



A PUBLICATION OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION • OCTOBER 2019

VOLUME 50 | NUMBER 9

MONITOR ON PSYCHOLOGY

OCTOBER 2019

REMOTE WORK | DISCIPLINE | CENTRAL AMERICANS | ACADEMIC CAREERS

monitor on psychology

GST# R127612802



HAPPIER WORKERS

When it's done right,
telework can boost morale
and productivity **PAGE 54**

Helping Parents
Choose Safe,
Effective Discipline

PAGE 34

Psychologists' Work
in Central America

PAGE 46

SPECIAL SECTION

Accelerating Your
Academic Career

PAGE 61





One of these kids
didn't try their best.
Can you tell which one?



Let the **PdPVTs** give you
the confidence to identify
valid test performance.

Assess **performance validity** in youth
in just 3-5 minutes with five stand-alone tests

Exclusively from

MHS[®]
ASSESSMENTS



PdPVTs[™]
Pediatric Performance Validity Test Suite[™]

MHS.com/PdPVTs



Pre-order today!

MAKE THE SWITCH NOW AND SAVE!

American Professional Agency

PREFERRED PROVIDER of PROFESSIONAL LIABILITY
INSURANCE for APA MEMBERS

20% premium discount annually

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



- Easy access to knowledgeable risk management experts
- Prior acts available allowing an easy switch without purchasing tail coverage
- We offer individual, group and student coverage

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



PRESIDENT Rosie Phillips Davis, PhD, ABPP

PRESIDENT-ELECT Sandra L. Shullman, PhD

CHIEF EXECUTIVE OFFICER Arthur C. Evans Jr., PhD

CHIEF COMMUNICATIONS OFFICER Alicia Aebersold

APA EDITOR IN CHIEF Sara Martin

EDITORIAL

EDITOR IN CHIEF Lea Winerman

SENIOR EDITORS Lindsey Allen, Jamie Chamberlin, Tori DeAngelis

CONTRIBUTING WRITERS Deborah Bailey, Rebecca A. Clay, Zara Greenbaum, Charlotte Huff,
Chris Palmer, Stephanie Pappas, Heather Stringer, Kirsten Weir

ART AND DESIGN

ART DIRECTOR Michele Chu

DESIGN CONSULTANT Jerry Sealy

PRODUCTION MANAGER Peter S. Kovacs

APA MEDIA AND EVENT SALES

DIRECTOR OF ADVERTISING Jodi Ashcraft

ADVERTISING SALES MANAGER James Boston

APA PSYCCAREERS OPERATIONS MANAGER Amelia Dodson

RECRUITMENT ADVERTISING SALES MANAGER Nancy Onyewu

RECRUITMENT ADVERTISING SALES REPRESENTATIVE Shawn Deadwiler II

SENIOR MARKETING MANAGER Robin Tiberio

BUSINESS ADMINISTRATOR Eric Fuller

GRAPHIC DESIGN AND PRODUCTION, ADVERTISING Rebecca Halloran

MEDIA AND EVENT SALES COORDINATOR Age Robinson

● **Got a story idea?** We want to hear from you. Send your ideas to *Monitor on Psychology* Editor Lea Winerman at lwinerman@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.

 **Please recycle this magazine. If you wish to go paperless and receive only the digital edition of the *Monitor*, please send an email to membership@apa.org or call (800) 374-2721.**



COVER STORY

THE FUTURE OF REMOTE WORK

More than 26 million Americans now work remotely at least part of the time—and the arrangement can benefit employees seeking more flexibility and work/life balance, as well as employers looking to reduce costs and expand their geographic hiring reach. Now, psychologists are studying ways to maximize the benefits of remote work and help distributed teams work well together. *See page 54*

COVER: ©2019 GREG MABLY/THEISPOT



SUPPORT FOR CENTRAL AMERICANS

While much attention is focused on the humanitarian crises at the U.S. border, researchers, clinicians and advocates in El Salvador, Guatemala and Honduras are also working to help citizens cope with the dire conditions that are compelling thousands to leave those countries. *See page 46*



Positive parenting interventions. Page 34

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

RESEARCH

- 11 IN BRIEF
- 19 DATAPOINT
- 84 BY THE NUMBERS

NEWS

- 20 NEW APA POLICY SUPPORTS IMMIGRANTS AND REFUGEES
- 24 RETOOLING PSYCH 101
- 26 PSYCHOTHERAPY IN CHINA
- 33 JUDICIAL NOTEBOOK
- 34 MORE IMPACT TOGETHER

PEOPLE

- 31 5 QUESTIONS FOR ANNE FISHEL
- 73 PSYCHOLOGISTS IN THE NEWS

CAREER

- 62 INSIDERS' TACTICS FOR SECURING TENURE
- 66 HOW TO BE A MORE PRODUCTIVE WRITER
- 70 PSYCHOLOGY FACULTY SALARIES ARE IDLING
- 74 LAB WORK

EMPLOYMENT ADS

- 78 THE BEST JOBS IN PSYCHOLOGY

High-fat diets
and depression
in mice. Page 18



CE CORNER

SPOTTING THE SIGNS OF MILD COGNITIVE IMPAIRMENT

In the years before Alzheimer's disease and other forms of dementia become evident, patients typically show subtle but measurable signs of cognitive decline—a syndrome known as mild cognitive impairment, or MCI. Now, researchers are making strides toward better understanding and identifying MCI, and are seeking ways to treat—or even better, prevent—it. *See page 40*



LAB WORK

“We need to be brave and put ourselves out there because our science isn't helping anyone when it's hidden away in journals.”

Christine Chambers, PhD, Centre for Pediatric Pain Research at Dalhousie University, Halifax, Nova Scotia, Canada. *See page 74*



Get another year of access to the exclusive benefits you want,
the community you need, and the advocacy you deserve.

RENEW ONLINE TODAY AT: [APA.ORG/RENEW](https://apa.org/renew)



ENDING POVERTY STARTS AT HOME

Local action may be the best way to address the realities of poverty and deep poverty

BY ROSIE PHILLIPS DAVIS, PhD, ABPP, APA PRESIDENT

This year, APA formally launched its commitment to fight deep poverty—defined as a condition in which a household's annual income falls below 50% of the poverty line. In 2016, 18.5 million Americans were living in deep poverty, and the problem is only getting worse.

The official United Nations International Day for the Eradication of Poverty is Oct. 17, so it's a fitting time to again urge APA members to take part in the five-week challenge developed by my Deep Poverty Initiative Working Group and launched at APA 2019.

The challenge uses videos and information to help you:

- **Examine** your own attitudes and biases toward those in deep poverty and toward other intersecting identities such as class and race. (APA's newly approved *Guidelines for Psychological Practice for People with Low-Income and Economic Marginalization* can help—see page 20).
- **Engage** with people in deep poverty and create partnerships with com-

munity advocacy organizations by offering your unique skills.

■ **Empower** people in deep poverty to have a voice in their communities and advocate for social change.

While the official challenge started on Sept. 10 and ends on Oct. 17, you can start it at any time. It encourages you to stay close to home in your efforts—to partner with local politicians, businesses and nonprofit organizations to effect change. An inspiring example is the Women's Foundation for a Greater Memphis, a grassroots organization in Memphis, Tennessee, that in 2015 declared its intention to reduce poverty in the city's poorest ZIP code by 5% in five years. The group has gotten close to its goal by securing grants to improve workforce development and access to early childhood education, youth activities, financial education and more.

Besides the challenge, the Deep Poverty Initiative Working Group is developing a tool kit that will help psychologists practice more effectively with low-income clients and provide tools to help change the narrative on poverty and improve programs and policies. Stay tuned!

As psychologists are aware, poverty and deep poverty are associated with a range of poor outcomes, including high levels of stress and poor health. Psychologists know how to use science and networking to make a difference. Let's use our skills to get involved and make deep poverty a thing of the past. ■



APA President
Dr. Rosie Phillips Davis

LISTENING TO OUR PATIENTS

Regarding the excellent article “Better Ways to Prevent Suicide,” I would add a concern. With the increasing demand for absurd levels of documentation, demands for scripted questions on the intake from such organizations as JCAHO and the reverence for empirically based practices, with overly strict adherence to “proven” steps and homework assignments, I fear we are losing something critical. As



society becomes increasingly disconnected, due in part to advances in technology, psychologists also risk increasing the danger of suicide

in their patients, through being overly dependent on scripts and checklists and failing to listen and carefully attend to the patient’s story. It would seem that one contributing factor in suicidal ideation is the feeling of not being heard or joined by others. This can only be exacerbated when the therapist appears to be staring at their computer screen or asking rote, required questions. While the progress in research and empirically based treatments is valuable, we must remember, and remind our colleagues and students, that human contact and listening is itself a critical variable. The research also supports that premise.

Donald Ferguson, PhD
Auburn, Calif.

OPIATES AND PAIN

Your June 2019 story “Prevention as the First Line of Defense” discusses how opioids become less effective over time due to tolerance. However, there is abundant research suggesting that “opiate induced hyperalgesia” (OIH) is also at work. In OIH, chronic use of opioids triggers pain sensitization, as the body seeks homeostasis and heightens attention to pain

signals. Over time, with chronic opioids, patients become sensitized and their baseline levels of pain frequently increase, even if the original injury has healed. This explains otherwise puzzling effects such as those found in a recent *JAMA* article by Krebs et al. (2018), that found that chronic back, hip and knee pain patients on opioids had worse pain over time than those on nonopioid medications.

Psychologists are well placed to educate individuals with chronic pain about OIH, and even more importantly, to educate our colleagues in medicine and the allied health professions. Dr. Beth Darnall’s work at Stanford is one example of how to do this. In my own clinical experience, medical patients who learn about OIH and gradually wean off their chronic opioids are often astonished that their baseline pain levels decrease, and they ask

why none of their health-care providers ever told them about OIH before. That’s something we can help remedy.

Esther Strahan, PhD
Lima, Ohio



OUR FAVORITE TWEETS

Re: “Better Ways to Prevent Suicide”
(July/August)

@david_modders Really enjoyed the article “Better Ways to Prevent Suicide” in the July/Aug edition of @APA_Monitor. This truly is a national issue & I’m thankful psychologists are working hard to prevent the 10th leading cause of death in the U.S.

Re: “A Deep Dive Into Adolescent Development” (June)

@SynchronicTYI_ I loved this read! ■

Magination Press

Books for Kids From the
American Psychological Association

**“The text is clear
and engaging, the
art charming and
inviting.”**

—New York Journal of Books

ISBN 978-1-4338-3033-4
List \$16.99/Member \$12.74



Order Today

**Enjoy Free Domestic Shipping When Your Order
Directly from APA**

maginationpress.org

● **We’d love your feedback.** Please send letters to *Monitor* Editor Lea Winerman at lwinnerman@apa.org.

PSYCHOLOGY'S POWER TO CREATE HEALTHIER WORKPLACES

APA is expanding its work to help employees and employers meet today's challenges and prepare for the future

BY ARTHUR C. EVANS JR., PhD

Earlier this year, APA established a new Office of Applied Psychology as part of our larger commitment to elevate our focus on applied psychology—the branch of our field that uses psychological research, theory and methods to address real-world issues. One of those real-world issues is the changing nature of work. Nearly one in six Americans now works remotely at least part of the time. This month's cover story explores how psychologists are helping companies to understand and make the most of this shift (see page 54).

That work represents just one of the many ways psychological science can foster healthier workers and workplaces. Next month, more of that science will be on display at the biennial Work, Stress and Health conference, Nov. 6–9, in Philadelphia. Attendees will discuss such critical topics as how automation is transforming work and how workplace programs can help combat substance use.



APA CEO
Dr. Arthur C. Evans Jr.

APA has long supported this type of work through our Psychologically Healthy Workplace program, which for 20 years has developed evidence-based recommendations to help employees and organizations thrive. The program has also recognized organizations that put those recommendations into practice with its Psychologically Healthy Workplace Awards.

In addition to running the Work, Stress and Health conference and the Psychologically Healthy Workplace program, the Office of Applied Psychology is now creating partnerships with groups such as the National Association of Manufacturers (NAM) and the American Society of Association Executives (ASAE). In July, APA staff met with leaders of NAM—which represents more than 12.8 million manufacturing workers—to find ways we can work together on issues such as organizational functioning, artificial intelligence, automation and workplace substance use. We are also working with leaders at ASAE—whose members include individuals, trade associations and membership societies—to explore collaborative opportunities around our Psychologically Healthy Workplace program. Such partnerships are one more way that we are utilizing psychology to make an impact on critical societal issues and elevating the public's understanding of, regard for and use of psychology. By working together across and outside our discipline, we can help employees and organizations thrive today and prepare for tomorrow. ■

SCOTT SUCHMAN

The Hot List

ELECTIONS HAVE CONSEQUENCES

Want a stronger voice in APA? Vote! Members are encouraged to cast their ballots now for APA's 2021 president. The five candidates are **Jean Lau Chin, EdD, Steven D. Hollon, PhD, Jennifer F. Kelly, PhD, Susan Krauss Whitbourne, PhD, and Robert H. Woody, PhD, JD** (below, left to right). Video interviews with each candidate as well as details on their expertise and priorities for APA are posted at <https://on.apa.org/APAElection>. You can access your ballot any time before Oct. 30 on your member profile page on [my.APA.org](https://my.apa.org). APA also emailed ballots to members on Sept. 16 (members who do not have an email address on file were sent a postcard with instructions on how to access their ballots and vote). Questions? Contact elections@apa.org.



SUPPORTING FARMERS IN CRISIS

A one-hour webinar from **APA and Farm Aid** explains the mental health crisis among U.S. farmers and how psychologists can help. Experts talk about farmers' unique stressors and ways psychologists can connect with the farming community. Listen at <https://on.apa.org/FarmAidMentalHealth>.



REIMBURSEMENT CHANGES ARE COMING

APA will be updating members this fall on the recent changes to the **Health and Behavior Assessment and Intervention codes** outlined in the Centers for Medicare and Medicaid Services Proposed Rule for 2020. Learn more at <https://on.apa.org/Reimbursement>.

CITIZEN PSYCHOLOGIST GRANTS AWARDED

APA has presented \$1,000 grants to five APA divisions and nine state psychological associations to launch **Citizen Psychologist recognition programs** that honor standout psychologists who are improving the lives of people in their communities. See who won at www.apa.org/citizen.



HOW TO HELP LGBTQ ASYLUM SEEKERS

The new APA resource "**LGBTQ Asylum Seekers**" guides psychologists on the best care for those seeking asylum in the United States from persecution for their sexual orientation or gender identity. Find it at <https://on.apa.org/Asylum>.

NEW WEBINAR ON SEPARATION TRAUMA

The Oct. 9 webinar "**The Effects of Separating Families at the Border**" sponsored by Div. 53 (Society of Clinical Child and Adolescent Psychology) will address the way stress influences healthy development in youth. Register at <https://on.apa.org/TraumaWebinar>.

THE NEW APA STYLE MANUAL IS OUT!

The seventh edition of the **Publication Manual of the American Psychological Association** is easier to read and features more student-specific resources, a new chapter on the Journal Article Reporting Standards, new reference examples and guidance on bias-free language. Get it at www.apastyle.org.



DID YOU KNOW?

Members get auto, home and life insurance discounts from **Nationwide** at <https://on.apa.org/Nationwide>.

transforming the future



AMERICAN PSYCHOLOGICAL FOUNDATION

WHAT'S YOUR LEGACY?



Dr. Arthur Evans, CEO, APA, (center), his mother, Queen Evans, with two of her students, (left), and his grandmother, Nellie Evans (right).

“We should all plant a tree that we'll never sit under.”

Leaving a legacy is one of the most important contributions that we can make to society. Gifts to support the field of psychology provide lasting impact that continue to improve the lives of others far beyond our time.

APA's CEO, Dr. Arthur Evans, recently established a short-term grant program, the *Queen-Nellie Evans Grant*, to provide scholarships for graduate students who are committed to improving the conditions of marginalized communities.

What will your legacy be?

For more information about how you can support the future of psychology through the American Psychological Foundation, please contact Miriam Isserow at 202-336-5622 or misserow@apa.org.

In Brief

THE LATEST PEER-REVIEWED STUDIES WITHIN PSYCHOLOGY AND RELATED FIELDS

Workdays Are Not for Play

Fathers who spend time in their workdays doing child-care-related tasks, such as feeding and bathing their children—rather than simply playing with them—develop stronger attachments with their kids, suggests a study in the *Journal of Family Psychology*. Researchers observed 80 U.S. fathers and their 3-year-old children for 90 minutes in their homes to assess attachment security. They also interviewed the fathers about when and how they interacted with their children. They found that children of fathers who devoted time on non-workdays to fun,

child-centered activities such as playing games or visits to the park had the highest attachment security. On workdays, however, father involvement in caregiving was related to greater attachment security, while father involvement in play was related to less attachment security. The researchers hypothesize that children view fathers who engage in child care during workdays as trustworthy sources of emotional support, and that the fathers' partners appreciate the co-parenting support. But on non-workdays, when there is more time, play promotes attachment security. DOI: 10.1037/fam0000472



SIDEKICK/GETTY IMAGES

EMOTION MOTIVATION

How people want to feel determines whether others can influence their emotions, suggests a study in the *Journal of Experimental Psychology: General*. Across three lab experiments, researchers examined the negative emotions of 107 participants (U.S. university students) in response to politically charged events and images. They found that when participants indicated that they wanted to stay calm, they were three times more likely to be influenced by others with weaker rather than stronger reactions. Alternatively, when participants were motivated to feel angry, they were more influenced by people with stronger reactions. When participants had no specific motivation, their emotions remained stable. The researchers also analyzed 19

million tweets in response to the police shooting of Michael Brown in Ferguson, Missouri, in 2014, an event that aroused motivations for strong responses. They found that Twitter users' messages were more influenced by people in their network who expressed stronger emotions than those expressing weaker emotions.

DOI: 10.1037/xge0000625

WEIGHT SHAMING

Sexual- and gender-minority youth who are teased or bullied about their weight face increased risk of substance use and poorer emotional well-being, according to a study in *Health Psychology*. Researchers surveyed 9,838 LGBTQ adolescents in the United States and found that those who were teased or bullied about their weight by family members or peers had

When you want to stay calm, you're more likely to be influenced by other people with weaker emotions.

increased risk of alcohol use, binge drinking, marijuana use and cigarette use, as well as poorer self-rated health, more depressive symptoms and lower self-esteem. These findings held whether or not the adolescents were also bullied because of their sexual or gender identity and persisted after controlling for the adolescents' demographic characteristics, body weight, sexual identity and gender identity.

DOI: 10.1037/hea0000758

SCHIZOPHRENIA IN THE BRAIN

A study in *Molecular Psychiatry* points to changes in the brain related to the onset of schizophrenia. Genetic evidence has suggested that schizophrenia may be related to abnormalities of chromosome 22, known as 22q11.2 deletion syndrome.

RAWPIXEL/GETTY IMAGES



However, only about 30% of people with the syndrome ever develop psychotic symptoms. To determine who goes on to develop symptoms, researchers followed 140 people in Switzerland, ages 6 to 35, with deletion syndrome—including 53 with moderate to severe psychotic symptoms—and 135 age- and sex-matched control participants for 18 years. The researchers used MRI to assess brain development in all participants every three years. They found that the hippocampus in the deletion syndrome participants was generally smaller than in the control participants, but it followed the same developmental trajectory. But around ages 17 to 18—which is when psychotic symptoms usually first appear—the hippocampus underwent a further decrease in volume in deletion syndrome patients who developed psychotic symptoms. The researchers hypothesize that this volume decrease is spurred by factors such as stress or neuronal inflammation and that preventing it could reduce the chance that psychotic symptoms will emerge.

DOI: 10.1038/s41380-019-0443-z

DISTRUST OF AUTHORITY

In recent years, U.S. high school seniors' trust in law enforcement has significantly declined, and their confidence in the justice system has remained consistently low, according to a study in *Developmental Psychology*. Researchers analyzed surveys taken between 2006 and 2017 by more than 10,000 high school seniors regarding their attitudes about four authority institutions. They found that across those

U.S. high school students are less likely to trust law enforcement than they were in the past.



11 years, the students tended to have the most confidence in religious institutions, followed by public schools, then law enforcement, and then the justice system. From 2015 to 2017, however, the level of students' confidence in law enforcement declined to that for the justice system. Black students reported the lowest confidence in law enforcement and the justice system, followed by Latinx students, then white students.

However, across the 11 years, black students also reported significantly higher levels of trust in school and religious organizations than white students did.

DOI: 10.1037/dev0000760

GUT EMOTIONS

Infants with a diverse gut microbiome show less fear and negative emotion, suggests a study in *Brain, Behavior, and Immunity*. Previous studies had found an association between microbiome composition and temperament in toddlers. To examine that association in younger children, researchers took stool samples from 301 infants in Finland at 2.5 months old and had their mothers fill out questionnaires about their children's temperament at 6 months old. The researchers found that greater diversity in gut bacteria was correlated with less negative emotionality and fear reactivity. They also found that higher levels of some specific bacteria genera were associated with positive emotionality.

DOI: 10.1016/j.bbi.2019.05.035

Babies with more diverse gut bacteria show less fear and other negative emotions.



TYPECAST RELATIONSHIPS

When it comes to romantic partners, most people do have a “type,” personality-wise, suggests a study in the *Proceedings of the National Academy of Sciences*. Researchers analyzed data from a nine-year longitudinal study of 322 German men and women that included interviews with primary survey participants and their romantic partners. (If a primary participant changed partners, the new partner was also interviewed.) The researchers found consistency in the personalities of participants’ romantic partners. For example, participants who dated conscientious or neurotic people in the past likely

went on to date similar types of people. The researchers found that this consistency in partner personality was weaker, though still present, for participants who scored high on extroversion and openness to new experiences.

