



A PUBLICATION OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION • DECEMBER 2019

VOLUME 50 | NUMBER 11

MONITOR ON PSYCHOLOGY

DECEMBER 2019

PSYCHOLOGY AND THE COURTS | SERIOUS MENTAL ILLNESS | RACE & ETHNICITY GUIDELINES

monitor on psychology

GST# R127612802

10 WAYS PSYCHOLOGY CHANGED AMERICAN LAW

A look at the field's
impressive history of
informing the courts
with science **PAGE 48**

PLUS
.....

**What Your Peers
Are Reading**

PAGE 44

**How Supportive
Relationships
Help Us Thrive**

PAGE 64

**Check Your
Bias With New
APA Guidelines**

PAGE 38



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



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

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

Exclusively from

MHS
ASSESSMENTS



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

MHS.com/PdPVTs



Pre-order today!

MAKE THE SWITCH NOW AND SAVE!

American Professional Agency

PREFERRED PROVIDER of PROFESSIONAL LIABILITY
INSURANCE for APA MEMBERS

20% premium discount annually

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



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

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



PRESIDENT Rosie Phillips Davis, PhD, ABPP

PRESIDENT-ELECT Sandra L. Shullman, PhD

CHIEF EXECUTIVE OFFICER Arthur C. Evans Jr., PhD

CHIEF COMMUNICATIONS OFFICER Alicia Aebersold

APA EDITOR IN CHIEF Sara Martin

EDITORIAL

EDITOR IN CHIEF Lea Winerman

SENIOR EDITORS Lindsey Allen, Jamie Chamberlin, Tori DeAngelis

CONTRIBUTING WRITERS Deborah Bailey, Zara Greenbaum, Amy Novotney,
Chris Palmer, Stephanie Pappas, Brian Woodburn

ART AND DESIGN

ART DIRECTOR Michele Chu

DESIGN CONSULTANT Jerry Sealy

PRODUCTION MANAGER Peter S. Kovacs

APA MEDIA AND EVENT SALES

DIRECTOR OF ADVERTISING Jodi Ashcraft

ADVERTISING SALES MANAGER James Boston

APA PSYCCAREERS OPERATIONS MANAGER Amelia Dodson

RECRUITMENT ADVERTISING SALES MANAGER Nancy Onyewu

RECRUITMENT ADVERTISING SALES REPRESENTATIVE Shawn Deadwiler II

SENIOR MARKETING MANAGER Robin Tiberio

BUSINESS ADMINISTRATOR Eric Fuller

GRAPHIC DESIGN AND PRODUCTION, ADVERTISING Rebecca Halloran

MEDIA AND EVENT SALES COORDINATOR Age Robinson

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

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

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

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

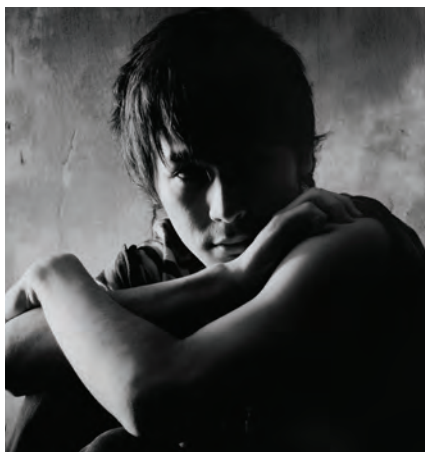


44 WHAT YOUR PEERS ARE READING

Which were the most downloaded APA journal articles of 2019? We list the top 10 to date, which cover such diverse topics as what makes a therapeutic relationship effective, how play therapy can foster healing among children exposed to domestic violence, the history of goal setting theory and sex differences in serial killers, among others.

56 NEW HOPE FOR PEOPLE WITH SERIOUS MENTAL ILLNESS

Psychologists are stepping up their work to help people with serious mental illness (SMI) by studying the ways in which SMI and social determinants such as poverty interact. Specifically, the psychology field is developing novel interventions to provide more sustained care and launching a postdoctoral specialty in SMI psychology.



COVER STORY

INFORMING THE COURTS WITH THE BEST RESEARCH

For more than half a century, APA has presented psychological science on critical societal issues to the courts through its amicus briefs program, offering insights on affirmative action, same-sex marriage, psychologist-patient privilege, gender discrimination and much more. Over the years, APA's amicus briefs have influenced judicial decisions that ultimately changed American laws. Here are 10 of the most important cases. *See page 48*

COVER: DRNADIG/GETTY IMAGES





How relationships help us thrive. Page 64

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

RESEARCH

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

NEWS

- 20 MORE IMPACT TOGETHER
- 25 VITAL SUPPORT FOR UNDERGRAD RESEARCHERS
- 26 COUNTERING STEREOTYPES ABOUT ASIAN AMERICANS
- 32 APA NAMES ITS 2019 FELLOWS
- 37 JUDICIAL NOTEBOOK

PEOPLE

- 35 6 QUESTIONS FOR SHARON G. HORNE
- 75 PSYCHOLOGISTS IN THE NEWS

CAREER

- 64 LAB WORK
- 68 PSYCHOLOGISTS ON THE TEAM
- 72 HOW DID YOU GET THAT JOB?

EMPLOYMENT ADS

- 76 THE BEST JOBS IN PSYCHOLOGY



More chocolate,
less depression?
Page 15

CE CORNER

NEW GUIDANCE ON RACE AND ETHNICITY FOR PSYCHOLOGISTS

As the United States becomes more racially and ethnically diverse, APA has released new guidelines on race and ethnicity, updating them for the first time since 2003. The guidelines offer ways for psychology practitioners, educators and researchers to develop their cultural awareness and to consider race and ethnicity in their work. *See page 38*



NEWS FEATURE

“When we look at specific subpopulations, we see that for almost every health and economic indicator, there are Asian Americans who are struggling.”

Helen Hsu, PsyD, clinical psychologist and president of the Asian American Psychological Association. *See page 26*

BOTTOM LEFT: FLOORTJE/GETTY IMAGES

YOU CAN SAVE LIVES.



**Treating tobacco use is an important
part of mental health treatment.**

Double your patients' chances of quitting
with counseling and medication.



**Department
of Health**

TalkToYourPatients.health.ny.gov

U.S. Dept. of Health and Human Services, Public Health Service, Treating Tobacco Use and Dependence
Clinical Practice Guideline 2008 Update

WE CAN DO MORE WHEN WE DREAM BIG

Together, we accomplished so much this year—fighting poverty, standing up for our science, sharing our expertise on the opioid crisis and more. Let's keep up the good work.

BY ROSIE PHILLIPS DAVIS, PhD, ABPP, APA PRESIDENT

When I ran for APA president-elect in 2017, I asked us to “Dream Big and Do More.” Now, at the end of my presidential term, I can say for sure that we did. We have a strategic plan called “Impact” that is helping us to transform APA internally and externally in ways that share the best that psychology has to offer in science, practice, education and the public interest.

As part of that vision, we worked together to raise awareness of deep poverty, and thousands of APA members and other groups nationwide took part in my five-week deep poverty challenge as a first effort to end this social, psychological, economic and political scourge. I know that you will continue that work in your communities until you see real change.

Meanwhile, hundreds of psychologists participated in PscShorts, our psychological science video festival and competition, to help the public

better understand that science is the foundation of psychology. Now, educators across the country are using these videos as teaching tools.

We made great strides in advocacy, too. APA Chief Executive Officer Arthur C. Evans Jr., PhD, testified before Congress on the opioid crisis, and we lobbied to gain more support for student loan forgiveness, gun-violence research, humane changes in immigration policies, returning science to the U.S. Department of Justice and much more.

Of course, there is still plenty of work ahead. Our field has yet to address many issues, including how our profession's upcoming majority female representation will impact psychology's power dynamics and service delivery, and how technology and data collection will affect the rights of research participants and patients. We must also consider rewriting our Ethics Code to better reflect the wide range of cultural values held by the diverse populations affected by the code.

As I end my term as APA president, I want to thank everyone who made it such an exciting, memorable and impactful year. As I see it, “dreaming big” points the way to change, and “doing more” is harder than we think—but it's the way to get big things done. And as witnessed by our collective efforts, we can make a difference. Thank you for letting me serve. ■

● For more information on APA's strategic plan, visit www.apa.org/about/apa/strategic-plan.



APA President
Dr. Rosie Phillips Davis

Feedback

REDUCING CORPORAL PUNISHMENT

Regarding “Teaming Up to Change Child Discipline” (October *Monitor*): Getting families to change from corporal punishment to another form of discipline is much more difficult than the article would suggest. Frequently, children and families are referred to treatment by the school, pediatrician, family services, emergency department or divorce lawyer for concerns such as depression, behavior issues or anxiety—it is less likely to be a self-referral. Corporal punishment has often been handed down from generation to generation and the notion that it could be considered abusive is foreign to the parents. What has worked in my practice is to ask the parents to bring in a calendar marked with the dates the patient has been spanked and for what reasons. The act of weekly bringing in the calendar tends to reduce the incidence of spanking. I also suggest to the parents and caretakers that more positive attention be given to the child, such as reading at bedtime, even if the child has had a “bad” day. After many weeks, as an alliance has been built, I make suggestions for other forms of discipline. With time and treatment for other issues the child may have, such as depression and anxiety, the parents spank less. More than likely the rate goes down to zero.

Carl Tishler, PhD, ABPP
Columbus, Ohio

OUR FAVORITE TWEETS

Re: “Retooling Psych 101” (October)

@kristen_psy A very important class that should not be overlooked. Excited to see this!

@Russwarne Interesting @APA_Monitor article on an @APA initiative to improve introductory #psychology courses

Re: “Lab Work: Easing the Burden of Children’s Pain” (October)

@Cassie_Boness As scientists, we must engage in dissemination if we want our work to have an impact. It’s absolutely imperative. Don’t know where to start? Universities often have great resources for helping you articulate and share your work! Excellent feature, @APA_Monitor.

Re: “Psychotherapy in China” (October)

@sergiosalexa It’s so unfortunate that psychotherapy is so hard to come across in some countries, especially those with as much stress on their citizens as China. I’m glad steps are being taken to make it more accessible to accommodate for the demands #ltns110 ■

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

UNLOCK UNLIMITED CE

1-time fee.

75+ CE programs.

Limitless learning.

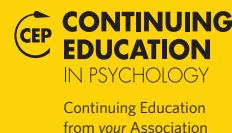


Get 12 months of unlimited video on-demand CE programs, access to special webinar series, and access to our monthly LIVE Clinician’s Corner webcasts for an unbelievably low price.

Learn more.
Save money.
Advance your career.

APA MEMBER \$299 | NONMEMBER \$599

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



BRINGING PSYCHOLOGICAL SCIENCE TO THE COURTS

APA's amicus brief program reflects our commitment to use psychology to make a positive impact on the world

BY ARTHUR C. EVANS JR., PhD

APA has a long history of informing the courts of the psychological science relating to critically important societal issues and enhancing the public's understanding of our field.

Over nearly half a century, APA has presented scientific evidence in more than 200 state and federal court cases. These cases have brought forth the best research in such areas as the rights of people with mental disabilities, affirmative action, same-sex marriage and false confessions, to name just a few. In 2019, APA filed amicus briefs on the lack of evidence for sexual orientation conversion therapy, the reliability of eyewitness testimony and the importance of an insanity defense.

And this fall, APA filed an amicus brief opposing LGBTQ employment discrimination. In 2013, Aimee Stephens was fired from her job at a Detroit funeral home after coming out at work as a transgender

woman. That same year, Gerald Bostock was fired from his job as a child welfare services coordinator in Clayton County, Georgia, after he began playing in a gay softball league. And in 2010, Donald Zarda was fired from his job as a skydiving instructor after he told a customer he was gay.

APA spoke up for the rights of Stephens, Bostock, Zarda and other LGBTQ employees by filing an amicus brief in support of the three employees' cases, which have come together before the U.S. Supreme Court. In the brief, APA presented evidence from psychological research that discrimination based on sexual orientation or gender identity is discrimination based on sex—because LGBTQ people are often stigmatized for not conforming to traditional sex-role stereotypes—and argued that such discrimination is illegal in the workplace under Title VII of the Civil Rights Act.

The decision is pending. We will be watching.

In this issue of the *Monitor*, we profile 10 of the most consequential and far-reaching of APA's amicus briefs (see page 48). I hope that you will enjoy learning about them and take pride in the work that your fellow psychologists are doing in alignment not only with APA's strategic priorities but with a fairer and more just society, grounded in psychological science. ■

● For more on APA's amicus briefs program, visit www.apa.org/about/offices/ogc/amicus.



APA CEO
Dr. Arthur C. Evans Jr.

SCOTT SUCHMAN

The Hot List

WE CAN'T THANK YOU ENOUGH

Join @APA on Twitter in recognizing the outstanding work of scientists from all disciplines during **Thank A Scientist** week, Dec. 2–6. For the third year, APA is leading the Twitter campaign to showcase the work of cutting-edge researchers from psychology and beyond, and to educate people about the ways research improves their lives. Last year, more than 100 scientific, educational and health organizations participated in the campaign. Show your support and highlight your research via the hashtag **#ThankAScientist**.



INSIGHTS FOR AFRICAN AMERICAN PARENTS

APA is partnering with **Successful Black Parenting** magazine on a series of 15 articles that guide African American parents on the best ways to build children's resilience and teach them how to respond to racial bias and discrimination at school. Read the articles at <https://on.apa.org/Resilience-series>.

SPEND A YEAR ON CAPITOL HILL

Gain firsthand experience in public policy by working in a congressional office as an **APA Congressional Fellow**



or in a federal science agency as an **Executive Branch Science Fellow**. Apply by Jan. 5 at <https://on.apa.org/Fellowships>.

TEACHING APA STYLE IS EASIER THAN EVER

The new **APA Style website** offers a wealth of free instructional aids for faculty who are training students in how to format their papers. Access the tools at <https://apastyle.apa.org/instructional-aids>.

REIMBURSEMENT CHANGES COMING IN JANUARY

APA is continuing to update members on upcoming changes to the Health and Behavior Assessment and Intervention codes outlined in the Centers for Medicare and Medicaid Services Final Rule for 2020. Learn more at <https://on.apa.org/H-BCodes>.

NEW JOURNAL ON THE HUMAN-TECH CONNECTION

APA's new open-access journal, **Technology, Mind, and Behavior**, will publish innovative research on how we understand technology, how technology influences behavior and much more. Inaugural editor Danielle S. McNamara, PhD, of Arizona State



University, encourages author data-sharing and other open science practices. Learn more at https://on.apa.org/tmb_open.

DID YOU KNOW?

You can get calls for papers via APA's **Publishing Insider** newsletter at <https://on.apa.org/PubInsider>.



AMERICAN PSYCHOLOGICAL FOUNDATION

The American Psychological Foundation (APF) is now
a National Combined Federal Campaign (CFC) Charity!



#31026

If you are a Federal Employee, you can now
designate your gift to APF in the 2019 CFC Campaign.

APF's CFC number is **31026**

*If you would like your CFC gift to go to a specific fund at APF
(such as your Division fund), please designate APF on the CFC campaign forms.
For more information contact misserow@apa.org or dial 202-336-5622.*

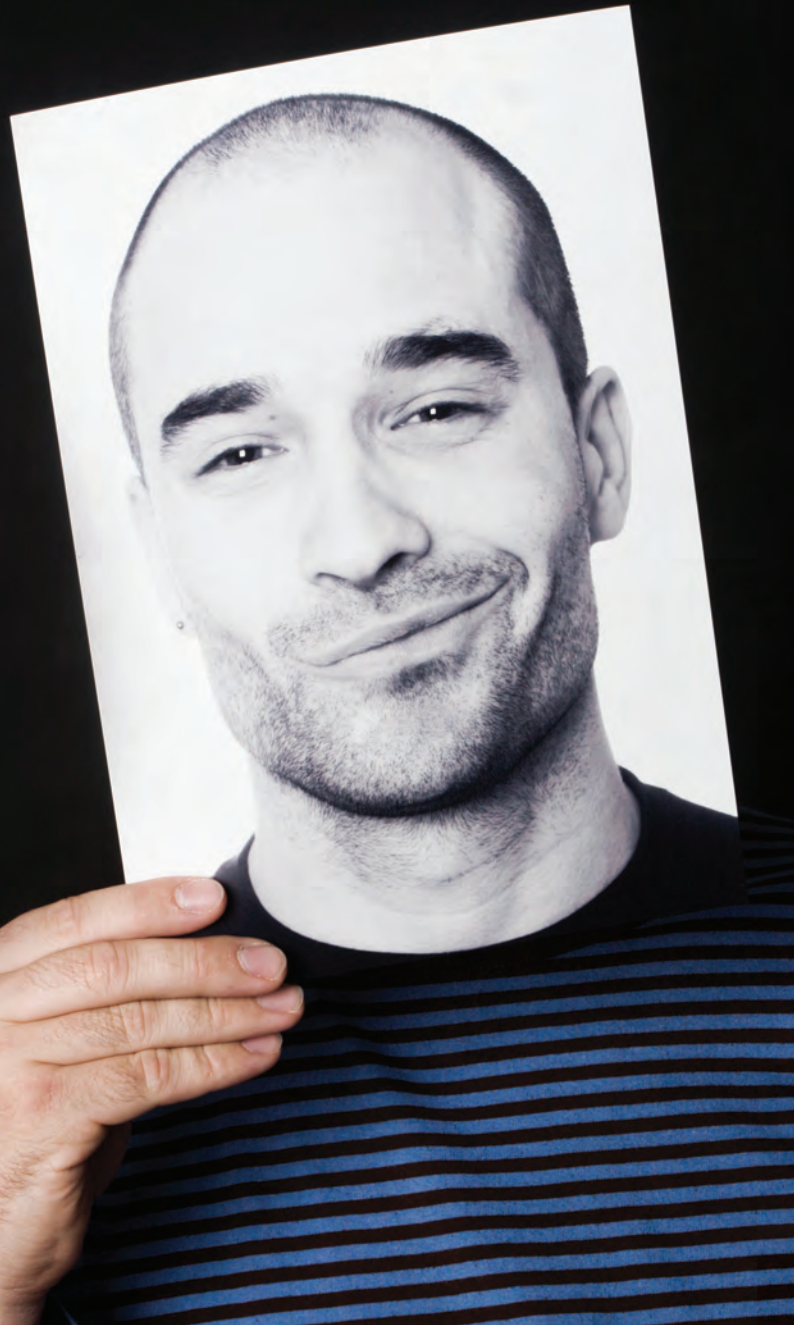
In Brief

THE LATEST PEER-REVIEWED STUDIES WITHIN PSYCHOLOGY AND RELATED FIELDS

Lying, Cheating and Reading Emotions

Behaving dishonestly reduces a person's ability to read others' emotions, suggests research in the *Journal of Experimental Psychology: General*. Researchers in the United States conducted eight online and laboratory studies involving 2,588 adults. In several scenarios, such as playing a gambling game or participating in a mock job interview, they either gave participants the opportunity to lie and cheat, or directly asked them to do so. Participants who lied and cheated later had more trouble accurately reading and empathizing with others' emotions on a subsequent task, compared with participants who did not lie and cheat. The researchers also found that the effect was stronger for participants who were low in social sensitivity.

DOI: 10.1037/xge0000639



HOW WELL DOES THIS THERAPY WORK?

Brain scans of patients with depression could help clinicians predict who will respond to cognitive-behavioral therapy (CBT), suggests a study in *Science Advances*. CBT is not effective for all patients with major depression, and it is not possible right now to predict who will benefit from it. Researchers recruited 37 participants in the United Kingdom with depression to engage in internet-delivered CBT. Twenty-six of the participants completed the six-part CBT course. Prior to the CBT treatment, participants' brain activity was recorded using fMRI while they performed a reinforcement learning task. The researchers found that brain activity in the right striatum and right amygdala was greater in those

participants who went on to respond to CBT, and that brain activity was highest in those who showed the greatest reduction in depression symptoms.

DOI: 10.1126/sciadv.aav4962

RACE, ETHNICITY AND STIGMA

Youth of different genders, races and ethnicities may hold different views of mental illness, according to a study in the *American Journal of Orthopsychiatry*. Researchers surveyed 667 sixth graders from an urban school system in Texas on their knowledge, attitudes and behaviors regarding mental illness. Black boys exhibited less knowledge of and less positive attitudes toward people with mental illness than white and black girls. Black and Latino boys reported greater avoidance and discomfort

Attitudes toward mental illness vary by race, ethnicity and gender among youth.

with mentally ill peers than white girls. The researchers also asked the students to react to two scenarios involving hypothetical peers with mental illness. Black boys less often believed that the peer character with social anxiety disorder could improve with treatment compared with boys of other races and ethnicities. Latina girls were significantly more likely to avoid the character with social anxiety disorder compared with girls of other races and ethnicities. The researchers say the findings could inform future anti-stigma interventions.

DOI: 10.1037/ort0000425

KIDS NOTICE EVERYTHING

Adults excel at paying selective attention to task-relevant information, but children pay attention to everything—a quality that can help kids do



ABLE IMAGES/GETTY IMAGES



better than adults in some learning situations, suggests a study in *Developmental Psychology*. Researchers asked 34 adults and 36 4-year-old children in the United States to discriminate between two groups of colorful “alien” creatures presented as images on a computer screen. The creatures had several identifiable physical features, including one feature (dubbed the “irrelevant feature” by the researchers) that did not differ between the two types of creatures. Halfway through the experiment, the researchers announced that the irrelevant feature was going to change from trial to trial and would now be the best way to tell the creatures apart. After the switch, the adults were slower than the children in adjusting to using the previously irrelevant

feature. The researchers suggest the finding indicates that young children distribute their attention more broadly than adults.

DOI: 10.1037/dev0000777

BLOOD TEST SCREENS FOR ALZHEIMER’S

When combined with other risk factors, a blood test can spot early signs of Alzheimer’s disease with 94% accuracy, according to a study in *Neurology*. Researchers recruited 158 adults in the United States over age 50, all but 10 of whom were cognitively normal. Each participant provided at least one blood sample and underwent one PET brain scan. The researchers used mass spectrometry to assess the ratio of levels of two forms of amyloid beta in the blood samples; that ratio decreases as

Children are better than adults at spreading their attention widely.

