and treatment of insomnia. Professionals and students learn to correctly identify and diagnose insomnia and gain hands-on information on how to carry out treatment with the best evidence base: cognitive behavioral therapy for insomnia (CBT-I). Copyable appendices provide useful resources for clinical practice.



J. Kim Penberthy

Persistent Depressive Disorders

(Advances in Psychotherapy –
Evidence-Based Practice –
Volume 43)
2019, x + 150 pp.
US \$29.80
ISBN 978-0-88937-505-5

Expert, evidence-based guidance on persistent depressive disorder (PDD) for busy practitioners who need to know how to assess, diagnose, and treat this difficult to identify and potentially life-threatening disorder. The therapies that have the strongest evidence base are outlined, and in particular the cognitive behavioral analysis system of psychotherapy (CBASP), a treatment specifically developed for PDD. Printable tools in the appendices can be used in daily practice.



www.hogrefe.com

 **hogrefe**

FIND YOUR VOICE AT APA'S CONVENTION

My first APA convention was career changing. Let this year's convention help open those doors for you, too.

BY ROSIE PHILLIPS DAVIS, PhD, APA PRESIDENT

I was one scared young psychologist in 1983 when I attended my first APA Annual Convention in Anaheim, California. I hardly knew anyone and sure didn't have anybody to hang out with. I was part of a panel presenting research on John Holland's vocational theory and assessment instruments to a large audience in a huge room. I was honored to share my research. During my presentation, a prominent psychologist whom I admired challenged my work. Wow, that was intimidating! But it was also an opportunity for me to lean in and learn. So, I engaged with the challenger and was grateful for the chance to interact and explain my findings. With that success, it struck me that I had found a professional home.

Many other experiences at APA conventions have reinforced that feeling. Over the years, colleagues have asked me to collaborate with them at convention. In fact, one of the ways that I became involved in APA governance was when I mentioned to then-Div. 17 (Society of Counseling

Psychology) President Dr. Naomi Meara that I did not feel that there was an opportunity for me to acquire leadership skills at APA. She promptly asked me to chair a committee. I said yes.

Since I am a shy person, those "yeses" often leave me shaking in my boots. But like most psychologists, I want to make a difference, so I take the leap of faith. My sense of home was further strengthened when I found the Section of Black Women in Div. 35 (Society for the Psychology of Women).

Going to APA's convention has helped me to find my voice. I learned that I can be publicly challenged and grow. I learned that I could take on new leadership roles. I found like-minded psychologists who became my trusted colleagues and friends.

I want you to find your voice, too. This year, more than 10,000 of us will gather for the APA Annual Convention in Chicago, Aug. 8–11. The attendees will be very diverse; the sessions will be scientific and applied. You will find things to do that are service-oriented and some that are just fun. Chicago is a city rich in history and things to see and do.

I invite you to join us, and please come talk to me if you are seeking a kindred spirit. There is a home for you at APA, too. ■



APA President
Dr. Rosie Phillips Davis

● To register for APA's Annual Convention, go to www.apa.org/convention. The early bird discounted registration fees end after May 15.

IMPLICIT BIAS AND HEALTH CARE

Implicit bias certainly can undermine delivery of effective health care, as documented in March's *Monitor* article "How Does Implicit Bias by Physicians Affect Patients' Health Care?" However, social determinants of health, including socioeconomic status, education and employment, as well as neighborhood social environments and health-care access, as influenced by a wider socio-political environment (Snowden & Graaf, in press), are twice as important as health-care provision itself for preventing premature death (Artiga & Hinton, 2018). Implicit and explicit biases are key features of social environments.

For African-Americans, emergent research goes beyond the clinical encounter and ties community and regional implicit and explicit bias to poor health (Leitner, Hehman, Ayduk, & Mendoza-Denton, 2016; Blair & Brondolo, 2017; Orchard & Price, 2017; Leitner, Hehman, & Snowden, 2018). Moreover, theorists (Payne, Vuletich, & Lundberg, 2017) identify reasons why group biases, when held and enacted in geographically defined areas, are more potent forces than the biases of individuals. Psychologists should also understand that successfully promoting more favorable social determinants could have greater societal impact than even large-scale bias reduction in the clinical encounter.

Lonnie R. Snowden

University of California, Berkeley

OUR FAVORITE TWEETS

Re: "CE Corner: How Does Implicit Bias by Physicians Affect Patients' Health Care?" (March)

@NKaslow It is incredibly important for all healthcare providers to be mindful of the impact of implicit bias and to take steps to minimize such bias and its negative effects

@DrKaraAyers Implicit bias is a critical topic. Thanks for covering @APA_Monitor but I am disappointed in the lack of coverage of bias towards ppl w/ disabilities in the healthcare setting. This omission in a CE piece widens the disparity gap. Would love to talk about working to close it.

Re: "The Hot List: New Video Series on Race" (March)

@Cassie_Boness Really glad to see this in @APA_Monitor this month!

Re: "Lab Work: The Athletic Brain" (March)

@GraceOlympic Fascinating article!

CLARIFICATION

In the sidebar to the March article "How to Monitor Patients' Medications," we should have noted that there is variation

in statutory requirements for obtaining prescription privileges in each of the states listed and that some states allow for training that is substantially equivalent to the master's degree. Psychologists should check the statutes and regulations of their states. In addition, psychologists who have completed training in clinical psychopharmacology can make medication recommendations and write or discontinue prescriptions in certain federal agencies. Psychologists credentialed to prescribe in those federal agencies may do so in those federal agency locations throughout the United States, even if the particular state has not enacted prescriptive authority laws. ■

● **We'd love your feedback.** Please send letters to *Monitor* Editor Sara Martin at smartin@apa.org.

civilian CORPS ★ U.S. Army

WORLD-CLASS HEALTH CARE
FIRST-RATE BENEFITS

Practice alongside other highly skilled civilian and military health care providers worldwide, and experience professional opportunities and benefits that can only be found in the Civilian Corps.

- Competitive Salary and Excellent Federal Benefits
- Potential Recruitment Bonuses
- Flexible Schedules
- Job Security
- Favorable Work Environment
- Worldwide Locations
- 60% of Army Hospital Employees are Civilians
- No Active Duty Military Requirements

Army Medicine Civilian Corps employees are NOT subject to military requirements such as "boot camp," enlistments, or deployments.

Department of Defense is an equal opportunity employer.

FIND JOBS | POST YOUR CV | APPLY TODAY

CivilianMedicalJobs.com/Psych

TRANSFORMING APA TO MAKE A GREATER IMPACT

APA's new strategic plan profoundly enhances our ability to benefit society and improve lives

BY ARTHUR C. EVANS JR., PhD

At its first meeting of the year, APA's Council of Representatives overwhelmingly embraced a new and forward-looking strategic plan for the association that not only will strengthen the psychology field but also will ensure that psychology plays a leading role in addressing society's most important challenges.

This new vision enables APA to strategically invest our resources to maximize our impact. Specifically, the plan calls for APA to:

- Utilize psychology to make a positive impact on critical societal issues.
- Prepare the discipline and profession of psychology for the future.
- Elevate the public's understanding of, regard for, and use of psychology.
- Strengthen APA's standing as an authoritative voice for psychology.

This plan serves to transform the way APA operates. Going forward, all our work will be aligned with and focused on advancing these strategic priorities. To do this, we will need to employ multiple methods. This

includes developing new partnerships to reach broader audiences. This means calling upon psychological science to inform the implementation of the plan, in such areas as change management and team building. This means establishing metrics and gathering and analyzing data to make sure our work is successfully advancing our strategic priorities and allowing us to amend our direction as needed. We will tap the expertise of our members and rely on the breadth of our field's knowledge to ensure psychology reaches its full potential to help create a better world.

One reason I'm excited about this new plan is that it was co-created by our members and other stakeholders. We developed a highly inclusive process that allowed every member to provide input and even gave nonmembers the opportunity to weigh in. Through surveys, focus groups and in-depth communications, our members told us about their priorities and hopes for both APA and psychology. Scientists emphasized their need for more research funding and effective channels for disseminating their findings. Practitioners voiced their concerns about scope of practice and reimbursement. Applied psychologists called on APA to enhance the public's understanding of the contributions they make across settings. Educators told us they wanted to bolster support for graduate education and diversify the psychology pipeline. And a consistent, strong theme we heard from psychologists of all backgrounds was the need to apply psychological knowledge to address large societal challenges, like the opioid crisis and gun violence.

As we implement the plan, we must continue these conversations. Thank you in advance for your engagement. I couldn't be more energized by the opportunities that lie ahead for APA and what we can accomplish together. ■



APA CEO
Dr. Arthur C. Evans Jr.

● To read the full strategic plan, go to www.apa.org/about/apa/strategic-plan.

The Hot List

DON'T MISS APA IN CHICAGO, AUG. 8–11

Come to APA's Annual Convention in the Windy City to network with colleagues and expand your knowledge on some of the most compelling psychology topics, including trauma and resilience. This year's keynote speaker is **Wes Moore**, CEO of Robin Hood, one of the nation's largest poverty-fighting organizations. The meeting also offers 70 half- and full-day continuing-education workshops, listed in the insert in this issue. Early registration fees are in effect until May 15. To register, go to <https://convention.apa.org>.



APA SUPPORTS ARGOSY STUDENTS

APA is continuing its efforts to help former Argosy University students finish their education and training since the school's sudden closure on March 8. Several APA-accredited programs have expressed willingness to accept transfers from Argosy; learn more at www.apa.org/apags/argosy-transfer-review. For a list of FAQs about the closure, go to www.apa.org/apags/argosy.

A NEW HUB FOR APPLIED PSYCHOLOGY



APA has established a new Office of Applied Psychology to better support the branch of psychology that uses psychological research, theory and methods to address concrete problems in society and develop practical solutions. Find more at <https://on.apa.org/Applied>.



STUDENTS: WIN \$5,000 FOR STIGMA RESEARCH

Apply by May 15 for the American Psychological Foundation Violet and Cyril Franks Scholarship for research on reducing the stigma of mental illness. Go to <https://on.apa.org/APF-Franks>.

MEET THE CANDIDATES

Members have nominated five candidates for **APA's 2021 president**. They are: Jennifer F. Kelly, PhD, Jean Lau Chin, EdD, Steven D. Hollon, PhD, Robert H. Woody, PhD, JD, and Susan Krauss Whitbourne, PhD. Read about their experience and priorities at <https://on.apa.org/APA-Election>. The site will be updated monthly with candidates' answers to important issues.

APA SPEAKS OUT ON SEPARATION TRAUMA

APA hosted a congressional briefing in February on the lasting psychological effects of separating immigrant children from their families at the border. Learn more at <https://on.apa.org/Immigration>.



SAVE THE DATE

APA is hosting the **Technology, Mind and Society Conference** Oct. 3–5. Learn more at <https://tms.apa.org>.



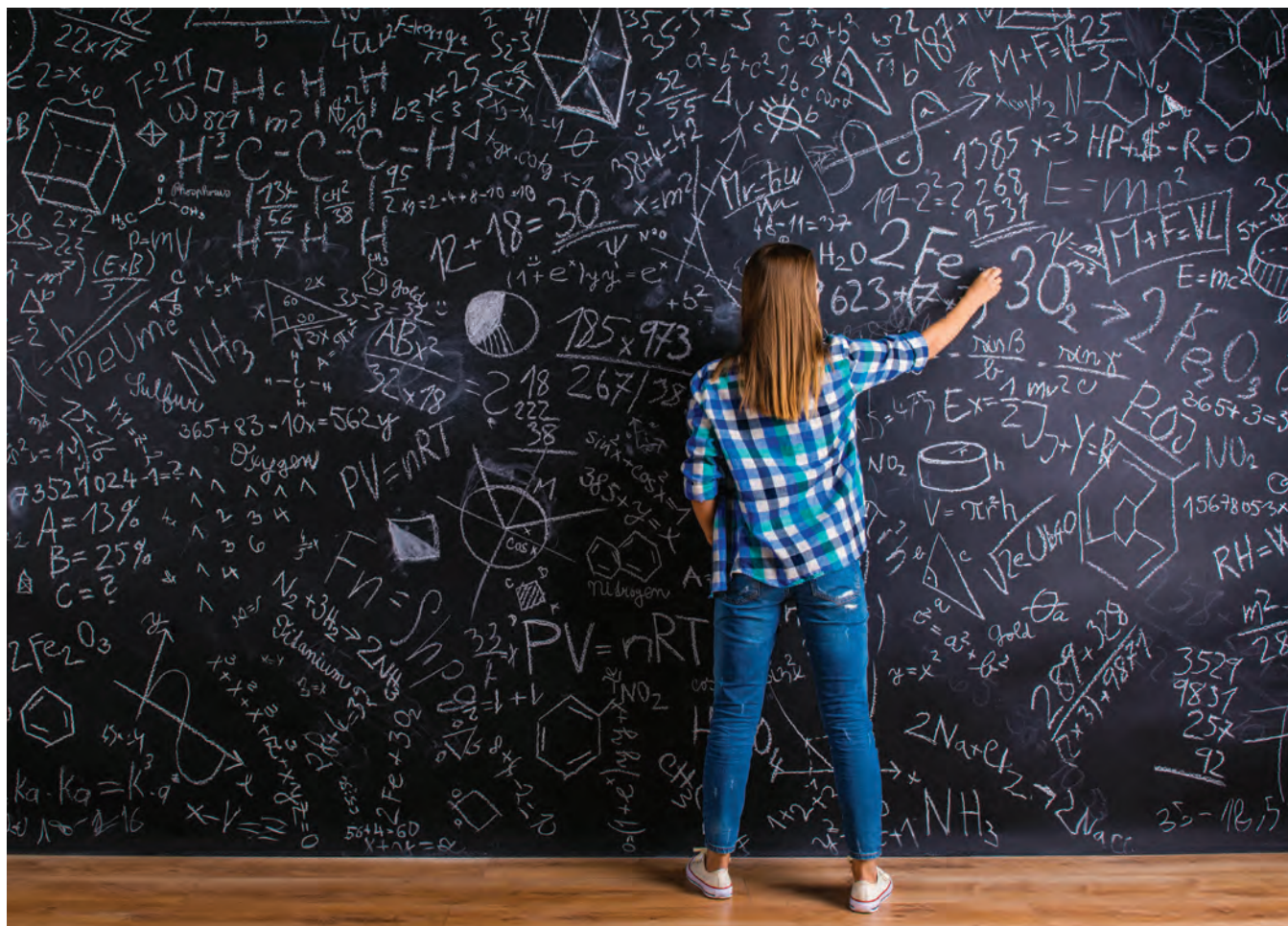
Avis and Budget are now the official rental car companies of the APA.

APA members get special discounts and benefits on all Avis and Budget cars. Use Avis Worldwide Discount number B774600 or Budget Customer Discount Z802700 when you book. And enjoy the ride, wherever it takes you.

[avis.com/APA](https://www.avis.com/APA) [budget.com/APA](https://www.budget.com/APA)

In Brief

THE LATEST PEER-REVIEWED STUDIES WITHIN PSYCHOLOGY AND RELATED FIELDS



HALFPPOINT/GETTY IMAGES

researchers looked at data from an international education survey of more than 120,000 15-year-old students from 23 countries. They then compared those data with UNESCO data on women's representation in the workforce in those countries. They found, on average, that in countries with more gender diversity in the STEM workforce, girls scored higher on a measure of math self-concept. DOI: 10.1037/edu0000340



Large teams of scientists may make fewer breakthroughs than smaller teams, a study suggests.

SMALL TEAMS, BIG IDEAS

Small teams of scientists are more likely to produce new concepts and discoveries than larger teams are, while larger teams more often build on existing ideas, finds an analysis of more than six decades of science, published in *Nature*. Researchers analyzed 65 million papers, patents and software products produced between 1954 and 2014, using a metric that measured whether and how the research built on previous work. Overall, they found that teams of 10 people or fewer were more likely to produce new and “disruptive” ideas, while larger teams were more likely to expand upon existing ideas and approaches. Both types of work are important for advancing science and technology, the researchers say.

DOI: 10.1038/s41586-019-0941-9

BIRTH WEIGHT LINKED TO MENTAL HEALTH

Children born small for their gestational age are at slightly increased risk for mental health disorders later in life, finds a study in *JAMA Psychiatry*. Researchers analyzed birth and medical records from a Swedish registry of more than 500,000 pairs of siblings born between 1973 and 1998. As virtually all sibling pairs shared the same biological parents and grew up

Low-birth-weight babies are slightly more likely to develop mental health disorders later in life.



in the same household, genetic and environmental influences were controlled for. In within-sibling comparisons, individuals born at a lower birth weight were on average more likely to go on to develop depression, autism, attention-deficit/hyperactivity disorder and obsessive-compulsive disorder.

DOI: 10.1001/jamapsychiatry.2018.4342

CORPORATE MORALITY

If you want to convince your employer to address a social issue—such as improving energy efficiency or expanding health care—then you may get further by appealing to your boss’s moral compass rather than the bottom line, suggests a study in the *Journal of Applied Psychology*. In several field surveys, researchers asked more than 500 employees and employers to recall times when employees

TOP: MATIAZ SLANIC/GETTY IMAGES; BOTTOM: MME EMIL/GETTY IMAGES

advocated for social change, and the successes or failures of those requests. Employees had more success when they framed their requests in moral terms rather than explaining how they would save the company money, the researchers found. Employees were most successful when they explained how the moral argument aligned with the company's own professed values. In contrast, in one lab experiment, when the researchers asked people to *imagine* themselves to be bosses and rate the persuasiveness of an employee request, participants reacted best to economic arguments. The researchers suggest that in responding to hypothetical situations, people call on assumptions about how bosses *should* make decisions rather than how they actually do.

DOI: 10.1037/apl0000388

TAKE THE CAKE

When diners choose an indulgent dessert at the beginning of a meal, they're more likely to make healthier choices for the rest of the meal, finds a study in the *Journal of Experimental Psychology: Applied*. Researchers observed 134 patrons (faculty, staff and graduate students) at a university cafeteria in Mexico as the diners chose their meal from a buffet line. Dessert choices were offered at the beginning of the line—either cheesecake or fresh fruit. Later in the line, there were healthier (fajitas) and less healthy (fried fish and french fries) main dish options. People who chose the cheesecake for dessert ended up consuming 30 percent fewer total calories on average than those who chose

the fresh fruit, even though the total included the calories in the dessert itself.

DOI: 10.1037/xap0000210

FRIENDS LIKE ME

Young children prefer friends who talk with the same local accent that they do, finds research in *Developmental Psychology*. In three experiments, researchers asked nearly 150 5- and 6-year-olds in Toronto to look at photos of two other children and listen to recordings of those children speaking. One

child from each pair spoke with the local Canadian accent; the other spoke with either a British or Korean accent. Because Toronto is a multiethnic city, most of the participants reported that they had some contact with non-native English speakers (family, day-care providers, friends) who spoke accented English. Nonetheless, when asked which of the children in the photos they'd like to be friends with, more children chose the one with the familiar Canadian accent. The effect was

Want to eat fewer calories? Choose an indulgent dessert first, one study finds.



stronger when comparing the Canadian and Korean accents than when comparing the Canadian and British accents.

DOI: 10.1037/dev0000659

GIRLS' PAIN

Adults take young girls' pain less seriously than boys' pain, finds a study in the *Journal of Pediatric Psychology*. Researchers asked more than 500 online participants to watch a video of a 5-year-old child with a gender-neutral appearance reacting to a finger stick. Half the participants were told the child was a boy ("Samuel"), and half were told the child was a girl ("Samantha"). When asked how much pain they thought the child was experiencing, participants who believed "he" was a boy rated the pain significantly higher than those who believed "she" was a girl—and women were more likely to underestimate girls' pain than men were. The researchers suggest the



effect may be driven by the stereotype that boys are stoic, and girls are more emotional.

DOI: 10.1093/jpepsy/jsy104

USING E-CIGS TO QUIT SMOKING

E-cigarettes are nearly twice as effective as traditional nicotine-replacement therapies at helping smokers to curb cravings and quit smoking, finds a study in the *New England Journal of Medicine*. Researchers assigned 886 British adult smokers—all of whom wanted to quit—to two groups: One received up to three months

Smokers are more than twice as likely to quit when they turn to e-cigarettes rather than traditional nicotine replacement therapies, like patches.

of their choice of nicotine replacement therapy (patches, gum, lozenges, etc.), while the other group received a starter pack of e-cigarettes. Participants in both groups also received at least four weeks of counseling. After one year, 18 percent of the e-cigarette group remained abstinent from cigarettes, compared with 9.9 percent of the nicotine-replacement group.

DOI: 10.1056/NEJMoa1808779

DETECTING CONSCIOUSNESS SIGNALS

A complex pattern of brain activity that is detectable by fMRI underlies human consciousness, suggests a study in *Science Advances*. Researchers used fMRI to scan the brains of 125 people—47 healthy controls, and 78 either with unresponsive wakefulness syndrome (a vegetative state) or in a minimally conscious state (they could follow simple instructions such as moving their eyes). The researchers also scanned 23 healthy participants under anesthesia. In conscious participants, the researchers identified a complex pattern of brain activity indicating communication among distant parts of the brain. That pattern did not show up in the nonconscious participants (healthy participants under anesthesia and patients in a vegetative state) but did appear to a lesser degree in minimally conscious patients. The researchers suggest the finding could offer a new method to define and detect human consciousness.

DOI: 10.1126/sciadv.aat7603



The stereotypes that girls are emotional and boys are stoic may lead adults to underestimate girls' pain levels.