DOI: 10.1073/pnas.1902937116

CONNECTIVITY AND CONDUCT

Teenage girls with conduct disorder show reduced brain activity and lower connectivity between brain regions involved in emotion regulation, suggests a study in *Biological Psychiatry: Cognitive Neuroscience and Neuroimaging*. Researchers asked 59 participants, ages 15 to 18, to actively regulate their emotions, using

Most people have a “type”—they choose romantic partners with similar personalities each time they pair up.

cognitive reappraisal, while their brain activity was measured with fMRI. Thirty of the participants had previously been diagnosed with a conduct disorder, while the other 29 showed typical social development for their age. While engaged in emotion regulation, the participants with conduct disorder showed less activity in the left dorsolateral prefrontal cortex and angular gyrus, as well as lower connectivity of the left dorsolateral prefrontal cortex with several other brain regions.

DOI: 10.1016/j.bpsc.2019.05.003

SHIFTING MORALS

When it comes to making moral decisions, both avoiding guilt



EMIR MEMEDOVSKI/GETTY IMAGES

and seeking a fair outcome can be motivating factors. People may switch which factor dominates their decision-making depending on the circumstances, and this switch is accompanied by activation of different neural networks, finds a study in *Nature Communications*. Researchers used fMRI to scan the brains of 57 young adult participants in the Netherlands while they played a reciprocal trust game meant to gauge moral decision-making. The researchers found different patterns of neural activity for the strategies of “guilt aversion” and “inequity aversion,” even under conditions where the two strategies produced the same choices. They also identified a new strategy, “moral opportunism,” in which participants switched between guilt aversion and inequity aversion in order to maximize the benefit to themselves, with corresponding shifts observed in their neural activity patterns.

DOI: 10.1038/s41467-019-09161-6

NAPS HELP OLDER KIDS TOO

Elementary-school-age children who nap at midday are happier, perform better academically and have fewer behavioral problems, suggests a study in *Sleep*. Researchers collected data about napping frequency from 2,928 elementary school children in grades 4 to 6 in China, where midday napping is often a part of children’s daily lives. The researchers also collected behavioral and academic achievement evaluations from the children’s teachers; self-reported measures from the



children about their grit, self-control and happiness; body mass index and fasting glucose levels; and, from a subset of the children, intelligence test results. They found that napping was significantly associated with higher levels of happiness, grit and self-control, as well as reduced internalizing behavior problems, higher verbal IQ and better academic achievement. No associations were found between naps and performance IQ or metabolic measures.

DOI: 10.1093/sleep/zsz126



Children who nap perform better academically and have fewer behavioral problems.

If you feel poor, you’re more likely to believe that one person’s success must come at another’s expense.

A ZERO-SUM GAME

People who feel financially disadvantaged are more likely to believe in a zero-sum world, suggests a study in the *Journal of Applied Psychology*. Researchers analyzed responses to a survey about financial security taken by 191,648 participants in 90 countries, in six waves between 1981 and 2014. The survey also measured participants’ belief that success is a zero-sum proposition: Success for one person must come at the expense of another. They found that the most financially vulnerable participants held the strongest views that success is zero-sum. To test how this relationship might apply to negotiations, the researchers conducted four experiments with more than 1,000 undergraduates in the United States, and they found that students with greater financial vulnerability, or those who were reminded of a time they were financially vulnerable,



were less likely to use cooperative strategies in a negotiation scenario.

DOI: 10.1037/apl0000427

NAMING EMOTIONS AVERTS DEPRESSION

Teenagers who can describe their negative emotions in more precise ways can stave off depression, suggests a study in *Emotion*. Researchers asked 193 teenagers in the United States, who had an average age of about 16, to report their emotions four times daily for seven days. One and a half years later, the researchers conducted follow-up interviews to gauge depressive symptoms and exposure to stressful life events. They found that the adolescents who expressed greater differentiation among negative emotions—for example, saying “I feel annoyed” or “I feel frustrated” rather than simply “I feel bad”—were also better at

managing their moods and had a lower likelihood of experiencing depression after stressful events. Conversely, those who differentiated less among their negative emotions were more susceptible to depressive symptoms following stressful life events.

DOI: 10.1037/emo0000630

INFORMATION ADDICTION

Information acts on the brain’s dopamine-producing reward system in the same way as money, food or drugs, according to a study in the *Proceedings of*



Teenagers who can identify their own emotions with precision are less likely to suffer from depression.

People may seek information in the same way they seek money, food or drugs.

the National Academy of Sciences. Researchers scanned the brains of 37 participants in the United States while they were presented with a series of lotteries in which they needed to decide how much they were willing to pay to find out more about the odds of winning before placing a bet. The researchers found that participants paid to acquire information whether it was valuable—for example, when a high-stakes, long-shot bet was revealed to be sure thing—and even when it wasn’t worth much, such as when little was at stake. Analyzing participants’ fMRI scans, the researchers found that information about the games’ odds activated the striatum and the ventromedial prefrontal cortex, dopamine-producing brain regions also activated by the prospect of money, food or drugs. They also found that participants used the same neural signals to encode both the monetary value of objects and the value of information.

DOI: 10.1073/pnas.1820145116

PREEMIE PLAYLIST

Exposure to music may enhance the connectivity of brain networks involved in sensory and higher-order cognitive functions in premature newborns, according to a study in the *Proceedings of the National Academy of Sciences*. Researchers used fMRI to scan the brains of 29 premature newborns in Switzerland. About half the infants heard soothing music through headphones for eight minutes five times per week for an average of seven weeks, while a control group heard

environmental sounds piped in from the hospital. At the end of the study, the brain networks of the infants exposed to the music showed greater connectivity compared with the control group and were more similar to the networks of full-term infants.

DOI: 10.1073/pnas.1817536116

TEEN SUICIDE ON THE RISE

Youth suicide rates in the United States have been increasing since 2007, especially in younger girls, finds a study in *JAMA Network Open*. Researchers examined 85,051 U.S. suicide deaths in youth ages 10 to 19 from 1975 to 2016. During this time, boys

accounted for approximately 80% of the deaths. However, starting in 2007, female suicide rates in 15- to 19-year-olds increased by almost 8% per year, while suicide rates in their male counterparts increased by 3.5% per year. Additionally, suicide rates for girls ages 10 to 14 increased annually by about 13%, compared with about 7% for boys of the same ages.

DOI: 10.1001/jamanetworkopen.2019.3886

PART-TIME BENEFITS

Having a job can boost mental well-being, but for many people it takes no more than one day of work per week to reap those rewards, according

Part-time work offers the same mental health benefits as full-time work, a study finds.

to a study in *Social Science & Medicine*. Researchers surveyed 71,113 adults ages 16 to 64 in the United Kingdom between 2009 and 2018 and found that when people moved from unemployment or stay-at-home caregiving into paid work, their risk of mental health problems decreased by about 30%. But, on average, it took only eight hours of work or less per week to see that benefit. For most groups of workers there was little difference in well-being between those working between one and eight hours per week and those working between 44 and 48 hours per week. The results held across age, marital status, number of

ANDRES/GETTY IMAGES



children, long-standing illness and household income.

DOI: 10.1016/j.socscimed.2019.06.006

FATTY FOODS DRIVE DEPRESSION

A high-fat diet may increase the risk of depression, suggests a mouse study in *Translational Psychiatry*. Researchers exposed mice to a high-fat diet for three to eight weeks. They found an increase in depression-like behaviors in these mice, compared with mice on a normal diet, at both the three- and eight-week points. The researchers further found that more fatty acids had accumulated in the hypothalamus of mice exposed to the fatty food, and that this accumulation, in turn, suppressed the protein kinase A (PKA) signaling pathway in the hypothalamus, which has been linked to the development of depressive behaviors. The researchers hypothesize that identifying molecules that

restore normal functioning in the hypothalamus could lead to new types of antidepressant medications specifically for overweight individuals.

DOI: 10.1038/s41398-019-0470-1

WORDS TELL THE STORY

A machine learning algorithm analyzing language patterns can identify factors that predict which people at risk for psychosis will progress to full psychosis within two years, according to a study in *npj Schizophrenia*. Researchers used machine learning to analyze speech transcripts



Mice fed a high-fat diet developed more depressive behaviors.

Kids whose teachers rated them as less attentive in kindergarten earned less money as adults.

from 30 young adult participants in the United States who were at risk of developing psychosis, and they found that the language of those who progressed to psychosis had lower semantic density (less meaning conveyed in their sentences) and used more words related to sounds and voices compared with samples from a large database of normal language. A system incorporating these factors predicted with 93% accuracy which of 10 other participants at risk of schizophrenia would eventually develop psychosis.

DOI: 10.1038/s41537-019-0077-9

INATTENTIVE KIDS EARN LESS AS ADULTS

Inattention and aggression in kindergarten may be associated with lower earnings in adulthood, according to a study in *JAMA Psychiatry*. In a longitudinal study conducted in Quebec, Canada, researchers compared kindergarten teachers' behavioral ratings of 2,850 children ages 5 and 6 with government tax returns of those same individuals 28 to 30 years later. After accounting for IQ and family adversity, the researchers found that inattention in kindergarten was associated with lower earnings for both boys and girls later in life, while ratings of aggression and oppositional behaviors, such as disobeying, refusing to share, and blaming others, were associated with lower earnings for boys only. ■

DOI: 10.1001/jamapsychiatry.2019.1326



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

TOP: CYNOLUB/GETTY IMAGES; BOTTOM: PNDLUXE/GETTY IMAGES

Datapoint

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

DIVERSITY AMONG PSYCHOLOGY FACULTY

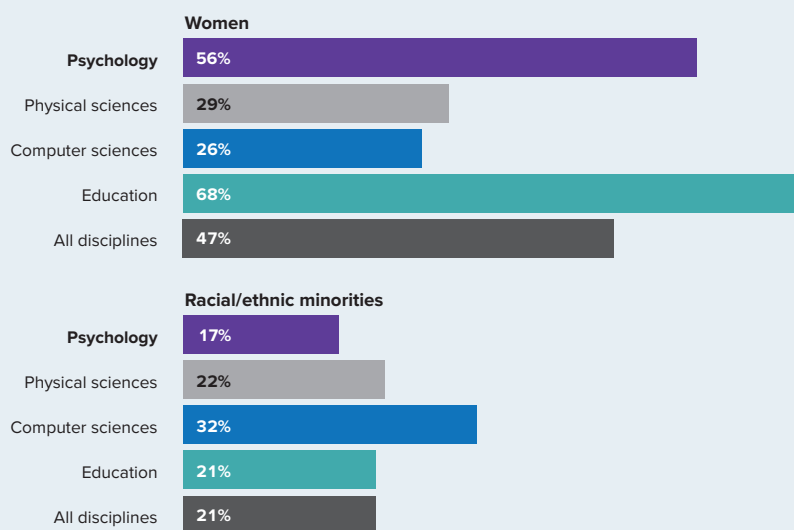
■ Although women make up more than half of full-time psychology faculty, when it comes to racial/ethnic minorities, the psychology discipline is less diverse than others.¹

■ Women make up 56% of psychology faculty, which compares favorably to some fields but not others. In education, for example, 68% of faculty are female. But in physical sciences, only 29% are women and in computer/information sciences only 26% are.

■ Only 17% of psychology faculty are racial/ethnic minorities, which is lower than the percentage in the physical sciences (22%), computer/information sciences (32%) and education (21%).

■ In crossing gender and race/ethnicity, about 15% of male psychology faculty are racial/ethnic minorities: 5% are Hispanic, 4% are Black, 4% are Asian and 2% are other races/ethnicities. About 18% of female psychology faculty are racial/ethnic minorities: 4% Hispanic, 6% Black, 6% Asian and 2% other races/ethnicities. Those percentages are lower than the representation of racial/ethnic-minority faculty women and men in all disciplines combined.

Percentage of Women and Racial/Ethnic-Minority Faculty Among Select Disciplines



Percentage of Faculty: Race/Ethnicity by Gender



By Jacqueline Bichsel, PhD, Director of Research, CUPA-HR, Peggy Christidis, PhD, Jessica Conroy, BA, and Luona Lin, MPP
For more information, contact APA's Center for Workforce Studies at cws@apa.org.

¹Data are from the CUPA-HR 2019 *Faculty in Higher Education Survey*. Data include full-time tenured, tenure-track and non-tenure-track faculty; part-time/adjunct faculty are not included. The "all disciplines combined" data include all 34 disciplines surveyed, not just the select disciplines represented in the graphic. For more information, see the CUPA-HR 2019 *Faculty in Higher Education Survey*.

NEW APA POLICY SUPPORTS IMMIGRANTS AND REFUGEES

APA's Council of Representatives calls on the government to ensure immigrants and refugees can access health care, mental health services and social services

BY TORI DEANGELIS

At APA 2019, APA's Council of Representatives overwhelmingly approved the **2019 APA Immigration and Refugee Policy Statement**, which encourages psychologists to use their training to treat and advocate on behalf of immigrants, refugees and people seeking asylum in the United States.

More than 98% of council members voted in favor of the policy, which highlights the psychological stresses faced by immigrants, refugees and their families and supports the need for policies and practices that consider their well-being, including medical, psychological and social services.

"I see it as a call to action—that as psychologists there is something that all of us can do, whether it's at the local, regional, state or federal level," says Manuel Paris Jr., PsyD, an associate professor at Yale University and member of the expert panel that helped craft the policy.

The policy cites psychological research findings that are relevant to treating and advocating on behalf of this population:

- Immigrants are at risk of psychological harm.

- The threat of deportation causes stress and can lead to serious health issues.

- Family separation is particularly harmful to aspiring immigrants and their children.

The new policy also squares with two of APA's strategic priorities: making a positive impact on critical societal issues and strengthening APA as an authoritative voice for psychology, says Antonio E. Puente, PhD, APA past-president and co-chair of the APA Advocacy Coordinating Committee.

"The statement is a major step forward in the integration of APA's advocacy mission," he says, "but an even more important step toward addressing our nation's immigration crisis."

At the meeting, many members expressed excitement that APA is taking a bold stand on a pressing national concern.

"This is the most nimble I have seen APA," says Mary Ann McCabe, PhD, ABPP, council representative of Div. 37 (Society for Child and Family Policy and Practice).

The time is now for psychologists to lend their unique strengths to helping those affected, Paris adds, noting there

The new policy supports two of APA's strategic priorities: making a positive impact on critical societal issues like immigration and strengthening APA as an authoritative voice for psychology.

are many ways to pitch in. "You can go to Capitol Hill and advocate on behalf of those who don't have a voice. You can also work in your own community."

Claudette "Claudia" Antuña, PsyD, a member of the expert panel who has done extensive clinical and pro bono evaluation work with refugees, immigrants and asylum seekers, calls the statement "a good beginning." The next step, she says, is to get more trained mental health professionals on board. "Right now," she says, "we don't have enough people to do this work."

GUIDELINES ON LOW-INCOME AND DIVERSE CLIENTS

The council also voted overwhelmingly in favor of two sets of guidelines.

The **Guidelines for Psychological Practice for People with Low-Income and Economic Marginalization** are the first APA guidelines to address the needs of low-income people, who are underserved, understudied and diverse, says Cindy L. Juntunen, PhD, a professor at the University of North Dakota and chair of the low-income guidelines task force.

The guidelines are an import-



ant step for a couple of reasons, she says. First, research finds that low-income and economically marginalized individuals are far more susceptible to health and mental problems than those with more resources but have less access to needed services.

Second, psychologists typically have more resources than many of the clients they serve. To provide culturally informed care, it's critical that they reach outside their comfort zones and determine more effective ways of providing services—for example, by offering sliding scale fees or shorter sessions that better

accommodate these clients' budgets and work schedules.

Also important, according to the guidelines, is viewing poverty in a structural context.

"We tend to think about poverty as being something about the person, and often it is not—it's about the structure surrounding them," Juntunen says. To address this reality, the guidelines suggest ways that psychologists can make a difference not just with individuals and families, but at the community, social and policy levels.

In addition, the council approved the **Race and Ethnicity**

Guidelines in Psychology: Promoting Responsiveness and Equity,

which update research on the effective understanding and treatment of ethnically and culturally diverse clients and help psychologists develop stronger tools to respond appropriately to them, says Karen Suyemoto, PhD, a professor at the University of Massachusetts Boston who chaired the task force that developed the guidelines.

The guidelines are the first to specifically focus on race and ethnicity since APA's 2002 multicultural guidelines, and reflect additional research

and scholarship that has emerged in the years since. Those findings include new material on the role of power, privilege and the effects of colonization on the ethnic, racial, cultural and indigenous experience, Suyemoto says. (In 2017, the council also adopted an umbrella set of guidelines, *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality*, which considers broader aspects of culture, including ethnic culture, sexual orientation, gender identity and other factors).

"We have grown so much in our understanding of priv-

ilege and oppression [that we now understand] it's not just about equality or inclusion, but also about equity and social justice," she says.

The guidelines are organized into four categories that will allow psychologists to dig into the areas most relevant to their work: general guidelines, education and training, practice and research, Suyemoto adds.

"I anticipate that the guidelines will be widely used in training and in the different areas psychologists work in," she says. "They represent a direction and vision that we hope psychologists will aspire to and move towards."

STUDENT VOTING AND A CAMPAIGN

In other actions, the council:

- Approved a motion to give **student members voting privileges**. Nearly three-fourths of council members approved amendments to the APA bylaws and association rules that would create an official membership category for graduate students that specifically gives them voting rights after one year. Those rights include the ability to vote for president-elect, members-at-large of the Board of Directors, apportionment and bylaws amendments.

- Voted to change **associate members' waiting period** for voting privileges from five years to one year. APA voting members will receive the ballot for both items on Nov. 1. Full text of the bylaws can be found at www.apa.org/governance/bylawsamendment2019.

- Called for APA to explore a **public information campaign on racism**: The council overwhelmingly passed a motion directing the Board of Directors to establish a task force that will assess the possibility of developing a public education campaign on racism and discrimination. ■



The PsyD in Clinical Psychology program at Regent University is accredited by the American Psychological Association. Contact the APA, Office of Program Consultation and Accreditation at 750 First Street, NE, Washington, DC 20002-4242, 202-336-5979, apaaccred@apa.org, COU190545

LEAD THE WAY

M.S. IN PSYCHOLOGY

NONLICENSURE | FULLY ONLINE

PSY.D. IN CLINICAL PSYCHOLOGY

APA-ACCREDITED | ON CAMPUS
COMBINED MASTERS/DOCTORAL

Become better equipped to promote human resilience and strength as you increase your expertise in the science and application of psychology. Our values-based programs give you the tools needed to help transform the world.

Learn more: regent.edu | 800.681.5906

100% MATCH RATE AMONG
4TH-YEAR PSY.D. STUDENTS



REGENT
UNIVERSITY

School of Psychology
& Counseling

Christian Leadership to Change the World

APA2020

WASHINGTON, DC
AUGUST 6-9

CALL FOR PROPOSALS

CONTINUING EDUCATION WORKSHOPS ALL TOPICS WELCOME

The APA Continuing Education Committee is now accepting half- and full-day workshop proposals for APA 2020 that represent the lifelong learning needs of psychologists.

Workshops are offered on a range of topics including addictive behaviors, depression, disabilities, ethics, psychotherapy treatment, and many more. In 2020, we're offering a special workshop track of half-day (4-hour) workshops focusing on Interprofessional Clinical Practice, emphasizing the role of professional psychology in advancing interprofessional collaboration in support of improved service delivery, clinical outcomes, and client care.

AS A PRESENTER, YOU HAVE THE OPPORTUNITY TO:

- Share your knowledge with psychologists from around the world.
- Join a select group of professionals who have presented a CE workshop during the APA convention.
- Receive an honorarium of \$175 per instructional hour per workshop.
- Attend one complimentary CE workshop.

SUBMIT A PROPOSAL AT [CONVENTION.APA.ORG](https://convention.apa.org)

All proposals must be submitted online; no exceptions.

Deadline: November 12, 2019

Questions?

Contact Erin K. Carney at ekcarney@apa.org



AMERICAN
PSYCHOLOGICAL
ASSOCIATION



CONTINUING
EDUCATION
IN PSYCHOLOGY

RETOOLING PSYCH 101

An APA initiative provides guidance for those who teach what many say is psychology's most important class

BY DEBORAH BAILEY

More than 1 million students take introductory psychology each year, making the course a prime opportunity to showcase the value of psychology as a science and draw in future psychologists. Now, a team of psychology educators is working to make better use of this key entry point.

"Intro psych is a spokesperson for our field," says Bridgette Martin Hard, PhD, who develops the course's curriculum at Duke University. "For most college students, intro psych is the first and often the only point of contact they have with psychology. It's so important to get this class right."

Hard and 21 other teachers are addressing this challenge as members of APA's Introductory Psychology Initiative. They are creating guidance on how the thousands of introductory psychology instructors in the United States—whether high school or college level—can most effectively teach the class. The team will summarize the latest research, conduct new analyses on effective teaching practices and provide evidence-based recommendations in four areas:

- What students should learn in introductory psychology and how

to best assess whether they have learned it.

- How to design a course that engages students and maximizes their learning.
- Training and professional development resources for teaching introductory psychology.
- Which methods most effectively help students study introductory psychology and how the course could lead to improved outcomes, such as student retention.

The APA initiative also seeks to ensure that psych 101 reflects the range of psychology—science, applied domains and more.

"By necessity, intro psychology has to be a broad class because we want to showcase that psychology can answer so many different questions about human behavior," says Hard. "But that can make the course feel overwhelming, like a bunch of disparate topics that aren't connected to each other."

Instructors can avoid that problem by using engaging teaching methods, presenting content in thematic groups and helping students create connections with their own lives, says Oregon State University psychologist Regan A.R. Gurung,

Introductory psychology courses are the first point of contact many students have with the discipline, and so serve as a "spokesperson" for the field.

PhD, who teaches introductory psychology and co-chairs the APA initiative with Garth Neufeld of Cascadia College in Bothell, Washington.

"My goal is to make every psychology class so exciting that students want to share information with someone they know," says Gurung.

CREATIVE ALTERNATIVES

Psychologists working on the initiative say there are many ways to better highlight the breadth and scientific basis of the field.

