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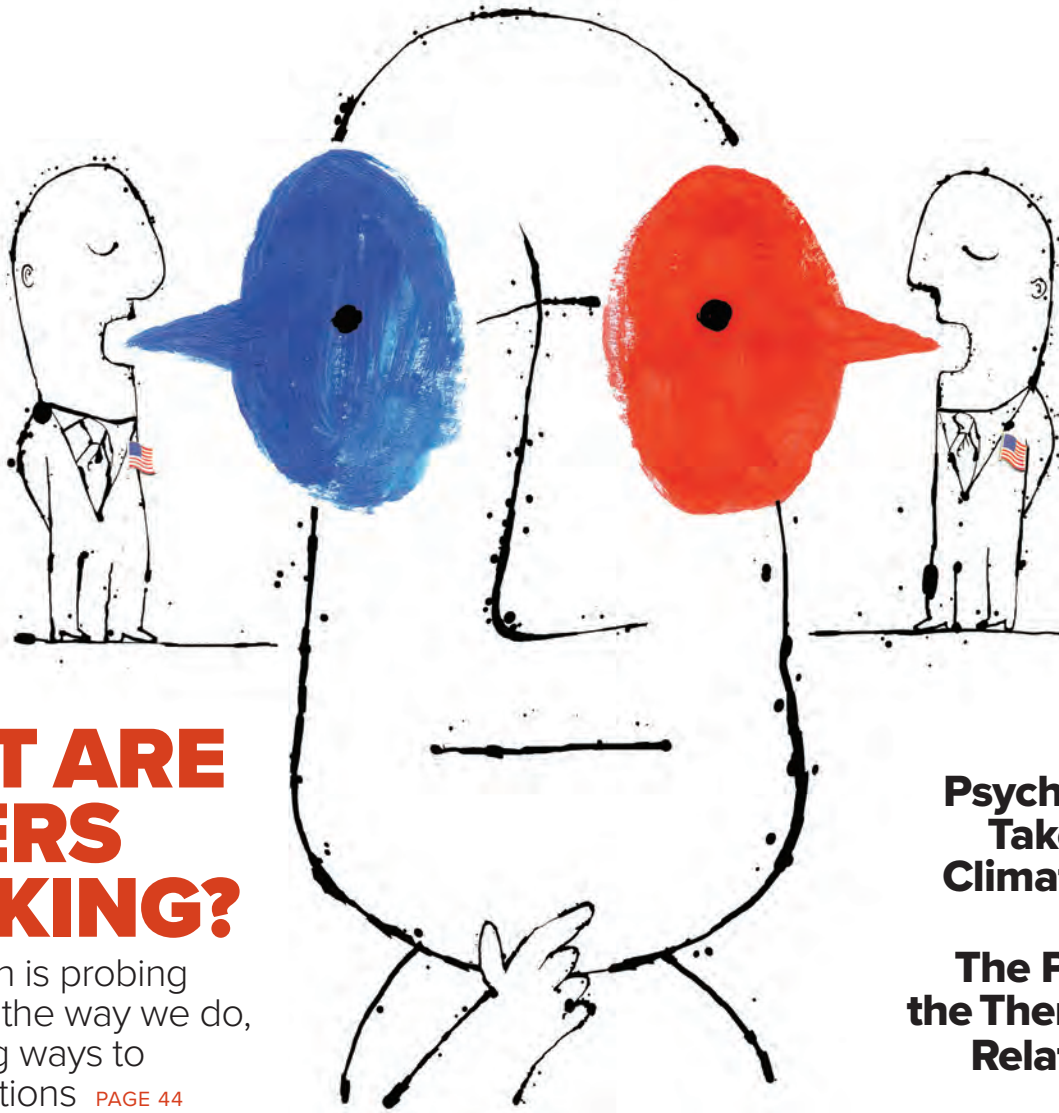
MONITOR ON PSYCHOLOGY

NOVEMBER 2019

POLITICAL PSYCHOLOGY | THE CLIMATE CRISIS | OUTCOMES MEASUREMENT

monitor on psychology

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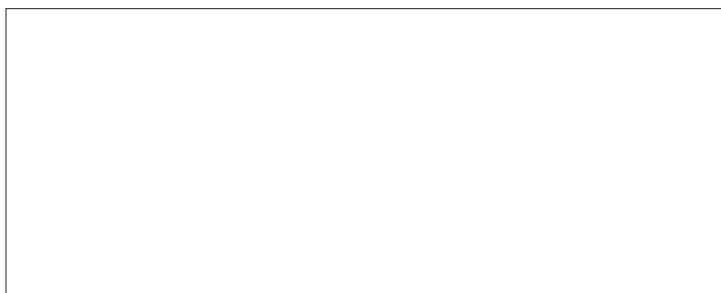
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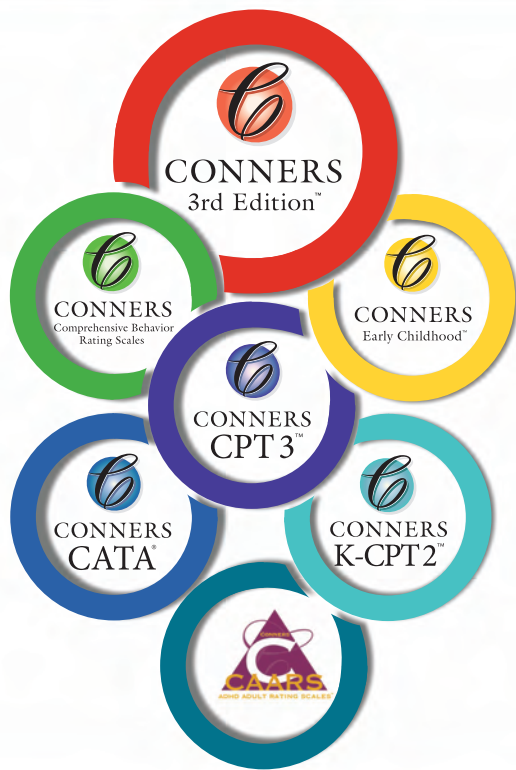
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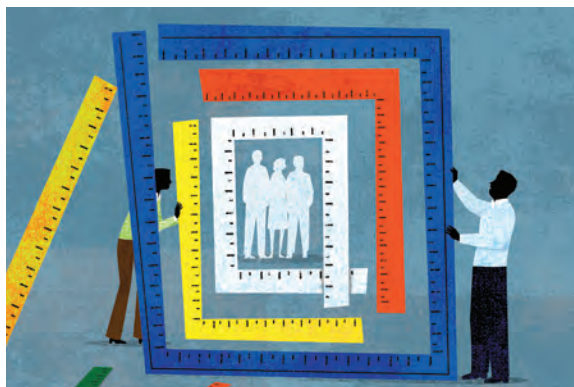


COVER STORY

POLITICS IS PERSONAL

A year out from one of the most highly anticipated elections in our nation's history, the *Monitor* reports on political psychologists' research and its implications for American democracy. New findings are revealing key factors that influence voter behavior and political identities, as well as pointing to ways to conduct more methodologically sound polls and improve ballot design. *See page 44*

COVER: ©2019 MIGUEL DAVILLA/THEISPOT



ARE YOUR INTERVENTIONS WORKING?

Psychologists' reimbursement is increasingly being tied to patient outcomes, as mounting evidence suggests that patients do better when psychologists monitor their patients' care. Here's a look at the benefits and challenges of measurement-based care. *See page 52*



Addressing climate change. Page 28

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How toddlers
make choices.
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CE CORNER

BETTER RELATIONSHIPS WITH PATIENTS LEAD TO BETTER OUTCOMES

A good therapeutic relationship is essential to helping clients connect with, remain in and get the most from therapy, finds a collection of meta-analyses from an APA task force that reviewed the evidence on relationship factors in therapy. The task force found that relationship factors such as agreeing on therapy goals and repairing ruptures are as vital as using the right treatment method. *See page 38*



SERVING THE ARMED FORCES

“Embedded psychologists have a deep understanding of our patients’ work environment, duties and functioning, which provides a holistic picture of their experience and gives us more avenues to help them.”

Lt. Col. Deborah Engerran, PsyD, ABPP, psychology consultant to the Army surgeon general. *See page 58*



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WE CAN HAVE MORE IMPACT WHEN WE SUPPORT EACH OTHER

My presidency wouldn't have been possible without support and teamwork—a great prescription for APA's strategic plan as a whole

BY ROSIE PHILLIPS DAVIS, PhD, ABPP, APA PRESIDENT

As my term as APA president draws to a close, I want to thank the many people—basically my village—who made it possible. First of all, I want to thank my family, friends, everyone in APA governance, the people who have worked so diligently on my presidential initiatives, APA staff, my election team, my science advisory committee and my advisers from graduate school.

I also want to give a special shoutout to my colleagues at the University of Memphis. From the time I became president-elect in 2018, they paved the way for my success. On the suggestion of my co-faculty members, my department chair provided me with a half-time graduate assistant who helped me prepare research data on poverty and presentations for numerous invited national and international talks. Once I became president, I was given a reduced teaching load, and fellow faculty members generously took over my advisory and committee duties.

APA President
Dr. Rosie Phillips Davis



Meanwhile, knowing that deep poverty was the focus of my presidential initiative, faculty and students at the university alike took my five-week deep poverty challenge to support anti-poverty efforts in Memphis by performing at least one of the suggested activities each week.

This incredible support system—my “sheroes” and heroes—made it possible for me to travel around the country and the world representing our field. They’re a big reason I have had the stamina and the time to fulfill these duties and share the importance of psychology with so many others.

Their contributions also make me think about the bigger picture at APA. This kind of support and teamwork is what we need to fulfill APA's strategic plan. To make the changes our field deems most significant, we need everyone working together in all parts of our discipline to impact the quality of people's lives. My colleagues at the University of Memphis set an example for us, and I look forward to seeing it replicated on a larger scale.

So, thanks to my village for making my presidency so fulfilling and successful. My sincere hope is that each of you finds the support you need to help you do the important work of our discipline—to make a lasting impact in the places that need it the most. ■

● For more information on the Deep Poverty Initiative, visit www.apa.org/about/governance/president/deep-poverty-initiative.

NOT A 'HABIT'

As someone involved with the area of substance use disorders for 40 years, I was pleased to read the excellent article on pharmacological research involving addictions ("A Pill to Treat Addiction") in the September *Monitor*. That said, the article did fall into the common trap of labeling a substance use disorder as a habit.

A habit, such as putting the right shoe on first, is not a condition found in the DSM-5. John Kelly, PhD, of Harvard has published articles on the importance of word usage when referring to addictions or persons suffering from substance use disorders. The persistent use of the word "habit" instead of the correct word or words for actual diagnostic conditions trivializes those conditions and does a disservice to those suffering from said

conditions. In short, the word "habit" should be avoided in an APA publication unless it refers to an actual habit.

Norman Hoffmann, PhD

Western Carolina University

APA PODCAST PRAISE

I just finished another episode of Speaking of Psychology (#75 "How to Find Meaning in Life"). Really enjoyed it, as I have episodes #83, #86, #90, #92, and the bonus episode on "Fake News." I am going to listen to episode #84 next (on what psychologists can do to address the opioid crisis). I have been a podcast listener, as well as podcaster (on the fun subject of Star Wars), but I've just gotten into SOP and it is so good. Thanks for all you do with SOP and I'll be listening.

David L. Modders, PhD

Belleview, Florida

**OUR FAVORITE TWEETS**

Re: "Games With Impact" (September)
@steveslota Thrilled to be quoted alongside some other fantastic #gbl scientists and designers in the latest issue of @APA_Monitor on Psychology! A great summary of the latest research on #designthinking #edtech #STEM #games & more!

Re: In Brief (September)
@Dr_Cam_Psych Catching up on the In Brief sections of the @APA_Monitor. Always helpful to get a glance at what's happening outside of my special interests! ■

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

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TOWARD A MORE CIVIL UNION

Psychology can help our country understand and work toward addressing its deepening divisions

BY ARTHUR C. EVANS JR., PhD

As next year's presidential election dominates headlines, Americans continue to be concerned about the political differences that divide us and the tone of political discourse in the United States. A May 2019 Pew Research Center poll found that 85% of Americans believe that political debate has become less respectful in recent years, and 76% believe it has become less fact-based.

Those political differences and the factors underlying them are challenges that psychologists are skilled at understanding and addressing. We have the knowledge and tools to help begin to bridge divisions in our society. This month's cover story looks at research in this domain, particularly research by political psychologists that explores the individual motivations driving party affiliation and helps explain voting patterns (see page 44). Such research can be a starting point for helping Americans understand their political differences and discuss them in civil, productive

ways—a topic APA has championed in recent years. Last fall, working with the National Institute for Civil Discourse, APA co-hosted “A National Conversation on Civility,” where I spoke with psychologists and political commentators about why civility is a necessary foundation for solving our nation's major challenges. We have also focused on enhancing civility in the association itself. For instance, in 2017, APA's Council of Representatives adopted civility guidelines to promote a climate of respect and inclusion throughout the association, helping us discuss our inevitable differences of opinion—political or otherwise—in collegial ways.

Only by working together in these ways can we effectively address society's most pressing problems. Opening our minds and learning about one another's diverse beliefs and experiences is key to ensuring people are open to our research and knowledge, regardless of their political affiliation, racial or ethnic background, age, or gender. That's our stance in launching a collaboration with Farm Aid to help address the mental health crisis in rural and farming communities. This work will educate psychologists about the unique stressors and mental health needs facing rural America, and increase our ability to address them.

By helping us to understand one another better, APA—and psychology—can be a positive force to bring people together to improve our society. ■

APA CEO
Dr. Arthur C. Evans Jr.



The Hot List

ENHANCE YOUR DEPRESSION TREATMENT

A new APA **webinar** will guide psychologists on delivering research-based treatment for depression under the new Clinical Practice Guideline for the Treatment of Depression Across Three Age Cohorts. The webinar will take an in-depth look at the recommendations for each of the three age groups—children and adolescents, adults, and older adults—and will answer frequently asked questions about what the guideline does and doesn't cover. Register to watch it at www.apaservices.org/practice/news. Read the guideline at www.apa.org/depression-guideline.



TRAVEL TO THE MIDDLE EAST

Join APA for a trip to **Lebanon** and **Jordan** in March 2020. Travelers will meet with mental health professionals in university and hospital settings. CE credits are offered. Apply by Dec. 15 at <https://on.apa.org/APA-ILPP>.

TRAIN TALENTED STUDENTS IN YOUR LAB

APA offers six grants to college and university psychology departments to provide **paid research assistantships** in psychology labs to talented undergraduate students from minority populations. Apply by Jan. 15 at <http://on.apa.org/SUPRE-Grants>.



BETTER SUPPORT FOR TRANS AND GENDER-DIVERSE STUDENTS

The American Psychological Association of Graduate Students has published **"A Guide for Supporting Trans and Gender Diverse Students"** to help psychology faculty and training directors create a more inclusive learning environment for these students. Read it at <https://on.apa.org/DiverseStudents>.

A KID'S GUIDE TO OVERCOMING PHOBIAS

The new Magination Press self-help book **"What to Do When Fear Interferes"** helps children overcome fears of spiders, heights and other common frights using cognitive-behavioral strategies. Find it at <https://on.apa.org/Magination-Fears>.



TACKLING GUN VIOLENCE

APA is working with other leading gun violence and suicide prevention experts on the **Ad Council's End Family Fire** public education campaign, which encourages the safe storage of firearms in households. Learn more at <https://on.apa.org/EndFamilyFire>.

DID YOU KNOW?

Phone **scammers** are targeting psychologists. Learn how to protect yourself at <https://on.apa.org/Scam>.



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In Brief

THE LATEST PEER-REVIEWED STUDIES WITHIN PSYCHOLOGY AND RELATED FIELDS



Calm After A Missile Threat

After learning that the January 2018 warning of a missile headed to Hawai'i was only a false alarm, residents who were more anxious before the frightening event calmed down more quickly than those who were less anxious beforehand, finds a study in *American Psychologist*. Researchers analyzed 1.2 million tweets from 14,830 likely Hawai'i residents over a two-month period, from six weeks before the false alarm to 18 days after. The researchers then grouped users based on their tweets prior to the false alarm into low-, medium- and

high-anxiety groups. During the 38-minute period in which people awaited the missile strike, anxiety across all groups increased. But while the group with low anxiety prior to the alert showed a new baseline anxiety level 2.5% higher after the event, the high-anxiety group had a baseline that was 10.5% lower afterward. The researchers discuss potential reasons for this surprising result, including that the threat of imminent death put the day-to-day stressors of the high-anxiety group into perspective.

DOI: 10.1037/amp0000495

VINDICATION FOR BYSTANDERS

Despite the conventional wisdom that bystanders—particularly those in large groups—fail to help victims under attack, video footage of real-life conflicts suggests that bystanders help victims of aggression in nine out of 10 public fights, according to a study in *American Psychologist*. Researchers examined closed-circuit TV surveillance video of 219 arguments and assaults in the cities of Amsterdam (Netherlands), Lancaster (United Kingdom) and Cape Town (South Africa). In 91% of situations, bystanders intervened in one or more of several ways,

including physically gesturing for an aggressor to calm down, blocking an aggressor, or pulling an aggressor away and consoling the victim. The researchers also found that a victim was more likely to receive help when more bystanders were present. They also found no difference in the rates of intervention among the three cities.

DOI: 10.1037/amp0000469

MORE ACTIVITY, LESS DECLINE

Engaging in mentally stimulating activities during middle and older age is associated with a lower risk of developing mild cognitive impairment (MCI),

Older adults who spend time doing social activities are at lower risk of developing mild cognitive impairment.

indicates a study in *Neurology*. Researchers surveyed 2,000 people in Minnesota with no MCI at study onset (average age of 78, 50% female) about the frequency of their participation in mentally stimulating activities—such as games, crafts, computer use and social activities—during middle age (ages 50 to 65) and in later life (66 and older). Participants were given cognitive tests every 15 months for an average of five years. During the study, 532 participants developed MCI. Researchers found that using a computer in middle age was associated with a 48% lower risk of MCI, while computer use in later life lowered the



CECILIE_ARCURS/GETTY IMAGES

risk by 30%. Engaging in social activities in middle age and later in life was associated with a 20% lower risk of developing MCI and crafting later in life was associated with a 42% lower risk. Overall, the more activities people engaged in, especially during later life, the less likely they were to develop MCI.

DOI: 10.1212/WNL.0000000000007897

WEIGHT-SHAMED TEENS GAIN WEIGHT

Teasing about weight is associated with later gains in weight among youth, according to a study in *Pediatric Obesity*. Researchers interviewed 110 children and adolescents in the United States (average age 11.8) about being teased about their weight. The participants either were overweight when they began the study or had two parents who were overweight or obese. The researchers followed participants in annual visits for up to 15 years and found that youth who experienced high levels of teasing at the start of the study had a 33% greater increase in body mass index and a 91% greater increase in fat mass per year than those who did not experience teasing.

DOI: 10.1111/ijpo.12538

'MICRODOSING' IS A MIXED BAG

People who took very small doses of psychedelic substances, a practice referred to as "microdosing," reported improved mood and focus, along with concerns about physical discomfort, illegality and stigma, according to a preliminary study in *Harm Reduction Journal*. Researchers



surveyed 278 self-identified microdosers recruited primarily from an online forum. Participants reported that microdosing resulted in improvements in mood (26.6% of participants), focus (14.8%), creativity (12.9%) and self-efficacy (11.3%). However, some participants also reported concerns about illegality (29.5%) and physiological discomfort (18%), primarily headaches, nausea and insomnia, as well as impaired focus (8.8%) and anxiety (6.7%).

Crying during stressful situations may help people better regulate their breathing and heart rate.



Teens who are teased about their weight are more likely to gain weight over the years.

The investigators note that these results can be used to inform the design of future experimental and longitudinal studies of microdosing.

DOI: 10.1186/s12954-019-0308-4

THE CALMING INFLUENCE OF TEARS

Crying may aid in the regulation of breathing during stressful situations, suggests a study in *Emotion*. Researchers randomly assigned 197 female undergraduate students in Australia to watch sad or emotionally neutral videos for 17 minutes. About half of the participants who watched the sad videos ended up crying. Those who cried during the sad videos maintained more stable breathing and heart rate than those who did not cry in response to either the sad or neutral videos. However, contrary to predictions, the researchers found no differences among the participants in their cortisol levels or in their responses to a subsequent physical stress test in which they placed one of their hands in very cold water.

DOI: 10.1037/emo0000633

OLDER PARENTS

Children born to older parents have fewer behavioral problems than those born to younger parents, according to a study in *Child Development*. Researchers in the Netherlands analyzed parent and teacher reports of problem behavior from 32,892 10- to 12-year-old Dutch children born after 1980. They found that, on average, children of older parents had fewer externalizing behavior problems



such as aggression and disobedience than children of younger parents. For teacher-reported problem behavior—but not parent-reported problem behavior—the association was largely explained by socioeconomic status, suggesting that some of the difference in problem behavior may be due to older parents' having more money and education. The researchers also found that parents' age was unrelated to children's internalizing behaviors including depression and anxiety.

DOI: 10.1111/cdev.13267

ENVIRONMENTAL ATTITUDES

People who believe in unequal social hierarchies or right-wing authoritarianism are less likely than others to develop a willingness to make sacrifices for the environment, finds a longitudinal study in *PLOS ONE*. Researchers examined the social and environmental attitudes of a nationally representative sample of 22,966 New Zealand adults from 2009 to 2013. They found that people who endorsed a "social dominance orientation"—the belief that society should be

structured hierarchically, with some groups dominating others—were least likely to develop a pro-environmental view over time. They also found that people who started with a willingness to make sacrifices for the environment were more likely to develop opposition to unequal social hierarchies.