FACEBOOK, SNAPCHAT AND DEPRESSION

Frequent social media use does not cause depression in teens, suggests a study in *Clinical Psychological Science*. Some previous research has found an association between the two, but that research has generally been cross-sectional rather than longitudinal, so it did not address causation. In this study, conducted in Canada, researchers followed 594 middle-school students for two years beginning in sixth grade, and 1,132 undergraduate students for six years beginning in their first year of college. The researchers found that participants' social media

use at the study's outset did not predict later depressive symptoms among either the young teens or the college undergraduates. Depressive symptoms at the beginning of the study, however, did predict more social media use later, but only among the middle-school-age girls.

DOI: 10.1177/2167702618812727

DARK SECRETS

People dwell on shameful secrets more than they do on guilty ones, finds a study in *Emotion*. In a series of experiments, researchers asked 1,000 online participants—both men and women—to fill out surveys about the secrets they were keeping, how they felt about

Frequent social media use doesn't cause depression in teens, finds a longitudinal study.

those secrets and how often they thought about them. Overall, when people were keeping secrets that evoked feelings of shame (such as "I am a worthless person"), the secrets were more likely to intrude upon their thoughts at irrelevant times than when they were keeping secrets that evoked feelings of guilt ("I feel remorse about something I've done").

DOI: 10.1037/emo0000542

SENSING DEPRESSION THROUGH MOTION

A machine learning system that analyzes data about body movements gathered by a wearable sensor can identify anxiety and depression in children in

less than two minutes, according to research in *PLOS ONE*. Researchers tested 63 children, ages 3 to 7, 42 of whom were controls and 21 of whom had been diagnosed with anxiety or depression. Children wore the sensor on belts during a 90-second “mood induction” task. First, they were brought into a dimly lit room with a terrarium covered in a blanket and told, “Let’s be quiet so it doesn’t wake up.” Then, the experimenter pulled up the blanket to reveal a fake snake. Finally, the experimenter reassured the child that the snake was fake and encouraged him or her to play with it. Using statistical analyses of the direction and timing of the children’s movements, the machine learning system was able to distinguish the children with anxiety or depression from the controls with 81 percent accuracy. In particular, those with anxiety and depression were more likely to turn away from the terrarium when they had come close to it and it was still covered by the blanket.

DOI: 10.1371/journal.pone.0210267

“AHA!” MOMENTS

In fields as disparate as writing and physics, people come up with their most creative ideas and solve their thorniest problems when they let their minds wander off-topic, according to a study in *Psychological Science*. Researchers asked 185 professional writers and physicists to report on their most creative idea of the day, the quality of the idea, and what they were thinking about and doing when it occurred. The researchers



found that about one-fifth of the ideas came while participants’ minds were wandering—they were engaging in an activity other than working and were thinking about something else when the idea popped up. Also, ideas that arose during mind wandering were more likely to be experienced by participants as “aha” moments, associated with overcoming a problem, than were ideas that arose while they were working on the problem.

DOI: 10.1177/0956797618820626



Children from big families are more likely to be bullied by their siblings—particularly their older siblings.

“Light bulb moments”—overcoming a tricky problem—occur most often when people are letting their minds wander.

SIBLING BULLYING

Children from larger families are more likely to be bullied by their siblings, according to a study in *Developmental Psychology*. Researchers followed 6,838 British children born in 1991 or 1992. At ages 5, 7 and 12, the researchers asked the children and their mothers about the family’s sibling relationships, as well as other demographic data. About 28 percent of the children in the study were involved in either verbal or physical sibling bullying, the researchers found, with psychological abuse (saying nasty or hurtful things) the most common form. The majority of these children were “bully victims,” meaning they both bullied and were bullied by siblings. Bullying was more common in families with three or more children, and firstborn children and older brothers were most likely to be perpetrators.

DOI: 10.1037/dev0000700

DISTRACTABLE BOYS

Boys who don't pay attention in kindergarten earn less money as adults, suggests a study in *JAMA Pediatrics*. Researchers followed 920 boys in low-income neighborhoods in Montreal beginning in 1984 when the boys were 5 and 6 years old and continuing through 2015. Boys whose teachers rated them as more inattentive or distractable in kindergarten had lower earnings at ages 35 to 36. In contrast, boys whose teachers noted their prosocial behavior (for instance, helping a hurt classmate or including others in games) earned more money as adults. The findings held even after accounting for the boys' IQs and childhood socioeconomic status. Hyperactivity and aggression in kindergarten, meanwhile, were not associated with earnings in adulthood.

DOI: 10.1001/jamapediatrics.2018.5375

PERFECT PITCH

People with absolute pitch, also called "perfect pitch," have a larger auditory cortex than people without it, finds a study in the *Journal of Neuroscience*. Absolute pitch is the rare ability

with no musical training. They used fMRI to image participants' brains as the participants listened to a range of notes, and found that musicians with absolute pitch had a larger auditory cortex compared to the other two groups. They also found that each subarea of the cortex responded to a wider range of tones in musicians with absolute pitch than in the other groups. The results suggest that individuals with absolute pitch may encode sounds differently in the brain, and not just have a better memory for tones, according to the researchers.

DOI: 10.1523/JNEUROSCI.1532-18.2019

LYING FOR MONEY

Offering participants money to take part in research studies may motivate them to lie about their eligibility, no matter how small the payment, finds a study in *JAMA Network Open*. Researchers offered 2,275 online

People with "perfect pitch" encode sound differently in the brain, suggests a study.

participants varying amounts of money to complete a one-minute survey on vaccine attitudes. In a control group, everyone was eligible to participate, but in the experimental groups participants' eligibility depended on whether they had recently received a flu shot. If no one lied, participants in each group should have reported roughly the same vaccination rates. Instead, 52.2 percent of people in the control group reported receiving a recent flu shot compared with 62 to 63 percent in the experimental groups. The amount of payment offered didn't have a significant effect—63.1 percent of people offered \$5 said they'd had a flu



OSTILL/GETTY IMAGES

to identify a musical note heard in isolation, something even most professional musicians cannot do. Researchers tested 61 people—20 musicians with absolute pitch, 20 musicians without it, and 21 controls



shot compared with 62.8 percent of people offered \$10 and 62.1 percent of people offered \$20.

DOI: 10.1001/jamanetworkopen.2018.7355

HEARING LOSS

Older adults with hearing loss are more likely to experience cognitive decline over time, but education may provide some protection against that decline, finds a study in the *Journals of Gerontology: Series A*. Researchers followed 1,164 participants (average age 73.5) for up to 24 years beginning in 1992. At the beginning of the study about half the participants had mild hearing loss and 16.8 percent had moderate or severe hearing loss. The researchers also gave the participants two common cognitive assessment tests and followed up with those same tests approximately every four years for the next 24 years. Overall, hearing impairment was

associated with a greater decline in test performance over time. However, among participants with just mild hearing impairment, that decline was less steep for people with a college education than for people without one.

DOI: 10.1093/gerona/glz035

ROCKABYE BABY (AND GROWN-UP)

Gentle rocking isn't only good for babies' sleep—it can help adults sleep more soundly too, according to a study in *Current Biology*. Researchers asked 18 young adults to sleep for three nights in a lab. The first night was to get accustomed to the lab. Then, the researchers monitored participants' brains' electrical activity for two more nights—one night on a motionless bed and one night on a gently rocking one. Overall, participants fell into a deep (non-REM) sleep more quickly, stayed in deep sleep longer and woke

Hearing loss is associated with cognitive decline in older adults, but a college education seems to have a protective effect.

up less frequently on the rocking bed. Also, on the morning after they slept on the rocking bed, the participants showed better memory for word pairs they had seen the previous night. Patterns of brain electrical activity reflected these behavioral effects of the rocking bed.

DOI: 10.1016/j.cub.2018.12.028

A YAWNING GAP

People may react to social cues differently in virtual reality (VR) than they do in real life, finds a study in *Scientific Reports*. Previous research has shown that yawns are contagious—seeing someone else yawn often causes people to yawn themselves. However, “social presence” can deter this: When people believe they are being watched, they are less likely to catch a yawn. In a series of five experiments with more than 100 Canadian undergraduate participants, researchers tested these effects in a VR system. They found that watching a virtual avatar yawn caused people to yawn 38 percent of the time—a finding in line with results from studies using real people. However, when another virtual avatar “watched” the participant, it didn't prompt the social inhibition effect—participants yawned at a similar rate as when there was no other avatar watching. The results suggest that scientists should use caution when extrapolating results from VR studies to real-life situations, the researchers conclude. ■

DOI: 10.1038/s41598-018-36570-2

● For direct links to the research cited in this section, visit our digital edition at www.apa.org/monitor/digital.

SAVE THE DATE

APF'S 1ST ANNUAL SOIREE

OCTOBER 24, 2019 ~ 6:30 PM

*District Winery, 385 Water Street SE
Washington, DC*



AMERICAN PSYCHOLOGICAL FOUNDATION

All funds raised during the Soiree will support grants that focus on violence prevention, a critical issue in our country at this time.

SOIREE COMMITTEE MEMBERS:

*J. Gayle Beck, PhD • Sharon Berry, PhD • Kathleen Brown, PhD
Y. Barry Chung, PhD • Dorothy W. Cantor, PsyD • Tony Jackson, PhD
Terence M. Keane, PhD • Jana N. Martin, PhD • Katherine Nordal, PhD
Antonio Puente, PhD • W. Bruce Walsh, PhD*

*For more information about the Soiree or making a gift to APF, contact Miriam Isserow,
Director of Development, at 202-336-5622 or at misserow@apa.org.*



Almost half of the nearly **30 million people living with diabetes** in the United States experience **mental health challenges.**

You can make a difference.

Enroll in the Mental Health Provider Diabetes Education Program.

The ADA and APA have partnered in developing a two-part continuing education program about diabetes for licensed mental health professionals.

This course will help you identify mental health issues associated with diabetes and how to treat them.

Benefits of completing this program include:

- ADA professional membership
- Up to 12 CE credits offered
- Eligibility for listing in the **Mental Health Provider Directory**

Program dates:

June 8, 2019, San Francisco, CA

August 7, 2018, Chicago, IL

Register online: professional.diabetes.org/mentalhealth.

This program sponsored by a grant from The Helmsley Charitable Trust



**Mental Health Provider
Diabetes Education Program**

Datapoint

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

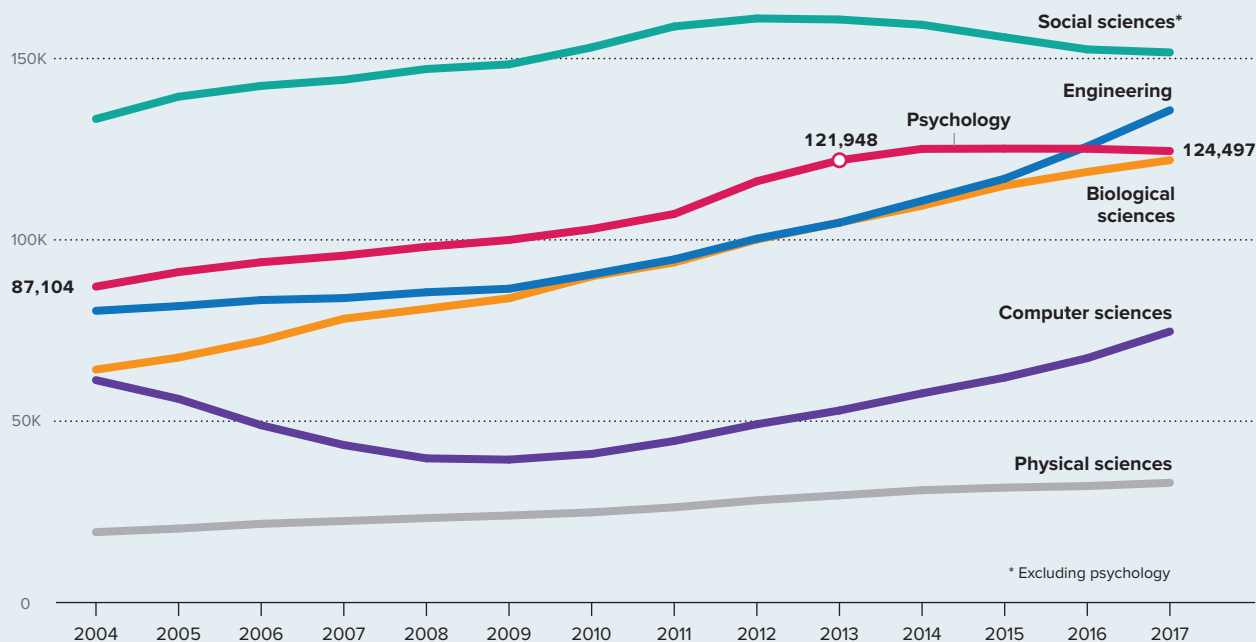
THE GROWTH OF PSYCHOLOGY BACCALAUREATES SLOWS

- The overall number of bachelor's degrees awarded in the United States has been growing steadily for more than a decade, increasing 39 percent from 2004 to 2017.
- Psychology baccalaureates grew even faster, from about 87,000 in 2004 to almost 125,000 in 2017, a gain of 43 percent.¹
- However, psychology baccalaureate growth slowed and then plateaued beginning in 2013. In 2017, for the first time in years, the number declined, with 124,497

fewer psychology baccalaureates awarded in 2017 (124,497) than in 2016 (125,759).

- Since 2013, there have been similar declines in baccalaureate degrees awarded in other social science disciplines.² However, baccalaureates awarded in other STEM fields, such as engineering and biological sciences, grew consistently from 2004 to 2017. In computer sciences, the number declined between 2004 and 2009 but has grown each year since.

Number of U.S. Baccalaureate Degrees Awarded by Discipline



By Peggy Christidis, PhD, Luona Lin, MPP, and Jessica Conroy, BA

Want more information? See CWS's interactive data tools: www.apa.org/workforce/data-tools/degrees-psychology.aspx or contact cws@apa.org.

¹U.S. Department of Education, National Center for Education Statistics, Integrated Postsecondary Education Data System (IPEDS). (2004–17). Completions surveys [Data files and dictionaries]. Retrieved from <https://nces.ed.gov/ipeds/use-the-data>.

²"Other social sciences" is identified as CIP code 45 in IPEDS and includes the disciplines of political science, economics, sociology, anthropology and geography, among others.

PHYSICAL DISCIPLINE IS HARMFUL AND INEFFECTIVE

A new APA resolution cites evidence that physical punishment can cause lasting harm for children

BY EVE GLICKSMAN

APA adopted a new policy about the ineffectiveness and dangers of physical discipline against children to raise awareness among parents, caregivers and mental health professionals.

The Resolution on Physical Discipline of Children By Parents, adopted by APA's Council of Representatives in February, relies on strong and sophisticated longitudinal research that finds physical discipline does not improve behavior and can lead to emotional, behavioral and academic problems over time, even after race, gender and family socioeconomic status have been statistically controlled.

To start, the research finds that hitting children does not teach them about responsibility, conscience development and self-control. "Hitting children does not teach them right from wrong," says Elizabeth Gershoff, PhD, an expert on the effects of corporal punishment on children who provided research for the resolution. "Spanking gets their attention, but they have not internalized why they should do the right thing in the future. They may behave when the adult is there but do whatever they want at other times."

In addition, children learn from watching their parents. Parents who use physical discipline may be teaching their child to resolve conflicts with physical aggression. Researchers found that spanking can elevate a child's aggression levels as well as diminish the quality of the parent-child relationship. Other studies have documented that physical discipline can escalate into abuse.

The purpose of this resolution is to promote effective forms of discipline for parents that don't contribute to antisocial behaviors, aggression and trust issues. "Children do not need pain to learn," says Gershoff, a professor at the University of Texas at Austin, "We don't allow aggression among adults. It's a sad double standard that we don't give children the same protection against violence."

BETTER DISCIPLINE MODELS

Upward of 80 percent of mothers spank their children between kindergarten and third grade, according to a large study conducted by Gershoff (*Child Development*, May/June 2012).

Most parents raise children the way they were raised and have not been exposed to other

models of discipline, says APA President Rosie Phillips Davis, PhD. "I don't think most people know how to discipline without spanking. We don't teach people to do it differently; alternatives seem time-consuming," she says.

The APA resolution presents effective alternatives that draw broadly on respectful communication, collaborative conflict resolution and parental modeling. Specifically, these approaches could include conveying anxiety about a dangerous action, taking away privileges or using praise to shape behavior.

Sometimes, simply ignoring the behavior and not engaging in a fight is the best tactic, says Christina Rodriguez, PhD, an associate professor at The University of Alabama at Birmingham and chair of the APA Committee on Children, Youth and Families, who led the resolution effort. "Parents need to learn what they should or shouldn't respond to."

Parents of 3- to 5- year-olds are the most likely to spank. So, what about a preschooler who can't be reasoned with? Rodriguez advises parents to think strategically and plan ahead. If your child is prone to act out while you get groceries, bring snacks





and toys to redirect the child or choose a time to shop when the child isn't sleepy, she suggests.

Calling a time-out for certain behaviors can be effective but it is often misused as a stand-alone strategy, Gershoff observes. "Looking at a wall for five minutes won't teach a child how to behave."

Rather, parents need to give children guidance about what to do differently, what is known as "time out from positive reinforcement (TOPR)." This technique makes time-out an opportunity to regroup and think about how to do better next time.

A new study in *American*

Psychologist offers guidelines in using TOPR to maximize the development of the child's self-regulation skills while avoiding any weakening of the parent-child attachment bond from the time out (*American Psychologist*, Feb. 25, 2019).

GIVE PARENTS THE FACTS

The APA resolution is clear that any perceived short-term benefits from physical discipline do not outweigh the potential detriments. By adopting the resolution, APA joins a number of professional and public health organizations in recommending that parents reject all physical

discipline. The resolution also directs APA to support funding for research in the United States and other countries related to why parents turn to physical discipline.

Davis wants to see more training programs on parental discipline for psychologists. Currently, more than 75 APA members are collaborating to create a toolkit to facilitate conversations in the community about disciplining children. Multiple modules are being developed for parents, colleges, civic organizations and places of worship that will include frequently asked questions. APA also offers the ACT Raising Safe Kids Program to teach positive parenting skills.

Rodriguez hopes the resolution will prompt psychologists to guide parents toward healthier discipline practices than were used in the past. Now that we know the risks of not wearing seatbelts, most parents make sure children buckle up, she comments. "Why is it not the same for rejecting physical discipline when the risks are known?"

Some psychologists feel that it's not their place to tell parents how to discipline their children, Rodriguez says. "But it is long past opinion that physical discipline makes things worse," she says. "It is incumbent on psychologists to take the opportunity to discuss the facts and share what we know. If mental health professionals don't take this on, then who?" ■

The APA resolution presents effective alternatives that draw broadly on respectful communication, collaborative conflict resolution and parental modeling.

● **To read** the full APA resolution on child punishment, go to www.apa.org/about/policy/physical-discipline.pdf.

MOURNING THE LAND

Researchers are taking stock of the emotional toll of climate change in threatened communities worldwide

BY LEA WINERMAN

“Inuit are people of the sea ice. If there is no more sea ice, how can we be people of the sea ice?”
“There’s nothing [that] makes me more depressed than to see the place—dust lifting off the place. It’s really terrible. ... I can’t stand the place blowing away.”

Those two statements come from opposite ends of the earth, but they resonate with shared grief. The first is from a resident of Nain, a town of fewer than 1,200 people in Nunatsiavut, the self-governing Inuit region in northern Labrador, Canada. The second is from a family farmer in the Australian Wheatbelt, a drought-stricken rural area outside Perth.

The two speakers may have little in common on the surface. But both are people whose lives, livelihoods and identities are intimately tied to land that is now shifting under their feet because of climate change.

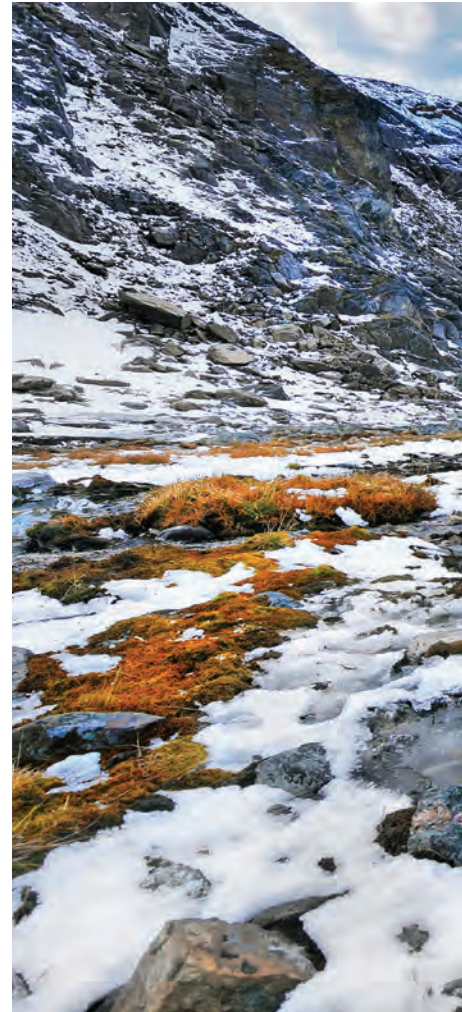
Those shifts have dire economic and health consequences, including lost farms in Australia and decreasing sea ice and disrupted hunting and traveling in Nunatsiavut. But in a paper in *Nature Climate Change*, social scientists and health researchers Ashlee Cunsolo, PhD, and Neville Ellis, PhD, make the

case that in both communities, residents are facing more than practical hardships. They also share another, largely underappreciated, threat—“ecological grief,” or mourning for the land itself, similar to the mourning that a person would feel for a lost loved one (*Nature Climate Change*, Vol. 8, 2018).

Cunsolo is director of the Labrador Institute at Memorial University in Goose Bay, Laborador, Canada, and a contributor to the 2017 APA/ecoAmerica report “Mental Health and Our Changing Climate: Impacts, Implications and Guidance.” Ellis is a research fellow at the University of Perth in Australia and a contributing author to the recent Intergovernmental Panel on Climate Change (IPCC) “Special Report on Global Warming of 1.5°C.” Cunsolo had spent years working with the residents of Nunatsiavut, and Ellis with farmers in the Wheatbelt, when the two researchers met at a conference on ecological health in 2015.