"We are uniquely positioned as a science to speak to so many things our students will face in the world," says initiative member Katherine Wickes, PhD, of Blinn College District in Bryan, Texas.

At The Ohio State University, for example, up to 70% of introductory psychology students are





in their first year of college, making the intro course an ideal time to introduce effective study skills, says initiative member Melissa Beers, PhD, who directs Ohio State's introductory psychology program. Each year, more than 3,000 Ohio State students take the course, which covers many traditional intro topics but also includes how students can apply what they are learning to their lives. Students also participate in research studies to get a firsthand understanding of the scientific process, she notes.

Similarly, initiative member Jennifer Thompson, PhD, who teaches online courses for working adults at the University of Maryland Global Campus, includes concepts students can apply at work, such as managing teams and understanding relationship dynamics. To design her

course, Thompson outlined what students should take away from the material each week, then chose media and assignments to support those learning outcomes.

At Duke University, Hard broadens students' ideas about psychology by using a thematic approach. One such theme is "the mind constructs reality," in which students learn concepts from perception, memory, social cognition and clinical psychology. For example, it's through this lens that students learn about memory misattribution—the attribution of memories to incorrect sources or believing that you have seen or heard something you haven't.

A FLEXIBLE FRAMEWORK

When the initiative's guidance is released at APA 2020 in Washington, D.C., it will offer a

flexible framework that creates a common baseline but gives departments and instructors leeway to design a course that works best for their context. Intro courses, initiative members note, vary in class size and format, the typical learning goals and skills of students, and instructors' background and expertise.

"There's not going to be one right answer," says Wickes, "but many good answers."

To develop the framework, the group will build on existing work and conduct three new studies: a survey of more than 1,000 intro instructors, a correlational analysis of their students' outcomes and an experimental study with volunteer instructors using its draft framework.

The group plans to publish journal articles on the three studies, a book to summarize best practices and professional development resources for instructors that will include concrete examples. For example, they'll post sample assessments to the APA Project Assessment website at <http://pass.apa.org>. The resources are a key component, notes Beers, because there are few teacher training and professional development opportunities, especially for adjunct faculty and graduate students.

"We have many wonderful tenure track, adjunct lecturers and grad students out there teaching the course," says Gurung, "but they need support from their departments to teach this very important course well." The initiative's aim is to galvanize the discipline to provide that support and to produce the resources instructors need. ■

RESOURCES

APA Introductory Psychology Initiative

Sign up for email updates on the group's recommendations and resources
www.apa.org/ipi

Hub for Intro Psych & Pedagogical Research

A clearinghouse for research on intro psych and research collaboration opportunities
<http://hippr.uwgb.org>

APA Project Assessment

A compendium of assessments, including for intro psych
<http://pass.apa.org>

PSYCHOTHERAPY IN CHINA

Psychologists in China are working to professionalize their discipline, even as they respond to legal restrictions and a growing demand

BY REBECCA A. CLAY

The demand for psychotherapy in China is booming among its nearly 1.4 billion citizens. But psychologists are largely unable to help meet the demand for a simple reason: In 2013, a new law went into effect that, among other provisions, restricts the ability of psychologists in mainland China to offer psychotherapy. Unless they are working in hospitals with clients who have already been diagnosed by psychiatrists, psychologists must call themselves counselors and limit themselves to offering counseling and psychosocial support.

“Psychotherapy can’t be ... practiced in settings other than hospitals,” says Buxin Han, PhD, president-elect of the Chinese Psychological Society (CPS).

The country’s Mental Health Law—available in an annotated English translation (Chen, *Shanghai Archives of Psychiatry*, Vol. 24, No. 6, 2012)—doesn’t define what services are considered psychotherapy or what training one needs to provide it. But the law does spell out penalties for situations in which “psychological counselors,” also undefined, provide psychotherapy or diagnose or treat individuals with mental disorders.

The law has its roots in earlier efforts to meet growing psychological needs, according to Han and other leaders of clinical psychology in China.

A COMPLEX HISTORY

Western-style psychology was introduced to China in the early years of the 20th century. With the creation of the People’s Republic in 1949, the field shifted its focus to industrial, educational and developmental psychology, with psychologists searching for ways to prevent worker burnout, among other priorities. Then it came to an abrupt halt in 1966, when the Cultural Revolution declared psychology a pseudoscience and outlawed its practice.

When the Cultural Revolution ended a decade later, psychological research and education began to develop rapidly. And clinical and counseling psychology became increasingly important in the wake of growing demands for psychological help, says Han, a professor at the Institute of Psychology of the Chinese Academy of Sciences in Beijing.

“Globalization, urbanization and economic development have all increased stress, either in life or work,” he says. Psychologists’

help after the massive Wenchuan earthquake of 2008, which left more than 87,000 people dead or missing, attracted even more attention to the field among both the public and the Chinese government. And psychologists themselves realized they could help with both individual and societal development, says Han.

To meet a growing demand for services, in 2002 the Ministry of Labor Forces began certifying psychological counselors, who typically received a few months of training from commercial agencies, then passed a certification exam—all without any clinical experience. But while the certification program helped promote psychology to the broader society, it also meant an increase in substandard professional practice, “often outright quackery and irrevocable damage to the psychologically vulnerable,” says Chee-wing Wong, an associate professor of clinical psychology at the Chinese University of Hong Kong. Around the same time, says Wong, the Ministry of Health introduced a certification program of its own focused on “psychotherapists”—streamed into basic and advanced levels—as a more stringent and nationally

China’s Mental Health Law restricts most psychologists from offering psychotherapy, limiting them to offering only counseling and psychosocial support.



offer services. And while the Ministry of Health's certification program is still ongoing, these practitioners are also limited to providing psychotherapy in hospital settings.

By restricting psychotherapy to medical institutions and thus primarily to psychiatrists, the Mental Health Law is making it difficult to address China's psychological needs, says Han. "There are even fewer psychiatrists than clinical psychologists, but mental health needs keep increasing," he says. According to a 2017 World Health Organization report, there are 23,000 psychiatrists in China, or just 1.7 per 100,000 people, compared with 12 per 100,000 people in the United States.

To comply with the Mental Health Law, even university-trained psychologists have had to change the name of what they do from "psychotherapy" to "counseling" or some variation. In some cases, they've had to shift the services they offer. At the nation's first university counseling center, for example, there has been a change from calling services "therapy" to referring to them as "support," says Wensheng Yang, PhD, who directs counseling and psychological services at Shanghai Jiao Tong University. Instead of providing services for those who have psychiatric diagnoses, such as depression or anxiety, the focus is on helping people who have relationship conflicts or worries about exams.

If Yang and his team encounter students with depression or other serious problems, they can't provide therapy but must instead refer them to a hospital—even

recognized qualification to provide psychological treatment.

In addition to provisions designed to improve access to mental health care and prevent human rights abuses related to involuntary commitment, the Mental Health Law that went into effect in 2013 is designed to protect the public from unqualified practitioners like the psychological counselors

by restricting the diagnosis and treatment of depression and other mental disorders to psychiatrists or other clinicians working in medical facilities. The government stopped issuing new psychological counselor certificates in 2018, although the estimated 1.2 million people who already have certificates—the vast majority of whom do not practice—can still

THERAPY ABROAD

CULTURAL ADAPTATIONS

When a student comes to Wensheng Yang, PhD, for help, Yang turns to the ancient **Chinese concepts of yin and yang**. Using a counseling approach he developed called **Mountain Stream Therapy**, Yang, director of counseling and psychological services at Shanghai Jiao Tong University, strives to help students break yin's power over their minds and strengthen yang's. For Yang, yin is "adherence," a state of being unable to break free from thoughts and feelings like greed, resentment, ignorance, arrogance or suspicion. The clinician's job, says Yang, is to restore what he calls activity, or the empowerment of yang.

Other Chinese practitioners are adapting **Western concepts of clinical psychology** to meet Chinese needs. Take psychoanalysis, the predominant form of psychological assistance since it was introduced to China in the 1920s. With its emphasis on helping patients become more independent and autonomous, psychoanalysis conflicts with the Taoist notion of oneness, says Jie Zhong, PhD, a practicing psychoanalyst who earned his doctorate in clinical psychology at Peking University. The Chinese psychoanalyst, Zhong explains, should allow the patient to decide which goal is paramount: **individuation or harmony**.

In addition, Zhong says, psychoanalysis in China may include delving beyond a patient's immediate family relationships and into historical traumas that have shaped an individual's family identity—as far back as World War II, the Cultural Revolution and even the Qing dynasty more than 100 years ago.

Cognitive-behavioral therapy (CBT) is also becoming popular in China, although in mainland China its practice is limited almost exclusively to psychiatrists. CBT is especially attractive to many patients because it is typically a shorter-term option and most patients must pay out of pocket for their care. Chee-wing Wong, chair of the Chinese Association of Cognitive Behaviour Therapy in Hong Kong (where psychologists are allowed to practice CBT), is working to promote the evidence-based practice in mainland China. But because of the restrictions on psychologists there, Wong and his colleagues at the association focus on training psychiatrists in CBT.

"Their mainstay treatment is **medication**," says Wong. But now, he says, CBT is gradually gaining acceptance in "medical hubs" such as Beijing, Nanjing, Changsha, Chengdu and Guangzhou as a mainstream, evidence-based intervention, especially for those with mood or anxiety disorders.

FURTHER READING

Cultivating the Therapeutic Self in China

Zhang, L., *Medical Anthropology: Cross-Cultural Studies in Health and Illness*, 2018

Psychoanalysis in China: An Essay on the Recent Literature in English

Scharff, D.E. *Psychoanalytic Quarterly*, 2016

Psychotherapy Services in China: Current Provisions and Future Development

Ng, R.M.K., et al. *Journal of Contemporary Psychotherapy*, 2017

Untamed Jianghu or Emerging Profession: Diagnosing the Psycho-Boom Amid China's Mental Health Legislation

Huang, H. *Culture, Medicine and Psychiatry: An International Journal of Cross-Cultural Health Research*, 2018

when that's not the student's preference. Many Chinese, Yang points out, fear psychiatric medication and refuse to take it. "Some students just want to talk," he says. "It's hard for us."

PROFESSIONALIZING THE FIELD

Now CPS is pressing for a new law that would make it possible for psychologists to offer psychotherapy outside of hospitals and independent of psychiatrists' supervision, says Han. The first step in ensuring that clinical and counseling psychology have a strong future in mainland China is to distinguish better-trained practitioners from those with little preparation.

"We're going to recruit professional candidates from those 1 million people," says Han, noting the many training programs CPS has offered. "Of course, we'll have much higher criteria."

One of the programs is with a nonprofit research, training and social service organization called the Hubei Oriental Insight Mental Health Institute, which is helping to build the academic pipeline by offering more rigorous training, including to individuals holding the old psychological counselor certificates. "They're trained according to academic standards even if they're not at a university," says Guangrong Jiang, PhD, Oriental Insight's founder and a professor of psychology at Central China Normal University in Wuhan. The institute has also offered training for supervisors co-organized by APA's Div. 29 (Society for the Advancement of Psychotherapy).



Universities are strengthening their clinical training programs to meet growing demand among China's nearly 1.4 billion citizens.

Universities are also building up their clinical and counseling programs. Responding to concerns about the dearth of graduate programs providing clinical training—since most programs focus primarily on research—teachers from departments of psychology in various Chinese universities came together in 2016 at a meeting hosted by the Chinese National Applied Psychology Graduate Education Steering Committee. The resulting consensus document, known as the Wuhan Declaration, calls for strengthening graduate education in clinical and counseling psychology, including internship and practicum experience. It recommends recognizing clinical and counsel-

ing psychology as a specialty area distinct from applied psychology. Other recommendations include defining training goals and strengthening the training of faculty (*Psychotherapy Bulletin*, Vol. 51, No. 4, 2016).

The emphasis is on master's-level training, says Jiang, who participated in the meeting. As a result of the meeting, participants have created a training alliance of more than 60 colleges and universities that will help schools launch training programs, he says.

CPS has also created a system to help ensure that clinical and counseling psychologists meet standards of quality related to their educational preparation. Established in 2007, this formal

registration system lays out criteria for practitioners at three levels: assistant psychologists, psychologists and supervisors. Members must re-register every three years. The registry also includes criteria for training institutions.

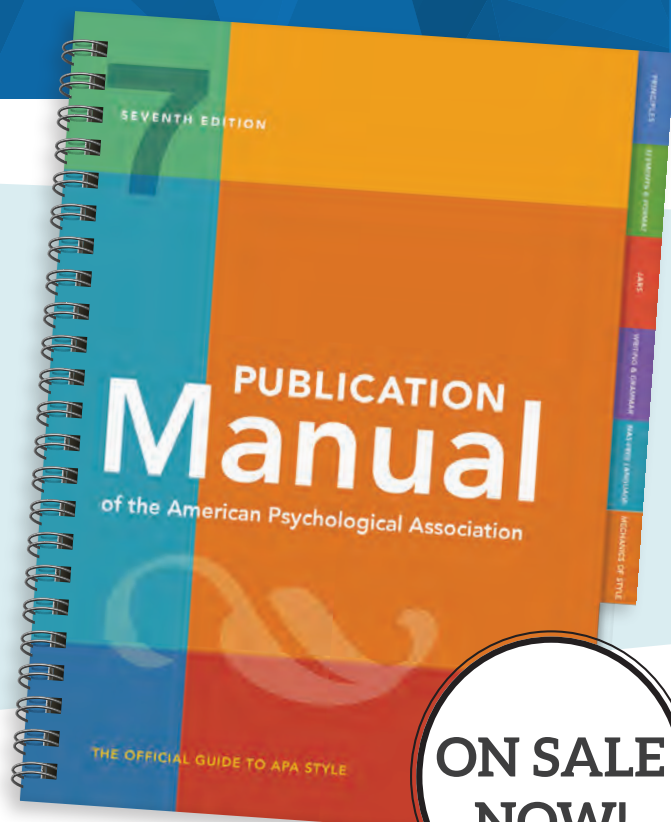
Ethics training is especially important, adds Mingyi Qian, PhD, vice chair of CPS's division of clinical and counseling psychology and a professor in Peking University's School of Psychological and Cognitive Sciences. Avoiding multiple relationships can be especially challenging for Chinese psychologists given the culture's collectivist nature and emphasis on relationships, says Qian.

CPS is helping to ensure that ethical practice becomes the norm. In 2007, the society introduced the first-ever code of ethics for clinical and counseling practice, drawing on APA's Ethics Code as well as those of other national psychological associations. The society revised the code in 2018 and now requires ongoing ethics training as part of its registration system, with 16 hours required for assistant psychologists, 16 hours for professionals and 24 hours for supervisors, with proof of ongoing training required for recertification.

For Jie Zhong, PhD, an associate professor in Peking University's School of Psychological and Cognitive Sciences, these attempts at professionalization are welcome news. "The Chinese people want to get more mental health services and more professional mental health services," he says. "We have to develop a new profession." ■

Your Key to Clear, Precise, and Inclusive Writing

More Than 15 Million Copies of
the Series Sold.



**ON SALE
NOW!**

7 Reasons Why Everyone Needs the 7th Edition of the *Publication Manual*



100+ new reference examples,
40+ sample tables and figures



New chapter on **journal article reporting standards**



Expanded **student-specific resources**; includes a sample paper



Guidelines for ethical writing and guidance on the publication process



Updated **bias-free language guidelines**; includes use of the singular "they"



Full color with first-ever tabbed version



One space after end punctuation!

Order today at apastyle.apa.org

Multiple formats are available, all of which are in full color.

Hardcover

ISBN 978-1-4338-3215-4

List \$54.99 / APA Member \$41.24

Spiral-Bound (Tabbed)

ISBN 978-1-4338-3217-8

List \$44.99 / APA Member \$33.74

Paperback

ISBN 978-1-4338-3216-1

List \$31.99 / APA Member \$23.99

5 QUESTIONS FOR ANNE FISHEL

The family therapist helped launch The Family Dinner Project, a nonprofit organization that helps parents serve up strong conversation and connection during regular family meals

BY ZARA GREENBAUM

When asked whether family dinner is important, more than 90% of parents say yes.

But fewer than half of American families will have dinner together tonight, says Anne Fishel, PhD, a family therapist at Massachusetts General Hospital and an associate professor of clinical psychology at Harvard Medical School (Neumark-Sztainer, D., et al., *Public Health Nutrition*, Vol. 13, No. 7, 2010).

Armed with the knowledge that regular family dinners provide a host of physical, cognitive and relational benefits to children and families, Fishel set out to narrow this gap. In 2010, she teamed up with a diverse group with expertise in education, food, design, conflict resolution and marketing to launch the nonprofit The Family Dinner Project. The movement, which has already reached thousands of families in person and more than 1 million people online, aims to help families incorporate dinner—and all its benefits—into their daily routines.

“In 21st-century America, mealtime is really the most reliable time we have to connect with one another,” she says.

The Family Dinner Project provides families with recipes, games and conversation topics to use at the dinner table, with the goal of creating a fun and inviting environment for children. Fishel also wrote “Home for Dinner: Mixing Food, Fun, and Conversation for

a Happier Family and Healthier Kids,” a book for parents that discusses the science behind family dinners and provides advice on making mealtimes enjoyable.

Fishel spoke to the *Monitor* about The Family Dinner Project.

What does research tell us about the benefits of family dinners?

Research shows that regular family dinners are great for the body, the brain and the spirit. Starting with the body,

home-cooked meals tend to be lower in calories, fat, sugar and salt and to be more packed with vegetables, fruits, fiber, protein and vitamins than the equivalent restaurant meals. For children and teenagers who eat family dinners, this translates into better cardiovascular health—including lower systolic blood pressure and total cholesterol—as well as lower obesity rates and even a reduction in asthma symptoms.

On the cognitive side, young children tend to hear more unusual words at the dinner table than when reading children’s books, so having dinner with an adult is a great vocabulary booster. Many studies also suggest that having regular family dinners is a better predictor of academic achievement than doing homework or engaging in art or sports.

The mental health benefits are just a bonanza. Regular family dinners are associated with less depression and anxiety, lower rates of substance and tobacco use, lower rates of early teenage pregnancy and fewer behavioral problems at school.

For example, one study found that compared with adolescents who rarely ate dinner with their families, those who had regular family dinners were about half as likely to use substances, experience depression or engage in violence. Family dinners are also associated with kids feeling more connected to their parents and more resilient. It’s important to note



that the “secret sauce” that drives these cognitive and behavioral benefits is not the food itself, but the warm and inviting atmosphere at the table. If a parent is intoxicated or if there’s a lot of conflict and yelling at the table, these benefits are essentially null and void.

How does The Family Dinner Project help parents incorporate family dinners into their daily routines?

The project is a nonprofit initiative that champions family dinner as an opportunity for families to connect through food, fun and conversation about things that matter. We offer free online resources, including a four-week introductory program, a monthly newsletter featuring stories from real families and a daily “dinner tonight” offering, which includes a simple recipe, a game to play at the table and a conversation starter [see <https://thefamilydinnerproject.org>].

We also host community dinners at schools, clinics, homeless shelters, military bases and libraries. We bring together up to 20 families to cook, eat, talk and play together, and we use this opportunity to ask parents about their challenges around family dinner and to brainstorm solutions. It can often jump-start the dinner practice because parents see firsthand how much their kids enjoy eating together and they have some new ideas for making dinner more fun and interesting.

We also hold workshops where we train other nonprofits to work with families in their own communities, including No Kid Hungry, a national campaign to end childhood hunger, and the Mayo Clinic’s Center for Innovation, where medical professionals focus on helping patients lead healthier lives.

Why is having regular family dinners so difficult for many families, and what solutions have been effective?

No matter which families I talk to, regardless of economic background or

geographic location, the same challenges arise over and over again. The No. 1 complaint is time and scheduling—families are overscheduled, especially lower-income families where parents may be working multiple jobs. Other issues include picky or selective eaters, too much conflict or restlessness at the table, and the cost and effort of purchasing and cooking healthy food.

Regarding the obstacle of time, we remind families that there are 16 times during the course of the week to have a meal together: seven breakfasts, seven dinners and two weekend lunches. If dinner isn’t convenient for a family, breakfast or an intentional late-night snack are good alternatives.

Other ideas we’ve heard include making a double or triple batch of food over the weekend, taking shortcuts like buying a roasted chicken or precut vegetables and making breakfast or lunch foods for dinner. It also helps when parents can give up the idea that a meal needs to be gourmet, organic or fancy, because spending quality time together is what’s important.

What dinnertime activities and conversation topics do you recommend and why?

Food may be what brings people to the table, but it’s the fun and conversation that makes them want to stay there—and research tells us that this atmosphere is what drives all the benefits of family dinners for children. But most of the existing resources around family dinner only provide recipes, which seemed like a wasted opportunity.

On our website and at community dinners, we now suggest dozens of games tailored for various age groups, many derived from family therapy activities. For example, in “Two Truths and a Tall Tale,” each person at the table shares one fictional and two real events that occurred during their day, and everyone

else tries to guess which event was invented. It’s a nice variation on the tedious “How was your day?” question.

Another game I like is “Family Memory 20 Questions,” where each person thinks of a family memory and everybody else tries to guess it by asking yes or no questions. This gives parents an opportunity to find out what their kids are thinking about and to remind children of important memories that they want to reinforce.

As for conversation topics, we have hundreds of ideas for kids of all ages. These range from silly questions—for instance, “If people count sheep to get to sleep, what do sheep count?”—to more serious ones. A parent might ask a 6-year-old, “How do you know when you can trust another person?” or ask a teenager, “How does social media affect your relationships with others?”

What’s next for The Family Dinner Project?

As of July 1, the Psychiatry Academy at Mass General Hospital became the new home of The Family Dinner Project. I’m hoping this will be an opportunity to get pediatricians involved, even just by adding a question about family dinner to annual screening questionnaires. Looking forward, strengthening our partnerships with health professionals can help amplify our impact.

I also want to deepen our work with families who are economically disadvantaged. In the past 15 years, there’s been a widening economic gap, where high-income families are having more family dinners and low-income families are having fewer.

