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MONITOR ON PSYCHOLOGY

MARCH 2020

PSYCHEDELICS | ZOO PSYCHOLOGISTS | ETHICAL PITFALLS | CANCER AND COGNITION

# monitor on psychology

GST# R127612802

## PSYCHEDELIC PSYCHOTHERAPY

New research finds psychedelic drugs show promise in treating addiction, depression and more

PAGE 48



**PLUS**

**How to Avoid  
Three Common  
Ethical Missteps**

PAGE 36

**Psychologists Partner  
With Zoos on Research  
and Animal Care**

PAGE 54



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# Features

MARCH 2020



## 42 COGNITION AND CANCER TREATMENT

Every year, more than 650,000 patients in the United States receive chemotherapy—and some experience lapses in memory and attention, difficulty concentrating, and other symptoms known colloquially as “chemo brain” or “chemo fog” and formally as cancer-related cognitive impairment. Now, researchers are working to identify the risk factors for this condition and developing diagnostic tools and treatments to alleviate patients’ symptoms.

## 54 IF I COULD TALK TO THE ANIMALS

Staff psychologists oversee research, animal welfare and the visitor experience at more than two dozen zoos across the United States—and many more zoos partner with outside psychological researchers. Their work is helping zoos care for their charges better, increasing our understanding of animal cognition, giving the public a glimpse of scientific research in action and contributing to zoos’ wildlife conservation efforts.



### COVER STORY

## TRIP OF A LIFETIME

Can treatment with psychedelic drugs lead to lasting improvements in mental health? Quite possibly, according to new studies by psychologists and other researchers who’ve been exploring the drugs’ potential to treat addiction, depression, post-traumatic stress disorder and more. Though the research is still young and sample sizes for most studies are small, early findings hint that psychedelics combined with psychotherapy could provide a new avenue for mental health treatment. *See page 48*

COVER: VALENTINA PHOTOS/GETTY IMAGES





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When does  
"the future"  
begin?  
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## CE CORNER

### HOW TO AVOID THREE COMMON ETHICAL MISSTEPS

Many situations that land psychologists in front of licensing boards start off gradually and involve practitioners who believe they have their patients' best interests at heart. Here's advice on how to recognize and avoid three common ethical pitfalls: working outside your scope of practice, not documenting suicidality or violence, and misusing technology and social media. *See page 36*



## CAREERS IN CORRECTIONS

**"I get to foster a sense of hope and restoration in people who have often been disenfranchised and disregarded by society."**

Dean Aufderheide, PhD, Florida Department of Corrections. *See page 62*

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# A NEW ROLE FOR PSYCHOLOGISTS: 'LEARNING LEADERS'

Psychologists have the ability and opportunity to lead change instead of just observing and contributing from the sidelines. Here's how.

BY SANDRA L. SHULLMAN, PhD, APA PRESIDENT

I ran for APA president on the theme of “learn ... lead ... change.” It's the process by which psychologists become what I call **learning leaders**—influential participants who bring to bear the power of our profession, applied areas and science of psychology to any challenge. The foundation of being a learning leader is based on the psychological science of **learning, leadership** and **change**. We simply need to take that knowledge base and own it so we can shape the future positively for our field and the public.

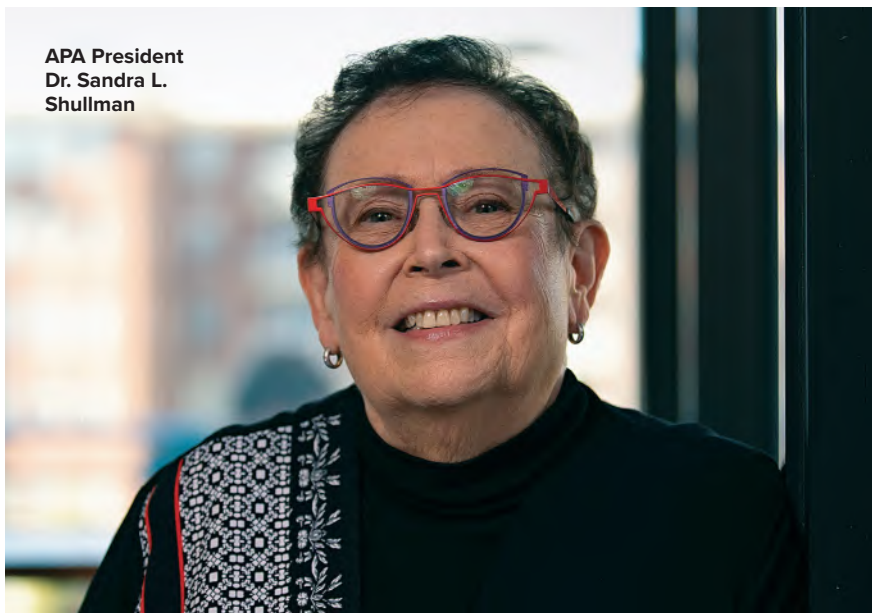
How does that work? First, we need to accelerate our own learning about new ways of doing things. For example, two major trends affecting the psychology field are team science and integrated care. There is readily available psychological science in both areas, so how can we use and expand on this knowledge to enhance our influence in integrated care and improve the performance of research teams?

Leading means defining our roles more clearly within organizations,

institutions and communities so that we are recognized as the go-to experts for facilitating or providing innovative behavioral options, strategies and policies at all levels. We have all of the tools necessary to help individuals and organizations build their capacities in flexible, compassionate and productive ways—we just need to ensure that these entities are aware of our skills and be willing to put ourselves forward, both formally and informally, to influence and enhance their success.

The third component of learning leadership is an active commitment to producing positive change in the world—using our significant expertise in behavior change to influence the most pressing problems of our time. APA's sponsorship of the first International Summit on Psychology and Global Health—where psychologists from more than 40 countries met in Lisbon, Portugal, to address climate change—is a great start.

Historically, psychologists have tended to be reflective observers rather than active agents of change. We've often been slow to join forces with other disciplines and partners to effect such change. The time is ripe to become more actively interdisciplinary and to proactively envision and create a better future for ourselves, our clients and the public. It's an agenda supported by APA's strategic priorities and advocacy strategy. Let's be the change that we want to see, and enhance our impact together. ■



APA President  
Dr. Sandra L.  
Shullman

KIRK IRWIN

## DIVERSITY

With regard to “New Guidance on Race and Ethnicity for Psychologists” (December *Monitor*): Classifying patients as simply members of specific racial groups or Western/non-Western cultures risks overlooking the incredible diversity *within* each of these immense groups. These cultures are neither homogenous nor static. Though guidelines for cultural competency may be a helpful starting point, it is best that the clinician



approach each individual with the attitude of curiosity rather than with assumptions about how membership in these immense cultures affects the individual's personality. The clinician's inquiry can easily see that there is not an uninterrupted chain of causation between our patient's personality and culture of origin. Factors such as parental milieu, education, economic security and degree of religious adherence no doubt play a significant factor in psychic development. One of the best ways to improve cultural competency is for clinicians to work with patients from many different cultures and by doing so discover, as the psychiatrist Harry Stack Sullivan, observed: “We are much more simply human than otherwise.”

Ira Moses, PhD, ABPsa  
New York, New York

## CORRELATION VERSUS CAUSATION

In the December issue of the *Monitor*, APA President Rosie Phillips Davis talks about “standing up for our science” and APA CEO Arthur Evans talks about “psychological science.” Yet in the “In Brief” section, a clearly correlational survey study is given the headline

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“Dark Chocolate Brightens Mood.” Shouldn't APA practice what we preach? While this kind of misinterpretation of correlation with cause-effect happens all too often in newspaper and TV news stories, I clearly expect better from our professional organization.

William M. Sherman, PhD  
New Haven, Connecticut

## CLARIFICATION

Due to space limitations, the December 2019 article “Informing the Courts With the Best Research” did not fully explain the several interrelated lawsuits that led to psychologists' right to bill insurers on equal footing with psychiatrists. For a full explanation, read “The Case Against the Blues: The Virginia Challenge” (*American Psychologist*, Vol. 40, No. 9, 1985).

## OUR FAVORITE TWEETS

Re: “Trends for 2020: Going High Tech in Academia” (January)

@impact\_psyc I was glad to see @HGAPS highlighted in the APA Monitor! This group is doing great work to make psychological science available broadly through #Wikipedia

Re: “Lab Work: How Close Relationships Help Us Thrive” (December)

@freddie\_doc This is really important work being discussed in these articles. BRAVO to those doing this work!! Relationships are one of the most important parts of life. More research is needed.

Re: “Informing the Courts With the Best Research” (December)

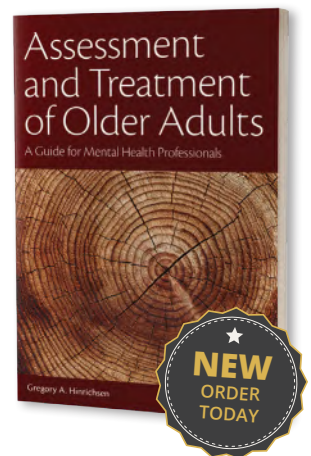
@DrMindermast The world would be such a better place if everyone would just shut up and listen to psychologists. Not that I'm biased or anything ;)

● We'd love your feedback. Send letters to Editor Lea Winerman at lwinerman@apa.org.



“A comprehensive review of mental health needs and services...”

—L. R. Barley,  
York College, CUNY



## Assessment and Treatment of Older Adults

A Guide for Mental Health Professionals

GREGORY A. HINRICHSEN

This book shows mental health providers how to expand their practice in order to treat older adults. Chapters describe tools and techniques for assessing and treating the most common conditions that practitioners typically encounter when working with older adults.

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# COMMUNICATING PSYCHOLOGY TO THE WORLD

APA is building new ways to tell psychology's story, to the public and to members

BY ARTHUR C. EVANS JR., PhD

APA continues to evolve as an organization, guided by a new strategic plan adopted by APA's Council of Representatives. As part of that work, we are evolving our communications strategies to be more proactive, more story-centric and more present in the national news. We rely on psychological science, the broad expertise of our members, and the critical value psychology brings to the table in our goal to communicate the importance of psychology and psychologists in ways that people will listen to and respond to.

The goal is higher quality and wider reach.

For instance, timed to coincide with APA 2019, we developed a strategy to showcase the ways psychologists make a positive impact on critical societal issues by working together in their different, yet interdependent roles. We focused on one of the many big issues where psychology can help move the dial—suicide. With a cover story in the

July/August *Monitor*, a standing room only convention main stage event, and coverage through our podcast, on social media and on the website, this approach elevated psychology's role in addressing this seemingly intractable issue to a wider audience.

Because of the strategies we are using, psychology is shaping national conversations around many issues, including immigration, poverty and gun violence. We are talking to news organizations, policymakers and the public. We are making waves through our podcast—APA's "Speaking of Psychology," which just taped its 100th episode, has been downloaded 1.5 million times and ranks in Apple's top 10 life science podcasts. We are sharing the work of our members on social media, through digital media, and in the *Monitor* and its new companion app, APA Monitor+.

And we are moving quickly and strategically to ensure psychological science and expertise is included on the national stage through the news media, as evidenced by the 260% increase in media outlets mentioning APA between 2018 and 2019.

We are working to communicate psychology to the world.

I am proud of APA's successes in raising the visibility of our field. Let's continue to work to elevate psychology and develop solutions to impact the issues that matter to APA's members and society. ■



APA CEO  
Dr. Arthur C. Evans Jr.

SCOTT SUCHMAN

# The Hot List

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Members can help choose **APA's 2022 president** by supporting a self-nominated candidate or proposing a new candidate between Feb. 3 and March 18 at <https://on.apa.org/Elections>.

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New to your inbox is APA's "**Six Things Psychologists Are Talking About**," the *Monitor*'s companion e-newsletter, offering the latest psychology news, sent to members twice a month. "Six Things" offers articles on psychology trends, new research and more.



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## Research

COMPILED BY CHRIS PALMER

# In Brief

THE LATEST PEER-REVIEWED STUDIES WITHIN PSYCHOLOGY AND RELATED FIELDS

## The Future Is Now ... or Later

**W**hen does the present end and the future begin? The answer varies across individuals and may affect the choices people make about their future lives, suggests research in the *Journal of Experimental Psychology: General*. In the first of a series of studies, researchers asked 199 online participants when they felt “the present” would end. One-fifth said the present ended “right now,” while 29% indicated a time between 1 second and 1 hour from the time the question was asked. Others had a longer time frame in mind, with 15% reporting that the present would end at some future event, most commonly indicated as “at my own death.” A second study, with 120 U.S. undergraduate participants surveyed three times over four months, yielded similar results and showed that individuals’ views remained fairly consistent over time. In a further study with 1,764 online participants, the researchers found that when the present was framed as lasting for a short time (and the future as coming sooner), people were more likely to choose a gift certificate that allowed them to save for the future rather than one that allowed an immediate purchase. DOI: 10.1037/xge0000681

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**BORDERLINE PERSONALITY AND HEART ATTACK**

Middle-aged adults with traits associated with borderline personality disorder may be at higher risk for heart attacks, according to a study in *Personality Disorders: Theory, Research, and Treatment*. Researchers analyzed data from 1,295 non-Hispanic white and African American adults ages 30 to 54. They examined self-reported personality traits, as well as traits reported by up to two of the participants’ friends or family members, and self-reported depression symptoms. They also established a cardiovascular risk score for each participant by combining physical health measurements such as blood pressure,

body mass index, and insulin and cholesterol levels. The investigators found a strong association between borderline personality traits and increased cardiovascular risk: Each standard-deviation increase in borderline personality traits had the same effect on cardiovascular risk as 9.2 years of aging. While borderline personality traits and depression were both associated with cardiovascular risk, the effect of borderline traits was independent of depression symptoms.

DOI: 10.1037/per0000373

**QUICK RESPONSE**

When responding to questions under time pressure, people tend to give socially desirable answers, indicates a study in *Psychological*

People with borderline personality traits face increased cardiovascular risks.

*Science*. In one experiment, researchers asked 1,500 adults in the United States whether 10 statements about themselves in social situations were true or false (e.g., “I have never intensely disliked anyone”). Half of the participants were instructed to respond to each item in less than 11 seconds, and the other half to respond to each one after 11 seconds. The researchers found that the fast-responding participants were more likely to give more socially desirable answers. In a second, similar study with a different group of 1,500 participants, the researchers found that the degree to which participants believed that people’s “true selves” are fundamentally good, rather than a mixture of good

TERO VESALAINEN/GETTY IMAGES

and bad, influenced their answers when responding slowly but not when responding quickly.

DOI: 10.1177/0956797619867939

**NORTH AMERICAN OPIOID USE**

Patients in the United States and Canada were seven times more likely than patients in Sweden to fill a prescription for opioids after surgery, according to a study in *JAMA Network Open*. Researchers analyzed data from 223,834 patients who underwent low-risk surgical procedures between 2013 and 2016. They found that within seven days of discharge, 76% of U.S. patients and 79% of patients in Canada filled an opioid prescription, compared with just 11% of patients in Sweden. The average dosage of the initial prescription in the United States was 247 MME (morphine milligram equivalents)—much higher than the average dosage dispensed in Canada (169) and Sweden (197). According to the researchers, the results point to an opportunity to modify opioid prescription practices in the United States and Canada and to the need for further research on policy and sociocultural influences on prescription practices.