“There was this amazing light bulb moment where we realized that the Inuit people [in Canada], and the non-indigenous farmers [in Australia] had nearly identical quotes

In Nunatsiavut, Labrador, Canada, climate change threatens a landscape where Inuit people have lived for generations.



and experiences,” Cunsolo says.

In the paper, Cunsolo and Ellis lay out their argument that ecological grief is an expectable reaction to climate change and, as climate change worsens in the coming years, it will become more common. In response, they say, researchers and policymakers should take into account ecological grief when tallying up the worldwide effects of climate change and considering how to mitigate them. Those effects may be most apparent in highly vulnerable communities like



those in the Arctic or Australia. But the rest of us will not be immune.

"Years ago, in 2009, *The Lancet* identified climate change as the biggest public health challenge of the 21st century," Cunsolo says. "I think there's an increasing recognition that mental health is part of that."

A LOSS OF TRADITION

Cunsolo began working with residents in Rigolet, another town in Nunatsiavut, more than a decade ago, when she was a

graduate student in health geography and rural studies at the University of Guelph in Ontario. She was called in to assist with a project led by the Rigolet Inuit Community Government on the effects of climate change on health in the community. Cunsolo quickly found that when she talked to the residents, they were as likely to discuss the emotional burden of climate change as they were to mention physical health impacts.

"One hundred percent of people mentioned at least one

form of mental or emotional impact, and many said it was the biggest thing," she recalls. The project set her on a new path, changing much of her research focus to look at these mental health effects. Over the next several years, she and local residents developed a community-based research program to better understand what Rigolet's residents were experiencing.

They conducted detailed interviews with 115 people (out of the town's approximately 300 residents), and also started a digital storytelling center so that residents could create audio and video records of their experiences with a changing climate (see *EcoHealth*, Vol. 9, 2012, for more on the methods).

One example: Rigolet is inaccessible by road—residents can enter and leave only by plane, boat in the summer months and, in winter, snowmobile over sea ice. They also travel over sea ice to reach traditional hunting areas, but as the climate warms the sea ice has become less reliable each year.

After two years of working in Rigolet, Cunsolo expanded her work to four other small towns in Nunatsiavut and eventually created a documentary film, "Attutauniujuk Nunami/Lament for the Land," about the changes these communities are facing.

It's these changes in travel, hunting, livelihoods, cultural continuity, and connection to family and community, Cunsolo explains, that can cause ecological grief: the loss of the physical place itself (the ecosystem and the landscape that their Inuit ancestors have known for centu-



Years of drought, exacerbated by climate change, have ravaged soil across Australia.

ries), the loss of the traditional knowledge that goes with that landscape (understanding where and when the sea ice appears each year and where it is safe to travel, for example), and the anticipation of further change and losses.

“It’s hurting in a lot of ways,” one older resident from Hopedale, Nunatsiavut, told the researchers. “Because I kinda thinks I’m not going to show my grandkids the way we used to do it ... it’s hurting me big time. And I just keep that to myself.”

Meanwhile, in Australia, Neville Ellis encountered similar thoughts in his work with Australian farmers, many of whom are watching farms that have been in their families for three or four generations turn to dust.

The area, Ellis says, has lost 20 to 25 percent of its winter rainfall in the past two decades, and has increasing salinity in the soil, rendering it increasingly

unfit for profitable farming. “An area the size of Tasmania has turned to salt,” he says. Ellis conducted detailed interviews with 22 family farmers and 15 mental health professionals and others in the area (*Social Science and Medicine*, Vol. 175, 2017).

Like Cunsolo, he found residents grieving the land itself and their ancestral connection to it, and their quotes are recounted in the *Nature Climate Change* paper.

“[Losing the farm] would be like a death. Yeah, there would be a grieving process ... I think if we were to lose it, it would be like losing a person,” one farmer told him.

PREPARING FOR THE FUTURE

The idea of ecological grief—mourning for the natural environment—is not entirely new. The environmentalist Aldo Leopold described the emotional pain of environmental losses in

the 1940s, Ellis says. And Ellis and Cunsolo were also both inspired by the work of Glenn Albrecht, PhD, an environmental philosopher (and Ellis’s thesis adviser) who coined the term “solastalgia”—mental distress caused by environmental change, a kind of “homesickness” without leaving home. But outside of ecology, ecological grief was until recently a little-known idea.

However, Cunsolo says that over the past year or two she has seen increasing interest from the public in the mental health effects of climate change. “More people are either experiencing it or talking about it,” she says, noting that when *The Lancet* released its widely covered annual countdown report on climate change and health in 2018, the journal included more coverage of mental health impacts—and that the media and public responded with more interest.

In psychology, meanwhile, there has long been an awareness of and research on the mental health effects of climate change (see the 2017 APA/ecoAmerica report for a broad overview)—everything from whether temperature changes cause an increase in mental health symptoms to how to help communities cope after disasters like hurricanes and flooding.

But the idea of ecological grief specifically—mourning for a lost environment—has not been explored as much, says Thomas Doherty, PsyD, a clinical and environmental psychologist in Portland, Oregon.

“There’s still a gap between the clinicians and the environmental psychology researchers,” Doherty

says. “And the challenge with ecological grief is that it falls right into that gap.”

Doherty, a clinician and researcher, wants to help fill it. He has written about how to adapt models used to treat traditional bereavement to treat environmental grief as well—focusing on the tasks of grieving, but also rebuilding one’s life under changed circumstances.

“It’s fascinating to think about how we apply what we know about grief to climate change,” he says.

And though Ellis and Cunsolo’s work focuses on already threatened communities, they and Doherty believe ecological grief is becoming more and more relevant to the rest of us as well.

“[Ecological grief] is not exclusive to people who have multigenerational attachments to a particular place,” Ellis says. “The most recent [IPCC] report makes it very clear that without immediate action we’re heading far past 1.5 degrees of warming. And if we get there, climate change impacts won’t just be happening on far-flung shores, it’ll be happening on our doorstep.”

In the meantime, for those who do live in the most vulnerable places, there is no time to waste. Cunsolo has continued to work with the communities in Nunatsiavut and across the North to explore the mental health effects of climate change, and now, to build practical

strategies and tools to address them. The My Word: Storytelling and Digital Media Lab, for example, continues to operate, staffed by local resident-researchers. And Cunsolo is working with Rigolet and a team of students and researchers to build a community health monitoring app that will allow residents to more easily track the environmental changes they see, and their reactions to them.

At one point, at a national meeting, Cunsolo recalls, a resident of Rigolet took exception to the idea that others view Inuit as the “canary in the coal mine” when it comes to experiencing climate change. “She said, ‘You shouldn’t say that about Inuit, because canaries were expendable. We’re not expendable. You don’t want to wait until we’re gone to do anything.’” ■

FURTHER READING

Ecological Grief as a Mental Health Response to Climate Change—Related Loss

Cunsolo, A., & Ellis, N.R.
Nature Climate Change, 2018

Examining Relationships Between Climate Change and Mental Health in the Circumpolar North

Cunsolo Willox, A., et al.
Regional Environmental Change, 2015

Mental Health and Our Changing Climate: Impacts, Implications, and Guidance

APA and ecoAmerica, 2017

Clinician’s Corner Workshops

Strengthen your expertise and increase your knowledge of crucial clinical topics in this series of three-hour workshops led by prominent practitioners and scholars working in key areas of professional practice. Participants can attend via live webcast or in person at the APA building.

ALL PROGRAMS INCLUDE THREE CE CREDITS

TIME: 1-4 P.M. ET

APA MEMBER **\$65** | NONMEMBER **\$80**

MAY 10

Psychosocial Issues in Palliative and End-of-Life Care: Considerations for Psychologists

Presenters: Julia Kasl-Godley, PhD and Veronica Shead, PhD

JUNE 14

Desire to Help in Trying Times: Ethically Responding to Disasters

Presenters: David Romano, PhD and Stephanie Vitanza, PhD

JUNE 21

Crisis Response Planning for Preventing Suicidal Behaviors

Presenter: Craig J. Bryan, PsyD, ABPP

SEPTEMBER 13

Using Deliberate Practice in Clinical Training, Supervision, and Consultation

Presenter: Rod Goodyear, PhD

OCTOBER 4

Applied Ethics: Using the CASES Approach to Resolve Ethical Dilemmas in Psychology

Presenter: Shannon Woller, PsyD

REGISTRATION DETAILS

TO ATTEND VIA LIVE WEBCAST

Visit APA.CONTENT.ONLINE and select Clinician’s Corner Programs

TO ATTEND IN PERSON

APA building, Washington, DC
Call 1-800-374-2721, ext. 5991, option 3

Unable to attend? Visit APA.CONTENT.ONLINE for a complete list of on-demand programs.



AMERICAN
PSYCHOLOGICAL
ASSOCIATION



**CONTINUING
EDUCATION**
IN PSYCHOLOGY

Continuing Education
from your Association

NEW DOCTORATES

Upgrade Your Membership for Free

Upgrade now and enjoy all the benefits
of full membership in APA for free
through December 2019.

pages.apa.org/upgrade



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

4 QUESTIONS FOR CAROLYN MAIR

London's go-to psychologist for fashion is working to make the industry more sustainable

BY JAMIE CHAMBERLIN

Cognitive psychologist Carolyn Mair, PhD, found her calling in 2011 when she was stunned to learn that there were no psychology professors at the London College of Fashion at the University of the Arts London. How, Mair wondered, could a school of fashion teach students about creativity and consumer behavior without psychologists?

To address that oversight, Mair gave a talk at the school that convinced school administrators to create a position for her. She built a psychology of fashion department and created two master's programs, and eventually an undergraduate program, on how psychological research can inform the fashion industry and how to conduct ethical, rigorous research.

Then, in 2017 Mair left academe to become a consultant for fashion brands that want to better understand the needs of workers and consumers and to enhance their sustainability, among other goals. One of the fashion industry's most pressing issues is the alarming pollution it creates, says Mair. The Ellen MacArthur Foundation has predicted that if the industry continues to grow at its current rate, by 2050, it will be responsible for 25 percent of the world's carbon emissions.

"Fashion brands and companies need to produce differently, and we all need to buy differently, and psychologists can help because we understand behavior change," says Mair, who now works with several global and London-based

clothing brands on ways to become greener and produce clothing that is more desirable to consumers.

Her book, "The Psychology of Fashion," was published last year, and her groundbreaking work to bring psychology to a whole new industry will be honored this summer with the Award for Distinguished Contributions to Psychology Education from the British Psychological Society. The *Monitor* talked

with Mair about why the fashion industry needs more psychologists' expertise.

Why is it so important to bring psychological science to fashion?

From design to disposal, fashion is all about human behavior. We use fashion and clothing to shape and change our identity, to announce who we are. Yet the fashion industry is often ignored by psychologists. It is seen as frivolous, but it isn't—it's a huge global industry worth billions. And it's a powerful industry, because we all wear and buy clothes.

Psychologists understand and can predict human behavior, so we are the people who can address the psychological issues in fashion that need the most attention.

What are the top concerns?

One is fashion imagery. There has been an increase in mental health issues among younger people, and a lot of it appears to be about their use of social media, much of which centers around fashion. Many young people are very concerned these days about their appearance, and comparison with edited social media images can result in unhealthy habits and mental health problems. Another trend originating from social media is wearing the same thing just once. I find that worrying, as it promotes a throwaway culture that is unsustainable.

Another is mental health in the fashion industry itself. Designers are under huge pressure to produce collections six times a year without any concern for the mental health issues that can come



How could psychologists be most useful?

One way is to work for schools of fashion that want to help consumers spend more wisely. Psychologists could help by studying where bad habits are first developed and then designing interventions to

I just co-authored a paper with a graduate student and colleague that will be published in the *International Journal of Fashion Studies* this year that looked at the value of people's attachment to their clothing, with the aim of using the

What are you doing to help?

I recently worked with a nongovernmental organization on how to communicate the benefits of a circular economy—reusing or recycling fashion so that it doesn't end up in landfills. That project involved several European and global London-based brands. I've also worked with a British company on improving the durability of their styles and products, again tapping into the sustainable fashion movement. They want to encourage consumers to buy items that may be more expensive than cheaper High Street brands but that are classic styles that they'll want to wear longer. Every step is progress. ■



Meet us at the
intersection of
psychology
and technology.

OCTOBER 3-5, 2019
WASHINGTON, DC

TMS.APA.ORG

CAN A STATE ABOLISH THE INSANITY DEFENSE?

An upcoming U.S. Supreme Court case will determine how much latitude states have in setting—or abolishing—traditional insanity defense standards

BY CYNTHIA CALKINS, PhD, JOHN JAY COLLEGE OF CRIMINAL JUSTICE

In November 2009, James Kahler shot and killed his estranged wife, Karen, their two teenage daughters and his estranged wife's grandmother. The estranged spouses had been in the middle of a heated divorce, and the daughters had sided with their mother. While Kahler shot and killed the four females, he spared the life of their then 9-year-old son, who had wanted to stay with Kahler that weekend.

At trial, Kahler attempted to show that his severe depression precluded him from forming the intent and premeditation necessary to be convicted of murder. A 2009 Kansas statute says that

mental disease or defect—such as Kahler's depression—is a defense to prosecution only if “the defendant ... lacked the mental state required as an element of the offense charged.” As such, the Kansas statute narrows the question to whether Kahler could form the required intent, doing away with a separate insanity inquiry that examines whether he was able to distinguish right from wrong or control his actions.

In Kahler's case, a defense expert testified that his depression undermined his judgment that night. But the prosecution expert opined that Kahler was intentional about what he was doing, citing the fact that Kahler did not harm his son. Under the Kansas statute, the jury was not asked to consider whether Kahler knew the difference between right and wrong and could control his conduct. Rather, the jurors were asked to consider only whether Kahler was able to form the requisite intent to kill. Determining that he did indeed form intent, Kahler was convicted of capital murder and the jury recommended the death sentence. Kahler appealed the decision, arguing that replacing the traditional insanity defense with the more restricted, *mens rea* approach of the Kansas statute, which focuses on the intention of wrongdoing, violated his due process rights. In 2018, the Kansas Supreme Court

unanimously upheld Kahler's conviction.

Kahler, in a recent brief submitted to the U.S. Supreme Court, argues that a state cannot do away entirely with the insanity defense. He argues that the insanity defense—deeply ingrained in common law for hundreds of years—is fundamental to our legal tradition of protecting those who cannot tell the difference between right and wrong or cannot control their actions. In following an intent-only model, Kansas insists that it has not abolished the insanity defense. Rather, the state's attorneys argue that it has taken advantage of the wide latitude that states have to consider how mental illness affects culpability for crimes.

In *Clark v. Arizona* (2006), the U.S. Supreme Court noted: “We have never held that the Constitution mandates an insanity defense, nor have we held that the Constitution does not so require.” While insanity defense standards and procedures have historically been open to state choice, the court is now being asked to decide whether a state can do away with the insanity defense.

In his article “Cruelty to the Mentally Ill: An Eighth Amendment Challenge to the Abolition of the Insanity Defense” (*American University Law Review*, 2007), Stephen LeBlanc argues that abolishing the insanity defense “exemplifies a dramatic departure from our common-law heritage and modern principles of humanity.” It is impossible to know whether a jury would have judged Kahler's depression to be so severe as to consider him insane on the night he murdered his family, but we may soon find out just how much latitude states have in setting—or abolishing—traditional insanity defense standards. ■



AT ISSUE
Insanity defense standards and procedures have historically been up to states. Can they do away with them?

Evidence links perceived social isolation with depression, poor sleep quality, impaired executive function, accelerated cognitive decline, poor cardiovascular function and impaired immunity at every stage of life.



CE

CONTINUING EDUCATION SOCIAL ISOLATION: IT COULD KILL YOU

BY AMY NOVOTNEY

According to a 2018 national survey by Cigna, loneliness levels have reached an all-time high, with nearly half of 20,000 U.S. adults reporting they sometimes or always feel alone. Forty percent of survey participants also reported they sometimes or always feel that their relationships are not meaningful and that they feel isolated.

Such numbers are alarming because of the health and mental health risks associated with loneliness. According to a meta-analysis co-authored by Julianne Holt-Lunstad, PhD, a professor of psychology and neuroscience at Brigham Young University, lack of social connection heightens health risks as much as smoking 15 cigarettes a day or having alcohol use disorder. She's also found that loneliness and social isolation are twice as harmful to physical and mental health as obesity (*Perspectives on Psychological Science*, Vol. 10, No. 2, 2015).

CE credits: 1

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

1. Identify the effects of social isolation and loneliness on physical, mental and cognitive health.
2. Explore how loneliness differs from social isolation.
3. Discuss evidence-based interventions for combating loneliness.

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

"There is robust evidence that social isolation and loneliness significantly increase risk for premature mortality, and the magnitude of the risk exceeds that of many leading health indicators," Holt-Lunstad says.

In an effort to stem such health risks, campaigns and coalitions to reduce social isolation and loneliness—an individual's perceived level of social isolation—have been launched in Australia, Denmark and the United Kingdom. These national programs bring together research experts, nonprofit and government agencies, community groups and skilled volunteers to raise awareness of loneliness and address social isolation through evidence-based interventions and advocacy.

But is loneliness really increasing, or is it a condition that humans have always experienced at various times of life? In other words, are we becoming lonelier or just more inclined to recognize and talk about the problem?

These are tough questions to answer because historical data about loneliness are scant. Still, some research suggests that social isolation is increasing, so loneliness may be, too, says Holt-Lunstad. The most recent U.S. census data, for example, show that more than a quarter of the population lives alone—the highest rate ever recorded. In addition, more than half of the population is unmarried, and marriage rates and the number

of children per household have declined since the previous census. Rates of volunteerism have also decreased, according to research by the University of Maryland's Do Good Institute, and an increasing percentage of Americans report no religious affiliation—suggesting declines in the kinds of religious and other institutional connections that can provide community.

"Regardless of whether loneliness is increasing or remaining stable, we have lots of evidence that a significant portion of the population is affected by it," says Holt-Lunstad. "Being connected to others socially is widely considered a fundamental human need—crucial to both well-being and survival."

As experts in behavior change, psychologists are well-positioned to help the nation combat loneliness. Through their research and public policy work, many psychologists have been providing data and detailed recommendations for advancing social connection as a U.S. public health priority on both the societal and individual levels.

"With an increasing aging population, the effects of loneliness on public health are only anticipated to increase," Holt-Lunstad says. "The challenge we face now is figuring out what can be done about it."

WHO IS MOST LONELY?

Loneliness is an experience that has been around since the beginning of time—and

we all deal with it, according to Ami Rokach, PhD, an instructor at York University in Canada and a clinical psychologist. “It’s something every single one of us deals with from time to time,” he explains, and can occur during life transitions such as the death of a loved one, a divorce or a move to a new place. This kind of loneliness is referred to by researchers as reactive loneliness.

Problems can arise, however, when an experience of loneliness becomes chronic, Rokach notes. “If reactive loneliness is painful, chronic loneliness is torturous,” he says. Chronic loneliness is most likely to set in when individuals either don’t have the emotional, mental or financial resources to get out and satisfy their social needs or they lack a social circle that can provide these benefits, says psychologist Louise Hawkey, PhD, a senior research scientist at the research organization NORC at the University of Chicago.

“That’s when things can become very problematic, and when many of the major negative health consequences of loneliness can set in,” she says.

Last year, a Pew Research Center survey of more than 6,000 U.S. adults linked frequent loneliness to dissatisfaction with one’s family, social and community life. About 28 percent of those dissatisfied with their family life feel lonely all or most of the time, compared with just 7 percent of those satisfied with their family life. Satisfaction with one’s social life follows a similar pattern: 26 percent of those dissatisfied with their social lives are frequently lonely, compared with just 5

ABOUT CE

“CE Corner” is a continuing-education article offered by APA’s Office of CE in Psychology.

To earn CE credit, after you read this article, complete an online learning exercise and take a CE test. Upon successful completion of the test—a score of 75 percent or higher—you can immediately print your certificate.

To purchase the online program visit www.apa.org/ed/ce/resources/ce-corner.aspx. The test fee is \$25 for members and \$35 for nonmembers. For more information, call (800) 374-2721.

As an APA member, take advantage of your five free CE credits per year. Select the free online programs through your MyAPA account.

percent of those who are satisfied with their social lives. One in five Americans who say they are not satisfied with the quality of life in their local communities feel frequent loneliness, roughly triple the 7 percent of Americans who are satisfied with the quality of life in their communities.

And, of course, loneliness can occur when people are surrounded by others—on the subway, in a classroom, or even with their spouses and children, according to Rokach, who adds that loneliness is not synonymous with chosen isolation or solitude. Rather, loneliness is defined by people’s levels of satisfaction with their connectedness, or their perceived social isolation.

EFFECTS OF LONELINESS AND ISOLATION

As demonstrated by a review of the effects of perceived social isolation across the life span, co-authored by Hawkey, loneliness can wreak havoc on an individual’s physical, mental and cognitive health (*Philosophical Transactions of the Royal Society B*, Vol. 370, No. 1669, 2015). Hawkey points to evidence linking perceived social isolation with adverse health consequences including depression, poor sleep quality, impaired executive function, accelerated cognitive decline, poor cardiovascular function and impaired immunity at every stage of life. In addition, a 2019 study led by Kassandra Alcaraz, PhD, MPH, a public health researcher with the American Cancer Society, analyzed data from more than 580,000 adults and found that social isolation increases the risk

of premature death from every cause for every race (*American Journal of Epidemiology*, Vol. 188, No. 1, 2019). According to Alcaraz, among black participants, social isolation doubled the risk of early death, while it increased the risk among white participants by 60 to 84 percent.