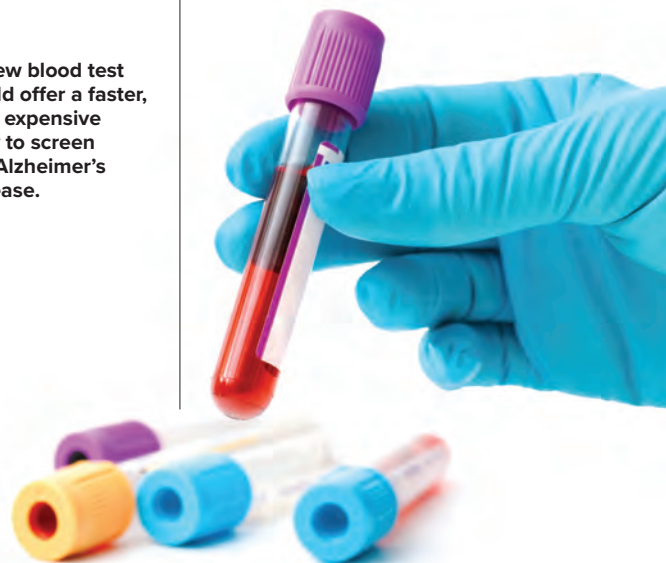
the amount of amyloid plaque in the brain increases. The blood test agreed with participants’ PET scan detection of amyloid plaques 88% of the time. When blood amyloid levels were combined with two other major Alzheimer’s risk factors—age and the presence of the genetic variant APOE4—accuracy increased to 94%. The researchers say the blood test is less expensive and quicker than a PET scan: Thus, it could be used to streamline the enrollment of individuals in research studies and, with further research, could eventually be used for clinical diagnosis.

DOI: 10.1212/WNL.0000000000008081

BRAIN STRUCTURE AND INTELLIGENCE

A study in the *European Journal of Personality* offers evidence about the brain organization of fluid intelligence (the capacity to reason and solve novel problems) and general knowledge (which is tied to crystallized intelligence, the accumulation of knowledge

A new blood test could offer a faster, less expensive way to screen for Alzheimer’s disease.



and facts acquired throughout life). Researchers examined the brains of 324 men and women in Germany (ages 18 to 75, mean age of 28) using structural MRI, functional MRI and diffusion tensor imaging. They found that general knowledge was associated with characteristics of the structural connections comprising brain circuits in both females and males. Fluid intelligence, on the other hand, was associated with volume of the cortex in males, and with characteristics of functional connections (patterns of activation of different brain regions) in females.

DOI: 10.1002/per.2217

IMMIGRATION ARRESTS DRIVE DEPRESSION

Latino children whose family members are arrested by immigration authorities are at increased risk for depression, according to a study in *Cultural Diversity and Ethnic*



Minority Psychology. In 2009, researchers surveyed 611 Latino seventh graders from an urban public school district in Oklahoma, one-fifth of whom had one undocumented parent and one-third of whom had two undocumented parents. The students were also assessed for symptoms of depression. Twenty-nine percent of students had experienced an immigration-related arrest of a family member, and those students were more likely to have symptoms of

Recovering from opioid use disorder may require more intensive treatment than recovering from alcohol use disorder.

Children whose family members are arrested for immigration violations are more at risk for depression.

depression than other students. Among those students who had an arrested family member, the level of depressive symptoms was higher for those who had one undocumented parent and even higher for those with two undocumented parents.

DOI: 10.1037/cdp0000299

KICKING OPIOIDS REQUIRES MORE SUPPORT

Successful recovery from opioid use disorder may require more intensive treatment than recovery from alcohol use disorder, indicates a study in the *Journal of Addiction Medicine*. Analyzing survey data from 2,002 U.S. adults who reported resolving a drug or alcohol problem, researchers found that among those who achieved medium-term recovery (between one and five years), people who had resolved an opioid problem were four times more likely than those who had resolved an alcohol problem to have used pharmacotherapy (e.g., methadone, buprenorphine or naltrexone), two and a half times more likely to have used formal addiction treatment and about two times more likely to have used recovery support services and support groups such as Narcotics Anonymous and other 12-step programs.

DOI: 10.1097/ADM.0000000000000561

FIRST IMPRESSIONS

People are more likely to judge a group based on the performance of members shown first or labeled “number one” than they are on that of other members, suggests a study in the *Journal of Personality and Social Psychology*.




TOP: CHARLES WOLLERTZ/GETTY IMAGES; BOTTOM: JUANMONINO/GETTY IMAGES

In three online experiments, researchers asked 1,054 people to watch two different types of performances—gymnastics routines and relay races. The researchers found that participants judged the whole group by the performance of the first member, whether that member did poorly or well, even if they knew the performer was arbitrarily chosen to go first. In three subsequent experiments involving job performance, the researchers found that participants were more likely to turn to the first member to learn about a group and were more likely to be influenced by the first member in deciding whether to join the group. A final experiment indicated that the more homogeneous the group is perceived to be, the more likely that first-member performance will influence people's perception of the entire group.

DOI: 10.1037/pspi0000201

DARK CHOCOLATE BRIGHTENS MOOD

People who eat chocolate, especially dark chocolate, report fewer depressive symptoms, according to a study in *Depression & Anxiety*. Researchers analyzed survey data from 13,626 U.S. adults (part of a broad nationally representative sample) about their chocolate consumption as well as their scores on a questionnaire assessing depressive symptoms. They found that individuals who reported eating any dark chocolate in the 24-hour period immediately preceding responding to the survey had 70% lower odds of reporting clinically relevant depressive symptoms than




People who eat dark chocolate are less likely to be depressed.

those who reported not eating chocolate at all. The researchers observed no such link between non-dark chocolate consumption and clinically relevant depressive symptoms. However, they found that the 25% of consumers who ate the most chocolate (of any kind, not just dark) were less likely to report depressive symptoms than those who ate no chocolate.

DOI: 10.1002/da.22950

BEHAVIOR PROBLEMS AND VITAMIN D

Teenagers and preteens who have experienced vitamin D



A deficiency in vitamin D is linked to behavior problems in children.

deficiency are twice as likely to develop behavior problems than peers with higher levels of the vitamin, according to a study in *The Journal of Nutrition*. Researchers recruited 273 children in Colombia, ages 5 to 12, into the study. They obtained information on the children's weight, height and daily habits, as well as maternal education level and the household's food security and socioeconomic status. The researchers also took blood samples to determine levels of vitamin D and of vitamin D binding protein, which helps transport the vitamin throughout the body. After about six years, when the children were ages 11 to 18, the researchers assessed the children's behavior through questionnaires administered to the children and their parents. They found that vitamin D deficiency was correlated with later externalizing behavior problems and mood disorders. They also found that low levels of the protein that transports vitamin D in blood were related

to more self-reported aggressive behavior and anxious/depressed symptoms. These associations were independent of other child, parental and household characteristics.

DOI: 10.1093/jn/nxz185

BINGE DRINKING AMONG OLDER ADULTS

About one in 10 older adults in the United States binge drinks, according to a study in the *Journal of the American Geriatrics Society*. Researchers examined demographic and self-reported alcohol use data from 10,927 U.S. adults age 65 and older between 2015 and 2017, collected as part of a broad nationally representative health survey. They found that 10.6% of older adults reported past-month binge alcohol use—defined as five drinks or more on the same occasion for men and four drinks or more for women.



Binge drinking was found to be associated with use of tobacco and marijuana. In addition, male, lower-income and African American adults reported higher rates of binge drinking than female, higher-income and white adults.

DOI: 10.1111/jgs.16071

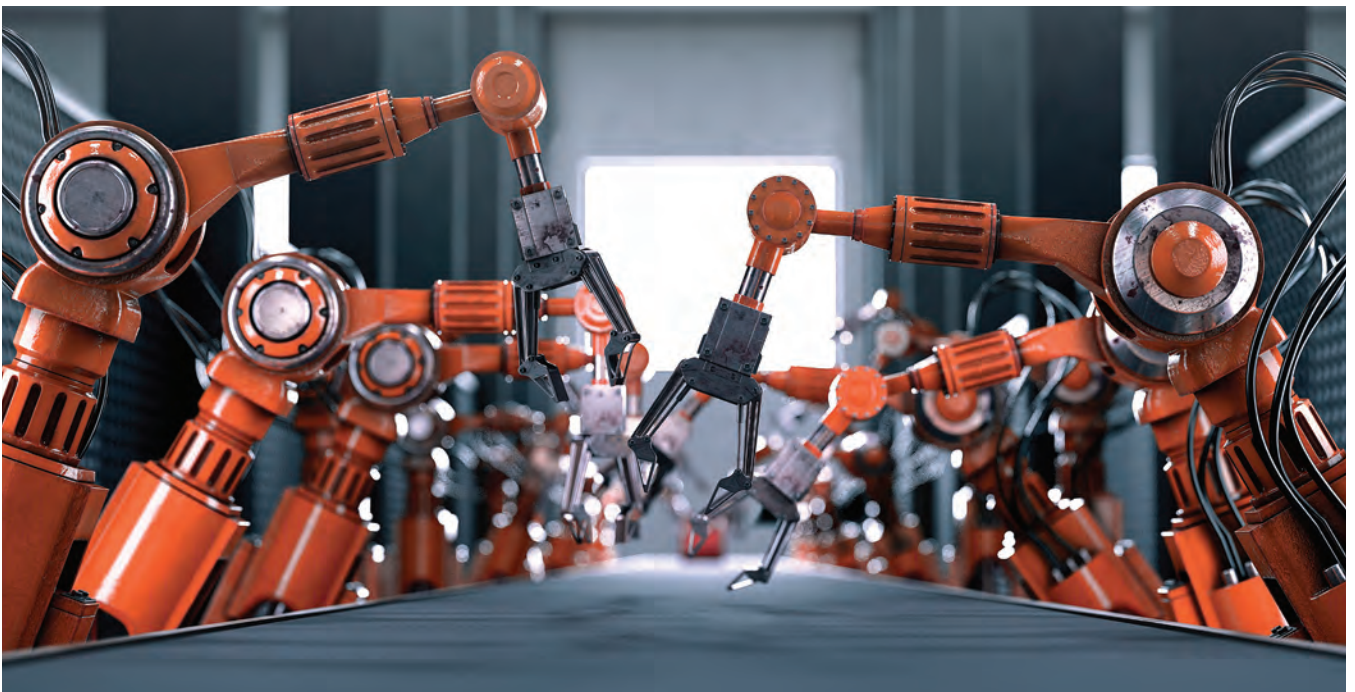
REPLACED BY ROBOTS

Most workers would prefer to be replaced by a robot than by another human, according

More than 10% of older adults in the United States are binge drinking.

When asked to imagine losing their jobs, most workers would rather be replaced by a robot than a person.

to a study in *Nature Human Behaviour*. Researchers asked 90 undergraduate students in the Netherlands whether they would prefer an existing employee be replaced by a robot or a human. In that case, 67% of the participants said they preferred to have a human step in. But when they were asked to shift their perspective and imagine losing their own job, only 40% preferred being replaced by a human rather than a robot. Similar results were obtained in two studies with 95 white-collar workers and 124 factory laborers. The researchers also demonstrated across a handful of online and in-person studies with 1,511 participants that this preference reversal occurs because being replaced by humans, rather than machines, robots or software, is perceived by people as a greater threat to their self-esteem. In contrast,



TOP: RAWPIXEL/GETTY IMAGES; BOTTOM: BAHADIR TANIROVER/GETTY IMAGES



being replaced by robots is associated with a greater perceived threat to their economic future.

DOI: 10.1038/s41562-019-0670-y

LIES THAT BECOME TRUTHS

Fake news stories can cause people to create false memories, especially if the content of the stories aligns with their political beliefs, suggests a study in *Psychological Science*. Researchers recruited 3,140 eligible Irish voters online ahead of the 2018 referendum on legalizing abortion in Ireland and asked them whether and how they planned to vote. Next, the researchers presented each participant with six news reports, two of which were fabricated stories. One fake story depicted a pro-abortion-rights politician engaging in illegal or inflammatory behavior, while the other fake story depicted an anti-abortion politician engaging in different illegal or inflammatory behavior. Nearly half of the respondents reported remembering seeing or hearing about at least one of the made-up events

and about one-third claimed to recall details about one of the fabricated news stories that were not included in the story. Participants were more likely to remember unfavorable fake news about politicians supporting a view opposite their own. Participants who scored lower on a test of cognitive ability were no more prone to forming false memories than were higher scorers, but low scorers were more likely to remember false stories that aligned with their opinions.

DOI: 10.1177/0956797619864887

MORE EMOJIS, MORE SEX

More frequent use of emojis in text messages to potential romantic partners is associated with more first dates and more



Reading fake news stories can create false memories, research suggests.

People who pepper their texts with emojis have more first dates and more sex, finds a study.

sexual activity, suggests a study in *PLOS ONE*. Researchers surveyed 5,327 single adults in the United States (average age was 42; 56% were women) and found that 28% of participants reported regularly using emojis in text messages with potential dates, while 38% reported never using them. The most common motive participants reported for using emojis was that they gave text messages more personality and made it easier to express feelings. The survey found that those who reported using emojis more often also tended to report having more first dates and more frequent sexual activity over the past year. A second survey of 275 single adults in the United States (average age was 31; 50% were women), all of whom reported using emojis, found no association between emoji use and occurrence of first dates. However, this survey did find that increased emoji use was positively related to maintaining connections with potential partners beyond a first date. The second survey also found a link

between emoji use and sexual activity over the past year.

DOI: 10.1371/journal.pone.0221297

TOURETTE'S TREATMENT

Real-time fMRI neurofeedback, a noninvasive intervention, is a potential treatment for Tourette's disorder, suggests a study in *Biological Psychiatry*. Tourette's disorder is treated mostly with behavior therapy and pharmaceuticals, but a significant proportion of patients do not respond to either. Researchers recruited 21 participants ages 11 to 19 years old with Tourette's disorder to receive real-time fMRI neurofeedback from the supplementary motor area (SMA), a brain region associated with tics. Participants were asked to use the feedback, which was displayed visually, to try to alternately increase and decrease activity in their SMAs. The participants showed a reduction in tic symptoms following the neurofeedback compared with a condition in which they received sham feedback.

DOI: 10.1016/j.biopsych.2019.07.035

A BAD FIT

When older workers' reasoning abilities no longer match the demands of their jobs, they are more likely to develop chronic health conditions and retire early, indicates research in the *Journal of Occupational Health Psychology*. Researchers analyzed data from surveys conducted between 2007 and 2014 evaluating the cognitive abilities of 383 workers and retirees in the United States over the age of 51 (average age was 61). Participants reported their retirement status and the



prevalence of nine chronic health conditions. The researchers also measured job demands using a database listing the knowledge, skills and abilities needed for many jobs in the United States. The researchers found that when the reasoning abilities required by participants' longest-held jobs exceeded their abilities, they reported more adverse health conditions and were more likely to be retired. When participants' reasoning abilities met or exceeded their jobs' demands, they reported fewer chronic health conditions.

DOI: 10.1037/ocp0000164

SILENT STROKES SAP COGNITION

Seniors experiencing covert (or "silent") strokes—interruptions in blood flow to the brain that are not associated with immediate clinical symptoms of stroke—during or following

When older adults don't have the cognitive abilities they need for their jobs, their physical health can suffer.

surgery are at double the risk of cognitive decline one year later, indicates a study in *The Lancet*. Researchers recruited 1,114 elective, noncardiac surgery patients ages 65 years and older from 12 medical centers in North and South America, Asia, New Zealand and Europe. Based on MRIs taken within nine days following surgery, the researchers found that 1 in 14 patients had a covert stroke. The researchers also found that patients who had a covert stroke were more likely to experience delirium immediately following surgery as well as cognitive decline, overt stroke or transient ischemic attack within one year, compared with patients who did not have a covert stroke. ■

DOI: 10.1016/S0140-6736(19)31795-7

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

Datapoint

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

PSYCHOLOGY SKILLS THAT EMPLOYERS VALUE

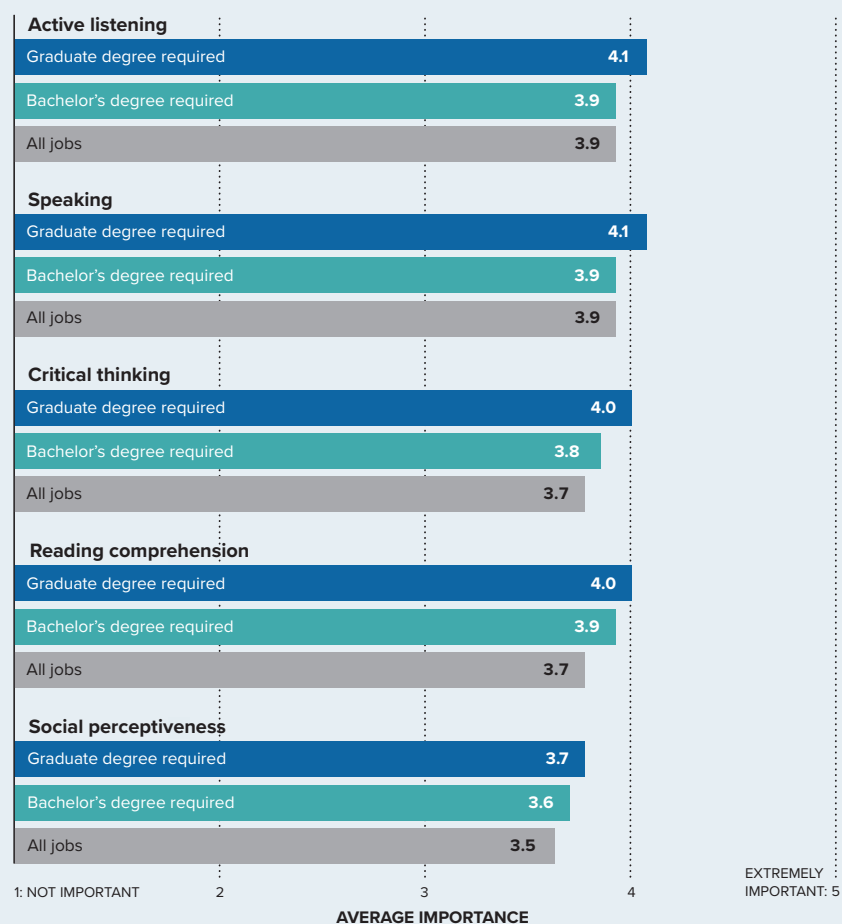
A psychology education offers more than a deep grounding in a specific area of psychology; it also develops communication, cognitive, social and other skills that are highly desirable at work.¹ An analysis of occupational profiles found that among jobs that require a high amount of “psychology knowledge”²—such as psychologists, nurses and human factors engineers—those additional skills are also important.³

The analysis found that:

■ The most important skills used in these jobs were **active listening** and **speaking**, followed closely by **critical thinking** and **reading comprehension**.

■ These skills were important in jobs across all education levels, from those that require bachelor's degrees to those that require master's, doctorate and postdoctorate education. The top skills are slightly more important in jobs that require higher levels of education and more experience.

How Important Is Each Skill to Your Job?



Note: Values represent importance of skills for all occupations with high importance of psychology knowledge. Only those occupations with high importance of psychology knowledge were included in the analysis.

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

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

¹Naufel, K.Z., et al. (2018). *The skillful psychology student: Prepared for success in the 21st century workplace*. Retrieved from: <https://www.apa.org/careers/resources/guides/transferable-skills.pdf>.

²“Psychology knowledge” is defined by O*NET as “knowledge of human behavior and performance; individual differences in ability, personality, and interests; learning and motivation; psychological research methods; and the assessment and treatment of behavioral and affective disorders.”

³Analysis was performed using O*NET's occupational profiles. O*NET is a database of worker attributes and job characteristics for 1,110 occupations. For more information, see www.onetonline.org. Occupations with high importance of psychology knowledge were defined as occupations with an importance rating equal to or greater than the mean rating across all occupations (2.38). Importance of skills was rated on a scale of 1 (not important) to 5 (extremely important).

For documentation on these variables, see www.onetcenter.org/datacollection.html.

BETTER WAYS TO COMBAT ANXIETY IN YOUTH

Psychologists are building on one another's work to address the causes, awareness and treatment of anxiety disorders

BY AMY NOVOTNEY

Anxiety disorders are among the most common childhood and adolescent mental illnesses. According to the Centers for Disease Control and Prevention, about 7% of children ages 3 to 17 have been diagnosed with an anxiety disorder, the umbrella term that refers to phobias, panic disorder, separation anxiety, social anxiety and generalized anxiety disorders.

Researchers and clinicians theorize that anxiety among today's children and adolescents may be intensifying for a variety of reasons, including increased pressure to succeed in school, growing up in the age of social media and living in a world where mass shootings frequently dominate the headlines.

Unfortunately, despite the number of American youth dealing with high levels of anxiety, only 1 in 5 is being treated for these disorders, according to a 2018 Child Mind Institute Children's Mental Health Report.

Anxiety experts caution that this lack of care could undermine future mental health since children and adolescents with anxiety disorders are at higher risk of depression, behavior

problems, substance use and even suicide later in life.

Youth anxiety also increases an individual's risk of educational underachievement in young adulthood and functional impairment in areas such as health, social relationships or work in adulthood.

"We know now that anxiety is a marker—a gateway, if you will—for a host of other mental health disorders," says Philip Kendall, PhD, director of the Child and Adolescent Anxiety Disorders Clinic at Temple University and the developer of Coping Cat, an evidence-based cognitive-behavioral treatment program for children with a range of anxiety disorders.

Psychologists also know that the earlier anxiety is addressed, the less likely it is to lead to more serious mental health issues that aren't always quite as easy to treat successfully. "There have been enormous advancements in the last 50 years in terms of recognizing anxiety disorders and developing evidence-based, first-line treatments for them," says David H. Barlow, PhD, founder of the Center for Anxiety and Related Disorders at Boston University.