I’m particularly excited about two ongoing projects—one with grandparents raising grandchildren, the other with the AmeriCorps VISTA program through No Kid Hungry in Montana—both of which we’re hoping to expand to several other states in 2019. ■

WHAT IS MENTAL ANGUISH WORTH?

When it comes to personal injury, some states put less value on mental and emotional distress than on physical injuries

BY JONATHAN P. VALLANO, PhD, UNIVERSITY OF PITTSBURGH AT GREENSBURG,
AND DANIELLE E. SNEYD, MA, FLORIDA INTERNATIONAL UNIVERSITY

In 2012, Oklahoma oil rig worker Todd Beason lost his left arm when a construction crane fell on him at work. A jury awarded him \$14 million, including \$5 million in noneconomic damages for his mental anguish and pain and suffering. The trial judge reduced the \$5 million to \$350,000 because of an Oklahoma statute that limits noneconomic damages to no more than \$350,000. In April, on appeal, the Oklahoma Supreme Court reversed the trial court decision, ruling that the statute was unconstitutional, as it “targets for different treatment less than the entire class of similarly situated persons who sue to recover for bodily injury” (*Beason v. I.E. Miller Services, Inc.*, 2019).

The *Beason* case raises fundamental issues about caps on awards for noneconomic damage: Why do some jurisdictions use these caps, and should they be limiting compensation for plaintiffs’ primarily psychological injuries?

Historically, legal officials have been wary of emotional and mental distress claims, perceiving them as relatively minor and difficult to establish, and therefore ripe for malingering. In the 1980s and 1990s, noneconomic damage caps gained traction in the broader “tort reform” movement, in part due to high-profile cases such as the McDonald’s hot coffee case. This concern was also prominent in medical malpractice cases because of the fear that insurance companies would increase premiums and provide less coverage to patients to account for large payouts in civil lawsuits. Such caps were also intended to encourage plaintiffs to settle claims rather than seek big rewards at trial. These factors drove legislators in some jurisdictions to cap awards for noneconomic damages, often to specifically ensure that false and exaggerated psychological injury claims would not be erroneously or overly compensated.



AT ISSUE
Should civil courts
have statutes
that cap
noneconomic
damage awards?

But noneconomic damage caps rely on several flawed assumptions. For one, they presume that psychological injuries are less severe and credible—and therefore less worthy of compensation—than more “objective” bodily (physical) injuries. Yet research finds that psychological injuries can be just as severe as—or even more severe than—physical injuries. In one study, for example, Vallano and Dawn E. McQuiston, PhD, asked mock jurors to record the physical and psychological injuries they believed would typically result from various types of civil misconduct against plaintiffs. They found that participants rated psychological and physical injuries as similarly severe—even rating psychological injuries as more severe overall—and little evidence surfaced regarding lessened credibility for psychologically injured plaintiffs (*Applied Cognitive Psychology*, Vol. 32, No. 2, 2018). Another flawed assumption behind such caps is that only psychological injuries can be feigned. However, some bodily injuries, such as soft tissue injuries, can be faked or exaggerated just as easily. And regardless, psychological tests can often ferret out malingering or exaggerated injury claims.

The *Beason* case reinvigorates a discussion on the rationale and efficacy of noneconomic damage award caps. Psycholegal research suggests that these caps may be unnecessary, as psychological and physical injuries may be more similar than different. In addition, noneconomic damage caps may unintentionally prohibit legitimately psychologically injured plaintiffs from receiving full compensation. More research is needed on these issues to assist courts when examining the efficacy of statutes that cap awards for noneconomic damage. ■

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

TEAMING UP TO CHANGE CHILD DISCIPLINE

Raising kids can be a tough business. Psychologists' work on several levels is helping parents choose safe, effective discipline instead of physical punishment.

BY STEPHANIE PAPPAS

Most parents have had that moment when their much-beloved child sparks a rush of anger or fear. A rambunctious 3-year-old smashes a family heirloom. A frustrated grade-schooler throws a punch on the playground. A teen comes home after curfew, reeking of alcohol.

In such moments, the best immediate response isn't always obvious, and the easiest places to search for help aren't always the most reliable. The internet, fellow parents, one's own parents, self-help books—all offer well-meaning advice, but of sometimes dubious quality. Some of this advice, such as “spare the rod and spoil the child” or time-outs of escalating length and severity, has been thoroughly, decisively debunked.

It's no wonder many parents struggle, and that some turn to corporal punishment, which has been shown to be ineffective and potentially harmful. Though rates of spanking are on the decline in the United States, a 2014 nationally representative survey found that spanking peaks at ages 3 and 4, when just over 60 percent of kids are spanked (Finkelhor, D., et al., *Journal of Child and Family Studies*, Vol. 28, No. 7, 2019).

Psychologists are helping parents and caregivers make better child discipline decisions through their work on a variety of fronts. Basic and applied researchers are unearthing the fundamentals of child development and emotional regulation and studying how physical punishment affects both. Translational scientists are developing and testing interventions that can change the way parents and children interact. And implementation experts are bringing those intervention programs to the public.

Psychologists often wear many hats and collaborate closely with other professionals, such as social workers or professional counselors, who ultimately do much of the hands-on work with families. Psychologists also work closely with those outside of the social science professions, collaborating with lawyers, educators, clergy and other child advocates to push for changes in the policy sphere. This advocacy includes a resolution passed by APA's Council of Representatives in February 2019 that opposes physical discipline of children (see sidebar, page 38).

“Psychologists are professionals whom parents turn to and trust when it comes to these

ABOUT THIS SERIES

In this *Monitor* series, we explore how psychologists address some of society's greatest challenges through the work they do in their distinct—yet interdependent—roles as researchers, practitioners, applied experts, educators, advocates and more.

Up next month: climate change.

issues,” says Elizabeth Gershoff, PhD, a professor of human development and family sciences at the University of Texas at Austin, who researches physical discipline's effects on children. “It's also important because APA is seen as a voice for children in D.C. and across the country, so when we take a stand on an issue related to children, it really has weight.”

DISCIPLINARY MATTERS

Data collected by the United Nations Children's Fund (UNICEF) suggest that counterproductive and damaging physical discipline is still the standard globally. According to a 2017 report based on representative





samples from 30 countries, 60% of 2- to 4-year-olds around the world experience regular physical punishment. When psychologically aggressive methods such as shouting and name-calling are included with physical discipline, the number rises to 75%. In addition, more than a quarter of caregivers surveyed said that physical punishment is not only fine but in fact necessary to properly raise children (“Violent Discipline,” UNICEF, 2017).

It took decades to accumulate the evidence showing that physical punishment is not effective, Gershoff says. Because researchers can’t ethically assign children to experimental conditions in which they’ll be hit,

researchers have had to lean on prospective studies and longitudinal research, such as a study of 11,044 children from kindergarten through third grade by Gershoff and colleagues that found that spanking in kindergarten predicted increases in externalizing behavior such as fighting or argumentativeness in third grade across all racial and ethnic groups (*Child Development*, Vol. 83, No. 3, 2012). The results of this and other studies repeatedly point to the conclusion that physical discipline leads to increased aggression and antisocial behavior in children, a conclusion borne out by multiple meta-analyses, including a recent one by Gershoff and social work

Psychologists’ research shows that responding calmly to misbehavior is a powerful disciplinary tool.

professor Andrew Grogan-Kaylor, PhD, of the University of Michigan (*Journal of Family Psychology*, Vol. 30, No. 4, 2016).

Research across disciplines has also revealed the sometimes blurry lines between physical discipline and outright abuse. For example, a prospective study led by University of Michigan social work professor Shawna Lee, PhD, found that children spanked at age 1 had a 33% higher likelihood of becoming involved with Child Protective Services by age 5 (*Child Abuse and Neglect*, Vol. 38, No. 5, 2014).

Meanwhile, basic neuroscience research has found that harsh corporal punishment might change the brain in maladaptive ways. One study led by Yi-Shin Sheu, PhD, a neuroscientist at Johns Hopkins University, found changes in dopaminergic cells in young adults who had been harshly physically disciplined as children, alterations that the researchers hypothesized could be linked to greater risk for drug or alcohol abuse (*Neuroimage*, Vol. 53, No. 2, 2010). Another study, led by Akemi Tomoda, MD, PhD, of Harvard Medical School, found reduced prefrontal cortical gray matter volume in young adults who’d been subject to harsh corporal punishment as children, particularly in areas linked to self-knowledge and to understanding other people’s perceptions and behaviors (*Neuroimage*, Vol. 47, Suppl. 2, 2009).

ALTERNATIVE DISCIPLINE

So how can parents do better? Research suggests that positive parenting methods are the

answer. These methods are informed by basic research in fields as diverse as attachment theory, social learning theory, emotional regulation and intrinsic motivation.

Parents can get help in several ways. They might seek out or be referred to formal parenting programs, or they might turn to self-help or individual counseling. Relatively widespread examples of the former include The Incredible Years, a program developed by Carolyn Webster-Stratton, PhD, now a professor emerita at the University of Washington, which is delivered in group formats that encourage responsive parenting and increase support networks for families, and the Triple P—Positive Parenting Program, which delivers services at multiple levels of intensity, from brief child-rearing seminars to intensive group or individual counseling, and was developed by psychologist Matt Sanders, PhD, of the University of Queensland. ACT Raising Safe Kids, a program developed and coordinated by the APA Violence Prevention Office, aims to help parents create nurturing, healthy environments that prevent abuse by teaching them child development, positive discipline strategies, positive communication skills and emotional regulation.

Each of these programs uses slightly different delivery approaches and strategies, but all focus on showing parents how to set age-appropriate expectations and boundaries, and how to respond calmly and clearly when a child misbehaves. In

The Incredible Years program, instructors teach nonpunitive time-out strategies to parents and kids with a “Tiny Turtle” puppet, which retreats into its shell to calm down when feeling angry or frustrated. Each program also teaches strategies for encouraging good behavior, such as praise and positive attention. Parents also get support for their own emotions. ACT Raising Safe Kids, for example, includes anger-management strategies for caregivers.

Evaluations of positive parenting programs have found that they work. A meta-analysis led by Ankie Menting, PhD, a psychologist at Utrecht University in the Netherlands, found that The Incredible Years program is effective at reducing disruptive childhood behavior in a wide range of populations (*Clinical Psychology Review*, Vol. 33, No. 8, 2013). Likewise, a meta-analysis and systematic review of 33 years of studies on the Triple P—Positive Parenting Program led by Sanders, its developer, found both short-term and long-term gains in both parenting practices and children’s behavioral and emotional outcomes (*Clinical Psychology Review*, Vol. 34, No. 4, 2014). ACT Raising Safe Kids has also been found effective at improving parenting practices and child behavior in multiple socioeconomic classes and cultures (Pedro, M.E.A., et al., *Psychosocial Intervention*, Vol. 26, No. 2, 2017). Part of the APA Violence Prevention Office’s efforts in coordinating the ACT Raising Safe Kids Program includes recruiting researchers, especially early-

FURTHER READING

APA Resolution on Physical Discipline of Children by Parents

www.apa.org/about/policy/physical-discipline.pdf

Ending the Physical Punishment of Children: A Guide for Clinicians and Practitioners

Gershoff, E.T., & Lee, S.J. (Eds.)
APA Books, 2019

Promising Intervention Strategies to Reduce Parents’ Use of Physical Punishment

Gershoff, E.T., et al. *Child Abuse & Neglect*, 2017

Developing Treatments for Antisocial Behavior Among Children: Controlled Trials and Uncontrolled Tribulations

Kazdin, A.E.
Perspectives on Psychological Science, 2018

career researchers, to evaluate its efficacy, says Julia da Silva, who directs the Violence Prevention Office and is the program developer and coordinator.

SELF-HELP ADVICE

Evidence-based parenting advice is also available in do-it-yourself form, through popular books such as “1-2-3 Magic: 3-Step Discipline for Calm, Effective, and Happy Parenting.” This book’s method, which involves providing children clear instructions and a warning count to three before delivering consequences for misbehavior, has been shown to reduce dysfunctional parenting and problem behavior by children for up to two years, according to research by Renata Porzig-Drummond, PhD, a clinical psychologist and lecturer at the Australian College of Applied Psychology in Sydney (*Behaviour Research and Therapy*, Vol. 58, 2014).

Alan Kazdin, PhD, emeritus professor of psychology and child psychiatry at Yale University, penned a self-help version of the parent management training he and his colleagues developed over years of working with children with conduct disorder, oppositional defiant disorder and other psychiatric disorders. He disseminates his work through two books (“The Kazdin Method for Parenting the Defiant Child” and “The Everyday Parenting Toolkit”) and a free online course on the website Coursera (“Everyday Parenting: The ABCs of Child Rearing”). His method involves strategies like offering children choices, which has been shown



to be particularly effective at boosting intrinsic motivation in kids, according to a meta-analysis led by University of Southern California psychologist Erika Patall, PhD (*Psychological Bulletin*, Vol. 134, No. 2, 2008). Overall, Kazdin's work has been shown to be effective at reducing antisocial behavior and improving adaptive functioning in children with serious conduct problems (*International Journal of Clinical and Health Psychology*, Vol. 18, No. 2, 2018).

Parents, especially those with greater socioeconomic resources, may also seek out individual practitioners for help. Ilyse DiMarco, PhD, ACT, found that when she established her private practice in Summit, New Jersey, she attracted quite a

few parents, particularly moms, looking to manage their anxieties and emotions around parenting. DiMarco had been trained in using cognitive-behavioral therapy (CBT) to treat generalized anxiety disorder, obsessive compulsive disorder and other mental disorders, but has found it to be helpful for parents without a specific diagnosis. "I'm adapting research-supported treatment to moms," DiMarco says.

As these differing approaches show, there's no one path from basic research through program development to dissemination. DiMarco's clinical work has shown an unmet need, she says; she's now working on a book on CBT for parents. Webster-Stratton, the developer of The Incredible Years, started out as

Evaluations of positive parenting programs show that they work to reduce disruptive childhood behavior.

a nurse practitioner working on public health outreach in Africa and ended up developing a parenting program used worldwide. Kazdin says he resisted translating his clinical work for a popular audience until he started getting requests from overwhelmed parents and surveyed the available self-help titles.

Parenting-book authors "were saying things that we know from research to be completely inaccurate and false," Kazdin says. "It was just endless: 'If a little bit of time-out doesn't work, make time-out four or five hours.' What does the research show? About two minutes is enough."

Developing an intervention, though, is often just a first step. For one thing, translational and applied work can further inform

basic science, says James Gross, PhD, a clinical psychologist who runs the Psychophysiology Laboratory at Stanford University. Gross studies emotional regulation, but his team has also developed programs to help parents of children with autism regulate their own emotions. They've also studied emotional regulation across development. Doing intervention work has made Gross's basic research stronger, he says. His lab's studies suggested that people use different strategies depending on whether they're working to change their emotions or just hide them. Some of these strategies are more helpful than others. But in clinical work,

Gross says, it has become clear that many people make regular use of emotion regulation strategies that typically aren't helpful and fail to use strategies that typically are helpful. "Just finding out that certain emotion regulation strategies are more helpful than others in particular situations isn't enough," Gross says. "What is needed is a more complete understanding of why people make the emotion regulatory choices they do, and how they can be helped to make more adaptive choices."

REACHING OUT AND SCALING UP

Perhaps the most difficult challenge in supporting parents is

The Incredible Years program has been shown to be more effective than nonstructured therapies.

reaching them where they are. Books are one way to do that, but rising above the competition can be difficult. "There are plenty of parenting books and maternal mental health books that are not using research-supported principles and yet are widely consumed," DiMarco says. Nonetheless, given the barriers to accessing mental health professionals, she says, a popular book can get evidence-based information into many people's hands at little cost.

For a program like The Incredible Years, outreach is a major factor. Getting it out of the university clinical setting, where it started in the 1970s, and into schools and agencies took a new skill set, says Webster-Stratton. Teachers needed to be convinced of the benefit of partnering with parents, she says, and parents needed to see parenting support as helpful, not punitive. The researcher pitched The Incredible Years program as a social opportunity for families and as something normative for all parents, not just those in crisis. "It was set up like, 'You do prenatal classes, so this is just another thing that you do for your child,'" she says. The Incredible Years program has been shown in randomized controlled trials to work better than eclectic, nonstructured therapies in mental health centers (Taylor, T.K., et al., *Behavior Therapy*. Vol. 29, No. 2, 1998). It's also proved effective in a variety of types of families, including those with serious stressors. Utrecht University's Menting and colleagues found, for example, that

APA ACTION

PROTECTING CHILDREN

This year, APA released its first-ever resolution on physical discipline by parents, laying out the research showing that spanking and other forms of **corporal punishment are ineffective** and potentially dangerous. The resolution recommends that parents seek out other forms of discipline to shape their children's behavior.

It was the first APA resolution on childhood discipline practices since 1975, when the association issued a resolution against corporal punishment in schools and other institutions, says Lauren Fasig Caldwell, JD, PhD, the director of APA's Children, Youth and Families Office.

Now APA's Div. 37 (Society for Child and Family Policy and Practice) is developing **research-based resources** on the negative effects of corporal punishment for different target audiences, including

parents, teachers and pediatricians.

APA is also speaking out on discipline outside the home. Federal statistics show that corporal punishment and harsh discipline in **schools disproportionately affect children of color** and children with disabilities (U.S. Government Accountability Office, GAO-18-258, 2018).

"Our advocacy focuses on and highlights the need for more behavioral counseling and services in schools," says Leo Rennie, an APA senior legislative and federal affairs officer. APA is supporting the bill H.R. 1109 and its companion bill S. 1122, which aim to expand access to school-based comprehensive mental health services via Department of Health and Human Services grants. APA staff also briefed Congress in June about data on **implicit bias and racial disparities** in discipline.



a version of The Incredible Years enhanced with home visits by trained staff improved parental discipline practices and maternal reports of children's behavior in families in which the mother had just been released from incarceration (*Journal of Clinical Child & Adolescent Psychology*, Vol. 43, No. 3, 2014).

One major barrier to access, Webster-Stratton says, is that parenting education is often an afterthought for many organizations providing services to parents. A nonprofit might have a little extra cash in its budget and decide to purchase a program like The Incredible Years, she says—but without a long-term vision for its promulgation, the program is likely to fizzle.

Most organizations that provide services to families are local, low-budget offices with limited ability to pay and retain staff, says da Silva. APA's Violence Prevention Office works to keep the cost of the ACT Raising Safe Kids Program low, she says, making it accessible not just in the United States but around the world.

Scalability is a persistent hur-

dle to many programs' success, says psychologist Will Aldridge II, PhD, an advanced implementation specialist and the director of The Impact Center at the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill. Aldridge and his team help organizations and governmental entities address that challenge and implement evidence-based programs like the Triple P–Positive Parenting Program. The job, Aldridge says, involves offering very specific recommendations about staffing and organizational structure to help programs succeed. “The biggest challenge is to get people to work together in a sustainable way,” he says. “That’s where having a background in psychology or a behavior-change field can be very helpful.”

The process of implementation can also feed back into the process of program development. For example, Aldridge says, program developers don't always nail down the precise mechanism of action to explain why their program works. The process of

INTER-DEPENDENT ROLES

Psychologists offer expertise on child discipline from many angles.

Researchers

Researchers explore the consequences of physical discipline as well as of positive parenting.

Clinical researchers

Clinician-scientists bridge the gap between the clinic and the community to test interventions in real-world settings.

Clinicians

Clinical psychologists educate parents and other caregivers about effective and safe disciplinary practices.

Educators

Psychology faculty train the next generation of researchers and clinicians and educate the public.

Policy influencers

Psychologists advocate for programs and legislation that are based on the findings that physical punishment is ineffective and potentially dangerous.

implementation makes figuring out the mechanisms crucial, he says, because knowing them makes it easier to determine the structures and systems needed for delivery.

This boundary-blurring, bidirectional work is common among psychologists working in a field with as much immediate impact as child discipline. And there is still much to be done. Research on how policy and legislation around corporal punishment affect its use is lacking, Gershoff says, although one study led by Nathalie DuRivage, MPH, of Columbia University and psychiatrist Viviane Kovess-Masfety, MD, PhD, of McGill University did find that parents in European countries where physical discipline is illegal used corporal punishment 1.7 times less frequently than parents in countries without bans on physical discipline (*PLOS ONE*, Vol. 10, No. 2, 2015).

There is also work to be done in the public sphere, Gershoff says. While an outright ban on spanking seems politically unlikely in the United States, she says, the passage of bans on physical punishment in schools has more public support (corporal punishment in schools is legal in 19 states). There has also been a trend toward establishing “no hit zones” in places such as hospitals and city government buildings, which discourages physical punishment on a local level.

“There has also been collaboration across disciplines in advocacy, which is really encouraging,” Gershoff says. “That’s the only way change is going to happen.” ■



An estimated 15% to 20% of people over age 65 meet the criteria for mild cognitive impairment—the changes that exist between normal aging and dementia.

CE

CONTINUING EDUCATION SPOTTING THE SIGNS OF MILD COGNITIVE IMPAIRMENT

BY KIRSTEN WEIR

An older woman starts forgetting regular appointments, and balancing her checkbook is more confusing than it used to be. Is this just an inevitable part of aging? Or are these warning signs of more serious problems to come?

Researchers who study Alzheimer's disease and other forms of dementia have long recognized that those diseases are the end point of a long and complex process of neurodegeneration. Pathology in the brain accumulates for years or decades before memory loss and other cognitive symptoms appear. In the years before dementia becomes evident, however, patients typically show subtle but measurable cognitive declines—a syndrome known as mild cognitive impairment, or MCI. "Mild cognitive impairment exists between the cognitive changes of normal aging and dementia,"

CE credits: 1

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

1. Define mild cognitive impairment and describe subtypes of the syndrome.
2. Discuss how mild cognitive impairment is diagnosed and explain the role of neuropsychologists in diagnosis.
3. Describe strategies that may prevent or slow the progression of mild cognitive impairment.