DOI: 10.1371/journal.pone.0219067

SURVIVOR STRESS

People who narrowly avoid a disaster do not necessarily escape unharmed, and their responses are shaped by knowledge of the fate of the victims, according to a study in *Social Psychological and Personality Science*. Researchers

People who believe in authoritarianism and a hierarchical social order are less willing to make sacrifices for the environment.

Narrowly escaping disaster may lead to "survivor guilt" and post-traumatic stress disorder symptoms.



analyzed responses from a 1,433-participant survey conducted in six waves from 2001 to 2004 by an online research company. The survey included the questions "Did you or someone close to you experience a 'near miss' as a result of the September 11th attacks?" and "After experiences such as the events of September 11th, some people report feeling guilty that they survived when others did not. Have you ever felt this way in the past week?" About 10% of the participants reported a near-miss experience. The researchers found an association between having had a near-miss experience and experiencing symptoms of post-traumatic stress disorder, and that this association was driven in part by survivor guilt.

DOI: 10.1177/1948550619829064

PATIENT FEEDBACK ON CLASSIFICATION

Individuals with common mental health problems believe a widely used classification system for mental disorders omits emotional and psychological experiences that they regularly have, according to a study in *The Lancet Psychiatry*. Researchers asked 157 people from India, the United Kingdom and the United States who had been treated for mental health conditions for feedback on drafts of the upcoming 11th revision of the International Classification of Diseases and Related Health Problems (ICD-11). In focus groups, the participants discussed the draft diagnostic descriptions of depressive episode, generalized anxiety disorder, schizophrenia, bipolar type 1 disorder and



personality disorder. The participants recommended changes to more accurately reflect their experiences and remove objectionable language. For example, people with schizophrenia added references to anger, fear, memory difficulties, isolation and difficulty communicating internal experiences; those with generalized anxiety disorder added nausea and anger; and those with depression added pain and anxiety. The participants also suggested removing confusing or stigmatizing terms such as “retardation,” “neuro-vegetative,” “bizarre,” “disorganized” and “maladaptive.”

DOI: 10.1016/S2215-0366(19)30093-8

FAKE NEWS ‘VACCINE’

People’s ability to spot and resist misinformation can be improved by playing an online game that exposes them to commonly used “fake news” strategies, suggests a study in *Palgrave Communications*. Researchers recruited more than 14,000 online participants to take a survey and play a game in which they took on the role of a fake news creator. The players were rewarded for employing six techniques commonly used to produce misinformation: polarization, invoking emotions, spreading conspiracy theories, trolling people online, deflecting blame and impersonating

People can learn to spot fake news by practicing common strategies that fake news producers use, such as deflecting blame or invoking emotions.

fake accounts. Before and after the 15-minute game, players also rated the reliability of a series of real and fake headlines and tweets. After playing the game, participants improved their ability to spot fake news by 21%. The game made no difference in how users rated real news. These results held irrespective of education, age, political ideology and cognitive style.

DOI: 10.1057/s41599-019-0279-9

GENES AND AUTISM

The risk of developing autism spectrum disorder (ASD) is largely determined by genetics, suggests a study in *JAMA Psychiatry*. Researchers analyzed

data from more than 2 million individuals from Denmark, Finland, Sweden, Israel and Australia born between 1998 and 2012, of whom 22,156 were diagnosed with ASD. They looked at outcomes among family members and considered factors such as shared environments and genetic connections and found that ASD heritability across all participants was 80.8%. The data also suggested that heritability varied modestly across countries. According to the researchers, the study indicates that maternal factors (such as the mother's nutrient intake, parenting style or the mode or timing of her child's delivery) and other environmental factors (such as air pollution or vaccinations) play little or no role in the development of autism.

DOI: 10.1001/jamapsychiatry.2019.1411

PAIN IN THE BRAIN

A study in *Annals of Neurology* suggests that heightened,

otherwise-unexplained somatic symptoms—such as pain, headaches, sore joints, nausea, constipation and itchy skin—may be linked to a particular gene variant related to the serotonin system. Analyzing genetic data from 4,902 individuals across four cohorts, scientists found that a variant of the gene coding for the enzyme AADC—which is involved in the production of the neurotransmitter serotonin—was associated with increased somatic symptoms. Blood samples from 90 of the research participants showed a correlation between low

Anorexia nervosa has both psychiatric and metabolic aspects, finds a genetic study.

Otherwise-unexplained somatic symptoms such as pain and headaches may be related to a particular gene variant involved in the serotonin system.

serotonin levels and heightened somatic symptoms. These results point to the serotonergic system as a target for developing treatments for somatic symptoms, according to the researchers.

DOI: 10.1002/ana.25521

ORIGINS OF ANOREXIA

Anorexia nervosa appears to have both psychiatric and metabolic aspects, suggests a study in *Nature Genetics*. Analyzing genetic data from 16,992 individuals with anorexia nervosa and 55,525 control individuals from 17 countries, investigators identified eight gene variants associated with anorexia nervosa. These variants overlapped with those of other psychiatric disorders, such as obsessive-compulsive disorder, major depressive disorder and schizophrenia, as well as with metabolic characteristics, including how sugars and fats are processed, and with level of physical activity. The investigators suggest that researchers should consider metabolic as well as psychiatric aspects in developing new treatments for anorexia nervosa.

DOI: 10.1038/s41588-019-0439-2

PREFER TO DEFER

In staged confrontations between two puppets, 10- to 16-month-old infants preferred the puppet who deferred to the other puppet, according to a study in *Current Biology*. Researchers presented U.S. infants with puppets engaged in a zero-sum conflict, such as competing for the right of way across a stage, and observed which puppet the infants reached out for afterward.



Across six experiments, they found that the infants more often reached for the puppet that yielded to the other puppet. In contrast, in a previous study, the researchers had found that 21- to 31-month-old toddlers reached out for the winning puppet, but only if the winner did not succeed by using force. According to the researchers, this and other work suggests that infants are sensitive to social dominance and, as they develop, may shift from avoiding dominant individuals out of fear to approaching dominant individuals for the benefits they may be able to provide.

DOI: 10.1016/j.cub.2019.05.054

CAKE OR BROCCOLI?

Toddlers are subject to a recency bias when responding verbally to “or” questions: They tend to pick the last-mentioned option when presented with two choices, according to a study in *PLOS ONE*. Researchers asked 24 toddlers in the United States, between 21 and 27 months old, questions in which the toddlers had to choose between two options. When the children responded verbally, they selected the second option about 85% of the time. When pointing at one of two sequentially presented pictures, they chose the last option only 52% of the time. According to the researchers, this difference reflects a limitation in working memory. In a follow-up study, the researchers analyzed transcribed conversations between parents and children to determine if the same bias applies



Police officers who believe in the “racist police officer” stereotype are more likely to endorse the use of excessive force.

in real-world interactions. They analyzed 534 “or” questions and discovered that 2-year-olds selected the second option about 64% of the time but 3- and 4-year-olds selected the two options equally. The researchers suggest that more severe working memory limitations in 2-year-olds can account for these findings. Consistent with this

When given a choice between two options, young toddlers most often pick the second one.



view, an additional experiment with 3- and 4-year-olds showed a recency bias when novel words of more syllables, designed to tax working memory, were used.

DOI: 10.1371/journal.pone.0217207

EXCESSIVE FORCE

Law enforcement officers’ concerns about the “racist police officer” stereotype may undermine their confidence in their inherent authority and lead them to endorse more use of excessive force, suggests a study in *Law and Human Behavior*. Researchers surveyed 784 patrol officers and sergeants in a large urban police department in the United States. Eighty percent of the respondents were male and 55% were white. The researchers found that the more officers worried about being perceived as racist, the less confidence they had in their authority and the more likely they were to

condone abusive policing tactics. White and nonwhite officers were equally concerned about appearing racist. Further, the more dangerous officers perceived their jobs to be, the more confidence they had in their authority and the stronger their acceptance of the use of excessive force. The researchers also found that older officers reported more self-confidence and less support for excessive force than younger officers.

DOI: 10.1037/lhb0000339

EARLY SIGNS OF ALZHEIMER'S

People with a genetic predisposition for Alzheimer's disease may exhibit changes in memory up to four decades before the typical age of dementia onset, according to a study in *eLife*. Researchers in the United States and Norway used an online word-pair test to assess the memory of 59,571 participants ages 18 to 85. The researchers also collected information about participants' demographics and health. In addition, 742 of those participants who reported having a first-degree relative with Alzheimer's disease provided saliva or dried blood samples, which the researchers used to identify their APOE gene type, which is related to Alzheimer's disease risk. The researchers found that



having a first-degree relative with Alzheimer's was associated with lower memory performance. This family history effect was particularly pronounced among carriers of the Alzheimer's-related variant of APOE, as well as among men, those with lower educational attainment and those with diabetes.

DOI: 10.7554/eLife.46179

MORE GUNS, MORE DOMESTIC GUN VIOLENCE

In states where more households own guns, more people are killed in domestic firearm homicides, finds a state-by-state analysis in the *American Journal of Preventive Medicine*. Examining data from 1990 through 2016, researchers found that firearm ownership varied widely by state, from a low of 10.4% of households in Hawai'i to a high of 68.8% of households in Wyoming, with a national ownership rate of 35.1%. The

Early signs of Alzheimer's disease can show up four decades before the typical age of dementia onset.

States with higher rates of gun ownership also have higher domestic firearm homicide rates.

researchers found that states in the top quartile of firearm ownership had a 64.6% higher rate of domestic firearm homicides (involving family members and intimate partners) than states in the lowest quartile, but no such difference was observed for nondomestic firearm homicides (involving friends, acquaintances and strangers). Overall, about a third of firearm homicides were domestic.

DOI: 10.1016/j.amepre.2019.04.009

RESTLESS LEGS

Restless-legs syndrome is associated with an increased risk of suicide and self-harm, according to a study in *JAMA Network Open*. The syndrome causes an uncomfortable feeling in a person's legs resulting in the urge to repetitively move them, often during the night. Researchers examined insurance claim data from 24,179 individuals in the United States with restless-legs syndrome and 145,194 age- and sex-matched individuals between 2006 and 2014. None of the individuals reported a history of suicide attempt or self-harm at the beginning of the study period. The researchers found that, over a five-year follow-up period, people with restless-legs syndrome had a 2.7 times greater risk of suicide or self-harm than those without the syndrome. The increased risk was independent of such factors as depression, sleep disorders and common chronic diseases. ■

DOI: 10.1001/jamanetworkopen.2019.9966

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



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Datapoint

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

WHY PSYCHOLOGISTS TAKE PART-TIME JOBS

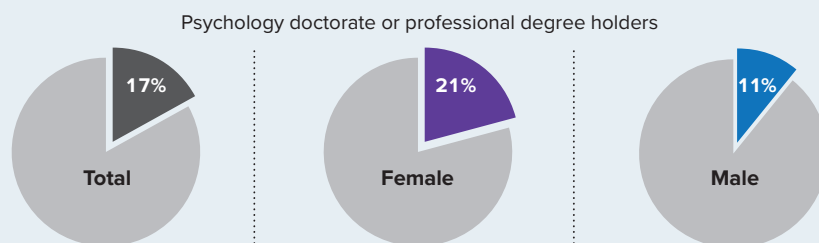
■ In 2017, about 17% of the approximately 227,800 psychology doctorate or professional degree holders in the United States worked part time, or fewer than 35 hours per week in their primary jobs.¹ Women were nearly twice as likely to work part time as men, with 21% of female psychologists doing so compared with 11% of male psychologists.

■ When asked why they worked fewer than 35 hours per week, more than three times as many men as women cited retirement among their reasons (60% vs. 17%). In contrast, a higher percentage of women selected family (45% vs. 6%) and working multiple jobs (26% vs. 9%) as reasons for working part time.²

¹National Science Foundation (NSF), National Center for Science and Engineering Statistics. (2017). National Survey of College Graduates Public Use Microdata File and Codebook. Retrieved from <https://ncesdata.nsf.gov/datadownload>. Respondents were asked: "During a typical week on your principal job, how many hours did you work?" Those who responded "fewer than 35 hours" were then asked: "For which of the following reasons did you usually work fewer than 35 hours per week on the principal job you held during the week of February 1, 2017? Mark Yes or No for each item." The item on retirement referred to "previously retired or semi-retired" rather than full retirement. Professional degrees include PsyD. The use of NSF data does not imply NSF endorsement of the research, research methods or conclusions contained in this report.

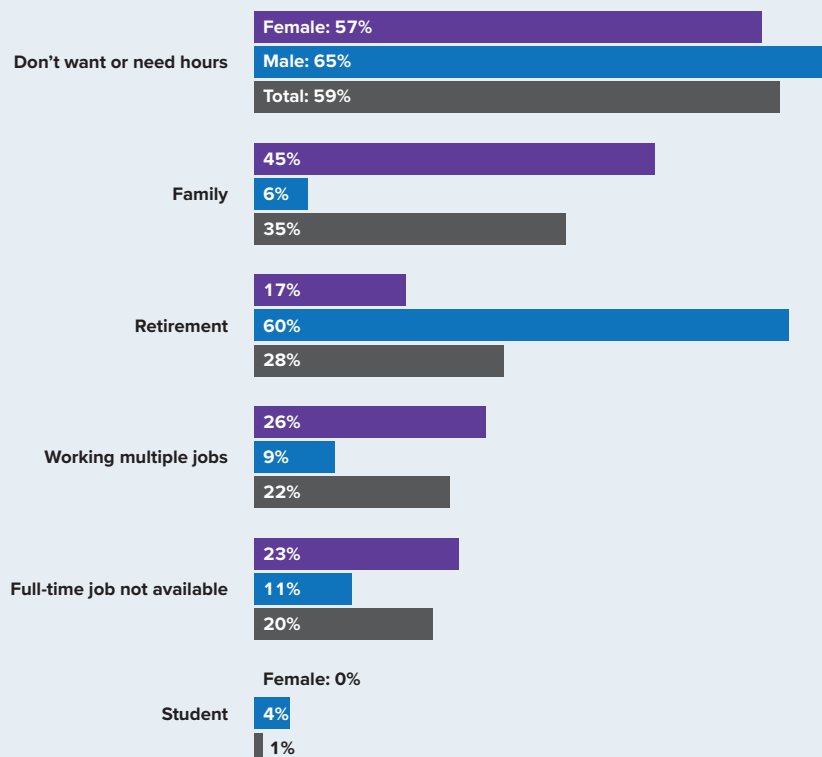
²All comparisons were significant at $p < .05$.

Respondents Working Part Time*



*Fewer than 35 hours per week

Reasons for Working Part Time by Gender



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

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CHANGING THE WORLD FROM THE CLASSROOM

Action teaching aims to educate students about psychology while simultaneously enabling them to contribute to society

BY STEPHANIE PAPPAS

During the seventh week of the “Psychology of Oppression” class taught by Richard Harvey, PhD, at Saint Louis University, students gather around an uncommon teaching tool: Monopoly boards. The games they’re about to begin are unusual, too. While one player in each group plays by normal Monopoly rules, other players are hamstrung or helped by seemingly arbitrary changes to the rules. One player, for example, goes to jail after any roll of the dice higher than a seven. Another can’t buy properties valued over \$150. Meanwhile, one lucky player gets to rule the board in “easy mode,” collecting extra money for passing “Go” and buying properties at a steep discount.

It doesn’t take long for the room to fill with rueful laughter as the privileged player pulls ahead and the two disadvantaged players head toward bankruptcy. After 15 or 20 minutes, Harvey changes the game: Everyone may now play by the normal rules. After another half hour, the students take stock. Invariably, the players who started out disadvantaged are still in the hole, while the privileged players are riding high. Harvey asks the

disadvantaged students when they think they might catch up. Almost always, the answer comes back: “Never.”

No one, Harvey says, walks away from the game—which he calls “Intergroup Monopoly”—thinking that adopting fair rules in the present is enough to fix past inequality.

It’s a powerful lesson likely to reach far beyond the classroom and an example of what social psychologist Scott Plous, PhD, calls “action teaching.” The phrase encompasses project-, community- and classroom-based activities that aim to effect social change while educating. Given the need to address growing problems such as income inequality, climate change, immigration reform and health-care disparities, Plous says, he sees action teaching as a way for educators to have an impact sooner rather than later.

LEARNING WITH AN IMPACT

The concept of action teaching arose from “action research,” a term coined by psychologist Kurt Lewin in 1944 to describe research that investigates and helps solve a problem simultaneously. For example, Lewin ran studies in a factory where workers

were given differing levels of control over their jobs. More control led to better performance and higher morale, and solved real-world workplace problems for the factory management, according to education researcher Clem Adelman (*Educational Action Research*, Vol. 1, No. 1, 1993).

As an early career professor at Wesleyan University in Middletown, Connecticut, in the late 1990s, Plous began to wonder why no similar concept existed for teaching. So, he defined one in a 2000 article on a classroom role-playing activity in which students practiced responding to bigoted comments (*Teaching of Psychology*, Vol. 27, No. 3, 2000). The idea was to teach about a psychological concept (in this case, prejudice) while making a real-world dent in the problem by calling out prejudice in the moment.

Action teaching is closely related to service learning and other community-based educational projects, and the terms frequently overlap. The difference, Plous says, is that action teaching does not require students to leave the classroom. However, the activities should connect immediately to attitudes and issues affecting the broader world.





“That’s very different from the traditional model of education, in which we focus on teaching students about a particular topic and then we hope that after graduation they will contribute to the betterment of society in some undefined way,” Plous says.

Intergroup Monopoly provides an example. Students don’t just read about research on prejudice and inequality; they experience it (albeit in a simulated setting), making the lesson more visceral. Harvey says he’s seen the game change people’s minds when lectures or arguments could not. In one case, he says, he ran the exercise with a group of colleagues from St. Louis, and a white man who’d been vocally

resistant to diversity initiatives in the past told an African American co-worker, “I finally get it.”

Action teaching can be used in elementary schools, high schools, business schools and schools of education. To offer instructional support to teachers, Plous maintains ActionTeaching.org, a website that hosts an ever-expanding list of sample activities, student assignments and free resources.

There is no large-scale, direct research comparing action teaching outcomes with those of traditional pedagogy, though action teaching does reflect a broader trend in education toward project- and experience-based learning. Overall, research

Action teaching projects aim to address real-world problems, like homelessness and hunger, while teaching academic concepts.

shows these methods can be effective. One meta-analysis found that problem-based learning, which involves students working in groups to solve open-ended problems, outperforms traditional pedagogical methods in fostering skill development, long-term retention and satisfaction with learning (Strobel, J., & van Barneveld, A., *Interdisciplinary Journal of Problem-Based Learning*, Vol. 3, No. 1, 2009). However, service learning has a mixed track record. A 2009 meta-analysis, for example, found that it led to a moderate improvement in academic outcomes and smaller improvements in participants’ sense of justice and citizenship (Conway, J., et al., *Teaching of Psychology*, Vol. 36, No. 4, 2009). But a recent study of a specific service-learning project at Xavier University in Cincinnati—one of few to use a quasi-experimental design—found no significant differences in social, citizenship or academic outcomes between a service-learning group and a control group taught the same material without a service-learning component (Zuccherro, R.A., & Gibson, J.E., *Psychology Learning & Teaching*, online first, January 2019). The only significant effect of the project was on the students’ sense of self-efficacy.

CASE EXAMPLES

Nevertheless, action teaching is a topic of educational interest. Plous says he’s clocked more than 300,000 page views on ActionTeaching.org in the past decade.

In one action teaching project, Carie Forden, PhD,



Students at Wesleyan University practice various ways to confront bigoted comments in a role-playing exercise that aims to reduce prejudice.

a social psychologist at The American University in Cairo, used Facebook to connect her Egyptian students with students in a sister social psychology class at Clarion University in rural western Pennsylvania. Students at both universities completed parallel research studies on topics such as prejudice and conformity, and collaborated online to compare their results. The project not only enabled students to compare psychological results across cultures, it also led to declines in prejudice and a greater appreciation for diversity among the students, Forden and her collaborator Amy Carrillo found (*Psychology Learning & Teaching*, Vol. 13, No. 3, 2014).

“Having students gather data and do online or in-class discussions and assignments is a common teaching technique,” Forden says. “In this case, we simply made the usual assignments more profound by doing them in collaboration with students from another culture.”

Even activities that require more planning can be well

worth the effort, says Kimberly McClure Branchley, PhD, a psychologist at St. John Fisher College in Rochester, New York. She worked with her university’s Center for Service-Learning and Civic Engagement to arrange for undergraduate students in her health psychology class to work with a local homeless shelter for pregnant or parenting teenagers (*Journal of Social and Political Psychology*, Vol. 5, No. 2, 2017).

The students visited the shelter weekly for four weeks, dining with the residents and getting to know them and their challenges. Then the students created a pair of workshops on stress and coping techniques. It was a mutually beneficial experience, McClure Branchley says: The shelter residents improved their coping skills and the health psychology students experienced learning on a wider and deeper level than if they had not participated.

To ensure everyone benefited, McClure Branchley prepared for the lesson by meeting with the shelter staff and identifying

how their needs aligned with her educational goals. “Those preparatory meetings were crucial,” she says.

Sometimes, prepping for an action teaching project requires not more work, but different kinds of work. That was the case for Elyssa Twedt, PhD, an assistant professor of psychology at St. Lawrence University in Canton, New York. As a graduate student, Twedt had designed a course on art and aging in which students worked with community members with dementia to create digital memory projects (*Journal of Social and Political Psychology*, Vol. 2, No. 1, 2014). The goal of the course was to teach students about aging, memory, dementia and the literature on the healing power of art and nature. The curriculum included guest speakers and meetings with the community members. As a result, Twedt says, she spent less time prepping for lectures and more time recruiting guest experts and coordinating schedules. “That was a learning experience for me,” Twedt says.

For students, action teaching should provide an immediate, realistic test of comprehension, says Dana S. Dunn, PhD, a professor of psychology and director of academic assessment at Moravian College in Bethlehem, Pennsylvania, who is not involved in action teaching projects. “Being able to take a concept from class and apply it in a real situation should obviously reinforce learning and retention,” Dunn says.