“Our research really shows that the magnitude of risk presented by social isolation is very similar in magnitude to that of obesity, smoking, lack of access to care and physical inactivity,” she says. In the study, investigators weighted several standard measures of social isolation, including marital status, frequency of religious service attendance, club meetings/group activities and number of close friends or relatives. They found that overall, race seemed to be a stronger predictor of social isolation than sex; white men and women were more likely to be in the least isolated category than were black men and women.

The American Cancer Society study is the largest to date on all races and genders, but previous research has provided glimpses into the harmful effects of social isolation and loneliness. A 2016 study led by Newcastle University epidemiologist Nicole Valtorta, PhD, for example, linked loneliness to a 30 percent increase in risk of stroke or the development of coronary heart disease (*Heart*, Vol. 102, No. 13). Valtorta notes that a lonely individual’s higher risk of ill health likely stems from several combined factors: behavioral, biological and psychological.

“Lacking encouragement from family or friends, those who are lonely may slide into unhealthy



Loneliness may increase a person's risk of dementia.

habits," Valtorta says. "In addition, loneliness has been found to raise levels of stress, impede sleep and, in turn, harm the body. Loneliness can also augment depression or anxiety."

Last year, researchers at the Florida State University College of Medicine also found that loneliness is associated with a 40 percent increase in a person's risk of dementia (*The Journals of Gerontology: Series B*, online 2018). Led by Angelina Sutin, PhD, the study examined data on more than 12,000 U.S. adults ages 50 years and older. Participants rated their levels of loneliness and social isolation and completed a cognitive battery every two years for up to 10 years.

Among older adults in particular, loneliness is more likely to set in when an individual is dealing with functional limitations and has low family support, Hawkley says. Better self-rated health, more social interaction and less family strain reduce older adults' feelings of loneliness, according to a

study, led by Hawkley, examining data from more than 2,200 older adults (*Research on Aging*, Vol. 40, No. 4, 2018). "Even among those who started out lonely, those who were in better health and socialized with others more often had much better odds of subsequently recovering from their loneliness," she says.

A 2015 study led by Steven Cole, MD, a professor of medicine at the University of California, Los Angeles, provides additional clues as to why loneliness can harm overall health (*PNAS*, Vol. 112, No. 49, 2015). He and his colleagues examined gene expressions in leukocytes, white blood cells that play key roles in the immune system's response to infection. They found that the leukocytes of lonely participants—both humans and rhesus macaques—showed an increased expression of genes involved in inflammation and a decreased expression of genes involved in antiviral responses.

Loneliness, it seems, can lead to long-term "fight-or-flight" stress signaling, which negatively

affects immune system functioning. Simply put, people who feel lonely have less immunity and more inflammation than people who don't.

COMBATING LONELINESS

While the harmful effects of loneliness are well established in the research literature, finding solutions to curb chronic loneliness has proven more challenging, says Holt-Lunstad.

Developing effective interventions is not a simple task because there's no single underlying cause of loneliness, she says. "Different people may be lonely for different reasons, and so a one-size-fits-all kind of intervention is not likely to work because you need something that is going to address the underlying cause." Rokach notes that efforts to minimize loneliness can start at home, with teaching children that *aleness* does not mean *loneliness*. Also, he says, schools can help foster environments in which children look for, identify and intervene when a peer seems lonely or disconnected from others.

In terms of additional ways to address social isolation and feelings of loneliness, research led by Christopher Masi, MD, and a team of researchers at the University of Chicago suggests that interventions that focus inward and address the negative thoughts underlying loneliness in the first place seem to help combat loneliness more than those designed to improve social skills, enhance social support or increase opportunities for social interaction (*Personality and Social Psychology Review*, Vol. 15, No. 3,

KEY POINTS

1

Social isolation and chronic loneliness place individuals at much greater risk for a variety of diseases, as well as for premature mortality.

2

Loneliness is defined by a person's perceived level of social isolation and is not synonymous with chosen solitude.

3

CBT therapy focused on addressing negative self-worth and interventions that bring people together through community groups appear to be effective at combating loneliness among older adults.

2011). The meta-analysis reviewed 20 randomized trials of interventions to decrease loneliness in children, adolescents and adults and showed that addressing what the researchers termed maladaptive social cognition through cognitive-behavioral therapy (CBT) worked best because it empowered patients to recognize and deal with their negative thoughts about self-worth and how others perceive them, says Hawkley, one of the study's co-authors.

Still, some research has found that engaging older adults in community and social groups can lead to positive mental health effects and reduce feelings of loneliness. Last year, Julene Johnson, PhD, a University of California, San Francisco researcher on aging, examined how joining a choir might combat feelings of loneliness among older adults (*The Journals of Gerontology*:

RESOURCES

Life-saving Relationships
Weir, K. *Monitor*, 2018

Advancing Social Connection as a Public Health Priority in the United States
Holt-Lunstad, J., et al.
American Psychologist, 2017

The Potential Public Health Relevance of Social Isolation and Loneliness: Prevalence, Epidemiology, and Risk Factors
Holt-Lunstad, J.
Public Policy & Aging Report, 2017



Older adults who take part in social groups have a lower risk of death.

Series B, online 2018). Half of the study's 12 senior centers were randomly selected for the choir program, which involved weekly 90-minute choir sessions, including informal public performances. The other half of the centers did not participate in choir sessions. After six months, the researchers found no significant differences

between the two groups on tests of cognitive function, lower body strength and overall psychosocial health. But they did find significant improvements in two components of the psychosocial evaluation among choir participants: This group reported feeling less lonely and indicated they had more interest in life. Seniors

CONNECTING IN THE DIGITAL AGE

THE LINK BETWEEN LONELINESS AND TECHNOLOGY

With so many ways to connect with others digitally, why are people still so lonely? Can technology play a role in reducing our feelings of loneliness? It's a question some psychologists have been asking, but at this point the research is still mixed, and may depend on an individual's age.

For example, one study of nearly 600 older adults—led by Michigan State University psychologist William Chopik, PhD—found that social technology use, including email, Facebook, online video services such as Skype and instant messaging, was linked

to lower levels of loneliness, better self-rated health and fewer chronic illnesses and depressive symptoms (*Cyberpsychology, Behavior, and Social Networking*, Vol. 19, No. 9, 2016).

Other research has shown, however, that among young adults—18- to 22-year-olds, for example—*decreasing* time spent on social media can actually reduce feelings of loneliness, according to a study led by University of Pennsylvania psychologist Melissa Hunt, PhD (*Journal of Social & Clinical Psychology*, Vol. 37, No. 10, 2018).

One thing experts do agree on is that technology is changing the way

we're interacting socially. The difference in its effects seems to lie in how it's used, says University of Chicago psychologist Louise Hawkley, PhD.

"Those who are substituting online relationships for real relationships, unsurprisingly, don't see a reduction in loneliness and in fact may actually see a deterioration relative to people who use online interactions to supplement their face-to-face relationships," she says. "For older adults who use Skype to talk with their grandkids who live across the country from them, technology really can improve their sense of connectedness."

in the non-choir group saw no change in their loneliness, and their interest in life declined slightly.

Researchers at the University of Queensland in Australia have also found that older adults who take part in social groups such as book clubs or church groups have a lower risk of death (*BMJ Open*, Vol. 6, No. 2, 2016). Led by psychologist Niklas Steffens, PhD, the team tracked the health of 424 people for six years after they had retired and found that social group membership had a compounding effect on quality of life and risk of death. Compared with those still working, every group membership lost after retirement was associated with around a 10 percent drop in quality of life six years later. In addition, if participants belonged to two groups before retirement and kept these up over the following six years, their risk of death was 2 percent, rising to 5 percent if they gave up membership in one group and to 12 percent if they gave up membership in both.

"In this regard, practical interventions need to focus on helping retirees to maintain their sense of purpose and belonging by assisting them to connect to groups and communities that are meaningful to them," the authors say.

To that end, cohousing appears to be growing in popularity among young and old around the world as a way to improve social connections and decrease

loneliness, among other benefits. Cohousing communities and mixed-age residences are intentionally built to bring older and younger generations together, either in whole neighborhoods within single-family homes or in larger apartment buildings, where they share dining, laundry and recreational spaces. Neighbors gather for parties, games, movies or other events, and the cohousing piece makes it easy to form clubs, organize child and elder care, and carpool. Hawkley and other psychologists argue that these living situations may also provide an antidote to loneliness, particularly among older adults. Although formal evaluations of their effectiveness in reducing loneliness remain scarce, cohousing communities in the United States now number 165 nationwide, according to the Cohousing Association, with another 140 in the planning stages.

"Older adults have become so marginalized and made to feel as though they are no longer productive members of society, which is lonely-making in and of itself," Hawkley says. "For society to be healthy, we have to find ways to include all segments of the population, and many of these intergenerational housing programs seem to be doing a lot in terms of dispelling myths about old age and helping older individuals feel like they are important and valued members of society again." ■



APA2019

Early Bird pricing ends *May 15*

REGISTER NOW

convention.apa.org

CHICAGO
AUGUST 8-11

BONUS SAVINGS

Receive an additional \$100 off your registration if you are a full APA member attending for the first time.



ALMOST ALL PATIENTS
TELL SOME LIES WHILE
IN THERAPY. BUT WHAT
PATIENTS KEEP HIDDEN
MIGHT REVEAL MORE
THAN THERAPISTS THINK.

BY ALYSSA SHAFFER

THE TRUTH ABOUT LIES

PRACTICING PSYCHOLOGISTS typically believe that their offices are safe spaces, places where patients can feel comfortable sharing their deepest, most intimate thoughts and feelings without judgment, and work toward resolution and healing. Yet a surprisingly high percentage of patients—if not nearly all—admit that they have either lied to or not been completely truthful with their therapists. ¶ “It’s not just common, it’s ubiquitous,” notes Barry Farber, PhD, a professor in the clinical psychology program at Columbia University’s Teachers College and the editor of the *Journal of Clinical Psychology: In Session*. “Lying is inevitable in psychotherapy,” he says. ¶ Everyone shades the truth sometimes, whether it’s telling a friend that color really does look good on her or making up an excuse as to why you were late for dinner at your in-laws. “We are always deciding

what we are going to say and what we may conceal from others,” says Farber. And it seems time spent in a therapist’s office isn’t an exception. ¶ Farber isn’t just speculating—he’s studied this topic for decades. In a survey of 547 psychotherapy clients, 93 percent said they consciously lied at least once to their therapist (*Counselling Psychology Quarterly*, Vol. 29, No. 1, 2016). In a second survey, 84 percent said this dishonesty continued on a regular basis. ¶ And while therapists might suspect that they can tell when patients are being less than truthful, research shows this is not the case. In Farber’s study, 73 percent of respondents reported that “the truth about their lies had never been acknowledged in therapy.” Only 3.5 percent of patients owned up to the lies voluntarily, and in another 9 percent of cases the therapists uncovered the untruth, notes Farber, who reports on this and related research in a new book, “Secrets and Lies in Psychotherapy,” with co-authors Matt Blanchard, PhD, and Melanie Love, MS. “It seems therapists aren’t particularly good at detecting lies,” Farber says.

WHAT’S NOT BEING SAID

Patients tend to lie or not be entirely truthful to their therapists on a wide range of topics, but the researchers were surprised at some of the most common areas of misinformation. “The most commonly lied-about topics were often very subtle,” observes co-author Blanchard, a clinical psychologist at New York University. More than half of the respondents (54 percent) in the first study reported minimizing their psychological distress when in therapy, pretending to feel happier and healthier than they really were. This minimizing was nearly twice as common as all other forms of dishonesty, the authors report. The second most commonly reported lie—similar to the first, though somewhat more focused—was minimizing the severity of their symptoms,

reported by 39 percent of the sample.

The third most commonly reported lie was concealing or hiding thoughts about suicide, reported by 31 percent of the respondents, and the fourth was minimizing or hiding insecurities and self-doubts. (See a list of more common lies on the next page.) In all, six of the 20 most common lies were about the clients’ experience of therapy itself, such as pretending to find therapy effective.

WHY LIE?

Clients devote a good deal of their resources (both time and money) to therapy, so what’s the impetus for hiding the truth? Researchers say it all depends on the lie itself. For the high percentage of clients who are either minimizing their distress

or saying that therapy is going better than they really think it is, it’s likely a combination of things. “This ‘distress minimization,’ or acting happier or healthier than they may really feel, may come from not wanting to upset the therapist or be seen as a complainer,” says Blanchard. “But it may also be a way to protect themselves from a painful realization of how bad things may actually be. There’s this idea that ‘talking about how I’m doing makes me feel more depressed,’ or that they can’t admit a painful situation to themselves, let alone say it out loud.”

For patients who are hiding thoughts of suicide or drug use, the primary reason is likely a fear of the consequences if the truth does come out. “About 70 percent of people who had concealed thoughts of suicide worried about being carted off to the hospital—yet most of them didn’t appear to be suicidal to the point where most clinicians would be forced to take that action,” says Blanchard. “Many clients simply didn’t understand the triggers for hospitalization.”

The same may be true for drug use, with patients concerned about being coerced into rehab. “Telling you I smoke weed isn’t that big of a deal, but I’m not sure I might want to tell you about the cocaine or OxyContin habit I’ve developed,” says Farber.

Then, too, there is the idea of shame—especially as it relates to sex. “Many clients are motivated by shame and embarrassment to lie or hide the truth about this topic,” says co-author Melanie Love. “There was also concern that the therapist might judge

them or simply not understand where they were coming from.”

Some patients were also concerned that if they admitted certain thoughts or feelings to their therapists, it would have an outsize effect on the rest of their therapy. “Some clients think that if I let my therapist know I have an occasional thought of suicide, it will be all he wants to talk about and we will never get to anything else,” says Farber.

It’s also important for therapists to recognize the difference between a secret and a lie. The two are related but distinct, says Ellen Marks, PhD, an associate psychologist with University Health Services at the University of Wisconsin–Madison, who has conducted research in this area. “While they both may include a level of deception, a secret is an act of omission, while a lie is an act of deception,” she notes.



Some patients may lie about drug use or suicidal thoughts for fear of the consequences, such as being hospitalized, if the truth came out.

TOP 10 LIES

Topic	Percentage reporting lie
1. How bad I really feel	54
2. The severity of my symptoms	39
3. My thoughts about suicide	31
4. My insecurities and doubts about myself	31
5. Pretending to like my therapist's comments	29
6. My use of drugs or alcohol	29
7. Why I missed appointments/was late	29
8. Pretending to find therapy more effective than I do	29
9. Pretending to be more hopeful than I really am	27
10. Things I have done that I regret	26

This can be an important distinction, she adds, especially when it comes to clients revealing secrets during therapy or choosing to keep them to themselves. In Marks’s research, 41 percent of clients concealed at least one secret, while 85 percent disclosed at least one secret (*Journal of Counseling Psychology*, Vol. 66, No. 1, 2019).

“We have to recognize that keeping secrets may not be a bad thing all of the time,” she says. “We need to let go of our expectations that clients share everything with us.” Instead, she says, by focusing on what patients do choose to share and establishing the therapist as a trustworthy confidante, “if and when the time is right, the space will be there for the client to share the secret.”

MOVING FORWARD

So, what can psychologists do about lies in therapy? “In some cases, the best action is to do nothing,” says Farber. For example, he says, a therapist might want to keep silent “if the client has explicitly told you that he or she needs to go at his or her own pace on this particular topic and doesn’t want to be rushed into discussing something difficult before he or she is ready, or if you have the sense that pursuing the truth—even gently—means the client may leave therapy altogether.” The therapist may also find that a minor lie, such as why the client was late for a session, is better dealt with only if it occurs again or is part of a pattern that needs to be addressed.

But there are steps therapists can take to keep their sessions on

track and their clients as honest as possible.

■ **Be up front about the disclosure process.** “Clients mentioned that they want therapists to be more active in explaining the process of disclosure,” says Love, a predoctoral psychology intern at Temple University. “They would like a therapist to outline what might happen if they were to talk about this topic.” Helping to explain why disclosure is valuable for treatment and what the client may gain from it—as well as exploring the idea that clients may experience certain emotions that motivate avoidance—can all be key.

This communication can and should begin early, even in the intake process, says Love. “Taking the temperature of what clients may be ready for and planting the seeds of what types of topics you may be covering is important,” she notes.

For patients who may worry about discussing any thoughts of suicide, explaining the limits of confidentiality as clearly and openly as possible can be especially helpful. Knowing what triggers the process of hospitalization may help those who worry about this step if they have suicidal thoughts. Help keep patients safe and comfortable by educating them on what may or may not require a higher level of care.

■ **Ask direct questions.** Clients are often willing to discuss almost anything but may be hesitant to take the first step, especially around a topic they

find shameful. Therapists who don’t introduce challenging topics can (inadvertently) communicate to the client that these areas are off-limits, according to Farber and his co-authors. Instead, they write, therapists should “model for clients that all topics are discussable in therapy.”

The research bears this out. “In our second survey, 46 percent of clients reported they would have been more honest if the therapist had asked direct questions,” says Blanchard. “As therapists, we don’t want to be seen as pushy because it’s not our job to be interrogator[s], but there are times when the therapist may need to lead a client toward disclosure with direct questions.”

In some cases, questions that elicit a simple “yes” or “no” response may be the easiest way to move things forward. “We may be trained to ask open-ended questions, but this isn’t always the best approach,” adds Blanchard.

Providing positive feedback when clients are more open is also important, especially when it comes to reducing some of the shame that may be associated with disclosures on topics that may be perceived as taboo. Ultimately, the authors say, this will strengthen the relationship between patient and therapist.

■ **Be mindful about how you come off.** Authenticity is important, especially in therapy, so it’s vital to come across to patients as both understanding and genuine. “For the most part, therapists need to balance curiosity with acceptance and understanding of clients’ limits for disclosure

at any one time,” the authors note. Using language that feels comfortable and authentic can help, as can being conscious of your own tone. A therapist who comes across as too eager or who overreacts emotionally—or, conversely, who acts completely unaffected, like a topic is ho-hum—can lead a patient to shut down.

Some of the female respondents to the survey reported they were worried their female therapists would be especially judgmental of what they might reveal. “One of the most desired interventions was to normalize that it’s OK to talk about certain subjects in therapy and provide a rationale of why it may be helpful,” explains Love.

■ **Circle back to certain topics.** Patients tend to drop what Farber calls “a doorknob comment,” an off-handed comment at the end of a session that indicates there’s a deeper topic involved. “A good therapist is sensitive to this type of comment and will make a note that it may be worth revisiting at a future time,” says Farber.

The need to revisit tough topics can also change over time, since some patients will want to wait until they are further into therapy before they feel comfortable discussing such topics; others will give some small indication that they might be hiding something and wait to see how the therapist reacts. It can help to start with a broader topic and narrow it down based on patient cues—such as asking more about relationships in general before getting into details about sexual

RESOURCES

Secrets and Lies in Psychotherapy
Farber, B.A., et al.
APA, 2019

Client Concealment and Disclosure of Secrets in Outpatient Psychotherapy
Baumann, E.C., & Hill, C.E.
Counselling Psychology Quarterly, 2016

The Experience of Secrecy
Slepian, M., et al.
Journal of Personality and Social Psychology, 2017

Working With Client Lies and Concealment
Farber, B.A.
APA, 2019
www.apa.org/pubs/videos/4310003

issues, or broaching symptoms of depression before talking specifically about suicidal thoughts, says Farber.

A therapist may also need to be attuned to body language or other cues that the patient may not be being entirely truthful on a topic. "Take note if you notice that a client feels uncomfortable on a certain topic, and then wait for the right time to talk about it," advises Blanchard. "A lot happens around a person's eyes, so I will often watch someone's eyes for a reaction and notice if something is registering that he or she may not be willing to share."

■ Acknowledge difficulties.

Therapy isn't easy, and therapists sometimes need to take a moment and address that fact, both to themselves and to their patients. "It is sometimes difficult to get to the difficult part," says Farber. Often, it's important to deal with the resistance to the topic before the topic itself. "It can be helpful to say, 'We should talk about this more, it feels important,' or even, 'I understand it can be difficult to talk about this—let's not talk about this issue, but why it's hard to talk about it.'"

For patients who may be worried that their responses may elicit unwanted action by the therapist (such as hospitalization for suicidal thoughts or recommendations for rehab for an alcohol or drug issue), it's especially important to address these

concerns up front. "We need to be sensitive about how to address these issues," says Farber.

THE BOTTOM LINE

It seems inevitable that patients will lie to their therapists, but there is a bright side, says Blanchard. "With time and patience, we can create conditions where clients can be comfortable disclosing their feelings."

And sometimes, perhaps, not being truthful may play its own part in the therapy process.

"Although we most often consider concealment and lies as inevitably problematic, in minimal doses these behaviors are not only inevitable, but can help individuals create more effective narratives about their lives," says Farber. "That, in turn improves their sense of self and their ability to engage with others."

In fact, most therapists should be prepared to acknowledge that they may never really know what's happening inside a patient's mind. Even when it may be obvious that a client is hiding something, ultimately it is his or her own prerogative whether or not to share. "It's not in our interest to be punitive—clients have the right to lie all they want to their therapists," says Blanchard. "Honest disclosure is at the heart of all psychotherapy, but if someone feels like they need to lie, that may also be important." ■

iontuition™

a better way to

REPAY

LEARN.

Explore student loan repayment options.

REPAY.

Enroll in the best plan for you.

RELAX.

We'll keep an eye on your tuition debt.

Sign up today.
Free for APA members.

apa.org/membership/iontuition

Dr. George Hu and his wife are second-generation Chinese-Americans, but they felt disconnected from their Chinese heritage. That changed when Hu became chief of mental health at Shanghai United Family Pudong Hospital in China.