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

says Ronald Petersen, MD, PhD, a neurologist and director of the Alzheimer's Disease Research Center at Mayo Clinic and the Mayo Clinic Study of Aging.

Researchers are still seeking ways to treat—or even better, prevent—MCI. But they've made strides toward better understanding and identifying this disorder. And psychologists have an important role to play in both studying and diagnosing this all-too-common condition.

TAXING COGNITIVE LIMITS

MCI affects millions of older Americans. The prevalence of MCI climbs with age, from 6.7% of 60- to 64-year-olds to more than 25% of 80- to 84-year-olds, Petersen and colleagues reported in a summary of the American Academy of Neurology's updated practice guidelines for MCI (*Neurology*, Vol. 90, No. 3, 2018). Overall, they reported, an estimated 15% to 20% of people over age 65 meet the criteria for MCI.

Not everyone with MCI will develop dementia. But progression to dementia appears to be the rule rather than the exception. In one longitudinal study of people diagnosed with MCI, at a mean follow-up of 3.1 years, 65% had progressed to dementia and another 24% had died (Yaffe, K., et al., *Dementia and Geriatric Cognitive Disorders*, Vol. 22, No. 4, 2006).

The cognitive deficits associated with the condition

are, by definition, mild enough that they don't interfere with the major activities of daily living. "Social and occupational functioning remain intact. But people start to notice difficulties with more complex everyday activities," explains George Rebok, PhD, a professor of mental health at the Johns Hopkins University Bloomberg School of Public Health and director of the Johns Hopkins Alzheimer's Disease Resource Center for Minority Aging Research. "Things like balancing a checkbook, preparing a complex meal or following a complicated medication regimen may tax a person's limits," he says.

Although symptoms of MCI are generally minor, the cognitive changes are salient enough to be identified with neuropsychological testing—and have their own formal diagnosis. The International Statistical Classification of Diseases and Related Health Problems (ICD) includes MCI, also called mild neurocognitive disorder. The most recent update of the Diagnostic and Statistical Manual of Mental Disorders (DSM) added this diagnosis as well. Past editions of the DSM included a category for "dementia and other debilitating conditions." When the fifth edition (DSM-5) was released in 2013, it recharacterized dementia as "major neurocognitive disorder," and added a separate category—"mild neurocognitive disorder"—to describe a decline in cognitive

functioning that goes beyond normal changes of aging.

The DSM-5 characterization of mild neurocognitive disorder is something of a catchall. But in practice, clinicians recognize distinct categories of MCI. Broadly speaking, MCI is grouped into two main types, as Petersen and his Mayo Clinic colleague Eric G. Tangalos, MD, described in an overview of the disorder (*Clinics in Geriatric Medicine*, Vol. 34, No. 4, 2018). Amnesic MCI is the more common variety. Marked by memory impairments, it is more likely a precursor to Alzheimer's disease. People with nonamnesic MCI, on the other hand, tend to have deficits in other cognitive functions, such as language, executive functioning or visual-spatial skills. People with nonamnesic MCI are thought to be more likely to progress to other types of neurodegenerative diseases, such as frontotemporal degeneration, primary progressive aphasia or Lewy body dementia.

Nonamnesic MCI is further characterized as either single domain (in which only one cognitive function, such as language, shows impairment) or multiple domain (in which more than one function is impaired).

DIAGNOSING MCI

Researchers continue to explore the mechanisms of MCI and dementia and to look for biomarkers that signal the presence of the disorder. But for now, health-care providers must identify MCI on the basis of a patient's signs and symptoms, including neuropsychological test results. "The notion of MCI remains a concept that's evolving even as

we speak," says Donald Davidoff, PhD, chief of neuropsychology at McLean Hospital in Boston and an assistant professor of psychology at Harvard Medical School. So far, MCI can't be identified with physical markers, adds his colleague Regan Patrick, PhD, also at McLean and Harvard. "MCI remains a clinical diagnosis, and no one is better equipped than neuropsychologists to make that diagnosis."

One thing that makes diagnosis tricky is that MCI can look so different from person to person. Imagine a high-functioning physics professor whose cognitive capacities have always been far above average, Petersen says. "Maybe now he's dropped from two or three standard deviations above the norm on cognitive tests to one above the norm. He's still performing above the normal range, but he may have cognitive impairment," he says. "The results from normative data are very informative, but not definitive, and it still comes down to a clinician to make the final call."

There's also some fuzziness when it comes to determining at precisely what points MCI begins and ends. "Where do you draw the lines between normal aging on one end and dementia on the other?" Petersen asks. "There are some uncertainties around the edges."

There's also no single trajectory for someone who shows signs of impairment. "There's a lot of variability across individuals in terms of how rapidly they progress from MCI to dementia—if they progress at all," Rebok says. Some decline rapidly to dementia, while others live with stable

MCI for years. Still others regain normal cognition—but those who do are at higher risk of future MCI and dementia than those who have never shown signs of cognitive impairment, he adds.

Adding to the confusion, not all cognitive impairment is caused by the pathological brain changes associated with dementia. Cognitive deficits can also be caused by medication side effects, vascular disease or certain psychiatric disorders. Sleep disorders can also lead to cognitive difficulties that mimic symptoms of MCI due to neurodegenerative causes. It's important to rule out other underlying causes, especially since problems like medication interactions or obstructive sleep apnea are treatable. "MCI is often viewed as early Alzheimer's disease, and it may be—but it may not be," says Petersen. "Once you make the diagnosis, then you have to ask what's causing it and rule out any potentially treatable conditions."

PREVENTING AND TREATING MCI

When MCI is due to neurodegenerative causes, however, treatment options are slim. There are currently no FDA-approved medications for MCI. Some physicians prescribe drugs approved for Alzheimer's disease, but research hasn't turned up good evidence that they are helpful in staving off MCI. Even in patients with Alzheimer's disease, existing pharmacological treatments have limited success in controlling or delaying symptoms, and clinical trials of various new drugs were stopped early after failing to show any benefits to participants. "Pharmaceutical companies

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% 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.



Researchers are still seeking ways to treat—or even better, prevent—MCI. But they’ve made strides toward better understanding this disorder.

have turned out drug after drug, without any significant results for ameliorating or reversing the process,” Davidoff says.

Such medications may simply be given to patients too late. Symptoms of MCI only appear after decades of damaging changes have accumulated in the brain. “The footprint of these diseases may begin in early adulthood or even late adolescence,” says Robert S. Wilson, PhD, a professor of neurological sciences and behavioral sciences at Rush University Medical Center and a neuropsychologist at the Rush Alzheimer’s Disease Center. “Almost everyone now believes that the fewer cognitive symptoms you have, and the less the pathologies have progressed, the greater chance of any intervention being effective.”

For that reason, many

researchers have set their sights on prevention rather than treatment. A report from the National Institute on Aging and the National Academies of Sciences, Engineering, and Medicine found support for three interventions that may prevent or slow the development of cognitive decline and dementia: increased physical activity; controlling high blood pressure; and cognitive training interventions that aim to enhance problem-solving, memory and speed of processing. Such cognitive interventions may or may not be computer based, but the report found no evidence that commercial “brain training” games have any long-term benefits (Leshner, A.I., et al., Eds., National Academies Press, 2017).

While prevention is a best-case scenario, that doesn’t mean nothing can be done once a

KEY POINTS

1

Mild cognitive impairment, or MCI, affects millions of older Americans. Many people with MCI will develop dementia.

2

There are two main types of MCI: amnesic, marked by memory impairments, and nonamnesic, marked by deficits in other areas, such as language, executive functioning or visual-spatial skills.

3

Researchers are looking for biomarkers that signal the presence of MCI, but for now, health-care providers must identify it on the basis of a patient’s signs and symptoms.

4

There are no FDA-approved medications for MCI. Research has found some evidence that physical exercise and cognitive training could prevent or slow the development of symptoms.

person begins showing signs of MCI. In the American Academy of Neurology’s summary of MCI treatment guidelines, Petersen and colleagues presented evidence that regular exercise training for six months is likely to improve cognition in people with MCI. They also concluded that cognitive training might have benefits in people diagnosed with MCI, though—as in the National Academies report—they found the evidence was mixed.

Still, scientists are continuing to explore cognitive training programs in hopes of improving cognition in people with MCI. “There’s a huge interest in developing nonpharmacological interventions,” says Sylvie Belleville, PhD, a professor at the University of Montreal who studies the cognitive neuropsychology of memory. In one example of such an intervention, she and her colleagues recruited 145 participants with MCI and randomized them to one of three groups: a group receiving a cognitive training intervention that included memory and attentional control strategies, a group receiving a psychosocial intervention that aimed to improve general psychological well-being or a control group with no intervention. Participants who received eight two-hour sessions of cognitive training had improvements in memory that were still evident at follow-ups three and six months later. Neither the participants who received an equal amount of psychosocial training nor the control group showed significant improvements in memory (*Journal of the American Geriatrics Society*, Vol. 66, No. 4, 2018).



Increased physical activity may prevent or slow cognitive decline.

“Cognitive training might increase cognitive reserve by creating new brain networks,” Belleville says. “It also helps people learn new strategies for daily tasks, so they often have less stress and feel more confident.”

Belleville isn’t the only scientist to set her sights on shoring up cognitive reserve. In fact, a recent review of 17 randomized controlled trials of computerized cognitive training in older adults found small to moderate improvements in global cognition, attention, learning, memory, working memory and psychosocial functioning in people with MCI. The reviewers concluded that longer and larger trials would be warranted to explore whether computerized cognitive training can delay the progression from MCI to dementia (Hill, N.T.M., et al., *American Journal of Psychiatry*, Vol. 174, No. 4, 2017).

FUTURE RESEARCH DIRECTIONS

Unfortunately, no amount of computer games played or miles logged on a treadmill will likely cure cognitive impairment. Still, an

accurate diagnosis can rule out treatable causes of impaired cognition and allow people to make important plans for future care. “It’s valuable to make the diagnosis even though there’s no magic pill to take it away,” Petersen says.

And when therapies do become available, accurate early diagnoses of MCI will be even more important, says Wilson. “Our field is driven by the anticipation that we will eventually develop effective treatments. The second we have something that might work, we’ll want to apply it at the ideal time.”

Of course, that ideal time would be before someone’s cognition begins to falter. To achieve the goal of early detection and prevention, scientists hope to identify those with the disease using biomarkers such as brain scans or blood tests. That effort, though, remains a work in progress. Although newer imaging technologies are allowing researchers to better detect the amyloid plaques and neurofibrillary tangles associated with Alzheimer’s disease, those pathologies are just part of the

FURTHER READING

Practice Guideline Update Summary: Mild Cognitive Impairment

Petersen, R.C., et al. *Neurology*, 2018

Mild Cognitive Impairment in Geriatrics

Tangalos, E.G., & Petersen, R.C. *Clinics in Geriatric Medicine*, 2018

Neuropsychological Measures That Predict Progression From Mild Cognitive Impairment to Alzheimer’s Type Dementia in Older Adults:

A Systematic Review and Meta-Analysis
Belleville, S., et al. *Neuropsychology Review*, 2017

story. Autopsy studies show many older adults have those pathologies in their brains even though they showed no symptoms of cognitive impairment before their deaths. “The field is desperately looking for biomarkers to identify people before they become symptomatic,” Wilson says. “But right now, we’re not very good at predicting who will get MCI five years from now.”

In the meantime, neuropsychological testing remains critically important for diagnosing cognitive impairment, Davidoff says. Neuropsychologists are uniquely qualified to distinguish MCI from psychiatric conditions such as anxiety and depression, both of which can sometimes mimic cognitive impairment, especially in older adults. These scientists can also characterize subtypes of MCI: amnesic or nonamnesic, single domain or multiple domain. “Teasing out the nature and extent of a person’s particular cognitive difficulties is really the bailiwick of the neuropsychologist,” says Davidoff.

There’s another important benefit to helping people with MCI identify a diagnosis sooner rather than later. “There is a lot of stigma associated with these diseases,” Belleville says. There’s a stereotype that all people with dementia are lost and helpless. But people with MCI can help dispel that myth. “When people are diagnosed early with MCI, they still have a lot of capacity,” she adds. “There is a whole period after diagnosis when people can speak for themselves, have conversations and opinions, continue to be part of their family and their society.” ■



HOW DID YOU GET THAT JOB?

AN APA VIRTUAL CONFERENCE

There are many ways you can use your psychology degree outside of academia and private practice. Today, psychologists are working in consumer industries, financial services, even among the corporate ranks of major fast-food chains.

These presentations provide an inside look at careers for psychologists in corporate and industrial settings.

RECORDINGS NOW AVAILABLE:

apa.org/members/content/virtual-conference-series



AMERICAN
PSYCHOLOGICAL
ASSOCIATION



A woman looks at pictures of missing civilians on a wall in Nebaj, Guatemala, in January 2019.



Psychologists in El Salvador, Guatemala and Honduras are working to help citizens cope with the dire conditions that are compelling thousands to leave those countries

BY ZARA GREENBAUM

SUPPORT FOR CENTRAL AMERICANS

A SALVADORAN TEEN AND HIS FAMILY flee a death sentence from a local gang. A Guatemalan farmer abandons his coffee farm after years of drought destroy his crops. A young woman raised by her grandmother in Honduras leaves to reunite with her parents after more than a decade. ¶ Along with hundreds of thousands of others, these Central Americans are migrating north this year seeking asylum, employment and family reunification. Between October 2018 and February 2019, nearly 260,000 people left the Northern Triangle region (El Salvador, Guatemala and Honduras)—about double the number who left during the same period the previous year, according to an analysis of U.S. Customs and Border Protection (CBP) and other data by migration researchers at the Lawfare Institute, a non-profit educational organization based in Washington, D.C. (Leutert, S., & Spalding, S., *Lawfare*, Mar. 14, 2019).

Central Americans are seeking to escape gang violence, corruption, extreme poverty, the impacts of climate change and other problems, and hoping to resettle in Mexico or the United States. While much attention is focused on the humanitarian crises at the U.S. border, researchers, clinicians and activists are also working to address problems at their source in Guatemala, Honduras and El Salvador.

In an effort to make the Northern Triangle safer and more humane for the millions of people who live there, psychologists are providing psychosocial support for trauma survivors, designing and delivering preventive community workshops and studying what drives residents to migrate north.

“As a community, we need

to attend to the physical, psychological, emotional, social, economic and familial needs of our people,” says Ana Alicia Cobar Catalán, PhD, a clinical psychologist at Proyecto Aiglé Guatemala and professor at Universidad del Valle de Guatemala (UVG). “Not just for the migrants leaving, but for those who are staying, those who are coming back and those who are caught between two cultures.”

DIRE CONDITIONS

Decades of trauma and violence in the Northern Triangle—including civil wars in Guatemala and El Salvador and ongoing political instability in Honduras—have left behind a trail of crime, poverty, sociopolitical unrest and extreme income inequality in all three countries.

In El Salvador, for instance, an underfunded and corrupt police force, unable to maintain public safety, has helped spur the formation of gangs as de facto authorities across most of the country (“Life Under Gang Rule in El Salvador,” International Crisis Group, 2018).

And throughout the Northern Triangle, sexual assault, murder, and drug and human trafficking are common, with perpetrators emboldened by judicial delays and corruption that essentially result in impunity. Gangs often threaten teens or adults with rape or murder, forcing entire families to flee their homes (*World Report 2019*, Human Rights Watch).

For others, poverty and lack of work opportunities are the driving forces behind



migration—in Honduras, more than 60% of the population lives below the poverty line (World Bank, 2018).

“Our research indicates that most people want to work to support their families and send their children to school,” says M. Brinton Lykes, PhD, a professor of community-cultural psychology and co-director of the Center for Human Rights and International Justice at Boston College. “But the work situation is so dire that it’s almost impossible to make a decent living,” she says, because of low pay and limited work opportunities.

In the United States, an immigrant might earn \$300 per week cleaning houses, the equivalent of about a month’s salary in Guatemala, says Cobar Catalán. Migrants typically

aim to improve their families’ quality of life by sending money home to purchase a house or pay private school tuition or by saving up and returning after a few years.

Many of the millions of Central American subsistence farmers are also starting to migrate north as climate change threatens their livelihoods, according to the Climate Reality Project, an activist organization founded by former vice president Al Gore (“How the Climate Crisis Is Driving Central American Migration,” 2019). In Guatemala, for instance, rising temperatures and long droughts are reducing returns from coffee, corn and sugarcane farms. And when natural disasters such as hurricanes strike, aid is not available to help residents recover.

Wilfredo Cruz in San Lorenzo, Honduras, with his two granddaughters, ages 8 and 2, in November 2018. Cruz’s daughter, the girls’ mother, migrated to the United States.

Amid such far-reaching and systemic challenges, many have fought to defend Central Americans’ right to migrate, but Lykes says it’s also time to start considering another inalienable right—the right to remain.

“What options do people have to stay home?” she asks. “And why aren’t we more concerned about that?”

RESEARCH AND OUTREACH

To support the right to remain, some psychologists seek to better understand the complex decision about whether to migrate. Mauricio Gaborit, PhD, a social psychologist who studies the migration of children and adolescents at Universidad Centroamericana José Simeón Cañas in El Salvador, has documented increasing rates of

migration among adolescent girls and children under age 12. CBP data echo the demographic shift—the majority of migrants detained at the border are now families or unaccompanied children rather than adult men (*Recent Migration to the United States From Central America: Frequently Asked Questions*, Congressional Research Service, 2019).

In 15-minute interviews conducted while the Salvadoran immigration authorities processed migrants who had been deported from the United States for reentry into El Salvador, Gaborit and his colleagues assessed children and teens for depression, anxiety and somatization. One of their most surprising findings was that deported children did not experience greater psychological harm than a control group of Salvadoran children who remained in the country (“El Salvador,” in *Childhood and Migration in Central and North America: Causes, Policies, Practices and Challenges*, 2015).

“To be a young person in El Salvador, Guatemala or Honduras is extremely stressful,” he says. “So stressful, in fact, that the migration route with all its perils barely registers above the daily pressures children and their families face here.”

Gaborit and his team have also designed and delivered interventions to 3,500 children and adolescents in schools and community settings to help them make more informed decisions about whether to migrate. In one exercise, facilitators ask children to predict travel time to the

FURTHER READING

Children on the Run: Unaccompanied Children Leaving Central America and Mexico and the Need for International Protection
UNHCR, 2014

Carrying a Heavy Load: Mayan Women's Understandings of Reparation in the Aftermath of Genocide
Crosby, A., et al.
Journal of Genocide Research, 2016

One Session at a Time: When You Have a Whole Hour
Bobebe, M., & Slive, A.
In Hoyt, M.F., & Talmon, M. (Eds.), “Capturing the Moment: Single Session Therapy and Walk-In Services,”
Crown House, 2014

United States (most underestimate the length of the journey), then use an enlarged map to measure distances and show that the route is thousands of miles long and can take months.

“Education is crucial to help people understand more about life in the United States as a migrant,” says Maria Elena Humphrey, PhD, former executive secretary for Mexico, Central America and the Caribbean at the Interamerican Society of Psychology. “Not only can it be dangerous to live in the United States as an undocumented person, but leaving behind one’s home, family and culture is often very painful.”

TREATING TRAUMA

At UVG, Cobar Catalán coordinates the delivery of psychological services in the university’s community clinic to trauma survivors, people who are unemployed and people whose family members have migrated north. Students in UVG’s master’s program in psychological counseling and mental health, which Cobar Catalán directs, also conduct preventive workshops in agrarian communities in western Guatemala. Those workshops address teen marriage and pregnancy, suicidality, behavioral problems and drug and alcohol misuse in an effort to improve educational and professional outcomes for rural populations. The group also administers APA’s ACT Raising Safe Kids Program to teach parents and caregivers how to create healthy and nurturing environments for young children.

“In Guatemala, we tend to be

reactive,” she says. “But through this program, we are working to create a culture of prevention.”

Other psychologists have turned their attention to a frequently overlooked population—those who have been deported from the United States, known as “retornados.”

“Retornados carry a lot of stigma because of the criminal label that comes with deportation,” says Juan Carlos García Rivera, a marriage and family therapist from El Salvador who is pursuing his doctorate in critical social/personality psychology at the City University of New York.

Retornados often struggle to find work, become targets of gangs who assume they have money, and have problems with addiction and suicidality, García Rivera says. To help retornados transition back into Salvadoran society, he has designed and facilitated workshops to help build peer psychosocial support relationships among those who have been deported.

But García Rivera says that in light of the crisis in Central America, psychologists must do more than conduct research, provide clinical services and design community interventions.

“It’s very challenging to navigate domains where we may be told we don’t belong,” he says. “But if we really care about the mental well-being of the people, we need to look beyond traditional mental health services and outside of our field.”

To that end, García Rivera works with the Liberation Psychology Intercambio/Exchange, a knowledge exchange



Members of the MS-13 gang attend a class in Chalatenango prison in El Salvador in March 2019 through a program called Yo Cambio (I change).

program that connects psychologists, therapists, social workers and immigration lawyers from the United States and Central America to engage with psychological theories and practices originating in Latin America. Liberation psychology, for example, established in the 1970s by Jesuit priest Ignacio Martín-Baró, PhD, calls on psychologists to redefine their role as sociopolitical and to support oppressed communities.

The exchange, co-founded by clinical psychologist Leticia Gonzalez Pileski, PsyD, and Jason Platt, PhD, a counseling

psychologist based in Mexico City, holds one-day conferences where students discuss their work in liberation psychology and organizes trips to war-torn areas of El Salvador to help survivors preserve cultural memory about the violence they endured. Platt also teaches classes in El Salvador to local clinical psychologists and psychology students on single session therapy, a solution-focused behavioral practice that aims to serve marginalized communities that may struggle to access psychological treatment because of isolation and limited resources.

PSYCHOLOGISTS ARE PROVIDING PSYCHOSOCIAL SUPPORT FOR TRAUMA SURVIVORS, DESIGNING AND DELIVERING PREVENTIVE COMMUNITY WORKSHOPS AND STUDYING WHAT DRIVES RESIDENTS TO MIGRATE NORTH.