Action teaching also aligns with what research shows psychology undergrads do with

FURTHER READING

Where’s the Learning in Service-Learning?

Eyler, J., & Giles, D.E. Jossey-Bass, 1999

The Political Classroom: Evidence and Ethics in Democratic Education

Hess, D.E., & McAvoy, P. Routledge, 2015

their degrees, says R. Eric Landrum, PhD, a professor of psychology at Boise State University in Idaho who studies education and student success. Only 14% of undergraduate psychology majors go on to earn master's or doctoral degrees in psychology, Landrum says, citing 2017 data (www.apa.org/workforce/data-tools/degrees-pathways). More than half go straight into the workforce, while around 30% go on to get advanced degrees in fields other than psychology. Given those facts, the most valuable takeaway from a psychology education might be the skills students pick up along the way—skills that action teaching is well-situated to impart, says Landrum.

“We know that our psychology majors are going to need critical-thinking skills, oral communication skills, scientific reasoning skills and ethical skills,” he says. “We know employers want our students to have teamwork skills and to be creative.”

Some action teaching projects require funding. Plous runs a massive open online course with a capstone action teaching project on compassion, and the student with the best project gets an expenses-paid trip to meet a global luminary known for compassion (past winners have met the Dalai Lama and Jane Goodall). He pays for the trips with funds from the Stanford Center for Compassion and Altruism

Research and Education and the Social Psychology Network. But, he says, most projects don't require a budget at all. For those that do, funds are sometimes available through university service learning offices or discretionary accounts controlled by department chairs, Plous says.

Looping in the university's administration can have another benefit: heading off problems that might arise if an action teaching project touches on sensitive topics such as values or politics. Many schools encourage such projects, Plous says, but for some topics students might need an option to opt out, and instructors should take care not to let conversations veer into partisan rancor.

But students can be surprising. Harvey's Intergroup Monopoly project touches on raw issues in American society, including race, inequality and reparations for injustice. He's conducted games with students, community groups, police officers, lawyers and even Missouri Supreme Court justices, and he says he's never had a bad experience with the activity. No one's ever stormed out.

“They may not agree with all of the things I have to say after,” Harvey says, “but they really do get it.” ■

● To read more about the action teaching examples in this article, visit ActionTeaching.org. To share examples of your own action teaching with Scott Plous for possible inclusion on the website, contact splous@wesleyan.edu.

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FOSTERING AND SUSTAINING PEACE

Psychologists are working with political scientists and others to mobilize the power of women to end conflicts

BY ZARA GREENBAUM

Starting in 1989, Liberia suffered through nearly 15 years of brutal, back-to-back civil wars. An estimated 150,000 women and girls—up to 15% of the population—experienced sexual and gender-based violence (SGBV), including rape and other assaults, during that time (Liberia Armed Violence Assessment, 2012).

Stirred to action, a diverse group of activists united to form the Women of Liberia Mass Action for Peace movement in 2003, staging nonviolent protests to condemn the ongoing violence and turmoil that had devastated the economy, infrastructure and civil society.

Women across the country even launched a sex strike, abstaining from sexual activity with their partners until peace talks were initiated—and their efforts worked. The group later helped mediate negotiations among the three warring parties, leading to a formal resolution of peace.

“When women are more involved in peacemaking, peace agreements tend to last longer and countries are less likely to use violence to resolve a future conflict,” says Gianina Pellegrini, PhD, a psychologist at Saybrook

University in Oakland, California, who studies women’s role in international peacemaking.

According to research by Laurel Stone, assistant director of policy studies at the University of Notre Dame’s Kroc Institute for International Peace Studies, peace agreements in which women have a larger say are 35% more likely to last at least 15 years than peace agreements made without women (Social Science Research Network, 2014). But United Nations (U.N.) data show that women make up just 2% of mediators and 8% of negotiators in major peace processes worldwide.

To help correct this imbalance, the peace agreement that Liberian women helped negotiate in 2003 included targets for increasing the representation of women in government and prosecuting sex crimes that occurred during the wars. Within three years, the country had chosen Ellen Johnson Sirleaf as the first elected female head of state in Africa.

Despite such triumphs, reports of SGBV in Liberia remain high. So, 10 years after the conflict ended, Pellegrini launched a study for her 2015 doctoral dissertation at Saybrook University to assess Liberia’s

Liberian women activists organized a three-week fast to call for peaceful elections in October 2017, ahead of voting for the presidency and House of Representatives.



efforts to promote gender equality and identify areas for improvement.

“Liberia’s peace agreement was one of the first in the world to include gender-specific policies,” says Pellegrini, whose work with refugees and trauma victims inspired her focus on peace psychology. “My question was whether those policies actually worked.”

Pellegrini’s efforts are part of a larger and increasingly coordinated effort among psychologists, political scientists and others to



mobilize women to help foster peace in conflict zones and to combat violence against women during conflicts. There now exists “a deeper global understanding of the centrality of women to the establishment and maintenance of global peace,” according to political scientist Sarah Taylor, PhD, of the International Peace Institute in New York City.

But, she adds, “more research and evidence-based recommendations are needed,” making efforts like Pellegrini’s particularly important.

REDUCING SEXUAL VIOLENCE IN LIBERIA

Perpetration of SGBV is rooted in gender norms based on unequal power dynamics, according to the UNHCR, the UN Refugee Agency, and is particularly common during conflicts, when warring parties aim to instill fear and gain control of communities.

“One way to gain dominance is to attack the basic fabric of society, and oftentimes that’s women and girls,” Pellegrini says. “Women are humiliated, shamed

and violated as a way to control men.”

During the civil wars in Liberia, soldiers raped women in front of their husbands or forced children to perpetrate sexual violence against their own family members. Men and boys were also targeted, but the extent of such crimes is less known because men and boys are less likely to report sexual assaults.

The regionally, ethnically and socially diverse group of women who fought back did so peacefully. In addition to the sex strike, they wore white to symbolize peace and began documenting SGBV and other human rights violations. And when Liberia’s peace negotiations nearly failed, women entered the building where the talks were taking place, barricaded the doors and prevented men from leaving until they reached an agreement, which earned them an ongoing role in mediating the talks.

“Mediation, compromise and nurturing others tend to be strengths and values associated with women, while men are often more competitive,” says Marc Pilisuk, PhD, a peace psychologist and professor emeritus at the University of California, Davis, and the University of California, Berkeley, who teaches transformative social change at Saybrook University and sat on Pellegrini’s dissertation committee. “This helps explain why women’s involvement in peace-making has been so effective.”

Following the women’s involvement in postwar government and negotiations, Liberian leaders established a Ministry of Gender, Children and Social

Protection (MoGCSP), created a national action plan to address SGBV and added specialized units to the police department and the Ministry of Justice to handle gender-based violence. They also established a truth and reconciliation commission and passed an anti-rape law to strengthen penalties for those convicted of rape, including life imprisonment in some cases. In addition, they stipulated that at least 30% of the candidates on all future election ballots must be women.

Pellegrini's 2014 research found that Liberia had taken key steps toward meeting the goals outlined in its 2003 peace agreement to reduce sexual violence and support survivors. More than 50% of people reporting SGBV received medical care, and new support programs and awareness campaigns were beginning to shift attitudes toward such violence.

But after speaking with government employees, people working for nongovernmental organizations and women involved in the Mass Action for Peace movement, Pellegrini also learned that the country had fallen short of some of its targets.

For instance, safe homes and "one-stop" centers created for survivors lacked the space and resources to accommodate all those in need. And a nationwide shortage of skilled psychosocial counselors, health-care providers and legal advocates made staffing such centers a challenge.

Pellegrini also found that while victims felt empowered to report SGBV under the new anti-rape law, Liberia's judicial

system was ill-equipped to handle the growing caseload. Few perpetrators ever appeared in court, and understaffing, bribery and exorbitant legal fees crippled the system.

"The problems around gender-based violence still exist in Liberia," says Deddeh Kwekwe, coordinator of the gender-based violence unit in the MoGCSP. "We might not be shooting people down, but the attitudes toward women and the barbaric things that happen still feel like war," she says, citing a 2018 incident in which three women accused of witchcraft were forced to parade naked in the Liberian county of Sinoe.

T. Debey Sayndee, director of the Kofi Annan Institute for Conflict Transformation at the University of Liberia, lauds the efforts of psychologists like Pellegrini, but he says Liberia has an urgent need for more concrete action.

"I think research that creates awareness on this issue is very helpful," he says, "but ultimately I believe that strengthening the justice system is the best way to deal with these issues head-on."

MODELS FOR OTHER COUNTRIES

Women's growing role in peacemaking offers an avenue for change, maintains psychologist Steven Handwerker, PhD, DDiv, founder and CEO of the International Association for the Advancement of Human Welfare, a nonprofit focused on sustainability and peace-building around the world. He helped develop a paradigm that researchers can use to understand

and amplify grassroots efforts such as Liberia's Mass Action for Peace movement, called the integrative constructive peace process (ICPP).

The ICPP uses a four-step process to effect change: listening to diverse voices through interviews and women's circles; determining common needs in the community, both acute and chronic; communicating those needs through marches, protests, petitions and other means; and conducting regular follow-up and evaluation activities to determine what works and what doesn't.

Handwerker has used the ICPP framework to inform the implementation of his Humanitarian Sustainability Initiative in Haiti, which consolidated a series of efforts to rebuild the country following natural disasters and civil unrest.

In Honduras, peace psychologist Cecilia Yocum, PhD, uses a similar paradigm to support the Mercy Dream Weavers, a women's group that has worked to decrease SGBV and improve women's rights in San Pedro Sula, one of the world's most violent cities.

The Mercy Dream Weavers, which formed in 1999 in the chaotic aftermath of Hurricane Mitch, hosts support groups for indigenous women who face domestic violence, gang violence and other types of oppression. Using role-play exercises, facil-

FURTHER READING

Connecting Informal and Formal Peace Talks

Dayal, A.
Georgetown
Institute for Women,
Peace and Security,
2018

Women in Mediation: Connecting the Local and the Global

Turner, C.
Geneva Centre for
Security Policy, 2017

Reimagining Peacemaking: Women's Roles in Peace Processes

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International Peace
Institute, 2015

Towards an Integrative Theory of Peace Education

Danesh, H.B.
*Journal of Peace
Education*, 2006

● **Learn more** about psychologists' roles in the peace process through APA Div. 48 (Society for the Study of Peace, Conflict, and Violence: Peace Psychology Division) at <http://peacepsychology.org>.

itators help women learn to diffuse conflict and speak out. The group has even held workshops in El Porvenir prison in northern Honduras, equipping former gang members with nonviolent conflict resolution skills.

"Many Hondurans feel they can't improve the country at the ballot box," after widely suspected corruption in the 2017 election, says Yocum. "Instead, women are working to strengthen grassroots efforts and build cohesion so that they can work together when the time comes to be more politically active."

Other women's peace-building efforts target SGBV perpetrated by U.S. service members stationed abroad. Monisha Rios, an Army veteran who is pursuing a doctoral degree in humanistic psychology at Saybrook University, has visited Cuba, Japan and several North American tribal communities with the organization Veterans for Peace to explore how residents are impacted by a U.S. military presence. In Okinawa, Japan, for instance, which has the world's highest density of U.S. military installations, 65 marines have gone to prison for sexual offenses since 2015. But only about 3% of U.S. service members accused of rape in Okinawa are ever indicted (Mitchell, J., *The Asia-Pacific Journal*, Vol. 16, No. 3, 2018).

Rios hopes to use her platform as a female veteran

and social scientist to improve accountability for such crimes and believes it's important for women to spearhead peace-building efforts. "Because we are a significantly oppressed population, we have a lot of insight into what's wrong and have developed valuable skills for managing conflict," she says.

Pellegrini says psychologists in particular can play an important role in evaluating and promoting such efforts. "Psychologists have a unique place within the peace movement because of their understanding of human and group behavior and why people choose violence versus peace," she says. More research is needed on women's role in peacemaking, she adds, especially on why peace agreements that involve women are more durable (Krause, J., et al., *International Interactions*, Vol. 44, No. 6, 2018).

Psychologists can also promote nonviolent conflict resolution throughout society—within individuals, families and organizations. One way to do so is to ensure that women play an active role in both governing and peacemaking.

"Women from all different walks of life have a voice, and research has shown us that they are natural mediators of conflict," says Pellegrini. "When they come together and agree that violence and inequity need to stop, change can happen." ■

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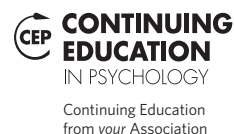
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CONFRONTING THE CLIMATE CRISIS

As the leading experts in human behavior, psychologists are working to address the defining issue of our era

BY KIRSTEN WEIR

The last five years have been the warmest ever recorded, according to NASA data. Antarctica and the Arctic are losing billions of tons of ice every year, and coastlines are being swallowed by rising seas. Bigger storms and intense rains are becoming the norm in the United States and around the world. And in August, a special report from the Intergovernmental Panel on Climate Change (IPCC) warned that global warming is putting unprecedented pressure on the world's food supply (*Climate Change and Land*, IPCC, 2019).

Amid these changes, it's become clear that climate change is a subject that touches on economics, politics, the food we eat, the way we live, the health of Earth's habitats and, increasingly, our mental health and well-being.

A global issue of this magnitude requires an interdisciplinary response. And psychologists have an important seat at that table. "At its heart, climate change is a human problem. Humans caused it, and humans have to be the solution," says Reuven Sussman, PhD, a research psychologist at the nonprofit American Council for an Energy-Efficient Econ-

omy. "The knowledge of why humans act the way they do, and how to change human behavior, is critical to making progress on climate issues."

Across the field, psychologists are bringing their skills to bear on the climate crisis. Research psychologists explore how people think about climate change, how and why they choose climate-friendly behaviors and the factors that make individuals and communities resilient in the face of a changing planet. Applied scientists design behavior change interventions and help craft pro-environmental messages that will resonate with audiences. Clinicians respond to the emotional impacts of climate change, including trauma from natural disasters and climate-related stress and anxiety. Educators are training the next generation of behavioral scientists and climate activists.

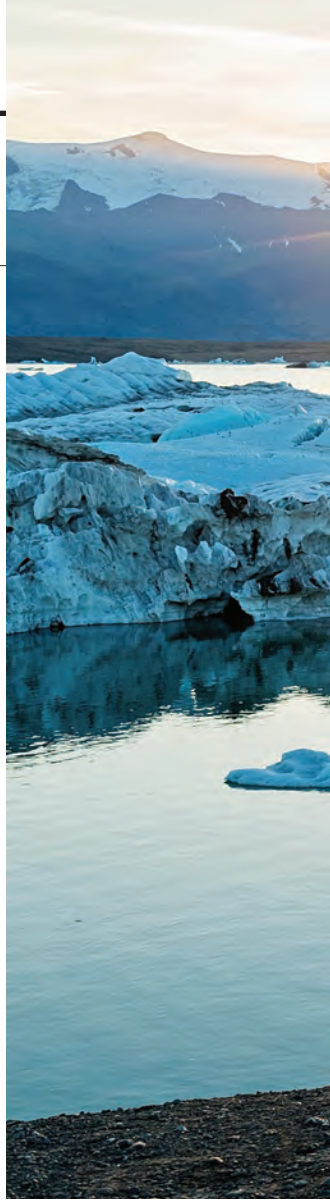
And many of these psychologists are also sharing their work with policymakers and organizations to help them map evidence-based pathways to action.

"Climate change is an issue at the interface of social, environmental, clinical and developmental psychology, and

beyond," says Ezra Markowitz, PhD, an associate professor in the department of environmental conservation at the University of Massachusetts Amherst and president of APA's Div. 34 (Society for Environmental, Population and Conservation Psychology). "For the rest of this century, we're going to be figuring out how to build and support resilient communities—and if psychologists aren't involved, it's not going to work."

ENCOURAGING GREEN BEHAVIORS

One way to begin to address climate change is to encourage people to adopt more earth-friendly behaviors—an area that psychologists have studied for decades. As that research has shown, embracing more sustainable behaviors, like energy conservation, can be difficult for people because we are predisposed to focus on short-term benefits, even if they come with long-term costs, says Elke Weber, PhD, a professor of psychology at Princeton University whose research includes work on environmental decision-making (*Social Research*, Vol. 82, No. 3, 2015). Even if you're concerned about greenhouse gas emissions,



Psychologists are studying the factors that make individuals and communities more resilient in the face of climate change.



STOCKSTUDIOX/GETTY IMAGES

it's so much easier to drive to work on a cold, dark morning than to hop on your bike.

Still, researchers are making progress toward understanding how people think about climate change and what influences them to choose greener behaviors. Social norms, they've discovered, have a lot of influence. Researchers have shown, for instance, that providing consumers with information about their own energy consumption, and that of their neighbors, can spur them to reduce their energy use. In a meta-analysis, Beth Karlin, PhD, a social psychologist and founder of the See Change Institute, and colleagues found that across 42 studies spanning three decades,

providing energy feedback was an effective strategy for reducing energy use. However, factors such as how the feedback is provided, how often it is provided, and the level of detail it includes make a difference in energy savings (*Psychological Bulletin*, Vol. 141, No. 6, 2015).

Millions of Americans now receive so-called green energy "nudges" in their utility bills. But as the field of environmental psychology has matured, researchers have begun taking a more nuanced look at such programs. In an experimental study, David Haggmann, PhD, at Carnegie Mellon University, and colleagues found that when people receive green energy nudges, they are

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: Anxiety

less supportive of carbon taxes—possibly because they believe that they can address climate change through the small, low-cost behaviors involved in the nudges rather than through big, expensive policies. But the researchers also found evidence that they could prevent that unanticipated effect of nudges if they informed consumers that nudges aren't a substitute for more substantial policies (*Nature Climate Change*, Vol. 9, No. 1, 2019).

Such findings underscore the importance of drawing on psychological research to design behavior change programs that achieve the desired effects, says Markowitz. "There's a healthy dose of caution when it comes

to behavioral nudges, and people are being careful both on the research side and the applications side to identify the benefits and potential unexpected side effects of using these types of tools.”

CLIMATE CONVERSATIONS

Psychologists are also exploring ways to more effectively communicate information about the causes of—and potential solutions for—climate change. Beliefs about climate change range from alarm to denial, and there’s much to learn about the best ways to share information with various audiences who fall along that spectrum.

Sander van der Linden, PhD, assistant professor of social psychology at the University of Cambridge and editor-in-chief of the *Journal of Environmental Psychology*, and colleagues from the Yale Program on Climate Change Communication proposed key principles drawn from psychological science that policymakers can use to improve public engagement with climate change. Those best practices include emphasizing personal and local experiences rather than facts and statistics; leveraging relevant social norms; emphasizing the present and making climate change solutions locally relevant; framing policy solutions in terms of their short-term benefits; and appealing to intrinsic values, such as leaving a better planet for future generations (*Perspectives on Psychological Science*, Vol. 10, No. 6, 2015).

Most of the research on communication about climate change has taken a top-down approach, focusing on the messages that

organizations, businesses or governments can use to influence people’s behavior, Markowitz says. But that’s shifting.

“Recently, there’s been a growing recognition of the role that individuals can play in shaping how people in their social networks think about climate change,” he says. “The big question is, can we effectively leverage the power of social influence to promote adaptive behaviors?”

Van der Linden and colleagues found that when their friends and family members care about climate change, people are more likely to believe in climate change and to support pro-climate policies. That pattern was especially true among conservatives in the United States, who are generally less likely than liberals to accept that human activity is the cause of climate change (Goldberg, M.H., et al., *Environment and Behavior*, 2019). In another study, the research team found that when people discussed climate change more often with friends and family, they were more likely to agree with scientific assessments of climate change over time, which encouraged further discussion—and inspired greater concern (Goldberg, M.H., et al., *PNAS*, Vol. 116, No. 30, 2019). “This highlights the importance of having conversations about climate change with people in your social network,” van der Linden says.

GETTING PRACTICAL

Like many psychologists who study climate change, van der Linden says his research has become more translational over time. “Over the years I’ve come

INTER-DEPENDENT ROLES

Psychologists apply their expertise to climate change from many different angles:

Researchers

study environmental behavior change and resilience to climate change impacts.

Applied researchers

develop behavior-change interventions and methods to communicate effectively about climate science.

Clinicians

support people affected by extreme weather events and help others manage chronic stress related to a changing environment.

Educators

train the next generation of behavioral scientists and climate activists.

Advocates

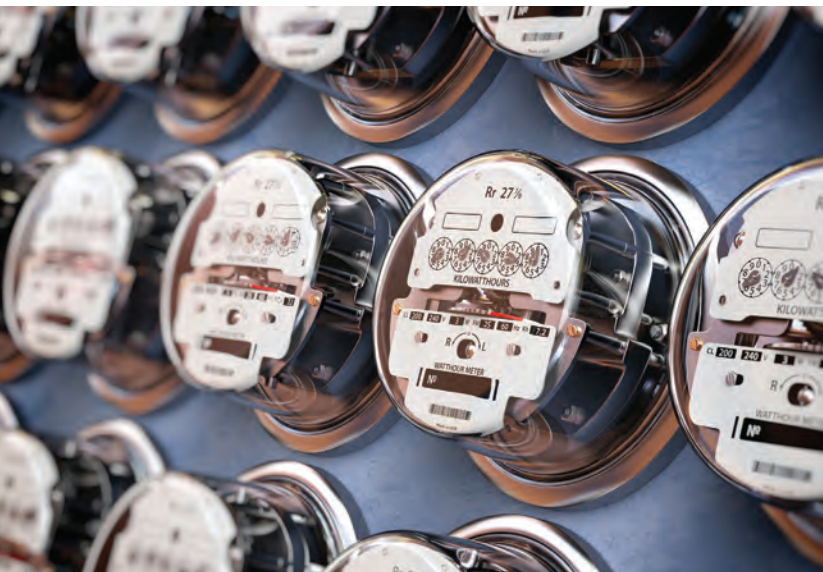
work with sustainability organizations and inform policymakers about the psychology of climate-related behaviors and the psychological impacts of climate change.

to realize how practical our research needs to get [for policymakers to make use of it], and in response I’ve shifted toward testing our research in the real world,” he says.