DOI: 10.1001/jamanetworkopen.2019.10734

**HEARING ‘VOICES’**

Vulnerability to auditory hallucinations in patients with schizophrenia is linked to abnormalities in the development of the auditory cortex during infancy, suggests a study in *npj Schizophrenia*. Researchers obtained high-resolution fMRI images of brain activity while



More than three-quarters of low-risk surgical patients in the United States and Canada were prescribed opioids after surgery.

Kids whose parents lie to them go on to lie more to their parents in adulthood and face other psychological and social difficulties.

study participants—16 adults with schizophrenia with a history of auditory hallucinations and 22 healthy controls—listened passively to tones across a range of sound frequencies. The researchers found that the participants with schizophrenia showed greater auditory cortex activation than the controls in response to most frequencies. In addition, compared with controls, patients with schizophrenia showed abnormal organization of the auditory cortex. Because auditory cortex organization is established in infancy and

remains stable throughout life, the findings suggest that the predisposition among some schizophrenia patients to hear “voices” is linked to disruptions in early brain development.

DOI: 10.1038/s41537-019-0084-x

**HOW LYING HARMS KIDS**

Children told lies by their parents lie more as adults and face psychosocial adjustment difficulties, suggests a study in the *Journal of Experimental Child Psychology*. Researchers asked 379 young adults in Singapore whether their parents lied to them as children (e.g., “If you don’t come with me now, I will leave you here by yourself”), how much they lie to their parents now and how well they think they’ve adjusted to the challenges of adulthood. Adults who reported being lied to as children were more likely to report lying to their parents as adults. They also said they had greater difficulty meeting psychological and



TOP: DARWIN BRANDIS/GETTY IMAGES; BOTTOM: MOTORTION/GETTY IMAGES

social challenges and experienced more selfishness, conduct problems, guilt and shame.  
DOI: 10.1016/j.jecp.2019.104680

EMOTIONAL INTELLIGENCE AND POLITICS

People with lower emotional abilities are more likely to hold authoritarian views, suggests a study in *Emotion*. Across two experiments, researchers assessed the political ideology and emotional abilities of 983 adult participants in Belgium. The researchers found that individuals who scored lower on assessments of emotional understanding and management also tended to score higher on measures of right-wing authoritarianism—a tendency to submit to political authority and be hostile toward other groups. In addition, those with lower emotional abilities scored higher on social dominance orientation—a preference for inequality among social groups. Lower cognitive abilities were also associated with right-wing authoritarianism, but not social dominance orientation.

DOI: 10.1037/emo0000497

ACETAMINOPHEN IN PREGNANCY

A woman's use of acetaminophen during mid- to late pregnancy is associated with an increased risk of cognitive and behavioral issues in her young children, according to a study in *Paediatric and Perinatal Epidemiology*. Researchers examined maternal questionnaire and child school data for 12,025 mothers in the United Kingdom enrolled in



Young children whose mothers took acetaminophen in pregnancy have an increased risk of attention and hyperactivity problems.

a longitudinal study of parent and child health in the 1990s. They found that when mothers were between 18 and 32 weeks pregnant, 43% reported taking acetaminophen “sometimes” or more often. The researchers found associations between this acetaminophen intake and hyperactivity and attention



Walking patterns could help doctors distinguish between patients with Alzheimer's disease and Lewy body dementia.

problems as well as other problem behaviors in the mothers' young children, especially boys. However, these associations were no longer present by age 11. Boys appeared to be more susceptible than girls to the possible behavioral effects of the drug.

DOI: 10.1111/ppe.12582

WALK THIS WAY

People with Alzheimer's disease or Lewy body dementia have unique walking patterns that indicate subtle differences between the two conditions, according to a study in *Alzheimer's & Dementia*. Researchers analyzed the gaits of 110 older adults in the United Kingdom, including 36 with Alzheimer's disease, 45 with Lewy body dementia and 29 healthy controls. Participants with either Alzheimer's or Lewy body dementia had gait patterns that differed from those of control participants. However, participants with Lewy body dementia had higher variability in their steps—in terms of both step time and length—and moved more asymmetrically than did those with Alzheimer's disease. Further research with larger samples is needed to determine whether gait patterns can be used as an inexpensive early marker to diagnose Alzheimer's disease and Lewy body dementia, the researchers note.

DOI: 10.1016/j.jalz.2019.06.4953

GENDER IDENTITY

Efforts to change people's gender identities to match the sex they were assigned at birth are associated with an increased likelihood of adverse mental health outcomes, including suicide

attempts, according to a study in *JAMA Psychiatry*. Researchers analyzed survey responses from 27,715 transgender adults across the United States (43% were assigned male sex at birth). About 71% of the respondents reported having spoken to a secular or religious professional about their gender identities, and about 20% reported being exposed to gender identity conversion efforts. Those reporting exposure to such efforts had more psychological distress during the previous month as well as more lifetime suicide attempts than peers who talked about their gender identities with a professional but weren't exposed to conversion efforts. Reported exposure to conversion efforts before age 10 was associated with even greater lifetime odds of suicide attempts.

DOI: 10.1001/jamapsychiatry.2019.2285

HARSH JUDGMENT

People are less likely to support a company guilty of an ethical misstep if that company is led by a woman, according to a study in the *Journal of Personality and Social Psychology*. In a series of online experiments, researchers examined how the gender of a business's leader influences perceptions of the company's competence failures (such as releasing flawed products) and ethical failures (such as knowingly selling flawed products). In one experiment, 512 online participants read a news article about an auto manufacturer. Afterward, participants who had read about an ethical failure reported that they were less likely to purchase a car from

the company when the CEO was a woman than when the CEO was a man. The reverse was true for participants who had read about a competence failure. Results were similar in another experiment with 416 participants in which the stated gender of the CEO was replaced with a description consistent with gender stereotypes (i.e., one leader was described as

communal and another as independent and self-directed).

DOI: 10.1037/pspa0000176

ANTIDEPRESSANTS AND OLDER ADULTS

Antidepressant use has nearly doubled among older adults in the United Kingdom over the past two decades, while the prevalence of depression in this age group has remained

Women CEOs are judged more harshly when their companies commit ethical missteps.





stable, according to research in *The British Journal of Psychiatry*. Researchers examined data from two studies of people age 65 and older in England and Wales: one study with 7,635 participants conducted between 1990 and 1993 and another study with 7,762 participants conducted between 2008 and 2011. They found that the proportion of older people using antidepressant medications more than doubled over the nearly two-decade period—from 4.2% in the first study to 10.7% in the second. Meanwhile, the estimated rates of depression in this population declined from 7.9% to 6.8% over the same time period. The researchers hypothesize that the increased use of medication could be due to improved recognition and treatment of depression, overprescribing or the use of antidepressants for conditions other than depression. In both studies,

they also found that depression and antidepressant use were more common among women than men and among those living in more economically disadvantaged neighborhoods. DOI: 10.1192/bjp.2019.193

**ALZHEIMER'S AGE OF ONSET**  
People with Alzheimer's disease whose parents also had dementia often develop symptoms earlier than their parents did, indicates a study in *JAMA Network Open*. Researchers interviewed 164

**Alzheimer's patients whose parents also had dementia develop symptoms earlier than their parents did.**

**People with up-and-down incomes in young adulthood perform worse on cognitive tests in middle age.**



people in the United States with dementia (and their friends and family members) who had at least one parent diagnosed with dementia. Using the interviews and the participants' medical records, the researchers determined that people who had a parent with dementia developed symptoms an average of 6.1 years earlier than that parent had. In a smaller subset of patients in which both parents had dementia, the age at onset was 13 years earlier than the average of the parents' ages at diagnosis. Genetic factors, hypertension, and educational levels appear to account for some of the variability between generations, but more research is needed to explain it fully, according to the researchers. DOI: 10.1001/jamanetworkopen.2019.13491

**DROPS IN INCOME CAN HARM THE BRAIN**  
Young adults with volatile annual incomes show later reductions in cognitive test scores and measures of brain integrity in middle age, indicates a study in *Neurology*. Researchers analyzed the data of 3,287 participants who were 23 to 35 years old in 1990 and enrolled in a longitudinal cohort study in the United States. Participants reported their annual household incomes every three to five years from 1990 to 2010. In 2010, all participants were given cognitive tests. The 399 participants who experienced two or more drops in income of 25% or more performed 2.8% worse overall than those without such drops. Among a subset of 707 participants who underwent MRI brain scans in 1990 and 2010, those with two

or more drops in income had lower brain volumes and connectivity among brain regions in 2010 than those with no income drops. Similar findings were obtained for participants at all educational levels and after researchers controlled for blood pressure and health behaviors. DOI: 10.1212/WNL.00000000000008463

**FAKE IT TILL YOU MAKE IT**  
Engaging in extraverted behavior like being talkative and assertive has benefits for well-being, according to a study in the *Journal of Experimental Psychology: General*. Researchers have found benefits for "forced extraversion" before, but most previous experiments examined social encounters that lasted only a few minutes. In this

study, the researchers told 91 U.S. undergraduate participants that previous research had indicated that both introverted and extraverted behaviors were beneficial. They then asked half of the participants to be as talkative, assertive and spontaneous as they could stand for a week. They asked the other half to be deliberate, quiet and reserved. For the following week, the groups switched to engage in the other form of behavior. Participants reported increased well-being (positive affect and feelings of connectedness and flow) after the extraversion week, and decreased well-being after the introversion week, regardless of their general personality tendencies toward extraversion or introversion. DOI: 10.1037/xge0000668

**People felt happier after a week of acting extraverted than after a week of acting quiet and reserved.**

**MODEST ASSUMPTIONS**  
Humble people recognize their own merits but do not believe those merits entitle them to special treatment, according to a study in *Personality and Social Psychology Bulletin*. In two studies, researchers asked 419 online participants to identify positive personal characteristics or accomplishments they were proud of, and to rate how they believed these characteristics and accomplishments compared with those of other people. The participants also rated how entitled they felt to special treatment because of their characteristics and accomplishments. The researchers found that people who scored higher on measures of humility did not downplay the specialness of their characteristics





and accomplishments but were less likely than those scoring lower on humility to believe that those characteristics and accomplishments entitled them to more respect from others.  
DOI: 10.1177/0146167219875144

LIFE EXPECTANCY DISPARITY

Compared with the general population, life expectancy is up to a decade shorter in people with mental disorders, according to a study in *The Lancet*. Researchers examined health data from almost 7.4 million people living in Denmark between 1995 and 2015. Using a measurement of “life-years lost,” the researchers derived life-expectancy estimates for separate groups of mental disorders, including depression, anxiety disorders and schizophrenia. They found that, on average, mental disorders shorten life expectancy by 10 years for men and seven years for women. The disorders associated with the

largest and smallest average life-years change were substance use disorders in males (14.8 years) and organic disorders in females (5.42 years), respectively. Some of the increased mortality was due to suicide, but much was due to diseases such as cardiovascular disease, lung disease, diabetes and cancer.  
DOI: 10.1016/S0140-6736(19)32316-5

HOW PEOPLE JUDGE JOB CANDIDATES

The prospects of job candidates often hinge on how others perceive their social status, which is evaluated within seconds after they start to speak, suggests a study in *PNAS*. Across four experiments with 1,243 online participants, researchers assessed the accuracy with which people perceived a person’s social class based on a few seconds of their speech and how that perception influenced their social judgments of the person. The researchers found that people listening to

Hiring managers make snap judgments of job candidates’ social class—and are more likely to believe a “higher-class” candidate is a better fit for the job.

seven common words were able to correctly identify a speaker’s social class a little more than half the time. In a fifth study, 274 individuals in the United States with hiring experience either listened to audio recordings or read transcripts of recordings of 20 job candidates from a variety of socioeconomic backgrounds who were answering the question “How would you describe yourself?” The “hiring managers” who listened to the audio recordings were better at assessing the candidates’ social status than were those who read transcripts. They also judged the higher social class candidates as being better suited for the job—and assigned them higher salaries and signing bonuses—than the lower social class applicants. ■  
DOI: 10.1073/pnas.1900500116

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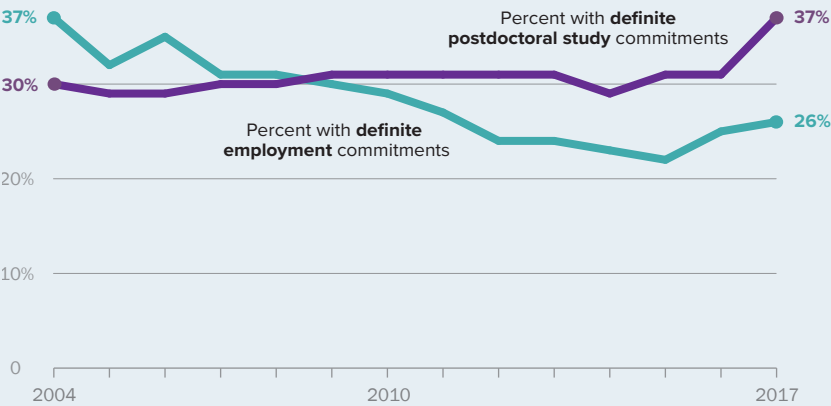
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NEWS ON PSYCHOLOGISTS’ EDUCATION AND EMPLOYMENT FROM APA’S CENTER FOR WORKFORCE STUDIES

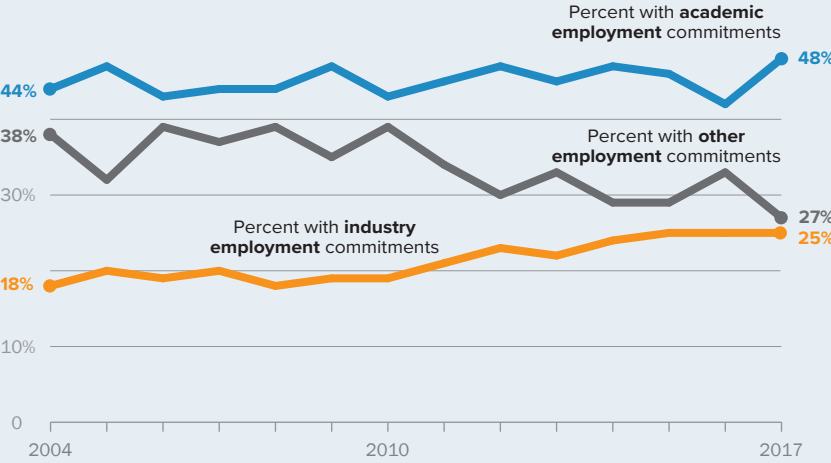
FEWER JOBS FOR NEW PSYCHOLOGY RESEARCH DOCTORATES

- In recent years, a smaller percentage of psychology research doctorates have found employment immediately after graduation.<sup>1</sup>
- In 2017, 26% of new psychology research doctorate recipients had definite employment plans, a significant drop from 37% in 2004. Meanwhile, in 2017, 37% of recent graduates had postdoctoral study commitments compared with 30% in 2004. The rest either had unknown plans, no definite employment commitments or employment commitments abroad.
- Where those recent graduates are working has also shifted. In 2004, those with definite employment commitments found work most frequently in academia (44%). Another 38% found “other” types of employment, such as in government, nonprofits or schools, while 18% found work in industry settings.<sup>2</sup> In 2017, new graduates with definite employment plans still found work most frequently in academia (48%). However, “other” types of employment decreased by 11 percentage points to 27%, while industry employment increased by 7 percentage points to 25%.

Psychology Research Doctorates With Postgraduation Commitments



Employment Settings for Psychology Research Doctoral Graduates With Definite Employment Plans



By Peggy Christidis, PhD, Luona Lin, MPP, and Jessica Conroy, BA  
For more information, contact APA’s Center for Workforce Studies at [cws@apa.org](mailto:cws@apa.org).