THE EXPAT LIFE

Ever dream of taking your career abroad? Meet 10 American psychologists from a variety of subfields who revitalized their careers and their lives by moving to another country.

BY ZARA GREENBAUM

PAUL ARIANO

AN AMERICAN PSYCHOLOGY DEGREE is highly regarded around the world—and some adventure-seeking U.S. psychologists are capitalizing on this fact by uprooting their lives to work abroad. ¶ Operating in a variety of settings, including research, practice, government and applied, psychologists find overseas work both rewarding and challenging. Living far from extended family can be tough, yet many have found new and refreshing perspectives on culture, identity and even their own psychological training. ¶ To learn more about this experience, the *Monitor* interviewed expatriate psychologists about why they left the United States, how they found jobs abroad and what it's like managing life in a foreign country. Here are their stories.

SHANGHAI

A CLINICIAN SPECIALIZING IN COGNITIVE THERAPY

George Hu, PsyD, and his wife are second-generation Chinese-Americans, but they always felt disconnected from their Chinese heritage. So, when Hu had the opportunity to travel to China for a training rotation during graduate school, he seized it.

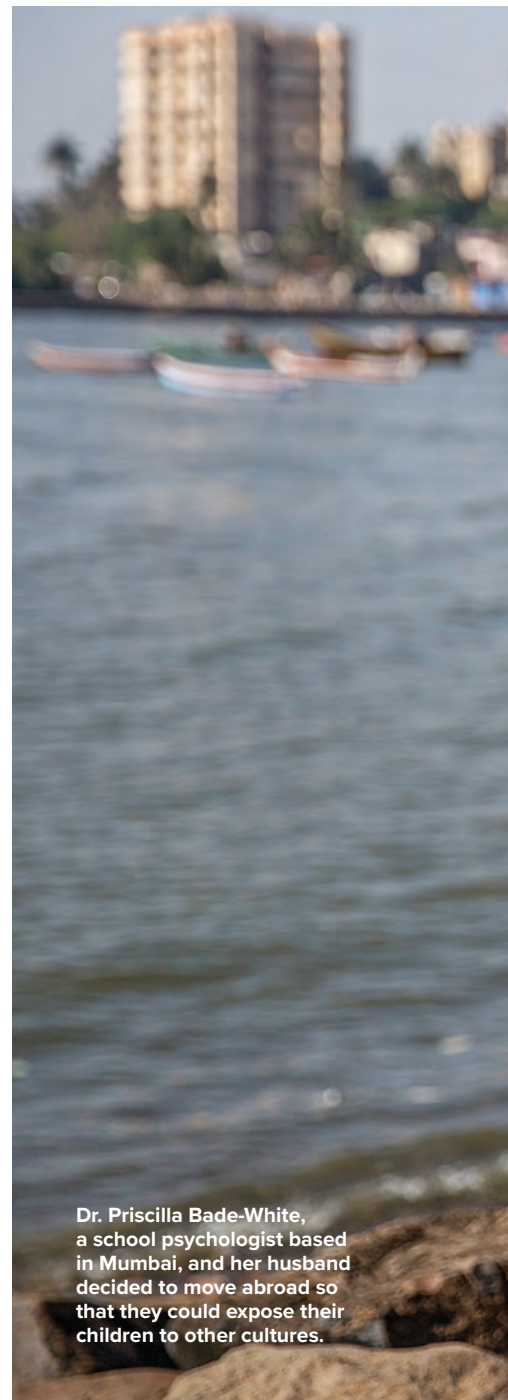
"In those nine months, I learned so much about the Chinese psyche, about what I used to conceive as immutable but was actually cultural, about myself and my own cultural identity as an Asian-American," he says.

Back in the United States, Hu, who earned his degree from Alliant International University in San Francisco, did clinical and administrative work as the program coordinator for outpatient services at a clinic in Fremont, California. Five years into the job, he decided to look for work in China and used LinkedIn and his professional network to find a full-time job in Beijing as director of the

Center for Cognitive Behavioral Therapy at a large hospital system. In 2016, he moved to Shanghai to become chief of mental health at Shanghai United Family Pudong Hospital. He also sits on the board of the Shanghai International Mental Health Association and several other community organizations that work to increase access to mental health care and provide ongoing support to adults with developmental disabilities in Uzbekistan.

In the clinic, Hu mostly delivers cognitive-behavioral therapy and treats problems such as anxiety and family difficulties. He says that while many Chinese consider mental illness shameful, the demand for psychological services is growing because the country is still reeling from globalization and the radical legal and cultural shifts that followed the Communist revolution, reshaping Chinese society.

Acclimating to life in China was tough, partly because Hu looks and sounds like a local but isn't familiar with many customs. He also found himself



Dr. Priscilla Bade-White, a school psychologist based in Mumbai, and her husband decided to move abroad so that they could expose their children to other cultures.

questioning some of his basic psychological training when he began to apply certain concepts to the population.

"Almost everything psychologists know was developed and tested on Western populations from start to finish," he says, suggesting that even basic concepts such as attachment theory may not hold in China. "We need to back way up and start re-asking some of these questions that our field has thought to be



fundamental. This is a fascinating place to be as these questions are being asked and answered.”

In fact, working in a country where the discipline of psychology is at a younger developmental stage has been incredibly rewarding for him.

“You get to influence the field more than you might typically be able to. The growth opportunities here are endless,” Hu says.

MUMBAI

A SCHOOL PSYCHOLOGIST WHO MOVED FOR HER KIDS

Priscilla Bade-White, PhD, a school psychologist based in Mumbai, India, was inspired to move abroad when she started a family.

“When my husband and I had our first child, we realized that the world is changing and people are becoming more

interconnected and globally oriented,” says Bade-White, who earned her degree from the University of Arizona and left the United States in 2011. “We felt that it would be best for our children to experience living overseas.”

For several years, Bade-White worked at U.S. Department of Defense Dependents Schools in Germany, Japan and Bahrain. Now, she works at the American School of Bombay, a private,

international elementary, middle and high school.

“On a typical day, I might assess students’ social skills, attention and emotional regulation, lead counseling and skill-building sessions and work on schoolwide learning initiatives,” Bade-White says. “The warmth and gratitude that are part of Indian culture make my day-to-day life deeply rewarding.” While mental health care is stigmatized in India, psychological services are starting to be embraced in metropolitan areas, she says, but rural populations often mistrust behavioral health practitioners.

Bade-White says living abroad has benefited her children, now ages 9 and 11: They have made friends quickly, have a great appreciation for cultural differences and have developed a sense of social justice. In India, for instance, they’ve noticed extreme wealth disparities and questioned why all citizens don’t have access to clean drinking water.

Raising children abroad has also made it easier to connect with other expatriate families, she says. “We’ve found a group of people from different cultures who have a similar sense of adventure and curiosity,” she says. “It’s this web of peo-

ple from all over the place that makes the world seem very small and intimate.”

Her expat support systems helped her family transition to new countries by providing insight about language, housing and safety.

Psychologists who are looking for such communities should seek out connections through work, neighbors or even realtors who focus their business on expats, she suggests.

UNITED KINGDOM

A SUPERVISOR FOR THE NEXT GENERATION

Gerald Burgess, PsyD, had planned to move to England, where his wife was born and raised, even before he started his doctoral studies at James Madison University in Harrisonburg, Virginia. To ease the transition, he completed his internship year in London.

Owing to the United Kingdom’s strict laws for psychologists trained in other countries, after completing his 17-month internship, Burgess had to log two additional years of clinical training before he was qualified to practice independently.

“Getting my degree recognized here was challenging,” says Burgess, who then practiced clinical neuropsychology in England’s National Health Service and is now a clinical psychologist trainer at the University of Leicester. “But it’s an absolutely fantastic thing to pick up your career and go somewhere else.”

In a typical workweek, Burgess teaches neuropsychology and psychometrics to doctoral students and undergraduates, supervises research for multiple doctoral dissertations and performs administrative duties such as creating admission criteria for the psychology department.

He says the different regulations, therapies and priorities in England have exposed him to many new areas of psychology, including neuropsychology, older adult therapies and treatments for people with intellectual disabilities.

“Exploring these new domains opened up new possibilities that I had never considered during my time in the United States,” says Burgess, who previously worked in a community mental health clinic in Virginia.

Later this year, Burgess will transition to a new job at the Salomons Institute for Applied Psychology, a specialized center for postgraduate psychology training within Canterbury Christ Church University. In addition to training and supervising clinical psychologists, he will launch and direct the institute’s new postdoctoral program in clinical neuropsychology.

COSTA RICA

A PRACTITIONER IN ENGLISH AND SPANISH

For 20 years, Juanita Dimas, PhD, had a thriving career in academia, clinical practice and public health management while living in California. But she craved an international experience. As a child, she had



Dr. Gerald Burgess is a clinical psychologist trainer at the University of Leicester.



Dr. Juanita Dimas moved to San José, Costa Rica, in 2013. She helped open the country's first community mental health clinic.

spent six years in Venezuela and Brazil and wanted to provide a similar international experience for her daughter.

"I had a list of criteria and a world map," says Dimas, who was trained at the University of California, Berkeley. "Costa Rica came up as a place that fit," primarily because of its language, climate, safety and economic and political stability.

So, in 2013, she moved to San José, Costa Rica, where her focus shifted to purely clinical work. She helped open the country's first community mental health clinic, Centro Comunitario de Salud Mental, located in an impoverished area of San José and mostly serving immigrants from Nicaragua who lack health insurance as well as adequate food and housing. Dimas advised social workers on how to consider the psychological needs of clients, many of whom reported experiencing depression, trauma and domestic violence.

She later launched an online practice, which now serves about half of her clients, obtaining training online and separately researching technological, legal and ethical considerations.

Practicing in both English and Spanish, Dimas treats Costa Ricans, who are generally open to psychological services but often struggle to find high-quality, culturally relevant care, she says. In addition, she works online with patients from countries all over the world, such as Australia, Colombia and Spain, that recognize her California license to practice. Most U.S. state laws allow psychologists licensed in the United States to offer services internationally, as long as a client's country of residence does not require additional licensing or training.

Dimas also treats other expatriates, who can face challenges around identity and belonging, drawing on her own experiences of such stressors.

After five years in Costa Rica, Dimas recently accepted a new job in Northern

California to be closer to her extended family. She sees the move as just another stop on her journey.

"We're not going back to what we had, what we were," she says. "Now, we have a completely different mindset, which makes it more of a step forward."

GENEVA

A PRACTITIONER WITH DIVERSE CLIENTELE

Before Allyn Enderlyn, PhD, MBA, ever practiced psychology, she had already moved from Bethesda, Maryland, to Switzerland to serve as the head of resource mobilization for a sister agency of the United Nations, where she managed infrastructure projects for developing nations. Ten years later, she was ready for a career change.

"Working at the United Nations gave me incredible and vast insight on human nature and the ability to have contact with diverse peoples. The journey reminded me that I have always been a psychologist at heart," she says. "I decided to go back to my passion, which is psychology."

After obtaining her doctorate in clinical psychology with an emphasis in depth psychology from the Pacifica Graduate Institute in Santa Barbara, California, Enderlyn returned to Switzerland, where she started a clinical practice in Geneva focused on analytical psychology, narrative therapy and cognitive-behavioral therapy. She also teaches psychopathological assessment in the graduate program at the Geneva campus of Webster University.

Enderlyn loves the diversity of her clinical practice. Her clients include multinational families who need help with cultural acclimation, expatriate professionals and diplomats from around the world.

"People come in and out of Geneva all the time and need services that they may not be able to access in their home countries because there are few licensed psychologists or psychotherapists," she says.

For clinical psychologists interested in practicing in Europe, she recommends carefully tracking licensure requirements. In some countries, getting licensed can feel almost as challenging as completing

a doctoral degree, she says.

Though Enderlyn still maintains an office, home and license in Maryland and travels there often, she feels that Switzerland is where she truly belongs. "I've evolved so much in terms of my global citizenship," she says.

KUWAIT

A PIONEER WHO OVERSEES MENTAL HEALTH IN A CLINIC

As a child who often traveled abroad with his parents, Nicholas Scull, PhD, LCSW, grew up dreaming of doing international work. After he finished studying counseling psychology at the University of Wisconsin–Madison, that dream became a reality: He moved to Salmiya, Kuwait, and secured a job through familial contacts as the first psychologist at Fawzia Sultan Healthcare Network, a nonprofit clinic that serves children, adolescents and adults.

His success there led the clinic to launch a department of mental health and wellness, which he now directs, overseeing a clinical staff of 15. Though mental health care carries a strong stigma in Kuwait, Scull has seen an uptick in patients seeking help for depression, anxiety and relationship concerns since he arrived in the country. He is also an adjunct professor at Lehigh University, based in Bethlehem, Pennsylvania, which hosts part of its international school counseling program in Kuwait.

Thanks to his familiarity with international travel, Scull quickly acclimated to daily life in Kuwait.

Adapting professionally, however, was not as easy. When he arrived in 2010, Scull was one of four U.S.-licensed psychologists in the country of three and a half million people. Adding to the challenge is that Kuwait does not have a formal licensure process or ethics code for mental health professionals. Scull's

Dr. Allyn Enderlyn has a clinical practice in Geneva focused on analytical psychology, narrative therapy and cognitive-behavioral therapy.



Dr. Nicholas Scull
is director of the
department of mental
health and wellness
at a nonprofit clinic in
Salmiya, Kuwait.



isolation from other psychologists was compounded by the lack of social services in Kuwait. There are no social workers, no foster-care system and only limited availability of inpatient care, so Scull often felt helpless to aid his patients.

“When it comes to situations like domestic violence and child abuse, there was no infrastructure in place to refer to. That was a really challenging adjustment for me,” he says.

But over the years, as support for psychological services grew at the clinic, Scull has found his work incredibly rewarding, especially his efforts to adapt Western theories to a culture that is highly collectivistic.

For others interested in working abroad, he advises first reflecting on

one’s motivations and then determining one’s level of commitment. “Sometimes, short-term placements can do more harm than good to local communities, so it’s important to look past the novelty of moving and appreciate the difficulties inherent to this work,” he says.

SAUDI ARABIA

AN INTERNATIONAL PSYCHOLOGY RESEARCHER

After setting his sights on working abroad in academia, Kyle Msall, PhD, entered the doctoral program at the Chicago School of Professional Psychology in Washington, D.C., aiming to gain research experience and teaching skills that would prepare

him for an international appointment. He had already taught an English-language course to Middle Eastern students at Missouri State University in Springfield and chose to focus his doctoral dissertation on humanitarian organizations in Iraq.

Then, he saw a recruitment ad in the international section of HigherEdJobs.com for a position at the American University of Kuwait, where he evaluated mental health services in the Kuwaiti prison system. Msall got the position and spent two years there, then secured a job as assistant professor of international psychology at King Fahd Security College in Riyadh, Saudi Arabia. His ongoing research includes a study of post-traumatic stress disorder in survi-

HOW TO

LOOKING FOR AN INTERNATIONAL OPPORTUNITY?



For those interested in moving and working abroad, here are some factors to consider and resources to explore before making the jump.

■ Do your homework.

Psychologists who work abroad recommend doing extensive research on immigration, labor and licensing laws in a new country before accepting a position. Licensing regulations vary greatly among nations—some countries may even require additional training. Also consider what personal accommodations you'll need to make, including managing finances, assets and visas for immediate family members.

■ **Find a job.** Many psychologists say personal and professional networks are a great starting point for an international job search. Others have found positions through LinkedIn and HigherEdJobs.com. For government jobs, search USAJobs.gov for psychology positions

in foreign locations. Psychologists can also find jobs abroad with nongovernmental organizations and private health companies with U.S. government contracts.

■ Expand your network.

Start by searching within your professional network and organizations for psychologists who have relocated overseas. Those who have moved say connecting with other Americans living abroad helped them find jobs, understand legal requirements and learn about daily life in their new countries. Nicholas Scull, PhD, LCSW, recommends working to internationalize any research interests before relocating by identifying potential mentors and collaborators performing similar research in other countries.

After arriving in a new country, connect with colleagues and join relevant professional organizations. Expand your social network of expatriates through the

website InterNations.org, the Facebook group Worldschoollers and regional online communities. Meanwhile, connect with locals through child care, religious organizations or personal hobbies.

■ Explore these resources.

APA's Div. 52 (International Psychology) represents psychologists with international interests and has a listserv where members can search for mentors working abroad, while Div. 17 (Society of Counseling Psychology) has its own international section. The International Union of Psychological Science holds conferences and hosts Psychology Resources Around the World.

For those interested in obtaining training and certification for online practice, Juanita Dimas, PhD, recommends Person Centered Tech, an APA-approved provider of continuing education with expertise in telehealth technology and HIPAA compliance.

vors of terrorism and an evaluation of efforts to reintegrate former Islamic State child soldiers into society.

"The Middle East is an especially good place for international psychologists because of the need for psychological research on the region and population," he says. "I'm interested in helping to close that gap."

While his resettlement package made his transition smooth—many international universities cover the costs of moving, housing and even school tuition for children—in Saudi Arabia, Msall has encountered some obstacles in obtaining visas and residency permits for his wife and even his dog.

"You learn how to be patient," he says. "It's a different culture when it comes to getting things done."

While apartment living is standard throughout much of the Middle East, many Westerners in Saudi Arabia live in expatriate "compounds," gated residential communities with schools, restaurants and convenience stores. Such areas preserve some Western customs.

Outside these compounds, women's rights in the country remain highly restricted: Even expat women cannot enter Saudi Arabia without a male sponsor and must wear an abaya, a full-length black robe, in public.

Msall recommends pursuing any international experience with an open mind and a willingness to be surprised.



Dr. Kyle Msall

COURTESY OF DR. KYLE MSALL



Dr. Lorinda Kiyama uses her psychological knowledge in a variety of roles, including counseling couples seeking to adopt Japanese children.

It's also important to study up on the culture as much as you can before you move, he says. "The more research you do about the country you're living in, the better."

TOKYO

A PSYCHOLOGIST WHO COUNSELS FAMILIES

Lorinda Kiyama, EdD, was already living abroad when she decided to pursue a psychology career. She grew up in Darien, Connecticut, and in 1999 moved to Japan to join her husband, a Japanese native she met while studying abroad. At first, she taught Japanese literature at Tokyo Institute of Technology. Then, sparked by an interest

in adoption mediation, she decided to pursue a degree in counseling psychology online through Argosy University. It was an adventurous decision for Kiyama since in Japan, many people are ashamed to seek psychological help—especially to address relationship problems—although that stigma is starting to lessen, she says.

Kiyama earned that degree in 2016 and now uses her psychological knowledge in a variety of professional roles: She teaches conflict resolution at the Academy for Leadership at Tokyo Tech, researches adoption mediation and sees patients at the student counseling center. In addition, Kiyama counsels international families with children in Japanese public schools and international couples seeking to adopt Japanese children.

"There are almost 40,000 children in Japanese orphanages," she says. "It's very gratifying for me to help some of those kids find a home."

Kiyama, who has two children of her own, says two major advantages of living in Japan are the country's national health-care system and its benefits for working parents. "The social support system is absolutely fantastic for people with kids," she says, citing nearly one year of paid leave for new parents and inexpensive public day care.

Despite these benefits, some Japanese employers require long hours that can be challenging for those with young children or other family-care responsibilities, but Kiyama says her colleagues have been supportive.

For those moving overseas with children, Kiyama recommends searching online for parent support groups. Her work with international families, she says, has shown her that children may struggle to acclimate to a foreign school and that some may even experience bullying.

Kiyama suggests that psychologists who are interested in working abroad reach out to international counseling agencies and English-speaking universities to find out about possible job opportunities.

"If you decide to leave the United States, stay connected with academic or professional groups, maintain those relationships and don't lose track of that network. At the same time, get to know the local psychologists," she says. "Being connected to both is really valuable."

FROM ALBANIA TO ZIMBABWE A WORLD TRAVELER FOR THE U.S. GOVERNMENT

As a program developer and evaluator for organizations funded by the U.S. Agency for International Development (USAID), James Statman, PhD, has lived and worked in Albania, Azerbaijan, Egypt, Kosovo, Liberia, Nigeria, South Africa, Swaziland, Tunisia and Zimbabwe. Now, he's back at his U.S. home in Brookline, Massachusetts, where he does independent consulting, writing proposals and providing short-term advisement for similar international projects funded by USAID, the international development arm of the U.S. government.

He began his career as an academic

social psychologist at The Catholic University of America in Washington, D.C., evaluating and designing community education programs for youth. His international work began in 1978 when a D.C.-based organization he partnered with asked him to help design and implement rural development programs in West Africa.

Over the next few decades, Statman worked for a series of organizations that had grants from USAID to create programs for children and adolescents abroad. For example, he spent the past two years in northern Nigeria analyzing why the country has more children out of school than anywhere else in the world and setting up centers to teach children to read.

During longer stints, Statman's

Dr. James Statman has lived in more than 10 countries as part of his work for the U.S. Agency for International Development.



KEN RICHARDSON

family joined him abroad. His children attended school in Zimbabwe in the late 2000s, when the country experienced billion-percent hyperinflation and violent youth militia roamed the streets. The family had an evacuation plan and came very close to using it.

"You must have a high tolerance for ambiguity and confusion in these situations," he says. "You also need to know locals and rely on their good judgment, because it's very hard for an expat to assess certain risks."

Despite safety concerns, Statman says living and working abroad has enabled him and his family to put their lives in context, helping them better understand the world and their place in it.

"Virtually every place I've been, I feel like a kid in a candy shop. I've learned so much," he says. "I'm a psychologist because I'm interested in people's lives—both how their political, social and economic context affects their lives and how they go about changing that."