For example, he and graduate student Jon Roozenbeek and colleagues developed an online game to immunize people against disinformation and anti-science campaigns—such as the idea that greenhouse gas emissions are not responsible for our changing climate. They found that the game helped people resist falling for fake news (*Palgrave Communications*, Vol. 5, No. 1, 2019; *Global Challenges*, Vol. 1, No. 2, 2017). Now, working with the United Kingdom’s Foreign and Commonwealth Office, van der Linden’s team is translating the game into 13 other languages to promote science literacy among citizens. As people play, the platform collects data from users who give their consent so the researchers can continue to study science communication on a bigger, cross-cultural scale.

It’s not unusual for researchers who study climate change to become more involved in translational and applied roles the longer they work in this field, Karlin says. “With climate change, there is a sense of urgency and a sense we have to work together.”

Karlin works with government, private and nonprofit partners to design, test and deploy sustainability initiatives, many of which focus on energy efficiency. In one project, for example, she worked with the Demand Side Management



Behavioral “nudges” can encourage conservation by giving consumers information about their energy use, but must be designed carefully.

Program of the International Energy Agency to conduct a review of evaluation methods for behavior-based interventions, provide trainings to energy utility managers across North America and evaluate an energy kit program run through local libraries in Ireland. Next, they plan to continue to study energy-related behavior change among hard-to-reach customers such as low-income families, small businesses and non-native speakers of the local language.

Other researchers are applying their efforts close to home. Many colleges and universities are working to create sustainable campuses, and psychologists are among the faculty members spearheading those initiatives. For instance, Elise Amel, PhD, a professor of industrial-organizational psychology and conservation psychology at the University of St. Thomas, has teamed with the administration

to develop a culture of sustainability at the institution over the last decade. Their goal is to become carbon-neutral by 2035, through initiatives to tie sustainability into curricula and efforts by the dining system and facilities management to cut their carbon footprints. It’s a model that other academics could follow in their own institutions, Amel says. As sources of innovation and knowledge, universities are great targets for climate action. “We need to change the systems that drive our behavior, and universities have a long history as part of a social system,” she says. “They can be drivers of sustainability.”

ADAPTING TO CHANGE

Psychologists play an important role in understanding perception, motivation and decision-making related to mitigating climate change. Equally critical is the flip side of the coin: How can

psychologists help people adapt and thrive in a world that is shifting under their feet?

Climate change is already affecting mental health and well-being in myriad ways, as described in a recent report from APA and ecoAmerica (Clayton, S., et al., *Mental Health and Our Changing Climate*, 2017). Acute events related to climate change, such as damaging storms and droughts, are associated with anxiety, depression, trauma and post-traumatic stress disorder. Psychologists can help patients manage those impacts—or even prevent them, says Annette La Greca, PhD, ABPP, a clinical psychologist and professor at the University of Miami who studies risk and resilience to hurricanes. “Psychologists could use their skills to do things like teaching coping skills and stress management to adults and children in communities affected by climate change—both before and after challenging events occur,” she says.

Extreme events like hurricanes, droughts and wildfires capture a lot of attention, but mental health effects may also emerge more gradually as a result of changes such as forced migrations, weakened infrastructure and insecurity of the world’s food systems. People in high-risk geographic locations and those from marginalized populations are likely to be more vulnerable. Children, too, are at risk from the stress of climate impacts, which has been shown to affect behavior, development, decision-making and academic achievement. The more the climate changes, the

FURTHER READING

Psychology and Climate Change: Human Perceptions, Impacts, and Responses
Clayton, S., & Manning, C. (Eds.)
Academic Press
2018

Perception Matters: The Pitfalls of Misperceiving Psychological Barriers to Climate Policy
Weber, E.U.
Perspectives on Psychological Science, 2018

Reassessing Emotion in Climate Change Communication
Chapman, D.A., et al.
Nature Climate Change, 2017

Mental Health and Our Changing Climate: Impacts, Implications, and Guidance
Clayton, S., et al.
APA and ecoAmerica, 2017



more people's mental health may suffer.

Clinicians are already seeing those effects, says Thomas Doherty, PsyD, a clinical and environmental psychologist in Portland, Oregon. In his clinical practice, he's counseled patients wrestling with anxiety about the changing world, such as a longtime environmental activist struggling with climate-related despair. But even people who don't give much thought to climate change can experience stress and anxiety related to the changing landscapes around them. "People are impacted by climate change whether they believe in the concept of climate change or not," he says. "Anxiety about global issues does come up in clinical practice—particularly if you ask—and you don't need to be a climate expert to help people acknowledge and cope with that."

While there's a role for clini-

cians in this area, there's also a need for continued research to better understand how people and communities can thrive in the face of climate change, says Susan Clayton, PhD, a professor of psychology and environmental studies at The College of Wooster in Ohio. "The climate has changed and will continue to change, and we have to focus on adaptation and resilience." She has explored whether climate scientists might be at greater risk of mental health problems as a result of facing this difficult truth each day. While she has found some anecdotal evidence of such distress, it was not universal. Many climate scientists reported feeling hope, determination and a sense of privilege to be working in such a critical field, she found. Focusing on such positive emotions may help them maintain resilience to environmental threats (*Nature Climate Change*, Vol. 8, No. 1, 2018).

Climate-related acute events like floods and hurricanes are already affecting residents' mental health in many communities.

Christie Manning, PhD, an assistant professor of environmental studies and psychology at Macalester College in St. Paul, Minnesota, is also exploring resilience to climate threats. In one project, she's studying how the mental health impacts of climate change vary depending on a person's background, community, access to resources and history of marginalization. Previous work has shown that people from marginalized and resource-poor populations may be at greater risk of harms from climate change, and more work is needed to understand the risks and resilience in those populations, she says. "We need to look at this through the lens of 'environmental justice.'"

Other psychologists working on climate issues are focusing on systems-level adaptation. Slowing the runaway climate train will require a shift in thinking about human choices that have an outsize effect on the climate, such as our food, transportation and energy systems, says John Fraser, PhD, AIA, a conservation psychologist, architect, and president and CEO of the social science think tank Knology. In his work, he collaborates with organizations, governments and businesses to create structural changes for sustainability. In one project, for instance, he's facilitating meetings for an alliance of more than 100 stakeholder groups along New York City's waterfront to develop a resilience strategy around sea-level rise. "We have to get beyond the individual to think about systemic organizational change," he says.

IMPROVING LIVES WITH PSYCHOLOGY

Psychologists are also making efforts to show policymakers how climate change is affecting mental health and well-being. La Greca, for instance, was a co-author of a report on the mental health impacts of climate change for the U.S. Global Change Research Program (*The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment*, 2016). In 2014, Weber authored a report on behavior change for the IPCC's Fifth Assessment Report (AR5)—the first time a psychologist had been involved as a lead author (*AR5 Climate Change 2014*, IPCC). The sixth assessment, now being drafted, will include expertise from several psychologists, including Clayton.

Other psychologists are advocating through work on the boards of sustainability organizations, in meetings with legislators and through grassroots events such as marches and demonstrations. "Many academics, including psychologists, show up for these things," says Manning, a board member of the non-profit organization Climate Generation. "We are on the front lines of this data. We see what is happening out there, and we understand that we have to do something."

When it comes to making an impact on climate issues, Manning says, academics shouldn't underestimate the

influence they can have with their students. "I see students who feel a sense of urgency but see a lack of political will for the transformative change that we need to address this problem. They feel disempowered," she says. "One of the most important things I do is to empower the college students I work with to take action out in the world and raise their voices for what they believe in."

You don't have to be a climate expert to make a difference, Doherty says. While he sometimes addresses climate anxiety in his clinical practice, much of his climate-related work exists outside his day job. He has shared his climate insights with newspaper and magazine reporters, contributed to a podcast, spoken with book authors and counseled many students interested in learning how to integrate their environmental concerns with their psychology careers.

Psychologists of every stripe have something to offer to this effort, says Markowitz. "The fact is, climate change is the context within which we'll be making all of our future decisions as individuals, as a society and as a field. There's no way for psychologists to not be working in that context," he says. "In one way or another, psychologists across every subdiscipline have something they can contribute to improving people's lives in this changed world." ■

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PSYCHOLOGICAL
ASSOCIATION



Haidt



Arredondo



Skleder



Dipeolu



Smedley

PSYCHOLOGISTS IN THE NEWS

The American Academy of Arts and Sciences section on Public Affairs and Public Policy has named social psychologist **Jonathan Haidt, PhD**, to its newest class of fellows. Haidt is the Thomas Cooley Professor of Ethical Leadership at New York University's Stern School of Business and is internationally known for his research on the psychology of morality. Fellows are chosen for their exceptional scholarship, innovation and leadership. Once elected, they work on interdisciplinary projects to promote the public good.

The American Association of Hispanics in Higher Education has named **Patricia Arredondo, EdD**, as its chair for the 2019–20 academic year. Arredondo is known for her scholarly contributions in multicultural counseling, diversity leadership, and Latinx and immigrant mental health. She served as the president of The Chicago School of Professional Psychology and was the founding president of the National Latinx Psychological Association. She is also president of the Arredondo Advisory Group.

Brenau University has named **Anne Skleder, PhD**, as its first female president. Skleder was previously senior vice president, provost and professor of psychology

at Wilkes University, where she added 20 new academic programs and launched the university's first doctorate program. She has also taught at Cabrini University, Chatham University and Alvernia University.

The National Career Development Association has presented its Outstanding Career Practitioner Award to **Abiola Dipeolu, PhD**, an assistant professor in the department of psychology and sociology at Texas A&M University–Kingsville. The award recognizes Dipeolu's commitment to research, advocacy and mentorship in career development/vocational psychology.

APA has named **Brian D. Smedley, PhD**, as its chief of psychology in the public interest, where he will lead the association's efforts to bring the science and practice of psychology to pressing societal issues, with an emphasis on underserved populations. Most recently, Smedley served for five years as the executive director of the National Collaborative for Health Equity and as co-director of the Robert Wood Johnson Foundation Culture of Health Leadership National Program Center. Earlier in his career, he worked for APA as director of public interest policy focusing

on issues related to LGBTQ populations, people living with HIV/AIDS, ethnic minorities and low-income communities.

Psychology's international honor society, Psi Chi, is raising money for a scholarship for women of color who are interested in pursuing graduate study in psychology. The scholarship will be named for **Inez Beverly Prosser, PhD**, the first African American woman to earn a PhD in psychology. Psi Chi was inspired by APA's "I am Psyched!" touring exhibit on the contributions of women of color in psychology, which highlights Prosser's accomplishments as well as her research on the social adjustment of African American students in racially integrated versus segregated schools.

University of Georgia graduate student **Sally Kirklewski** and **Vladimir Marcik**, of the International Congress of Psychology, were the top female and male runners in the 41st Annual Running Psychologists "Ray's Race" 5K Run and Walk held during APA 2019 in August. Vanderbilt University psychology professor **Joe Rodgers, PhD**, and **Jane Hellwig, PhD**, a clinician at Southwest General Health Center in Middleburg Heights, Ohio, won the men's and women's walking categories. ■

3 QUESTIONS FOR MARCELLA RONYAK

The top psychologist at the Indian Health Service discusses how the agency is working to improve the health and well-being of American Indians and Alaska Natives with an emphasis on prevention, education and cultural awareness

BY TORI DEANGELIS

The 3.7 million American Indians and Alaska Natives in the United States have a higher mortality rate than other Americans, from causes including cirrhosis of the liver, opioid overdose, diabetes, injury, homicide and suicide—all conditions with a significant behavioral component—according to data from the Centers for Disease Control and Prevention (CDC). They also die 5.5 years younger on average than Americans of all races combined.

Psychologist Marcella “Marcy” Ronyak, PhD, wants to change those statistics. As director of the division of clinical and community services for the federal Indian Health Service (IHS) agency, housed within the agency’s Office of Clinical and Preventive Services in Rockville, Maryland, Ronyak oversees a national program aimed at addressing Native Americans’ health-care needs, including maternal and child health, medication, managing and treating HIV/AIDS and hepatitis C, diabetes care, opioid addiction treatment and more. Prevention, education and cultural awareness are key parts of the division’s strategy, which uses a public health framework to choose and craft interventions and recognizes the importance of addressing the structural inequalities that may lead to poor health conditions.

Ronyak, who is a member of the Confederated Tribes of the Colville Reservation in Washington state,

came to the IHS in 2013, after working as a tribal psychologist and then an independent consultant on the Colville reservation. There, she provided clinical services to families, couples and individuals, and partnered with other tribal, state and federal stakeholders and experts to design and implement culturally appropriate services. Those experiences inform her work at the IHS, whose mission is to raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest possible level. “It is a very comprehensive approach to looking at a person,” Ronyak

says—one equally compatible with her training as a psychologist and her cultural background.

How are you working to address the physical health and mental health needs of Native communities?

Many of the public health issues faced by tribal communities are driven by socioeconomic determinants such as poverty and lack of education. As the principal federal health-care provider and health advocate for Indian people, the IHS aims to address these challenges through a comprehensive health-care system delivered by more than 15,000 staff and health-care providers to 2.6 million American Indians and Alaska Natives in 37 states, through a network of 24 hospitals, 50 health centers and 24 health stations.

A good example of our comprehensive care strategy is the Family Spirit Program, an evidence-based, culturally tailored intervention program delivered by Native American paraprofessionals, who are often members of the communities. The core strategy is to support young Native parents by giving them additional knowledge and skills to promote their children’s healthy development during the preschool years.

Our paraprofessionals provide this care by visiting people in their homes, which is especially important because Native people often face significant barriers to seeking treatment, such as travel and transportation. They also have difficulty trusting providers, so delivering



personal, one-on-one care can make a huge difference in helping them learn new parenting strategies and recognizing it's OK to see doctors if something is wrong.

Evidence from randomized controlled trials conducted by the Johns Hopkins Center for American Indian Health has shown a number of positive outcomes from this program, including increased parental self-efficacy and reduced stress, decreased maternal depression and substance use, fewer behavior problems in young children and decreased risk of substance use and behavioral health problems over the life course.

How do you work with tribes to find out what they need?

For mental and behavioral health issues, the IHS formed the National Tribal Advisory Committee (NTAC) on Behavioral

Health in 2008. The NTAC serves as an advisory body to the division of behavioral health and to the director of the IHS to discuss tribes' behavioral health needs and provide guidance and recommendations on programmatic issues that affect the delivery of care for American Indian and Alaska Natives. The committee includes a federal and a tribal co-chair, as well as a tribal representative and an alternative from each of the 12 IHS areas.

Which aspects of your work do you think have the best chances of improving the overall health of Native communities?

I am particularly hopeful about our Eliminating Hepatitis C and HIV/AIDS in Indian Country Initiative, which uses four key strategies shown by research to be particularly effective in stemming the rate of HIV/AIDS: early diagnosis, rapid

and effective treatment, prevention and rapid response to new HIV clusters.

One site implementing a version of these strategies is the Claremore Indian Hospital, an IHS facility in Claremore, Oklahoma. The hospital decided to expand on recommendations by the CDC to screen all baby boomers for HIV and hepatitis C so that it now screens all patients over age 18. The idea is to promote prevention, reduce stigma and improve treatment by making HIV screening part of the clinical package received by everyone who enters treatment.

By using this framework and working with our tribal communities, I honestly believe that we can end the HIV epidemic in Indian country by strategically focusing our efforts on the communities that are most impacted. Knowing that I can be a part of that is just phenomenal. ■



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A LEGAL FIGHT OVER TRIBAL RIGHTS

A case before the Supreme Court will have important implications for the Muscogee (Creek) Nation's legal authority and potential psychological consequences for its members

BY KATHRYN A. LAFORTUNE, JD, PhD, AND VIOLET S. RUSH, JD,
CHEROKEE NATION CITIZEN/MUSCOGEE (CREEK)

In 1999, Patrick Murphy, a Muscogee (Creek) Nation citizen, was convicted of murder and sentenced to death in an Oklahoma court. Murphy appealed the decision, arguing Oklahoma lacked jurisdiction because the crime occurred on the Muscogee (Creek) Nation Reservation with an Indian victim. That meant, Murphy argued, that the case should have been tried in federal court, which holds concurrent jurisdiction with tribes over major crimes on tribal land, instead of in an Oklahoma court.

The Tenth Circuit agreed, holding that Oklahoma lacked jurisdiction because Congress never disestablished, or formally withdrew its recognition of, the Muscogee (Creek) Nation Reservation when it admitted Oklahoma as a state in the early 20th century—despite the fact that Oklahoma and federal officials have proceeded for many decades as if it did.

The question of disestablishment is complex and involves interpreting Congress's intent when it enacted laws and entered into treaties from well over a century ago. In Murphy's case, his attorneys argued, and the Tenth Circuit agreed, that Congress never formally abrogated the 1866 treaty that created the reservation boundaries and that, therefore, the reservation boundaries remain intact today. Oklahoma appealed that decision, and Murphy's case is still pending before the U.S. Supreme Court.

The issue of disestablishment frequently arises in Indian law cases. Since 1961, the Supreme Court has decided this question in eight cases. The disestablishment question is important because disestablishment limits the tribe's ability to exercise jurisdiction over tribal members and non-member Indians, regulate its resources and land use, tax members and non-members, and use health and wellness courts tailored to a tribe's cultural values, language and customs,

among other important powers. Several appellate and lower courts have also made determinations on the issue. Although the court articulated an analytical framework in 1984 for deciding these cases, decisions in this area remain conflicting and confusing.

For Murphy, this case may be the difference between life and death. For the Muscogee (Creek) Nation and other tribes who may also be affected by the outcome, it is presumably the most significant case of the 21st century regarding tribal sovereignty and reservation status. There are about 326 recognized reservations, but 573 federally recognized tribes, so there are potentially many other federally recognized tribes whose reservation status is unclear.

The *Murphy* case gives rise to a question that psychologists and tribes, working together, can help answer: Do court decisions that disestablish reservations perpetuate and intensify the historical and intergenerational trauma experienced by tribal citizens? The past federal removal and mistreatment of Indians resulted in well-documented adverse psychological and social consequences including disease, violence and racism. The specific ramifications of reservation disestablishment have not been studied, but need investigation in view of the potential negative effects on Natives.

Several tribal leaders, Indian law attorneys and scholars agree that more research is needed to define the psychological and social harm of reservation disestablishment. Because psychological studies via *amici curiae* briefs have had a meaningful impact on the outcome of other cases before the Supreme Court, such research could signal a new way to remedy the trauma experienced by Native citizenry. ■



AT ISSUE

Did Congress ever officially abolish the Muscogee (Creek) Nation Reservation and what are the legal and psychological ramifications of that decision?

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

CE

CONTINUING EDUCATION BETTER RELATIONSHIPS WITH PATIENTS LEAD TO BETTER OUTCOMES

BY TORI DEANGELIS

In terms of psychotherapy outcomes, the relationship between patient and psychologist matters—a lot. That’s the main takeaway from a new collection of meta-analyses released by an APA task force charged with examining the latest evidence on relationship factors in therapy.

Based on its 16 meta-analyses on aspects of the therapy relationship, the APA Task Force on Evidence-Based Relationships and Responsiveness concludes that a number of relationship factors—such as agreeing on therapy goals, getting client feedback throughout the course of treatment and repairing ruptures—are at least as vital to a positive outcome as using the right treatment method.

“Anyone who dispassionately looks at effect sizes can now say that the therapeutic relationship is as powerful, if not more powerful, than the particular treatment method a therapist is using,” says University of Scranton professor John C. Norcross, PhD, ABPP, chair of the

APA task force, which was co-sponsored by APA Div. 17 (Society of Counseling Psychology) and Div. 29 (Society for the Advancement of Psychotherapy). “We now know that some of these therapeutic elements not only predict but probably cause improvement,” he says (see sidebar).

A good relationship, the research finds, is essential to helping the client connect with, remain in and get the most from therapy. “It’s primary in the sense of being the horse that comes before the carriage, with the carriage being the interventions,” says Simon Fraser University emeritus professor Adam O. Horvath, PhD, who studies the therapy alliance.

The meta-analyses are reported in the December 2018 issue of *Psychotherapy* (Vol. 55, No. 4) and in two related books due out later this year (see “Resources”). In addition, APA Div. 29 is hosting 10 webinars on the findings.

The *Monitor* explores some of the key findings of the meta-analyses and how psychologists can use them in therapy to help maximize treatment outcomes.

FOSTERING MUTUALITY AND COLLABORATION

One big shift in psychotherapy in recent years is toward greater mutuality—the notion that psychotherapy is a two-way relationship in which the therapist and client are equal partners in the therapy process. Therapists make this stance apparent in an ongoing

way by, for example, disclosing their feelings when appropriate and actively inviting feedback from patients about how therapy is going. “It’s about making a commitment to be a partner, in a sense, rather than the director or commander in the relationship,” says Horvath.

Related to mutuality is another strong relationship builder: collaboration, or working together to define and actualize therapy goals, including the direction the therapy relationship is taking.

Research supports the benefits of both mutual and collaborative approaches. For example, one meta-analysis of 21 studies identified by the task force finds that when therapists share their feelings about the patient or the therapy relationship—a mutual approach known as “immediacy”—the patient’s mental health functioning and insight improve (*Psychotherapy*, Vol. 55, No. 4, 2018). Another meta-analysis of 107 studies finds that therapy outcomes are enhanced when the therapist and patient agree and collaborate on patient goals (*Psychotherapy*, Vol. 55, No. 4, 2018).