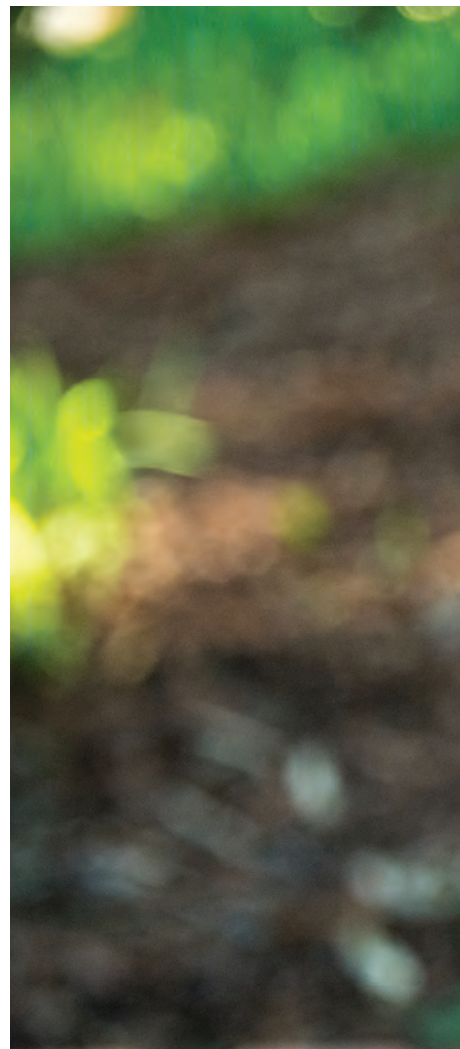
In addition to conducting

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.

research and developing treatments, psychologists are also working to increase awareness among policymakers and the public about the risks of untreated anxiety and the need to reduce the stigma associated with seeking psychological treatment. Success in these areas is only possible when basic scientists, applied scientists, educators, clinicians and policymakers build on each other's work.

"More than any other health-care professionals, psychologists



JUANMONINO/GETTY IMAGES



really take the most comprehensive approach to anxiety disorders, from exploring the origins to processes to individual differences to ensuring available treatments and the long-term prognosis for those with anxiety disorders,” Barlow says.

PREVENTING ANXIETY

Over the past decade, some of the most promising research around the causes and development of anxiety disorders has been led by developmental

psychologists. One study, for example, led by Jennifer Urbano Blackford, PhD, of Vanderbilt University, examined brain responses to unfamiliar faces. Participants were young adults who were either highly socially inhibited or highly socially uninhibited, according to self-reports. Using fMRI, the researchers found habituation of activation of the amygdala and hippocampus to repeated presentations of the faces (which had neutral expressions) among the

Psychologists’ research shows that addressing anxiety in children early prevents more serious mental health issues later on.

uninhibited participants, but they did not observe such habituation among the inhibited participants (*Social Cognitive and Affective Neuroscience*, Vol. 8, No. 2, 2013). “Individuals who familiarize more slowly may find encounters with new people overwhelming and thus avoid new social experiences, whereas those who adjust more quickly may be more likely to seek novel social experiences,” Blackford says.

In a later study, her team also found differences in patterns of prefrontal cortex activation between inhibited and uninhibited 8- to 10-year-olds (*Journal of the American Academy of Child & Adolescent Psychiatry*, Vol. 55, No. 9, 2016).

Social psychologist Johanna Jarcho, PhD, an assistant professor of psychology at Temple University, has collaborated with University of Maryland psychology professor Nathan Fox, PhD, to examine how social reticence—a personality trait characterized by shy, withdrawn behavior—in a young child may lead to poor social functioning later in life. In their study, participants between ages 2 and 7 were put into high and low social reticence groups based on behavioral observations and mother-reported questionnaires. Then at age 11, the children performed an fMRI-based task in which they interacted in a virtual classroom as the “new kid” in school. The researchers found that only participants in the high social reticence group showed increased activity in areas of the brain involved in processing distress when they anticipated feedback from unfamiliar peers

(*Psychological Science*, Vol. 27, No. 6, 2016).

In related work, University of Maryland developmental psychologist Kenneth Rubin, PhD, and clinical psychologist Andrea Chronis-Tuscano, PhD, have examined how temperament in childhood affects later development of social anxiety disorders—and how parents' reactions to their children's temperament helps prevent or advance a disorder. Chronis-Tuscano and colleagues, for example, have found that children who exhibit inhibited behaviors—extreme shyness or anxiety around new people, for example—throughout infancy and early childhood are more than three times as likely to develop social anxiety disorder later in life (*Journal of the American Academy of Child & Adolescent Psychiatry*, Vol. 48, No. 9, 2009). Rubin and his team have also found that parents' reactions to their inhibited children can help prevent or advance a child's anxiety. For example, when parents respond to shy and anxious toddlers and preschoolers with warmth, sensitivity and encouragement to approach new situations and people—as opposed to allowing them to avoid social situations—the children are more likely to develop healthier social relationships

later on (*Child Development*, Vol. 73, No. 2, 2003).

To steer parents toward prevention, Rubin and Chronis-Tuscano developed the Turtle Program, an eight-week interaction therapy for parents and young children that allows for parents to encourage children's social behaviors when they are with peers.

“We really try to help parents see that in the short term, swooping in to alleviate their child's anxiety by declining birthday party invitations or withdrawing from extra-curricular activities, for example, may help the child feel better in the moment, but over the long term, it's not helping the child develop the social competencies and experiences that are critically important for growth,” says Chronis-Tuscano. “The longer the social inhibition and anxiety go untreated, the larger the gap you see between the social behavior of the inhibited child and their peers who don't have anxiety.”

In a preliminary study of the Turtle Program conducted by Chronis-Tuscano and colleagues, parents and teachers reported improvements in anxiety symptoms among child participants, and parents were observed being more positively responsive to their children (*Journal of Con-*

INTER-DEPENDENT ROLES

Psychologists apply their expertise on anxiety from all areas of the discipline, including:

Basic science

Researchers are exploring topics such as brain neurocircuitry and temperaments that make someone more likely to develop an anxiety disorder.

Applied science

Psychologists design tools to assess anxiety levels and broaden interventions to reach a wider audience of those at risk of reaching clinical levels of anxiety.

Clinical research

Clinician-scientists develop and test interventions for anxiety in the lab and real-world settings.

Clinical psychology

Clinical psychologists treat patients with anxiety disorders and the parents of children with anxiety.

Education

Faculty train students in the most effective treatments and work to reduce stigma around seeking treatment.

sulting and Clinical Psychology, Vol. 83, No. 3, 2015). A large-scale study now underway could help establish the program as an international standard that could also be taught to early childhood teachers, Chronis-Tuscano says.

“Helping teachers understand this issue and how to deal with it can make a big difference because anxious kids aren't raising their hands to ask for help when they don't understand something or to contribute their ideas, which negatively affects their academic progress,” she says.

REACHING MORE CHILDREN WITH TECHNOLOGY

Psychologists are also exploring ways to deliver social anxiety interventions to a wider audience. One way is through internet-based cognitive-behavioral therapy (iCBT), which allows children and others in therapy to get immediate access to evidence-based interventions. The interventions are delivered largely via computer, with varying degrees of mental health practitioner involvement.

“We're able to get places easier and provide evidence-based content to a wider audience than we would ever be able to with traditional face-to-face interventions,” says clinical psychologist Muniya Khanna, PhD, founder and director of the OCD & Anxiety Institute in Pennsylvania and a research scientist at the Children's Hospital of Philadelphia.

In partnership with Kendall, Khanna developed Camp Cope-A-Lot, the online version of Kendall's Coping

“The longer the social inhibition and anxiety go untreated, the larger the gap you see between the social behavior of the inhibited child and their peers who don't have anxiety.”

ANDREA CHRONIS-TUSCANO, PhD, UNIVERSITY OF MARYLAND



Cat protocol. Camp Cope-A-Lot is a 12-session iCBT for 7- to 13-year-olds with anxiety disorders. Users participate in activities that teach them how to manage stressful situations involving new people, new surroundings and new foods with “Charlie,” an anxious personified cat. The final six sessions—which require assistance from a therapist—introduce exposure to uncomfortable situations. An evaluation of the program by Kendall and Khanna found that 81% of participants no longer met the diagnostic criteria for their anxiety disorders, compared with 70% of participants in traditional CBT and 19% of

participants who used computer activities but did not receive CBT from a therapist (*Journal of Consulting and Clinical Psychology*, Vol. 78, No. 5, 2010). The program has also been shown to be effective in community mental health settings (Storch, E.A., et al., *Depression and Anxiety*, Vol. 32, No. 11, 2015).

Kendall and Khanna have also developed an empirically supported online training program (Child Anxiety Tales) for parents of anxious youth and a free informational website for parents and professionals who work with anxious youth and their families (Coping Cat Parents).

When parents respond to a child's anxiety with warmth and encouragement, the children are more likely to develop healthier social relationships.

EDUCATING POLICYMAKERS AND THE PUBLIC

Unfortunately, despite the availability of life-changing interventions for anxiety disorders, too few people know about them. “There’s not as much effort as there should be on educating the general population about mental disorders, emotion dysregulation and mental health, and because of that we still have this very, very severe stigma,” Barlow says. “We need more people bringing attention to this issue.”

Psychologists are working to do just that. From a public education approach, they are



Psychologists are working to help parents understand the importance of helping children with social anxiety face their fears.

working to help people better understand the mechanisms behind anxiety and why it's important for parents to help children face their fears, rather than accommodating their children's anxiety, says Anne Marie Albano, PhD, director of the Columbia University Clinic for Anxiety and Related Disorders.

"Parents are feeling uncomfortable about their children's anxiety and it prompts their own anxiety so that they then take over," says Albano. "We have to help parents step back some as well as help kids to step up."

Clinical psychologist Lisa Damour, PhD, agrees, pointing to the large gap that has emerged between how psychologists think about anxiety and stress and how it is perceived by much of the public.

"In our broader culture, stress and anxiety have nothing but a bad name, and people believe they should be prevented and avoided at all costs," says Damour, author of the 2019 book "Under Pressure: Con-

fronting the Epidemic of Stress and Anxiety in Girls." The reality is that anxiety is a very normal and protective emotion—and psychologists and other mental health professionals have a plethora of tools to treat anxiety if it gets out of control. "In my experience, though, this strikes the public as completely new information and it's put me on a mission to keep getting the word out about anxiety and about how avoidance feeds the anxiety," she says.

Schools are a natural place to teach those lessons, says Jonathan Comer, PhD, a professor of psychology and psychiatry at Florida International University. "We need to work more to help educate school professionals by providing them with strategies for helping students develop coping skills in situations that make them uncomfortable."

When a child receives an anxiety disorder diagnosis, schools often respond with accommodations that might, for example, allow an anxious

FURTHER READING

Anxiety and Depression Association of America

<https://adaa.org>

Understanding Anxiety in Children and Teens—2018 Children's Mental Health Report

Child Mind Institute
<https://childmind.org/our-impact/childrens-mental-health-report/2018report>

Raising Independent, Self-Confident Kids: Nine Essential Skills to Teach Your Child or Teen

Moss, W.L., & Moses, D.A.
APA, 2018

student to rest in the nurse's office or to get more time to take tests. But while well intentioned, such accommodations can promote avoidance of the things that make kids anxious, Comer says. When psychologists are working with schools, they help build appropriate ways for children and teens to challenge their anxiety.

"So, maybe in the short term, there might be a plan that allows the anxious child to take frequent breaks, but then you also have a long-term plan for reducing that accommodation," Comer says.

On a broader level, psychologists are serving on national and international committees to create new road maps for anxiety treatment. In 2017, Khanna joined about two dozen psychologists, psychiatrists and other mental health professionals to develop a consensus statement and recommendations for research and dissemination practices around iCBT for anxiety in youth (*Internet Interventions*, Vol. 12, No. 1, 2018). Their paper lays out the need for consistent measuring and precise reporting of iCBT programs and recommends ways to get these programs into the hands of clinicians for routine use.

"The more we have these conversations and the more we push ourselves to really ask the tough questions about how to maximize reach and how to make this feasible and affordable and accessible to both the nationally underserved and those in rural communities, the more we can make a difference in tackling this huge societal issue," Khanna says. ■

VITAL SUPPORT FOR UNDERGRAD RESEARCHERS

APA's SUPRE grants provide research experience, mentorship and career guidance for future psychological scientists

BY BRIAN WOODBURN

Before last summer, University of Houston sophomore David Ortiz Jr. had never worked in a research lab. Now, he's aiming to be an author on a peer-reviewed publication in a psychology journal.

Ortiz was one of dozens of participants in APA's Summer Undergraduate Psychology Research Experience (SUPRE) grants program. For each of the last four summers, host psychology departments, led by a faculty organizer, have received APA funding to create a summer program designed to introduce students to all aspects of research and provide mentorship and professional development opportunities.

Departments are required to recruit students with little or no research experience and are encouraged to include students from groups traditionally underrepresented in science, such as racial and ethnic minorities and first-generation college students.

In 2019, nine institutions received SUPRE grants: Boston College; California State University, Northridge; Norfolk State University; Northern Arizona University; Southern Illinois University; University of Houston; University of

Michigan; University of North Georgia; and West Virginia University.

For many of the talented participants, the experience allows them to seriously consider career options in science, perhaps for the first time, all while being paid as full-time research assistants.

"I knew I needed to have research experience when applying for graduate school," says Ortiz, a first-generation college

SUPRE program directors Dr. Rheeda Walker (bottom right) and Dr. Steven Paul Woods (top left) with advisees (left to right) Desiree Gomez, Angel Alexander, David Ortiz Jr. and Briana Johnson.



student at the University of Houston, "and the pay was good enough to allow me to stay in Houston over the summer."

Time in the lab isn't just good for résumé-building. When students go from the classroom to the lab for the first time, their relationship with science changes. "The most enjoyable part of the summer was watching the students evolve from being passive learners to active learners, who took ownership of their projects," says Norfolk State researcher and 2019 SUPRE faculty organizer Leah Floyd, PhD.

As full-time lab members, students get a crash course in all aspects of the research process, including developing a research question, running participants, analyzing data and presenting their results. Northern Arizona University student Claudia Escobedo worked in a SUPRE-sponsored lab this past summer, after having just completed her freshman year. "As a student entering with no experience, I have left with a world of knowledge," she says.

For Ortiz and his mentor Rheeda Walker, PhD, SUPRE was just the beginning of a productive mentor/mentee relationship. He's remained involved in Walker's community-based study of coping among black men, and Walker says he's been an asset to the lab. "Our research team is really very pleased that David is continuing his work with us," Walker says. ■

● **To learn more** and apply for a 2020 APA SUPRE grant, visit <https://on.apa.org/SUPRE>.

COUNTERING STEREOTYPES ABOUT ASIAN AMERICANS

Asian Americans are often overlooked in discussions of racial bias in the United States. Now, psychologists and other researchers are working to change that.

BY ZARA GREENBAUM



Asian Americans report less discrimination in employment, housing and criminal justice compared with other racial minorities in the United States (*Discrimination in America*, Harvard Opinion Research Program, 2018). But they often fall victim to a unique set of stereotypes—including the false belief that all Asian Americans are successful and well adapted—that render them invisible in discussions of

race and prejudice in America.

Evidence also suggests that Asian Americans, who represent about 6% of the U.S. population, are frequently denied leadership opportunities (*The Illusion of Asian Success*, Ascend, 2017) and are overlooked in research, clinical outreach and advocacy efforts. For example, despite the fact that the population has increased by 72% since 2000, making it the country's fastest growing racial or ethnic group (Pew Research Center,

Asian Americans are the fastest growing racial or ethnic group in the United States, but research on them has not kept pace with that growth.

2017), clinical research efforts focused on Asian American, Native Hawaiian and Pacific Islander populations have made up only 0.17% of the National Institutes of Health budget since 1992 (Đoàn, L.N., et al., *JAMA Network Open*, Vol. 2, No. 7, 2019).

The U.S. Census Bureau defines Asian Americans as American citizens and nationals originating from East Asia, Southeast Asia and the Indian

GIANG ZHOU/GETTY IMAGES

subcontinent. This highly diverse group includes more than 20 different cultures with numerous languages and religions. It also encompasses everyone from refugees and recent immigrants to fifth-generation Americans.

“Our existence as an aggregate group is very much a political creation that exists only in the United States,” says Helen Hsu, PsyD, a clinical psychologist and president of the Asian American Psychological Association. “But when we look at specific subpopulations, we see that for almost every health and economic indicator, there are Asian Americans who are struggling.”

Cambodians and Hmong, for example, experience significantly higher poverty rates and worse educational outcomes than the general population (Pew Research Center, 2017), while nearly 80% of the Bhutanese population in America struggles with English proficiency (“Ethnicity Data Is Critical to Address the Diverse Needs of Asian Americans and Pacific Islanders,” AAPI Data, 2018). Psychologists have begun to probe and document such disparities to shine a light on the experiences of Asian Americans and determine how best to aid the group’s subpopulations. But, these researchers say, more work and attention are needed. Even within the field, researchers face hurdles in terms of securing funding and publishing their findings. For instance, many scientific grantmaking agencies do not consider Asian Americans an at-risk group, says psychologist Vivian Tseng, PhD, the senior vice president

of grantmaking programs at the William T. Grant Foundation.

“Being invisible is damaging in itself because the way in which you’re suffering goes unseen, largely ignored and overlooked,” says Tseng. And while many groups experience discrimination, the invisibility Asian Americans face is “pernicious on its own and can ultimately cause even more suffering.”

MODEL MINORITIES AND OTHER MYTHS

The so-called “model minority” stereotype, one of the most pervasive and harmful assumptions about Asian Americans, holds that Asian Americans are a uniformly high-achieving racial minority that has assimilated well into American society through hard work, obedience to social mores and academic achievement. The term was first used in the 1960s by academics and journalists—and later by politicians—to create a divide among racial minorities and to downplay the role of racism in the inequities of American society, says Richard Lee, PhD, a professor of psychology at the University of Minnesota who studies race and ethnicity.

“In the midst of advocacy against racism, this was a very convenient tool,” Lee says. “Elevating Asian Americans as a model minority essentially

BY THE NUMBERS

4.9%
Percentage of Asian Americans who use mental health services annually

16.6%
Percentage of white Americans who use mental health services annually

absolved white systems from taking real accountability for the inequities they’ve created.”

Research shows how pervasive the myth is: In one study of 165 Asian American high school students, for example, 99.4% of participants had experienced the stereotype at least once (Thompson, T.L., & Kiang, L., *Asian American Journal of Psychology*, Vol. 1, No. 2, 2010). Though calling a group exemplary may seem like a positive characterization, “the nature of all stereotypes is that they dehumanize people and prevent us from seeing them in their whole humanity,” Tseng says.

In fact, whites who endorse the model minority myth are also more likely to concurrently hold other, unfavorable beliefs about Asian Americans as well (Parks, S.J., & Yoo, H.C., *Asian American Journal of Psychology*, Vol. 7, No. 4, 2016). Those beliefs include what researchers call the “perpetual foreigner” stereotype, which casts Asian Americans as fundamentally foreign individuals who will never fully assimilate into American society. For example, even second- and third-generation Asian Americans are frequently asked where they are from or told that they speak English surprisingly well.

In one study, Lee and his colleagues found that such treatment is psychologically harmful beyond the effects of general discrimination, leading to depression symptoms and lower self-esteem (Armenta, B.E., et al., *Cultural Diversity and Ethnic Minority Psychology*, Vol. 19, No. 2, 2013). “It essentially denies your sense of being

“Being invisible is damaging in itself because the way in which you’re suffering goes unseen, largely ignored and overlooked.”

VIVIAN TSENG, PhD, WILLIAM T. GRANT FOUNDATION

American, denies your feeling like you belong here,” says Lee. “And of course, not feeling like you belong is a horrible thing.”

Like other racial minorities, Asian Americans are also targets of gendered racism. Asian American men are often seen as effeminate or asexual, while Asian American women are viewed as sexually desirable, exotic and passive. In one study of race and occupational roles, for example, participants ranked Asian men as significantly more hireable for a librarian job (a traditionally feminine role) and less hireable for a security guard job (a traditionally masculine role) compared with African American and Caucasian men (Hall, E.V., et al., *Personality and Social Psychology Bulletin*, Vol. 41, No. 6, 2015). Another study, led by Shruti Mukkamala, PhD, a senior staff psychologist at the University of California, Irvine, student counseling center, surveyed Asian American women about their experiences of discrimination. Respondents said that in addition to more overt forms of racial bias, their colleagues, acquaintances and even romantic partners held inaccurate assumptions about Asian American women, including that they were or should be submissive, sexually exotic or petite (*Asian American Journal of Psychology*, Vol. 9, No. 1, 2018).

“These intersectional experiences haven’t received much attention from researchers, so our goal was to start by documenting their nature and prevalence,” Mukkamala says. “Now, we need to consider their impacts on the personal and professional lives

of Asian American women and find ways to increase public awareness about the stereotypes themselves.”

CONSEQUENCES OF DISCRIMINATION

The fallout from such stereotypes can be powerful. For example, Asian American students in schools across the United States report being frequently bullied by other students based on their race, including name-calling, cyberbullying and physical intimidation, according to a report from the federal Asian American and Pacific Islander Bullying Prevention Task Force (*AAPI Bullying Prevention Task Force Report*, 2016).

And while a strong racial identity has historically been seen as a protective factor against discrimination and bullying, a meta-analysis led by Tiffany Yip, PhD, a professor of psychology at Fordham University in New York, shows that this isn’t always the case. She found that factors such as race, gender, age and nativity status can affect whether racial identity is helpful or harmful in resisting discrimination. For Asian Americans, for example, a strong ethnic or racial identity did not reduce the likelihood of engaging in risky behaviors such as delinquency and substance use (*Developmental Psychology*, Vol. 55, No. 6, 2019).

“Many researchers have looked at discrimination as this umbrella term, but there are qualitatively different discrimination experiences that different groups face,” she says. “That’s not captured well enough in our current literature.”

Psychologists say that historically, research in the field has focused too much on the experiences of high-achieving people of East Asian origin at the expense of more vulnerable groups. Now, researchers are broadening their focus to include other topics, such as psychological problems faced by Burmese refugees (Kim, I., *Asian American Journal of Psychology*, Vol. 9, No. 3, 2018), mental illness stigma among Korean American immigrants (Han, M., et al., *Asian American Journal of Psychology*, Vol. 8, No. 2, 2017) and the colonial legacy of Filipino Americans (David, E.J.R., et al., *Asian American Journal of Psychology*, Vol. 8, No. 1, 2017).

One way for researchers to acknowledge the diversity within the Asian American population is to recruit larger samples of Asian Americans and disaggregate data for various ethnic groups, says Hsu.