<sup>1</sup>Data are from National Science Foundation (NSF), National Center for Science and Engineering Statistics, 2004–17 Survey of Earned Doctorates. Retrieved from <https://www.nsf.gov/statistics/srvydoctores/#tools&tabs-2>. All data are based on the tables “Definite postgraduation commitments of doctorate recipients, by citizenship status and major field of study.” The use of NSF data does not imply NSF endorsement of the research, research methods or conclusions obtained in this report. The data do not include PsyD recipients. The data include U.S. institutions only, and doctorate recipients who are either U.S. citizens or international students.  
<sup>2</sup>Industry employment includes self-employment.

## A NEW DAY IN IRELAND

Once extremely conservative, the Republic of Ireland has undergone radical social change. Psychological science is fueling that transformation.

BY REBECCA A. CLAY

**B**rendan O’Connell was born into a very different Ireland than the one he lives in today. “I was born in 1977, and until I was 16, it was essentially illegal to be me,” says O’Connell, a past president of the Psychological Society of Ireland (PSI), explaining that Ireland didn’t decriminalize homosexuality until 1993. Divorce was also illegal in 1977, as was abortion, even in cases of rape and incest. The Irish Constitution even included a ban on blasphemy.

Since those days, the Republic of Ireland has changed dramatically. In 1995, the nation made divorce legal, with voters in 2019 opting to liberalize the law by decreasing the required predivorce separation period from four to two years. In 2015, voters legalized same-sex marriage—the first nation to do so by popular vote. And in 2018, Irish voters repealed the constitutional amendment outlawing abortion.

“Ireland is now seen as being one of the most socially liberal countries,” says Terri Morrissey, who served as PSI’s chief executive officer from 2015 to mid-2019—a huge change from just 30 years ago when the

country was one of Europe’s most conservative.

While the waning influence of the Catholic Church explains much of this revolutionary social change, psychologists have also played a role by promoting psychological science on key issues, says Ian O’Grady, PSI’s 2019 president. “These issues have to be put forth from a scientific basis as opposed to an opinion basis,” says O’Grady.

### A CHANGE OF ATTITUDE

Clinical psychology is a relative newcomer to Ireland and started out closely tied to the Catholic Church, according to a history by Alan Carr, PhD, a psychology professor at University College Dublin. A priest established the country’s first psychology diploma program in 1958, a program Carr says was distinguished by its “Catholic ethos.” That ethos prevailed in the voluntary organizations that provided services to those with mental health problems and intellectual disabilities as well as in state-run facilities. The first clinical psychological service opened in 1955 at the Saint John of God Child Guidance Clinic, and accredited professional training programs opened in the

Participants march in the Dublin Pride Parade on June 29, 2019. Ireland legalized same-sex marriage by popular vote in 2015.



late 1970s. Since then, says Carr, psychology has flourished.

But as psychology has grown, the influence of the church has waned, says Vincent McDarby, PhD, PSI’s honorary secretary and a private practitioner in Dublin. Waves of scandals—including sexual abuse and its cover-up and the discovery of mass graves of babies at former homes for unwed mothers—have lessened the church’s authority

over both the Irish government and the Irish people. “There was a big turn against the church from a lot of society,” says McDarby. Over the past few decades, the percentage of regular massgoers has plummeted from 80% to 30%.

The decline of the Catholic Church isn’t the only reason for Ireland’s transformation, says Tom Inglis, a professor emeritus of the School of Sociology

at University College Dublin. While the church’s scandals acted as a catalyst that increased the rate of change, he says, that change would have happened even without them. Television, the internet and social media have also contributed, as have increased travel and migration. “It was the media that became the first dent in the dam that the church had built to prevent secularization from sweeping into

Ireland,” he says.

One sign of the nation’s secularization: In 2018, the Irish overwhelmingly voted to remove the blasphemy ban from their constitution following a 2015 kerfuffle over comedian Stephen Fry’s description of God as “stupid” and “mean-minded.” While that repeal has had no real-life impact, since no one was ever prosecuted under the law, the nation’s ever-increasing secularism has also led to dramatic changes that have had a big impact on people’s daily lives.

Take abortion rights. Abortion had been illegal in Ireland since 1861. In 1983, voters moved to ensure its continued illegality by adding an Eighth Amendment to the constitution to give equal rights to life to pregnant women and fetuses. “People were very fearful even about saying the word ‘abortion’ until the last couple of years,” says Barbara Western, former chair of PSI’s Special Interest Group in Perinatal and Infant Mental Health.

But in 2018, Irish voters repealed the Eighth Amendment, with PSI taking a public stand in favor of that move—spurred by its Science and Public Policy Committee, chaired by Morrissey. “We felt it was very important that psychologists bring robust, valid evidence to the debate,” says Western, explaining that in the absence of Irish research the group drew heavily on the 2008 *Report of the APA Task Force on Mental Health and Abortion* and other research from abroad.

The group produced a discussion paper dispelling myths

about abortion, then boiled it down into a five-item fact sheet to make the research more easily publishable in local newspapers. The main message—that abortion does not harm women’s mental health, with the overwhelming majority expressing relief post-abortion—appeared in *The Irish Times*, *Irish Examiner* and other outlets. Abortion is now legal up to 12 weeks into pregnancy and even later in cases of fatal fetal problems or threats to a woman’s health or life.

Psychologists have also

its guidelines, which note that empirical studies have not found reliable differences between the children of same-sex and heterosexual parents. PSI also drew on APA’s work, citing a 2012 statement emphasizing that there is no scientific evidence showing a relationship between sexual orientation and parenting effectiveness. The society also proffered scientific evidence when it came to a 2019 debate about sexual orientation conversion interventions. “One of our politicians had suggested that

**In addition to providing a factual basis for public debate, psychologists are ensuring that their peers are prepared to deal with social change in their own consulting rooms.**

helped transform the rights of sexual and gender minorities in Ireland. In this case, PSI had to counter inaccurate research about the impact of same-sex parenting on children disseminated by the Alliance for the Defence of the Family and Marriage, an Irish initiative that aims to “promote and defend the traditional family.” The alliance claimed that same-sex parenting damages children emotionally, sets them back educationally and renders them much more vulnerable to sexual abuse. As with the abortion referendum, PSI disseminated psychological evidence to inform the marriage equality debate that culminated in the legalization of same-sex marriage in 2015.

In the debate, PSI pointed to

conversion therapy was an OK practice, so we launched quite a strong media campaign to refute that,” says O’Grady.

In addition to providing a factual basis for public debate, psychologists are ensuring that their peers are prepared to deal with social change in their own consulting rooms. In 2015, PSI released its first “Guidelines for Good Practice With Lesbian, Gay and Bisexual Clients.” While the guidelines need to be updated to include transgender patients and other issues—a task that’s on the society’s agenda—their very existence sends a strong message to sexual and gender minorities and the society at large, says O’Connell. The guidelines’ incorporation into PSI’s ethics code also gives

RESOURCES

**Psychological Society of Ireland**  
www.psychologicalsociety.ie

**Psychology and LGBT: Reflections on Equality and Diversity**  
*The Irish Psychologist*  
2019

**The Development of Clinical Psychology in the Republic of Ireland**  
Carr, A.  
In Hall, J., et al. (Eds.)  
*Clinical Psychology in Britain: Historical Perspectives*  
British Psychological Society  
2015

**The Psychology of Brexit: From Psychodrama to Behavioural Science**  
Hughes, B.  
Palgrave Macmillan  
2019

patients recourse if they encounter homophobia by psychologists.

PSI is also training practitioners to work with gender-variant clients. At PSI’s annual conference, for instance, Dublin psychologist Anne Kehoe, PhD, DClinPsych, and colleagues offered a full-day workshop to help psychologists learn practical skills for working with gender-variant youth. In 2015, Ireland became one of the few countries to allow adults to change their official gender on legal documents simply by declaring themselves a different gender, without need for medical or state intervention. “The fact that they can do that for themselves is very powerful,” says Kehoe, who says increasing numbers of psychologists want help understanding the evolving research base and terminology as they help patients explore their identities.

**REMAINING CHALLENGES**  
Despite these radical transformations, many challenges remain in Ireland. Coping with the turmoil next door—the United Kingdom’s withdrawal from the European Union, or Brexit—is one. “When your neighbors burn their house down, now your house is at risk,” says Brian Hughes, PhD, a psychology professor at the National University of Ireland, Galway, who has studied the impact of Brexit.

Brexit could result in more than just what Hughes calls a “reboot of Irish national identity” as the island’s one community becomes two nations. It could also lead to a renewal of conflict

in the north, he predicts, explaining that it was the imposition of a border that sparked the Irish Troubles. “Border checks, watchtowers, military outposts at the border—these were the first targets for what went on to be full-blown paramilitary terrorism,” says Hughes. “And if troubles were to flare up, it would affect everyone on the island.”

In addition to the threat of violence, there could also be enormous disruptions to day-to-day life and shortages of food and other products, says Hughes, explaining that a customs barrier would present huge logistical difficulties.

Meanwhile, Ireland is still suffering the aftereffects of years-long economic whiplash. As recently as the 1990s, it was one of the poorest countries in Western Europe. In the early 2000s, however, foreign investment fueled an economic boom and earned the nation the nickname “Celtic Tiger,” with its gross domestic product per person jumping from 69% of the European Union average in 1987 to 136% by 2003. Then, between 2008 and 2014, the country suffered a severe economic downturn.

“It’s like we had no adolescence as a country,” says Jennifer Twyford-Hynes, DClinPsych, a chartered psychologist in Dublin. “We went from poor—not having much infrastructure or jobs—to being affluent.

The culture had to kind of catch up, and then there was the big drop-off.” As a result, Twyford-Hynes says she’s hearing increasing reports of couples who want to divorce but have to keep living with each other for financial reasons. And economic stress can lead to unhealthy coping strategies, she adds, noting that Ireland has one of the world’s highest rates of binge drinking among young women, for example.

Other pressing societal issues include homelessness and asylum seekers, says O’Connell, adding that psychologists must play an advocacy role in bringing the psychological science to bear no matter the issue.

Even in the arena of the rights of sexual and gender minorities, where so much progress has been made, work remains to be done, he says. Under current law, only parents who are biologically related to their children can put their names on their children’s birth certificates. Forthcoming regulations will allow same-sex couples who conceived via sperm donors from Irish fertility clinics to be deemed legal parents, but loopholes leave behind many parents—such as gay couples who use egg donors to have their babies.

“It’s easy to bask in the glory of our recent wins and significant change,” says O’Connell, “but that needs to be tempered, too. There is no inclusion until all are included.” ■

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# REDUCING HUNGER ON CAMPUS

Psychologists are studying the effects of food insecurity among college students and developing solutions to help

BY HEATHER STRINGER

**R**yan Pickering, PhD, an assistant professor of psychology at Allegheny College in Meadville, Pennsylvania, remembers feeling hunger pangs during his final exams in college. The son of a paper mill worker and an elementary school teaching assistant in rural Maine, Pickering was a first-generation college student. Because money was tight, he had selected the school's least expensive meal plan and it wasn't enough to carry him through the semester.

"Being hungry affected my concentration, and there were also social costs to being low income," says Pickering, who earned a bachelor's degree from the University of Maine at Farmington in 2008 and his psychology doctorate from the University of Maine in Orono in 2014. "I felt isolated when I couldn't go out to eat with friends, and the loneliness became exponentially worse when I couldn't go to the cafeteria." He hid these difficulties from family members to avoid burdening them, which further intensified the sense of isolation.

Now Pickering, who is a member of APA's Committee on Socioeconomic Status (CSES), is among a cadre of psychologists

who are addressing the problem of food insecurity—defined as lack of access to a reliable supply of nutritious food—on college campuses. A 2018 survey of 86,000 students from 123 two- and four-year institutions throughout the United States by the Hope Center for College, Community, and Justice, showed that 45% of respondents were food insecure in the prior 30 days. Rates of basic needs insecurity were highest for students who were financially independent from their parents or guardians, identified as LGBTQ or were racial or ethnic minorities.

To better understand how the worry over where their next meal is coming from affects students, psychologist Yu-Wei Wang, PhD, research director of the University of Maryland Counseling Center, conducted a study of more than 4,900 students at her school in 2017. She found that the lack of access to food affected every variable she was testing. Compared with students who had reliable access to enough food, students who were food insecure experienced significantly higher rates of depression, loneliness and anxiety. They also had lower self-esteem and lower

## FURTHER READING

**College and University Basic Needs Insecurity: A National #RealCollege Survey Report**

The Hope Center for College, Community, and Justice, 2019

**Creating a Community of Practice Among College Campus Food Pantry Directors in Michigan**

Price, C.E., et al.  
*Journal of Community Practice*  
2019

**Food Insecurity: Better Information Could Help Eligible College Students Access Federal Food Assistance Benefits**

U.S. Government Accountability Office, 2018

grade-point averages and were more likely to withdraw from the university before earning their degrees. During in-depth interviews with 23 students who grappled with food insecurity, Wang learned that unpaid internships and other training opportunities were often unrealistic because these students needed to use time outside of school to work and earn money to afford basic needs, which meant their future career opportunities could be limited.

"I also found that there was a lot of shame attached to being food insecure, and as a result, many of them don't feel comfortable asking for help," says Wang. Some students shared that they avoided the campus food pantry

because they were afraid of being judged or thought it was for people with even greater needs.

Stigma was also a theme that emerged when Heather Bullock, PhD, a psychology professor at the University of California, Santa Cruz, and her students hosted focus groups with 91 students at the university who identified as food insecure.

The University of California (UC) system, which includes 280,000 students and 10 campuses, had published data about the rates and impact of food insecurity on its campuses, but Bullock was eager to understand the daily lives and challenges of students affected by this problem. Through focus groups, she learned about the multitude of

barriers that prevent students from accessing the food they need to thrive.

"Students, for example, felt that they should be able to make ends meet on their own and shouldn't have to use nutrition assistance programs," Bullock says. "We need to reduce the stigma around food insecurity and increase the accessibility of these programs."

## STRATEGIES FOR REDUCING STIGMA

To give students an option for free food beyond the campus food pantry, Bullock worked with campus leaders to open a nontransactional café called Cowell Coffee Shop: For the Peoples. Student volunteers run

the shop—open 8 a.m. to 8 p.m. Monday through Friday and noon to 5 p.m. on Saturday—and serve coffee, tea, snacks and prepared meals free of charge for any UC Santa Cruz student. The shop, which receives funding through donations and the UC Office of the President, is also located close to the pantry in hopes of making the pantry feel more welcoming and to reduce stigma, Bullock says. Through the focus groups, Bullock also learned that students experiencing food insecurity felt overwhelmed by the application process for programs like CalFresh, California's Supplemental Nutrition Assistance Program (SNAP), which issues electronic benefit transfer cards that are accepted by most grocery stores and many farmers' markets for food purchases. The café offers CalFresh advising and information about other basic needs resources.

Bullock and Wang are also encouraging faculty to include a basic needs statement on course syllabi to inform students about resources on and off campus. Bullock regularly projects slides before class showing the definition and rate of food insecurity throughout the UC system and information about the university's basic needs website—an online hub with resources for food, housing, wellness and financial security.