“Single session therapy has a lot of potential because it’s focused on giving the most help we can in the shortest amount of time,” he says.

Others, inspired by the mission of liberation psychology, have launched or joined human rights organizations to more directly address systemic issues such as gender-based violence, public corruption and income inequality. For example, ECAP, a Guatemalan organization whose name translates to the Community Studies and Psychosocial Action Team, works primarily with indigenous women and children to seek gender equity and restorative justice for past crimes. The organization provided psychosocial support to survivors during the Sepur Zarco trial, which resulted in the first conviction for sexual slavery during an armed conflict by a national court (“Sepur Zarco: In Pursuit of Truth, Justice and Now Reparations,” UN Women, 2017).

“Psychological work in human rights is very important,” says Gina Rodriguez, a Honduran master’s-level clinical psychologist and human rights activist. “It’s a crucial part of larger efforts to strengthen our social fabric and to repair the damage caused by sociopolitical violence.”

Rodriguez supports the Shelter City Network, which relocates human rights defenders forced to move because of threats to their safety and provides psychotherapeutic treatment to Honduran survivors of torture, sexual violence and other crimes as they seek recourse through

“PSYCHOLOGICAL WORK IN HUMAN RIGHTS IS VERY IMPORTANT. IT’S A CRUCIAL PART OF LARGER EFFORTS TO STRENGTHEN OUR SOCIAL FABRIC AND TO REPAIR THE DAMAGE CAUSED BY SOCIOPOLITICAL VIOLENCE.”

GINA RODRIGUEZ, HONDURAN CLINICAL PSYCHOLOGIST AND ACTIVIST

national and international justice systems.

On a larger scale, the non-profit International Justice Mission (IJM) works to end impunity for slavery and other human rights violations through legal and justice reform. Marylin Beckley, a licensed professional counselor and doctoral student in the international psychology program at the Chicago School of Professional Psychology in Washington, D.C., works with IJM in Guatemala, El Salvador and other Latin American countries.

In El Salvador, Beckley has trained police officers, prosecutors, judges, community leaders, social workers and psychologists in trauma-informed care for people who are seeking justice through the courts. Such training includes defining psychological trauma, learning appropriate terminology—trainees are instructed to use the term “survivor” rather than “victim”—and managing acute distress. Beckley also teaches professionals to use open-ended questions to obtain important information from survivors without retraumatizing them.

Once survivors attain a significant level of recovery from their initial trauma, measured using a tool IJM developed called the Assessment of Survivor

Outcomes, Beckley guides some of them into leadership roles in the international global survivor network to share their experiences and advocate for other survivors. In Guatemala, she has helped organize a group of survivor leaders to raise public awareness of the psychological impacts of sexual violence and problems with the country’s justice system.

“As psychologists, it is our professional ethical duty to get involved with this crisis,” Beckley says. “Just because it is painful, we cannot look away. We need to do something.”

SEEKING MORE IMPACT

Despite such accomplishments, many psychologists in the Northern Triangle countries feel that they are largely working in isolation with little support and few resources.

In Honduras, a population of nearly 9 million relies on just 185 mental health professionals, and in El Salvador, 225 mental health workers serve more than 6 million people (Mental Health Atlas Country Profiles, World Health Organization, 2017). Even in Guatemala, which has about 7,700 mental health professionals and 16 million people, rural areas are vastly underserved (“Healthcare Access and Conditions in Guatemala,

Honduras and El Salvador,” Centers for Disease Control and Prevention, 2017). And across the region, the median percentage of countries’ health-care budgets allocated to mental health is 0.9%, the vast majority of which funds psychiatric hospitals (*WHO-AIMS: Report on Mental Health Systems in Latin America and the Caribbean*, 2013). The United States, by comparison, spends about 8% of its health-care budget on mental health (Dieleman, J.L., et al., *JAMA*, Vol. 316, No. 24, 2016).

Gaborit stresses that psychologists must assemble professionally and partner with nongovernmental organizations such as IJM, UNICEF and local groups to achieve a greater collective impact. Teaming up with locally run organizations, such as Grupo de Mujeres Mayas KAQLA, an indigenous group based in Guatemala, can also help foreign psychologists gain cultural competency and establish trust with indigenous people, who may be reluctant to partner with outsiders, says Lykes.

But even as psychologists seek a broader impact, says Cobar Catalán, it’s important to remember that the trauma and disenfranchisement driving Central Americans north are deeply personal.

“If we understand the individual reasons that force people to migrate, we may be closer to finding the interventions that are relevant and effective,” she says. “Listening and telling people’s stories is a first step to start humanizing migrants in a society where blaming the victim tends to be the norm.” ■

Supercharge Your Online Professional Presence

This free training series helps psychologists enhance their online presence—whether they are new to the field, just starting a business, or looking to improve their existing online personas. Start learning today!

NEW TRAINING SERIES

apa.org/members/content/online-professional-presence-series



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

THE FUTURE OF **REMOTE WORK**

When it's done right, telework can improve employee productivity, creativity and morale, psychologists' research finds

BY ZARA GREENBAUM

More than 26 million Americans—about 16% of the total workforce—now work remotely at least part of the time, according to the U.S. Bureau of Labor Statistics (BLS). Between 2005 and 2015, the number of U.S. employees who telecommuted increased by 115%. Those workers tend to be older, more educated, full time and nonunion. ¶ Telecommuting arrangements can vary greatly for different workers. They can be fully or partially remote; they may work from a home office, co-working space or other location; and increasingly they may be geographically distant from the organization or clients they serve. ¶ And such remote work can benefit both employers and employees, experts say. Employers can hire geographically distributed talent and reduce overhead





expenses, while employees can gain flexibility, save time, and reduce transportation and some child-care costs. But the impact of such arrangements on productivity, creativity and morale has been up for debate, primarily because working from home offers employees fewer opportunities to talk and network with their colleagues. ¶ Now, to learn more about telecommuting and its implications for the future of work, psychologists are studying remote work's benefits, drawbacks and best practices. A related line of research is also exploring how to maximize the effectiveness of geographically distributed teams that rely primarily on virtual means of communication. ¶ "Telework is here to stay," says industrial/organizational (I/O) psychologist Timothy Golden, PhD, professor and area coordinator of enterprise management and organization at

Rensselaer Polytechnic Institute in Troy, New York. "As researchers and managers practicing in the field, what we need to understand more fully is not if, but how, teleworking is best conducted to maximize work outputs."

SMALL BUT TANGIBLE BENEFITS

Many workers view telecommuting as a job perk, with more than half seeking the arrangement as a way to improve work-life balance. People choose to work remotely to avoid daily commutes, reduce workplace distractions and fulfill family care responsibilities (Owl Labs State of Remote Work, 2017). In other cases, an organization may require its employees to work from home, for instance, if a branch office is shut down.

Of course, some jobs are better suited to remote work than others. Knowledge workers

such as computer programmers who can do most of their work on a laptop—tasks like creating software code, reports or spreadsheets—and people whose productivity is easily monitored, such as insurance claims adjusters or call center workers, are the most likely to telecommute, says Ravi Gajendran, PhD, assistant professor in the department of global leadership and management at Florida International University.

In a study of 273 teleworkers from sales, marketing, accounting, engineering and other departments at one organization, Gajendran and Golden found that employees whose jobs were highly complex but did not require significant collaboration or social support performed better when telecommuting than when working in the company's office (*Journal of Business and Psychology*, Vol. 34, No. 1, 2019).

"Employees whose jobs require concentration or significant problem-solving often need focused time to think deeply about the task at hand," Golden says. "In a shared office full of potential interruptions, that can be hard to do."

Even within a specific role, some duties may be well suited to teleworking, while others are better performed in person. An employee can write reports or articles from a home office, but interpersonally sensitive tasks that may involve nonverbal communication—conducting a quarterly performance review with a subordinate, for example—tend to go more smoothly when handled face to face, says Golden.

"It's not so much that telecommuting is good or bad; it's just that sometimes it's advantageous and sometimes it's not," Gajendran says.

In a 2015 research review,



Golden and his colleagues found that, overall, telecommuting increased job satisfaction, performance and feelings of commitment to an organization among employees. People who teleworked also tended to experience less work stress or exhaustion. Drawbacks included social and professional isolation, fewer opportunities for information sharing and a blurring of boundaries between work and personal life (Allen, T.D., et al., *Psychological Science in the Public Interest*, Vol. 16, No. 2, 2015).

“The research has generally shown that for most outcomes, remote work leads to small but tangible benefits,” says I/O psychologist Bradford Bell, PhD, professor and director of the Center for Advanced Human Resource Studies (CAHRS) at Cornell University. “Employees who telecommute tend to be slightly more satisfied, and their

performance tends to be the same or a little higher.”

But researchers also caution that teleworking is rarely an all-or-nothing arrangement. Some employees work from home a few days a month, some a few days a week and some full time—and the extent of a worker’s telecommuting can dictate his or her experience. For instance, a meta-analysis by Gajendran and a co-author found that telecommuters’ relationships with colleagues generally only suffered if they worked remotely three or more days each week (*Journal of Applied Psychology*, Vol. 92, No. 6, 2007).

Along with social isolation, the clouding of work-family boundaries is a significant challenge for remote employees. Teleworkers operating from a home office lack the physical and psychological separation between these two domains that exists

While working from home is seen as a perk by those who can do it, research shows it can lead to social and professional isolation.

in a traditional office setting, says Golden. On the one hand, family and social obligations can easily bleed over into work hours. But more often, studies show, teleworkers’ professional obligations tend to extend beyond the traditional workday, interrupting family time and preventing teleworkers from ever truly disconnecting.

One analysis showed that the blurring of such boundaries causes remote workers to associate their homes with their work roles as work obligations repeatedly intrude upon family time (Eddleston, K.A., & Mulki, J., *Group & Organization Management*, Vol. 42, No. 3, 2017). Teleworkers also appear to work more. A 2013 Gallup poll found that teleworkers log an extra four hours per week on average compared with their counterparts in the office.

Employers may see these

outcomes as positive, translating into higher productivity and better workplace citizenship. Gajendran and his colleagues found that teleworkers often go above and beyond—for instance, by responding to emails outside of work hours—to demonstrate their organizational commitment (*Personnel Psychology*, Vol. 62, No. 2, 2015). But experts say that without firmer boundaries, employees can experience exhaustion and burnout and that such overwork should be discouraged by managers and organizations.

SOCIAL SUPPORT FOR TELEWORKERS

Despite the largely positive findings on the benefits of telecommuting, just 7% of American companies offer the option to most or all of their employees, according to recent BLS data. Some early adopters—including Best Buy, IBM and Yahoo—are even reversing policies that once allowed employees to telecommute, citing leadership changes and a growing need for creative collaboration.

Company leaders' hesitation around flexible work arrangements is often driven by the fear that performance will suffer if employees aren't closely monitored.

"Often, managers use busyness, working late or other proxies to infer that an employee is effective," says Jeanne Wilson, PhD, a professor of organizational behavior at the College of William & Mary in Williamsburg, Virginia. "In a remote work situation, managers must rely more heavily on results.

FURTHER READING

Supporting Virtual Collaborations

National Research Council, "Enhancing the Effectiveness of Team Science" National Academies Press, 2015

Virtual Teams: Conceptualization, Integrative Review and Research Recommendations

Mak, S., & Kozlowski, S.W.J. In Landers, R.N. (Ed.) "The Cambridge Handbook of Technology and Employee Behavior" Cambridge University Press 2019

Digital Nomads: The Final Frontier of Work Arrangements?

Jacoby, K.S., & Holland, S. In *The Bridge: Connecting Science and Practice* Society for Industrial and Organizational Psychology Jan. 4, 2019

SIOP White Paper Series: Telecommuting

Shockley, K. Society for Industrial and Organizational Psychology 2014

That's a hard transition for a lot of people to make."

But a handful of organizations are effectively using research insights to build evidence-based remote work programs—and reaping the rewards. Health-care company Aetna, for example, has a decade-old remote work program that screens, trains and supports teleworkers—a group that now makes up around half of the company's workforce. The company has collaborated with psychologists at Cornell University, including Bell, to proactively address issues such as employee isolation, and has seen rewards including reduced real estate costs and better talent retention.

"Companies that have backtracked on remote work—such as Yahoo and IBM—make headlines because they're outliers in the general trend toward teleworking," says Bell. In a survey his team conducted, nearly all companies interviewed said they intend to continue offering teleworking or expand its use in the future ("Workplace Redesign: Current Trends, Challenges, and Opportunities," CAHRS White Paper, 2019).

In another example of research-informed telecommuting, Kaila Jacoby, a consultant with a master's degree in I/O psychology, leads a work-from-home task force at DCI Consulting, a human resources risk-management consulting firm in Washington, D.C. The task force has created guidelines for the company's managers and employees who telework, drawing on research on work-family conflict (Greer, T.W., & Payne,

S.C., *The Psychologist-Manager Journal*, Vol. 17, No. 2, 2014), employee engagement (Masuda, A.D., et al., *Career Development International*, Vol. 22, No. 2, 2017) and other dimensions of the remote work arrangement.

Jacoby recommends that firms get company-wide buy-in for telework and include remote workers in all team- and company-wide events, via video conferencing when necessary. And because teleworkers can't make social connections during "watercooler" chats, Jacoby also suggests alternative ways to support staff relationship-building, including online message boards and small stipends for virtual lunch or coffee dates.

"Companies should never just implement telecommuting without changing anything else," says I/O psychologist Kristen Shockley, PhD, an associate professor at the University of Georgia. "They also need to shift their culture and norms to support the new arrangement."

Before allowing employees to work remotely, organizations should reevaluate policies around performance evaluation, promotion and salary increases to ensure they don't favor on-site workers, she says.

But the onus for making remote work a success does not fall solely on employers. Employees also need to cultivate effective routines; set boundaries with managers, colleagues and family members; and make an effort to stay socially and professionally engaged, Jacoby says.

For some, operating from a co-working space—a shared office that provides telecommut-

“COMPANIES SHOULD NEVER JUST IMPLEMENT TELECOMMUTING WITHOUT CHANGING ANYTHING ELSE. THEY ALSO NEED TO **SHIFT THEIR CULTURE AND NORMS TO SUPPORT THE NEW ARRANGEMENT.**”

KRISTEN SHOCKLEY, PhD, UNIVERSITY OF GEORGIA

ers and freelancers with internet access, meeting rooms and other amenities—can help address social isolation. In an ongoing effort known as the University of Michigan Coworking Project, a team of researchers has used surveys, interviews and participatory observations to show that such spaces can create a sense of community without threatening remote workers’ prized autonomy (Garrett, L.E., et al., *Organization Studies*, Vol. 38, No. 6, 2017).

Golden affirms that coworking spaces may alleviate social isolation, “but it’s unclear whether they address the professional isolation that out-of-office employees tend to experience,” he says.

Interestingly, the growing popularity of remote work could end up dampening its benefits, suggests research by Gajendran. He found that when telecommuting is less common at a company, employees tend to perform best when they work primarily remotely. But when most employees at an organization are allowed to telecommute, working remotely more often does not improve work performance, suggesting that enthusiasm about the arrangement may wane in such cases (*Personnel Psychology*, Vol. 62, No. 2, 2015).

“In most organizations, telecommuting is not a right; it’s a privilege that you earn. But if everybody is getting it, people may value it less,” Gajendran

Remote teams may need to work harder to build trust and camaraderie compared with teams of co-workers who see each other in person frequently.

says. “It all depends on the context.”

Still, he says, companies that offer telework arrangements strategically—by making it contingent upon hitting performance targets, for instance—may be able to avoid such pitfalls.

CONNECTING REMOTE TEAMS

In another line of research, psychologists are exploring how to maximize the efficiency and productivity of teams that are geographically dispersed.

In today’s global economy, virtual teams can be distributed across different offices or departments in a single organization or they can span time zones, industries and national borders. Greater physical distances can present logistical concerns when tasks require real-time communication—for instance, during a military operation. In addition, cultural differences, such as how direct eye contact is perceived, influence the way people interact.

The way teams are configured—the number and distribution of members and sites—also matters. One study found that teams with one large and multiple smaller subgroups tend to develop an ingroup-outgroup mentality and experience more conflict and coordination problems, whereas teams with individual members who are geographically isolated report fewer such problems (O’Leary, M.B., & Mortensen, M., *Organizational Science*, Vol. 21, No. 1, 2010).

Fortunately, geographic distance is not destiny, says Wilson, whose research shows that com-



JOVANMANDIG/GETTY IMAGES

munication and shared identity within a team can mediate the effects of physical separation. In a study of 733 work relationships among colleagues from a variety of industries, she found that relationship quality was more closely tied to “perceived proximity”—or relational closeness—than it was to physical proximity (O’Leary, M.B., et al., *MIS Quarterly*, Vol. 38, No. 4, 2014).

Teams with a strong group identity—for instance, those that have unified against a competing team or organization—tend to have more perceived proximity, Wilson says. At the personal level, team members who disclose personal information, such as a favorite television show or the birth of a child, also build stronger connections and more trust.

“Trust among team members starts lower in virtual teams than in face-to-face teams, but over time, it can build to the same levels,” she says.

Other researchers have found that formalizing a virtual team’s

Co-working spaces may help mitigate the social isolation that some freelancers and telecommuters feel.

goals, roles and communication methods at the outset improves effectiveness (Gibson, C.B., et al., *Journal of International Business Studies*, Vol. 50, No. 6, 2019). In addition to formally exploring any cultural or ideological differences, collaborators should also consider how such teams are led. A study of 101 virtual teams co-authored by Steve Kozlowski, PhD, professor of organizational psychology at Michigan State University, shows that shared leadership rather than traditional hierarchical leadership is associated with improved team performance (Hoch, J.E., & Kozlowski, S.W.J., *Journal of Applied Psychology*, Vol. 99, No. 3, 2014).

“As teams become more virtual, it may be impossible for a single person to direct an entire project,” Kozlowski says. “In these cases, leadership functions need to be shifted to the team itself, so members with specific expertise can drive problem-solving in various areas.”

LOOKING AHEAD

Researchers already know a lot about how to coordinate behavior and motivate people working in face-to-face teams, says Kozlowski. Moving forward, he hopes to see researchers studying virtual teams do a better job of building on those existing insights, such as by investigating how to coordinate knowledge sharing in virtual teams. Meanwhile, Wilson is expanding her focus to explore the roles of extroversion and attractiveness—both of which are associated with leadership—in virtual team dynamics.

In the teleworking sphere, psychologists are confident about a continuing upward trend—Bell anticipates such growth as businesses aim to attract employees in a tight labor market and as communication technologies become more sophisticated—but they’re still probing a number of unanswered questions. Those include the effects of increasing the extent of telecommuting, best practices for managers and the relative effectiveness of various communication methods, particularly video, says Golden. Others are exploring issues of isolation and overwork, how first-time teleworkers adjust to their new circumstances and which types of employees thrive when working remotely.

“Telecommuting is a management tool just like any other,” Gajendran says. “It’s time for organizations to move beyond seeing it as a family-friendly work arrangement. When done well, remote work has the potential to improve performance, increase employee satisfaction and benefit a business.” ■



Career

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



SPECIAL SECTION

ACCELERATING YOUR ACADEMIC CAREER

**Insiders' Tactics
for Securing Tenure**

PAGE 62

**Boost Your Writing
Productivity**

PAGE 66

**What Do Psychology
Faculty Earn?**

PAGE 70

JACOB LUND/GETTY IMAGES

INSIDERS' TACTICS FOR SECURING TENURE

Advice from newly minted associate professors on how to assemble portfolios that impress tenure review committees

BY HEATHER STRINGER

When Peter Blake, EdD, landed an assistant professor position at Boston University in 2012, he had seven years to earn tenure—what seemed like an eternity compared with the fast-paced deadlines of his previous career in the technology industry. During his first three years, Blake focused on research related to his interest in childhood cooperation and delved into supporting three doctoral students and a post-doctoral fellow in his lab. But by year four, the tenure clock started ticking more loudly and he felt the pressure to prove himself worthy of a long-standing faculty position. ¶ Blake knew that securing large grants would give him credibility in the tenure process, yet competition for this type of

funding was fierce. “There was pressure to publish high-impact papers and be well-known, but not everyone achieves that,” says Blake. “I didn’t know if I should focus on the quantity or quality of publications, and I became concerned about whether I was doing things the right way.”

At the time, Blake was among more than 5,000 tenure-track psychologists, and about 500 new research doctorate graduates, who step onto the track each year, according to the National Science Foundation (NSF). Requirements for gaining tenure vary from school to school—from publication and grant activity to teaching evaluations to service commitments and more. But one thing is certain: The expectations have risen over time, says Michael Young, PhD, chair of the department of psychological sciences at Kansas State University.

“Schools are hiring assistant profes-

sors now who have qualifications that are far above what we were seeing 15 years ago, and the number and quality of the publications they produce is higher than ever,” says Young, who is also a member of the board of directors for the Council of Graduate Departments of Psychology. “This raises the bar for achieving tenure.”

Blake consulted with colleagues and mentors to learn how to increase the odds of securing tenure, and in May those efforts were rewarded when he became an associate professor at Boston University.

Here, Blake and two other psychologists who recently achieved tenure recount how they secured their spots and offer their advice. While publications, teaching and service activity are universally considered the key categories for evaluation in tenure review, schools focused on teaching often have requirements different from those of schools

dedicated to research. No two tenure reviews are exactly alike, which underscores the importance of asking questions about the process early.


Peter Blake, EdD

Associate professor of psychological and brain sciences, Boston University

RESEARCH FOCUS: Blake studies the cognitive and social processes driving children’s cooperation. He is interested in how social forces such as culture and inequality shape the development of fairness, ownership, altruism and reciprocity.