But grantmaking agencies and philanthropic organizations don’t always see value in funding research on Asian Americans. In addition to the low rate of NIH funding, only about 3% of all private and community grant funding on racial issues backs studies on Asian Americans, according to a 2016 report by the nonprofit Candid, which collects data on grantmaking foundations. Southeast Asian and Pacific Islander populations are particularly understudied.

CULTURALLY COMPETENT CARE

The challenges that stem from stereotypes and invisibility even follow Asian Americans into

FURTHER READING

Psychology of Asian Americans

Chan, C.S., & Berriochoa, K. In J.A. Mena & K. Quina (Eds.) “Integrating Multiculturalism and Intersectionality into the Psychology Curriculum: Strategies for Instructors” APA, 2019

Why Don’t People of Color Use Mental Health Services?

Hall, G.C.N. *Psychological Science Agenda* 2019

Moving Beyond the Model Minority

Kiang, L., et al. *Asian American Journal of Psychology*, 2017



Asian Americans are a diverse group, and some—such as Hmong immigrants—face unique challenges. Keng Thao, a high school student in California, was born in a refugee camp in Thailand.

the clinic. Asian Americans are less likely to use mental health services—including outpatient treatment, inpatient treatment and prescription medications—than any other racial group, according to the Substance Abuse and Mental Health Services Administration (*Racial/Ethnic Differences in Mental Health Service Use Among Adults*, 2015).

Clinicians might infer that their low rate of service utilization means that Asian Americans don't face significant psychological problems, but research suggests otherwise. Several studies have found that Asian Americans present more severe symptoms when they do enter treatment (Hwang, W.C., et al., *Psychiatric Services*, Vol. 66, No. 10, 2015). And in

a doctoral dissertation study of 17 years of archival data from a university student counseling center, Asian American and international Asian students reported more distress and experienced less improvement during psychotherapy compared with white students (La Stokes, H., Brigham Young University Scholars Archive, 2018).

"Asian Americans do have psychological problems," says Gordon C. Nagayama Hall, PhD, a professor of psychology at the University of Oregon who studies culture and mental health, "but when they experience distress, they tend not to seek treatment—in part because of these stereotypes."

Other reasons for avoiding or delaying mental health treatment include severe stigmatization of mental illness in some Asian cultures and a dearth of culturally relevant treatment services, says Wei-Chin Hwang, PhD, a professor of clinical psychology at Claremont McKenna College in Claremont, California.

Hwang conducted the first NIH-funded randomized controlled trial that tested a form of cognitive-behavioral therapy (CBT) adapted for an Asian American population (*American Psychologist*, Vol. 61, No. 7, 2006). He found that the adapted intervention, which addressed cultural identity, communication styles and differing beliefs about mental illness and treatment, nearly doubled the effect size and reduced dropout rates among Chinese American patients compared with traditional CBT.

Hall and his colleagues explored the effectiveness of

such adapted interventions in a 2016 meta-analysis that included nearly 14,000 participants, 30% of whom were Asian American or Asian. The analysis found that culturally relevant interventions were significantly more likely to lead to remission from psychopathology than unadapted versions of the same interventions (*Behavior Therapy*, Vol. 47, No. 6, 2016).

"We need to understand each patient's values, experiences and personal beliefs to ensure that the services we provide support their goals and are congruent with the values they hold," Mukkamala says.

MORE RESEARCH NEEDED

Looking forward, Tseng encourages researchers to explore the implicit biases that guide who and what they study.

For example, she asks, why does research on Asian Americans so often focus on academic achievement among East Asians and not on a more well-rounded understanding of various populations, including East Asians, South Asians, Southeast Asians and Pacific Islanders?

"Both philanthropic and government funders need to pay attention to who's being

ignored and excluded from research and research funding," Tseng says. "Each has a real public responsibility to meet the needs of our diverse society."

To gain a more nuanced understanding of Asian American populations, Mukkamala says it's also essential to study intersectional discrimination and stereotyping. Sexual and gender identity, social class and disability status are important factors to consider.

To aid such research, one of Lee's priorities is to develop measurement tools that are relevant to Asian Americans. Existing

questionnaires about racial prejudice, developed with African Americans in mind, are often built around questions such as "How often were you followed by store employees when shopping?" and may not capture the full experience of research participants from other racial and ethnic groups.

"Asian Americans have their own unique racial history in this country," Lee says. "While every minority group has some common experiences of discrimination, each also has unique factors that psychologists need to recognize, study and begin to address." ■

Renew Your APA Membership

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

RENEW ONLINE TODAY AT: APA.ORG/RENEW



AMERICAN
PSYCHOLOGICAL
ASSOCIATION



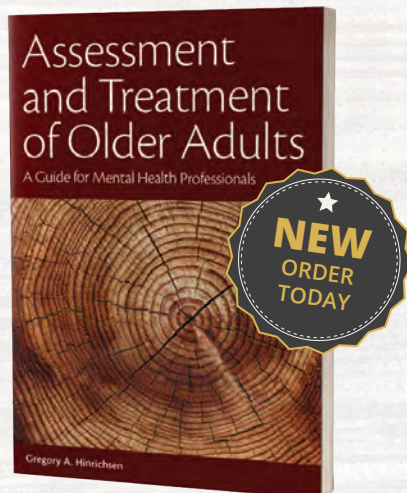
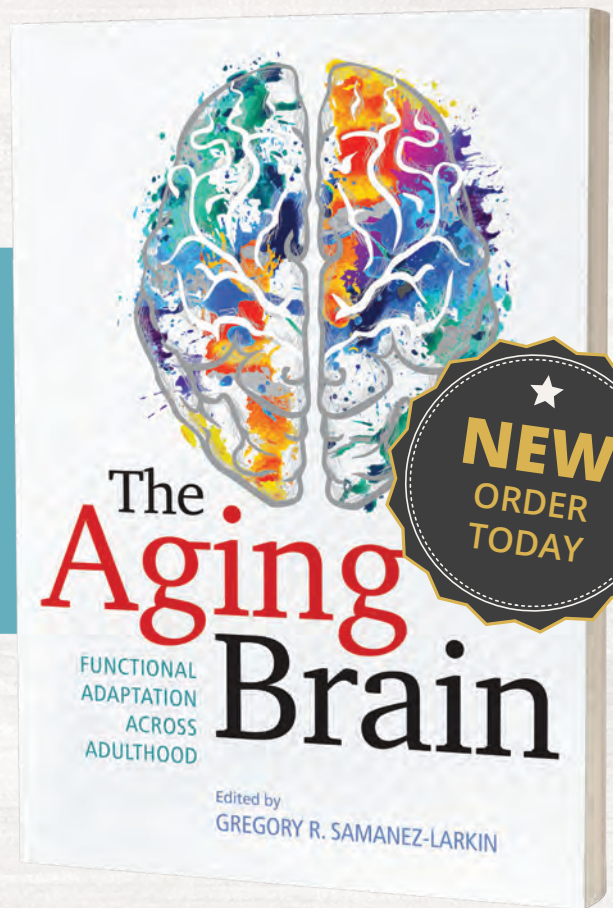
New & Bestselling in Geropsychology from

 **APA BOOKS®**

The Aging Brain

Hardcover | ISBN 978-1-4338-3053-2

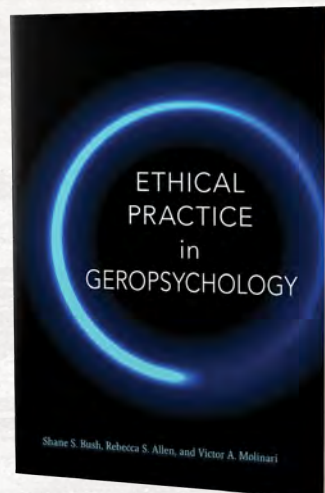
List \$74.99 / APA Member \$56.24



Assessment and Treatment of Older Adults

Hardcover | ISBN 978-1-4338-30558-7

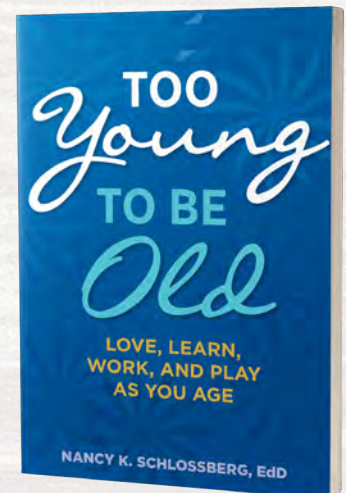
List \$69.99 / APA Member \$52.49



Ethical Practice in Geropsychology

Hardcover | ISBN 978-1-4338-2626-9

List \$69.95 / APA Member \$52.46



Too Young to Be Old

Paperback | ISBN 978-1-4338-2749-5

List \$19.95 / APA Member \$14.96

APA NAMES ITS 2019 FELLOWS

Congratulations to the 92 new members on APA's list of exceptional psychologists

APA has awarded Fellow status to 92 psychologists who have made unique, outstanding and national contributions to the field. To be eligible for Fellow status, candidates must be APA members who are actively advancing psychology and are at least five years out from earning a doctoral degree. APA divisions nominate potential Fellows from among their membership to APA's Board of Directors. The board then recommends Fellows to the association's Council of Representatives, which appoints the slate. Learn how to apply at <https://on.apa.org/Fellows>.

DIVISION 1
Society for
General Psychology
John Davis, PhD

DIVISION 2
Society for the
Teaching of Psychology
Amy Fineburg, PhD
Janet Kottke, PhD

DIVISION 3
Society for
Experimental Psychology
and Cognitive Science
Marianne Lloyd, PhD
Jeffrey Zacks, PhD

DIVISION 5
Quantitative and
Qualitative Methods
Craig Enders, PhD
Chris McVittie, PhD
Jolynn Pek, PhD

DIVISION 6
Society for Behavioral
Neuroscience and

Comparative Psychology
Mark Krause, PhD
Bonnie Perdue, PhD

DIVISION 7
Developmental Psychology
Mona El-Sheikh, PhD
Elizabeth Gershoff, PhD
Abigail Gewirtz, PhD
Laura Stroud, PhD
Brenda Volling, PhD

DIVISION 9
Society for the Psychological
Study of Social Issues
Adrienne Carter-Sowell, PhD
Louis Medvene, PhD

DIVISION 10
Society for the
Psychology of Aesthetics,
Creativity and the Arts
Pablo Tinio, DSc

DIVISION 12
Society of Clinical Psychology
Steven Hollon, PhD
Nicholas Salsman, PhD

DIVISION 14
Society for Industrial and
Organizational Psychology
Satoris Howes, PhD
Hui Liao, PhD

DIVISION 15
Educational Psychology
Jeffrey Greene, PhD
Panayiota Kendeou, PhD
Nancy Perry, PhD
Christine Rubie-Davies, PhD

DIVISION 16
School Psychology
Renee Tobin, PhD

DIVISION 17
Society of
Counseling Psychology
Peggy Brady-Amoon, PhD
Melissa Consoli, PhD
Katharine Hahn Oh, PhD
Marie Hammond, PhD
Natasha Maynard-Pemba, PhD
Lewis Schlosser, PhD
Mindi Thompson, PhD
Chiachih Wang, PhD

DIVISION 18
Psychologists in
Public Service
Anne Klee, PhD

DIVISION 19
Society for
Military Psychology
Scott Johnston, PhD
Joseph Lyons, PhD

DIVISION 21
Applied Experimental
and Engineering Psychology
Elizabeth Blickensderfer, PhD
Anne McLaughlin, PhD
James Szalma, PhD

DIVISION 22
Rehabilitation
Psychology
Erin Andrews, PsyD
Jacqueline Kaufman, PhD

DIVISION 26
Society for the
History of Psychology
David Devonis, PhD

DIVISION 27
Society for Community
Research and Action
Cindy Crusto, PhD
Emily Ozer, PhD

DIVISION 28
Psychopharmacology
and Substance Abuse
Jennifer Tidey, PhD



DIVISION 29
Society for the Advancement of Psychotherapy

Tony Rousmaniere, PsyD
Joshua Swift, PhD
Sigal Zilcha-Mano, PhD

DIVISION 30
Society of Psychological Hypnosis

Julie Linden, PhD
Eric Willmarth, PhD

DIVISION 31
State, Provincial and Territorial Psychological Association Affairs

Kenneth Bohm, PhD

DIVISION 32
Society for Humanistic Psychology

Eleanor Criswell, EdD
Belinda Khong, PhD

DIVISION 33
Intellectual and Developmental Disabilities/

Autism Spectrum Disorder

Maria Valdovinos, PhD

DIVISION 36
Society for the Psychology of Religion and Spirituality

Joshua Hook, PhD

DIVISION 38
Society for Health Psychology

Bradley Cardinal, PhD
Julianne Holt-Lunstad, PhD
Barbara Ward-Zimmerman, PhD

DIVISION 39
Society for Psychoanalysis and Psychoanalytic Psychology

Joan Sarnat, PhD

DIVISION 40
Society for Clinical Neuropsychology

Robyn Busch, PhD
Ronald Cohen, PhD
Gerard Gioia, PhD

Benjamin Hampstead, PhD
Lynn Schaefer, PhD
Brian Yochim, PhD

DIVISION 41
American Psychology-Law Society

Eve Brank, PhD
Stephanie Madon, PhD

DIVISION 42
Psychologists in Independent Practice

Joe Scropo, PhD

DIVISION 43
Society for Couple and Family Psychology

Guy Diamond, PhD
Matthew Johnson, PhD
Marsha Kline Pruett, PhD

DIVISION 44
Society for the Psychology of Sexual Orientation and Gender Diversity

Ellen Riggie, PhD

DIVISION 45
Society for the Psychological Study of Culture, Ethnicity and Race

Christopher Liang, PhD

DIVISION 46
Society for Media Psychology and Technology

Brad Bushman, PhD
Mary Gregerson, PhD
Karla Hamlen, PhD

DIVISION 47
Society for Sport, Exercise and Performance Psychology

Mark Aoyagi, PhD

DIVISION 49
Society of Group Psychology and Group Psychotherapy

Jill Paquin, PhD

DIVISION 50
Society of Addiction Psychology

Krista Medina, PhD

DIVISION 52
International Psychology

Brian Hall, PhD
Brigitte Khoury, PhD
Andrew Simon, PhD

DIVISION 53
Society of Clinical Child and Adolescent Psychology

Daniel Bagner, PhD
Karen Bierman, PhD
Amie Grills, PhD
Beth Kennard, PsyD
Laura Mufson, PhD

DIVISION 54
Society of Pediatric Psychology

Kristoffer Berlin, PhD
Cynthia Harbeck-Weber, PhD
James Klosky, PhD

COMING THIS JANUARY

2020 APA INDEPENDENT STUDY PROGRAMS

LOOK FOR NEW RELEASES, LIKE:

ARTICLE-BASED PROGRAMS

Better Relationships With Patients Lead to Better Outcomes

Spotting the Signs of Mild Cognitive Impairment

BOOK-BASED PROGRAMS

Ethical Conflicts in Psychology, Fifth Edition

Secrets and Lies in Psychotherapy

APA MEMBERS

Take advantage of a **20% year-end/new year discount** on new book-based programs.

Promo code:

2020NEWIS

VIDEO ON-DEMAND RECORDINGS

Addressing Functional Impairments in Children With ADHD: Organizational Skills Training

Telepsychology Best Practices 101: About the Tech... Video, Email, Text Messaging and Apps



AMERICAN
PSYCHOLOGICAL
ASSOCIATION



**CONTINUING
EDUCATION**
IN PSYCHOLOGY

Continuing education
from your association

6 QUESTIONS FOR SHARON G. HORNE

The Fulbright Global Scholar is developing interventions to help LGBTQ people around the world overcome stigma

BY LINDSEY ALLEN

Last year, the International Psychology Network for LGBTI Issues (IPsyNet) released a mental health statement advocating for inclusive treatment for LGBTQ patients around the world. Since then, the statement has been endorsed by 28 national psychology organizations representing all regions of the globe.

Helping to lead that effort is Sharon G. Horne, PhD, a professor and director of the PhD program in counseling psychology at the University of Massachusetts, Boston, who is also an APA representative to IPsyNet and chair of the committee that drafted the statement. Horne, who has long focused on improving LGBTQ mental health worldwide, is now using a Fulbright Global Scholar Award to study LGBTQ mental health in Colombia, South Africa and the Philippines in addition to conducting work in former Soviet countries.

The *Monitor* talked with Horne about what she's been seeing abroad and how she plans to use her findings.

What is the IPsyNet international mental health statement and why is it important?

The IPsyNet statement represents an international recognition of the need to develop and support affirmative and inclusive treatment for the LGBTQ population. Our goal with the statement was to capture shared transnational LGBTQ values related to psychology, such as an

understanding of the role of psychology in addressing its past harms to LGBTQ individuals and families, respect for sexual and gender diversity, and support for indigenous approaches to sexual orientation and gender identity. It is the only example of which I'm aware of international psychology organizations making a commitment to a set of values related to a psychological mental health concern. This is a model that might work for other global issues such as refugee concerns, child abuse and more.

How does this relate to your Fulbright research in Colombia, South Africa and the Philippines?

I am interested in how LGBTQ psychology is taking shape globally in this divided and polarized time. Specifically, I am interested in the application of affirmative psychotherapies in which clinicians address and validate the needs of LGBTQ clients. Here in the United States, we have developed practice guidelines for treating LGBTQ clients, but my research focuses on whether practitioners around the world are using them, or adapted versions, or if they have their own approaches to affirmative practice.

I also want to better understand the experiences of LGBTQ clients who seek out therapists in places where affirmative practice may not be expected and where negative influences from anti-LGBTQ institutions may be harmful. Traveling to these countries during my Fulbright is allowing me to survey and interview both clinicians and clients about their experiences.

Why did you select these three countries to study?

I chose Colombia, South Africa and the Philippines because of their important influence in their respective regions and for their affirming approaches to sexual orientation and gender identity concerns. For example, Colombia's primary psychological association, Colegio Colombiano de Psicólogos, is a leader in South America



in affirming LGBTQ concerns. The Psychological Society of South Africa has developed its own Africa-centered guidelines on working with sexually and gender-diverse people and is providing trainings for clinicians on affirmative treatment throughout the country. The Psychological Association of the Philippines has its own LGBT Psychology Special Interest Group and LGBT section. LGBTQ psychology in the Philippines is also supported within the indigenous psychological community at Pambansang Samahan sa Sikolohiyang Pilipino, which issued its own policy in 2014 for LGBTQ-affirmative nondiscrimination written in Filipino and drawing from indigenous Filipino decolonizing frameworks. These countries have their own challenges with respect to LGBTQ concerns, as do we,

but I believe we have a lot to learn from how they are shaping and contributing to LGBTQ psychology.

What are some of those challenges?

This is a question I'm still grappling with. Cultural factors, particularly religion, play a significant role in people's mental health in Colombia, South Africa and the Philippines because they affect whether institutions—such as universities, government entities and nongovernmental organizations—are comfortable with LGBTQ-affirmative practice. Therapy continues to be accessible primarily for people with means in these countries. Participants from these countries have shared their frustration with finding therapists who can truly understand the intersectionality of their experiences. In South Africa,

for example, there are far too few black LGBTQ-identified psychologists to meet the needs for support in many communities.

How does this research compare with your typical research at home?

Most of my research here is focused on the intersection of policies and mental health for LGBTQ people, such as anti-LGBTQ ballot measures related to marriage equality, parenting rights and public access. For example, last year our research team explored the impact on the mental health of LGBTQ people during a statewide referendum in Massachusetts to remove rights to housing and public services for transgender people. We found greater stress and depression leading up to the election for transgender people compared with cisgender people.

Where would you like to see your research go next?

During my travels, I have been looking at each society separately, but after I finish traveling, I'll be analyzing what I have seen across different countries and regions to gain a larger context and understanding of the trends that are occurring for LGBTQ psychology. That will probably take me a while, and as part of that, I'm working on a book to provide a deeper analysis of those trends.

We are developing exercises for our online platform, which is geared toward helping people, here and around the world, struggling with LGBTQ-related stigma, discrimination and other concerns. We are currently working on making our platform available to Spanish-speaking participants and have plans to develop it for other languages. Our goal is to provide interventions that will be culturally relevant and that can be accessed anywhere. ■

● Read more about Horne's research at <https://lgbtqmentalhealth.com>.



7-NIGHT RESORT VACATION

Worldwide Destinations 1 & 2 Bedroom Suites

ARIZONA



FLORIDA



TEXAS



APA Members Book Today for Big Savings!

Call 844-367-6433 | tripbeat.com/apa

*These vacations are limited and subject to availability. Tax additional. Nightly price presumes 7-night stay. See website for full details.

CAN WORDS ALONE LEAD TO SUICIDE?

The court is asked to consider the limits of free speech in the texting suicide case

BY CYNTHIA CALKINS, PhD, AND DYLAN ABRAMS, JOHN JAY COLLEGE OF CRIMINAL JUSTICE

“**T**he time is right and you’re ready, you just need to do it!” This was one of the many text messages that Michelle Carter, 17, sent to her boyfriend, Conrad Roy III, 18, encouraging him to take his own life in 2014 (*Commonwealth v. Carter*, 2016).

In hundreds of text exchanges in the days before his death on July 13 in Fairhaven, Massachusetts, Carter pressured Roy to go through with his plan to die by suicide, at times providing instruction on how to carry it out and chastising him for his indecision and failure to act.

When Roy, who had a history of depression, expressed concerns about how his family would react to his death, Carter assured him that they would “understand and accept it.” And just before his death, as Roy had second thoughts about his decision to end his life, Carter urged him to carry through with the plan.

Carter, who herself struggled with an eating disorder and suicidal thoughts, was found guilty of involuntary manslaughter for the reckless and coercive behavior that led to Roy’s death. She is serving a 15-month jail term after the Massachusetts Supreme Judicial Court, which considered her words to be “speech integral to criminal conduct,” upheld her conviction.

Carter’s attorneys have now petitioned the U.S. Supreme Court to take up her case, arguing that she was roughly an hour away from Roy at the time of his death and did not physically participate in his suicide.

They argue that convicting Carter based on her words alone violates the free speech clause of the First Amendment. Moreover, Carter’s attorneys argue that her case presents an opportunity for the court to clarify what types of speech are considered unprotected, and to establish meaningful guidelines

and set precedent in assisted suicide cases. Many also consider this case an opportunity for the court to weigh in on the growing problem of cyberbullying.