Although increasing awareness about resources is a step forward, Harmony Reppond, PhD, was interested in exploring how the nation's 780 campus food pantries were meeting students' needs. In 2016 and



**Caleb Torres, a George Washington University student, regularly skipped meals his freshman year because he didn't have enough money to buy food.**

BILL O'LEARY/THE WASHINGTON POST VIA GETTY IMAGES

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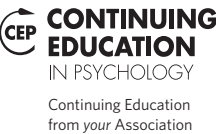
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**News Feature**

2017, Reppond, an assistant professor of applied social psychology at the University of Michigan–Dearborn, and her co-researchers organized a series of summits with more than 20 food pantry directors and staff from 16 Michigan college campuses as well as legislators Reps. Sander Levin (D-Mich.) and Debbie Dingell (D-Mich.).

The attendees identified six key areas for improvement, including increased awareness of the pantries among students and more partnerships between organizations on and off campus to support the service (*Analysis of Social Issues and Public Policy*, Vol. 18, No. 1, 2018).

Reppond also learned that some students were hesitant to access these services because of negative experiences with government programs in the past. “They worry that they will be asked questions about their economic situation that could potentially create red flags in other social welfare systems, like Child Protective Services if they have children,” Reppond says. By shedding light on such barriers, Reppond hopes that researchers and policymakers will be more motivated to develop solutions that help food pantries better serve students.

Levin is one legislator who took action after participating in Reppond’s 2016 summit. He co-sponsored the College Student Hunger Act of 2017, which would increase the number of U.S.

students who are eligible for SNAP if it is passed. Reppond’s research also attracted the attention of the U.S. Government Accountability Office, whose leaders interviewed Reppond and later reported the fact that many students are not eligible for SNAP. Their report also recommended ways to reduce barriers to the federal nutrition program.

The state and national interest in Reppond’s research fuels her hope that more students will have reliable access to nutritious food in the coming years. She’s eager to see more psychologists leverage their scientific expertise to tackle this problem, such as by writing technical reports about studies to share with nonacademic audiences. “It’s actually something that can be fixed, and by reducing the rate of food insecurity, we can improve outcomes for students who are trying to get an education,” she says.

Pickering and the other CSES members, along with Deborah Fish Ragin, PhD, Christina Shane-Simpson, PhD, and other members of APA’s Committee on Associate and Baccalaureate Education (CABE), are developing a fact sheet and policy brief about food insecurity on campuses, as well as a symposium for APA 2020 in Washington, D.C., to bring even more attention to this issue and other poverty-related issues affecting college students. ■

**Dr. Ashley Batastini**

University of Southern Mississippi  
*Reaching the Restricted: Examining the Feasibility and Effectiveness of a Novel Psychosocial Intervention for Female Inmates in Administrative Segregation*



**Dr. Jonathan Stange**

University of Illinois at Chicago  
*Regulation in the Real World: Real-Time Assessment of Suicide Risk in Context*



**Erika Esposito**

Graduate Student, University of Rochester  
*Suicide Risk Among Transgender Youth: A Multimethod, Multi-informant Examination of Gender Identity*



**Dr. Luz Garcini**

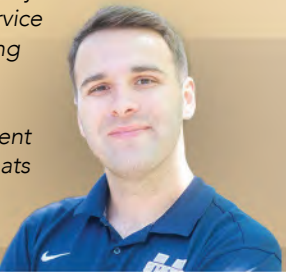
UT Health San Antonio  
*How Does Contextual Stress Get Under the Skin of Young Undocumented Immigrants? Identifying Mechanisms of Risk and Resilience*



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Emory University  
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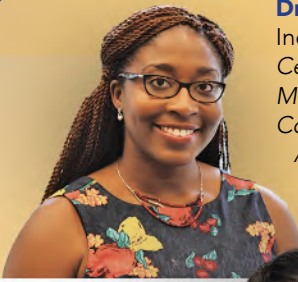
**Susan Murray and Naoise Mac Giollabhui**

Graduate Students, Temple University  
*Examining the Roles of Socioeconomic Status and Relevant Health Correlates (Body Mass Index, Diet Quality, and Inflammation) for Neuropsychological Function in Young Adults*



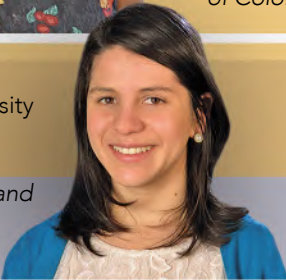
**Dr. Kerrie Wilkins-Yel**

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*Centering Those at The Margins: Understanding Counterspaces as an Avenue to Advance STEM Persistence Among Women of Color*



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# ENDING HIV

The Trump administration has a plan to end the U.S. HIV epidemic by 2030, but psychologists say it won't succeed without addressing the psychosocial issues driving the epidemic

BY MELODY SCHREIBER

About 1.1 million people in the United States have been diagnosed with HIV, and each year about 39,000 more learn that they have the virus. Meanwhile, fewer than half of those living with HIV have the virus under control, according to the Centers for Disease Control and Prevention (CDC), and only about 15% of those at high risk for contracting HIV are being treated with pre-exposure prophylaxis (PrEP), a drug that protects against the virus.

In his 2019 State of the Union address, President Donald J. Trump announced an ambitious new goal: to stop the HIV epidemic in the United States by 2030. By focusing on “hot spots” of new infections—48 U.S. counties, seven rural states and two cities—the administration aims to reduce new infections by 75% over the next five years and by 90% over the next decade. In October, the Department of Health and Human Services (HHS) through the CDC awarded \$13.5 million in its first round of funding to local and state departments of health, and the fiscal year 2020 HHS budget will include \$291 million in new

funding to address the HIV epidemic.

However, how all of that money will be used is still an open question. The Substance Abuse and Mental Health Services Administration (SAMHSA), for instance, did not receive additional funding in the president's plan to address the epidemic, and some experts are concerned that this omission reflects a largely biomedical approach from the Trump administration, when a behavioral approach may be equally important.

“We were really glad that [HIV] became a topic again,” says Monica Ulibarri, PhD, chair of APA's Committee on Psychology and AIDS (COPA) and associate program director in the California School of Professional Psychology's clinical psychology PhD program in San Diego. But, she says, addressing issues such as mental health and substance use is “half the battle” in ending the HIV epidemic. “If you have the medications but you don't bring people to them, you can't use those tools.”

## BARRIERS TO CARE

The administration's plan has four prongs: prevent new cases of

HIV through prescribing PrEP to those at high risk, diagnose all of those with the virus, treat them with antiretroviral therapy medications and respond rapidly to emerging hot spots of new infection. The last aspect is key because many new cases of HIV in the United States are found in close-knit communities and geographic regions, such as the 2011–14 outbreak in Scott County, Indiana, where the virus quickly spread among people sharing drug-injection equipment.

Officials say the plan will allow counties, states and districts receiving federal funds to decide where to allocate funding—so if Scott County, for instance, decides that substance use counseling would help curb the epidemic among those who use drugs, local officials could put some of the funds toward counseling. But because behavioral health is not explicitly part of the plan or mentioned in its four main areas of focus, some experts worry that officials implementing the plan across the country may not realize that psychosocial resources are necessary or even permissible under the federal funding. And while the plan does target geographic hot spots, it is less successful at



JASON HENRY/THE NEW YORK TIMES/REDUX

prioritizing the specific communities in those areas that are the hardest to reach with health care, says psychologist Jennifer Brown, PhD, an associate professor of psychiatry at the University of Cincinnati College of Medicine and a COPA member. “Often-times those are the communities at greatest risk for acquiring [and] spreading HIV.”

Indeed, U.S. HIV infection rates are growing most rapidly in the communities that face significant challenges in accessing health care, including among Latinx people, African Americans, American Indians and Alaska Natives, men who have sex with men, transgender

people, sex workers and people who inject drugs. And the region of the country where HIV infection rates are increasing fastest is the South, especially the rural areas. Only about 37% of Americans live in the South, but the region sees more than half of all new HIV infections in the United States.

Without addressing the tangled web of issues that make tackling the HIV epidemic in these communities so challenging, some psychologists say, ending the epidemic isn't possible. Those issues include stigma, discrimination, racism, homophobia and transphobia, as well as the ways in which those

**The administration's plan aims to stop the HIV epidemic by prescribing antiretroviral medication to people with HIV and PrEP to those at high risk of acquiring it.**

biases interact with existing health barriers like poverty, lack of health insurance and a paucity of providers. Many patients have difficulty adhering to medication regimens, which is complicated by social issues such as unsteady income, unstable housing and food insecurity, as well as cultural insensitivity or lack of knowledge on the part of some providers. And many people at risk for or living with HIV also have comorbid conditions, such as exposure to trauma and violence, substance use disorders and mental health issues.

These aren't just complications to overcoming the epidemic, says clinical psychologist Robert Remien, PhD, director of the HIV Center for Clinical and Behavioral Studies at Columbia University, which is funded by the National Institute of Mental Health. “These are drivers of the HIV epidemic.”

## INTERVENTIONS THAT WORK

Psychologists are uniquely qualified to help address many of these barriers, says Remien, who was on a New York state governor's task force to develop a plan to end the HIV epidemic in the state. They can help by identifying those who may be living with HIV or more likely to acquire HIV, offering them HIV counseling and helping them stay in care. They also have a deep understanding of how certain experiences and behaviors—including exposure to trauma and violence, substance use disorders and mental health issues—drive risk by leading to risky sexual behaviors or injection drug use.

“There’s a real emphasis right now on biomedical strategies, whether that’s PrEP for prevention or getting individuals living with HIV onto antiretroviral medications,” Brown says. But psychologists understand that reaching people who need the medications and getting them to take the pills regularly are enormous challenges that have more to do with behavior than anything else.

In one study of men who have sex with men, for example, she and her co-authors found that among participants living with HIV, stigma often led to depression—and that depression

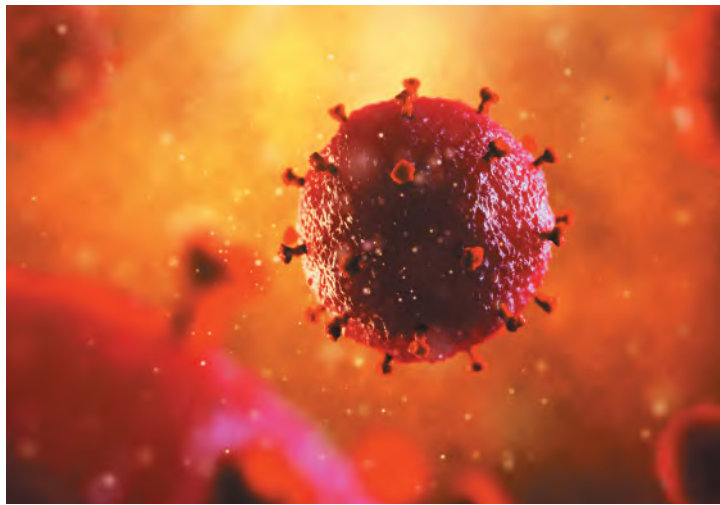
diminished patients’ ability to adhere to their medication regimens (Mitzel, L.D., *AIDS and Behavior*, Vol. 19, No. 8, 2015). The study concluded that effective HIV adherence programs need to include treatment for depressive symptoms.

Treatment for mental health and substance use disorders is important for prevention as well as treatment adherence. In Ohio, where Brown lives, the HIV epidemic has shifted toward individuals who use opioids and other drugs, she says. In an analysis of randomized controlled trials with more than 1,300 total participants, she

and her colleagues found that addiction treatment was often associated with decreased risky sexual behaviors, such as those that could lead to HIV (*Prevention Science*, Vol. 19, No. 6, 2018).

Iván Balán, PhD, a clinical psychologist and research scientist at the HIV Center for Clinical and Behavioral Studies at Columbia University and a COPA member, studies sexual risk behavior among men who have sex with men, among other topics. He stressed the importance of listening to patients and working with them toward their goals. For instance, providers who offer PrEP may be eager to

Each year about 39,000 people in the United States learn they have acquired HIV.



get at-risk patients on medication as quickly as possible—but if patients aren’t ready to take it, they won’t. “Just because we as providers are ready for someone to begin on PrEP doesn’t mean that they are ready to do so,” Balán says. Instead, providers need to engage with such patients—a field in which psychologists often have experience they can share, he says. Balán recommends “motivational interviewing,” a patient-centered counseling approach with demonstrated efficacy in facilitating behavior change, including improving treatment adherence. Instead of asking, for example, why patients didn’t take their medication on a certain day, Balán will ask them what helped them take it on the days they were successful—thus helping the patients solve problems and set goals.

“If their goals are to remain HIV negative or their goals are to achieve undetectable viral loads, you align yourself with those goals,” he says. “Because if we impose something on

them and they’re not ready, then they fail and the next time just becomes so much harder.” Balán and other researchers found that providers who used motivational interviewing while staying attentive to their community’s views of antidepressants helped Latinx patients stay on medications for depression (Lewis-Fernández, R., *Psychiatry: Interpersonal and Biological Processes*, Vol. 76, No. 3, 2013) as well as stay in behavioral therapy programs (*Cognitive and Behavioral Practice*, Vol. 23, No. 2, 2016).

On the basis of such research, psychologists recommend integrating mental health care and substance use treatment more fully into the Trump administration plan. For example, the Ryan White HIV/AIDS Program is a safety net program offering supportive services, including mental health care and substance use treatment, that help patients adhere to HIV treatment plans—and 86% of patients enrolled in the program have the virus under control.

“Those kinds of services and

programs work, but those are not available to everyone,” Remien says—including patients on PrEP. “There’s not an equivalent of the wraparound services if you’re not living with HIV.”

Jessica Sales, PhD, associate professor of behavioral sciences and health education at Emory University in Atlanta, says that addressing social and psychological factors is crucial to ending the epidemic. Without supporting patients’ psychological and socioeconomic well-being, she says, “we will likely still be in a similar place.”

Psychologists and other researchers also emphasize the need to change federal policies to reach marginalized people. That includes addressing cuts and limits to Medicaid, the Affordable Care Act and other programs that provide reproductive health services, harm reduction, safe housing, food assistance, disability benefits and more. And laws and court decisions removing legal protections for sexual and gender minority individuals and other marginalized groups mean that those who are at risk for HIV or who have tested positive for the virus may not feel comfortable accessing needed services for fear of being refused services or facing discrimination.

“Some of the rhetoric that’s happening in this country around sexual orientation and gender identity is not helping these efforts,” Remien says. “Battles over bathroom rights or all that stuff.... It’s rhetoric, but it’s also the policies that are coming from that rhetoric—that are working against our goal of ending the HIV epidemic.” ■

APA ACTION  
ADVOCACY ON HIV PREVENTION

APA supports the Trump administration’s new initiative to address HIV but is concerned about the **lack of new resources for behavioral health services**. “That’s a major gap,” says Leo Rennie, APA’s senior director of congressional and federal relations. “Additional resources need to go to dealing with mental health and substance use disorders, which are linked to HIV transmission and adherence.”

While the administration’s proposed cuts to social safety net programs and HHS funding have largely been ignored by Congress, they remain troubling, he says, because people living with HIV are particularly reliant on these programs. That’s why APA is leading advocacy efforts to **increase federal funding for SAMHSA’s Minority AIDS Initiative**, the main source of funding

for integrating HIV screening, care and treatment into publicly funded mental health and substance use services.

“We’re recommending a \$44 million increase in SAMHSA funding for the agency’s Minority AIDS Initiative,” Rennie says. “Those resources would go to prevention, treatment and recovery support services, HIV testing and linkages to care in mental health and substance use clinics.”

APA signed a letter sent to the House and Senate Appropriations Committees on Oct. 15 written by the Federal AIDS Policy Partnership, a national coalition of 120 organizations, advocating for the highest possible funding levels for domestic HIV programs.