TENURE ADVICE

■ **Apply for large grants early.** “Grants from entities like the National Institutes of Health (NIH) and NSF can give a psychology department power because the university can take 65% of the total grant as overhead,” says Blake. “During my first three years as an assistant professor, I received all my grants from the Templeton Foundation, which only allowed the university to take 15% as overhead. The foundation was interested in supporting research on childhood cooperation, but this topic didn’t fit the public health focus for entities like NIH. I reached out to mentors in the department to strategize ways to change the direction of my work to fit these new priorities. I started focusing more on aggressive interactions rather than cooperation because conduct disorders and anti-social behavior are public health

A photograph of Dr. Peter Blake, a middle-aged man with short, graying hair, wearing a light blue button-down shirt and khaki pants. He is sitting in a green, modern-style chair, leaning back with his right arm resting on the chair's backrest. He is looking towards the camera with a slight smile. The background is a plain, light-colored wall.

Dr. Peter Blake suggests that new professors start applying for large grants early in their career.

issues. I submitted three grant applications to NIH and three to NSF, and although I wasn't selected, the fact that I had applied showed my potential to receive funding from these organizations. In retrospect, I think it's wise to begin the process of applying for large grants when you have start-up money as a newly hired assistant professor."

■ **Stay focused.** "During my early years as an assistant professor, I enjoyed collaborating with my three doctoral students on projects related to their interests, but this pulled me in many different directions. While I loved supporting students who generated new ideas, I needed to move some of my own ideas forward. I learned that it's easy to underestimate how much time it takes to mentor PhD students, and I found that three was too many at one time. Postdocs can work more independently and are more efficient at writing and publishing manuscripts, so one to two postdocs in addition to two PhD students seems more manageable."

■ **Maintain integrity.** "There's a lot of pressure on junior faculty to produce papers, and this can lead to weaker papers that overinterpret data and are not likely to replicate. I switched careers from the technology industry to psychological science because I wanted more integrity in my work and to make a lasting impact on the world. For this reason, I knew I was not going to make compromises. If my results from a study were not certain, I didn't publish them. This meant that I produced fewer papers, but in the end my integrity was worth more than any amount of money or renown."

■ **Plan for rest.** "One of the hardest parts about the tenure process is the yearlong state of uncertainty while waiting for the final decision. I knew I was being compared to other researchers with metrics

like the ‘h index,’ which measures the number of publications and how many times these papers have been cited. It’s important to maintain a peer network with people who can relate to the experience and be supportive. Prepare to be burned out, and I recommend taking a vacation after it’s over because you’re going to need the break.”

Alisia (Giac-Thao) Tran, PhD

Associate professor of counseling and counseling psychology, Arizona State University

Tran’s interest in minority mental health was born out of her experiences growing up as a Vietnamese American in a predominantly white suburb of Los Angeles. After undergraduate school, Tran wanted to pursue a career in academia and enrolled in a counseling psychology doctoral program at the University of Minnesota. She leveraged the opportunity to prepare for the rigor and time demands associated with a faculty position by working as a first author on publications and by seeking out instructor roles—rather than focusing solely on teaching assistant opportunities. She learned how to work with students, deliver lectures and prepare exams. In 2012, she was hired as an assistant professor at the University of Arizona and faced the next hurdle: securing tenure.

RESEARCH FOCUS: Tran studies ethnic and racial socialization and the effects of discrimination on mental health. Recently, she began focusing on how socioeconomic disparities and financial stressors can influence mental health in minorities and on the rates and correlates of stress, depression, anxiety and suicidality among student athletes of color.

TENURE ADVICE

■ **Develop writing skills.** “Students say it’s hard to carve out time to write in graduate school, but I knew this was

a critical skill to master if I wanted to become a tenured professor,” she says. “As a doctoral student, I wrote a number of first-author papers, developed independent studies and started applying for funding opportunities, all of which helped me gain confidence as both a writer and speaker who could share ideas with other scholars and integrate feedback into my work.”

■ **Know the expectations.** “Programs and institutions will have different policies, criteria and politics that can influence a tenure review. I learned that my list of external reviewers for tenure could not include professors I had collaborated with on papers. This informed my decisions about who I would ask to be senior authors on publications. If I wanted to reserve an expert in my field as a potential external reviewer, I would not ask the professor to be a senior author on one of my papers. Part of the process at my institution was to create a list of 10 potential external reviewers, so I tried to network with potential reviewers at conferences and other events to draw attention to my work.”

■ **Leverage the third-year review.** “A lot of people offer conflicting advice about

how to gain tenure, and this left me wondering if I was on the right track. The third-year review was an ideal time to get a pulse on my tenure situation because the faculty chair and other tenured faculty in the program formally shared their perspective on my progress. The fact that I had published five papers showed that I was on the right trajectory, and they encouraged me to continue what I was doing.”

■ **Learn to accept help.** “When I was in graduate school, I felt like I was more guarded about feedback because a graduate student’s job is ultimately to defend his or her dissertation. When I became a faculty member, it became clear that the people around me were trying to help me rather than testing me. When I had a child during my time on the tenure track, I learned to get more help from colleagues by dividing and delegating tasks related to grant and article writing. I also learned to welcome feedback from journal editors and reviewers to strengthen a paper instead of seeing it as a contentious process.”

Celeste Malone, PhD, MS

Associate professor of school psychology at Howard University

As Malone was earning a master’s degree in school counseling at Johns Hopkins University, she became keenly aware of the fact that the field was far less ethnically diverse than other psychology fields—yet the country’s student population was becoming increasingly diverse. This prompted Malone to dedicate her career to addressing this problem. She later earned a PhD in school psychology from Temple University in Philadelphia and completed a postdoctoral fellowship in child clinical and pediatric psychology at Johns Hopkins School of Medicine before she began her tenure journey as an assistant professor at Howard University.



Dr. Alisia (Giac-Thao) Tran



Dr. Celeste Malone asked senior colleagues how to best position herself for tenure.

RESEARCH FOCUS: Malone studies methods of developing multicultural competence through education and training and the relationship between culturally competent practice and elementary school student outcomes.

TENURE ADVICE

■ **Create a tenure dossier.** “One of the best pieces of advice I received early on

was to create a separate folder to keep track of everything I might need for my portfolio. I started adding student evaluations, acknowledgments from conferences, invitations to speak at events and serve on professional committees and other information to that folder. I developed a multicultural competence scale as part of my research, and I would keep copies of requests from other

researchers to use that scale. When it was time to generate my portfolio, I already had all this information at my fingertips.”

■ **Find overlap.** “I needed to be involved in research, teaching and service to make a case for tenure, and I sought out opportunities where these three areas could overlap. This made service feel like part of my work rather than an added burden. For example, I serve on APA’s Board of Educational Affairs because my work in multicultural competence is relevant to the group’s goal of addressing diversity and culture in psychology training. The group also helps me stay attuned to the emerging issues in the profession, which influences my teaching and research.”

■ **Ask questions.** “My university’s requirements for tenure were somewhat vague, which made it difficult to understand what was required. I talked to senior colleagues to gather more specific information. I learned that I should aim to publish one article per year and that there was a high value on being a good departmental citizen. In response, I made sure I was visible in the department by asking colleagues questions in person more frequently instead of relying on email. I also shaped my tenure narrative to emphasize both my productivity as a scholar and service in roles such as program coordinator and field experience coordinator. To make sure I was on the right track, I also met with the department chair at the beginning of my second year to find out what mentoring and professional development opportunities were available, and she offered to serve as my research mentor. One of my goals was to submit a grant for external funding, and we met regularly to refine my idea and develop a grant application.” ■

● **To learn more** about securing tenure, see this set of interactive modules: https://apps.apa.org/StaticContent/structure-tenure/story_html5.html.

HOW TO BE A MORE PRODUCTIVE WRITER

Even the most organized academics find it hard to carve out time to write. Here's advice on how to adjust your mindset and schedule to maximize the impact on your field.

BY CHARLOTTE HUFF

Graduating is piling up, you need to prepare for next week's lectures and your research is demanding more of your focus every day. Meanwhile, finding time to write up your findings, your next book chapter and a grant proposal that's due in several weeks? Those tasks keep getting pushed back into the ether of tomorrow. ¶ Unless you buckle down to it, writing pressure only accumulates as your research progresses, says Paul Silvia, PhD, professor of psychology at the University of North Carolina at Greensboro and author of "How to Write a Lot: A Practical Guide to Productive Academic Writing" (APA, 2018). "People develop these big backlogs [of research data]," he says. "It creates a lot of pressure." ¶ Silvia says he first became interested in writing productivity when he arrived at UNC

Greensboro more than 15 years ago and found that the senior professors there were "so fatalistic about it," as he recalls. "They said, 'Writing is impossible. It's a constant crisis.'"

While writing is no doubt difficult for many academics, he says, better habits can be developed over time and with persistence. And those habits will lead to an academic payoff that will become inherently motivational.

As you write more, you'll find that your work will be accepted with fewer revisions and that those publications will lead to speaking engagements and

grants that will enable you to exert a greater influence on your field of study, says Tara Gray, PhD, director of the Teaching Academy at New Mexico State University in Las Cruces and author of "Publish & Flourish: Become a Prolific Scholar."

An added bonus, Gray says, is that the writing itself will become less painful. "There's a flow you get into from writing every day," she says. "Just like a runner's high, there's a writer's high."

Silvia, Gray and other prolific writers share the following tips for meeting your academic writing goals:

One way to boost your writing output is to carve out dedicated times in your daily or weekly schedule.



1 DEVELOP A REGULAR SCHEDULE Particularly given the constant demands many researchers face during the academic year, there's a temptation to keep pushing back one's writing until a long weekend or the next summer break, says Andres De Los Reyes, PhD, a professor of psychology at the University of Maryland at College Park. But cramming doesn't usually produce the best writing. "All of us know what it's like to cram for an exam, and we don't do very well when we cram," he says.

Instead, pick a time window that's feasible every day or at least



several times each week, and treat that time like a class that can't be missed, says De Los Reyes, who teaches continuing-education courses on writing productivity through APA and has offered webinars and conference workshops on the topic at research conferences such as the Future Directions Forum (www.jccapfuturedirectionsforum.weebly.com).

If you can't find a specific time, identify a range of hours—say, commit to finding half an hour between 11 a.m. and 1 p.m. to write each day, he says. Then revisit your writing schedule periodically to see if that time is working.

De Los Reyes fell into the benefits of scheduled writing sessions during his internship year in Chicago, when he discovered that his hourlong train commute was an ideal time window to write his dissertation. More recently, during a shorter 20-minute subway commute three times weekly to his office in Maryland, he's written a book about how early career academics can develop a research program, which he's now shopping to publishers.

"It doesn't have to be a lot of time," he says. "The more you do it, the more you make it a part of your work."

2 EMBRACE MINI-SESSIONS Shorter, more frequent writing sessions also help break down a project into less-daunting chunks, says Gray, who estimates that she's taught writing productivity to roughly 10,000 academics over the last couple of decades at New Mexico State University and seminars elsewhere. Start small, perhaps writing just 15 minutes daily, and you might find that you're still writing after 30 minutes or longer as you settle into the mental groove, she says.

For academics, Silvia suggests that a reasonable goal is to commit to three to four hours of

writing each week. Location also matters, he stresses. The cute coffee shop next to campus might not be the best choice if you keep running into chatty colleagues there, particularly if you don't have much time to write.

Some people work best in a spot with background chatter or music, while others focus better in a more Spartan setting, Silvia says. "I think people need to be really honest with themselves. Is this a place where they can be productive as a writer?"

3 STAY ACCOUNTABLE Ask someone to be your writing coach, Gray suggests, and send them a brief daily email reporting how many minutes of writing you've completed. It could be as brief as putting the number of minutes in the subject line, and nothing else. If you write "0" in the subject line, Gray advises including a brief explanation in the email, such as "Child sick" or "Ran to school, never got back to it." (Gray says her own records show that last year she averaged 70 minutes per day, six days a week.) Gathering that kind of data can help you identify patterns of what pulls you away from writing, she says.

Habits developed and pursued over time can become strongly engrained, Silvia says. "We know this because we mostly are thinking about the bad ones," he says. "Really, we tend not to notice how adaptive and functional our positive habits are."

4 PRUNE DISTRACTIONS Susan White, PhD, an autism researcher, professor and endowed chair in the department



of psychology at the University of Alabama, says that she prefers to get her writing done first thing in the morning after exercising and getting her two sons off to school. At that point, she says, "I have to shut everything else off." She closes her office door, doesn't answer the phone and tries to avoid email. If she does peek at her emails, she'll flag urgent ones to respond to after she's wrapped up her writing.

When focused on a big project, Silvia writes in what he calls "cave mode," long stretches of time when he's more likely to turn down other writing or manuscript review invitations and warns people via his website that he might be slower to respond to email. (When he does respond, he's more likely to work through emails in batches toward day's end.) At the end of his email signature, Silvia provides a link to a frequently circulated article from a few years back titled "Do

Find the place you're most productive, whether it's a library, coffee shop or your office.

You Want to Be Known for Your Writing, or for Your Swift Email Responses?"

5 WRITE NOW, EDIT LATER Your productivity can hit a wall when you haven't done enough prep work and need to pursue more research, thinking or outlining, Silvia says. He's also seen younger writers, particularly graduate students, become paralyzed over the mechanics of writing, including style and grammar. One book he particularly likes to recommend to them is William Zinsser's "On Writing Well."

Still, try to get some words down to start working with, Silvia says. As much as you can, Gray adds, let the ideas and information flow. Guard against the temptation to stop to pull a citation from the internet or to take a break to read further. Mark the areas where you want to come back to add a statistic,

a quotation or an opposing point of view, she says.

These short sessions of free writing can be extremely productive even for those who aren't that far along in their research, says Gray. Jotting down your initial research impressions can help you to better focus moving forward. "So that you find out what you need to know earlier than you otherwise would," she says.

6 MINIMIZE THE STARTUP PAIN

Barry Schwartz, PhD, emeritus professor of psychology at Swarthmore College, says that he learned the hard way early in his career to stop writing before he had reached a natural resting point, such as the end of a section or a chapter. Otherwise he was sabotaging himself, he says. "It's really easy to put off sitting back down at your desk when you don't exactly know what comes next," says Schwartz, author of numerous books, including "The Paradox of Choice: Why More Is Less." "The time to stop writing is when you know what the next page is going to be."

Another strategy, which Gray recommends, is to write a note to oneself at the end of each session that spells out what you'll tackle next time. It could be a question or just a short summary of where you are, she says, and it will allow you to get right back to work during your next writing session. "Some people report that they spend 15

minutes thinking before they get into the writing. That's a mistake if you only have 15 to 30 minutes to write."

7 PRIORITIZE YOUR PROJECTS When juggling multiple writing assignments, identify the one or two that will best help you achieve your next professional goal, and make sure they don't get sidelined by more immediate deadlines, De Los Reyes says. "Keep those perpetually on your list," he says. "Don't let them fall off."

Silvia says he personally continues to struggle with competing writing priorities. Writers in academia, he notes, might have a grant to finish, several journal articles in various stages, along with a book in progress. "These all exist on different timescales."

In his second edition of "How to Write a Lot," Silvia describes various approaches to prioritizing. You might focus primarily on your most important work, the one that you think will best further the next stage of your career. Or you could decide to prioritize those projects that are closest to publication.

"There's no one optimal way that's going to tame the chaos," Silvia says. What's important is figuring out your approach. That might include limiting the number of writing projects you commit to in the first place, he says.

"A big part of writing productivity is choosing what not to write," Silvia says, "and what to just kind of euthanize." ■

**Need CEs by
the end of the year?**

EARN UNLIMITED CE.

1-time fee.

75+ CE programs.

Limitless learning.



Get 12 months of unlimited video on-demand CE programs and access to our monthly LIVE Clinician's Corner webcasts for an unbelievably low price.

**Learn more.
Save money.
Advance your career.**

APA MEMBER **\$299** | NONMEMBER **\$599**

**SUBSCRIBE TODAY AT
APA.CONTENT.ONLINE**



PSYCHOLOGY FACULTY SALARIES ARE IDLING

A report finds academic psychology salaries didn't keep up with inflation last year—and lag behind faculty salaries in other disciplines

BY KIRSTEN WEIR

Since 2016–17, median salaries for psychology faculty haven't budged—and for some academic ranks, they have even declined, according to a report from the APA's Center for Workforce Studies (CWS). What's more, psychologists earn less than their peers in other social sciences and in many STEM disciplines, says Peggy Christidis, PhD, a senior research officer in the CWS and co-author of the report. "Salaries for psychologists just aren't going up," she says. ¶ The report draws on data from 258,731 full-time faculty at 847 U.S. colleges and universities, collected by the College and University Professional Association for Human Resources (CUPA-HR). According to those data, the median salary for tenured or tenure-track professors of all ranks across all institutions was \$75,107 in 2018–19.

Salaries were highest at doctoral institutions, where median salaries for tenured or tenure-track faculty ranged from \$71,025 for new assistant professors to \$113,820 for full professors. At master's institutions, new assistant professors earned a median \$59,975 while full professors took home a median \$86,272. At both doctoral and master's institutions, median salaries decreased slightly between 2017–18 and 2018–19.

At baccalaureate institutions, median salaries ranged from \$58,955 for new assistant professors to \$82,029 for full

professors. Those wages were about the same as in 2017–18, except for new assistant professors, whose salaries increased almost 4% since last year.

The annual survey has gathered salary information for 38 years, and in the last few years it has expanded to collect additional demographic information about factors such as sex, race/ethnicity, age and the number of years a person has been at a specific rank, says Jacqueline Bichsel, PhD, a psychologist and director of research at CUPA-HR. The result is a rich resource that can help answer broader questions about wages

BY THE NUMBERS

\$113,820

Average salary of a tenured psychology professor at a U.S. doctoral university

\$71,025

Average salary of a new tenure-track assistant professor at a U.S. doctoral university

\$82,029

Average salary of a tenured psychology professor at a U.S. baccalaureate college

\$58,955

Average salary of a new tenure-track assistant professor at a U.S. baccalaureate college

and wage disparities, Bichsel says. Among this year's findings:

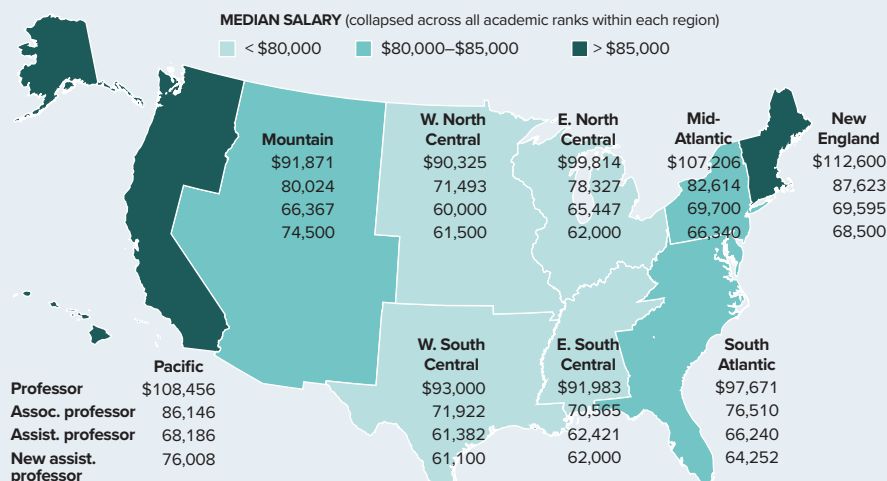
■ Location makes a difference.

Salaries varied considerably between geographic regions. "Across the U.S., it's no surprise that the highest salaries are in New England and the Pacific region, with the lowest salaries in parts of the Midwest and the South," Christidis says. "That seems to correlate with the cost of living."

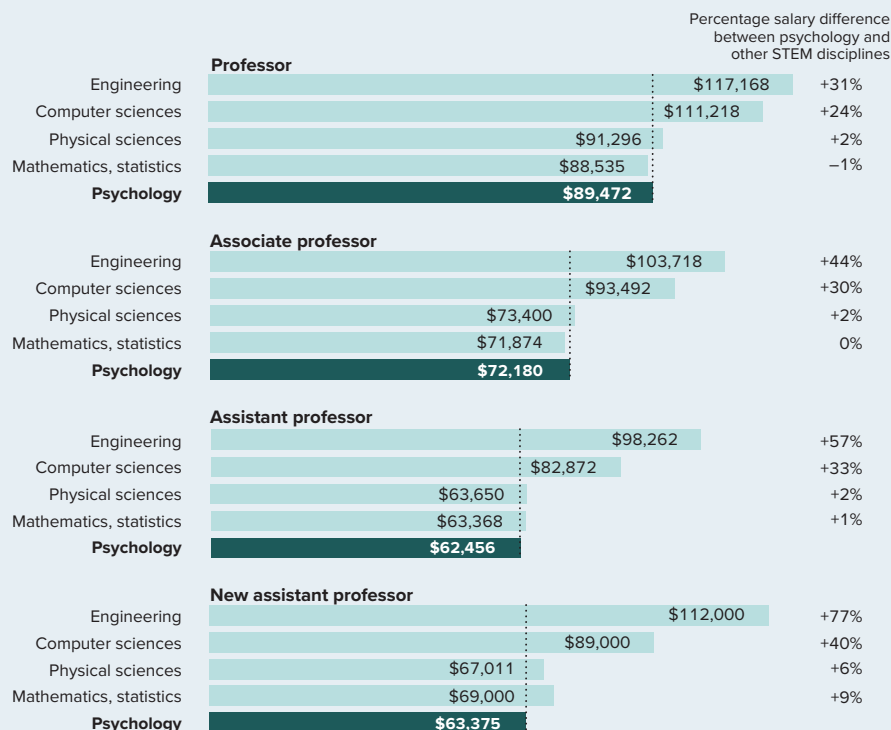
Collapsed across academic rank, faculty in New England earned a median salary of \$89,400, and those in the Pacific region earned \$89,000. Median salaries were lowest in the East South Central (\$74,900), West North Central (\$74,700) and West South Central (\$73,300) regions.

■ Institution matters. The type of institution also makes a difference in a faculty member's paycheck. When collapsed across all academic ranks, tenured/tenure-track psychology faculty at private independent institutions earned about \$2,500 or 3% more than psychology faculty at public institutions, and \$9,800 or 14% more than psychology faculty at private religious institutions.