But how much can words actually influence someone who may be suicidal? Several studies have found that exposure to suicidal behavior within one’s close social network can increase the “suggestibility” of suicide. For example, Abrutyn and Mueller¹ found that suicide attempts of role models were associated with suicidal thoughts—and in certain instances, attempts—in a sample of American adolescents. The potential psychological mechanisms underlying this impressionability, including social learning, imitation and emotional contagion, are not well understood in relation to suicide facilitation via explicit encouragement.

While the success of suicide crisis hotlines suggests that emotional support can discourage suicidal behavior and produce positive mental health outcomes (such as reduction of suicidal and self-harm ideation^{2,3} and increased hopefulness³), the role that encouragement plays in producing negative outcomes is less understood. Despite the obvious ethical hurdles, assessing the extent to which explicit encouragement of suicide results in actual or attempted suicidal behavior is an important area for future research. ■

¹Abrutyn, S., & Mueller, A.S. (2014). Are suicidal behaviors contagious in adolescence? Using longitudinal data to examine suicide suggestion. *American Sociological Review*, 79(2), 211–227.

²Tyson, P., et al. (2016). Preventing suicide and self-harm: Evaluating the efficacy of a helpline from a service user and helpline worker perspective. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 37(5), 353–360.

³Gould, M.S., et al. (2013). Impact of Applied Suicide Intervention Skills Training on the National Suicide Prevention Lifeline. *Suicide and Life-Threatening Behavior*, 43(6), 676–691.

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



AT ISSUE
Should speech be protected if it encourages people to hurt themselves?



CE

CONTINUING EDUCATION NEW GUIDANCE ON RACE AND ETHNICITY FOR PSYCHOLOGISTS

BY STEPHANIE PAPPAS

The United States is becoming increasingly ethnically and racially diverse, yet discrimination and bias remain pervasive, as do large disparities in wealth, health, poverty and incarceration among racial and ethnic groups.

The field of psychology is not immune to similar inequality. In 2016, the American Community Survey found that about 84% of the active psychology workforce is white, an overrepresentation compared with the national population, which is 76% white (2007–16: *Demographics of the Psychology Workforce*, APA Center for Workforce Studies, 2018). Psychological research is largely based on whiter, wealthier and more Western samples than the global population, with the majority focused on a fairly homogeneous slice of U.S. society

(Arnett, J.J., *American Psychologist*, Vol. 63, No. 7, 2008).

With these factors in mind, APA has released its first updated guidelines on race and ethnicity since 2003. The *Race and Ethnicity Guidelines in Psychology: Promoting Responsiveness and Equity* were adopted by the APA Council of Representatives in August. They follow a separate document, *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality*, adopted in 2017, that provided a broader umbrella view covering a wider cross section of identities than race and ethnicity alone.

The new *Race and Ethnicity Guidelines* are divided into four sections: fundamental, training and education, practice, and research guidelines. All are underpinned by the principle that considerations of social justice are inherent to an understanding of race and ethnicity, and the principle that issues of race, ethnicity, power and privilege are central to people's life experiences, says Karen Suyemoto, PhD, a psychologist at the University of Massachusetts, Boston, and co-chair of the committee that developed the guidelines.

The guidelines also focus on developing psychologists' racial and ethnocultural responsiveness—as opposed to the more common term “cultural competence.” Competence, Suyemoto says, implies a static goal to be achieved, or an immutable personal characteristic.

Responsiveness, on the other hand, implies deliberate, continuous action.

“To be responsive you have to be continually changing, growing, understanding because our society is continually changing, too,” Suyemoto says.

FUNDAMENTAL GUIDELINES

The first section of the guidelines urges psychologists to recognize the influence of race and ethnicity in society, to maintain their scholarly knowledge of race and ethnicity, to be aware of their own position in the societal hierarchy and to address inequalities in organizations.

Unfortunately, most psychological research has been done on so-called WEIRD samples—in countries that are Western, educated, industrialized, rich and democratic. A 2010 review by anthropologist Joseph Henrich, PhD, and colleagues found that for many variables of interest, WEIRD samples may in fact be the least representative of humanity. For example, research on WEIRD samples may overestimate self-enhancing biases, analytic reasoning and even susceptibility to basic visual illusions (*Behavioral and Brain Science*, Vol. 33, No. 2–3, 2010).

The guidelines recommend that psychologists be aware that in every job and career stage, they are influenced by race and ethnicity, so they should carefully consider how racial and ethnocultural

CE credits: 1

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

1. Discuss the goal and purpose of the new *Race and Ethnicity Guidelines*.
2. Describe how clinicians, educators and researchers can develop racial and ethnocultural responsiveness.
3. Discuss the importance of understanding bias and recognizing the influence of race and ethnicity in society.

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

norms may shape their own behaviors. They should also maintain a working knowledge of the scholarly literature on racial and ethnic disparities because ignoring this work may perpetuate harm: Research suggests that “colorblind” attitudes are associated with more prejudicial behavior. For example, Amherst College psychologist Deborah Son Holoién, PhD, and Princeton University psychologist J. Nicole Shelton, PhD, found that white participants primed with colorblind attitudes displayed more behavioral prejudice in interactions with ethnic minorities compared with whites primed with a multicultural approach to diversity (*Journal of Experimental Social Psychology*, Vol. 48, No. 2, 2012).

Psychologists should also be aware of their own “positionality”—their understanding and awareness of their statuses and identities and the implications of these given the context of systemic power differences. In practice, this means evaluating how the values, norms and behaviors associated with one’s own ethnic or racial identities influence one’s own behavior. “It means you have a position in a larger system of privilege and oppression that affects your experience and your awareness of other people’s experience, and that you have to actively attend to that, particularly if you’re in a privileged position where you are more likely to be unaware,” Suyemoto says.

The guidelines also urge psychologists to address inequalities in organizations within and outside of psychology. In addition to the largely white makeup of

ABOUT CE

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

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

To purchase the online program, visit www.apa.org/ed/ce/resources/ce-corner.aspx.

The test fee is \$25 for members and \$35 for nonmembers.

For more information, call (800) 374-2721.

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

the psychology workforce, there is evidence of racial bias in grant awards and underrepresentation in leadership positions. In a study of National Institutes of Health grant applications, researchers found that black grant applicants were 10% less likely than white applicants to receive an award, even after controlling for the applicants’ educational background, country of origin, training, previous research awards, publication record and employer characteristics (Ginther, D., et al., *Science*, Vol. 333, No. 6045, 2011).

TRAINING AND EDUCATION

Though multiculturalism is an increasing part of psychology curricula and training programs, there are often gaps, particularly in areas where research hasn’t kept up. For example, University of Texas at Austin psychologist Germine Awad, PhD, and Wafa Amayreh, PhD, of the U.S. Air Force Joint Base San Antonio—Lackland, reviewed the literature on prejudice and discrimination against Middle Eastern and North African individuals and found limited scholarship (*Handbook of Arab American Psychology*, Routledge/Taylor & Francis Group, 2016). What’s more, multiculturalism is sometimes seen as an add-on, rather than as an integral part of the curriculum, says Joseph Trimble, PhD, a psychologist at Western Washington University who co-chaired the guidelines’ development committee.

The guidelines advise educators to strive for an inclusive curriculum in an environment of racial and ethnocultural responsiveness. This means being

aware of racial and ethnocultural biases in psychological theories, as well as developing skills to facilitate discussions about race and ethnicity in the classroom. Teaching multiculturalism as a learning opportunity rather than as an ideology or set of policies may help reduce prejudice among white students, according to research by psychologists Kimberly Rios, PhD, and Ashley Wynn, PhD, of Ohio University (*European Journal of Social Psychology*, Vol. 46, No. 7, 2016).

The guidelines also urge psychologists to promote reflective practice, self-awareness and critical thinking among students, trainees and colleagues, with a focus on developing “cultural humility,” or an openness to continual learning and self-reflection about issues of culture, race and ethnicity. Alongside humility and self-reflection should come knowledge and skill-building, the guidelines say.

Psychologists must also address issues of bias within educational organizations. This might involve pushing for the inclusion of racial and ethnocultural issues in accreditation standards and textbook standards, for example, and working to ensure that faculty and staff in psychology programs reflect the diversity of the student body or community. Psychology trainees are becoming increasingly diverse; according to the APA Center for Workforce Studies, the number of doctorates awarded to racial and ethnic minorities grew by 63% between 2008 and 2017. “Training and education are really where we create the future of our field,” Suyemoto says.



The guidelines urge psychologists to consider how their backgrounds shape their behavior in a larger system of privilege and oppression.

INSIGHTS FOR PRACTICE

In practice, too, psychologists should be aware of ways that race, ethnicity and culture influence assessments and treatments. Tests and assessments are often not validated with minority samples, making interpretation of results potentially inaccurate. Evidence also suggests that racial and ethnic minorities face bias in the health-care system that can result in treatment disparities. University of Akron clinical counselors Robert Schwartz, PhD, and David Blankenship, PhD, found that African American and black individuals were three to four times more likely to be diagnosed with psychotic disorders compared with European American or white individuals, while Latinx individuals were three times more likely to receive a psychotic disorder diagnosis than white individuals, both in the United States and internationally (*World Journal of Psychiatry*, Vol. 4, No. 4, 2014). Not only do race and ethnicity influence how clinicians interpret

symptoms, discrimination can also be a risk factor for poor mental health outcomes. A longitudinal study led by Baruch College psychologist Nicholas Sibrava, PhD, found that experiencing discrimination increases susceptibility to post-traumatic stress disorder in African American and Latinx adults (*American Psychologist*, Vol. 74, No. 1, 2019).

The guidelines urge psychologists to reflect on ways their own positionality may affect the services they provide. For example, a reflective practitioner might consider the collective history of his or her racial or ethnocultural group in relation to a client's. The guidelines also encourage an understanding of indigenous and cultural healing practices and an openness to working collaboratively with indigenous and ethnic-minority healers. Finally, psychologists are urged to combat bias and oppression within practice settings and health-care systems. The guidelines point to the community psychology model

KEY POINTS

1
Race, ethnicity and culture can influence psychological research and practice at every career stage.

2
Practitioners should take a proactive approach to understanding their own statuses and identities in the context of systemic power disparities.

3
Psychological research has historically been conducted with white, largely American samples, limiting understanding of people from different countries and cultural backgrounds.

of considering the client in his or her social context. For example, a school psychologist who notices a disproportionate number of suspensions among black students could choose to counsel those students individually. However, intervening at a macro level by addressing the disparity with the administration could potentially help more students while preventing psychological trauma to the students in the first place.

GUIDELINES FOR RESEARCH

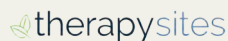
When it comes to research practices, the guidelines urge scholars to study the well-being of racial and ethnic minorities and to reflect on the values and possible biases that influence their research decisions. Researchers should approach this work with savvy research methods: Too often, race and ethnicity variables are insufficiently operationalized in research studies. For example, using “black” and “African American” interchangeably ignores the differences in experiences between black immigrants and native-born African Americans. Imprecise use of these terms can make it difficult to compare results across studies and accurately interpret findings, Suyemoto says. Some of this imprecision is baked into federal data as well: The U.S. Census Bureau, for example, defines Middle Eastern and North African individuals as white, but research by Awad and others suggests that Middle Eastern and North African individuals experience bias and discrimination to a far greater extent than whites of European descent (*American Psychologist*,



Exclusive Benefits and Discounts for APA Members

Take advantage of exclusive discounts on premium products and services

PROFESSIONAL SERVICES



FINANCIAL/LEGAL SERVICES



TRAVEL



BUSINESS SOLUTIONS



RETAIL



For details, visit apa.org/benefits

CE Corner

Vol. 74, No. 1, 2019).

Racially and ethnoculturally responsive standards for measurements and assessments are also often lacking, says Trimble, whose research has found that oft-used Likert-format scales don't elicit valid responses from some subpopulations, such as Inuit elders (*Handbook of Racial-Cultural Psychology and Counseling, Vol. 1: Theory and Research*, Wiley, 2005). The common expectation that minority samples will be compared with a white control group further perpetuates the notion of white as the norm. The guidelines encourage psychologists to understand these methodological issues and to avoid simple comparative studies.

Psychologists working with racial-, ethnic- or cultural-minority groups should recognize the history of exploitation these groups have experienced and strive for ethical and responsive research practices. For example, community-based participatory research is cited as inspiration. Researchers should see participants as partners and focus on ways to help them build local capacity and empowerment. Researchers should also consider who will own any data that emerge from the project, how community members might be involved in interpreting findings and how the findings will be disseminated to benefit the communities affected by the research.

"You can't just simply fly in, collect your data and leave,"

Trimble says. "It takes a lot of time to nurture a relationship with a community."

Finally, psychologists should seek to ensure that racial and ethnic equity is not just reflected in their own work but also in broader research systems. This might mean examining the foundations of the dominant methodology in a field; it could also encompass mentoring researchers of color or facilitating the participation of ethnic-minority professionals in peer review or providing training for peer reviewers to avoid bias.

"I know it might be possible to see these guidelines as daunting, but I see that as selling the field short," Suyemoto says. "There is a hopefulness in setting out aspirations that we as a discipline can move towards. I really believe that psychology should be and can be a leader in promoting the well-being of people of color and ethnic and indigenous minorities." ■

RESOURCES

APA Race and Ethnicity Guidelines in Psychology: Promoting Responsiveness and Equity
www.apa.org/about/policy/summary-guidelines-race-ethnicity

APA Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality
www.apa.org/about/policy/multicultural-guidelines



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

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

avis.com/APA budget.com/APA



THE TOP 10 JOURNAL ARTICLES

This year, APA's 89 journals will publish more than 4,500 articles. Here are the 10 most downloaded to date.

BY CHRIS PALMER

1

THE THERAPEUTIC RELATIONSHIP IN COGNITIVE- BEHAVIORAL THERAPY: ESSENTIAL FEATURES AND COMMON CHALLENGES

OKAMOTO, A., ET AL.

The relationship between therapist and patient provides the context within which cognitive-behavioral therapy (CBT) interventions occur and is itself a critical aspect of treatment. This article in *Practice Innovations* (Vol. 4, No. 2) provides guidelines to help practitioners develop effective therapeutic relationships and overcome challenges. It offers recommendations about common elements of effective relationships, such as expressed empathy and active listening, as well as more specific elements, such as collaboration, empiricism and Socratic dialogue. In addition, the article offers suggestions for adapting CBT-specific practices to a patient's unique presentation. These tips cover challenges related to sticking to a session agenda, maintaining session focus, managing between-session interventions (homework), incorporating patients' cultural beliefs and preferences, addressing relationship ruptures, effectively ending sessions and concluding the therapy relationship. DOI: 10.1037/pri0000088



THERAPEUTIC STRATEGIES AND TECHNIQUES IN EARLY COGNITIVE-BEHAVIORAL THERAPY

KING, B.R., & BOSWELL, J.F.

2

Patients whose symptoms improve early on in CBT are known to have better outcomes than patients who improve more gradually. This article, in a special section of *Psychotherapy* (Vol. 56, No. 1) focused on "Beginning Psychotherapy," lays out three strategies to follow in the crucial early stages of CBT: agreeing on the purpose and goals of the treatment, developing a collaborative therapeutic relationship and initiating the objective self-monitoring of behaviors and experiences. Along with each strategy, the authors present case study examples of exchanges between individual therapists and patients, as well as supporting research findings. The authors also provide practical tips for each strategy.

DOI: 10.1037/pst0000202

IZUSEK/GETTY IMAGES

3

THE DEVELOPMENT OF GOAL SETTING THEORY: A HALF CENTURY RETROSPECTIVE

LOCKE, E.A., & LATHAM, G.P.

In this review article in *Motivation Science* (Vol. 5, No. 2), the two creators of goal setting theory summarize more than 50 years of research on the importance of setting goals for improving team and individual performance. They highlight numerous aspects of their theory, including setting specific and challenging goals and receiving regular feedback to increase motivation and productivity. They also point to findings that have expanded and bolstered the theory: the importance of setting learning rather than performance goals, setting both short-term and long-term goals, and using theory principles in arenas outside of work, such as in sports and creative endeavors. DOI: 10.1037/mot0000127



CHILD-CENTERED PLAY THERAPY FOR HEALING CHILDREN EXPOSED TO DOMESTIC VIOLENCE

HALL, J.G.

4

More than 8 million U.S. children were exposed to some form of domestic violence last year, experiences that can have long-lasting impacts if left untreated. This review article in the *International Journal of Play Therapy* (Vol. 28, No. 2) explores research on the use of child-centered play

therapy (CCPT) as a means of healing children exposed to domestic violence. Play, the author writes, is the natural language of children and allows for deep, meaningful expression of emotions associated with trauma that may otherwise go unspoken. CCPT is not only an effective, developmentally appropriate approach to helping children exposed to such violence process their emotions, heal from trauma, and feel safe, supported and understood within the therapeutic environment; it also demonstrates a model for healthy relationships, the author concludes. DOI: 10.1037/pla0000097



TOP: MASTERPHOTOS/GETTY IMAGES; BOTTOM: FILADENDRON/GETTY IMAGES

5

SEX DIFFERENCES IN SERIAL KILLERS

HARRISON, M.A., ET AL.

This article in *Evolutionary Behavioral Sciences* (Vol. 13, No. 4) examines the differences in the behaviors and crimes of male and female serial killers. Researchers reviewed archival data on 55 male and 55 female serial killers in the United States from 1865 to 2009 through the lens of a “hunter-gatherer” model. They found that male serial killers hunt, stalking unfamiliar victims in dispersed areas, often with a sexual motivation, whereas female serial killers gather victims, killing relatives and vulnerable others close to them, often for monetary gain. Men’s and women’s differing patterns of killing may reflect maladaptive versions of strategies for ensuring reproductive success, in which males seek more mates and females seek to secure resources to support offspring, according to the authors. DOI: 10.1037/ebs0000157

6

RISK FACTORS FOR CHILD SEXUAL ABUSE VICTIMIZATION: A META-ANALYTIC REVIEW

ASSINK, M., ET AL.

This article in *Psychological Bulletin* (Vol. 145, No. 5) takes a quantitative meta-analytic approach to synthesizing research on associations between risk factors and child sexual abuse (CSA) victimization. The researchers extracted a total of 765 risk factors from 72 studies and classified them into 35 risk domains. A series of meta-analyses identified a significant mean effect for 23 of the 35 risk domains. The strongest effects were reported for prior CSA victimization of the child and/or his or her siblings, prior victimization of the child other than sexual abuse, and having a parent who had been a victim of CSA. Some of the other risks identified included living in a family with a non-nuclear structure, having a parent who experienced intimate partner violence, having a chronic physical or mental health condition, and being female.

DOI: 10.1037/bul0000188



EARLY INTERVENTIONS IN CBT FOR DEPRESSION: CONTRASTING A LOW-ADHERENT AND A HIGHLY ADHERENT CASE

DON, F.J., ET AL.

7

While early-session protocol adherence is key for successful CBT outcomes, there are ways to get therapy back on track if disruptions occur in the first sessions. This article in *Psychotherapy* (Vol. 56, No. 1)—a second article from the issue that made the top 10—looks at the role a therapist's adherence to protocol plays in CBT's efficacy in two case studies. The therapist stuck closely to protocol with her first patient. However, she diverged significantly from protocol in the early sessions with her second patient because a computer crash interrupted the first session and in the fourth session, the patient experienced a painful memory of childhood sexual assault that left him unable to focus. Despite those deviations, both patients had comparable end results in terms of symptom decrease and therapeutic alliance scores. DOI: 10.1037/pst0000219



EMERGING BEHAVIOR PROBLEMS: BIDIRECTIONAL RELATIONSHIP BETWEEN PARENTING STYLE AND INFANT TEMPERAMENT

WITTIG, S.M.O., & RODRIGUEZ, C.M.

8

Parenting style and child temperament influence one another, and both contribute to children's behavior problems, according to this study in *Developmental Psychology* (Vol. 55, No. 6). Researchers conducted a longitudinal study of 201 mothers and 151 fathers and their children. They found that mothers with a more authoritative parenting style had infants with greater capacity to regulate their behavior at 6 months, and mothers with a more permissive parenting style had infants with less capacity to regulate their behavior. In turn, higher infant regulatory capacity and negative affect at 6 months predicted greater maternal permissive parenting style at 18 months. Further, several parenting styles and infant temperament types at 6 months predicted toddlers' externalizing and internalizing problem behaviors at 18 months. DOI: 10.1037/dev0000707

LEFT: ERIN/GETTY IMAGES; RIGHT: JG/JAMIE GRILL/GETTY IMAGES



EARLY CHILDHOOD DEPRESSION, EMOTION REGULATION, EPISODIC MEMORY AND HIPPOCAMPAL DEVELOPMENT

BARCH, D.M., ET AL.

9 Children and adolescents with depression also experience problems with episodic memory, and those problems are related to stress, adversity, emotion regulation and hippocampal volume, suggests this study in the *Journal of Abnormal Psychology* (Vol. 128, No. 1). Researchers measured cognitive function in 164 children and adolescents (ages 13 to 19) who had first displayed elevated symptoms of depression in preschool and were enrolled in a prospective longitudinal study. Youth with either current or past depression exhibited episodic memory deficits, but not deficits in other cognitive domains such as working memory or executive function. Episodic memory deficits were predicted by depression severity, emotion dysregulation, life stress, adversity and slower hippocampal growth over time (as measured by one to four waves of MRI scans, the first of which occurred when the children were between 6 and 12 years old and the last seven years later). The findings suggest episodic memory as a new target for early intervention for youth with depression. DOI: 10.1037/abn0000392

TOP: IMAGE SOURCE/GETTY IMAGES; RIGHT: MIKKEVY/GETTY IMAGES

10

CULTURE INTERACTS WITH OTHER ELEMENTS OF AN ORGANIZATION TO DRIVE SUCCESS

HARTNELL, C.A., ET AL.

An organization's culture—defined as its shared social beliefs, values and norms—is interdependent with other aspects of its system such as its structure, leadership and high-performance work practices, and that interdependence has implications for organizational success, suggests this study in the *Journal of Applied Psychology* (Vol. 104, No. 6). Researchers conducted a meta-analysis of 148 studies that included a total of 26,196 organizations—both for-profit companies and nonprofit organizations. They found that an organization's culture has a moderately strong relationship with other important elements of the organization's system. This means that when planning to change its culture, an organization should also make changes to other system elements to avoid confusing or contradictory signals that could hurt organizational performance. The researchers also found that maximizing different outcomes requires focusing on specific elements. For example, maximizing employee performance requires a focus on culture, while maximizing innovation requires a focus on leadership and high-performance work practices.