In addition, in August 2019, APA’s Council of Representatives passed a resolution on integrated behavioral

and biomedical approaches for optimizing HIV prevention. The resolution urges psychologists to continue to encourage the use of **HIV medications alongside behavioral health care**. It also recommends:

- More behavioral research on medication adherence and participation among those in treatment.
- Additional research on mental health, substance use and behavior change among those at risk of HIV infection.
- More collaboration among those working to address HIV and other sexually transmitted infections by combining medicine with behavioral health approaches.
- Promotion of public policies at every level, from Congress and the executive branch to state and local governments, that support increased interdisciplinary training, practice and research.

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## Conversation

### 4 QUESTIONS FOR SARAH C. MANGELSDORF

The University of Rochester president wants to increase faculty diversity and lower student debt

BY JAMIE CHAMBERLIN

As the daughter of a Swarthmore College physics professor and granddaughter of a Harvard University botany professor, navigating academia comes naturally to developmental psychologist Sarah C. Mangelsdorf, PhD, who took the reins as president of the University of Rochester last summer. Mangelsdorf brings with her every level of academic leadership experience—starting with serving as the first female psychology department chair at the University of Illinois at Urbana-Champaign, then as the first female dean of its College of Liberal Arts and Sciences, dean of the Weinberg College of Arts and Sciences at Northwestern University, and provost and chief operating officer at the University of Wisconsin-Madison.

At Rochester, she is aiming to build a stronger national reputation for the school and bring in more research funding. “The key to that is really focusing on important interdisciplinary issues that are bigger than any one field,” she says.

The *Monitor* asked Mangelsdorf about her plans to attract diverse talent and the challenges today’s students face.

**You have pushed for increasing faculty diversity in your previous roles. How will you do that at Rochester?**

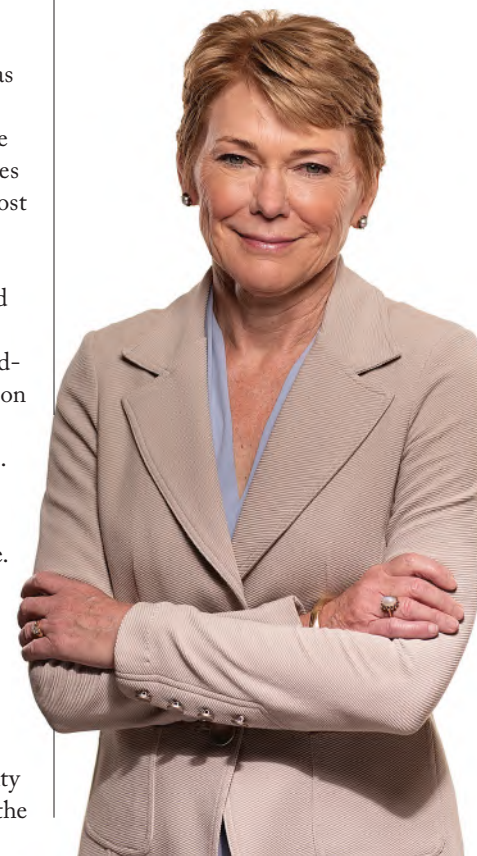
At Wisconsin, I fought hard for and built a special fund for recruiting faculty from underrepresented groups, called the

Target of Opportunity Program. I will be working on re-creating that here. If you are trying to diversify your faculty—whether it means hiring more women in fields where there are no women or hiring more faculty of color—you can’t just rely on your normal search processes. You have to be more aggressive and proactive. You must go to conferences, meet grad students and postdocs and know the pipelines in respective fields—something I really encouraged our department

chairs to do. Then, when there is an opportunity to hire someone, instead of missing out because there won’t be an opening in your department for three years, a chair can go to the administration and say, “If we can have the money right now, we can go recruit this star.”

**Campus sexual assault is another national issue of concern. How do you plan to address it?**

That is a challenging topic for all of us in academic leadership. The recent Association of American Universities (AAU) survey on campus sexual assault found that while there had been increases in people’s knowledge of what sexual assault and harassment are since the last survey in 2015, the rates of harassment and assault had not declined. That is discouraging. Will better education on sexual assault move the needle down the road? We certainly hope so. Here at Rochester, our reported rates of sexual assault and sexual harassment were lower than those of our AAU peers, but any level is unacceptable, so we are trying to improve our trainings and processes so that students know who to go to for help and know that there are resources available. We require faculty, staff and students to participate in sexual assault and sexual harassment prevention training. The training here is one of the best I have seen; it is quite comprehensive and very good in terms of pointing out subtle forms of harassment and emphasizing what faculty and staff should do when students come to them for help. It’s



COURTESY OF THE UNIVERSITY OF ROCHESTER

not okay to keep silent if a student says “Please don’t tell anyone” after they have just told you they have been harassed or assaulted. If a member of our community has been harassed or assaulted, we must do everything we can to address it.

**What are the biggest challenges today’s college students face?**

Stress and anxiety, because today’s students push themselves so hard. When I was in college, I had one major—psychology. Now, almost all the students I meet here have at least two majors and perhaps a minor and they are involved in everything. I know they will be successful, but I hope they don’t stress themselves out too much along the way. It is something I am interested in looking at more closely.

Another challenge is student debt. If your parents are saying, “This education

is really expensive and you really need to make the most out of this opportunity,” that adds to your stress and anxiety. At Rochester, we do our best to keep things affordable, but as costs rise, I do feel we need to get out there and raise more money for scholarships so students don’t graduate with a lot of debt. Right now, only about half of our students do: Our average total debt is \$25,000, which is not a high number when you look at national averages. But I would like to see that number decrease and for the percentage of students with debt to decrease.

**What aspects of your training have helped you succeed in leadership?**

One way being a psychologist helps me tremendously is that I know the importance of gathering data and looking for meaningful trends. If you have a program

in place to improve graduation rates, well, does it improve them? Look at the program and see if changing certain practices really helps more students graduate.

It also helps to be a psychologist because there is a lot of listening in my job. Listening to the life stories of alumni has always been fascinating for me and I have figured out ways to engage alumni to come back to campus and tell their life stories to students—many of whom are very anxious about the job market and want to know exactly what to do with the rest of their lives. These talks help students see that there are successful people who have done really interesting things with their lives that may have had nothing to do with their college major. They see that a college education helped those alumni become critical thinkers and that helped them find their paths. ■

# WILL THIS MAN REMAIN CONVICTED?

A Louisiana jury convicted a man of second-degree murder in a 10–2 vote before the state changed its law to require unanimous juries. The U.S. Supreme Court will determine whether his conviction will stand.

BY MAGGIE WITTLIN, JD, AND MARC W. PEARCE, JD, PhD, NEBRASKA COLLEGE OF LAW

In 49 states and in federal court, a jury must unanimously find a defendant guilty beyond a reasonable doubt in order to convict him of a crime. Only Oregon allows a jury to convict by a 10–2 vote and, until recently, so did Louisiana. Louisiana changed its law in 2019 to require unanimous juries, but for crimes committed before 2019, it allows a jury to convict over two dissenters. In 2016, a Louisiana jury convicted Evangelisto Ramos of second-degree murder for the 2014 killing of Trinece Fedison. While 10 jurors concluded that the state had proven its case beyond a reasonable doubt, two jurors voted against conviction. That vote was sufficient to convict, and Ramos was sentenced to life in prison without parole.

The U.S. Supreme Court heard arguments in Ramos’s case in October 2019. Ramos argues that his conviction by a nonunanimous jury violated the U.S. Constitution. The Sixth

Amendment grants criminal defendants the right to trial “by an impartial jury.” Nearly 50 years ago, the Supreme Court considered whether the Sixth Amendment jury right includes a right to a unanimous jury in a state criminal trial (*Apodaca v. Oregon*, 1972), but the court was fractured. Four of the nine justices concluded that the Sixth Amendment requires unanimity and four justices concluded that it does not. The remaining justice—Justice Lewis F. Powell Jr.—concluded that the Sixth Amendment requires jury unanimity in federal trials but that the right does not apply in state court. With five votes to affirm the Oregon defendant’s conviction in that case, the court held that the Sixth Amendment does not require unanimity in state prosecutions.

Now, Ramos seeks to overturn that decision. He argues that the history and purpose of the Sixth Amendment indicate that it requires unanimity to convict: Not only did the Constitution codify

centuries of English law requiring unanimity, but a unanimity requirement is necessary to foster adequate jury deliberation and to ensure jury verdicts that check prosecutorial bias and represent the entire community. The state of Louisiana, by contrast, is focusing on the absence of “unanimity” from the text of the Sixth Amendment in its case, arguing that unanimity is not necessary to achieve the core purpose of the jury right: to provide a verdict based on the commonsense judgment of community members.

A group of law professors and social scientists has filed a brief in support of Ramos, citing research demonstrating several benefits of a unanimity requirement. First, several studies have found that under a unanimity requirement, juries engage in lengthier and perhaps more thorough deliberations (Hastie, Penrod & Pennington, 1983; Davis, 1975; see Devine et al., 2001). Second, unanimous juries may achieve more accurate results: In one mock-jury study, juries operating under a nonunanimous decision rule were more likely to convict the defendant of first-degree murder, even though the facts didn’t support a conviction for that serious crime (Hastie, Penrod & Pennington, 1983). Third, nonunanimous juries may suppress the views of jurors of color. A recent study of 199 nonunanimous verdicts in Louisiana found that black jurors were about 250% as likely as white jurors to cast a not-guilty vote that was overridden by other jurors voting to convict (Frampton, 2018). Finally, participating jurors and the public have reported feeling more confident in the results of unanimous verdicts (Saks, 1997; MacCoun & Tyler, 1988).

The court will decide Ramos’s case by the end of June. ■

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



**AT ISSUE**

**Does a conviction by a nonunanimous jury violate the Constitution?**



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Many ethical problems involve practitioners who believe they have patients' best interests at heart.



## CE Corner

# CE

## CONTINUING EDUCATION COMMON ETHICAL MISSTEPS AND HOW TO AVOID THEM

BY AMY NOVOTNEY

**W**hen it comes to issues of professional competence, APA's Ethics Code requires psychologists to prepare before practicing in a new area, typically through advanced coursework, training or at least supervision. That's a lesson licensed child and family psychologist Nancy McGarrah, PhD, says she wishes she'd learned earlier in her career—before she found herself on the witness stand in a therapy patient's child abuse case, with no training in forensic psychology and little understanding of how to testify in court or stay within her role as treating psychologist. She was providing professional opinions and advice beyond her role and level, and the oversight could have landed her in front of a psychology licensing board for working outside her scope of practice, she says. So, she took

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

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3. Describe strategies that can help practitioners avoid these issues in their practice.

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steps to make sure it never happened again by getting training in court-related issues.

Most situations that land clinicians in front of licensing boards—or escalate to lawsuits and even a loss of license—start off gradually and often involve practitioners who believe they have their patients' best interests at heart, says Lindsay Childress-Beatty, JD, PhD, interim director of APA's Ethics Office.

"That's one of the biggest risk factors for a lot of psychologists—they often just want to be helpful," she says.

The *Monitor* spoke with ethics experts about three of the most common ethical risks for psychology practitioners—and steps practitioners can take to avoid these pitfalls.

### 1 WORKING OUTSIDE YOUR SCOPE OF PRACTICE

The requirement in Section 2.01 (Boundaries of Competence) of APA's Ethics Code seems straightforward, yet it's one of the most common concerns practitioners bring to APA's Ethics Office, says Childress-Beatty. "Practitioners may inadvertently get pulled into helping with something that's close to what they do but it isn't exactly what they do, and they often don't realize they've moved into an area that requires more specialized expertise or training until they are already in the midst of it," she says.

One of the most common areas of risk—as McGarrah found early in her career—is

getting pulled into court cases without forensic training, including when working with children whose parents are divorced or divorcing. In such cases, the psychologist may be hired as the child's therapist, then gets drawn into advocating for one parent or the other in a custody dispute.

McGarrah's advice for practitioners working in such situations is to have the parent bring in a copy of their divorce decree before the first session of the child's therapy. This document specifies the child's physical and legal custody arrangements. That ensures that if a parent who has joint custody tries to arrange a therapy appointment for the child without the other parent's consent, the psychologist can stop the therapy before he or she is involved in a custody dispute.

McGarrah also advises against giving opinions or letters of recommendation to the court on any issue related to child custody arrangements unless a child custody evaluation has been completed.

"Parental fitness can be discussed after evaluating only one parent, but parenting schedules and decision-making recommendations should only be made after a family evaluation, which requires practitioners to receive additional training," she says. She also recommends that psychologists who receive a subpoena or court order in a custody case seek guidance on how to respond from their malpractice carrier,

state psychological association or APA's Ethics Office before they head to court.

"Therapists can forget that there are two sides to the story and that they are being colored by their relationship with one person," Childress-Beatty says. "We hear often about therapists making custody recommendations when they have never even met the other parent."

Another example of a practitioner providing services outside of their scope of practice is offering medication advice to patients, such as suggesting a dosage change or offering an opinion on a new medication to try without appropriate training in psychopharmacology, says clinical psychologist Nancy Gajee, PhD, director of outpatient clinical services at Judge Baker Children's Center in Boston. She notes that often a mental health provider may not understand all the considerations that went into the medication decision, and without getting more information from the prescriber, their advice can result in confusion for the patient and potentially dangerous non-adherence with the prescribed medication regimen.

Rebecca Schwartz-Mette, PhD, the current chair of APA's Ethics Committee, says many practitioners push the boundaries of their competence because they're faced with patients who desperately need help and the practitioner thinks they can handle it. "The onus is really on psychologists to try to be as accurate as possible in self-assessment," says Schwartz-Mette, a professor of clinical psychology at the University of Maine. "We really need to

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be reaching out for consultation and training and support when it comes to areas [in which] we don't have expertise."

That advice is particularly true when it comes to practitioners working with patients who may be suffering from an eating disorder, Gajee says. While many clinicians are qualified to provide treatment for anxiety, depression and other co-occurring mental health issues that often accompany an eating disorder, she notes that eating disorders themselves can be very complex to treat and psychologists without specific training can face the risk of malpractice if they provide advice on nutrition, exercise or supplement use to these patients without consulting the patient's physician, nutritionist and other multidisciplinary team members.

2 NOT DOCUMENTING SUICIDALITY OR VIOLENCE

In the United States, suicide now ranks as the second leading cause of death for 10- to 34-year-olds. Screening for suicidality is an essential step both at the start of and throughout therapy, yet because suicide is a relatively infrequent occurrence in the practices of most psychologists, many practitioners aren't using the most up-to-date, reliable and accurate measures for suicidality, Schwartz-Mette says.

Further, it can be difficult to recall training you've had on a subject years ago in graduate school and respond appropriately to a crisis when it's not something you often deal with in your practice, Gajee says. "Even if you have good training in the appropriate

steps to take in these situations, until you've been in the room with someone who is actively suicidal, you probably don't have a sense for the range of skills this can require," she says.

It's important to stay up-to-date on the most current science on suicide assessment and the risk factors for suicidality, and to document *everything*, Schwartz-Mette says. "The liability to psychologists in this arena comes not so much from what the psychologist did or didn't do but from how it was documented," she says. "A good rule of thumb is that if it's not written down, it didn't happen, so you could face big problems if you're not documenting that you're assessing patients for suicidality and violence." Gajee agrees, noting that if a worst-case scenario happens—a patient dies by suicide or violently harms another person—there's a good chance the psychologist's records will be requested by the state mental or public health department or by a lawyer for the patient's or victim's family.