BEING FLEXIBLE AND RESPONSIVE

Also critical to outcomes is a therapist’s ability to tailor treatment to patients’ individual characteristics, such as their cultural background, therapy preferences, attachment style, religious or spiritual beliefs, gender identity and sexual orientation—“to select

CE credits: 1

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

1. Discuss the state of research on relationship factors.
2. Name key areas of new thinking on the therapy relationship.
3. Describe ways to apply this thinking in their practice.

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



A good relationship, research finds, is essential to helping the client connect with, remain in and get the most from therapy.

different methods, stances and relationships according to the patient and the context,” as Norcross puts it. (The topic of responsiveness is explored in nine meta-analyses reported in the November 2018 issue of the *Journal of Clinical Psychology*, Vol. 74, No. 11.)

Responsiveness is also related to understanding clients as individuals—being attuned to their personality traits, conflicts, quirks and motivations, says Orya Tishby, PsyD, a clinical lecturer and researcher at The Hebrew University of Jerusalem, who co-edited “Developing the Therapeutic Relationship” (APA, 2018).

“If the relationship is really good, you can tell the difference between when your patient might be acting out or resisting, and when your suggestions aren’t working for some other reason,” Tishby says.

She gives the example of a patient who is being treated for social phobia but has difficulty following through with an exposure protocol, such as initiating a conversation with a stranger. The patient keeps deferring the task to the following week, while telling the therapist he understands the importance of moving forward.

When the therapist questions the patient in an empathic manner, the patient tells her he’s highly anxious about being rejected by a stranger but also feels uncomfortable not complying with treatment. The therapist then suggests breaking down the task in a way that feels more comfortable to the patient; they also discuss the patient’s concern about the therapist’s possible reactions to his lack of compliance.

ABOUT CE

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In a case like this, “taking therapy at a slower pace and periodically checking in with the patient makes for more attuned and effective therapy,” says Tishby.

USING FEEDBACK

Another important way to boost the therapeutic relationship—as well as patient outcomes—is by gathering patient feedback and incorporating it into treatment.

A widely studied and validated tool used by psychologists is the Outcome Questionnaire-45.2 (OQ[®]-45.2), developed by Brigham Young University professor Michael Lambert, PhD. Patients complete the 45-question instrument before each session to assess psychological symptoms such as depression, anxiety and substance use, as well as problems in interpersonal functioning and social roles. Any score indicating a propensity toward suicide, violence or substance use is a red flag that calls for immediate follow-up, while high scores on one or more of the subscales suggest key areas for treatment focus, Lambert explains. Other psychologists have since developed shorter measures for the same purpose, notably the Outcome Rating Scale and the Session Rating Scale, developed by Scott D. Miller, PhD, Barry L. Duncan, PsyD, and colleagues.

Research shows that such measures are most useful in identifying patients who are likely to drop out of therapy prematurely—between 20 and 40 percent of therapy clients, according to research. To guard against early dropout or the worsening of a patient’s condition, Lam-

bert developed an additional 40-item measure that assesses specific aspects of the alliance, the breakdown of which is a key factor in patient deterioration, research also finds. In a meta-analysis of 24 studies, Lambert and colleagues found that when clinicians used the OQ-45.2 and other feedback systems, clients at risk for problems were less likely to get worse and twice as likely to experience positive clinical change, compared with clients who received treatment as usual from the same therapists (*Psychotherapy*, Vol. 55, No. 4, 2018).

Of course, feedback alone doesn’t mean improvement—therapists must put that feedback into action. For guidance on addressing their blind spots and learning from their mistakes, some psychologists are turning to “deliberate practice.” Taught in a variety of training venues, deliberate practice entails taking information from feedback or supervision and working on problem areas with the help of videos, coaches, mirrors and other tools (see the *Monitor’s* January 2018 “CE Corner” for more information).

Although more research is needed, studies show significant improvements in outcomes over time when therapists incorporate feedback and deliberate practice into their work (see *Psychotherapy*, Vol. 53, No. 3, 2016).

REPAIRING RUPTURES

Many factors can break down the therapy alliance, such as disagreement on treatment goals, the patient’s misinterpretation of something the therapist has said or a mistrust of the therapeutic process. Research shows that



Many factors can break down the therapy alliance, such as disagreement on treatment goals or a patient's misinterpretation of something the therapist has said.

resolving these difficulties, known as therapy ruptures, can lead to better outcomes (*Psychotherapy*, Vol. 55, No. 4, 2018).

Ruptures fall into two general categories, says psychotherapy researcher J. Christopher Muran, PhD, a professor at Adelphi University who directs the Mount Sinai Beth Israel Brief Psychotherapy Research Program at the Icahn School of Medicine at Mount Sinai in New York. Confrontation ruptures are marked

by patients' external expressions of anger, such as accusations or sharp questioning of the therapist. Withdrawal ruptures occur when patients pull away from the therapist or from an aspect of themselves—for example, when they fear the therapist's criticism or are afraid to delve into a painful topic. Clues that clients may be heading toward such ruptures include retreating into silence and not fully engaging in treatment.

Handling any rupture begins

KEY POINTS

1

Sixteen new meta-analyses examine links between various relationship factors and outcomes, and nine new meta-analyses examine factors related to the best ways of responding to patients' individual characteristics.

2

Relationship factors are as or more important in therapy outcomes than the particular treatment method used.

3

Relationship factors with the strongest evidence to date include fostering the therapy alliance, collaboration, goal consensus, cohesion in group therapy, empathy, positive regard and affirmation, and collecting and delivering client feedback.

by recognizing one is occurring, Muran says. Not surprisingly, that's easier when a rupture is marked by confrontation rather than withdrawal, so therapists should watch out for the quieter forms, he advises. The next step is to address a rupture by, for example, providing a rationale for a task patients may be struggling with or renegotiating patients' goals so they feel more aligned with the direction of therapy. A more intensive strategy is to encourage a mutual discussion that addresses the rupture directly. Facing an uncomfortable conflict and working through it can aid the patient's growth—and the therapist's, says Muran.

HANDLING NEGATIVE EMOTIONS

Patients probably wouldn't be in psychotherapy if they didn't have negative feelings to work through. Unfortunately, it can be difficult for clinicians to have to address patients' negative states repeatedly. Some therapists become frustrated, which can be taken by patients to mean there's something wrong with them, says Stony Brook University professor Marvin Goldfried, PhD, co-editor of "Transforming Negative Reactions to Clients: From Frustration to Compassion" (APA, 2012).

In such cases, therapists should examine their reactions and be alert to feelings of distraction, boredom or the urge to end the session. They should also be aware that clients pick up on therapists' feelings through their facial expressions, posture, tone of voice and lack of eye contact.

"We should go from any blame to the realization that they are

stuck in some uncomfortable way of living,” Goldfried says, “and have compassion for that.”

Therapists should also pay attention to countertransference issues, notes psychotherapy researcher and University of Maryland emeritus professor Charles J. Gelso, PhD, author of “The Therapeutic Relationship in Psychotherapy Practice: An Integrative Perspective” (Routledge, 2019) and co-author of “Countertransference and the Therapist’s Inner Experience: Perils and Possibilities” (Erlbaum, 2007).

Gelso describes his reaction to a client who was talking about the way she parented her daughter. “All of a sudden I started making suggestions, which was completely unlike me—I just started jumping in and being an adviser,” he says. By examining his feelings, he realized his patient was provoking his ambivalence about

his own parenting ability. He went on to share those reactions with her, and they moved back into a discussion of her own parenting issues.

Such self-insight can lead to better outcomes, according to the task force report on three meta-analyses by Jeffrey Hayes, Gelso and colleagues (*Psychotherapy*, Vol. 55, No. 4, 2018). Andrés Pérez-Rojas, PhD, Gelso and colleagues have also developed a measure that helps psychotherapy trainees cultivate such self-awareness and manage their countertransference reactions (*Psychotherapy*, Vol. 54, No. 3, 2017).

PROMOTING EFFECTIVE ENDINGS

When it’s time to end therapy, research by Norcross and colleagues finds that eight actions tend to promote better patient

outcomes: having a mutual discussion about how the therapy went, discussing the patient’s future functioning and coping, helping the patient use new skills beyond therapy, framing personal development as an ongoing process, anticipating post-therapy growth, talking specifically about what it means to end this course of therapy, reflecting on patient gains, and expressing pride in the patient’s progress and in the mutual relationship (*Psychotherapy*, Vol. 54, No. 1, 2017).

As with other key moments in therapy, the psychologist should discuss termination openly, even if a patient is simply toying with the idea—for example, if the patient actually wants to stay but is scared to dive into a difficult topic, Tishby adds. Such conversations may include talking about those feelings or about changing aspects of treatment to

RESOURCES

Psychotherapy Relationships That Work: Vol. 1. Evidence-Based Therapist Contributions (3rd ed.)

Norcross, J.C., & Lambert, M.J. (Eds.)
Oxford, 2019

Psychotherapy Relationships That Work: Vol. 2. Evidence-Based Therapist Responsiveness (3rd ed.)

Norcross, J.C., & Wampold, B.E. (Eds.)
Oxford, 2019

OPTIMIZING THERAPY

WHAT THE EVIDENCE SHOWS

Members of the third interdivisional APA Task Force on Evidence-Based Relationships and Responsiveness reviewed the evidence on 16 relationship factors thought to enhance psychotherapy outcomes. Experts conducted meta-analyses on each one. A panel then rated the effectiveness of those relationship elements using the following criteria: the number of studies in a given area; the consistency of empirical results; the independence of the supportive studies; the size or strength of the association; the external validity of the research; and evidence for a

causal link between the relationship behavior and good outcomes.

Based on those findings, the panel categorized elements of the therapy relationship into the following three groups.

DEMONSTRABLY EFFECTIVE

- **The alliance** (in individual adult psychotherapy, in youth psychotherapy, and in couple and family therapy). Building an effective working relationship with your patient or patients; defined by the quality and strength of the relationship.
- **Collaboration.** Working together with

your patient on the treatment process so that you are “on the same page.”

■ **Goal consensus.** Fostering agreement on the goals and expectations of therapy.

■ Cohesion in group therapy.

Promoting a positive bond between all members of a psychotherapy group by facilitating a climate of openness, warmth and egalitarianism.

■ **Empathy.** Sensitive understanding of the patient’s feelings and struggles; seeing them from the patient’s point of view.

■ **Collecting and delivering client feedback.** Using feedback systems to gauge how a patient is doing and



Acting on patient feedback also improves treatment outcomes.

RESOURCES

Developing the Therapeutic Relationship: Integrating Case Studies, Research, and Practice

Tishby, O., & Wiseman, H. (Eds.)
APA, 2018

Psychotherapy Relationships That Work

Norcross, J.C., & Lambert, M.J.
Psychotherapy,
2018

[introduction to special issue]

better accommodate the patient, she says.

When it's clear to both therapist and patient that it's time to stop, use the last few sessions to discuss any issues that have not received closure and summarize the progress that's been made, says Tishby. Therapists shouldn't be afraid to share some of their own feelings: If you are saddened by the ending of a relationship, for example, share that with your patient and how much you've valued your work together, she advises.

Over time, Tishby has come to respect patients' wishes to leave even when she thinks more work could be done, she adds.

"You shouldn't simply assume that if they want to leave, they're resisting something," she says. "Sometimes therapists and patients do have gaps in their goals." ■

using the information to tailor treatment accordingly. This relationship factor has been shown in controlled trials to cause positive outcomes.

■ **Positive regard/affirmation.** Prizing and supporting your patients, regardless of their behavior, attitudes or emotions.

PROBABLY EFFECTIVE

■ **Congruence/genuineness.** Relating authentically to your patients without hiding behind a professional or personal facade.

■ **The real relationship.** Nurturing a therapy relationship marked by

genuineness and seeing each other in realistic terms.

■ **Emotional expression.** Sharing genuine emotions with your patient in ways that are appropriate to the framework of therapy.

■ **Cultivating positive expectations.** Supporting patients' expectations that their mental health will improve as a result of psychotherapy.

■ **Promoting treatment credibility.** Promoting patients' belief that psychotherapy makes sense, is suited to their needs and is effective.

■ **Managing countertransference.** Attending to and controlling your own

emotions as they are stirred up in relation to your patient.

■ **Repairing alliance ruptures.** Using therapy tools such as empathy, collaboration and mutual discussion to address breakdowns in the therapy relationship.

PROMISING BUT NOT YET SUFFICIENTLY RESEARCHED

■ **Self-disclosure and immediacy.** Using the immediate situation to invite your patient to examine what is happening in the therapy relationship. It may involve disclosing aspects of your emotions or personal life in ways that can feel risky and unfamiliar.



POLITICS IS PERSONAL

Research by political psychologists helps to explain why we vote the way we do—and is informing ways to improve democratic elections

BY KIRSTEN WEIR

The 2016 U.S. presidential election took a lot of people by surprise. But while the election of Donald J. Trump may have been an anomaly in many ways, it wasn't the "unexpected asteroid strike" it's often made out to be, says Christopher Federico, PhD, a political psychologist at the Center for the Study of Political Psychology (CSPP) at the University of Minnesota. ¶ "Trump's election was the culmination of a trend, more than some radical unexpected disruption that occurred on November 8, 2016," Federico says. "It resulted from a long period of evolution in terms of how and why people in the U.S. identify with different political parties." ¶ That insight is one of many from

political psychologists who over the past few decades have plumbed the factors behind voter behavior and political identities, helping us understand politics on an individual level. ¶ “Historically, political science has focused on institutions such as governments or political parties, and how they constrain the behavior of individuals,” says Federico. “What political psychology brings to the table is ... understanding individual motivations and how we make sense of this complex world.” ¶ Beyond offering insights into the political mind, political psychology can have practical applications such as improving ballot design, designing methodologically sound polls and, possibly, creating a healthier, more civil democracy.

THE PARTISAN DIVIDE

Polarization may be the defining feature of American politics in 2019. It's not just politicians fighting across the aisle. The general public, too, shows growing antipathy toward those in the opposite political camp. In 1960, only 4% of Democrats and 4% of Republicans said they would be disappointed if their child married someone from the opposite political party, according to a study by the Inter-university Consortium for Political and Social Research (Almond, G., & Verba, S., *Civic Culture Study*, 1959–60). By 2018, 45% of Democrats and 35% of Republicans reported they'd be unhappy if their child did the same, according to a survey by the Public Religion

Research Institute (PRRI) and *The Atlantic* (Najle, M., & Jones, M., PRRI, 2019).

“Party identification is a monster that is creating these intense divisions,” says Howard Lavine, PhD, who directs the CSPP. “Understanding what goes into that is a major goal in political psychology right now.”

Most political researchers agree that the modern media environment has a lot to do with that hostility. “Once there were three networks that saw it as their responsibility to cover the news events in an objective way. Then people realized they could cover the news in such a way that they could turn a profit,” says political psychologist John Jost, PhD, co-director of the Center for Social and Political

Behavior at New York University. Today, we have partisan cable news networks and clickbait “news” websites that feed off of political disagreement. “They’re making money by energizing polarized audiences,” Jost says.

Though the media arguably turns up the volume on partisan conflict, that doesn’t explain why American voters sort themselves so readily into opposing groups. To better understand how that happens, political partisanship is increasingly being studied through the lens of social identity theory, as Leonie Huddy, PhD, of Stony Brook University in New York, and Alexa Bankert, PhD, of the University of Georgia, describe in a chapter on the subject (“Oxford Research Encyclopedia of Politics,” 2017). Social identity theory holds that a person’s self-concept is based on their membership within a group, whether one’s group is defined by a religious affiliation, political party, gender, propensity to support a particular baseball team—or, sometimes, all of the above.

As soon as you identify as a member of one group or another, it influences how you think about the world. “You like members of that group more than others. You want things to reflect favorably upon your group. You’re biased toward believing



things that reflect positively on your group,” says Federico. “Once you’re a member of a group, all kinds of group processes related to social identity kick in.”

MOTIVATED REASONING

In the United States, political affiliation is a strong driver of political behavior, as Huddy and Bankert describe. On the positive side, they write, citizens who identify as strongly Republican or Democrat are more likely to vote and participate in politics. On the other hand, when

partisan citizens become angry about politics, they are less influenced by information and less likely to support bipartisan politicians who reach across the aisle to find compromise—a stance that can drive politics in a more extreme direction.

One feature of group identity is that people want to protect and promote their own groups. As a result, partisan identity makes us more accepting of information that supports our beliefs and more critical of information that contradicts them,

Political psychologists aim to understand the individual motivations that drive people’s political affiliation and voting behavior.

says social psychologist Peter Ditto, PhD, who studies political reasoning at the University of California, Irvine. Most psychologists agree that people engage in this tendency, known as motivated reasoning or motivated cognition.

And though experts disagree about which side is quicker to use motivated reasoning, some research suggests it’s an equal opportunity bias. In a meta-analysis, Ditto and colleagues concluded conservatives and liberals engaged in motivated reasoning to an equal degree (*Perspectives on Psychological Science*, Vol. 14, No. 2, 2019). “This pattern was found in judgments about a host of different political topics,” Ditto says. “The clearest finding from the study

IT’S NOT JUST POLITICIANS FIGHTING ACROSS THE AISLE. THE GENERAL PUBLIC, TOO, SHOWS GROWING ANTIPATHY TOWARD THOSE IN THE OPPOSITE POLITICAL CAMP.

was the robustness of political tribalism.”

Researchers are beginning to understand the nuances of the ways group identity influences our political choices. Before the 2016 election, Briony Swire-Thompson, PhD, then at the Massachusetts Institute of Technology, and colleagues asked participants to rate their belief in factual and inaccurate statements Trump made during the campaign. As motivated cognition would predict, Republican participants were more likely to believe the statements if they were attributed to Trump, and less likely to believe them if they were presented without attribution. The opposite pattern was true for Democrats. But Trump voters didn’t accept their candidate’s statements blindly. When inaccurate statements by Trump were presented along with notes that indicated they had been retracted as misinformation, Trump supporters were less likely to believe them—at least initially. After a week, however, participants began to “rebelieve” the misinformation, reverting to their initial assumptions, the authors found. Ultimately, being told the statements were inaccurate had no effect on participants’ voting preferences (*Royal Society Open Science*, Vol. 4, No. 3, 2017).

JUSTIFYING THE STATUS QUO

Motivated reasoning can help explain how people on opposite ends of the political spectrum can have such different views of the world. Another theory, known as system justification, describes people’s tendency to

defend and justify the status quo—even when it means supporting politicians or policies that appear to be at odds with their own self-interest.

“People are motivated to defend and justify aspects of the status quo because they are part of the status quo,” says Jost, who developed the theory with Harvard psychologist Mahzarin Banaji, PhD (*British Journal of Social Psychology*, Vol. 33, No. 1, 1994). System justification seems to have played a role in support for Trump, Jost says, with people motivated to support a traditional American way of life—a theme made plain in Trump’s slogan “Make America Great Again.”

To explore how system justification may have factored into Trump’s success, Jost and colleagues analyzed responses from a nationally representative sample of Americans surveyed shortly before the 2016 election. The researchers found that justification of economic and gender-based disparities in society was strongly associated with support for Trump. But after adjusting for economic and gender-related variables, system justification overall was associated with support for Hillary Clinton. In other words, Trump’s victory seems to not only represent a rejection of the status quo of liberal government that existed under President Barack Obama, but also an embrace of the traditional social systems that maintain disparities in wealth and gender, the authors conclude (*Translational Issues in Psychological Science*, Vol. 3, No. 3, 2017).

“There are interesting differences in what aspects of the status quo people want to change or to preserve,” Jost says.

POLITICS & PERSONALITY

For decades, political psychologists have explored why we are drawn to the views and values of one party over another. Examining data from more than 200 such studies from around the world, Jost and colleagues explored the relationship between political ideology and multiple categories of motivation, including dogmatism, personal need for order and structure, and tolerance for uncertainty. Across studies, conservatives score higher than liberals on tests of dogmatic thinking and cognitive rigidity. To a lesser degree, conservatives also have higher needs for order and structure. Liberals tend to have a higher tolerance for uncertainty and a greater need for cognition, which researchers measured with statements such as “I find satisfaction in deliberating hard and for long hours” (*Political Psychology*, Vol. 38, No. 2, 2017).

Jost’s research also suggests that a preference for authoritarian leadership styles is associated with Republicans—and with support for Trump in particular. Since at least the 1960s, research has shown that voters who prefer authoritarian styles are more likely to favor Republican presidential candidates, and 2016 was no different. But Jost and his colleagues wondered how that preference might describe voters who favored Trump over other Republican primary candidates.

KEY POINTS

1

Our personality traits influence our political preferences, but other factors also shape our political ideologies.

2

Psychologists are studying political partisanship through the framework of social identity theory, which holds that members of a group are motivated to promote and protect that group.

3

People are often motivated to defend and justify the status quo, even when doing so appears to go against their own self-interests.

“PEOPLE ARE MOTIVATED TO DEFEND AND JUSTIFY ASPECTS OF THE **STATUS QUO** BECAUSE THEY ARE PART OF THE STATUS QUO.”

JOHN JOST, PhD, NEW YORK UNIVERSITY

They found that Trump supporters scored higher than other Republican supporters on two particular facets of authoritarianism: authoritarian aggression and group-based dominance (that is, a preference for group-based social hierarchies). These voters were more likely to support statements asserting that the country needs more law and order and that some groups are naturally inferior to others (Womick, J., et al., *Social Psychology and Personality Science*, Vol. 10, No. 5, 2019).

Over the past three decades,

Americans who are high in authoritarianism have increasingly shifted into the Republican Party, Federico says. Many left-leaning authoritarians have responded by becoming less politically engaged, he and his colleagues found—paying less attention to politics and choosing not to vote, for example (*The Journal of Politics*, Vol. 79, No. 3, 2017).

Of course, political ideology is more than just the sum of your personality traits. Many other factors go into determining one’s political preferences. In a

paper with Ariel Malka, PhD, of Yeshiva University in New York, Federico describes how traits such as a high need for certainty and security are associated with right-wing beliefs—but only when someone is also knowledgeable about politics (*Advances in Political Psychology*, Vol. 39, Suppl. 1, 2018).