Median Salaries for Psychology Faculty by Academic Rank and Geographic Division



Comparison of Psychology Faculty Salaries With Faculty Salaries From Other STEM Disciplines



Note: All data is for tenure/tenure-track faculty, 2018–19. Source: APA Center for Workforce Studies

For faculty employed at public institutions, collective bargaining units have a notable impact on wages. Across ranks, the median salary of psychology faculty at public institutions with collective bargaining units was approximately \$9,900 or 14% higher than that of faculty working at public institutions without collective bargaining units.

■ **Tenure-track professors earn more.** Across academic ranks and institution types, non-tenure-track faculty earned about 78 cents for every dollar earned by tenured/tenure-track faculty. But collective bargaining was also a boon to non-tenure-track faculty. In institutions with labor unions, non-tenure-track faculty, across all ranks, earned 20% more than their counterparts at institutions without unions.

■ **Psychology salaries lag behind other disciplines.** Last year's salary survey found psychologists earned less than many of their counterparts in social sciences and STEM fields, and this year's results are no different. At private independent institutions, for example, full professors of psychology earned a median \$96,570 compared with \$103,413 in other social sciences (a classification that includes political science, economics, sociology, anthropology and geography). That trend held across all types of institutions and across academic ranks. Similar patterns were seen in other STEM disciplines, with psychology faculty earning less than their peers in physical sciences, computer sciences and engineering.

■ **Disparities remain among women and minorities.** Psychology is a field dominated by women, especially among younger faculty. Among tenured/tenure-track positions, women accounted for 65% of new assistant professors, 64% of assistant professors and 56% of associate professors. At the full professor rank, however, just 46% of faculty were women, though that was up from 44% last year.

Among new assistant professors and assistant professors, female faculty earned roughly the same as their male colleagues. But a pay gap remained at higher ranks, with female full professors earning just 95% of what male full professors earned—about

Among new assistant professors and assistant professors, female faculty earned roughly the same as their male colleagues. But a gender pay gap remained at higher ranks.

\$5,100 less per year on average. “Over a lifetime as a career faculty psychologist, women are losing a heck of a lot of money,” says Bichsel.

A different picture emerged for racial and ethnic minorities. The median salaries for racial/ethnic minorities were 3% to 8% higher than salaries for white psychology faculty. Yet racial/ethnic minorities were notably underrepresented among

psychology faculty, making up just 18% of associate professors and 12% of full professors.

These types of data can help institutions identify and address pay and hiring disparities related to race, ethnicity and gender, Bichsel says. “The first step in closing those gaps is to understand where they exist.”

The salary data are also valuable for prospective psychology faculty—and the departments that wish to hire them, Christidis adds. “These data are really useful when you’re negotiating a salary,” she says. “Good salaries entice good applicants.” ■

● **To read** the full report, go to <https://on.apa.org/19FacultySalary>.

Launch and grow your practice

We've helped start nearly 2 million businesses. Now let us help you.

Formally creating a business entity can help protect your personal assets from any debts or lawsuits incurred by your practice.

apa.legalzoom.com | 877-488-0029

legalzoom®



15% off
for APA
members*

*excludes state fees



Lawless



Phelps



McKeachie



Shapiro



Susman

PSYCHOLOGISTS IN THE NEWS

Penn State University has named **Kimberly Lawless, PhD**, as dean of its College of Education. Lawless had been the associate dean for research in the College of Education at the University of Illinois at Chicago. Her research focuses on how teachers can use technology to get students interested in pursuing STEM careers.

Randy Phelps, PhD, is the new chief executive officer of Give an Hour, a network of 7,000 mental health professionals who provide free mental health services to U.S. service members, veterans and their families. Phelps had been serving as the organization's vice president of operations since 2018 and on its advisory board for a decade. Prior to joining Give an Hour, Phelps worked at APA for 25 years, including as senior adviser for health-care financing and deputy executive director for professional practice.

Wilbert (Bill) J. McKeachie, PhD, APA's 1976 president, died June 12 at age 97. McKeachie was known internationally for his research and writing on the science of teaching. His 1950 book "McKeachie's Teaching Tips"—now in its 14th edition—is considered an essential guide for college instructors of all subjects. McKeachie taught in the

psychology department at the University of Michigan from 1949 until his retirement in 1992. APA's Div. 2 (Society for the Teaching of Psychology) established an annual teaching award in his honor in 1980.

Francine Shapiro, PhD, the developer of eye movement desensitization and reprocessing (EMDR) therapy for trauma, has died at age 71. Shapiro was the executive director of the EMDR Institute in Watsonville, California. She was also founder and president emeritus of the Trauma Recovery/EMDR Humanitarian Assistance Programs, a nonprofit that coordinates disaster response and EMDR trainings worldwide.

The University of Kentucky College of Arts and Sciences has honored **David Susman, PhD**, with a Distinguished Service Award for his service to the university and the community. Susman is an assistant professor of psychology, training clinic director at the Jesse G. Harris, Jr. Psychological Services Center and internship director of the University of Kentucky Internship Consortium. He sponsors the university's chapter of the National Alliance on Mental Illness and is a past-president of the Kentucky Psychological Association.

For the first time, two psychologists are leading the Naval Health Research Center in San Diego: **Captain William M. Deniston, PhD**, is serving as the commanding officer and **Captain Katharine K. Shobe, PhD**, is serving as executive officer. In previous roles, Deniston served as deputy director of the Department of the Navy Human Research Protection Program at the Bureau of Medicine and Surgery and assistant inspector general for command climate evaluation in the Office of the Naval Inspector General. Shobe served as director of research for the Department of the Navy's Sexual Assault Prevention and Response Office and in multiple leadership roles at the Office of Naval Research.

New Mexico State University has established a scholarship in memory of **Timothy Fjordbak, PsyD**, who was killed in 2015 by an Iraqi war veteran while serving as chief psychologist at the El Paso VA Health Care System. Fjordbak was a graduate of the university's master's program in clinical psychopharmacology and an advocate for prescription privileges for psychologists. The scholarship will award \$1,000 annually to a student in the postdoctoral master's program in psychopharmacology who plans to work in public service. ■

EASING THE BURDEN OF CHILDREN'S PAIN

The Centre for Pediatric Pain Research at Dalhousie University is working to get findings on pain relief into the hands of patients, parents and health-care providers

BY KIRSTEN WEIR

As an expert on pediatric pain, Christine Chambers, PhD, knew there was a body of good psychological science on how children experience pain and how best to manage it. But when it came time for her own children to undergo routine procedures like blood draws and injections, she realized those findings were lost in translation.

"All of this wonderful research gets published in psychological journals and presented at conferences, but it doesn't automatically filter its way to patients who need it," says Chambers, a psychologist and core faculty member at the interdisciplinary Centre for Pediatric Pain Research at Dalhousie University in Halifax, Nova Scotia, Canada. "I realized that my own children weren't benefiting from this science that I had dedicated my career to."

That's why Chambers decided to launch *It Doesn't Have to Hurt*, an initiative to disseminate the best science about children's pain. Partnering with a Canadian media company, she was soon sharing research findings with an audience of more than 6 million Canadian parents, educating them about

pediatric pain through blog posts, YouTube videos, Instagram images and Twitter Q&As. This year, she unveiled a related initiative, *Solutions for Kids in Pain (SKIP)*, a nonprofit organization that promotes the research not only to patients and parents but also to health-care professionals and policymakers. "We want to intervene at every level in the system," she says.

Back in the lab, her team continues research projects to understand the developmental, psychological and social factors that influence a child's pain, whether that is discomfort caused by a routine needle stick or a serious condition such as chronic pain or cancer pain. The team also devotes time to studying the most effective ways to disseminate their findings. Whether Chambers is writing a grant proposal or composing a tweet, she's guided by one clear mission: improving pain assessment and management in children.

"Many of the children I work with have significant illnesses, and it's a tough space to be in. But that's also what makes the work so rewarding. They need our support—and they need our science," she says.

RESEARCH HUB

The Centre for Pediatric Pain Research encompasses researchers and clinicians from multiple specialties, including psychologists, physicians and nurses. "Halifax is a phenomenal place to do this research," says Chambers's former student Kathryn Birnie, PhD, now a clinical psychologist at Alberta Children's Hospital in Calgary. "Pain is medically complex. It's important be able to work closely with people from other disciplines who can look at these problems through a different lens."

Chambers began studying pediatric pain as an undergraduate at Dalhousie and continued that research while earning a PhD in clinical psychology from the University of British Columbia. Early on, she saw children in clinical practice while also conducting research. But eventually, she moved into research full time. Her lab is typically home to three to five clinical psychology graduate students, as well as a postdoctoral fellow, several undergraduates and some paid research staff. Most of her funding comes from the Canadian Institutes of Health Research and the Networks of Centres of Excellence.





Chambers has studied both acute and chronic pain in children, from a variety of angles. As psychologists know, pain isn't just a physiological reaction. It's a complex experience that's influenced by factors including memory, emotion and social learning. Over the years, a prominent theme in her research has been exploring how family members—especially parents—shape children's pain experiences.

Though it sounds counter-intuitive, Chambers has found that when parents reassure children during painful medical procedures—such as by telling

them, "It's OK"—children report greater distress. "It's better for parents to distract their children than to reassure them," she says.

To better understand why that is, she and her team filmed 100 children ages 5 to 10 and their parents as the children received a shot or had blood drawn. Then they asked the children to watch and respond to video clips of their parents' spontaneous reassurances and distractions during the procedure. The researchers found that children rated parents as more fearful and less happy when they were being reassuring than

Researchers at the center have found that the best way for parents to help their children cope with painful medical procedures is to distract them from the pain.

when they were distracting their children (McMurtry, M., et al., *Pain*, Vol. 150, No. 1, 2010). The bottom line? A parent's well-intentioned "Don't worry" may communicate that the child has something to fear.

Chambers and her team have also looked at the role siblings play in children's pain experiences. The team used a common laboratory model of pain, the cold pressor task, which involves the participant putting a hand into ice water and leaving it there as long as he or she can. The 8- to 12-year-old participants undertook this challenge while their siblings looked on. When the observing siblings were encouraging or more focused on the pain, the participants reported more pain and fear. When siblings talked about something else to distract the participants from the pain, however, the pain was less intense (Schinkel, M.G., et al., *Pain*, Vol. 159, No. 8, 2016).

"Siblings were actually much more in tune and attentive to their siblings' pain than we expected them to be, but it was far better for siblings to distract them when they were in pain than to reassure them," she says. "Distraction is a really powerful intervention."

PATIENTS AS PARTNERS

The lab's research also extends to chronic pain in children. With her current PhD student Perri Tutelman, for instance, Chambers is exploring pain in childhood cancer survivors. "One of our first surprising findings was just how much pain cancer survivors were experiencing. We

knew that children who were under active treatment would have a lot of pain, but we were really surprised to see how much pain the cancer survivors reported,” Chambers says.

To better understand their burden, Tutelman interviewed 10 childhood cancer survivors and their parents. Three themes emerged, Tutelman says. Many children reported that their perception of pain was different after childhood cancer—some experienced pain more intensely than they had before cancer, while others felt their pain tolerance had increased, and still others experienced less pain as a result of chemotherapy-induced nerve damage. New pains were often interpreted by children and their parents as a threat of disease recurrence. And all of those interpretations occurred within the broader context of the ways in which the children and their parents viewed their cancer experience, Tutelman found (*Psycho-Oncology*, online ahead of print, 2019). “Pain is a changed experience for children after cancer,” she says.

Now, she’s drawing on those

themes to guide the development of a quantitative experiment that will explore how children’s early experiences of cancer pain might affect them later in life. To do so, she’s employing a technique known as quantitative sensory testing, which measures how the nervous system responds to thermal or mechanical stimuli. “We hope to understand patterns of sensory processing in childhood cancer survivors,” Tutelman says—such as whether the children’s cancer experiences cause sensory changes that make them more or less sensitive to pain.

The lab often uses such mixed-methods approaches, Chambers says. Rather than relying solely on self-report questionnaires, she incorporates a variety of behavioral observational methods and physiological measures, and often combines them.

Another outside-the-box idea that Chambers has embraced is to engage pain patients (and their parents) not just as participants but as partners in the research. She’s established a youth advisory committee to provide input for SKIP and has invited parents to offer guidance

RESEARCH FOCI

The Centre for Pediatric Pain Research is:

- 1
Understanding the role of family members in children’s experience of pain
- 2
Investigating approaches to prevent or manage pediatric pain
- 3
Developing effective methods to disseminate research findings to the public

and strategy advice, even including them as co-investigators on grants. Chambers also included a patient partner as a member of Tutelman’s dissertation committee. “This co-creation model is a new thing for most psychologists,” Chambers says. “But by engaging those who benefit in the research from an early stage, we have a much greater opportunity to have impact.”

MAKING SHOTS LESS SCARY

For most children, needle pain is one of the most common types of pain that they will experience. Though needle sticks are common and relatively quick, the pain they create can contribute to needle phobia. Some research suggests that up to 10% of adults avoid vaccinations as a result of such fears. While that’s concerning from a public health standpoint, it’s also frustrating, Chambers says, given that there are multiple evidence-based treatments to reduce vaccination pain—treatments that still aren’t routinely used (Birnie, K., et al., *Clinical Journal of Pain*, Vol. 31, Suppl. 10, 2015).

Hoping to change that, she worked with a multidisciplinary team of experts led by Anna Taddio, PhD, a professor of pharmacy at the University of Toronto, to develop clinical practice guidelines to reduce pain during vaccine injections (*Canadian Medical Association Journal*, Vol. 187, No. 13, 2015). Chambers and her colleagues found evidence to support a variety of tactics for reducing vaccination pain, including breastfeeding or giving sugar



Dr. Christine Chambers, fifth from left, with lab members and research participants.



Pediatric cancer patients may experience pain differently after their illness.

water to infants during vaccinations, having the patient sit up instead of lie down, using a topical anesthetic, giving the most painful injection in a series last, and educating clinicians and parents about such pain-reduction techniques.

Such factors are critical, since the memory of pain can affect one's future pain experiences, as Chambers and her former student Melanie Noel, PhD, found. They studied children ages 8 to 12, and discovered that when children remember previous pain as more severe, they experience future pain as more intense (*Pain*, Vol. 153, No. 8, 2012). "It's not so much how much pain children have from an injection, but how much pain they remember having, that impacts their subsequent experiences," Chambers says. "That finding opened our eyes to the importance of what we can do before, during and after a procedure so that children don't develop distorted memories of pain." Noel, now an associate professor at the University of Calgary, has continued this line of research,

exploring how parents can talk to their children about medical procedures to avoid creating overinflated memories of pain.

PROMOTING SCIENCE

Chambers says one of her strengths is her willingness to take risks, whether by engaging patients as partners or by embracing novel dissemination efforts. When she began the It Doesn't Have to Hurt campaign, she partnered with a parenting website called The Yummy Mummy Club. "It didn't sound very credible, and a lot of people were skeptical. But the way we were trying to get research out there wasn't working. I thought we should do something different," she says.

As it turned out, parents were hungry for accessible advice grounded in science. In the first year, they had over 130 million content views. That success paved the way for Chambers to launch SKIP, a nonprofit based at Dalhousie University in partnership with Children's Healthcare Canada that aims to deliver science-based recommendations

FURTHER READING

From Evidence to Influence: Dissemination and Implementation of Scientific Knowledge for Improved Pain Research and Management
Chambers, C.T.
Pain, 2018

Psychological Interventions for Needle-Related Procedural Pain and Distress in Children and Adolescents
Birnie, K.A., et al.
Cochrane Database of Systematic Reviews, 2018

Offspring of Parents With Chronic Pain: A Systematic Review and Meta-Analysis of Pain, Health, Psychological, and Family Outcomes
Higgins, K.S., et al.
Pain, 2015

about children's pain management to children, parents, health professionals and policymakers.

Chambers's goal isn't just to push her own findings to the public. "SKIP is a knowledge mobilization network with hubs around the country that's meant to make it easier for other researchers [to disseminate their findings] as well," she says. "They don't have to go out and develop these relationships themselves, because we already have a mechanism to do that for them."

Chambers recalls a statistic that said it takes 17 years, on average, for the results of research to find their way to the front lines. "I think about that a lot, because it took me about 20 years to get to a point in my career where I had the credibility, the connections, the knowledge—both generated and synthesized—to be in a place where I could do this," she says. "But we can't wait 20 years for every researcher to get to that point."

If psychologists and other researchers aren't willing to push the science out, Chambers says, someone else will—and too often, that someone is a celebrity "influencer" promoting pseudoscientific advice.

"We need to be brave and put ourselves out there because our science isn't helping anyone when it's hidden away in journals," she says. "If we want to continue to have science funded, we need the public to actually see and feel the results of our research." ■

● **"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."



YES, SHE CAN

Most Americans think women are as competent and smart as men—a major change from seven decades ago

52%

The percentage of people in 2018 who said women are **as competent** as men, compared with **20%** in 1946.

The percentage of people who think women are **less competent** than men fell from **45%** to **9%** over that time.

68%

The percentage of people in 2018 who said women are **as intelligent** as men, compared with **25%** in 1946.

The percentage of people who think that women are **less intelligent** than men fell from **44%** to **7%** over that time.

74%

The percentage of people in 2018 who believe women are **more communal** than men, compared with **33%** in 1946.

Communal traits include being affectionate, compassionate, emotional, outgoing, honest, romantic, sensitive, unselfish and able to handle people well.

43%

The percentage of people in 2018 who believe men have **more agency** than women, compared with **42%** in 1946.

Agency traits include aggression, ambition, courage, decisiveness and independence, as well as arrogance, hard work and stubbornness.

Source: Eagly, A., et al. (2019). Gender stereotypes have changed: A cross-temporal meta-analysis of U.S. public opinion polls from 1946 to 2018. *American Psychologist*, online first, July 18, 2019. Available at: <http://dx.doi.org/10.1037/amp0000494>.



How can we help you with your behavior needs?



Meet the needs of your school-based clients—from students to teachers—with resources that lead to academic success and improved school climate

For all of your behavior assessment and intervention needs, visit PearsonAssessments.com/Behavior.

800.627.7271 | PearsonAssessments.com

Copyright © 2019 Pearson Education. All rights reserved. BASC, Review 360, SSIS SEL, Vineland, and Pearson, are trademarks, in the U.S. and/or other countries, of Pearson Education, Inc. or its affiliates. CLINA15775-17524 EL 9/19



Get a comprehensive picture of a child's behavior and remediate emotional and behavioral problems with evidence-based interventions



Assess and teach social-emotional learning (SEL) skills using a system fully aligned with the CASEL SEL competency framework



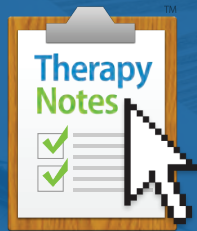
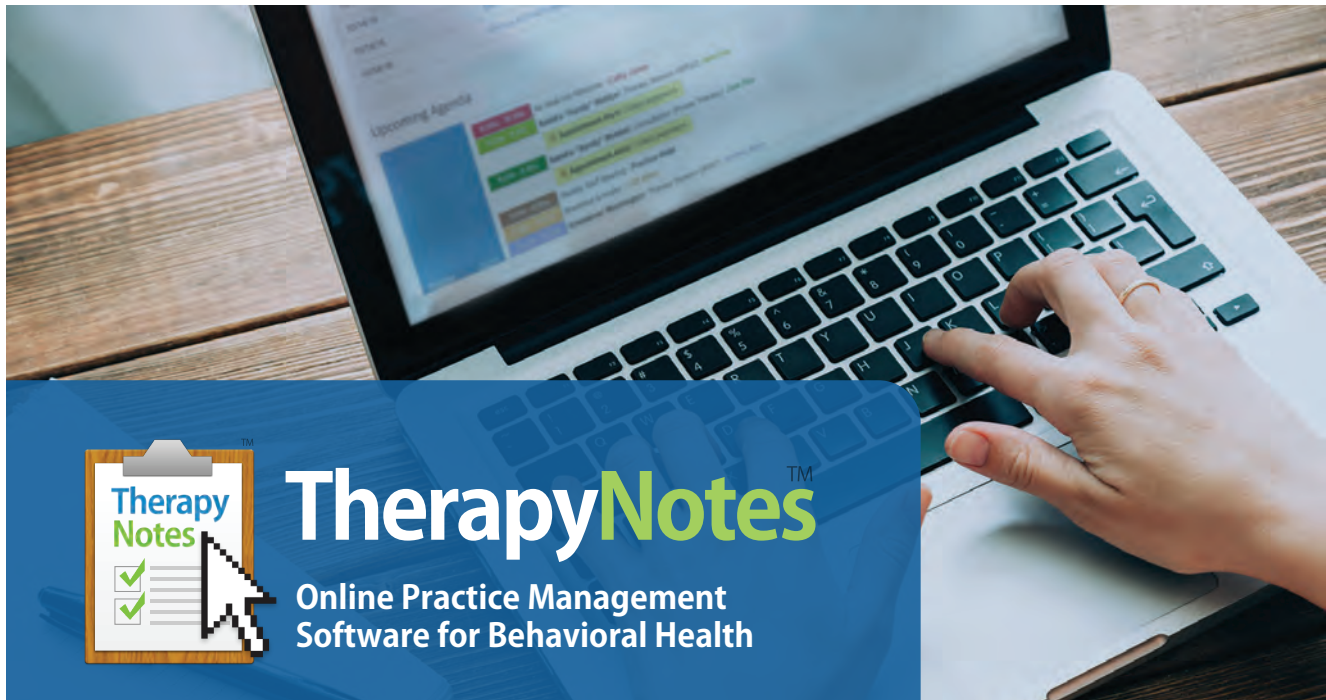
Support the diagnosis and classification of intellectual and developmental disabilities; inform educational and treatment plans



Add context and perspective to your ADHD diagnosis, giving you a much better platform from which to make treatment decisions



Manage data, improve communication, and reinforce positive behavior with this comprehensive, web-based behavior improvement system



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!

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