"Practitioners need to pay attention and probe further when patients are talking to them about how they're feeling, or if they mention wanting revenge for something," says Anne Huben-Kearney, RN, assistant vice president of risk management for AWAC Services Company, a member company of Allied World (the risk management arm of the American Professional Agency Inc., APA's professional insurance carrier). During any suicide and/or violence assessment, it's also important to ask about the patient's access to firearms and how they are stored, and then to



Psychologists can help prevent privacy breaches by educating patients about the risks of communicating by email and text.

document these conversations so that practitioners have this information on record if they are asked to provide it to a court of law or to law enforcement agencies at a later time, she says.

When it comes to preparing for a crisis situation, consult with colleagues who have expertise in working with volatile patients and educate yourself on when the duty to warn applies and what the state statute requires in terms of next steps, Huben-Kearney says. Some states, for example, indicate that the duty to warn only arises when there is an identifiable victim and the intended violence is imminent. Other states, however, have broader parameters, including a more general threat not limited to a specific person—for example, when a patient intends to commit serious violence in a public place

or when a patient says he or she is going to harm someone but won't tell the practitioner who. The National Conference of State Legislatures provides guidance on the duty-to-warn statute in each state.

3 FAILING TO PROTECT PATIENT PRIVACY

Today, technology and social media are part of most psychologists' personal and professional lives. But they can also create endless possibilities for risk for psychology practitioners, Schwartz-Mette says.

"It's hard to learn from experience and carry that forward in this arena when the technology platforms that we use and the required security measures are always changing," she says. "That's not really part of our skill set." One of the biggest

● The APA Ethics Office assists members by guiding them to relevant ethical standards of the Ethics Code that help address their ethical dilemmas. The Ethics Office may also help the member distinguish between those aspects of the dilemma that involve a legal question, require clinical consideration or relate to risk management. However, the Ethics Office does not provide legal, clinical or risk management advice. Please consult with your colleagues, licensing board, attorney or malpractice carrier for additional assistance as needed.

KEY POINTS

1 Psychology practitioners can avoid practicing outside their boundaries of competence by consulting with colleagues and the APA Ethics Office and by pursuing additional training.

2 Understanding current standards and evidence-based practices for assessing suicide and violence risk and knowing duty-to-warn laws helps practitioners avoid ethical concerns.

3 To prevent privacy breaches, psychologists should educate patients on risks and adhere to strict protocols when using email for treatment concerns or connecting with patients on social media.

things practitioners need to keep in mind is the importance of protecting patient privacy and confidentiality when it comes to using technology. The most common area where psychologists can run into problems with this is when a patient initiates a communication with their therapist through text or email.

"It's one thing to text about rescheduling an appointment, but patients often think it's OK to use text or email to communicate with their therapist about a new problem that has arisen or how their treatment is going," Huben-Kearney says. While a therapist may have an encrypted email program, the patient likely does not, and the information they share could be vulnerable to hackers.

To help protect yourself and your patients, Gajee recommends including information about email and text correspondence in your informed consent process, to ensure patients know up front that this is not a secure way to communicate medical information. If you use telepsychology in your practice, Schwartz-Mette says it is critical to get trained in how to use videoconferencing technologies safely and securely, to protect your patient. She also suggests becoming familiar with the APA Services *Guidelines for the Practice of Telepsychology*.

"I'm positive that there are practitioners who have no idea that they need to do x, y and z to safeguard their practice when conducting therapy online," Schwartz-Mette says. The *Monitor's* May 2017 CE Corner, "How to Make the Most of Telepsychology and Steer Clear of Pitfalls," is also a good resource

to consult on this topic.

Huben-Kearney also encourages practitioners to educate themselves on the appropriate use of social media, given the increasing number of calls her office and the APA Ethics Office receive related to how practitioners can and should respond to negative reviews on social media.

"Clients and families have a right to post anything they want about you, no matter how absurd or ludicrous or false it might be—but practitioners cannot respond due to patient confidentiality concerns," she says. She recommends that practitioners speak with an attorney or their malpractice agency and come up with a benign response, along

the lines of "We take criticism very seriously, and if there is any concern, please contact me at this number." Practitioners should never acknowledge online that the individual who wrote the review is a client, says Huben-Kearney. After they've obtained legal advice, Gajee encourages psychologists to discuss the issue with the patient privately, offline, to address their concerns and inform ongoing treatment. Sometimes these types of incidents are related to something that has come up in therapy and are therefore clinically relevant to the therapeutic process. Such feedback also has the potential to identify ways to improve the practice in the future.

### FURTHER READING

**APA's Ethical Principles of Psychologists and Code of Conduct**  
www.apa.org/ethics/code/ethics-code-2017.pdf

**Ethical Conflicts in Psychology**  
(5th ed.)  
Drogin, E.Y.  
APA, 2019

Practitioners should also create policies that educate patients by explaining the confidentiality and privacy risks related to telepsychology and social media use, such as not using email for treatment-related concerns and not connecting with the practitioner on social media, she says. One resource for this is the informed consent and social media policy compiled by San Francisco-based psychologist Keely Kolmes, PsyD.

"So many clients want to communicate by email and text these days, so it's critical for practitioners to let people know that, even if a practitioner has an encrypted system, most likely the client does not," Gajee says. ■



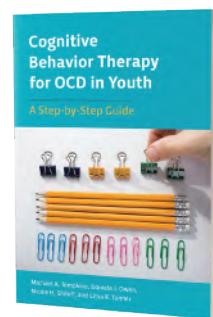
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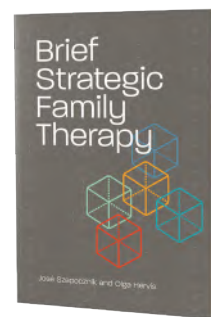
## New APA Books in Psychotherapy



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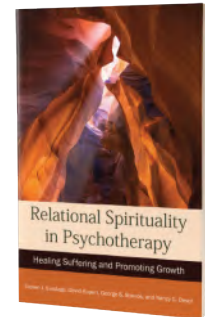
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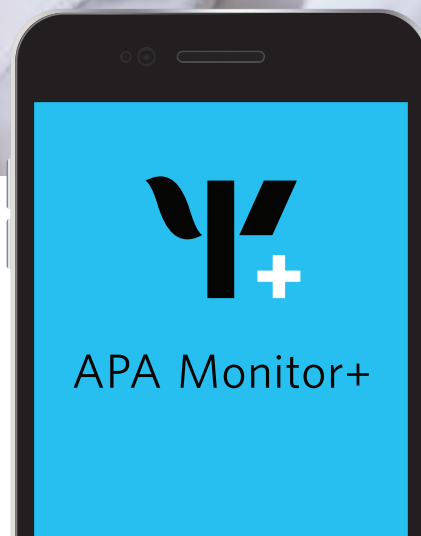
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# COGNITION AND CANCER TREATMENT

Psychologists and oncologists are developing tools and techniques to better diagnose and treat cancer-related cognitive impairment

BY CHRIS PALMER

**EVERY YEAR MORE THAN 650,000** cancer patients in the United States receive chemotherapy. During their therapy, some of them experience confusion, lapses in memory and attention, and difficulty concentrating, a collection of symptoms known colloquially by patients as “chemo brain” or “chemo fog” and more formally by clinicians as cancer-related cognitive impairment. This phenomenon has been studied most extensively in breast cancer patients, and different studies find from 15% to 75% of patients report experiencing it. Most fully recover within a year, but 20% to 35% continue to experience symptoms for months to years after their chemotherapy ends (*International Review of Psychiatry*, Vol. 26, No. 1, 2014). ¶ Studies consistently find that this impairment can undermine a person’s quality of life, yet for many it is so subtle that it is undetectable by oncologists, as well as close friends and colleagues. So far,

treatment options, mostly consisting of medications, cognitive skills training and exercise, haven't offered much relief. But now, research supported in large part by the National Cancer Institute (NCI) is identifying risk factors and developing diagnostic tools and treatments. ¶ "Our aim is to bring together cognitive psychologists, neuroscientists and oncologists," says Todd Horowitz, PhD, a program director at NCI. These interdisciplinary collaborations have generated some novel approaches: Researchers are zeroing in on the genetics of susceptibility to cancer-based cognitive impairment, developing a mouse model to study the impact of different chemotherapies on cognition and harnessing electrical brain stimulation to prime patients to succeed with cognitive skills training. ¶ Meanwhile, as researchers break new ground in the lab, health-service psychologists man the front lines, primarily using cognitive rehabilitation techniques to help patients improve their cognitive functioning.

SUBTLE BUT PERSISTENT SYMPTOMS

The signs of cancer-related cognitive impairment are more understated than those seen in people with Alzheimer's disease or mild cognitive impairment. They include memory-related deficits, such as having difficulty concentrating to learn new things or organize tasks, and being slower to process information. Other signs include having trouble concentrating on a single task, feeling mentally "slower" than usual and having trouble multitasking. In addition, cancer-related cognitive impairment is often accompanied by anxiety and depression. "It seems to be kind of a cyclical process," says neuropsychologist Shelli Kesler, PhD, an associate professor at the University of Texas at Austin LIVESTRONG Cancer Institutes. "Cancer and its treatments are inherently stressful and also tend to make patients less

resilient overall to stress." The medical community has been trying to understand cancer-related cognitive impairment since the late 1990s, though patients, primarily women receiving chemotherapy for breast cancer, had been reporting problems for years before that. However, complaints were often vague—"It's hard to think," "I'm slower at work," "I just can't do all the things I used to"—and physicians refused to accept that chemotherapy could be causing cognitive issues, because chemotherapies were not believed to cross the blood-brain barrier. "Many of my patients told me the same story: that their physician said it wasn't possible, and that they had anxiety or depression, rather than a real physical injury to their brain," Kesler says. However, a handful of animal studies in the mid-2000s showed that chemotherapy drugs could get through the blood-brain

barrier. Shortly after, a surge of neuroimaging studies provided biological evidence: Brains of chemotherapy patients had to work harder during memory recall than those of cancer patients who did not receive the drugs (*Clinical Cancer Research*, Vol. 15, No. 21, 2009). "The interpretation was that their neural networks had been altered, making the brain work much harder to do the same tasks," Kesler says. This research confirmed the reality of chemo brain for the medical community and patients. But how exactly chemotherapy exposure affects the brain is still under investigation. Potential mechanisms involve damage to DNA and DNA repair mechanisms, oxidative damage, inflammation, damage to white matter, reduced blood flow and decreased activity of the hypothalamic-pituitary-adrenal axis (*ASCO Educational Book*, Vol. 38, 2018). "There is evidence that chemotherapy ages you faster, including your brain," Kesler says. "The brains of these middle-aged women that we've studied sometimes look more like 60- or 70-year-olds." Her studies have shown that the brains of patients who have received chemotherapy have similar connectivity patterns to the brains of women who later develop Alzheimer's disease (*Alzheimer's & Dementia*, Vol. 9, No. 1, 2017). In addition, neuroimaging studies of brain volume—which generally shrinks with age—suggest chemotherapy leads to a decrease in both gray matter



and white matter (Simó, M., et al., *Neuroscience & Biobehavioral Reviews*, Vol. 37, No. 8, 2013). Blame for cancer patients' cognitive problems, however, may not fully rest with chemotherapy. Often patients get some combination of surgery with general anesthesia, chemotherapy and radiation, and they then may take endocrine therapies that affect estrogen levels for five to 10 years post-treatment. In addition, side effects of cancer treatment, including anemia, fatigue, insomnia, nutritional deficiencies and infection, have all been linked to thinking and memory problems.

A handful of studies with primarily breast cancer patients (but also colon and testicular cancer patients) also suggest that about one-third of patients had subtle cognitive deficits before any treatment began, indicating the body's physiological response to a tumor—including inflammatory processes or vascular changes around the tumor—could be disruptive as well (Olson, B., & Marks, D.L., *Cancers*, Vol. 11, No. 5, 2019).

WHO'S AT RISK?

Because not all cancer patients undergoing chemotherapy experience cognitive decline,

Neuroimaging studies have provided evidence that cancer treatment is linked with changes in brain structure and function.

“THERE IS EVIDENCE THAT CHEMOTHERAPY AGES YOU FASTER, INCLUDING YOUR BRAIN. THE BRAINS OF THESE MIDDLE-AGED WOMEN THAT WE’VE STUDIED SOMETIMES LOOK MORE LIKE 60- OR 70-YEAR-OLDS.”

SHELLI KESLER, PhD, THE UNIVERSITY OF TEXAS AT AUSTIN LIVESTRONG CANCER INSTITUTES

researchers are trying to find out who's most at risk. Not surprisingly, studies point to a combination of genetic and life-style factors. Epidemiological data suggest that multiple demographic and health characteristics are associated with susceptibility to cancer-related cognitive impairment. These include ethnicity, education level, cognitive reserve, psychological conditions such as depression and anxiety, and medical conditions such as diabetes, hypertension, sleep disturbance and fatigue. Tumor size, location and malignancy also play a role. A major genetic culprit, meanwhile, may be a gene variant that is also implicated in Alzheimer's disease risk: ApoE4. Jeanne Mandelblatt, MD, MPH, a geriatrician and epidemiologist at Georgetown Lombardi Comprehensive Cancer Center, and colleagues have found cognitive declines among cancer survivors were more pronounced for women with ApoE4 (*Journal of Clinical Oncology*, Vol. 36, No. 32, 2018). Paralleling her work with human patients, Mandelblatt is working with colleague G. William Rebeck, PhD, to use a mouse model to explore how chemotherapy can drive cognitive decline. In one study, they gave mice the chemotherapy drug doxorubicin and found that mice with the ApoE4 variant experienced more severe spatial-learning and memory deficits than mice without ApoE4 (Speidell, A.P., et al., *Neurotoxicity Research*, Vol. 35, No. 2, 2019). Mandelblatt hopes to use the mouse model to test

different chemotherapy types, one by one, to determine their effects on cognition and the brain. She and Rebeck would also like to use the model to test drugs that can prevent cognitive decline.

BETTER DIAGNOSIS AND TREATMENT

Even if a practioner has a general understanding of who is more likely to experience cancer-related cognitive impairments, symptoms are often so understated that they are difficult to diagnose. If a patient goes from high cognitive functioning to normal cognitive functioning, physicians may not be able to tell, even if the decline is obvious to a patient and their family.

“The syndrome is often discredited when patients referred for neuropsychological testing come out average or normal,” Kesler says. “First, the tests, originally designed to detect focal lesions from stroke rather than diffuse damage, sometimes aren’t sensitive enough to it. And second, patients are usually tested only after the problem has already occurred, so we don’t know what their baseline was.”

NCI has recently funded a study by Michelle Janelins, PhD, MPH, an associate professor of surgery and neuroscience at the University of Rochester Medical Center, to develop and test a battery of neurocognitive tests to determine if they are useful in identifying cancer-related cognitive decline. These tests will assess three cognitive components that have been shown to be particularly susceptible in cancer-related cognitive impairment—visual working

FURTHER READING

**Cognitive Rehabilitation for Cancer-Related Cognitive Dysfunction: A Systematic Review**  
Fernandes, H.A., et al.  
*Supportive Care in Cancer* 2019

**Cognitive Effects of Cancer and Cancer Treatments**  
Ahles, T.A., & Root, J.C.  
*Annual Review of Clinical Psychology* 2018

**Cognitive Changes in Cancer Survivors**  
Hardy, S.J., et al.  
ASCO  
*Educational Book* 2018

**Clinical Characteristics, Pathophysiology, and Management of Noncentral Nervous System Cancer-Related Cognitive Impairment in Adults**  
Wefel, J.S., et al.  
*CA: A Cancer Journal for Clinicians* 2014

memory, sustained attention and new learning 10 years post-chemotherapy. A preliminary analysis of 450 patients found that chemotherapy patient scores on the tests significantly declined six months after treatment, while control subject scores did not (*Journal of Clinical Oncology*, Vol. 36, No. 32, 2018).