DOI: 10.1037/apl0000380





INFORMING THE COURTS WITH THE BEST RESEARCH

For six decades, APA has brought psychological science to bear on critical societal issues such as discrimination and marriage equality through its “friend of the court” briefs. Here are 10 that have made a particularly strong impact.

BY TORI DEANGELIS | ILLUSTRATIONS BY ROBERT NEUBECKER

It wasn't until 1962 that psychologists were allowed by U.S. courts to serve as expert witnesses on mental illness. In the case of *Jenkins v. United States*, in his original trial, defendant Vincent E. Jenkins mounted an insanity defense after committing a sexual assault, and psychologists provided evidence showing that he was having a psychotic episode at the time of the attack. But the trial court would not allow the psychologists' input, ruling that they could not testify about mental illness because they lacked medical training. ¶ When the case was appealed, the U.S. Court of Appeals for the D.C. Circuit received an amicus curiae, or “friend of the court,” brief from APA—the first the association ever filed. In it, APA provided evidence that psychologists have the education and training to properly assess

and diagnose mental illness, and the D.C. Circuit agreed. From then on, psychologists had the critical sanction they needed to testify about mental illness in criminal cases. ¶ Even before APA began its amicus program, psychologists had filed such briefs independently, most famously in *Brown v. Board of Education*, the landmark 1954 U.S. Supreme Court case that ended racial segregation in public schools, thanks to research by psychologists Kenneth Clark, PhD, and Mamie Phipps Clark, PhD. ¶ It wasn't until *Jenkins*, however, that APA's amicus program was formally developed, becoming an essential tool for informing the courts with the best psychological research. Along with *Jenkins*, APA has now weighed in on 200 federal and state cases on topics as wide-ranging as child abuse, hospital privileges, disability rights, sexual orientation and affirmative action. (For nearly all of the 10 cases described below, APA had first filed several briefs in different courts at different levels.)

"APA's amicus program is a great example of how we can use psychological research and knowledge to address critical societal issues, and in so doing, elevate the public's understanding of psychology and what we do as a field," says APA Chief Executive Officer Arthur C. Evans Jr., PhD.

Over the years, APA's amicus briefs have influenced judicial decisions that ultimately changed American laws. The Supreme Court has specifically cited APA's briefs in 23 of its decisions, as have various lower courts in 20 decisions. In a 2004 survey in the *Journal of Law & Politics*, 70 Supreme Court clerks who served between 1966 and 2001 said that APA was among the few friends of the court whose briefs they actually read.

Simply put, APA amicus

briefs present courts with "the best psychological science the discipline has to offer, based on our field's peer-reviewed research," says APA General Counsel Deanne M. Ottaviano, JD.

Here are 10 of the most influential court cases APA has informed with psychological science.

BLUE SHIELD OF VIRGINIA V. MCCREADY, 1982

MENTAL HEALTH PARITY

THE CASE: Blue Shield of Virginia denied Carol McCready's insurance claims for treatment by a psychologist, saying that her policy only covered seeing a psychiatrist. McCready brought an antitrust class action suit against the insurance company, arguing that limiting the plan's mental health coverage to treatment by psychiatrists

resulted in higher costs and a diminished choice of providers. The district court dismissed the case, the 4th Circuit reversed it, and the U.S. Supreme Court agreed to take it on.

APA'S EVIDENCE:

■ Psychologists are fully trained and qualified to provide mental health services.

■ Blue Shield and physicians have long entertained anti-competitive policies toward psychologists, resulting in increased costs to consumers.

THE RULING: Psychologists can bill for their services independent of and on an equal footing with psychiatrists—and can sue if insurers reject their bills.

PRICE WATERHOUSE V. HOPKINS, 1989

GENDER DISCRIMINATION AT WORK

THE CASE: Ann Hopkins sued her employer, the accounting firm Price Waterhouse, for denying her a partnership because of what she claimed was discriminatory gender stereotyping. The firm countered that although she was qualified, they declined to promote her because she had "interpersonal problems," which they identified as the need to wear more makeup and to walk and talk in a more feminine manner, among other issues.

The federal district court ruled in favor of Hopkins, finding that Price Waterhouse failed to show she would have been denied partnership without the presence of gender discrimination. Price Waterhouse appealed to the D.C. Circuit Court of Appeals, and the case eventually reached the U.S. Supreme Court.

APA'S EVIDENCE:

■ Empirical research on sex stereotyping has been conducted over many decades and is generally accepted in the scientific community.

■ Stereotyping under certain conditions can create discriminatory consequences for stereotyped groups, including women.

■ The conditions that promote stereotyping were present in Hopkins's work setting.

■ Methods are available to monitor and reduce the effects of stereotyping, but Price Waterhouse did not use them.

THE RULING: Gender stereotypes are not a legitimate basis for employment decisions under Title VII, which prohibits employment discrimination

based on race, color, religion, sex and national origin.

JAFFEE V. REDMOND, 1996

**PROTECTING
PSYCHOTHERAPIST-
PATIENT PRIVILEGE**

THE CASE: Illinois police officer Mary Lu Redmond shot and killed a man in the line of duty. She then sought counseling from a licensed clinical social worker. The victim's estate sued Redmond for wrongful death and asked to see her therapist's records as part of the evidence. When Redmond refused, the jury awarded damages to the plaintiffs, but the U.S. Court of Appeals for the 7th Circuit reversed that decision. The plaintiffs then asked the U.S. Supreme Court to review the decision.

APA'S EVIDENCE:

■ Psychotherapist-patient privilege should be regarded as a privilege under common law.

■ Common-law principles strongly support recognition of this privilege because psychotherapy patients expect their sessions will be confidential, an essential element of successful therapy. APA also noted that society has a strong interest in fostering the psychotherapy relationship and in protecting patient privacy and that the benefits of the psychotherapist-patient privilege outweigh its costs.

THE RULING: Psychotherapists have a duty to maintain the confidentiality of patient sessions, and therefore courts cannot compel therapists to release patient records. (An exception is that a number of states require therapists to warn appropriate parties if a patient threatens them with bodily harm.) The court's decision supported the arguments presented in APA's brief.

ATKINS V. VIRGINIA, 2002

**RIGHTS OF PEOPLE WITH
MENTAL DISABILITIES**

THE CASE: Daryl Renard Atkins, 18, and his accomplice, William Jones, robbed, abducted and then murdered Eric Nesbitt near a convenience store in Virginia. Atkins was convicted and sentenced to death, though a psychologist's evaluation found that he met the criteria for mild mental retardation.

In a second hearing, the Virginia Supreme Court again sentenced Atkins to death, relying on a standard determined by an earlier case that found that people with "mental retardation"

Psychotherapists have a duty to maintain patient confidentiality, so courts cannot compel them to release patient records, the U.S. Supreme Court ruled in 1996.



(now referred to as “intellectual disability”) are eligible for execution. The U.S. Supreme Court decided to review the case, given that many state legislatures were beginning to abandon this standard.

Joined by the American Association on Intellectual and Developmental Disabilities and others, APA refiled a brief it had filed in a 2001 case, *McCarver v. North Carolina*, in support of a defendant with an intellectual disability.

APA'S EVIDENCE:

- There is a clear national consensus against imposing the death penalty on people with intellectual disabilities.
- Executing people with intellectual disabilities offends Americans' shared moral values.
- Defendants with intellectual disabilities are less culpable than others because of the effects of their intellectual disability.
- Having an intellectual disability is not a condition that is the defendant's fault or something that he or she is responsible for.
- Intellectual disability can be reliably diagnosed through professionally accepted standards.

THE RULING: Executing people with intellectual disabilities constitutes cruel and unusual punishment. In its decision, the U.S. Supreme Court cited many of the arguments in APA's brief, which it then used in a number of subsequent cases, including *Hall v. Florida* (2014) and *Moore v. Texas* (2017).

LAWRENCE V. TEXAS, 2003

THE RIGHT TO PRIVATE SEXUAL CONDUCT

THE CASE: The U.S. Supreme

Court examined the constitutionality of a Texas law prohibiting sodomy between same-sex couples. APA submitted a brief and was joined by the American Psychiatric Association, the National Association of Social Workers (NASW) and the Texas chapter of NASW.

APA'S EVIDENCE:

- Homosexuality is common, is generally not chosen and is resistant to change.
- Homosexuality is not a disorder and does not affect a person's ability to contribute to society.
- Suppressing sexual intimacy among same-sex partners would deprive gay men and lesbians of the opportunity to participate in fundamental aspects of human experience.
- Anti-sodomy statutes like those in Texas reinforce prejudice, discrimination and violence against gay men and lesbians.

THE RULING: The Texas anti-sodomy law was unconstitutional because it violated the due process clause of the 14th Amendment by denying same-sex couples their right to engage in private sexual conduct without government intervention.

ROPER V. SIMMONS, 2005

JUVENILES AND THE DEATH PENALTY

THE CASE: Christopher Simmons, 17, and a younger friend broke into the home of Shirley Crook, tied her up and blindfolded her, drove her to a state park and threw her off a bridge, and she drowned.

Simmons received the death penalty, but the U.S. Supreme Court agreed to review the case

to determine whether the death penalty for juvenile defendants in general is constitutional.

APA, along with the Missouri Psychological Association, filed an amicus brief to help the court resolve whether the recognized purposes of the death penalty—deterrence and retribution—should apply to 16- and 17-year-olds as a group.

APA'S EVIDENCE:

- Because the adolescent brain is still developing, psychologists—and therefore the courts—cannot reliably predict whether a young person will continue to pose a danger to others.
- Adolescent characteristics include less mature decision-making, impulsivity, risk-taking, peer orientation and the tendency to avoid thinking about long-term consequences.
- MRI studies suggest that the brain continues to develop through young adulthood in areas that may bear on adolescent decision-making.

THE RULING: The execution of minors constitutes cruel and unusual punishment, which is prohibited by the Eighth Amendment. The court's majority used several of APA's arguments to decide the case, which overruled a previous federal ruling allowing the execution of offenders age 16 or older.

WARNEY V. STATE OF NEW YORK, 2011

FALSE CONFESSIONS

THE CASE: Douglas Warney, a man with an intellectual disability and AIDS-related dementia, was convicted of murder solely based on his own false confes-

RESOURCES

APA Amicus Briefs

For more information about the APA amicus briefs program and a complete list of all briefs, visit www.apa.org/about/offices/ogc/amicus



sion to the crime. After serving a lengthy prison term, he was exonerated by DNA testing. A lower court found that he was not eligible for reparations because he had caused his own conviction by falsely confessing.

APA urged the lower court to consider the body of research that had developed since the state statute at issue in the case had been enacted. The New York Court of Appeals accepted the case and asked for a full briefing.

APA'S EVIDENCE:

- Situational factors, such as the length of an interrogation and lying by interrogators about having evidence of guilt, and dispositional factors, such as mental illness and low IQ, can contribute to false confessions.
- Police, judges and jurors have difficulty assessing the truth of

confessions, and false confessions can overcome other evidence of innocence.

- Research on false confessions had developed significantly since 1998, and this body of knowledge could help fact finders do their jobs by allowing expert testimony on this research.

THE RULING: The New York appellate court unanimously concluded that Warney's allegations regarding his severe mental impairment were known by the police department at the time of his false confession and, if proven, could be considered circumstances that would allow him the right to receive reparations for his long prison stay. A *New York Times* article published at the time of the opinion credited the APA brief with having a significant impact on the decision.

Colleges and universities may consider race in admissions decisions, according to a 2013 U.S. Supreme Court decision.

FISHER V. UNIVERSITY OF TEXAS AT AUSTIN, 2013, 2016

AFFIRMATIVE ACTION

THE CASE: Abigail Fisher, a white Texas resident, contended that she was denied admission to the University of Texas at Austin because of the school's policy of considering race as a factor in admissions.

When the U.S. Supreme Court decided to hear the case in 2013, it was to determine whether to uphold *Grutter v. Bollinger*, a 2003 case that held that undergraduate institutions could use race as an admissions criterion. In 2013, the court ruled that race was a permissible factor in university admissions in limited cases that passed a strict review. In a second case in 2016, the court upheld a lower court finding that the university's use of race in admissions met the court's strict test, and affirmed the university's criteria.

APA'S EVIDENCE:

- Diversity in higher education promotes harmonious and productive intergroup relations, and such relations are in the government's interest because they improve the climate of the nation.
- The benefits of diversity in higher education require a critical mass of students from different backgrounds.
- Subconscious racial bias continues to interfere with the effective education of non-minority students.

THE RULING: Race can still be used to determine college admissions decisions under the terms of the 14th Amendment, which guarantees all citizens equal protection under the law.

OBERGEFELL V. HODGES, 2015

SAME-SEX MARRIAGE

THE CASE: James Obergefell and John Arthur were legally married in Maryland, but they resided in Ohio, where same-sex marriage was outlawed. Arthur, who was terminally ill, sought to have Obergefell identified as his surviving spouse when his death certificate would be issued.

Between 2012 and 2014, plaintiffs in Michigan, Ohio, Kentucky and Tennessee filed cases that culminated in *Obergefell*. After all the district courts ruled for the plaintiffs, the rulings were appealed to the U.S. Court of Appeals for the 6th Circuit, which held that these state bans on same-sex marriage were constitutional. The U.S. Supreme Court then agreed to review the case.

APA'S EVIDENCE:

- Homosexuality is a normal expression of human sexuality, is generally not chosen and is highly resistant to change.
- Same-sex relationships are equivalent to heterosexual relationships in essential respects, and excluding same-sex couples from the institution of marriage denies them social, psychological and health benefits.
- There is no scientific basis for concluding that same-sex couples are unfit parents or that children of same-sex couples are any less psychologically healthy and well-adjusted than those of heterosexual couples.
- Denying same-sex couples access to marriage constitutes stigma.

THE RULING: Same-sex couples have a fundamental right to

marry under the due process and equal protection clauses of the 14th Amendment. The court cited APA's brief in discussing the evolution of marriage as an institution and of the rights of gays and lesbians over time, finding that new insights about marriage and relationships "have strengthened, not weakened, the institution of marriage."

PEOPLE V. BOONE, 2017

CROSS-RACE IDENTIFICATION

THE CASE: Otis Boone, a black man in Brooklyn, New York, was convicted of two robberies solely on the testimony of the two white victims. The defense requested that the jury receive instructions concerning research findings on cross-race identification, namely, that "some people have greater difficulty in accurately identifying members of a different race than they do in identifying members of their own race." The request was denied, and Boone was initially sentenced to 25 years in prison. In 2017, the New York Court of Appeals granted him a retrial, and APA submitted a brief.

APA'S EVIDENCE:

- Eyewitness identification in general, and cross-race identification in particular, has strong limitations, according to psychological research.
- The failure to give juries instruction on cross-race identification research creates a risk of wrongful conviction.

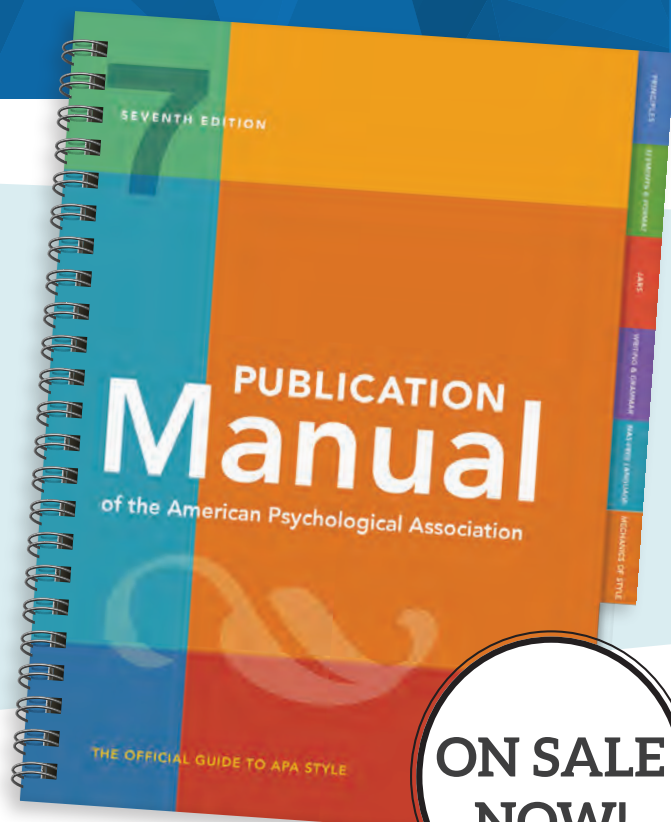
THE RULING: Boone was acquitted on retrial in proceedings that included the evidence in APA's brief. The court cited APA's brief in its decision. ■

In 2015, the U.S. Supreme Court ruled that state bans on same-sex marriage were unconstitutional.



Your Key to Clear, Precise, and Inclusive Writing

More Than 15 Million Copies of
the Series Sold.



**ON SALE
NOW!**

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



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



New chapter on **journal article
reporting standards**



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



**Guidelines for ethical
writing** and guidance on the
publication process



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



Full color with first-ever
tabbed version



One space after end punctuation!

Order today at apastyle.apa.org

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

Hardcover

ISBN 978-1-4338-3215-4

List \$54.99 / APA Member \$41.24

Spiral-Bound (Tabbed)

ISBN 978-1-4338-3217-8

List \$44.99 / APA Member \$33.74

Paperback

ISBN 978-1-4338-3216-1

List \$31.99 / APA Member \$23.99

NEW HOPE **FOR** **PEOPLE** **WITH** **SERIOUS** **MENTAL** **ILLNESS**

Psychologists are increasing their work in treating schizophrenia and other severe mental health problems, including by developing a new specialty in the area

BY ZARA GREENBAUM





WHEN MARTIN* CALLED 911 TO REPORT GUNSHOTS, he didn't expect to be arrested and charged with a crime. But there were no gunshots. Martin, who is homeless and has schizophrenia, was experiencing auditory hallucinations. The police arrested him for filing a false report and for methamphetamine possession. He's one of millions of Americans with a serious mental illness (SMI)—which encompasses such conditions as schizophrenia spectrum disorder, psychotic disorder, severe bipolar disorder and major recurring depression—who is also living in poverty. Of the roughly 10 million American adults diagnosed with SMI, more than a quarter live below the poverty line, which is more than double the number in the general population living below the poverty line (*Serious Mental Illness Among Adults Below the Poverty Line*, SAMHSA, 2016). **1** In recent years, psychologists have been conducting research

to better understand the link between SMI and social factors such as poverty, neighborhood composition and immigration status and to develop effective interventions. But they are not always involved with one key aspect of aiding this population: providing treatment.

"Patients at community mental health centers often go through an entire course of treatment and never encounter a clinical psychologist," says Kim Mueser, PhD, a professor and clinical psychologist at Boston University's Center for Psychiatric Rehabilitation. Instead, psychiatrists, social workers and case managers deliver most of the care.

But experts say because of their relevant knowledge of psychopathology, social factors and

psychotherapy, psychologists with adequate specialized training can help people like Martin, who was deemed incompetent to stand trial and entered a treatment program at the Oregon State Hospital, where he received care from clinical psychologist Jessica Murakami-Brundage, PhD, and other mental health professionals. Though most of Murakami-Brundage's patients make significant progress, the lack of sustained professional support and community resources means that many relapse soon after leaving the hospital.

Now, psychologists are studying the ways in which SMI and social determinants such as poverty and other neighborhood conditions interact and are developing novel interventions to provide more sustained care. And in August, APA approved a new postdoctoral specialty, SMI

psychology, a major step toward increasing psychologists' engagement with this population.

"If psychologists had more exposure to this population, they would really fall in love with the people and the work," says Murakami-Brundage.

SOCIAL DETERMINANTS

Over the past several decades, an extensive body of research has explored why so many people with SMI live in poverty. The "social causation" theory suggests that growing up in impoverished communities—with problems such as high crime rates, parental stress and a high likelihood of experiencing trauma—increases a person's risk for SMI. On the other hand, the "social drift" hypothesis posits that because people with severe mental health problems often struggle with education and employment, they

*Name changed to protect privacy



end up in more deprived neighborhoods and circumstances.

Some previous findings have supported the social causation theory, including a retrospective analysis of census and hospitalization data in Massachusetts that analyzed more than 34,000 patients over a seven-year period (Hudson, C.G., *American Journal of Orthopsychiatry*, Vol. 75, No. 1, 2005). But a recent systematic review of a broader range of evidence has called those results into question, finding mixed results and concluding that the nature of the link between poverty and SMI is still unclear (Kwok, W., *International Journal of Social Psychiatry*, Vol. 60, No. 8, 2014).

While researchers say it's tough to confirm a causal link between poverty early in life and risk for SMI, most believe that poverty can both contribute to

and result from such illnesses.

Now, psychologists have started to analyze the relationship in prospective studies that offer more conclusive evidence, aided in part by data from national health-care systems. One 30-year longitudinal study led by Paul Hastings, PhD, a professor at the University of California, Davis, Center for Mind and Brain, and his colleagues at the Centre for Research in Human Development at Concordia University in Montreal, looked at 3,905 Canadian families and used peer evaluations, medical records and census data to examine whether childhood neighborhood conditions and behavioral characteristics predicted a diagnosis of bipolar disorder, schizophrenia or another psychosis spectrum disorder in adulthood. Hastings

Children who grow up in disadvantaged neighborhoods are more likely to develop a serious mental illness later in life, a longitudinal study has found.

and his colleagues found that children growing up in disadvantaged neighborhoods—especially those who were rated by peers as both highly aggressive and highly withdrawn—were more likely to develop an SMI later in life (*Development and Psychopathology*, 2019).

“Even after accounting for educational attainment, changes in socioeconomic status over time and other factors, childhood neighborhood conditions were significantly tied to the likelihood of a diagnosis,” says Hastings, adding that the observed link between neighborhood conditions and behavioral characteristics highlights an opportunity for early prevention by investing in neighborhood resources.