GRENADA

A DIRECTOR OF PSYCHOLOGICAL SERVICES

In 2008, Barbara Landon, PsyD, and her husband found themselves with an empty nest and a desire to leave Maine, where they had raised their family. Landon connected with a former classmate working in Grenada, the island nation in the West Indies, who helped her secure a position at St. George's University, where she now works as director of the psychological services center and professor of clinical community psychology and bioethics.

In Grenada, Landon, who earned her degree from Antioch University in New Hampshire and practiced pediatric neuropsychology while living in Maine, helped launch the local Saving Brains initiative, in an effort to rescue the neurodevelopment of Zika-infected babies. As



Dr. Barbara Landon moved from Maine to Grenada, where she is director of the psychological services center and professor of clinical community psychology and bioethics at St. George's University.

part of that continuing effort, she and her colleagues are testing the effectiveness of a program aimed at improving cognitive, social-emotional and language outcomes in affected children. "It's been an incredible gift to live in Grenada," Landon says. "I've undertaken research and stretched in ways that I never would have been

able to do in rural Maine."

She cautions that while island life may seem like a tropical paradise, there's a history of poverty and even slavery in many island nations. But this history presents opportunities for American psychologists to do meaningful work in places where the discipline is less established. For Landon, this involves recruiting Caribbean students to study indigenous psychological practices through her university's master's program in clinical community psychology.

For those who decide to make such a jump, she advises flexibility and humility.

"Realize that all the things you learned in school about cultural competence and multiculturalism are only words in a book," she says. "To truly grasp what these words mean, you have to live it." ■

FURTHER READING

Visions and Resources for International Psychology

Takooshian, H., et al. (Eds.)
Global Scholarly Publications, 2017

International Practitioners: What Does It Take to Practice Psychology Abroad?

Azar, B., *gradPSYCH*, 2009

CONNECT TODAY WITH

ACTIVE JOBSEEKERS

Our database has 1,700+ fresh resumes
uploaded in the last six months.

Career

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

HOW TO USE PUBLIC DATA

PAGE 58

Enhancing Care for LGBTQ Patients

PAGE 62

The Benefits of Arts Education

PAGE 66

Sharing Behavioral Neuroscience Research

PAGE 72

FINDING TREASURE IN PUBLIC DATA

Large public data sets offer psychologists exciting, rich and cost-saving opportunities for data reuse

BY KIRSTEN WEIR

Once upon a time, psychologists considered it poor form to use data collected by other scientists. But the way researchers gather data is changing. “With the zeitgeist of open science, people are more open to the idea of sharing data—and using what’s already out there,” says Amber Story, PhD, associate executive director for scientific affairs in APA’s Science Directorate. “There is so much data available that can answer the questions we ask as behavioral scientists.”

Today’s researchers are finding that existing data previously collected by others can answer new and important questions—without the big price tag that comes with launching a study from scratch.

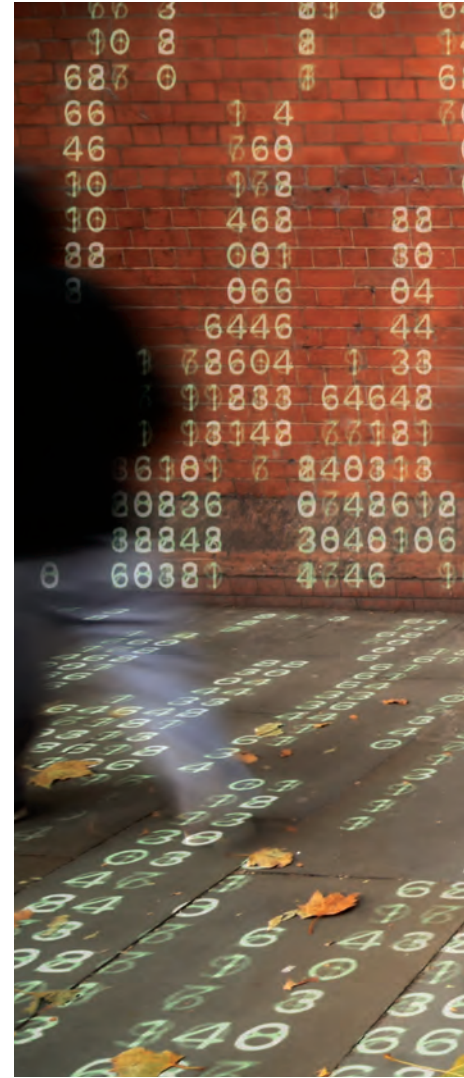
“There’s just not as much money as there used to be for research,” says Kathy Hirsh-Pasek, PhD, a developmental psychologist at Temple University and data-sharing advocate who uses large public data sets to teach research methods. “Especially for junior researchers, secondary data analysis can allow you to break in earlier—and allows our field to flourish and move our science forward.”

Existing data sets have

advantages beyond saving money, Hirsh-Pasek says. Many are large and well-established, with rigorous methodology that has stood up to scrutiny. In recent years, the so-called replication crisis in psychology has underscored the importance of having sample sizes large enough to have statistical power, she says. “Secondary data analysis helps with that, because you have some tried-and-true data sets out there that are highly trusted and have stood the test of time.”

Repurposing data doesn’t mean rehashing what others have done, adds Karen Adolph, PhD, a professor of psychology and neuroscience at New York University and director of Databrary, a repository for research video from behavioral studies. “Video captures so much of the richness and complexity of behavior and the surrounding context that it is uniquely suited for research reuse,” she says. For example, she studies motor development, and often watches videos of infant participants with the sound turned off. “Someone else could take exactly the same videos and listen to the language or study infants’ emotional expressions or social interactions,” she says. “It’s

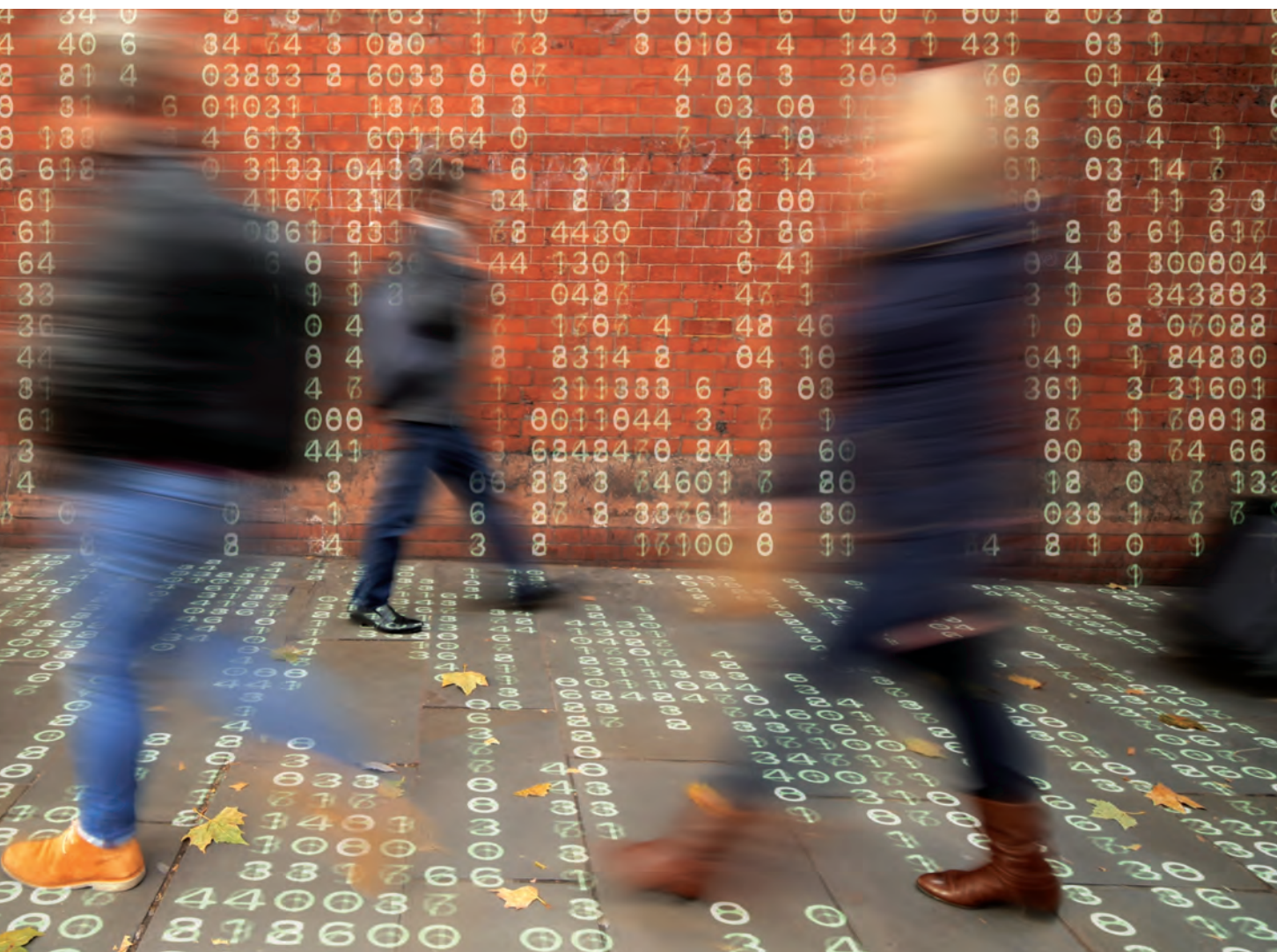
Tapping into public data sets allows scientists to more easily expand their research to other geographic regions and cultures.



time-consuming and expensive to collect such data with infants and children. Now researchers’ efforts have a new life—something one researcher doesn’t care about can be a treasure trove for another lab.”

ADDING DIVERSITY

Tapping into other data sets also allows scientists to more easily expand their research to other geographic regions and cultures, Adolph adds, addressing



the criticism that psychology research too often focuses on Western, educated, industrialized, rich and democratic (or “WEIRD”) societies.

Of course, in order to reuse data, someone has to share it first. Luckily, it’s fast becoming the norm to share data publicly. U.S. federal agencies require that publications and data from taxpayer-funded research be made available publicly. And funders are increasingly wary

of paying for research that has already been done. When researchers submit a grant to the United Kingdom’s Economic and Social Research Council, for example, they must certify that no data already in existence can answer their research questions.

Many large public databases also accept data from researchers, providing a place for scientists to store and share their own findings with students and colleagues—including potential

collaborators they might not have met yet. Another perk of large, trusted public data repositories: They take precautions to protect the privacy of research participants, making them a secure place to store data without jeopardizing confidentiality.

In other words, there are good reasons to share as well as to borrow. “People have already spent millions of bucks collecting this data, and I think it’s really important to explore what’s there

to see if you can address your questions,” says Hirsh-Pasek. “Secondary data analysis is the way of the future.”

WHERE TO FIND GOOD DATA

The more that data sharing becomes the norm, the easier it’s becoming to find high-quality data available for secondary reuse. Unfortunately, there’s no central repository that lists all of the large-scale data sets available to researchers. But these resources—including single-source data sets and repositories of data from multiple studies—are a good place for behavioral and social scientists to start:

LONGITUDINAL DATA SETS

■ **Add Health** (www.cpc.unc.edu/projects/addhealth/documentation). Beginning with a survey of adolescents in 1994, the National Longitudinal Study of Adolescent to Adult Health (Add Health) has followed participants to study development and health trajectories across adolescence and into adulthood.

■ **Behavioral Risk Factor Surveillance System** (cdc.gov/brfss/data_documentation/index.htm). Since 1984, the Centers for Disease Control and Prevention’s BRFSS telephone survey has collected data on adults’ risk behaviors and preventive health practices.

■ **General Social Survey** (gss.norc.org). Since 1972, the GSS has gathered data on American attitudes, behaviors and

attributes, covering topics such as stress, morality, crime and violence, intergroup tolerance and psychological well-being.

■ **Health and Retirement Study** (hrs.isr.umich.edu/data-products). The HRS is a multidisciplinary, longitudinal study that surveys a representative sample of American adults to address questions related to aging.

■ **MIDUS** (midus.wisc.edu). Since 1995, the Midlife in the United States (MIDUS) study has investigated the role of behavioral, psychological and social factors in age-related variations in health and well-being in a national sample of Americans.

■ **Monitoring the Future** (monitoringthefuture.org). Launched in 1975, this ongoing study investigates the behaviors, attitudes and values of American secondary school students, college students and young adults.

■ **Neighborhood Atlas** (neighborhoodatlas.medicine.wisc.edu). The Neighborhood Atlas is a tool to help researchers visualize socioeconomic measures such as income, education, employment and housing quality by mapping those factors at the neighborhood level.

■ **NHANES** (cdc.gov/nchs/nhanes/index.htm). The National Health and Nutrition Examination Survey (NHANES) combines interviews and physical examinations to assess the health and nutritional status of adults and children in the United States.

FURTHER READING

From Big Data to Deep Insight in Developmental Science

Gilmore, R.O.
WIREs Cognitive Science, 2016

Data Sharing in Psychology: A Survey on Barriers and Preconditions

Houtkoop, B.L., et al.
Advances in Methods and Practices in Psychological Science, 2018

Qualitative Data Sharing: Data Repositories and Academic Libraries as Key Partners in Addressing Challenges

Mannheimer, S., et al.
American Behavioral Scientist, 2018

■ Panel Study of Income

Dynamics (psidonline.isr.umich.edu). Since 1968, the PSID has followed participants and their descendants, collecting data on employment, income, spending, health, marriage, childbearing, child development, education and more.

■ **U.S. Census** (www.census.gov/data.html). Data from the decennial U.S. Census contains information on factors including demographics, employment, housing, income and family composition.

DATA REPOSITORIES

■ **Allen Brain Atlases** (portal.brain-map.org). The Allen Institute for Brain Science provides high-quality reference atlases covering themes such as cell types, gene expression, brain development and neural connectivity, from both mice and humans.

■ **Databrary** (databrary.org). Databrary is a digital library for behavioral scientists to store, share and reuse research videos, audio data and related metadata.

■ **Data.gov**. The federal government’s data.gov is a searchable repository for federal, state, local and tribal government data in areas including education, health and economic indicators.

■ **Google Dataset Search** (toolbox.google.com/datasetsearch). Still in beta form, Google Dataset Search enables users to use a simple keyword search to find data sets stored

in thousands of repositories across the internet.

■ **International Neuroimaging Data-Sharing Initiative** (fcon_1000.projects.nitrc.org). INDI was launched to promote sharing of brain imaging data among the neuroimaging community, and includes the 1000 Functional Connectomes Project, which contains more than 1,200 resting fMRI data sets from dozens of sites.

■ **Inter-university Consortium for Political and Social Research** (icpsr.umich.edu). The ICPSR includes more than 750 academic institutions and research organizations and maintains an archive of data in the social and behavioral sciences, with specialized collections in fields such as education, aging, terrorism, criminal justice and substance use.

■ **LearnSphere** (learnsphere.org). LearnSphere provides a repository for learning science researchers to store their data and access data sets across a wide variety of educational data.

■ **NICHD Datasets** (nichd.nih.gov/research/resources/index). The Eunice Kennedy Shriver National Institute of Child Health and Human Development shares data from its wide-ranging research, with data sets available on topics such as genomics, brain

development and intervention trials.

■ **NIMH Data Archive** (data-archive.nimh.nih.gov). The National Institute of Mental Health Data Archive contains data from hundreds of research projects with human subjects, across many scientific domains, in six NIMH repositories:

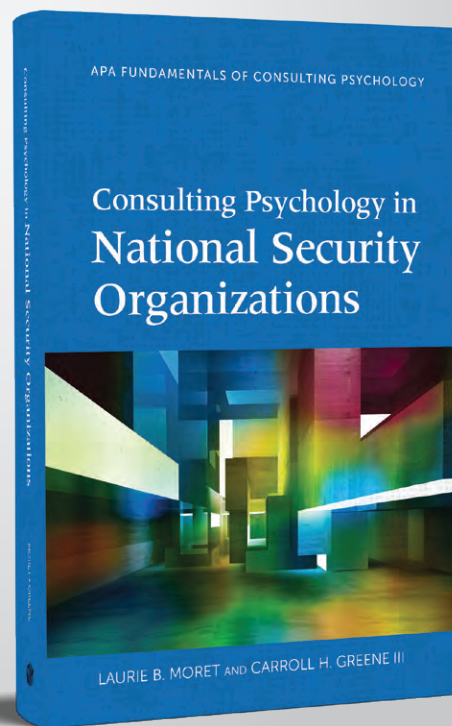
- *National Database for Autism Research*
- *National Database for Clinical Trials Related to Mental Illness*
- *Research Domain Criteria Database*
- *Adolescent Brain Cognitive Development (ABCD) Study*
- *Connectome Coordination Facility*
- *Osteoarthritis Initiative*

■ **OpenNeuro** (openneuro.org). This platform is designed for sharing neuroimaging data.

■ **Open Science Framework** (osf.io). A free, open-source service of the Center for Open Science, the OSF provides a place for researchers to store and share data and request access to others' data sets.

■ **Stanford Education Data Archive** (cepa.stanford.edu/seda/overview). This archive from the Stanford Center for Education Policy Analysis includes detailed data on educational conditions, contexts and outcomes in school districts and counties across the United States. ■

APA BOOKS®



on.apa.org/books

JUST PUBLISHED

Fundamentals of Consulting Psychology®

Consulting Psychology in National Security Organizations

Laurie B. Moret and Carroll H. Greene III

This book surveys the rewarding consulting opportunities that await psychologists in national security settings and describes the strategies and skills that are required for succeeding in this unique field.

2019 | 168 pages | Paperback
ISBN 978-1-4338-3005-1 | Item # 4317508
List \$39.99 / APA Member \$29.99



AMERICAN PSYCHOLOGICAL ASSOCIATION

ENHANCING CARE AND INFLUENCING POLICY

Clinical psychologist Nicholas Grant collaborates with other disciplines to improve affirmative care for LGBTQ patients

BY ZARA GREENBAUM

In 2017, as the U.S. Senate considered President Donald Trump's proposed ban on transgender people serving in the military, clinical psychologist Nicholas Grant, PhD, was informing the debate with psychological science on transgender identities and discrimination.

As Grant, the 2016 APA William A. Bailey Health and Behavior Congressional Fellow, pointed out to policymakers, health-care professionals agree that identifying as transgender is a normal and nonpathological human variation. And a 2016 study by the RAND Corporation found that allowing transgender people to serve in the military has little to no impact on unit cohesion and medical costs. Now, the fate of the transgender ban is uncertain as legal challenges proceed in several states.

As a congressional fellow, Grant helped draft legislation to condemn discrimination and combat the transgender ban while working on Sen. Kirsten Gillibrand's (D-N.Y.) legislative defense team, an inter-professional group of staffers and fellows from diverse fields. He also led an intensive "Trans 101"

seminar on transgender issues for the senator's staff—the first such training offered on Capitol Hill.

This sort of collaboration is a mainstay of Grant's career. Right now, he is doing full-time contract work for the Psychological Health Center of Excellence, a part of the U.S. Defense Health Agency, or DHA, that works to improve the lives of service members, veterans, families and providers by advancing excellence in psychological health care and prevention of psychological disorders.

In addition, in another team-building role, Grant serves as vice president for external affairs on the volunteer board of directors of the nonprofit GLMA: Health Professionals Advancing LGBTQ Equality, formerly known as the Gay and Lesbian Medical Association.

"Nick has been a great voice to draw psychologists and other sociobehavioral health practitioners into an organization

As the only psychologist on GLMA's board, Dr. Nicholas Grant is leading the charge to establish a behavioral health section in an organization that until recently catered primarily to physicians.

Part of Dr. Grant's expertise comes from working on behavioral health and LGBTQ issues on Capitol Hill. He's been able to translate this policy experience to similar initiatives.

that tends to lean more toward medicine," says Laura Hein, PhD, RN, associate professor in the College of Nursing at the University of South Carolina and a former GLMA board member. "Part of his expertise comes from working on behavioral health and LGBTQ issues on Capitol Hill. He's been able to translate this policy experience to aid GLMA's advocacy work on similar initiatives."

BRINGING PSYCHOLOGY TO MEDICINE

Grant came to GLMA in 2015. Founded in 1981, it is the world's largest and oldest association of LGBTQ health-care professionals. The group aims to ensure equity for both LGBTQ patients and practitioners. Since 2002, GLMA has expanded its reach to be more inclusive of nurses, physician assistants, behavioral health practitioners, other health-care professionals and academics.

As the only psychologist on GLMA's board—an interdisciplinary group of clinicians, administrators and academics—Grant is leading the charge to establish a behavioral health section in an organization that until recently catered primarily



to physicians. To that end, he has assembled a working group of 12 behavioral health professionals to explore how a dedicated section can better address their needs. When it launches, the section will elect its own leadership, hold a daylong summit before GLMA's Annual Conference and disseminate behavioral health resources to its members.

In another effort to bring change agents together, Grant convened more than 30 psychologists, social workers and counselors at the association's 2018 annual conference to explore trends in mental and behavioral health care, such as integrated care, for LGBTQ patients.

"Nick is leading the discussions about how we can be more responsive to the needs of behavioral health specialists and better address the mental and behavioral health needs of the LGBTQ community," says Hector Vargas Jr., JD, GLMA's executive director. "His collaborative approach has also helped generate strong support among board members and others of the important role psychology plays in our work to improve the health and well-being of LGBTQ people."

Grant says one of his biggest contributions to GLMA is his commitment to evidence-based decision-making.

"My psychology training and experience have taught me the importance of using evidence to inform every major decision the board makes," Grant says. His time spent working in research, clinical and administrative

settings, he adds, allows him to understand the perspectives of diverse board members and help integrate their specialized insights into a broader plan of action.