Unfortunately, once cancer-related cognitive impairments have been identified, there are no medications approved specifically for treating the syndrome and options to treat symptoms are limited.

Early treatments for improving mental focus included stimulants such as Adderall and Ritalin, but clinical trials have generally shown that the drugs are not very effective, and they have side effects including increasing anxiety and interfering with sleep. The Alzheimer’s drug memantine was found to delay cognitive impairment following whole brain radiation therapy, but only for a short time (Brown, P.D., et al., *Neuro-Oncology*, Vol. 15, No. 10, 2013). Modafinil has also shown modest short-term benefits (Kohli, S., et al., *Cancer*, Vol. 115, No. 12, 2009). Studies with other neuroprotective medications, such as methylphenidate and donepezil, have been inconclusive (Wartena, R., *Journal of Cancer Metastasis Treatment*, Vol. 4, No. 59, 2018). Clinical trials are underway for other neuroprotective drugs, including lithium, fluoxetine, pioglitazone, ramipril and docosahexaenoic acid, as are trials for nicotine patches, ibuprofen and a host of antioxidants (Karschnia, P., et al., *The Lancet Oncology*,

Vol. 20, No. 2, 2019).

Results from cognitive skills training have also been disappointing, likely because chemotherapy saps patients of the ability to focus, according to Kevin Krull, PhD, a neuroscientist at St. Jude Children’s Research Hospital in Memphis, Tennessee. To help restore attention so survivors can get more benefit from training sessions, Krull, with a grant from NCI, has been exploring a treatment involving transcranial direct current stimulation (tDCS). Krull’s team uses 15-minute sessions of low-voltage tDCS to stimulate a neural network in the dorsolateral prefrontal cortex that they found was disrupted in previous studies with leukemia patients who had undergone chemotherapy. That stimulation creates a two-hour window during which the network seems to be primed for cognitive skills training. Krull says this pilot study has produced significant improvements in both objective and subjective indices of executive function after just 10 sessions.

In a separate effort, Kristina Hardy, PhD, a neuropsychologist at Children’s National Hospital in Washington, D.C., is investigating the potential of neural feedback technology to help improve attention problems in cancer patients who have had chemotherapy. The idea is to train patients to reduce their brain’s theta rhythms, which are thought to play an important role in learning and memory, and increase their focus and attention during cognitive training sessions.

Krull says that in lieu of an effective medication, what



is needed is a multipronged approach encompassing good sleep, physical activity, balanced nutrition, maintaining a healthy weight, not smoking or drinking, avoiding infection, engaging in cognitive skills training such as attention retraining, and the use of compensatory strategies—the earlier the better.

He recommends that psychologists be standard members of all oncology teams. “Why do we wait until the problems start?” he says. “We should be working from a preventative approach and starting to use these technologies to help enhance the skills and functions in those patients before they start experiencing deficits.”

PSYCHOLOGISTS’ ROLE

Currently, cancer patients are usually referred to psychologists only after reporting problems with cognition, says Tamar Press, PsyD, a senior psychologist at

Rusk Rehabilitation at New York University Langone Health.

“It’s fairly rare for most community cancer centers, or even the comprehensive cancer centers, to have a psychologist on site,” says Robert Ferguson, PhD, an assistant professor of medicine at the University of Pittsburgh School of Medicine.

Ferguson and Press say the most effective treatment that health-service psychologists offer cancer patients is cognitive remediation, in which an individual is taught alternate, or compensatory, strategies to supplement their current level of cognitive functioning. One typical compensatory approach is using written or digital resources, such as a memory book. “We have patients use an appointment book and check it every day and then write every night in a memory journal—what did they do that day, what did they talk about,” says

Psychologists help cancer patients by providing cognitive training and rehabilitation, as well as a place to discuss their fears and other aspects of their emotional lives.

Press, who typically works with patients for between two to three months and several years.

Ferguson also offers a cognitive-behavioral therapy called Memory and Attention Adaptation Training (MAAT), which consists of compensatory strategies and interventions to promote adaptive emotional coping with cognitive problems. MAAT can be delivered remotely, which is critical for survivors who have used most of their leave time from work to receive cancer treatment or live far from the cancer center.

Ferguson cautions that while cognitive symptoms are often attributed to cancer or cancer treatment, it can be a mistake to ascribe all daily memory and attention failure to cancer. “We want to help survivors entertain the idea that there may be other factors more within their control, such as being attentive, organized, well rested and managing their stress,” he says.

In addition to providing cognitive training or rehabilitation, Press says psychologists should emphasize patients’ emotional lives. “People with a terminal diagnosis need a place to talk about their fears and anticipations, because family members often struggle with these types of conversations.” One way Press supports patients is by offering group psychotherapy to help them learn how their cognitive functioning can fluctuate based on their emotional functioning. “If we don’t address the emotional distress of this experience, we’re probably not going to get far in improving the patient’s overall adaptive ability,” Ferguson says. ■



# TRIP of a LIFETIME

Can a single dose of a hallucinogenic drug lead to lasting improvements in mental health? Researchers are studying the potential of these drugs to treat such diverse conditions as severe depression, opioid dependence, anorexia and more.

BY KIRSTEN WEIR

In 2013, Kerry Pappas was diagnosed with stage 3 lung cancer. She endured surgery, chemotherapy and radiation, and then went back to her regular life. But she was struggling. “I felt paralyzed with anxiety—not only with the thought of death, but how to move forward in my life,” she recalls. ¶ A friend told her about a Johns Hopkins University School of Medicine study in which researchers were studying psilocybin (the compound in hallucinogenic “magic” mushrooms) to treat cancer-related distress. Not long after, Pappas found herself in Baltimore, swallowing a dose of psilocybin while a social worker on the Hopkins research team guided her through the experience. ¶ Overall, it wasn’t the enjoyable trip she’d expected. “I was plunged into the darkest, most despairing landscape,” she recalls. At first, in her altered state, she felt she was being shown a truth: that life was meaningless. Eventually, though, a glittering jewel emerged from the bleakness, accompanied by the words “Right here. Right now.” ¶ “I recognized that the jewel was me. I have worth and meaning,” Pappas says. “And

VIZERSKAYA/GETTY IMAGES

those words—‘right here, right now’—are still my mantra today.” ¶ It took Pappas some time to process what she’d seen. But she came away transformed. Since the treatment, she’s faced serious challenges, including the cancer metastasizing to her brain. She says she’s been able to face those setbacks as they come. “I live right here, right now. I’m not scared or full of anxiety,” she says. “The experience transformed my inner perspective on a cellular level. All these years later, I’m truly living.” ¶ Since Pappas’s experience with psilocybin in 2013, the field of research on psychedelic drugs has grown rapidly. The U.S. Food and Drug Administration (FDA) has granted “breakthrough therapy” designation to two medical research organizations studying psilocybin to treat depression, allowing them to fast-track development of the treatment. Meanwhile, a growing number of psychologists and their colleagues are studying psychedelics as potential treatments for other disorders including addiction and anorexia.

The research is still young, and sample sizes for most studies are small, but early studies hint that psychedelics combined with psychotherapy may lead to lasting changes in emotional well-being and mental health.

“In a single six-hour session, participants can have experiences that they interpret as being profoundly meaningful, with enduring positive changes years later,” says Roland Griffiths, PhD, founding director of the Johns Hopkins Center for Psychedelic and Consciousness Research. “There’s something profoundly important about these experiences.”

**ENDURING BENEFITS**

Research on the potential benefits of psychedelic drugs has a long but interrupted history. Drugs in this class—including psilocybin, mescaline (peyote), DMT and LSD—act on the serotonin 2A receptor, producing

hallucinogenic experiences. In the mid-20th century, scientists began studying whether these drugs could treat problems such as addiction and end-of-life distress. But the drugs developed a negative reputation in the backlash against the counterculture of the 1960s, and research dried up after Congress classified the substances as schedule 1 drugs in 1970 and made them harder to access for research.

In the late 1990s, after becoming interested in meditation and altered states of consciousness, Griffiths convinced Johns Hopkins and the FDA to let him study psilocybin. In early work, he and his colleagues showed that psilocybin could be administered safely in healthy volunteers and produce experiences that the volunteers described as among the most meaningful events in their lives. “The results were so striking, it

was a course correction for my career,” he says.

His team then began studying patients like Pappas who were facing distress from a life-threatening cancer diagnosis. They conducted a randomized double-blind trial and found a single high dose of psilocybin in combination with therapy led to large decreases in depression and anxiety and increases in optimism, life meaning and quality of life. At a follow-up six months later, 80% of participants continued to show clinically significant improvements in depression and anxiety (*Journal of Psychopharmacology*, Vol. 30, No. 12, 2016). Other labs found similar results. In a double-blind trial, Stephen Ross, MD, at New York University (NYU), and colleagues also showed that single-dose psilocybin led to rapid and enduring reductions in anxiety and depression among participants with life-threatening cancer (*Journal of Psychopharmacology*, Vol. 30, No. 12, 2016).

In light of such results, the field is blossoming. In 2019, Johns Hopkins and Imperial College London both launched centers devoted to psychedelics research. Meanwhile, research labs across the United States have begun exploring the compounds to treat a variety of mental health problems. Most modern research has been on psilocybin, though some labs have begun studying LSD and DMT. (Drugs like ketamine and MDMA are sometimes described as psychedelics, but they have different modes of action and different safety profiles than classic psychedelics.)



Many of these new studies are exploring psilocybin as a treatment for addiction. In one ongoing clinical trial, Michael Bogenschutz, MD, a professor of psychiatry at NYU, and colleagues are studying psilocybin to treat alcohol dependence. In a pilot study, they found that psilocybin increased abstinence in participants with alcohol dependence (*Journal of Psychopharmacology*, Vol. 29, No. 3, 2015). Psilocybin has also been shown to help smokers quit. In an open-label pilot study, Matthew W. Johnson, PhD, at Johns Hopkins, found that nine of the 15 smokers in the study who received psilocybin were

still abstaining from cigarettes at least 16 months later (*American Journal of Drug and Alcohol Abuse*, Vol. 43, No. 1, 2017). That’s noteworthy, considering evidence that only about 20% of people who use the nicotine patch or nicotine lozenges are still not smoking a year later (Baker, T.B., et al., *JAMA*, Vol. 315, No. 4, 2016).

Other researchers have shown that psilocybin can be an effective treatment for some people with depression. In an open-label trial, Robin Carhart-Harris, PhD, at Imperial College London, and colleagues tested single-dose psilocybin in 20 people with treatment-resistant

**Psilocybin received “breakthrough therapy” status from the U.S. Food and Drug Administration as a potential treatment for major depressive disorder, spurring more research on the drug.**

depression. Nineteen completed the trial, and all of them showed initial improvements in depression. Five weeks later, nine patients had marked reductions in depressive symptoms, and another four met the criteria for remission. The improvements were still evident at a six-month follow-up (*Psychopharmacology*, Vol. 235, No. 2, 2018).

His lab is now running a larger study comparing psilocybin therapy with a conventional antidepressant for treating severe depression. Two U.S. medical research organizations—COMPASS Pathways and the Usona Institute—are conducting trials of psilocybin for treatment-resistant depression and major depressive disorder, respectively, after receiving the “breakthrough therapy” designation from the FDA.

Elsewhere, researchers are looking at psilocybin to treat problems including anorexia, demoralization in long-term AIDS survivors and depression in people with early Alzheimer’s disease. “One of the most interesting features is that it appears as though psychedelics may be useful for treating a variety of psychiatric and behavioral conditions or disorders,” Griffiths says. “The prospect of transdiagnostic applicability is tantalizing—and unlike any medication approaches that we currently have in psychiatry.”

**SET AND SETTING**

Some research suggests that non-clinical use of psychedelic drugs is even associated with better mental health among the general population. Peter Hendricks,

**“THE PROSPECT OF TRANSDIAGNOSTIC APPLICABILITY IS TANTALIZING—AND UNLIKE ANY MEDICATION APPROACHES THAT WE CURRENTLY HAVE IN PSYCHIATRY.”**

ROLAND GRIFFITHS, PhD, JOHNS HOPKINS UNIVERSITY

HIGHWAYSTARZ/PHOTOGRAPHY/GETTY IMAGES

PhD, a professor of psychology at the University of Alabama at Birmingham, and colleagues gathered data from the National Survey on Drug Use and Health and found that people who reported using psychedelics at any point in their lifetime had lower odds of psychological distress during the past month, and lower rates of suicidal thinking and suicide attempts in the past year (*Journal of Psychopharmacology*, Vol. 29, No. 3, 2015).

That study doesn't show a causal link, however. Indeed, it's possible that people with better mental health are more open to experimenting with these drugs. And Hendricks and other researchers are not suggesting people experiment on their own. For maximum mental health benefits, they say, therapy is a key part of the process. "There's a big difference between taking a psychedelic drug at a music show when you're 17 and don't know what to expect and taking it in a therapeutic setting while working with a therapist to address a specific issue," Hendricks says.

All of the recent trials of psychedelics follow the "set and setting" model developed in the 1960s. The setting is often a comfortable room with soothing lights and music. Set describes the mindset a person brings to the experience. For an optimal mindset, participants typically have several counseling sessions with a psychologist or social worker before and after the psilocybin dose to help them prepare and then to process what they saw and felt. The therapist also sits with the patient for the six or so hours that the drug is

KEY POINTS

**1**  
Researchers are exploring psilocybin and other psychedelic drugs to treat problems such as depression and substance use disorder.

**2**  
Psilocybin-assisted therapy may elicit mystical experiences that cause participants to shift their worldviews and develop a new understanding or sense of self.

**3**  
Psychedelics research shows promise but is still early, and researchers caution that the drugs should only be used in clinical research settings under controlled conditions.



Preparation with a therapist is a key part of psychedelic treatment.

active to guide them through it. "The experience provides the possibility of change, but change doesn't just occur by itself," Bogenschutz says. "It's very different from other pharmacotherapies in the sense that we're looking at this as a way to facilitate a psychotherapeutic process."

With the right set and setting, these interventions seem to open the door to dramatic change. People often describe a mystical experience, marked by a sense of interconnectedness and the feeling that the experience is more true than everyday consciousness. Researchers have also found that people who report a mystical experience are more likely to derive meaning and enduring benefits from the event (Johnson, M.W., et al., *Pharmacology & Therapeutics*, Vol. 197, No. 1, 2019).

There's some evidence that psychedelics may produce these benefits by making the brain more malleable. Carhart-Harris and colleagues used fMRI to look at brain activity in people with treatment-resistant

depression who participated in a trial of psilocybin-assisted therapy. They found that activity in the brain's default mode network decreased during the acute phase of psilocybin but showed greater than normal activity one day later, along with improvements in participants' moods (*Scientific Reports*, No. 7, 2017). The default mode network is a network of interacting brain regions thought to be active when people are focused inward rather than on the outside world.

"Psilocybin seems to increase interactions across different brain areas and networks that don't normally speak to one another. It opens a window of neuroplasticity during which brain networks can be changed," Griffiths says.

CAUTIOUS OPTIMISM

While researchers are excited about the possibilities of psychedelics, they're also circumspect. The drugs themselves are quite safe, says Hendricks. "We know of no data that psychedelics are addictive, and there are no

withdrawal symptoms—but they can be used in a dangerous or inappropriate context," he says.