Other social factors, including minority status, urban living and immigration, have also been tied to SMI. A longitudinal study conducted with more than 200,000 people in Sweden linked living in urban settings with the development of a psychotic disorder (Zammit, S., et al., *Archives of General Psychiatry*, Vol. 67, No. 9, 2010), while other research has documented an increased risk of schizophrenia among Caribbean-born migrants and their descendants in England (Tortelli, A., et al., *Social Psychiatry and Psychiatric Epidemiology*, Vol. 50, No. 7, 2015) and an increased risk of psychosis among refugees in Denmark, Sweden, Norway and Canada (Brandt, L., et al., *JAMA Psychiatry*, 2019).

For children and teens, migrating to an unfamiliar place and living in poverty constitutes an adverse childhood experience,

which research suggests may interact with a person's genetic predisposition to mental illness to trigger the onset of an SMI (van Os, J., et al., *Nature*, Vol. 468, 2010).

"Many of these situations create more stress," Mueser says, "which may be particularly problematic for individuals with an existing biological vulnerability to schizophrenia or other serious mental illnesses."

NOVEL INTERVENTIONS

Regardless of whether poverty is a cause or an effect of SMI, or both, the effects of the two together are sobering. In the United States, around 80% of adults with SMI are unemployed, according to the nonprofit National Alliance on Mental Illness (*Road to Recovery: Employment and Mental Illness*, 2014), and an estimated 111,000 people with SMI are homeless ("U.S. Department of Housing and Urban Development Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations," 2018).

Psychologists say treating patients' symptoms is not enough to address these intertwined problems. Addressing social factors such as homelessness, unemployment and community inclusion "is not something that happens after people get better—it's something that actually helps people get better," says Mark Salzer, PhD, a professor of social and behavioral sciences at Temple University and director of the Temple University Collaborative on Community Inclusion of Individuals With

FURTHER READING

Poverty and Serious Mental Illness: Toward Action on a Seemingly Intractable Problem

Sylvestre, J., et al. *American Journal of Community Psychology*, 2018

Petition for Recognition of Post-Doctoral Specialty in SMI Psychology

APA, 2019

Recovery to Practice Initiative Curriculum: Reframing Psychology for the Emerging Health Care Environment

APA & Jansen, M.A. APA, 2014

Psychiatric Disabilities, which designs and runs interventions to increase community engagement among people with SMI.

A landmark 1999 U.S. Supreme Court decision, *Olmstead v. L.C.*, spurred the funding and development of innovative services by psychologists and other mental health professionals. The court ruled in favor of two women living at a state psychiatric hospital in Georgia who argued that the Americans with Disabilities Act required their state's government to allow and support them to live in the community ("Olmstead: Community Integration for Everyone," ADA.gov). The result was a proliferation of new policies and initiatives to comply with the new standard, including the launch of Salzer's collaborative center in 2003.

"Inclusion—the opportunity for people with serious mental illnesses to live in the community—is a legal right. Our research shows that in almost every way, these people aren't participating in the community like everyone else," Salzer says. "Not only is this a violation of their rights, but it's also not good for their health."

Research by Salzer and others supports a recovery-oriented approach to managing SMI, showing that with proper intervention and support, many people can recover and live independently. For example, a cross-sectional survey of more than 41,000 American adults found that a third of people with a lifetime SMI had been in remission for one year or more (Salzer, M., et al., *Psychiatric*

Services, Vol. 69, No. 5, 2018).

Most of the interventions psychologists are developing cluster around three fundamental supports that can help this population thrive: a home, a job and a friend, says Greg Townley, PhD, director of research for the Homelessness Research & Action Collaborative at Portland State University.

A crucial first step involves offering permanent supportive housing to those who need it that's not conditional on sobriety or use of mental health services. Numerous studies have shown that the Housing First initiative, developed by psychologist Sam Tsemberis, PhD, and now with programs in more than 100 U.S. cities, can improve mental health outcomes, reduce substance misuse and decrease treatment costs (Housing First, University of Wisconsin Population Health Institute, 2019). New research by Townley and his colleagues helps explain why, finding that Housing First participants with SMI in five Canadian cities are more involved in their communities and feel an increased sense of hope and autonomy (Macnaughton, E., et al., *American Journal of Psychiatric Rehabilitation*, Vol. 19, No. 2, 2016).

"Once we get people indoors, that acts as a springboard for them to reconnect with services and social supports and to start developing skills that can get them on the trajectory toward recovery," Townley says.

But people with SMI need more than just stable housing—they also need something meaningful to do. In a quali-



Research finds that work is therapeutic for people with serious mental illness.

tative study of 57 young adults with SMI enrolled in vocational support programs, participants said that working improved their financial independence, social engagement, self-esteem and feelings of contributing to society (Torres Stone, R.A., et al., *Psychiatric Rehabilitation Journal*, Vol. 41, No. 4, 2018). Earlier research conducted in Europe reported similar benefits of vocational support among adults with psychotic disorders (Koletsis, M., et al., *Social Psychiatry and Psychiatric Epidemiology*, Vol. 44, No. 11, 2009).

“Returning to work is highly therapeutic for individuals with serious mental illness and contributes to their long-term economic stability,” Townley

says. “We are doing a disservice by assuming people can’t work. Most people want to and should.”

One way psychologists are helping is by studying and promoting policies that can expedite the transition to a new job for those in recovery from an SMI. Rather than requiring individuals to complete extensive prevocational training, supported employment programs start by matching people with jobs based on individual skills and interests, then provide them with additional supports and training to ensure they succeed (Marshall, T., et al., *Psychiatric Services*, Vol. 65, No. 1, 2014). For students with SMI, supported education programs can help by offering

emotional support, coaching, and training in interpersonal and time management skills (Ringeisen, H., et al., *Psychiatric Rehabilitation Journal*, Vol. 40, No. 2, 2017).

Salzer’s team is also looking beyond education and employment to help support patients’ efforts to participate in leisure and recreational activities in their communities. The Independence through Community Access and Navigation (ICAN) intervention helps patients engage in a range of activities in order to promote growth and independence.

More challenging but equally important is helping people with SMI develop social supports and interpersonal connections. Part of the challenge is that managing their symptoms has prevented some adults with SMI from honing social skills. Others with SMI simply fear interactions with strangers because of perceived stigma and rely heavily on traditional supports such as family members or case managers. But new research by Townley and his colleagues shows that casual relationships—such as engaging in regular conversations with a barista or a neighbor—can also be effective in fueling recovery and reducing loneliness (*American Journal of Community Psychology*, Vol. 52, No. 1–2, 2013; Kriegel, L.S., et al., *American Journal of Orthopsychiatry*, 2019).

“These are relationships where you may not even know the person’s name—but seeing them regularly leads to a sense of acceptance and becomes an important part of your daily routine,” Townley says.

SPECIALTY TRAINING

To better prepare psychologists to assess, treat and support people with SMI, APA's Task Force on SMI and Severe Emotional Disturbance (SED)—established in 1994 to aid psychologists working in the area—has helped create a new specialty in SMI psychology. A specialty is a defined area of psychological practice that requires a structured course of education and training to master specific skills and theoretical knowledge. The task force spent nearly a decade crafting the detailed APA Recovery to Practice curriculum,

training and skills to work well with this population,” says Murakami-Brundage, a member of the task force. “There’s already been tremendous growth in understanding the potential for recovery, but the training is lacking.”

The dearth of graduate programs, internships and post-doctoral fellowships focused on SMI psychology inspired Mary Jansen, PhD, director of Bayview Behavioral Consulting Inc. in Vancouver and a former chair of the task force, to organize the petition for the new specialty. She says trainees in SMI

—who may take different approaches—and how to advocate for people with SMI.

“Most providers don’t believe that people with a serious mental illness will improve or can live meaningful lives,” says Sandra Resnick, PhD, an associate professor of psychiatry at Yale University and a former chair of the APA task force. “It’s important that our training opportunities share the perspective and data that show that’s simply not true.”

The Specialty Council for SMI Psychology, which includes representatives from each of the specialty’s four organizational members and is responsible for overseeing continuing professional development and education, will be represented on the Council of Specialties in Professional Psychology, a nonprofit that supports the development and functioning of psychological specialties. The specialty council will also apply for affiliation with the American Board of Professional Psychology so that psychologists can eventually obtain board certification in the area.

“Oftentimes, people with the most significant disabilities get treatment from people with the least amount of experience,” says Resnick. “The new specialty will help us elevate the needs of this population and show psychologists that more people should be pursuing this crucial work.” ■

TO BETTER PREPARE PSYCHOLOGISTS TO ASSESS, TREAT AND SUPPORT PEOPLE WITH SMI, AN APA TASK FORCE HAS HELPED CREATE A NEW SPECIALTY IN SMI PSYCHOLOGY.

then submitted a petition for the recognition of SMI psychology as a specialty to the APA Commission for the Recognition of Specialties and Proficiencies in Professional Psychology, which recommended the petition for approval earlier this year.

The new specialty—spearheaded by the task force, APA’s Div. 18 (Psychologists in Public Service), the Div. 18 special section on SMI/SED, and the Psychosis and Schizophrenia Spectrum Special Interest Group of the Association for Behavioral and Cognitive Therapies—was recognized by the APA Council of Representatives at APA 2019 in August, thereby establishing it as APA policy.

“There’s a growing recognition that it takes additional

psychology programs will receive instruction on evidence-based interventions developed and tested specifically for this population, such as cognitive-behavioral therapy for psychosis and individual resiliency training, which teaches people skills to manage their illness. Trainees will also learn to administer assessments developed for people with SMI, including functional assessments to test a person’s capacity for communication and social skills, among others.

SMI psychology training programs will be required to operate from a recovery-oriented philosophy. The programs will also teach psychologists how to collaborate with other mental health professionals, such as psychiatrists and social workers

● **For more information** about the specialty in SMI Psychology, including training guidelines, references and a list of APA-accredited postdoctoral programs in SMI Psychology, go to www.psychtrainingsmi.com.

Career

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



DELIVING INTO OUR CLOSEST RELATIONSHIPS

PAGE 64

**A UX Psychologist Makes
Financial Apps Work Better** PAGE 68

**Helping Student Athletes
Cope With Pressure** PAGE 72

HOW CLOSE RELATIONSHIPS HELP US THRIVE

Work in the Close Relationships Lab examines how adult attachment works and how we benefit from it

BY CHRIS PALMER

On a summer stroll through the woods, young couple Sara and Bill descend a winding rocky path from the wooded area to a secluded spot on the shore of a river below. After several yards, the path steepens and narrows, and the wind picks up. Sara becomes uneasy and worries she may slip off the edge of the now treacherous slope, but Bill is right there next to her and she feels supported. After a few more yards, though, Sara notices that Bill has dropped back and can't hear her over the sound of the blowing wind.

Sara is not in any real danger—the couple are actually safe and sound in a virtual reality lab. Social psychologist Nancy Collins, PhD, and her colleagues at the University of California, Santa Barbara's (UCSB) Close Relationships Lab are using this “virtual cliff” scenario, and others like it in which couples interact under stressful circumstances, to study the very real phenomenon of adult attachment.

More than 50 years ago, researchers first described the attachment bonds that children form with their parents. A couple of decades later, psychologists Phil Shaver, PhD, and

Cindy Hazan, PhD, began to recognize that adults in romantic relationships also developed similar kinds of attachments to each other. Their classic paper on adult attachment, published in 1987 while Collins was in graduate school, was a major influence on her early research, which touched on how individual differences in adult attachment styles influence relationship outcomes. Since then, she says, she's used attachment theory as a framework for understanding well-being and relationship functioning in adult close relationships.

“In our work, we try to draw analogies between the way that parents can help a child cope with distress and what we see in adult relationships,” she says. “What we're looking for are the types of interactions that are most effective in creating a safe haven and a secure base for both members of the couple.”

Collins and her team focus on understanding not only the dynamics of close relationships in adulthood but also how those relationships help people thrive mentally and physically. They take a biopsychosocial perspective and use multiple methodologies including experimental, observational, and daily diary studies.

RESEARCH FOCI

The Close Relationships Lab at UC Santa Barbara is:

1
Understanding how adult romantic partners help one another cope with adversity and distress

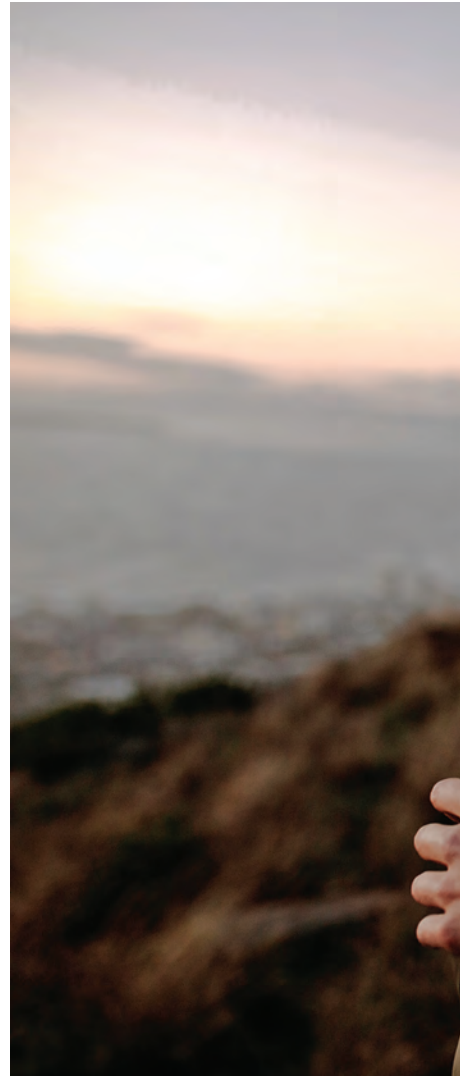
2
Determining the factors that influence the effectiveness of social support in romantic partners

3
Exploring the effectiveness of different types of social support

Studies in the Close Relationships Lab have illuminated what it takes to be a supportive partner and the neurobiology underlying adult attachment. The researchers also explore the unique contributions of both verbal and physical support, as well as how social support can be modulated by factors such as physical activity.

EXAMINING CONNECTIONS

Collins opened the Close Relationships Lab at UCSB in 1999,



JACOB LUND/GETTY IMAGES



after earning her PhD in social psychology at the University of Southern California and then spending four years as a professor at the State University of New York at Buffalo. Over the years, she has sought to examine individual differences in people's capacity to seek care from others and to respond compassionately to others' needs. Early on, she built a space in the lab resembling a cozy living room, where couples could feel at home as

they were discreetly videotaped (with their permission) during various interactions. Many of those interactions revolved around one partner enduring a manufactured stressful event, such as giving a speech in front of an audience or counting backward by 13, while Collins and her team either experimentally manipulated the other partner's social support or, in other studies, observed naturalistic partner support and coded it as

Researchers at the lab are studying how close relationships help people thrive mentally and physically.

either effective or ineffective.

In one typical study, Collins demonstrated that insecure participants viewed both low- and high-support messages from their partners as unsupportive (*Journal of Personality and Social Psychology*, Vol. 87, No. 3, 2004). In a more recent study, participants who received a loving message from their partners showed lower cortisol reactivity to the speech-giving task—and cortisol reactivity decreased more in participants who were most stressed about giving the speech. This result has potentially important health implications, given that prolonged cortisol reactivity can promote cardiovascular disease (article in preparation).

While Collins was bringing the link between support and partner health into focus, a pair of her graduate students, Lauren Winczewski, PhD, now an assistant professor of psychology at Napa Valley College, and Jeff Bowen, PhD, now a lecturer at Johns Hopkins University, became interested in what it takes to be an effective support provider. Winczewski zeroed in on the concept of empathic accuracy and the idea that in order to be truly responsive to the needs of a loved one, one must understand what he or she is thinking and feeling.

In a variation of the stressful speech task, the researchers recorded partners discussing a personal or relationship stressor. The participants then reviewed the tape of the interaction and reported what they thought their partners were thinking and feeling during the discussion.

The researchers measured two forms of empathy: emotional empathy, or compassion, and cognitive empathy, which is the ability to accurately understand a partner's thoughts and feelings (*Psychological Science*, Vol. 27, No. 3, 2016). "We showed that the most responsive caregivers were those who were high in both emotional and cognitive empathy," Winczewski says. "You can understand exactly what your partner is thinking and feeling, but without feeling a caring motivation to help them, you might not provide the type of high-quality support that cultivates the best relationships."

Bowen came into Collins's lab particularly interested in language style matching—a form of behavioral mimicry that has been shown to lead to positive rapport. He and Collins hypothesized that good caregivers and those who are effective at asking for help would tend to match their partner's way of speaking (word usage) in a way that created an emotional connection. The researchers found that greater matching in social sup-

port conversations was indeed associated with more positively rated conversations. But in conflict-filled conversations, greater matching was associated with more poorly rated conversations (*Journal of Language and Social Psychology*, Vol. 36, No. 3, 2017).

"Synchrony had largely been thought of as a beneficial phenomenon across the board, but we were finding evidence that mirroring could actually elevate some of the more negative aspects of a conversation if you were at odds or discussing an area of conflict," Bowen says. "These results really underscore just how much of what we're doing in relationships isn't conscious."

ATTACHMENT GETS PHYSICAL (AND VIRTUAL)

Giving a speech can be stressful, but graduate student Heidi Kane, PhD, now an assistant professor of psychology at the University of Texas at Dallas, wanted to find another way to get the heart racing in her attachment studies. So, she and Collins, with help from UCSB colleague Jim Blascovich, PhD,

built the virtual cliff environment featuring a narrow path winding around a mountain. The virtual setting serves as an adult analog of the "Strange Situation," a classic experimental paradigm developed by Mary Ainsworth in the 1970s that assesses a child's attachment security by placing him or her in a novel, frightening environment, with or without a parent.

The UCSB researchers hooked up one member of a couple to the virtual reality goggles. Participants could peer over the side of the virtual cliff and see the canyon that they would fall into if they slipped. They could also hear the wind blowing and rocks falling as they walked. Replicating findings seen with parents and children, the researchers found that participants in the presence of a responsive partner felt more calm while walking close to the cliff, but that participants in the presence of an unresponsive partner felt no more supported than if they were alone—and actually physically withdrew from their partners on a subsequent task (*Journal of Experimental Social Psychology*, Vol. 48, No. 1, 2012). "These findings show that emotional security in adulthood—as in childhood—hinges primarily on perceived responsiveness and not on the mere presence of a close other," Collins says. "Just as in the empathic accuracy study, emotional responsiveness plays a key role in making support work."

Collins's lab has also used neuroimaging to identify brain correlates of romantic relationship characteristics. Former postdoctoral researcher Bianca

FURTHER READING

The Importance of Relational Support for Attachment and Exploration Needs

Feeney, B.C., & Collins, N.L.
Current Opinion in Psychology
2019

Interpersonal Mechanisms Linking Close Relationships to Health

Pietromonaco, P.R., & Collins, N.L.
American Psychologist
2017

A New Look at Social Support: A Theoretical Perspective on Thriving Through Relationships

Feeney, B.C., & Collins, N.L.
Personality and Social Psychology Review
2015



Dr. Nancy Collins, second from right, and her Close Relationships Lab team.



The lab is also looking at how affectionate touch differs across cultures.

Acevedo, PhD, found that newlyweds with higher levels of altruism toward their partners showed greater responsivity than those with lower levels of altruism, in brain regions related to emotion and emotional memory, when viewing happy or sad pictures of their partners' faces as compared with strangers. She also found that individuals reporting greater altruism toward their partners showed stronger brain responses to their partner's face in the same regions associated with pair-bonding and attachment. The strength of these results was modulated by genetic variants of oxytocin and vasopressin, molecules known to play a role in social behaviors, empathy and pair-bonding

(*Behavioral Neuroscience*, Vol. 133, No. 1, 2019).

What other factors facilitate support? That's the question driving the research of graduate student Paige Harris. She and Collins have recently been looking at the role physical activity can play in close relationships. "The idea is that engaging in physical activity may enable us to regulate our emotions, improve our mood and provide physiological benefits that then help us be better partners," Harris says. So far, the researchers have focused on daily diary entries about physical activity and whether they predict responsiveness to partners. Eventually, they will bring couples into the lab to perform moderate physical activ-

ity and run experiments to look for social benefits.

In another recent study, Collins and graduate student Delancey Wu have been using the stressful speech task to determine the relative effectiveness of physical affection, verbal support and a combination of the two in reducing physiological stress reactivity in a loved one. Wu and Collins are also collaborating with UCSB colleague Heejung Kim, PhD, to study how affectionate touch differs across cultures. "There was a lot of touch work in the 1990s showing that different cultures have different touch frequencies or different touch behaviors, but they never actually looked at how those different behaviors affected relationship outcomes," Wu says. "So, we are testing people in the U.S., the U.K., France, Japan and South Korea to see whether or not touch has a different impact depending on culture, or whether there is a universal effect."

"Just the other day, Delancey and I were looking over videotape of the couples, and it's so beautiful to see how partners respond to physical affection, how much they genuinely appreciate it," Collins says. "I think close relationships are more important than ever before, and I don't think people will ever stop needing and wanting that support. The couples that I see are so inspiring, and I'm so happy to have spent my career learning from them." ■

"I think close relationships are more important than ever before, and I don't think people will ever stop needing and wanting that support."

NANCY COLLINS, PhD, UNIVERSITY OF CALIFORNIA, SANTA BARBARA

● **"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."

IMPROVING DESIGN THROUGH BEHAVIORAL RESEARCH

Psychologist Jennifer Romano-Bergstrom works to make a financial company's websites and apps more intuitive for users

BY ZARA GREENBAUM

Imagine a company where any employee can provide feedback or suggestions for another, from a new hire all the way up to the CEO. A team of product developers, designers and data scientists at Bridgewater Associates, a hedge fund based in Westport, Connecticut, is working to do just that: creating artificial intelligence tools to help companies foster and operate within such a culture.

"Usually, people who are the loudest—either vocally or because of their position in the company—tend to be heard, and their ideas get to the top," says Jennifer Romano-Bergstrom, PhD, director of user experience (UX) research at Bridgewater. "But in an idea meritocracy, everyone's opinions are weighted on believability and other qualitative traits—not based on title or age."

Romano-Bergstrom joined Bridgewater's Systemized Intelligence Lab last year to work as part of a team of developers, designers, data scientists and the company's leading business strategists to develop tools to support an idea meritocracy, which Bridgewater can use to improve workplace culture and exchange feedback among its

1,500 employees as well as sell to other companies.