PRIOR EXPERIENCE

Before Grant became GLMA's vice president for external affairs, he served on the board as co-chair of the organization's Health Professionals in Training committee while completing his postdoctoral and congressional fellowships. After obtaining his doctorate in clinical psychology from Palo Alto University in 2015, he joined one of his first interdisciplinary teams as a postdoctoral resident at the U.S. Department of Veterans Affairs (VA) San Diego Healthcare System, a role that shaped and inspired the teamwork he does now.

Grant was the sole clinician, administrator and program manager for the VA San Diego Healthcare System's LGBT Mental Health Program, which enabled him to collaborate with a diverse group of providers across the health system. In his work with transgender veterans, he provided individual and group psychological services and worked alongside endocrinologists who administered hormone therapy, speech pathologists, physicians and nurses to provide affirming care.

He also was a member of the San Diego VA's LGBT Work Group, where he teamed up with nurses, psychiatrists, social workers and administrators to improve the overall care experience for LGBTQ

veterans. Among their projects was helping to develop an evidence-based training program for health-care providers on caring for LGBTQ veterans.

"When we talk about things like identity, stigma and discrimination, the way that we measure those is through psychological science," Grant says. "At the VA, I was able to educate providers and patients about LGBTQ health concerns because so many of these disparities are psychologically driven."

Grant educated patients and providers throughout the health system about health disparities LGBTQ patients face, as well as on how discrimination and family rejection contribute to anxiety, depression and suicide. He also taught providers about the need to offer affirmative services and to avoid language that makes assumptions about a patient's sexual or gender identity—for example, instead of asking about a male veteran's wife or girlfriend, providers should ask about the veteran's partner.

At the VA, Grant also helped providers learn to work with patients' multiple and intersecting identities. LGBTQ veterans have unique needs, he says, which stem from stigmas they may have faced both during and after military service.

"Everyone in the work group offered different perspectives. People always understood their role but were really happy to collaborate and learn from one another," he says.

NEXT STEPS

Now, Grant is continuing to educate others on evidence-

based practice through his work as a clinical psychologist subject matter expert for Salient CRGT Inc., a technology firm supporting the DHA's Psychological Health Center of Excellence, where he works on another interdisciplinary team that creates clinical support tools for providers, veterans, service members and their families. As a contractor for the organization, Grant helps develop clinical reference tools and electronic resources to communicate the latest research on treating psychological conditions such as depression, substance use and post-traumatic stress disorder.

Meanwhile, he is applying the skills gained in his day-to-day work with politicians and LGBTQ patients as a newly appointed member of D.C. Mayor Muriel Bowser's LGBTQ Advisory Committee. The committee develops and leads local initiatives, such as efforts to support older adults who are homeless or incarcerated. Grant will offer insights from psychological research and advice on effective program development and implementation.

"I believe that my past experiences and training working with interdisciplinary teams will help me advance policy-change efforts like those of the LGBTQ Advisory Committee," Grant says. "This is an opportunity for me to ensure that psychological research helps inform the development and use of supportive programs and policies for the LGBTQ community." ■

ADDITIONAL READING

LGBTQ+ Psychology, Advocacy and the March for Science

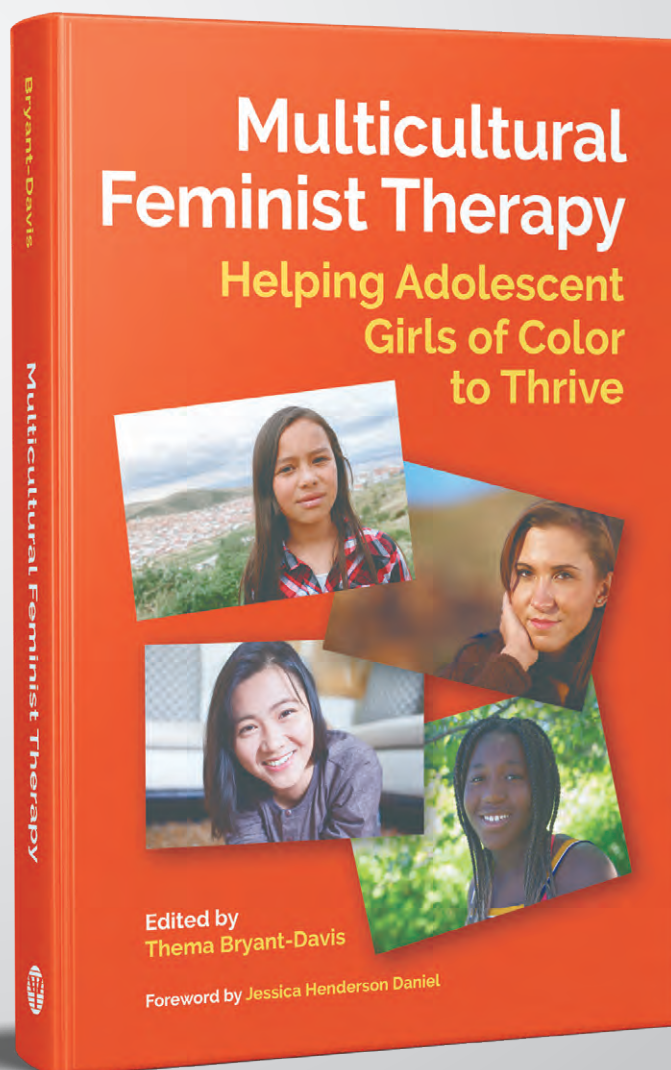
Grant, N.
APA Div. 44 Newsletter, 2017

APA PsycAdvocate Online Training Modules

APA's Standout Citizen Psychologists: Advocate for LGBTQ Populations

<https://on.apa.org/Standout-Citizen-Psychologists>

● "Psychologists on the Team" is a regular feature in which the *Monitor* explores the work of psychologists on interprofessional teams.



Get **FREE domestic shipping** when you order from the APA online bookstore, plus an exclusive 25% discount for APA members.

JUST PUBLISHED

Multicultural Feminist Therapy

Helping Adolescent Girls of Color to Thrive

Edited by Thema Bryant-Davis

Foreword by Jessica Henderson Daniel. *Multicultural Feminist Therapy* offers intervention strategies clinicians can use when working with adolescent girls of color, specifically those from Native American, Black American, Asian American, and Latina populations.

2019 | 267 pages | Hardcover
ISBN 978-1-4338-3067-9 | Item # 4317521
List \$59.99 / APA Member \$44.99

PROBING THE POWER AND IMPORTANCE OF ART

The Arts and Mind Lab at Boston College explores cognition in the arts—and the value of arts education

BY KIRSTEN WEIR

“My kid could have done *that*.” It’s a common criticism of abstract art, including the paint splatters of Jackson Pollock or the playful shapes and child-like figures of Joan Miró. But psychologist Ellen Winner, PhD, wasn’t so sure.

She wondered if it was true that an abstract painting by a great artist was indistinguishable from art made by children or even animals. In other words, can we somehow judge skill in seemingly random splatters and lines?

That question is one of the many Winner has explored at her Arts and Mind Lab at Boston College, which studies the cognitive factors at play in creating and experiencing art.

To better understand people’s reactions to abstract painting, Winner led a series of experiments in which she and her colleagues presented adult participants who had little familiarity with abstract art with pairs of paintings that were superficially similar—but one had been painted by a great abstract expressionist, while a child, monkey, ape or elephant had created the other. Without revealing the artists, she asked participants which they pre-

ferred, and which they thought was a better work of art. For both questions, participants chose the fine art more often than chance. Winner then repeated the study but asked participants to choose which they thought was by a real artist, and which was by a child or animal. Again, the untrained observers correctly identified work by great artists more often than not. In another variation, she mislabeled the paintings. Asked which they preferred and which was a better work of art, participants were still more likely to choose artwork by fine artists, even though they believed it had been created by a child (*Cognition*, Vol. 137, No. 1, 2015).

When Winner asked participants why they picked the paintings they did, they described the images they chose as less random and more planned. And when asked to rate the unlabeled images on a variety of dimensions, the ones by professional artists received higher ratings of intentionality. “We believe people are able to tell the difference based on the level of perceived intentionality,” Winner explains. “When you look at the art, you can somehow tell if it’s somewhat ordered or somewhat random.” Precisely how we see

RESEARCH FOCI

The Arts and Mind Lab at Boston College is:

1
Investigating philosophical questions about the arts using experimental methods

2
Describing and measuring the habits of mind associated with arts education

3
Exploring the relationship between executive function and insight problem-solving in young children

4
Studying giftedness in the arts

the mind behind the art, she adds, is still a mystery. “There’s something in the structure, but we don’t know what it is.”

Winner is naturally drawn to such philosophical questions about the arts since “psychology grew out of philosophy,” she says. She has, for instance, explored why we disparage forgery and whether we believe our aesthetic preferences have any objective basis. Yet many of her projects are much more applied. In one line of work, she and her





students identified the cognitive skills taught in arts classes, with the goal of more systematically judging whether arts education influences academic outcomes. She has also studied giftedness in the arts, a topic that can have implications for better supporting artistically gifted children in schools. She and her students have also explored emotion regulation through art, and the link between creativity and executive functioning.

All of her projects stem from

a deep appreciation for the arts. “The arts began before the sciences,” she says. “Art is a fundamental part of being human.”

A RAGE TO MASTER

After graduating from Radcliffe College with an undergraduate degree in English, Winner enrolled at the School of the Museum of Fine Arts in Boston to study painting. But she developed doubts about whether she was cut out for a career as an artist. She began researching

Research shows that gifted child artists tend to learn rapidly and have an intrinsic drive to practice—what Dr. Ellen Winner calls a “rage to master.”

programs in clinical psychology and saw an announcement for a research assistant job at Project Zero, a program to study learning in and through the arts, founded by the philosopher Nelson Goodman at the Harvard Graduate School of Education in 1967.

That ad changed everything. “I discovered I could actually do research about the subject I knew and loved best,” she says. Winner got the job and went on to earn a PhD at Harvard,

studying how children develop the ability to use metaphor—a kind of linguistic art, and one well suited to a former English major. After graduating in 1978, she joined the faculty at Boston College and continued to work with Project Zero, where she remains a research associate.

After her foray into metaphor and then irony, Winner turned her attention to studying visual arts. Her lab has always been small, with two or three doctoral students and a team of undergraduate volunteers. As an under-the-radar subfield, the psychology of the arts has never attracted strong support from large funding sources, but Winner has secured grants from the National Endowment for the Arts and the National Science Foundation, as well as private foundations. “With undergraduate volunteers we get a lot of research done,” she says. “You don’t need an enormous lab and huge funding to do good work.”

Among that work is research to better understand giftedness. With her former student Jennifer Drake, PhD, now an assistant professor of psychology at Brooklyn College of the City University of New York, Winner studied “precocious realists”—children able to create extremely realistic drawings from a very young age. Gifted children often share certain traits, whether they excel in drawing, music, athletics or some other domain: They tend to learn rapidly and make discoveries in that domain without much guidance from grown-ups. They also have an intrinsic drive to practice—what Winner calls a “rage to master.” You’ll find



a precocious artist drawing at the breakfast table, doodling on her schoolbooks all day and escaping to draw even when she has friends over to play. “They are passionately motivated and unable to pull themselves away from what they love to do,” Winner says.

Does that talent for drawing translate to other areas of their lives? To find out, Winner and Drake compared 12 precocious realists with matched controls and found that giftedness in drawing wasn’t related to either verbal or nonverbal IQ. Precocious realists did score better than their peers on visual-spatial tasks that required the ability to focus on parts of a visual display. But the drawing prodigies scored no higher than their peers on tests of visual memory, visual imagery or mental rotation (*Roeper Review*, Vol. 40, No. 4, 2018). Drake and Winner conclude that these talented

Among the areas explored by the lab is whether a talent for drawing translates to giftedness in other areas of children’s lives.

young artists could benefit from advanced arts education. Yet while gifted education programs are relatively common for academic giftedness, targeted art education programs for precocious artists are hard to come by.

THE BENEFITS OF ARTS EDUCATION

Winner has also explored how typical children might benefit from arts education. It’s a loaded question. Funding for arts education is often precarious, and arts advocates are eager to show that studying art or music will lead to better grades or higher SAT scores.

Winner was cautious about making that claim. “I didn’t see what the mechanism might be for a transfer effect,” she says. So, she and her colleagues undertook a series of meta-analyses to explore the link between arts education and academic outcomes (*Journal of Aesthetic*

Education, Vol. 34, No. 3/4, 2000). They surveyed hundreds of articles and published a series of papers, each focused on different art forms and type of outcomes.

The results didn't bode well for transfer effects, as Winner and her collaborator Lois Hetland, EdD, summarized in a report on the project (*Arts Education Policy Review*, Vol. 102, No. 5, 2001). "In general, correlational studies showed a strong connection: Kids who take arts classes do well in school," Winner explains. But that connection unraveled when they looked at experimental studies, she adds. "In the experimental studies, there was no causal effect—and of course, there are many explanations for a correlation besides a causal one."

Although arts advocates were not happy with those results, Winner says it's the researcher's job to accurately show what studying the arts can—and cannot—do. "If the only justification for art is raising academic performance, then as soon as superintendents find out that doesn't hold up, they'll have reason to cut the arts," she says. Winner asserts that the arts should be judged on their own merit, not because painting might make you better at geometry. "Nobody expects math skills to transfer to biology. The arts are held to a different standard,"

she says. "I fundamentally believe there is value to learning the arts, independent of transfer."

ARTISTIC HABITS OF MIND

To change the conversation around arts education, Winner and her colleagues set out to characterize how visual arts classes teach student about ways of thinking. They filmed and interviewed visual arts teachers on the job and coded their films for the kinds of "habits of mind" they saw being taught, both implicitly and explicitly. These habits include observing closely, envisioning and manipulating mental images, exploring new ways of solving problems and learning from mistakes, reflecting on one's process and learning to evaluate what's working, what's not and why.

"Those habits of mind have little or nothing to do with the skills measured by standardized tests," Winner says—but it's not hard to imagine how they might be beneficial outside the art studio. She and her colleagues published a book on their findings, "Studio Thinking," in 2007 to give teachers and arts advocates a research-based framework for talking about the benefits of arts education. To her surprise, it was featured in *The New York Times* and went viral among art teachers. "Teachers have said it gives them a lan-

guage to organize their teaching and also to advocate to their school about why what they do is important," Winner says.

She and her colleagues published a second edition in 2013, and in 2018, they released a related title, "Studio Thinking From the Start," a practical handbook for K–8 art teachers. Winner's graduate student Jillian Hogan took the lead on writing the book.

That project was like coming full circle for Hogan, who was drawn to the lab because of Winner's research on the studio habits of mind. She had worked as a K–8 music teacher and learned about those habits of mind from the visual arts teacher in the classroom next door. Hogan loved the concept but found visual arts habits didn't exactly map onto the skills she was teaching in music. Eventually, she joined Winner's lab as a PhD student to explore the habits of mind more deeply.

Among other projects, Hogan worked with Winner to create the music-specific framework she'd been missing, publishing a study on "ensemble habits of mind" in "The Oxford Handbook of Philosophical and Qualitative Assessment in Music Education" (in press). Winner's former doctoral student, Thalia Goldstein, PhD, now an assistant professor at George Mason University, is taking a similar approach to uncover the habits of mind taught in theater classes.

Through these efforts, Hogan says, she and her colleagues can begin to answer the questions that she and other teachers have about how students learn best

FURTHER READING

How Art Works: A Psychological Exploration

Winner, E., Oxford University Press, 2018

Art for Art's Sake? The Impact of Arts Education

Winner, E., et al. Educational Research and Innovation, OECD Publishing, 2013

Essentialist Beliefs in Aesthetic Judgments of Duplicate Artworks

Rabb, N., et al. *Psychology of Aesthetics, Creativity, and the Arts*, 2018

Giftedness and Expertise: The Case for Genetic Potential

Winner, E., & Drake, J.E. *Journal of Expertise*, 2018

The psychology of the arts has never attracted big financial support, but the lab has secured grants from the National Endowment for the Arts and the National Science Foundation.



in the arts. “I feel lucky that I can spend my days asking these questions that matter to teachers, and it’s important to me to see research findings translated for them,” she says.

Detailing habits of mind isn’t only for the benefit of educators, however. Hogan has begun to take the next step: developing valid measures of the habits of mind. That would enable researchers to accurately measure how each of those skills is learned—and whether they transfer to benefits in domains outside the arts.

CREATIVITY AND MOOD

Another line of research at the lab is being conducted by student Mahsa Ershadi, who previously taught in a Toronto program for adults who hadn’t finished high school. Most of Ershadi’s students came from marginalized populations and lower-socioeconomic-status backgrounds—and that experience has informed her research.

Her dissertation research is exploring the connection between socioeconomic status, executive function and creative problem-solving in young children. Previous work has shown that kids from disadvantaged backgrounds are more likely to have reduced cognitive control. That’s typically viewed as a deficit, but Ershadi wonders if it might predispose the kids to greater insight problem-solving. “I think we should get away from the idea that these kids need to be fixed,” she says. “Instead of focusing on their supposed deficits, maybe we should find what their talents are and try to foster them.”

Winner’s students often pursue research that takes them in somewhat different directions from their adviser. Drake, for instance, studied how drawing can help people regulate their emotions. She put adults and children in a sad mood by asking them to recall a sad experience or imagine a disappointing event. Then she asked half of the

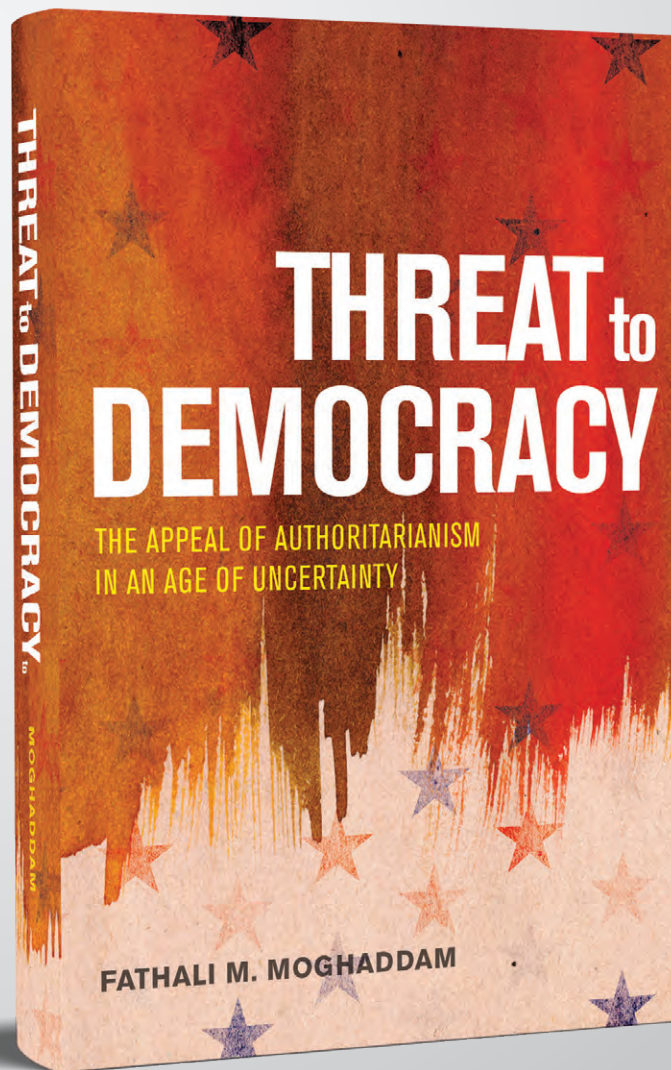
Dr. Ellen Winner, third from right, with her Arts and Mind Lab team.

participants to draw something to distract themselves from thoughts of the negative event. She instructed the other half to express their thoughts and feelings about that negative event through their drawing. The question she sought to answer was whether it is better to express negative feelings through art, or to turn away from those feelings. “We found that in children and adults, drawing to distract improves mood more than drawing to express,” she says (*Psychology of Aesthetics, Creativity, and the Arts*, Vol. 6, No. 3, 2012; *Cognition and Emotion*, Vol. 27, No. 3, 2013).

Winner’s graduate students say the variety of research topics in the lab illustrates her willingness to dive into almost any subject. “You can come to her with an idea and an hour later you’re writing your institutional review board application,” Hogan says. “She’s always eager to find answers to these questions.”

And to Winner, the art world offers an abundance of fascinating questions. Exploring the psychology of the arts can tell us a lot about the human experience, she says. “My goal is to bring the psychology of the arts into the mainstream by probing how people think about and respond to art, by studying the effects of arts education on children’s development—and by showing the importance of the arts in people’s lives.” ■

● **“Lab Work”** illuminates the work of psychologists in research labs. To read previous installments, go to www.apa.org/monitor/digital and search for “Lab Work.”



Get **FREE domestic shipping** when you order from the APA online bookstore, plus an exclusive 25% discount for APA members.

JUST PUBLISHED

Threat to Democracy

The Appeal of Authoritarianism in an Age of Uncertainty

Fathali M. Moghaddam

Political development toward actualized democracy is neither inevitable nor inexorable. Why are we seeing so much backsliding toward dictatorship or more authoritarian governance, even in nations considered to be established democracies? In this accessible analysis, renowned psychologist Fathali Moghaddam explains the allure of the “strongman” leader in an era of change and fear, and he discusses how to buttress democracy against these disturbing trends.

2019 | 182 pages | HC-Stamped with Jacket
ISBN 978-1-4338-3070-9 | Item # 4316194
List \$26.99 / APA Member \$20.24

CONDUCTING AND COMMUNICATING RESEARCH

At Yale, Amanda Dettmer's dual role includes studying stress in children and disseminating research findings to the public

BY ZARA GREENBAUM

Explaining scientific findings to the public can be just as important—and nearly as challenging—as performing the research itself. With experience in both science writing and behavioral neuroscience, Amanda Dettmer, PhD, not only conducts research but also writes about her discoveries and those of her colleagues: An associate research scientist at the Yale Child Study Center with a secondary appointment in the department of pediatrics, she also collaborates with the school's Office of Communications. "This job is really exciting for me because I get to wear two different hats—researcher and science writer—that I rotate and sometimes wear at the same time," she says.