“Personality traits are more likely to play themselves out in your political preference if you also know and care about politics,” Federico says.

Voters’ pre-existing biases and prejudices matter, too. For example, there’s evidence that gender discrimination may have been a factor in the 2016 election. In an analysis of nationally representative American National Election Studies data, researchers at Brock University

Today’s media is feeding into political divisiveness, researchers say.



STEVE CHRISTENSEN/GETTY IMAGES

in Ontario found greater sexism predicted support for Trump over Clinton, especially among left-leaning voters, who might otherwise have supported a Democratic candidate (Rothwell, V., et al., *Personality and Individual Differences*, Vol. 138, No. 1, 2019).

LIBERAL BIAS?

The research on politics and personality is not without critics, who have suggested that a liberal bias in the field of psychology paints conservatives in a negative light. In recent years, scientists have begun studying this assertion. In one example, psychologist Jay Van Bavel, PhD,

of New York University, and colleagues recruited a politically diverse sample of U.S. residents to code 194 original social psychology studies for ideological slant. Then the researchers examined published replication attempts of those studies. They found the average rated ideology of the research was fairly centrist. And they found no evidence that research aligned with liberalism was less replicable or less statistically robust than research aligned with conservatism (Reinero, D.A., in press).

Research has shown that social psychologists are more likely to identify as liberals. But that doesn't mean that their

science is skewed, Jost says. "The whole point of our research methods is to separate characteristics of the researchers themselves from the findings."

Still, scientists are human, and they are vulnerable to having their judgments tainted by their political feelings just like anyone else, Ditto notes. "Whenever a field is intellectually homogeneous on some dimension, it opens the door to potential bias—for some findings to be more welcome and thus less carefully scrutinized than others, for certain kinds of behavior or people to be seen as the exception rather than the rule, for basic assumptions to go unex-

States can make elections more fair by rotating the order of candidates' names on ballots, researchers say.

POLITICAL PSYCHOLOGY

PAST, PRESENT AND FUTURE

Politics is hardly a new topic for social psychologists. "In its early days, social psychology was deeply political, with early experiments like the Milgram shock experiment born from an interest in understanding war and the horrors of Nazi Germany," says Stanford University political psychologist Jon Krosnick, PhD. "At the same time, political scientists were trying to understand political behavior, but not from a psychological perspective."

As more researchers began to draw on psychology to understand politics and political behavior, a new subfield began to coalesce. The International Society of Political Psychology was founded in 1978, and today it has grown to more than 800 members from psychology and political science,



as well as historians, economists, sociologists and others.

People trained in political psychology often work within academia, typically in psychology or political science departments. Others find careers with polling firms or the media, designing survey questions and analyzing polling data.

Today, fewer than 10 U.S. psychology doctoral programs offer concentrations in political psychology.

But that's not because politics isn't a significant field of study. On the contrary, the study of political behavior is now so common that it's often happening under the broader umbrella of social psychology, Krosnick says. "So many social psychologists are interested in politics that it's become mainstream, and most social psychology journals publish articles about politics."

People outside of psychology are noticing, says Howard Lavine, PhD, who directs the Center for the Study of Political Psychology at the University of Minnesota. "Leading figures in political science now realize that they can't understand the way things are without psychological concepts," he says. "They're understanding their own questions and theories better by appealing to psychological theory."



amined because everyone shares them,” he says. “Given the subtle power of political tribalism to influence our judgments, social psychologists would be wise to be vigilant about the potential for our political affinities to shape our scientific conclusions.”

BETTER BALLOTS

Political psychologists still have plenty to unpack about the ways that personality, prejudice and various other factors influence our political leanings. But understanding election outcomes doesn't always require deep insights into the human mind. Thanks to the design of the electoral system, factors that seem inconsequential can be enough to tip an election in one direction or another.

In research over several decades, for example, Jon Krosnick, PhD, a political psy-

chologist at Stanford University, has shown that the candidate whose name appears first on a ballot earns 2 to 3% more of the vote, on average—a margin that spells the difference between winning and losing in many battleground states (*Public Opinion Quarterly*, Vol. 62, No. 3, 1998). Over the years, lawsuits have been filed in several states to push for rotating names, and Krosnick is testifying about his research in a lawsuit in Florida. “About 90 percent of candidates benefit when they are listed first,” he says.

Yet only seven states have laws that require candidates' names be rotated from precinct to precinct. The rest use other approaches, such as alphabetical order, or giving priority to the candidate from the governor's party. In 2016, Trump was listed first on ballots in almost all of the states

that he won with narrow margins, Krosnick found—a factor that he believes was enough to deliver the presidency to Trump. “If names had been rotated from precinct to precinct, he likely wouldn't have won,” he says.

Creating fairer ballots is just one example of the concrete ways that political psychology could influence the political process for the better. But the field has the potential to do even more, Krosnick says, to understand our political motivations and, perhaps, help us move beyond our worst political instincts. “Instead of just trying to understand phenomena like motivated reasoning, we can ask how we can build bridges and create collaboration between people who hate each other,” he says. “If political and social psychology embrace that, we can transform ugliness into solutions.” ■

FURTHER READING

Open Versus Closed: Personality, Identity, and the Politics of Redistribution

Johnston, C.D., et al.
Cambridge University Press
2017

Liberals and Conservatives Are Similarly Motivated to Avoid Exposure to One Another's Opinions

Frimer, J.A., et al.
Journal of Experimental Social Psychology
2017

False Equivalence: Are Liberals and Conservatives in the United States Equally Biased?

Baron, J., & Jost, J.T.
Perspectives on Psychological Science
2019

Political Diversity Will Improve Social Psychological Science

Duarte, J.L., et al.
Behavioral and Brain Sciences
2015



Are Your Interventions Working?

By measuring progress outcomes on a regular basis and adjusting treatments as needed, psychologists can improve patient care

BY AMY NOVOTNEY

In recent years, as the federal government and third-party payers have begun to tie reimbursement rates to patient outcomes, researchers and clinicians have been paying increased attention to the practice of consistently measuring patients' progress and adjusting treatment plans as needed based on the data. ¶ While the technique goes by many different names, including "outcomes monitoring" and "progress monitoring," all of them denote essentially the same thing: measurement-based care. And if psychologists aren't already using it in their practices, they should consider doing so, says clinical psychologist and biomedical informaticist Kari Stephens, PhD, an associate professor of psychiatry and behavioral sciences at the University of Washington. ¶ "For the first time ever in our health-care system, payers

are directly connecting the dollars—or reimbursement—with outcome measures,” says Stephens, who studies the use of data in behavioral health care. ¶ Beginning this year, for example, psychologists are eligible to take part in the Centers for Medicare and Medicaid Services’ Merit-Based Incentive Payment System (MIPS). The system rewards providers with larger payments when they track and show patient improvement on process and outcome measures including depression, anxiety and dementia screening scores, as well as pain, sleep and social functioning assessments. The system also penalizes providers who score low in these areas by reducing their payments. ¶ Currently, only a small number of psychologists must participate in MIPS: those who treat more than 200 Medicare beneficiaries, bill Medicare for more than \$90,000

in allowed charges and provide more than 200 covered professional services in a year. However, psychologists who meet at least one of these requirements can opt into MIPS, and all psychologists should consider adding measurement-based care into their practices if they haven’t already done so, says Stephens.

“Medicare often sets the stage for all the other private payers, so it’s important for clinicians to pay attention,” she says. Of course, adding outcomes measurements isn’t a simple undertaking for clinicians. Many face logistical, technical and cultural barriers, notes clinical psychologist Zeeshan Butt, PhD, an associate professor at Northwestern University. These include issues related to how to obtain the measurements without disrupting a treatment session, navigating varying electronic health record and outcomes measurement technologies that often don’t interface well together and overcoming

the misconception that therapists are able to judge how well a patient is doing in therapy without measuring patient progress.

Still, says Butt, measuring outcomes should be considered an ethical imperative. “In every clinical situation, the patient and the provider are collaborating toward an agreed-upon outcome, and unless you’re measuring it, I’m not sure that you can know whether you’re really moving toward that goal,” he says.

WHAT DOES THE EVIDENCE SHOW?

Mounting empirical evidence suggests that when psychologists monitor their patients’ care, patients do better, says Jacqueline B. Persons, PhD, director of the Oakland Cognitive Behavior Therapy Center in California and a member of APA’s Advisory Steering Committee for the Development of Clinical Practice Guidelines.

Two new studies underscore this point. Researchers at

the University of Washington School of Medicine and other institutions analyzed 51 randomized controlled trials that examined how frequently providers collected feedback on patient-reported symptoms during medication management and psychotherapy encounters (Fortney, J.C., et al., *Psychiatric Services*, Vol. 68, No. 2, 2017). The researchers found that almost all the trials that consistently used measurement-based care showed significantly improved patient outcomes, while one-time screenings and assessing symptoms infrequently were less effective.

A second, more recent narrative review of several meta-analyses and qualitative studies found that not only did measurement-based care outperform usual care; it was also associated with decreased costs and a lower likelihood of patient deterioration while in treatment (Lewis, C.C., et al., *JAMA Psychiatry*, Vol. 76, No. 3, 2019).

In fact, simply taking part in frequent assessments seemed to improve outcomes for patients in many studies, regardless of what the providers did with the information. “The act of self-monitoring has been shown to enhance an individual’s ability to quantify their depressive experience, and then, indirectly, that often leads to more self-reflection,” says Cara C. Lewis, PhD, the review’s lead author and an associate investigator at Kaiser Permanente’s Washington Health Research Institute. “That alone adds benefit to the patient outcome experience.”

Lewis also found that when

patient scores are reviewed by the clinician and patient—either independently or, ideally, together during the session—that process benefits patient outcomes, in part because it offers a check to the therapist’s clinical judgment and helps ensure that patients agree that their scores reflect their subjective experience.

“These score check-ins also lead to conversations about the patient’s progress, which can be quite rich,” Lewis says. Finally, when the data are used by the clinician to inform treatment planning, they have an even greater positive impact on patient outcomes, according to the study.

However, other studies examining the use of patient-reported outcomes suggest ongoing research is still needed to help

clinicians understand the best way to use outcome monitoring and which patients benefit from it most. For example, a 2016 review of 17 randomized clinical trials in which patient-reported outcomes were used raised concerns that the practice was not much more effective than normal care (Kendrick, T., et al., *Cochrane Database of Systematic Reviews*). The authors noted that many of the individual studies examined were not of the highest quality, due to patient attrition and potential bias in assessments of outcomes, and added that “future research should measure a range of relevant symptom outcomes, as well as possible harmful effects of monitoring, health-related quality of life, social functioning and costs.”

BARRIERS TO TRACKING OUTCOMES

On a practical level, meanwhile, when a clinician is with a patient and managing competing demands for his or her time and attention, it is easy to let outcomes measurement slide, says Martin Antony, PhD, FRSC, ABPP, a professor of psychology at Ryerson University in Toronto.

“It can be time-consuming, especially if patients are filling out paper questionnaires by hand,” Antony says. “Then they have to be scored, and often clinicians may not know how to do that.”

Even when clinicians have access to technology designed to make collecting, scoring and plotting patient outcomes data easier, they often encounter barriers in terms of data privacy issues, electronic health record systems that don’t interface with the outcome measures and technological complexity that’s often unnecessary, Lewis says.

“Very often when people are developing solutions, they tend to make more complicated versions that have more bells and whistles than you need, and require more clicks than clinicians want to go through,” Lewis says.

Another barrier is that many psychologists have not been trained on outcomes measurement. “A lot of clinicians may not know what outcome measures are appropriate to use or may not have a good understanding of how it can be helpful to use them,” Antony says.

Lewis notes that in addition to some of the logistical and training issues involved with measurement-based care, there’s



MOUNTING EMPIRICAL EVIDENCE SUGGESTS THAT WHEN PSYCHOLOGISTS MONITOR THEIR PATIENTS’ CARE, PATIENTS DO BETTER.

also a cultural barrier. Mental health providers really value their clinical judgment and capacity to guide treatment, and some don't believe that tracking patients' progress toward a goal is necessary.

"Many psychologists enter the profession after years of training and the development of a knowledge base that they value," Lewis says. "Unfortunately, clinicians are actually quite poor at judging how a patient is doing in treatment, and often overestimate patients' progress."

Some clinicians also worry that their patients don't want this information, or that it will show that the clinician is doing a bad job. Lewis notes, however, that in her observation, none of these things are true. "Patients don't mind completing outcome measurements if clinicians provide information about why they're collecting it," she says. "In fact, you often find that when providers start using outcome monitoring, it breaks down their resistance and shows them the great work that they are doing."

Butt also says that some clinicians may be concerned that the outcome measurements may not truly capture the progress a patient is making.

"Particularly for those who see the patients with the most problems, it's important to ensure they are not penalized for the outcomes they are getting," he says. Insurers, he notes, need to think about how best to adjust scores for providers based on the types of patients they see. Carol D. Goodheart, EdD, APA's 2010 president, also notes that

TOOLS FOR PRACTITIONERS

WHAT MEASUREMENT SYSTEMS ARE AVAILABLE?

There are more than 50 measurement feedback systems designed to support the implementation of measurement-based care in behavioral health care. A 2016 article by researchers at Kaiser Permanente's Washington Health Research Institute in Seattle discusses the characteristics and capabilities of each (Lyon, A.R., et al., *Administration and Policy in Mental Health and Mental Health Services Research*, Vol. 43, No. 3, 2016). Here are some of the most popular options:

■ **Free online measures.** The availability of free online measures and tracking systems has increased over the years, notes Zeeshan Butt, PhD, associate professor of medical social sciences, surgery, and psychiatry and behavioral sciences at Northwestern University. One popular option for behavioral health professionals is the publicly available Patient-Reported

Outcomes Measurement Information System (PROMIS), developed with funding from the National Institutes of Health. PROMIS provides clinicians and researchers reliable, valid and flexible measures that assess physical, mental and social well-being, including outcomes such as pain, fatigue, emotional distress and social participation. PROMIS has also developed computerized adaptive tests (CATs) that, for example, allow a clinician treating a patient for depression to shorten an assessment that typically includes 20 to 25 items to five or six questions without a loss of measurement precision.

■ **Web applications.** Better Outcomes Now, the web application of the Partners for Change Outcome Management System, and OQ-Analyst, a web-based software system offered by OQ Measures, both enable providers to administer questionnaires to clients

on a tablet, desktop, laptop or mobile phone device; provide real-time clinician and client reports; and include early warning treatment failure alerts.

■ **Patient registries.** These systems can be used to identify which treatments work best for which patients. One is APA's Mental and Behavioral Health Registry, an electronic database that enables practitioners to enter encrypted data to track patients' responses to treatment and report their outcomes seamlessly to the Merit-Based Incentive Payment System (MIPS). In addition, the American Psychiatric Association has its own MIPS registry, called PsychPRO. Other registries include FIGmd. Finally, the Patient-Centered Outcomes Research Institute's PCORnet is a digital network of electronic health records and claims data across health-care institutions, often used by researchers conducting outcomes monitoring research.



Online systems make it easier to implement measurement-based care.

changes in an individual's medical status need to be taken into consideration when insurers are examining patient outcomes for reimbursement, particularly for patients with significant medical and mental health conditions. Medication changes made by a patient's physician may cause significant side effects from a behavioral health perspective, she notes.

"How are these systems going to integrate the psychologist's data across multiple providers who may not be in the same system, and where are insurers going to attribute the change if a patient is getting better or worse?" asks Goodheart. "Those are legitimate nonhostile questions to be asking, and many of us are tuned in to that."

OVERCOMING OBSTACLES

For providers who are just beginning to incorporate outcome monitoring into their practices, a first step is to acknowledge that doing so will require an adjustment period. Practitioners will need to decide

which system they want to use (see sidebar), and then invest time and money into learning how to implement the system efficiently and effectively.

Lewis agrees, noting that with outcome monitoring becoming more prevalent, the field is offering more opportunities for hands-on training. For example, PracticeGround is an online community of therapists, trainers and researchers working to improve patient outcomes. The group hosts live and online training programs to help clinicians determine how to incorporate measurement-based care into their practices.

"So, if you're in a small practice and not sure how to begin, you can join a learning collaborative like this one and begin to try this stuff out," Lewis notes.

Persons also notes that finding ways to integrate outcome assessment into a practice seamlessly using technology is one of the most important factors in its adoption.

"We need to help clinicians collect outcomes monitoring data

quickly and easily in a way that's convenient for the patient," she says. "That means having tools that allow the patient to go on his or her phone before the session and answer the questions, and then the data are automatically plotted, and the patient walks in the door and the clinician and patient together can look at the results during the session."

Having easy access to patient data can be a critical tool leading to more productive conversations with patients who don't feel like their treatment is really helping them when the monitoring data show otherwise, says APA Practice Director of Research and Special Projects Vaile Wright, PhD. It can also serve to elicit feedback when a patient isn't showing progress.

"Maybe the clinician isn't measuring the right thing, but they won't know that unless they start to collect that data and then have a conversation with the patient," Wright says.

Overall, Persons says, measurement-based care can provide clinicians with the reassurance that they are doing what they can to help patients meet their goals.

"I have a significant number of patients who have very difficult and challenging clinical problems that I really struggle to understand and treat," she says. "In those moments where I'm not sure what to do next, it's reassuring to know that one thing I'm doing that contributes to good outcomes is monitoring progress every session. I'm providing top-quality measurement-based care for my patient." ■

FURTHER READING

Prevention of Treatment Failure: The Use of Measuring, Monitoring, and Feedback in Clinical Practice

Lambert, M.J.
APA, 2010

Using Technology in Mental Health Practice

Magnavita, J.J. (Ed.)
APA, 2018

Implementing Measurement-Based Care in Behavioral Health: A Review

Lewis, C.C., et al.
JAMA Psychiatry
2019

SPECIAL
SECTION

SERVING THE ARMED FORCES

A look at the care clinical and counseling psychologists provide to service members

BY ZARA GREENBAUM

THE U.S. DEPARTMENT OF DEFENSE (DOD) employs more than 8,000 psychologists, making it the nation's largest employer for the profession. Of this group, more than 600 clinical and counseling psychologists and nearly 1,000 civilian employees and contractors are tasked with providing clinical care to military service members and their families. Like other clinical psychologists, this group diagnoses and treats patients with behavioral health disorders and conducts psychological evaluations. But as members of the Army, Navy, Air Force or Marine Corps, those who commission as military officers—known as military clinical psychologists—also perform such



Lt. Cmdr. Amarjeet Purewal, PsyD, is embedded with a U.S. Marine Corps regiment, a fast-paced job that offers a mix of clinical, consulting and prevention work.



special services as advising commanding officers on unit wellness, culture and performance. And they benefit from valuable training and leadership opportunities early in their careers, says Capt. Carrie Kennedy, PhD, division chief of the Psychological Health Center of Excellence, part of the Defense Health Agency responsible for creating evidence-based protocols for psychological treatment, and the clinical psychology specialty leader for the Navy. ¶ “It’s been a joy supporting military service members who are sacrificing so much for our country,” she says. “They are a population that’s adaptable, committed, motivated and smart.” ¶ Separately, a handful of clinical psychologists serve members of the U.S. Coast Guard through contract work with the Department of Homeland Security. ¶ The *Monitor* interviewed psychologists across each of the armed forces to learn about the opportunities, benefits and challenges of providing clinical care to the military.

Army

Over the course of a career, an Army clinical psychologist might do everything from training interns to providing marital counseling to helping a soldier recover after returning from enemy capture. The vast array of opportunities is one of the main attractions for the 240 active duty psychologists in the Army, each of whom changes roles every three to four years.

“One of the things I’ve enjoyed most about my career has been the ability to spread my wings and try a lot of different things, even some that are peripherally related to psychol-

ogy,” says clinical psychologist Col. Rebecca Porter, PhD, the commander of the Army’s Public Health Command Europe.

In her role, Porter oversees epidemiologists, public health nurses, biochemists, pathologists, food inspectors, veterinarians and animal care technicians to ensure that water treatment, food processing and animal oversight at the Army’s European installations meet its public health standards. Throughout her career, she has also treated soldiers and their dependents, served as a congressional liaison and helped craft behavioral health policy for the Army.