She is the first UX researcher at Bridgewater, the world's largest and oldest hedge fund. In addition to investing, Bridgewater designs products such as Dot Connector, a software program that helps team members view and better understand the opinions, strengths and weaknesses of their colleagues.

"My psychology background comes in when I design experiments to test whether people understand our products, and then if they don't, to understand why," Romano-Bergstrom says. "I'll determine what kind of study we need to conduct and how best to conduct it. Anybody can ask questions, but can they ask them well?"

FOSTERING TEAMWORK

UX and usability researchers aim to answer two basic questions: How do users interact with a product, and how can that product's design be improved to enhance the overall user experience? A fundamental understanding of human behavior and experimental design allows researchers like Romano-Bergstrom to answer those questions systematically.

The goal of the idea meritocracy product is to create an artificially intelligent system that learns the strengths, weaknesses, goals and interests of employees based on past projects they have worked on, their performance assessments and feedback provided by their colleagues. The system then uses that information to make personalized suggestions for every member of the organization. For example, it might recommend readings based on a person's strengths or weaknesses. Or it could advise someone on how to think about a situation differently. Based on information about an employee's personality characteristics and past work, the system might remind the employee that making mistakes is OK, as long as one learns from them, and then challenge the employee to explore what he or she learned from a particular mistake.

Romano-Bergstrom's job is to collect, sort and prioritize questions and hypotheses about the idea meritocracy tools, design and carry out experiments, and use the results to modify the product's design before it's ready for market. If the suggestions are too conceptual, for instance, Romano-Bergstrom circles back



IAN CHRISTMANN



with the product team to brainstorm ways to incorporate more concrete advice into the tools.

“It’s important to make sure people understand how to use the product and that it’s matching their expectations. That’s where my research comes in,” she says.

Romano-Bergstrom also

ensures that data—such as the number and timing of clicks and errors users make when testing a software product—are collected with precision. She designs surveys, eliminating or rephrasing questions that are leading, biased or out of order. When recruiting participants, she ensures that

Dr. Jennifer Romano-Bergstrom is designing a software program that will help good ideas from all employees rise to the top.

UX and usability researchers aim to answer two basic questions: How do users interact with a product, and how can that product’s design be improved to enhance the overall user experience?

sample sizes are large enough and demographic groups of interest are included.

She also teaches designers about psychological concepts such as cognitive load and working memory. If designers understand that human working memory capacity is limited, they can create user interfaces that require fewer mental resources—ones with familiar layouts and less visual clutter.

Romano-Bergstrom learns a lot by observing users and gathering their opinions, but some aspects of UX research are less

explicit. Her expertise in biometrics, especially eye-tracking, allows her to study these implicit responses. She uses eye-tracking technology to map where people look when they're performing a task, how long they attend to various images and the order in which they process information. Other tools for UX research such as heart-rate monitors and facial-recognition systems allow her to monitor pulse and facial expressions, which are indicators of frustration and other emotions.

In addition to working closely with the product design team, Romano-Bergstrom collaborates with senior-level strategists at Bridgewater. Through such interactions, she learns about the company's vision and objectives, which can be at odds with the results of her UX research. When this happens, she works to find solutions that will both serve users and accomplish the company's goals.

"Fundamentally, product design teams are serving people," says Hans Anderson, the product design director at Bridgewater, who hired Romano-Bergstrom. "In order to create value for our

users, we need products that are both well-formed and intuitive. Jen helps us do that in an objective, evidence-based way."

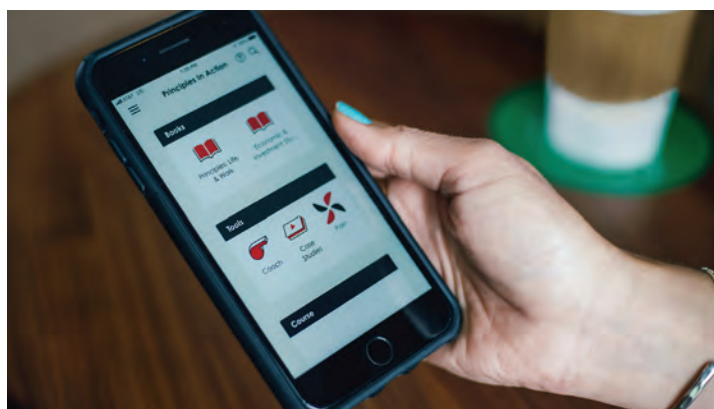
EXPERIENCE FOR THE JOB

Romano-Bergstrom first entered the world of UX design through an internship in the Human Factors and Usability Lab at the U.S. Census Bureau. At the time, she was pursuing a PhD in applied experimental psychology at the Catholic University of America in Washington, D.C., researching cognitive aging.

While there she studied how people interact with census forms and websites. She developed expertise in eye-tracking and other biometric tests, learning how UX researchers use such tools to quantify participants' physiological responses. And she found that she thrived on an interprofessional team of sociologists, developers, designers and survey methodologists.

"Working with an interdisciplinary team allowed me to interface with people who approach problems from different angles," she says.

She later joined Fors Marsh



UX psychologists bring an understanding of behavior to product design.

FURTHER READING

Usability Testing for Survey Research

Geisen, E., & Romano-Bergstrom, J. Morgan Kaufmann 2017

The UX Careers Handbook

Lebson, C. CRC Press, 2016

How Are Online Health Messages Processed? Using Eye Tracking to Predict Recall of Information in Younger and Older Adults

Bol, N., et al. *Journal of Health Communication* 2016

Group, where she formed and led a UX research team, before moving to Facebook, where she helped design tools like Safety Check, which allows users to "check in safe" during a crisis and can even facilitate delivery of resources to affected areas in a disaster. She came to Bridgewater in 2018.

Romano-Bergstrom has also maintained partnerships with academics, including co-authoring journal articles and textbooks on usability and eye-tracking. Through such partnerships, she has continued her research on cognitive aging, which helps her improve the usability of products for older adults. For example, she found that older users spend less time looking at the periphery of web pages than younger users do (*Universal Access in the Information Society*, Vol. 15, No. 2, 2016). She also collaborates with academics on privacy-related work.

Her doctoral training and ongoing contributions to peer-reviewed research give her an edge in her UX research.

"It's really important to me to help bridge the worlds of academia and industry," she says, adding that she regularly organizes panel discussions, talks and workshops to that end. "The benefits go in both directions. Academics get to see firsthand the problems industry practitioners are trying to solve, while industry folks benefit from the wealth of knowledge academics have and the rigor they bring to their work." ■

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

A woman with dark, wavy hair and glasses, wearing a white sweater, is smiling and writing on a whiteboard with a red marker. The whiteboard has some faint red writing on it. The background is a light-colored wall.

APA
psyc
Careers

THE HOME FOR PSYCHOLOGY JOBS IN

Academia

100+ faculty positions
posted in the last 60 days.

A robust resume database
including the best in academia.

If you're making a career move, or need to hire faculty,
look to APA psycCareers: **www.psycCareers.com**

FROM SNOWBOARDER TO SPORT PSYCHOLOGIST

Dave Botsford helps college student athletes perform at their peak

BY DEBORAH BAILEY

When Dave Botsford, PsyD, joined the University of California, Santa Barbara, in 2015 as its first full-time

clinical sport psychologist, his biggest challenge was earning the trust of his new university's athletic community.

That's why, even though Botsford's position is based in the university's counseling center, his office is located in the athletic department, so that he is visible and accessible not only to the 450 student athletes who train there, but also to the coaches and athletic staff who guide them.

Before earning his doctorate in clinical psychology, Botsford was a competitive snowboarder. He spent three years on a boardercross pro-am circuit while earning a master's degree in exercise and sport science. He spoke to the *Monitor* about his work and his path from snowboarding to psychology.

What does your typical day include?

There's a lot of variety. Every day, I meet with four to seven student athletes to provide mental health counseling or performance consulting on the psychological aspects of their sport. I also run a support group for student athletes, where we talk about common topics and struggles they have.

I also work closely with coaches, sports administrators, sports medicine

staff and doctors, athletic training staff and academic support staff, consulting with them on concerns about an athlete or a situation on a team.

What concerns do student athletes face?

Athletes perform best when they're fully present. That sounds easy enough, but it becomes surprisingly difficult during downtimes or unexpected changes in schedule. So, for example, in a sport like baseball or golf, there are very intense, very precise instances of performance that require focus and specialized technique, but then there's a lot of downtime. Athletes need to have that awareness that you can't just be "on" all of the time. Similarly, if you're not plugging in when you're standing at the plate or when you're about to hit a 30-foot putt, you're also not going to get the results you want.

Another thing that makes student-athletes unique is logistics. They have a lot less time and energy than the average student to explore classes, relationships and other things. When you're spending 30-plus hours a week training, traveling and competing in your sport, you're lucky to get some sleep, go to class and maybe have a little time to hang out with friends. Some common presenting concerns are depression or anxiety, and sometimes that can be related to feelings of isolation and loneliness.

Student-athletes are socialized to be independent, tough it out, push through it and be persistent. That's how they've

gotten where they are. But when it comes to a mental health issue, you can't strong-arm your way through. I've worked at a few universities, and that stigma about asking for help is one of the biggest struggles I've come across.

What's rewarding about your work?

One of the things I enjoy most about working with athletes is that they already have a tremendous amount of resources in terms of the knowledge, skills and abilities they've had to develop, both physically and mentally, to be successful in their sport. Oftentimes they don't realize those same qualities or skills can be adapted to things off the field, outside of the pool or off the court. I look at my job as trying to help them identify and repurpose the resources they already have so they can apply them to other aspects of their life.

What's challenging about your job?

The hours. I work longer hours because students' schedules of training, competition and classes can make it difficult to find available times during the week. I also try to make appearances at practices and games for many of our 19 teams. Athletes often appreciate the support. Plus, behavioral observations can sometimes inform our work together in the office.

If student-athletes don't see me at games, at practices, in the weight room or the athletic training center, then the implicit message is "You only see

Dr. Dave Botsford works closely with coaches, sports administrators and sports medicine staff to support student athletes' mental health and improve their performance.



Dave when there's a problem.”

That's not the message I want to send. I want people to think of me less as “Dave the clinical psych,” and more as another person to help—just like the strength-and-conditioning coaches help them get faster, stronger and develop more endurance.

Working with coaches also can be challenging. Coaches are very knowledgeable about training and competing in their sport, but many coaches don't receive as much training and education related to helping student-athletes handle

common social, emotional and developmental experiences outside of sport.

A student athlete who is dealing with a mental health issue might need time away from sport, whether it is an adjusted training schedule or even a “redshirt” year, which is when athletes don't compete so they can extend their eligibility to play. While most coaches are concerned with student athlete well-being, coaches also experience significant personal, professional and financial pressures of their own. These pressures often contribute to coaches' urgency to

get student athletes back to competition as soon as possible. This is why relationships with coaches are so essential to my role as a provider within the athletic department.

How did you get the training and experience to do your job?

I've always been an active person. I'd been a multisport athlete through high school and the beginning of college. But I was never an all-star, so I was trying to figure out another way to develop myself as an athlete.

My junior year of college, a friend of mine convinced me to take a sport psych class, and I found that I liked the material. Then my senior year, the university started a master's program in sport psych, and I talked my way into taking a master's-level class. The professor got me really excited about the field.

I earned a master's at the University of Utah and then went to the clinical sport psychology program at the Arizona School of Professional Psychology. The chair of the program was, at the time, the sport psychologist for U.S. Ski & Snowboard, which supports the national team. Not only did I get to learn about his experience, but I did my dissertation research with national team snowboarders.

Because I knew I wanted to work with college student-athletes, I tailored my

clinical training to the most common concerns that affect student-athletes—things like depression, anxiety, substance use issues, eating disorders and family relationships. I did a practicum in substance use and another in assessment, which really sharpened my diagnostic skills.

For my internship, I went through the Association of Psychology Postdoctoral and Internship Centers match twice. I knew I wanted to work at a university counseling center. But none of my practicum training was in a university setting. When I applied the first time, I was getting compared with people who had hundreds of hours of practicum experience in university settings. I didn't realize what a disadvantage that was. I got one offer, but it just wasn't what I wanted to do. I turned it down.

Then I did some outside-the-box

thinking to get supervision with university students to be more competitive in the match the following year. I called the counseling center training director at Ithaca College, my undergraduate alma mater, explained my situation and basically offered to work for free at Ithaca for supervision. She supervised me for a whole year and I learned a lot.

I reapplied for the match and got literally my dream internship experience at the University of Oklahoma in the athletic department. If I'd pushed through that first year and taken what was offered to me, and not stuck to what was really my passion, I really would have missed out.

After getting my doctorate, I spent two years as a staff psychologist at the University of Massachusetts, Dartmouth, which included working in the counseling center and consulting with the athletic teams, then moved to California State University, Fullerton, where I served as the sport psychologist for the athletic department for four years.

Can you describe a work experience that was particularly meaningful to you?

I worked with an elite ski academy at the beginning of my career. One of the high school athletes I worked with was such a hard worker, even if he wasn't the most talented kid on the team. After a race, he caught a ski tip, went off the trail and broke his neck in the crash.

I'll never forget when I heard about the situation. His coach said, "Dave, he wants to talk to you." I saw him at the hospital, and he told me as soon as he got out, he wanted to start working on his mental program. He was so positive and so motivated.

He went on to make a full recovery and was able to begin racing again. It was pretty inspiring for me. I often think about him and his phenomenal resiliency. I hope I had as much of an impact on him as he had on me as a professional. ■

Magination Press
Books for Kids From the
American Psychological Association

"The text is clear and engaging, the art charming and inviting."

—*New York Journal of Books*

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



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

maginationpress.org



Grant



Tenenbaum



Boulais



Cates



Duckworth

PSYCHOLOGISTS IN THE NEWS

Nicholas Grant, PhD, is the new president-elect of GLMA: Health Professionals Advancing LGBTQ Equality. He will be the first psychologist and nonphysician to serve as president when he takes the helm in 2021. Grant is a U.S. Navy lieutenant and active duty clinical psychologist based at Navy Medical Center San Diego. Prior to that, he was GLMA's vice president for external affairs.

Joshua Tenenbaum, PhD, a cognitive scientist at the Massachusetts Institute of Technology has won a MacArthur Foundation "Genius" Grant. Tenenbaum, a faculty member in the department of brain and cognitive sciences and a principal investigator in the Center for Brains, Minds and Machines and the Computer Science and Artificial Intelligence (AI) Laboratory, studies human learning, reasoning and perception by combining computational models with behavioral experiments. He's also exploring ways to bring AI closer to the capabilities of human thinking. Hundreds of science and engineering teams worldwide use the machine learning and AI algorithms his team has developed.

The lieutenant governor of Ontario, Canada, by order-in-council, has appointed **J. Gilles Boulais, PhD, CPsych**, to the

Ontario Review Board. The board is made up of judges, lawyers, psychologists and psychiatrists who review the status of accused parties who have been found to be unfit to stand trial or not criminally responsible for an offense due to a mental illness. Boulais is a clinical and consulting psychologist in Ottawa with 40 years of experience in psychotherapy and psycholegal consultation and assessments.

David Cates, PhD, has been appointed vice chair of clinical operations in the department of psychiatry at the University of Nebraska Medical Center—a role traditionally filled by a psychiatrist. Cates also directs behavioral health at Nebraska Medicine, a network of over 800 beds and more than 40 specialty and primary-care health centers. He also led the development of the Behavioral Health Connection program in Omaha, a free service that connects people with behavioral health and social service programs.

Pennsylvania Gov. Tom Wolf has named University of Pennsylvania psychology professor **Angela Duckworth, PhD**, a Distinguished Daughter of Pennsylvania, an annual honor presented to Pennsylvania women who demonstrate

exceptional service to their communities. Known internationally for her research on grit, Duckworth is also the founder and CEO of Character Lab, a nonprofit dedicated to advancing scientific insights that help kids thrive.

The Bill & Melinda Gates Foundation has named **Ivory Toldson, PhD**, to the Commission on the Value of Postsecondary Education, a panel sponsored by the foundation and the Institute for Higher Education Policy that is examining the economic returns of a high school education. Toldson is a counseling psychology professor at Howard University and president and CEO of Quality Education for Minorities, a nonprofit dedicated to improving the education of African Americans, Alaska Natives, American Indians, Mexican Americans and Puerto Ricans.

The International Society for Self and Identity has presented its Distinguished Lifetime Career Award to **Brenda Major, PhD**, a distinguished professor in the department of psychological and brain sciences at the University of California, Santa Barbara. The prize honors Major's decades of research on resilience and how people protect their identities in the face of threats. ■

COLLEGE STUDENTS' MENTAL HEALTH IS A HIGHER PRIORITY

Colleges and universities are increasing efforts to address student mental health



36%

The percentage of U.S. college students with **lifetime diagnoses** of mental health conditions in 2017, compared with **22%** in 2007. The percentage of students who received any **mental health treatment**, including therapy or medication, rose from **19%** to **34%** over that 10-year period.

80%

The percentage of college presidents in 2019 who say that student mental health has become a **greater priority** on their campuses than it was three years earlier.

72%

The percentage of college presidents who say they have reallocated or identified **more funds** to address student mental health issues, compared with three years earlier.

58%

The percentage of college presidents who said they would hire **additional staff**, mostly in counseling centers, if they had unlimited resources. Meanwhile, **20%** said they would invest in other resources and programs such as **early alert systems** for at-risk students.

Lipson, S.K., et al. (2019). Increased rates of mental health service utilization by U.S. college students: 10-year population-level trends (2007–2017). *Psychiatric Services*, 70, 60–63. DOI: 10.1176/appi.ps.201800332.

American Council on Education. (2019). Pulse Point presidential survey on student mental health and well-being. Available at www.higheredtoday.org/2019/08/12/college-student-mental-health-well-survey-college-presidents.



Your Time is Valuable!

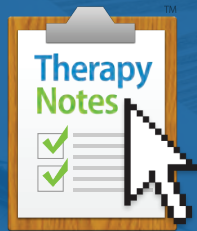
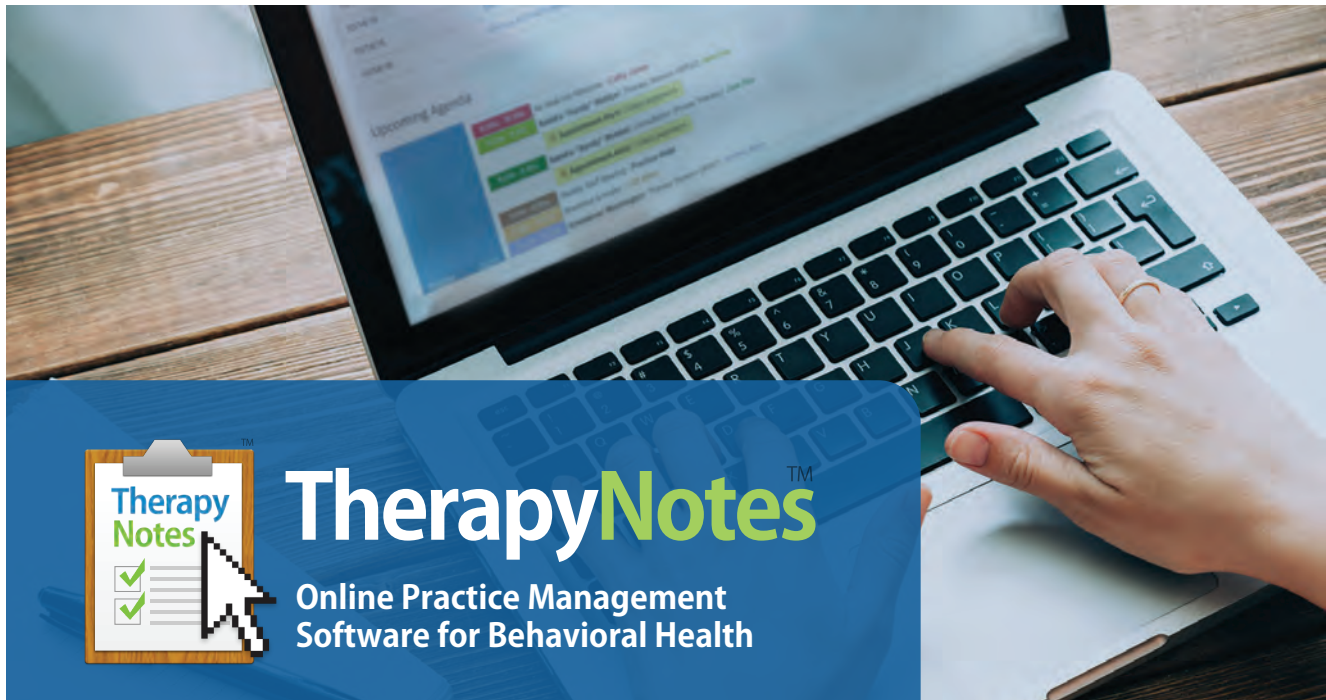
So why waste it placing your final 2019 assessment orders through several vendors when you can shop for everything you need with Riverside Insights™? We offer our own renowned assessments, like the *Woodcock-Johnson™ IV* and *Battelle Developmental Inventory*, alongside trusted instruments like the *Conners 3rd Edition™*, *ABAS®-3*, *YCAT-2*, and many more.



Woodcock-Muñoz
Language Survey III



Head to riversideinsights.com
and click “Shop Now” to browse
our digital storefront today!



TherapyNotes™

Online Practice Management
Software for Behavioral Health

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

12:00PM Appt with Susan
Remember to collect paperwork

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

Scheduling & To-Do Lists

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

Evaluation
Progress Note
Treatment Plan

Diagnosis: DSM-5 **anxiety**

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

Treatment Goals:

☒ Electronically Sign this Note

Patient Notes & EMR

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

Claim for John with Acme

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

Submit Claims

Acme Insurance Company

Electronic Billing

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

...AND MANY MORE FEATURES!

Automatic Reminders

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

Custom Client Portal

TherapyPortal, your own custom client portal for appointment requests

Unlimited Support

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



My experience with TherapyNotes has been fantastic!

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

Dr. Christina Zampitella, FT, Licensed Clinical Psychologist

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

Special Offer!

Just for Monitor on
Psychology Readers!

Sign Up and Receive Your First

2 Months FREE!

Use Promo Code: **APAMOP**



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