Building on 20 years of experience studying nonhuman primates, Dettmer now searches for biomarkers of chronic stress in monkeys that can help us better understand child development. She also writes articles and newsletters for her colleagues at Yale and the general public to promote the concept that behavioral and physical health are intertwined.

The *Monitor* spoke to Dettmer about her unique position and how she got it.

What do you do at the Yale Child Study Center?


Part of my job is to help develop a strategic plan to bridge communications between the Child Study Center and

the School of Medicine's department of pediatrics. The Child Study Center studies behavioral and mental health to help children and their families live more fulfilling lives, while pediatrics focuses primarily on children's physical health. Largely due to psychological research, we know that these areas are intertwined. My task is to communicate both internally and externally about the connection between mental and physical health and to leverage science across departments to further this message.

Through newsletters and news stories for departments, schools and alumni at Yale, I communicate externally to policymakers, educators, parents and the broader community.

For example, I'm writing a story for the Yale School of Medicine's alumni magazine, *Yale Medicine Magazine*, about a colleague at the Child Study Center who just received funding to build a state-of-the-art two-photon microscope to study startle responses in zebrafish, which may eventually reveal genetic biomarkers for autism spectrum disorder.

On the research side, before I came to the Child Study Center, I studied rhesus monkeys as models of child development and looked for biomarkers of chronic stress from the prenatal stage all the way into adulthood. I'm continuing that research here, but rather than working with a live monkey lab, I'm using an archive of biological and behavioral data that I collected with my



"One thing I've learned along the way in my career is that it's absolutely all about who you know," says Dr. Amanda Dettmer.

former colleagues at the National Institutes of Health. I analyze compounds in various biological samples, such as hormones in hair, to assess how early life experiences—both prenatally and postnatally—shape an individual's resiliency against or risk for chronic stress. I compare this information with additional data about how those individuals develop behaviorally, socially and cognitively.

Where did you get the training and experience needed for this job?

My path was rather circuitous, which is one reason I developed the tools and the

IAN CHRISTMANN



expertise to be able to do both science writing and research. I've always been an animal lover, and after studying honeybees through a program for local high school students at the University of California, Riverside, I chose to major in zoology at the University of Washington in Seattle. That's where I had my first experience with monkeys—studying pigtail macaques in the university's Infant Primate Research Lab—and learned how they could be models for human development.

I did my doctoral studies at the University of Massachusetts Amherst,

then worked with aging monkeys as models of Parkinson's disease at the University of Pittsburgh, where I learned to do primate neurosurgery. After that, I spent five years working with Dr. Stephen Suomi at his Laboratory of Comparative Ethology in Poolesville, Maryland, which is part of the National Institute of Child Health and Human Development. It was there that I returned to my passion for developmental work in primate models.

In 2017, I was fortunate to be awarded APA's Executive Branch Science Fellowship, an annual science and tech-

nology policy fellowship. I worked at the Institute of Education Sciences, an independent branch of the U.S. Department of Education that funds research into pre-K through postsecondary education. My husband is a public Montessori elementary school teacher, and it's clear to me that the school environment is one of the key early life experiences that shapes child development, so I was interested in exploring the intersection of science and education.

I credit that yearlong experience, as well as others in the advocacy realm, with learning how to write for general

APA PUBLISHING

Supporting Psychology
and Improving Lives



Browse our
publications and
resources today at
on.apa.org/pubs

APA Books®
Magination Press®
APA Videos®
APA Journals®
APA Digital Resources



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

How Did You Get That Job?

audiences. I wrote materials for federal workers and blog posts for the public, and I am an editor and committee member for the website Speaking of Research, which covers animal-based research.

How did you find out about this job?

One thing I've learned along the way in my career is that it's absolutely all about who you know. I want to underscore the importance of establishing and maintaining professional networks because you never know where they will lead you.

I had met Dr. Linda Mayes, the director of the Child Study Center, through my professional network when I worked in Dr. Suomi's lab. While working in his lab, I traveled to the Child Study Center several times to give talks on my research into prenatal and early postnatal development in rhesus monkeys. Those early meetings ultimately led Dr. Mayes to recruit me for the science writing and research position.

How do you use your psychology training in your job?

There are aspects of psychology that are foundational to the research that I do, primarily comparative psychology, the study of animals and humans. Because of my training in this area, I've been able to study how monkeys behave and how their brains and bodies operate, which has given me greater insight into how humans behave.

But there's a secondary way, too, which is just the way that you interact personally with people you work with. Understanding psychology has been immensely helpful in dealing with work conflicts, strategizing and problem-solving. I think psychology can really be helpful to your career in more ways than one might think.

What's a typical day like for you?

There's not really one typical day here at this job, which is part of what makes it

exciting. But my day will generally take one of two paths: one where I have back-to-back events scheduled—a meeting with the Yale School of Medicine's communications team or a research talk from a prospective candidate, for instance—that are both science writing and research related. On other days, I schedule work blocks where I have no meetings—that's when I get the majority of my writing and research work done.

What is challenging about your job?

What do you enjoy most?

The thing that is most challenging is what is also most rewarding—constantly trying to figure out how to balance the science writing and research roles. Sometimes it seems like there aren't enough hours in the day.

The rewarding aspect is that I feel very lucky to be able to do it all. I'm not confined to research, and when I get frustrated or feel like I've run out of bandwidth for research, I can switch gears and focus on something else. I can use a different skill set for a while and still accomplish something.

What else should readers know about your job?

The other aspect of my work that has been most challenging is overcoming the anti-animal research movement. It's a powerful movement that has directly affected my career, because People for the Ethical Treatment of Animals heavily targeted Dr. Suomi's lab when I worked there. Even more concerning, the anti-animal research movement is interfering with the advancement of knowledge, which ultimately has implications for public health.

It's important for the public to know just how much people engaged in animal-based research love and care for animals. It's not something we always communicate well to the public and we need to do better at that. ■



Zigler



Singg



Veitch



Rapadas



Harding

PSYCHOLOGISTS IN THE NEWS

Edward F. Zigler, PhD, best known as one of the creators of Head Start, died on Feb. 7 at age 88. Zigler was a Sterling Professor Emeritus of Psychology at Yale University, where he had served on the faculty since 1959. As a developmental psychologist, Zigler worked throughout his career to improve the lives of American children and families, including as the first director of the U.S. Office of Child Development and as an adviser on children's issues to every president from Lyndon Johnson to Barack Obama.

The Three Rivers Counseling Association has presented the Jimmy Alvarez Friend of Counseling Award to **Sangeeta Singg, PhD**, a professor of psychology at Angelo State University in San Angelo, Texas, who has taught at the school for 37 years. The award recognizes Singg's commitment to training the next generation of practitioners. Singg is the current president of the Psychological Association of Greater West Texas and has been a board member of the local American Health Association for 35 years.

The Illuminating Engineering Society has awarded the IES Medal, its highest honor, to **Jennifer A. Veitch, PhD**. The award recognizes outstanding technical achievement that has furthered the

profession, art or knowledge of illuminating engineering. Veitch is a principal research officer at the National Research Council of Canada and is best known for her work on how indoor lighting affects health, well-being and performance.

The University of Guam has presented a Distinguished Alumni Award to **Juan Rapadas, PhD**, who earned his undergraduate degree in psychology at the university in 1989. Rapadas is a clinical psychologist who has devoted much of his career to working for the Guam government, most recently as a court clinical psychologist for the Judiciary of Guam, where he conducts forensic and psychological evaluations.

Stanford University has renamed a building in honor of psychologist and Stanford alumna **Carolyn Lewis Attneave, PhD**, who died in 1992. The building, the Carolyn Lewis Attneave House, is home to the Clayman Institute for Gender Research. Attneave, one of the most well-known psychologists of American Indian background and an internationally renowned expert on cross-cultural psychology, earned both her master's and doctoral degrees in education at Stanford University. Among her many achievements, Attneave spent six years providing mental health services to

American Indians through the Oklahoma State Department of Health and was the founder of the Society of Indian Psychologists.

Nathan Stockhamer, PhD, a major force in establishing board certification for psychologist-psychoanalysts, died on Feb. 2 at age 91. Stockhamer was seen as a transformative figure in the history of American psychoanalysis. He was the first psychologist to serve as the training director at the William Alanson White Institute in New York City, one of the few psychoanalytic training institutes that admitted psychologists at the time. Stockhamer also served as president of APA's Div. 39 (Psychoanalysis) and for two terms as the division's representative to APA's Council of Representatives.

Fairfield University has presented its Distinguished Faculty/Administrator Award to associate professor of psychology **Shannon M. Harding, PhD**, for directing the revision of the university's core curriculum. Harding has served on the Fairfield faculty since 2003. Among her achievements, Harding has trained and mentored more than 70 undergraduate students in her research lab, which investigates the role of hormones in autism spectrum disorder. ■

GUIDELINES FOR THE CONDUCT OF PRESIDENT-ELECT NOMINATIONS AND ELECTIONS

A. ELIGIBILITY, PUBLISHED STATEMENTS, CAMPAIGN RESTRICTIONS

1. Eligibility and appropriateness of members of the board of directors to stand for the APA presidency. Members of the board of directors are eligible to stand for and accept nominations for the APA presidency.

2. Eligibility and appropriateness of standing for the APA presidency while standing for another APA office. Individuals serving in the APA presidency cycle shall not hold offices within the association other than the ex-officio positions that accompany that office. A person elected to the APA Presidency shall, during the term of president-elect, president and past president, be restricted from holding any other APA office, including divisional offices, that is not an ex-officio extension of the Presidential office.

3. Call to membership of potential presidential nominees. An annual announcement in the December issue of the *APA Monitor on Psychology* will inform potential presidential nominees of the opportunity to speak at the February council meeting and invite them to submit a brief statement (50 words or less) to accompany the president-elect nomination ballot. The deadline for submission of such statements is close of business on Jan. 15.

4. Statement on the issues facing psychology. After the slate of candidates is announced, each one will be invited to provide a statement regarding their candidacy. The candidates' statement accompanying the election ballot should be confined to discussion of issues facing psychology and the APA and should not exceed 1,000 words. The *APA Monitor on Psychology* will provide coverage of the candidates in a question and answer format in issues published between their nomination and the election. Each board and committee reporting to Council or the Board of Directors will be invited to develop questions, which will be reviewed by the Election Committee. Taking into consideration input from the various constituencies, six (6) final questions reflecting important issues to APA's overall mission and strategic plan will be selected by the Election Committee and presented to each candidate. Their written responses will be edited for APA style by *APA Monitor on Psychology* editors and returned to the candidates for approval before appearing, in tabular format, over three subsequent issues of the *APA Monitor*

on Psychology. The answers to each question will be limited to 100 words. Each candidate will also be given the opportunity to write a short statement, not to exceed 300 words, as a lead into their questions and answers. The Past President, as chair of the Election Committee, is responsible for enforcing these limitations.

5. Appropriateness of a member of the board of directors endorsing a particular candidate. Since the board of directors is the executive committee of the association as a whole, it should be viewed as being nonpartisan, and, as a matter of protocol, board members should not endorse candidates for the office of president-elect.

6. Reporting of campaign funds. APA presidential candidates are required to report any financial support greater than \$200 that they received while seeking nomination or election from Aug. 1 of the preceding year of the election through two weeks prior to the start of the president-elect election balloting period. Financial support includes direct money payments, in kind services, advertising on behalf of the candidate, etc. Cash contributions to candidates must be documented with the source of the contribution. This will include support from any individual, group, organization, society, APA division, state association or caucus of APA council. Any honorarium and expenses for travel to present or speak to a group specifically regarding the candidate's nomination or election also must be reported. If there is a question about whether financial support is reportable, it should be reported.

Candidates will report all contribution sources and amounts on a form approved by the election committee. Candidates must sign verifying that the report is complete and submit it to the APA election office no later than Sept. 1. Candidates may not accept contributions after this date. The data will be made available to the membership on the APA Election website.

7. Selling or providing APA mailing labels and email address lists. APA will not sell or provide mailing labels or email address lists for campaign purposes.

8. Use of listservs (electronic lists). APA Central Office will not establish or provide listservs or other electronic communities for campaign purposes. However, list members may discuss APA elections and APA candidates on established lists to which they subscribe.

B. STATEMENT OF COMPLIANCE WITH GUIDELINES

After the election committee announces the candidates, each one will receive a copy of these guidelines. Each candidate must agree to and sign a statement acknowledging that he or she has received the guidelines, pledge to adhere to them, and will report to the election committee immediately any deviations from the guidelines of which he or she becomes aware.

C. PROMULGATION OF THESE GUIDELINES

The guidelines in their entirety shall appear in the December or January and the May issues of the *APA Monitor on Psychology*. Each January the election committee will send the guidelines to divisions, state/provincial/territorial psychological associations, coalitions and newsletter editors.

D. COMPLIANCE

Member complaints regarding violations of these guidelines will be addressed by the election committee. Upon receipt of a complaint, the election committee will provide the candidate with notice and an opportunity to respond to the allegations and/or to correct his or her report regarding campaign funds required by 110-7.1. A6. Recognizing that the goal of reporting requirements is to achieve transparency for the benefit of the voters, based on information it receives regarding a complaint, the election committee may also modify the APA election website to supplement or correct any information about candidate financial support.

The American Psychological Association's Board of Directors and Council of Representatives have established these election guidelines for election to the office of President-elect. They are printed in the Monitor twice a year. It is the intent of these guidelines to keep the amount of campaigning and electioneering for the office of president-elect within reasonable limits and to assist in the maintenance of a spirit of collegiality and essential fairness in such elections. These guidelines shall apply to the nomination and election process for the office of APA president-elect. Revised: August 2011

For more information please write or call APA's Election Office, 750 First St., N.E., Washington, DC 20002-4242; (202) 336-6087; (202) 336-6123 TDD

MARKETING HEALTH

Spending on medical marketing has increased in recent years—and mental health and addiction services constitute a small but rapidly growing share of those ads



\$29.9 billion

The amount of money spent on all **medical marketing** in the United States in 2017, including on ad campaigns for medications, health services, laboratory testing and disease awareness. That's up from **\$17.7 billion** in 1997.

32%

The percentage of that money spent on **direct-to-consumer advertising** (\$9.6 billion) in 2017. In 1997, only **11 percent** of all medical marketing money was spent on direct-to-consumer ads. The rest was spent on marketing to physicians and other health-care professionals.

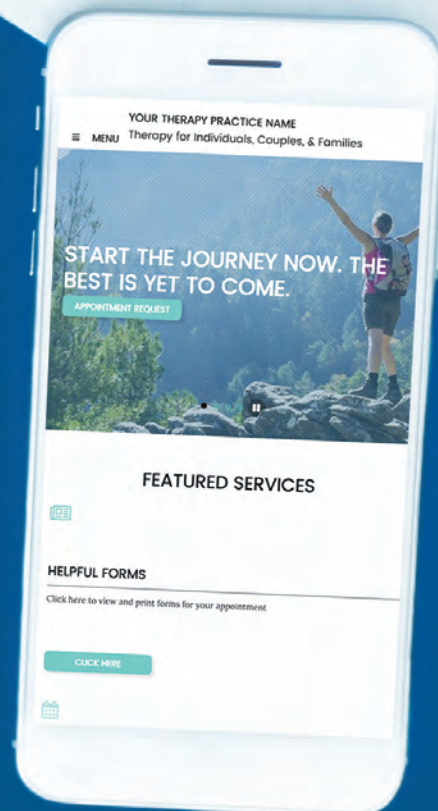
\$162 million

The amount of money spent on direct-to-consumer advertising for **mental health and addiction services** in 2017. That's an 8,000 percent increase from the **\$2 million** spent in 1997—the largest proportional jump in any category of direct-to-consumer health service advertising during that time.

Source: Schwartz, L.M., & Woloshin, S. (2019). Medical marketing in the United States, 1997–2016. *JAMA*, 321(1), 80–96.



Websites and Marketing for Therapists Made Simple



Digital Marketing That Will Help You Attract New Clients

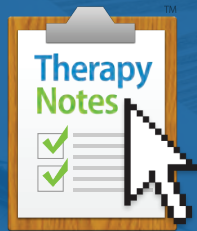
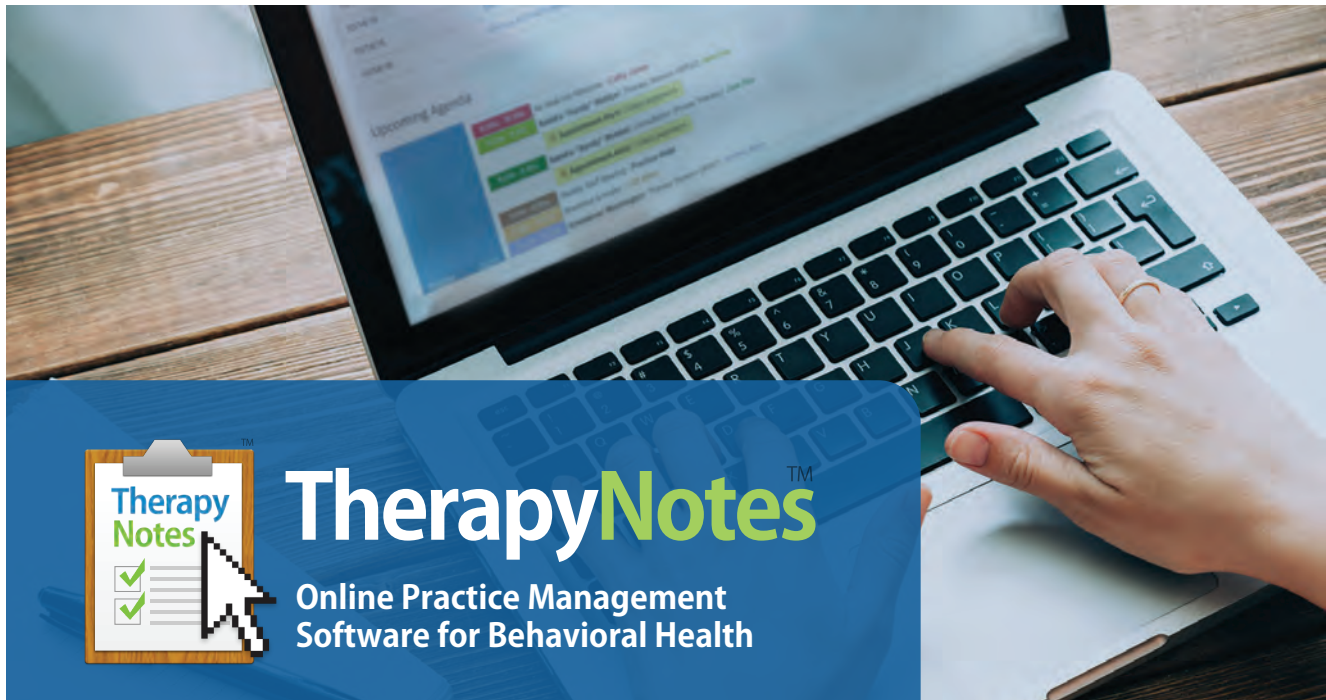
\$39/mo for 12 Months

Call today at **855-520-1911**

Promo Code **MPM19**

Visit info.therapysites.com/MPM19

New clients only. Offer applies to stand alone Website Services only. Some restrictions may apply. Offer Ends 5/31/19



TherapyNotes™

Online Practice Management
Software for Behavioral Health

11:30AM Appt with Kyle
Called in to say he may be a little late

12:00PM Appt with Susan
Remember to collect paperwork

☒ Create a Progress Note for your appointment on 4/16

Scheduling & To-Do Lists

Track clinician schedules, patient appointments, notes, and billing. Appointments and other tasks are automatically added to your personal To-Do List. Sync your calendar to your smart phone to view your schedule on the go.

Evaluation
Progress Note
Treatment Plan

Diagnosis: DSM-5 **anxiety**

Presenting Problem: F40.10 Social Anxiety Disorder
F41.0 Generalized Anxiety Disorder
F41.8 Other Specified Anxiety Disorder

Treatment Goals:

☒ Electronically Sign this Note

Patient Notes & EMR

Complete your notes quickly and easily. Our note templates have been uniquely designed for mental and behavioral health. Go paperless by uploading your patient files into TherapyNotes. All of your data is secure and encrypted.

Claim for John with Acme

<input checked="" type="checkbox"/> 12/2	\$100	90791
<input type="checkbox"/> 12/9	\$75	90832

Submit Claims

Acme Insurance Company

Electronic Billing

Streamline your billing with seamlessly integrated electronic insurance claims, ERA payment posting, credit card processing, and more. Submit insurance claims with a single click. Easily generate patient statements, superbills, revenue reports, and more.

...AND MANY MORE FEATURES!

Automatic Reminders

Automatic text, phone, and email reminders to reduce no-shows and decrease expenses

Custom Client Portal

TherapyPortal, your own custom client portal for appointment requests

Unlimited Support

Superior, unlimited phone and email support included with every TherapyNotes account



My experience with TherapyNotes has been fantastic!

Firstly, the system is easy to navigate, thorough, flexible, and extremely clinically intuitive. Secondly, technical and customer support has been efficient, fast, and very personal. I am leaving another EHR system for TherapyNotes...gladly. I'm very happy that you've created such a quality product. Thank you!

Dr. Christina Zampitella, FT, Licensed Clinical Psychologist

Many more stories on [TherapyNotes.com](http://www.TherapyNotes.com)!

Special Offer!

Just for Monitor on
Psychology Readers!

Sign Up and Receive Your First

2 Months FREE!

Use Promo Code: **APAMOP**



View Features and Sign Up Today at www.TherapyNotes.com