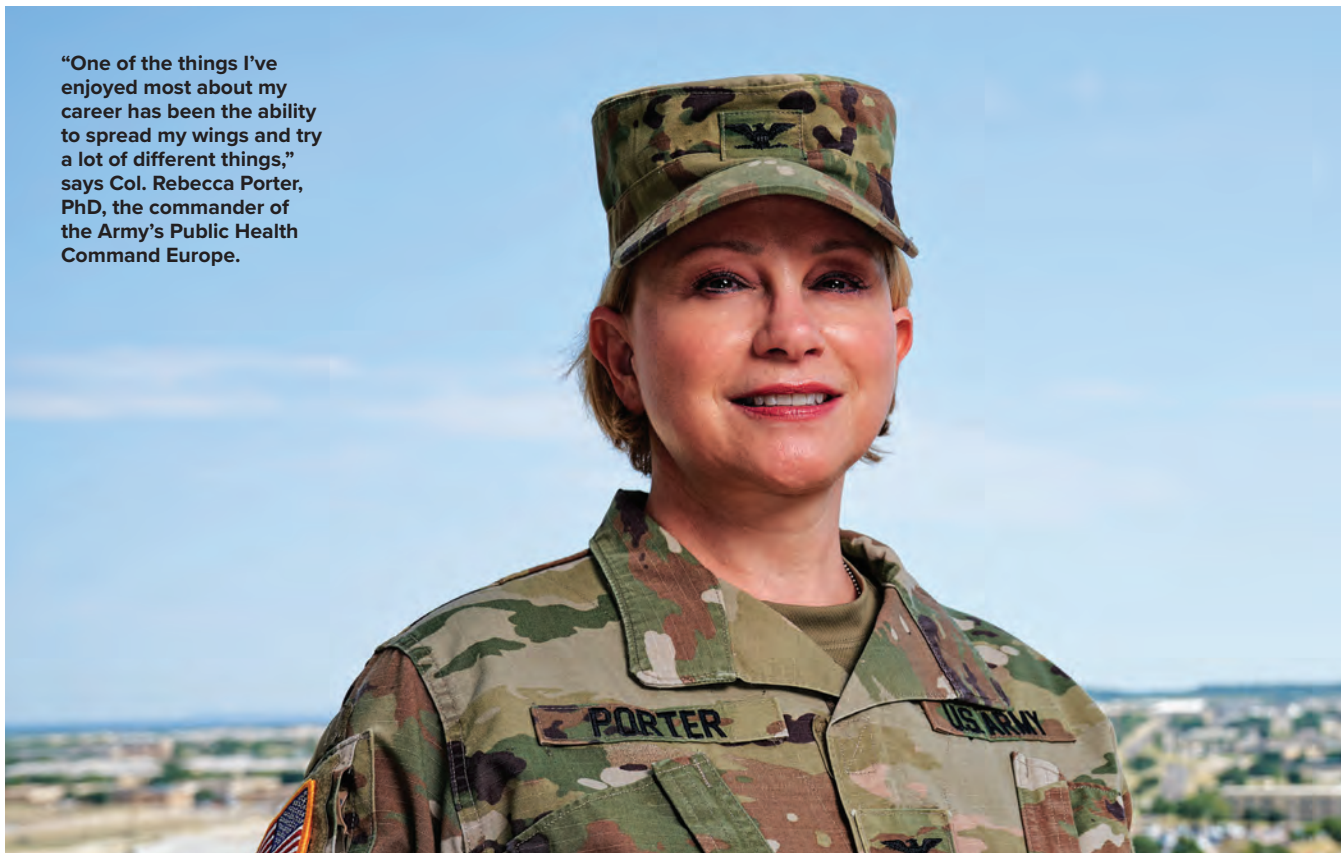
Active duty psychologists typically enter the Army as

captains through the Association of Psychology Postdoctoral and Internship Centers (APPIC) match program during their clinical internship year or through the Army’s postdoctoral residency programs. After completing the internship or residency at an Army medical center, a psychologist is typically assigned to a brigade, where he or she is responsible for the behavioral health care of up to 3,500 soldiers as part of a multidisciplinary team that includes other psychologists, social workers, counselors, a psychiatrist and a case manager.

This model, known in the Army as embedded behavioral health, is designed to increase clinicians’ cultural competence and reduce the stigma soldiers may feel at receiving mental health care by integrating providers with patients. Operating from a clinic at the brigade’s military base, psychologists split their time between providing clinical services and conducting evaluations. That can include assessing a soldier’s fitness for duty or their suitability to deploy—in addition to wellness and prevention efforts, such as promoting healthy leadership behaviors among commanding officers. Embedded behavioral health providers also interact informally with the brigade each week, observing soldiers’ field training and attending leadership meetings.

“Embedded psychologists

“One of the things I’ve enjoyed most about my career has been the ability to spread my wings and try a lot of different things,” says Col. Rebecca Porter, PhD, the commander of the Army’s Public Health Command Europe.



have a deep understanding of our patients’ work environment, duties and functioning, which provides a holistic picture of their experience and gives us more avenues to help them than a traditional provider might have,” says Lt. Col. Deborah Engerran, PsyD, ABPP, the psychology consultant to the Army surgeon general. For example, a psychologist can work with commanding officers to orchestrate a leave of absence for a distressed soldier to visit a sick relative.

CAREER PATHS

After working with a brigade for three to four years, many Army psychologists shift to a post at a military hospital or clinic or

receive training for a more specialized role, such as supporting special operations.

At a clinic or hospital, psychologists typically join an interdisciplinary team that provides care for soldiers as well as their spouses and children. Common concerns include interpersonal and adjustment issues, depression, anxiety and post-traumatic stress disorder (PTSD).

For instance, when Porter served as a clinical health psychologist at Tripler Army Medical Center in Hawai‘i, she collaborated with oncologists and endocrinologists to help patients with complex medical conditions make lifestyle

changes and integrate new treatment plans. Later in her career, she helped develop a treatment program for chronic pain. In tandem with other health-care providers, including psychiatrists, physical therapists, anesthesiologists, dietitians, dentists, acupuncturists and yoga teachers, Porter helped construct a program focused on integrated care, psychoeducation and cognitive and behavioral coping.

After his first tour as an embedded psychologist with the 82nd Airborne Division, Lt. Col. Michael DeVries, PhD, ABPP, applied for a role within special operations and was assigned to a specialized aviation regiment. To better care for the service mem-

bers in that regiment, DeVries completed additional training in advanced communication skills, job-competency analysis and airborne safety—including learning how to jump out of a plane during flight. He also studied survival, evasion, resistance and escape tactics, which enables psychologists to understand what soldiers experience behind enemy lines and to help them handle the stressors of enemy capture upon their return.

“Having the opportunity to help someone who has been through an incredibly stressful situation to return with honor, maximize their resiliency and rejoin their families and friends has been extremely rewarding,” he says.

DeVries provides clinical services for the families of special operations soldiers as well, helping family members manage the high-stress lifestyle and providing grief counseling when a soldier dies. He also uses psychological assessments to determine which soldiers are a good fit for special operations—typically those who are high in resilience, conscientiousness and adaptability—and delivers preventative services including resiliency training and executive coaching to help enhance performance.

Leadership. As their careers progress, Army psychologists assume leadership roles with increasing responsibility. In her previous role, Porter served as director of psychological health for the Army and as chief of the behavioral health division at the Army surgeon general’s office, where she worked to standard-

ize behavioral health policies across the service, including how to staff clinics and which treatment methodologies to use. She also launched a behavioral health data platform that collects screening information from patients at every psychology session—now used throughout the military—and served as a congressional liaison on topics such as PTSD and personality disorder diagnoses.

“You have the latitude to develop new policies and programs for service members and their families that can be promulgated across the entire Army and around the world,” she says.

Engerran, who joined the Army in 2002, is now also in a senior role as the psychology consultant to the surgeon general of the Army, where she oversees the recruitment, training and talent management of all Army psychologists. She also advocates for the profession within the Army, for instance to further expand the role of Army psychologists outside clinic and hospital settings.

Other opportunities for psychologists include program director positions at the Army’s internship and postdoctoral residency programs as well as teaching positions at the Uniformed Services University of the Health Sciences (USUHS) in Bethesda, Maryland; the National Defense University in Washington, D.C.; or the Army Medical Department Center and School in Texas.

In addition to the Army’s active duty psychologists, a handful of contractors and more than 500 government civilian

psychologists deliver services to soldiers and their families in hospitals, at clinics and as providers embedded with Army brigades.

HOW TO FIND A JOB

Psychologists interested in Army careers have several options. Doctoral students studying clinical or counseling psychology in an APA-accredited program can seek a clinical internship in the service through the APPIC match program. They should concurrently connect with a medical recruiter (via GoArmy.com) to obtain the necessary screenings and clearances to commission as an officer in the Army.

Alternative pathways to active duty include USUHS, which offers free tuition and full salary to service members who have already commissioned with the Army, Navy or Air Force; the Health Professions Scholarship Program, which offers tuition to second-year doctoral students who agree to commission upon completing their degree; and the Army’s postdoctoral residency programs. Licensed clinical and counseling psychologists who have completed APA-accredited doctoral programs and internships can also enter the service through a medical recruiter.

To find government civilian positions in the armed services, psychologists should visit the federal job boards at USAJOBS.gov. Various contracting companies also hire psychologists with specialties such as forensics and neuropsychology and typically advertise on websites like

SALARIES

What military psychologists earn

Starting salaries

\$80,000+, plus benefits

Bonuses

\$5,000 annually for licensure and \$6,000 annually for board certification

Signing bonuses

\$37,500 for a three-year contract; \$60,000 for a four-year contract

Retention bonuses

\$10,000 per year after two years, \$15,000 per year after three years, \$20,000 per year after four years and \$35,000 per year after six years

Indeed.com or in the *Monitor*.

Upon entering the Army, all active duty medical providers attend a four-week Direct Commission Course, where they learn leadership skills and details about Army structure and missions before beginning their internship or first tour. Government civilians typically receive a shorter orientation from an immediate supervisor.

Engerran says the best Army psychologists aim to do more than just provide outstanding care.

“We’re looking for people who want to work on a team and find ways to help their patients as individuals, as soldiers and as part of the entire Army ecosystem,” she says. “This job will call on you to expand yourself beyond the traditional duties of a clinician.”

Navy

There are 187 active duty clinical psychologists in the Navy. These clinicians work in the United States and abroad in training and administrative positions or are embedded with naval surface forces, submarine forces, or special operations units as well as Marine Corps units. The Navy also employs 140 government civilian and 117 contract clinical psychologists, who primarily work in hospitals and clinics.

Common clinical issues tend to mirror what’s seen in the general population, including anxiety, depression and relational issues. PTSD resulting from combat or sexual trauma affects just under 2% of sailors, according to Kennedy of the Navy’s Psychological Health Center of

Excellence. But the most common mental health diagnosis across the military health system, says Kennedy, is adjustment disorder.

“Most service members are young and living away from home for the first time. They’re also adjusting to the major changes that go along with entering the military—loss of freedom, individuality and privacy,” she says.

Young patients often complain of homesickness, trouble with a partner or doubts about choosing to join the Navy. Treatment and intervention for adjustment disorder typically involves cognitive-behavioral therapy (CBT) and mentorship from senior enlisted personnel.

An increasing number of service members are self-referring for treatment, thanks in part

ACCESS TO CARE

MEETING PATIENT NEEDS

Across the military, service members can get a one-on-one session with a psychologist by four different paths. Ideally, they **voluntarily seek treatment** through a confidential appointment. Service members can also be referred by a **primary-care provider** or receive a mandatory evaluation as part of a routine screening for certain **specialized jobs**, such as drill sergeant or recruiter. And in some cases, a commander may ask a psychologist to perform a fitness-for-duty evaluation on a service member that may **pose a danger to self or others**.

“That’s the way you don’t want to be



referred,” says Capt. Carrie Kennedy, PhD, division chief of the Psychological Health Center of Excellence and the clinical psychology specialty leader for the Navy. “Typically, someone has behaved in a way—usually involving safety and judgment—which alarmed the command sufficiently that they’ve

asked a mental health provider to decide whether or not they are fit for duty.”

The clinician then conducts a comprehensive mental health evaluation and provides feedback to the service member and commanding officers, which may include a recommended treatment plan, a limitation of duties or a permanent medical discharge from the military. Kennedy says that service members who refer themselves for care early, when symptoms are mild and haven’t caused safety concerns, are much less likely to have duty-limiting recommendations compared with those who are referred by a commander.

to organized efforts to reduce stigmas, Kennedy says. For example, military policy dictates that in certain situations, such as when personnel present with mild, transient concerns or report a sexual assault, mental health providers are not required to notify commanders about the visit.

That said, Kennedy notes that an inherent tension exists between military psychologists and their active duty patients: Psychologists not only provide support and treatment; they are also responsible for recommending limited duties or, in severe cases, medical separation.

“The military is not a place for serious mental health symptoms” such as psychotic or personality disorders, says Kennedy. “There’s a reason why serious symptoms make you unfit for duty when you’re frequently armed and other people’s lives are at stake based on your decisions and actions.”

The result is that patients may hesitate to seek help for fear of losing their job—or may even seek help disingenuously to avoid an undesirable mission, which can prove difficult for psychologists tasked with evaluating them.

“The challenge is to remain an advocate for your patient—even if you’re making a choice that they feel is incorrect—without creating an adversarial relationship,” says Mary Brinkmeyer, PhD, a civilian Navy employee and assistant training director for psychology training programs at the Naval Medical Center Portsmouth in Virginia.

Navy psychologists are often on the move, says Capt. Carrie Kennedy, PhD, division chief of the Psychological Health Center of Excellence. “Since 1999, I’ve moved eight times and deployed twice.”



CAREER PATHS

There are many training opportunities for uniformed psychologists interested in gaining specialty knowledge and skills. After her first tour overseeing outpatient mental health services and substance use rehabilita-

tion at the U.S. Naval Hospital Okinawa in Japan, Kennedy completed a postdoctoral fellowship in neuropsychology at the University of Virginia. The arrangement, known as duty under instruction, afforded her a full salary for full-time study.

After the fellowship ended, Kennedy began a tour at the Naval Aerospace Medical Institute (NAMI) in Pensacola, Florida. Soon after, she became the first clinical psychologist to complete the aeromedical officer training program.

The rigorous six-month program, required for clinicians—including mental health providers, physicians and flight surgeons—who treat aviators, includes academic coursework on aerodynamics, aviation regulations, navigation, standard aircraft systems and the strict physical and mental health protocols required for Navy and Marine Corps aviators to attain and maintain flight status. The program also includes practical skills training such as land survival, water survival and learning to fly fixed- and rotary-wing aircraft. Though they aren't qualified as military aviators, aeromedical officers must understand the demands of flight duty in order to make informed decisions regarding flight status for sailors and Marines.

Kennedy then deployed with a Marine medical battalion, where she worked in a combat hospital evaluating acute blast concussions in service members, served as the department head of mental health at a clinic in Bahrain, and now leads the Psychological Health Center of Excellence. She says the hardest part of her career has been the constant moving.

"It's hard on families and on the individual—as soon as you get comfortable somewhere, you're off again," she says. "You do get to see some amazing

"A number of people join the military because they've experienced a high degree of trauma, loss or economic instability. They've developed a lot of strengths to get to the point where they are today."

MARY BRINKMEYER, PhD
NAVAL MEDICAL CENTER PORTSMOUTH

places, but you're on the move a lot. Since 1999, I've moved eight times and deployed twice."

For psychologists who are not interested in active duty, contractor and government civilian positions offer more consistency. Unlike in the Army, most Navy contractors and government civilians are not assigned to embedded or operational roles. Instead, they work primarily in Navy clinics and hospitals, both in the United States and overseas.

Learning curve. Some psychologists become military contractors after serving as active duty officers. But for those who enter without military experience, the role can require some adjustment. "The military has its own language, rules and jokes—and people are very defined by their ranks and roles," says Brinkmeyer, who became a Navy contractor in 2008 after completing postdoctoral training in pain management at the University of Florida and is now a civilian government employee. The first time she called for a patient in her clinic's waiting room, for instance, she was met with silence when she used the patient's first name. After a few tries, the patient informed Brinkmeyer that in the military,

officers expect to be addressed by their rank and last name.

Brinkmeyer spent four years as a pain psychologist in a Navy orthopedic clinic on an interdisciplinary team with orthopedic surgeons, physician assistants, physiatrists, physical therapists, anesthesiologists and primary-care case managers. There, she offered CBT as well as psychoeducation about pain.

She then moved to the Center for Deployment Psychology in Bethesda, Maryland, part of the Henry M. Jackson Foundation for the Advancement of Military Medicine, where she worked as a contractor for two years assisting with training activities related to chronic pain.

In 2014, she became assistant training director for psychology training programs at the Naval Medical Center Portsmouth. She oversees training for a group of psychology interns who enter the Navy through USUHS and the Health Professions Scholarship Program, as well as postdoctoral scholars recruited from civilian graduate schools.

Brinkmeyer says she enjoys the diversity of her patients and trainees—more than 8% of enlisted sailors were born outside the United States—and admires their resiliency. "A number of people join the military because they've experienced a high degree of trauma, loss or economic instability. They've developed a lot of strengths to get to the point where they are today," she says.

HOW TO FIND A JOB

Pathways into the Navy mirror those available to Army psy-

chologists. Government civilian opportunities are listed at USAJOBS.gov, while contract work is listed in traditional job forums such as the *Monitor* or Indeed.com. Psychologists-in-training seeking active duty positions can enter through the APPIC match, USUHS or the Health Professions Scholarship Program. The Navy also offers a one-year, APA-accredited post-doc fellowship, awarded annually to three psychologists who have completed doctoral programs but are not yet licensed. Fully qualified clinical psychologists can enter the Navy directly. All those pursuing active duty roles should also connect with a medical recruiter via Navy.com.

After commissioning with the Navy, active duty psychologists attend Officer Development School in Newport, Rhode Island. The five-week program teaches health-care personnel basic naval history, customs, policies, etiquette and essential skills such as how to put out a shipboard fire. New officers must also pass a physical-readiness test that includes situps, pushups and a timed run.

Across the military, psychologists say prioritizing physical fitness can help clinicians gain

the respect of those they treat. Kennedy also advises internship applicants to showcase their clinical training in evidence-based treatments for common mental health conditions, as well as their writing abilities, which are crucial for drafting clinical reports and other internal briefs.

Marine Corps

Unlike the other armed forces, the Marine Corps does not operate its own medical department. Instead, Navy clinicians provide care to Marines through Navy hospitals, clinics and embedded health-care providers. Currently, 15 Navy psychologists who have completed at least one traditional tour have been selected for specialized embedded roles, where they perform a mix of clinical, consulting and prevention duties for Marine units.

One is Lt. Cmdr. Katherine Pierce, PsyD, who deployed with a Marine unit to Afghanistan, where she assessed the readiness of Marines for combat, provided short-term treatment for minor concerns such as relationship stress and ran prevention groups for smoking cessation and sleep issues. In 2016, Pierce joined a unit at Marine Corps Base Camp Pendleton in California as an embedded psychologist.

In this role, she spends about a third of her time on traditional clinical duties: meeting with patients, diagnosing mental health conditions and providing short-term treatment for mild to moderate concerns such as anxiety or adjustment disorder. Of the 4,300 Marines within her



purview, Pierce treats about 50 a month.

Another third of her time is spent on prevention and outreach across the unit, such as organizing a symposium about the effects of smoking, caffeine and stress on the brain. Pierce also conducts skills-training workshops with smaller groups, where members of her unit learn mindfulness exercises, ways to improve team dynamics and goal-setting exercises.

"We've found that the units that develop these skills tend to have less internal disagreements and are better able to manage the various stressors they encounter," Pierce says.

Pierce, like other embedded

"If you prefer a set schedule or enjoy treating one particular condition, this job probably isn't for you. But if you're passionate about treating a range of mental health concerns in a variety of settings, it's an incredibly rewarding career."

LT. CMDR. KATHERINE PIERCE, PsyD



Lt. Cmdr. Amarjeet Purewal, PsyD, shadows groups of Marines to build personal relationships and better understand their job duties.

psychologists, spends the final third of her time consulting with the unit's commanding officers, which may involve reporting on a Marine's fitness for duty or discussing more general psychological concerns within the unit.

When Lt. Cmdr. Amarjeet Purewal, PsyD, another psychologist embedded with a Marine regiment, noticed a pattern of concerns about unit dynamics, he worked with command so that leadership could adapt and better meet the needs of the Marines in his regiment. He also helped implement changes in the medical separation process for Marines with mental illness and has actively worked to address an increase in suicide attempts.

"We get an inside look at a unit's dynamics," Pierce says, "which not only helps us more effectively treat individual patients but also allows us to aid commanders in reducing stress throughout the unit."

Purewal says that Marine psychologists need a strong clinical foundation, as well as training or experience in industrial-organizational or community psychology to facilitate working within a complex system.

"You treat an individual, but you also consider how that person is linked to the command and the Marine Corps as a whole," he says. "As an embedded psychologist, we're invested in all three."

The biggest challenge for both Pierce and Purewal has been combating the sometimes powerful stigma around mental health within the Marine Corps.

"If someone breaks a bone, the orthopedic surgeon tells the commanding officer exactly when that Marine can get back in the fight," Purewal says. "With anxiety or depression, it might be a month, it might be six months or it might be longer—and that gray area is difficult for some to grasp."

Building relationships within the unit is one way to gain credibility. On top of meeting with commanding officers and conducting about five patient sessions each day, Purewal shadows various groups of Marines, such as communications and motor teams, to forge personal connections and better understand their job duties. He might observe weapons training one day and accompany a platoon on a 12-mile hike the next. Pierce demonstrates her interest and commitment to her unit's mission by attending meetings not directly related to her job duties, such as operations briefs.

Ultimately, Navy psychologists seeking embedded roles with the Marines should be flexible and open to general clinical work and a fast-paced environment.

"If you prefer a set schedule or enjoy treating one particular condition, this job probably isn't for you," Pierce says. "But if you're passionate about treating a range of mental health concerns in a variety of settings, it's an incredibly rewarding career."

Coast Guard

With approximately 41,000 active duty members and 6,000 reservists, the Coast Guard is the smallest of the armed forces. It also has the smallest mental health-care team, with just four psychologists, four psychiatrists and one psychiatry physician assistant. All four psychologists are civilian contractors; two are stationed in New Jersey and two are at the U.S. Coast Guard Academy's cadet counseling center in New London, Connecticut.

The Coast Guard's model for providing health care resembles that of the other services, but Coast Guard psychologists typically only treat active duty and reserve members, not dependents. They also only conduct routine outpatient services and urgent visits; all personnel requiring inpatient care are referred to local DOD or civilian clinics.

Before accepting a civilian contractor position supporting the Coast Guard's training center in 2018, Monique Tremaine, PhD, delivered neurorehabilitation services as the director of psychology and neuropsychology at the Kessler Institute for Rehabilitation in West Orange, New Jersey. Now a contract neuropsychologist at the U.S. Coast Guard Training Center in

Cape May, New Jersey, Tremaine collaborates with one psychiatrist and a team of counselors specializing in substance use and domestic violence to treat both recruits and active duty members.

Common concerns include a typical range of various life stressors—health problems, adjustment issues, relationship stress, anxiety and depression—as well as some cases of PTSD. As with other services, patients either seek mental health care, are referred for evaluation by a primary-care provider or are referred for evaluation by a commanding officer to assess whether they are fit for duty. Tremaine also performs some fitness-for-adoption evaluations, assessing prospective parents' history of mental illness, personalities and parenting styles.

The eight-week boot camp program at Cape May trains around 4,000 Coast Guard members each year. When training begins, Tremaine and her team evaluate each recruit's mental health history. She typically treats six to seven patients per day, about half of whom are recruits.

"Certain recruits may have difficulty adjusting to the military setting, especially if they have a history of mental health that has gone untreated," she says. "My role is to support them through their graduation and to

determine which recruits may not be fit for a military career."

Tremaine says the rigors of training can highlight disorders that might have been minimized or underreported. For example, one man experienced a relapse of obsessive-compulsive disorder that he had believed to be managed. For those with a background of abuse, Tremaine says training can unexpectedly trigger memories of unfair treatment in the past. As a result, recruits may threaten physical aggression or experience suicidal ideation during training.

"There's always a point, especially in the initial weeks of training, where many recruits feel lost or incapable," she says. "Empowering them to move through those stages and seeing them through to graduation has been extremely gratifying."

CAREER PATHS

Because all psychologists working with the Coast Guard are contractors, they do not face the relocation requirements of active duty psychologists, though some may travel occasionally to provide services in remote areas.

Despite this added stability, Tremaine says acclimating to military culture as a civilian—including memorizing ranks and learning how to address active duty members—has been the most challenging part of her job.

"I come in with experience because I've been in my field for 15 years, but on the other hand I'm completely new to the military. I'm still navigating that," she says.

To help ease the transition, psychologists complete an



"Certain recruits may have difficulty adjusting to the military setting, especially if they have a history of mental health that has gone untreated."

MONIQUE TREMAINE, PhD, U.S. COAST GUARD TRAINING CENTER



onboarding process where they learn about military and Coast Guard policies as well as local operating procedures. During her first month on the job, Tremaine also received mentoring from the resident psychiatrist, met with the commanding officer at the training center and observed recruits in training.

For civilian psychologists considering a career in the military, Tremaine says it's possible to encounter policies or practices that conflict with one's personal values.

"But these conflicts are actually opportunities to ask the difficult questions that may ultimately bring about change," she says. "Confronting the stigmatization of mental health treatment, for example, creates a path for those who need treatment to begin getting that help."

To work with the Coast Guard, psychologists must first complete an APA-accredited graduate program and internship and obtain a license to practice. Experience treating PTSD, substance use and domestic

Dr. Monique Tremaine counsels both recruits and active duty service members at the U.S. Coast Guard Training Center in Cape May, New Jersey.

violence—or working with uniformed service members or veterans—can help psychologists prepare to excel in such a role. Psychologists should also familiarize themselves with Department of Veterans Affairs (VA) and DOD clinical protocols for mental health disorders, such as the *VA/DOD Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder*.

FINDING A JOB

To learn more about opportunities at Coast Guard stations, psychologists can contact the Operational Medicine and Quality Improvement Division at Coast Guard headquarters in Washington, D.C. For information about openings at the U.S. Coast Guard Academy, visit the cadet counseling center online at www.uscga.edu/counseling-services.

Air Force

In the Air Force, approximately 245 active duty psychologists, 20 government civilians and 75 contractors provide clinical care for more than 320,000 airmen and their families. While most of those psychologists work in Air Force clinics and hospitals, about 60 are embedded with Air Force units. Other roles include staffing the student counseling center at the U.S. Air Force Academy, in Colorado Springs, Colorado, conducting human performance research at Wright-Patterson Air Force Base in Ohio and creating and implementing policies around things like telehealth

and suicide prevention at the Air Force Medical Readiness Agency.

When Col. William C. Isler III, PhD, first entered the service 23 years ago, he worked in a clinic at McChord Air Force Base in Washington state, where he treated conditions such as depression, anxiety, substance use disorder and PTSD. He also helped airmen manage marital challenges, work stress and interpersonal conflict. He then entered the Air Force's two-year fellowship in clinical health psychology at the Wilford Hall Ambulatory Surgical Center in Texas. As part of his training, he partnered with primary-care providers, treated patients with chronic pain and conducted research on insomnia.

Continuous growth. Since completing the fellowship, Isler has held several clinical and policy leadership roles. He is now the psychology consultant for the Air Force, responsible for recruiting, retaining and assigning psychologists to specific roles. As in the other services, active duty Air Force psychologists begin a new tour every three to four years. When deciding where to place them, Isler considers three factors: the needs of the Air Force, the desires of the officer and the officer's professional development.

"It's nice when all three of those line up, but that isn't always the case," he says.

And though frequent moves can prove challenging for service members and their families, "every move stretches the officer, builds on past experience and prepares that person for greater levels of leadership," says Isler.



Specifically, psychologists usually begin their work in the Air Force supervising two to five people, and they may ultimately hold a policy role, command a medical operations squadron of several hundred airmen or run an entire military treatment facility.

Col. Christopher Robinson, PhD, MPH, has held several

such leadership roles after delivering traditional clinical services in the Air Force for more than a decade. For three years, he served as a squadron commander at a military hospital in Las Vegas, where he oversaw nearly 500 health-care providers across the facility's outpatient clinics. Robinson has also served on

the faculty of USUHS, conducted research on chronic pain and smoking cessation and led the Air Force's alcohol misuse prevention and treatment program. He later served as the deputy director for psychological health at the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury and now oversees sexual assault prevention, suicide prevention and resilience at the Air Force's Integrated Resilience directorate.

"Rather than focusing on an individual patient's well-being, policy work has given me a broader reach," Robinson says. "Now, my patient is the entire population of the Air Force."

The emphasis on leadership in the Air Force—and across the armed forces—means that early career psychologists often receive opportunities reserved for more senior providers in the civilian sphere, according to Maj. Amileah Davis, PhD, ABPP. Within two years of completing her counseling psychology degree, Davis ran two programs: one focused on suicide prevention and the other on substance use prevention and treatment.

"None of my peers outside the military were afforded the opportunity to learn and grow that quickly," she says.

Now, Davis is a resiliency flight commander in a special operations unit. She oversees an interdisciplinary team of medical and spiritual professionals who provide integrated care for special operators and their families. She also provides training and consultation to improve

Col. William C. Isler III, PhD, is the psychology consultant for the Air Force, responsible for recruiting, retaining and assigning active duty Air Force psychologists for specific roles.

team dynamics, performance and resilience within her squadron.

To serve in special operations, Davis completed advanced postdoctoral training in several areas and obtained certifications in aeromedical psychology and survival, evasion, resistance and escape tactics to help special operators return honorably in the event of enemy capture. She regularly uses methodologies such as leadership coaching, special duty evaluation and biofeedback.

"To support my unit, I need expertise in a really wide spectrum of psychological capabilities, including aspects of clinical, industrial-organizational and sports psychology," Davis says. "It's a long list of skills to master, which can be a challenge."

That said, Davis has found it rewarding to support special operators, a population she says is high functioning, incredibly skilled and willing to risk their personal safety to complete essential yet dangerous missions. And she says embedded roles like hers are a key part of the Air Force's efforts to reduce stigma around mental health.

"Having providers embedded with the units sends a strong message that keeping ourselves healthy and well is the foundation for mission success," she says.

The emphasis on leadership in the Air Force—and across the armed forces—means that early career psychologists often receive opportunities reserved for more senior providers in the civilian sphere.

HOW TO FIND A JOB

Students ages 18 to 41 pursuing a doctorate in clinical or counseling psychology in an APA-accredited program can apply to serve in the Air Force. Common pathways include studying at USUHS, participating in the Health Professions Scholarship Program or entering one of three clinical psychology internship programs in the Air Force. Licensed psychologists who have completed an APA-accredited graduate program and internship can contact a medical recruiter to learn about active duty opportunities, while clinicians who do not wish to deploy to combat zones are good candidates for government civilian and contractor roles.

"We are looking for generalists that we can train with a military focus," Isler says, adding that it can help to have training on evidence-based care for PTSD, concussion management, depression, anxiety, adjustment disorder, marital issues or volitional problems.

Commissioned officers complete an eight-week officer training course, where they study military leadership principles and conflict resolution skills. AirForce.com and the Wilford Hall Air Force Psychology Internship Facebook page are good places to learn more about active duty opportunities.

"My advice to psychologists: Be open to a demanding yet very fulfilling career in the Air Force," Isler says. "Things are always changing, so you need to be flexible. But that also offers a lot of opportunities for people interested in continuous growth and leadership." ■

PERSONALITY PURSUITS

The Personality and Self-Knowledge Lab at the University of California, Davis, investigates how well we know the person in the mirror—and is advancing a movement to improve research methods in psychology

BY SIMON MAKIN

How well do you recognize your own personality traits? Many laypeople have long assumed that nobody can know us better than we know ourselves. But is that true?

Simine Vazire, PhD, who directs the Personality and Self-Knowledge Lab at the University of California, Davis, has built a career trying to answer that question. She's amassed evidence that other people's estimates of our personalities can be at least as accurate as our own self-reports—and sometimes more so. She's found that self-knowledge is more accurate for traits that other people can't easily observe from the outside, such as neuroticism, whereas traits that are seen as desirable (or undesirable), like intellect, are estimated more accurately by others. Vazire has also contributed to understanding narcissism, challenging the assumption that narcissists lack insight into their own self-centeredness.

Over the years, her interest in the methods used to study those questions has also led her to take a leading role in one of the most important areas in science today: replicability. She co-founded the Society for the Improvement of

Psychological Science (SIPS)—which aims to improve research practices in psychology—and she blogs about research methods and replicability and advocates open science practices. “It feels pretty easy to dedicate a lot of time to replicability because that’ll directly improve the value of my substantive work,” she says.

A PERSONALITY PUZZLE

Right now, that substantive work includes research on how people's personality and behavior may fluctuate over time, and how aware they are of these short-term changes.

One recent study, for instance, measured people's self-knowledge at different moments by comparing self-reports of their personality traits gathered four times a day for seven days with concurrent data gathered using a device called the Electronically Activated Recorder (EAR), which recorded periodic snippets of participants' conversations using an iPod Touch. Those conversations were then coded by the researchers for the personality states. Vazire and graduate student Jessie Sun found that people had insight into fluctuations in some aspects of their personality, including

RESEARCH FOCI

The Personality and Self-Knowledge Lab is:

1
Studying the accuracy of people's perceptions of their own and others' personalities.

2
Examining methodological issues and advocating for replicability and open science practices in psychology.

extraversion, conscientiousness and neuroticism. But they did not seem to recognize as accurately their degrees of agreeableness, which Sun suggests could contribute to interpersonal problems (*Psychological Science*, Vol. 30, No. 3, 2019). In another not-yet-published study, Sun used the same approach to confirm previous reports that more social interactions are associated with greater happiness—and found that in addition to being true on average, this also held true from moment to moment (*PsyArXiv*, Aug. 5, 2019).

This work grows out of Vazire's long-standing interest in how personality drives behavior and how well people can understand and recognize their own traits. Her first taste of research on self-knowledge was as a graduate student at the University of Texas at Austin, with her adviser, Samuel Gosling, PhD. The two submitted a paper on how people present themselves on personal websites, in which they had used both self- and peer reports to measure participants' personalities. A reviewer of the manuscript commented that self-reports were obviously the better choice to measure personality, and Vazire began to wonder if that



was really true. “I found it a much more interesting question than what I was studying, so I started studying that,” she says. The methodological query soon led her to more theoretical questions about where, and why, people have gaps in their self-knowledge and areas where other people can see them more accurately than they see themselves.

Those are not easy questions to answer because it’s tricky to compare the accuracy of self- and other-personality estimates without an objective “ground truth” to compare them with. How do you know what people’s personalities really are, other than from the self- and other-reports that you’re trying to compare? Fortunately, Vazire happened to be in the Austin graduate program at the same time as fellow graduate student Matthias Mehl, who, with his adviser, James Pennebaker, PhD, had developed the EAR device. Vazire realized she could use this to test the validity of self- and peer reports. “Up to then, most of the literature on self- and peer reports of personality just compared them with each other, which can only take you so far,” says Vazire. “The EAR gave us a way to measure what people are like, independently of self- and peer reports, outside of the lab, in their real life.”

Using this approach, Vazire has gathered evidence that not only is neither self-knowledge nor other-knowledge inherently more accurate, but each provides unique information as well. For instance, in one study, self-ratings more accurately predicted time spent arguing, whereas others’ ratings were

more accurate for instances of talking one-on-one and attending lectures (*Journal of Personality and Social Psychology*, Vol. 95, No. 5, 2008). The implications of this for researchers was to elevate peer reports as a useful measure and to provide support for the idea that combining information from multiple perspectives might produce better predictions.

Vazire has also used the EAR to investigate the behavior and self-knowledge of a specific group of people high in narcissistic traits like arrogance and vanity. In one study, she and Mehl asked: How do narcissists actually behave in their day-to-day lives? Their results confirmed findings from lab-based studies that people who score high on narcissism are more extraverted, less agreeable and use more sexual language (Holtzman et al., *Journal of Research in Personality*, Vol. 44, No. 4, 2010). Vazire's former graduate student at Washington University, Erika Carlson, PhD, who now runs the Self-Knowledge and Interpersonal Perception Lab at the University of Toronto, led another study that used self- and other-reports to study

the self-awareness of people with narcissistic traits, as well as their "meta-perceptions" of how they think others see them. She found that narcissists generally know they have narcissistic traits, such as arrogance, and are aware that others view them more negatively than they view themselves—challenging the idea that narcissists lack self-insight (*Journal of Personality and Social Psychology*, Vol. 101, No. 1, 2011). "We go to great lengths to measure narcissism in a way that obscures what we're measuring, but this suggests that actually you can just ask people," Vazire says.

METHODS MATTER

While methodological issues had long been an interest of Vazire's—concurrent with her personality research—her interest in methodology intensified in the early 2010s, when questions of replicability began to consume some areas of psychological research. "For many of us, we'd been seeing what came across our desks, thinking, it can't be that perfect," Vazire says. "I was still shocked at the extent of the problem; I'd way underestimated how much these little

corners we were cutting could make something out of nothing, and how many things we were sure about failed to replicate."

Vazire dove into these debates, starting a blog on the issue in 2014. She also began to do research. For example, she and R. Chris Fraley, PhD, a psychology professor at the University of Illinois at Urbana-Champaign, were frustrated that the only journal ranking system that scholars pay attention to—impact factor—does not take into account the quality of the published research. So, they published a study assessing journals in terms of the average sample size and statistical power of the papers they published, a metric they called "N-pact Factor." Studies with higher power are more likely to detect genuine and replicable effects. They found that some journals consistently publish higher-power studies than others (*PLOS ONE*, Vol. 9, No. 10, 2014). "Our goal was to get people thinking: Should we have a ranking that reflects quality better?" Vazire says. "This would be a tiny first step, but hopefully others would develop more measures, then we could come up with a metric that combines them."

After joining the faculty at the University of California, Davis, in 2014, Vazire reached out to Brian Nosek, PhD, a professor at the University of Virginia and the executive director of the Center for Open Science. "I wanted a space where people who agreed we can do better could come together and work on improving things, without getting bogged down

FURTHER READING

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2012

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Journal of Personality and Social Psychology
2010

You Probably Think This Paper's About You: Narcissists' Perceptions of Their Personality and Reputation
Carlson, E.N., et al.
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2011



Dr. Simine Vazire (second from right) and her Personality and Self-Knowledge Lab team.



The lab has challenged the assumption that narcissists lack insight into their own self-centeredness.

debating how big the problem is, who caused it,” she says. Together, they planned the first meeting of what became SIPS, in June 2016. SIPS brings together scholars working to improve methods and practices in psychological science, primarily through putting on an annual conference. Attendance at these meetings has ballooned, going from 100 in 2016 to 530 this year. They also work to improve the training and practices of psychologists and the policies and norms of journals, societies and universities; conduct empirical studies on the current state of research practices in psychology; and engage in outreach activities. “We’re more of a service organization than an advocacy organization,” Vazire says. “We try to facilitate people who share our mission coming together and working on projects that they think will achieve those goals.”

One of the things to have come out of SIPS conferences Vazire is happiest about is the Psychological Science Accelerator, a network of psychology labs distributed across 60 countries

that promotes collaboration between members. “The idea is to be like the CERN for psychology, to facilitate large-scale collaborations across many different labs,” Vazire says. Besides enabling large amounts of evidence to be gathered, “it also allows collecting data from all around the world, which for many psychological questions is really important, to know if things hold in different cultures, or if context matters,” she says.

Vazire was also a member of the panel that worked on the recent National Academies of Sciences, Engineering, and Medicine (NASEM) report *Reproducibility and Replicability in Science*, though she resigned before the report was published, citing frustration with the committee’s process and conclusions.

Today, Vazire’s lab reflects her interest in both personality and methods. Jessie Sun works mainly on personality research, while graduate student Julia Bottesini is studying how an oft-overlooked stakeholder in psychological research—participants—view research practices.

Do participants want researchers to share their (anonymized) data with other researchers, to verify claims? Do they care if studies they participate in that find negative results are never published? Or if it’s published in an open-access journal rather than behind a paywall? “So far, it looks like psychology research participants are very supportive of open science practices and tend to disapprove of practices like p-hacking and file-drawer studies,” says Bottesini. She is also working on ways of analyzing journal articles to determine if reforms are affecting the quality of research being published. “Coming up with new tools, procedures and norms to improve science is great, but how do we know if they’re actually having the intended effect?” she says. “As scientists, we shouldn’t rely on anecdotal evidence of improvement. We should base our decisions on real data.”

Vazire, meanwhile, views her activism in research methods as a necessary investment, though it has slowed her personality research. “But it’s like when you notice there’s a major leak in your house. You can keep working on that nice shed you were building outside, but you feel most of your time should be spent fixing the really urgent problem,” she says. “As long as we don’t fix replicability leaks, we’re losing a lot of the resources and time we’re investing in 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.”



MORE KIDS IN FOSTER CARE

As the opioid epidemic has grown, so has the number of youth who end up in foster care because of parental drug use

442,995

Number of youth living in **foster care** in the United States as of September 2017, according to data from the Administration for Children and Families. That's a **1.5% increase** from 2016 and an **11.6% increase** from 2012, when the number began to rise after more than 10 years of decline.

36%

The percentage of children entering the foster care system in 2017 because of **parental drug use**, compared with **15%** in 2000. In 2016, five out of six states with the highest rates of death from opioid overdoses had increases in foster care rates, with **West Virginia** holding the highest rates of both.

60%

The percentage of children **under age 5** who entered foster care due to parental drug use in 2017, compared with **40%** in 2000. These children were also **9%** more likely to be white and **14%** more likely to be from the southern United States than they were in 2000.

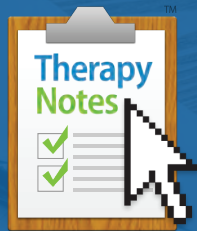
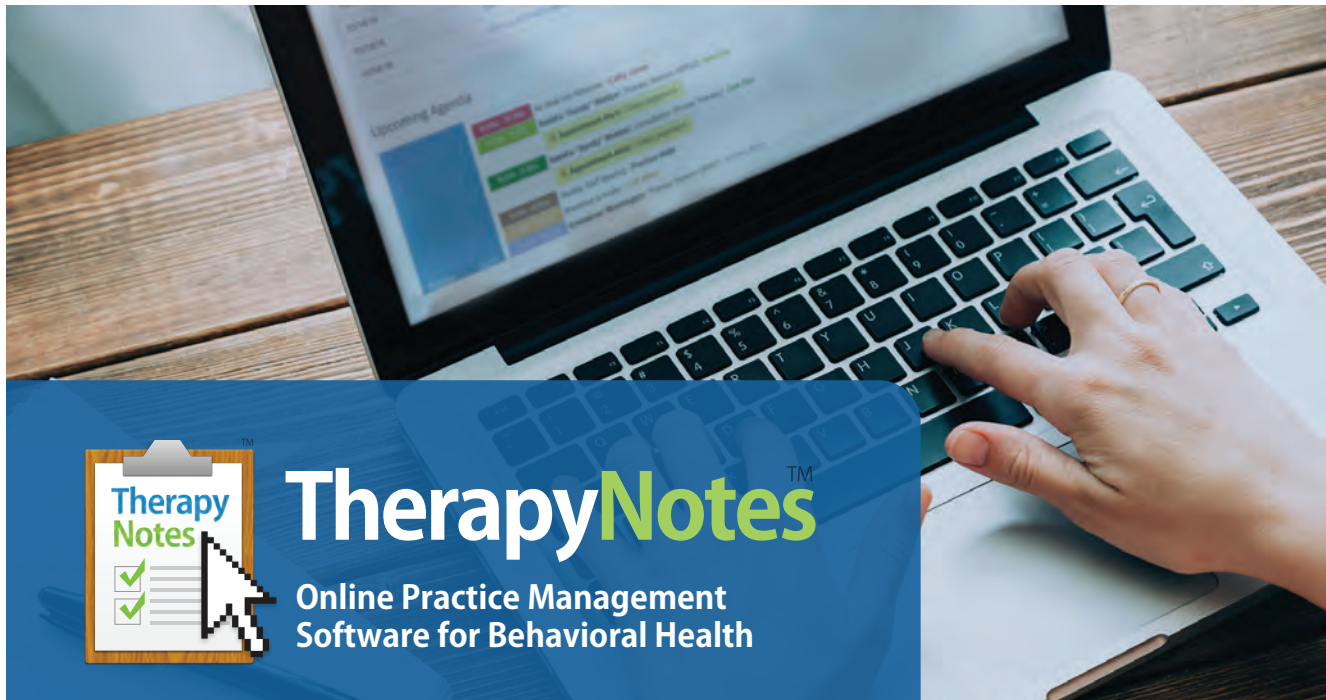
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Progress Note
Treatment Plan

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F41.0 Generalized Anxiety Disorder
F41.8 Other Specified Anxiety Disorder

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