People can become frightened and disoriented and behave dangerously—in an altered state of mind, jumping out a window or running into traffic is a real possibility. And without a therapist to help them frame the experience in helpful ways, people might be left unsettled or even traumatized, Griffiths says.

Others are concerned that the drugs could trigger enduring psychotic illness in people at risk of schizophrenia. Though there is no hard evidence, there are anecdotal reports of people experiencing a psychotic break after using hallucinogenic drugs—that's why modern researchers exclude participants at elevated risk of serious mental illness.

Even in healthy people, the results are promising but

preliminary. Psychedelics researchers warn that it's too soon to draw firm conclusions, much less to recommend these drugs outside clinical research settings. "Those of us doing this research are interested in making a change to mental health treatment models to improve the lives of those who are suffering, but there's still a lot we don't know," Hendricks says.

Among the open questions is how best to conduct therapy sessions before, during and after a psychedelic dose. So far, investigators have implemented best practices that emerged during research in the 1960s, but none of the modern research has focused on the therapy itself.

Nevertheless, the field is moving forward, with more and more labs studying psychedelics and a number of clinical trials underway. Though public

funding has so far been scarce, private donors have kept the research afloat, and researchers are hopeful that large funders such as the National Institutes of Health will begin supporting the work in light of the positive trials. The renewed interest in psychedelics is a welcome development, says Charles Grob, MD, a psychiatrist at the David Geffen School of Medicine at the University of California, Los Angeles, who studies psychedelics to treat mood and anxiety disorders. "Psychopharmacology really hasn't developed any novel treatments in some time. There's a sense the field has stalled," he says. "Now, after almost half a century of quiescence, the field is resonating with the potential that the psychedelic model may have value. The question is: Are we ready for a new paradigm in mental health?" ■

UPDATE ON ECSTASY

MORE FRESH RESEARCH ON AN OLD DRUG

**T**hough it's not a classic psychedelic, **MDMA** (commonly known as **molly** or **ecstasy**) has psychoactive effects that also show promise as medical treatment. The drug promotes feelings of safety and empathy, both of which can be beneficial for treating **post-traumatic stress disorder (PTSD)**. In one study, researchers tested MDMA-assisted therapy among military personnel and first responders with PTSD who had not been helped with other treatments. After two sessions, a majority had marked reductions in symptoms (Mithoefer, M.C., et al., *The Lancet Psychiatry*, Vol. 5, No. 6, 2018).

The U.S. Food and Drug Administration has granted breakthrough status to MDMA

for treating PTSD, and phase 3 trials are now underway to test it in a larger population. Some researchers are also investigating the drug for other uses. In a pilot study, Charles Grob, MD, at the David Geffen School of Medicine at the University of California, Los Angeles, and colleagues found that MDMA-assisted therapy significantly reduced symptoms of **social anxiety** in young adults with autism for at least six months after treatment (Danforth, A.L., et al., *Psychopharmacology*, Vol. 235, No. 11, 2018).

"MDMA facilitates dialogue and interaction," Grob explains. "When taken alongside a skilled therapist, individuals feel they can safely recollect and work through their traumatic experiences."

FURTHER READING

Potential Therapeutic Effects of Psilocybin

Johnson, M.W., & Griffiths, R.R. *Neurotherapeutics* 2017

Behavioral Neurobiology of Psychedelic Drugs


Halberstadt, A., et al. (Eds.) Springer-Verlag 2018

Classic Psychedelics: An Integrative Review of Epidemiology, Therapeutics, Mystical Experience, and Brain Network Function

Johnson, M.W., et al. *Pharmacology & Therapeutics* 2019

The Renaissance in Psychedelic Research

*International Review of Psychiatry*, 2018 (special issue)



For researchers who study non-native species, such as giraffes in the United States, zoos are often the only feasible way to gain access to these animals.

# *If I Could Talk to the Animals*

More psychologists are collaborating with zoos and aquariums to better understand animal behavior and help these institutions achieve their conservation goals

*By Zara Greenbaum*

## The elephants at ZooTampa

do more than just eat, sleep and entertain visitors—they also participate in psychological research. In one recent study in which the elephants solved puzzles to retrieve food, for example, Lauren Highfill, PhD, a professor of psychology and animal studies at Eckerd College in St. Petersburg, Florida, found that the zoo's calves could solve more complex problems than its adult elephants, perhaps because the younger elephants were more behaviorally flexible (*International Journal of Comparative Psychology*, Vol. 31, 2018). Now, Highfill is testing the elephants' cooperation skills using a food-filled sled attached to a rope, which pairs of elephants must pull simultaneously to retrieve their reward. 🐘 Psychologists like Highfill, who also studies personality in dolphins, lemurs and bush babies,

conduct research that can lead to a deeper scientific understanding of the behavior and cognition of nonhuman animals. But such studies also provide several other benefits, including meaningful enrichment activities for animals and insights into ways zoos and aquariums can better meet the behavioral needs of their charges. And research in these settings serves another important purpose: It can help the public engage with science and an institution's broader conservation goals, which may include protecting endangered species or reducing waste and pollution.

"Where zoos and aquariums add value is by connecting people with animals," says Christopher Kuhar, PhD, executive director at Cleveland Metroparks Zoo and chair of the board of directors of the Association of Zoos and Aquariums (AZA). "That's

sometimes done with knowledge, but often with emotion—and psychologists are well positioned to study emotion, engagement and behavior change to understand how zoos can effectively make that connection."

These benefits are powering a larger trend toward zoos and aquariums increasingly embracing research, including by psychologists, as a key part of their public service missions. Around 25 institutions—about 10% of all facilities accredited by the AZA—now employ psychologists in full-time positions overseeing research, animal welfare and the visitor experience, according to an analysis by psychologist Terry Maple, PhD, director of animal wellness at the Jacksonville Zoo and professor emeritus at the Georgia Institute of Technology, and Meredith Bashaw, PhD, professor of psychology at Franklin

& Marshall College in Lancaster, Pennsylvania (Kaufman, A.B., et al., "Scientific Foundations of Zoos and Aquariums," 2019). Other zoos and aquariums partner with psychologists based at nearby universities who study animal behavior.

### UNDERSTANDING ANIMAL NEEDS

Thanks to the support of local communities and conservation-focused guests and donors, zoos and aquariums can afford to house animals that require significant care and resources, making them key partners for psychologists who conduct comparative and cognitive research. For researchers who study non-native species, such as elephants or giraffes in the United States, partnering with zoos is often the only feasible way to gain access to these animals.



Such collaboration also allows psychologists to seamlessly conduct comparative research across several species at one time. In Cleveland, for instance, psychologists are studying bears, giraffes and several primate species to better understand their personalities and cognitive capacities. In San Francisco, researchers are developing a puzzle to provide stimulation for the zoo's male black rhinoceroses.

"Zoo-university partnerships are a win for students and researchers because they can

access animals we could never afford to support, a win for zoos because the research contributes to animal wellness, and a win for animals because these partnerships ultimately spur conservation efforts in the wild," says George Rainbolt, PhD, dean of the University of North Florida's College of Arts & Sciences, which maintains a close partnership with the nearby Jacksonville Zoo.

Another upside is that these facilities provide an ideal setting for undergraduate and graduate

**Psychologists' research can help provide cognitive enrichment to animals who would need to hunt for food in the wild but lack such challenges in the zoo.**

students to learn techniques and technologies for observational data collection, as well as how to interact with zoo staff and the public.

But psychologists say one of the most rewarding aspects of conducting research at zoos and aquariums is that their work contributes to animal wellness—a research and practice domain Maple helped launch that integrates insights on human wellness with animal care. For one, the research itself is a form of cognitive enrichment for zoo animals that may be physically well accommodated but mentally understimulated.

"In the wild, these animals would be constantly problem-solving—hunting or foraging for their food or avoiding predators," says Highfill. "When we conduct cognitive research, it presents them with challenges they need

**"MORE AND MORE ZOOS AND AQUARIUMS NOW EMPLOY PEOPLE TO OVERSEE RESEARCH, ANIMAL WELFARE, TRAINING AND ENRICHMENT, AND PSYCHOLOGISTS ARE A GREAT FIT FOR THIS TYPE OF WORK."**

JACKIE OGDEN, PhD, FORMER VICE PRESIDENT OF ANIMALS, SCIENCE AND ENVIRONMENT FOR WALT DISNEY PARKS AND RESORTS

JEWBYE/GETTY IMAGES

to think through, which can make their lives more dynamic.”

In addition, such research sheds light on the needs of captive animals and points to ways zoos can improve their wellness protocols. At the Tennessee Aquarium, for instance, Preston Foerder, PhD, an assistant professor of psychology at the University of Tennessee at Chattanooga, is studying a group of nine male juvenile alligators—a dynamic unlikely to occur in the wild. But the insights he gains from his research—for instance, how removing and returning an alligator to an exhibit alters the group’s social organization—can help the aquarium provide a better habitat for the animals.

**SUPPORTING PUBLIC LEARNING**

Another key demographic stands to benefit from the work of psychologists in zoos and aquariums: the visitors. Not only can a trip to the zoo have therapeutic effects for visitors, including reducing stress (Sahrmann, J.M., et al., *Zoo Biology*, Vol. 35, No. 1, 2016), but these institutions also educate the public about scientific research and conservation.

“Sometimes people forget that science doesn’t only happen in test tubes,” says Heidi Harley, PhD, professor of psychology

and director of the environmental studies program at New College of Florida in Sarasota. “It’s good for the public to see psychologists doing live research so they know there are other ways of thinking about science.”

Harley collected the data for her studies of dolphin cognition, echolocation and sensory integration in front of a public audience at Walt Disney World’s aquatic attraction, The Seas with Nemo and Friends. She found that visitors spent more than four times longer at an animal exhibit when cognitive research was underway (*International Journal of Comparative Psychology*, Vol. 23, No. 3, 2010). Another survey of more than 7,000 zoo visitors showed that connecting with animals was linked to increased cognitive and emotional responses to the issue of climate change (Clayton, S., et al., *Environmental Education Research*, Vol. 20, No. 4, 2014).

Those insights have been key for psychologists who hope to design zoo attractions that both engage audiences and promote conservation behaviors. At ZooTampa, Highfill is testing the effect of “up-close encounters” between visitors and animals on the zoo’s main conservation goal: reducing the use of single-use plastic. Her team is surveying zoo visitors

**FURTHER READING**

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Palmetto Publishing Group, 2019

**Scientific Foundations of Zoos and Aquariums: Their Role in Conservation and Research**  
Kaufman, A.B., et al. (Eds.)  
Cambridge University Press  
2019

**Advances in Animal Cognition**  
Vonk, J.  
*Behavioral Sciences*, 2016

before, immediately after and one month following a penguin encounter in which visitors learn about plastic pollution and its effects on marine animals. Highfill is testing whether the exhibit affects visitors’ use of disposable straws, whether they bring reusable bags to the grocery store or otherwise reduce their plastic use.

“We’re hoping the experience helps visitors grasp how plastic waste can impact these animals so they might be more motivated to refuse a straw than they were before,” Highfill says.

Another collaborative research effort funded by the National Science Foundation and co-led by conservation psychologist John Fraser, PhD, past president of APA’s Div. 34 (Society for Environmental, Population and Conservation Psychology) and CEO of the think tank Knology, is assessing public perceptions of zoos and aquariums in partnership with more than half of the 238 institutions accredited by the AZA. The researchers are also assessing how these institutions can better meet their conservation goals.

With so many institutions using research insights to enhance conservation efforts, animal care and the visitor experience, roles for psychologists are now extending beyond zoo-university partnerships. Across the United States, in-house positions overseeing research, education, conservation and animal wellness are cropping up—and many of them are being filled by psychologists.

“More and more zoos and aquariums now employ people to



MICROGENGETTY IMAGES

oversee research, animal welfare, training and enrichment, and psychologists are a great fit for this type of work,” says psychologist Jackie Ogden, PhD, former vice president of animals, science and environment for Walt Disney Parks and Resorts and former chair of the board of directors of the AZA.

In her role at Disney, Ogden drew on her background in both animal behavior and industrial/organizational psychology to oversee care for 5,000 animals and lead a team of more than 650 employees. Throughout her tenure, she worked to build a broader culture of conservation among Disney staff, volunteers and visitors, including by encouraging employees to participate directly in conservation efforts and green behaviors.

For psychologists interested in working at a zoo or aquarium, she recommends joining

the AZA, which offers student memberships and an annual conference. University-based researchers hoping to partner with nearby zoos and aquariums can also use the AZA to make connections and to discover what zoo administrators seek to gain from research collaborations.

“Most zoos are working overtime. Even if they’re excited about research, it’s rarely their top priority,” says Highfill. “That’s why it’s important to approach them with projects that will be mutually beneficial.”

She recommends researchers start by asking zoos what questions they hope to answer and then design their research accordingly. For example, shortly after Foerder moved to Chattanooga, he learned that the Tennessee Aquarium wanted to create a public-facing demonstration of crow cognition. He designed an experiment to test

**Some psychologists are spurring conservation efforts by helping zoo visitors understand how human behavior affects animals’ habitats.**

the ability of American crows to solve problems using tools. The aquarium got their demonstration and Foerder collected data on an understudied crow species. That initial collaboration also launched an ongoing relationship between Foerder and the aquarium—and he now has more freedom to design studies based on his evolving research interests.

**PUBLIC PARTNERSHIPS**

Looking forward, zoo scientists hope to see increased collaboration between researchers at various institutions, which could lead to larger sample sizes and better standardization of research protocols.

Ogden also expects to see enhancements in the ways visitors experience and understand animals, including innovative applications of technology—for instance, virtual or augmented reality—to help people safely interact with and experience exotic species. For example, a zoo might offer visitors the chance to join a virtual gorilla trek, where they can walk and sit among a family of gorillas in their natural habitat, after observing the species at the zoo.

At the same time, psychologists are optimistic about the role they can play in shifting the priorities of zoos and aquariums to mitigate and even reverse the damage caused by humans in a rapidly changing world.

“Climate change and habitat destruction aren’t environmental problems—they’re human behavior problems,” Fraser says. “And if we want to change human behavior, we need psychologists on the front lines.” ■

**“SOMETIMES PEOPLE FORGET THAT SCIENCE DOESN’T ONLY HAPPEN IN TEST TUBES. IT’S GOOD FOR THE PUBLIC TO SEE PSYCHOLOGISTS DOING LIVE RESEARCH SO THEY KNOW THERE ARE OTHER WAYS OF THINKING ABOUT SCIENCE.”**

HEIDI HARLEY, PhD, NEW COLLEGE OF FLORIDA



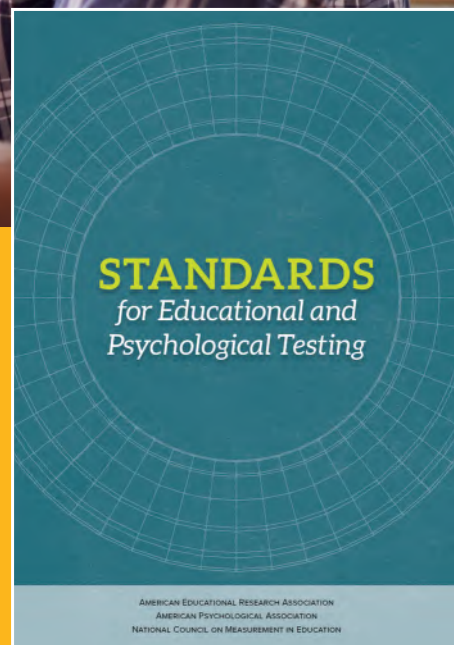
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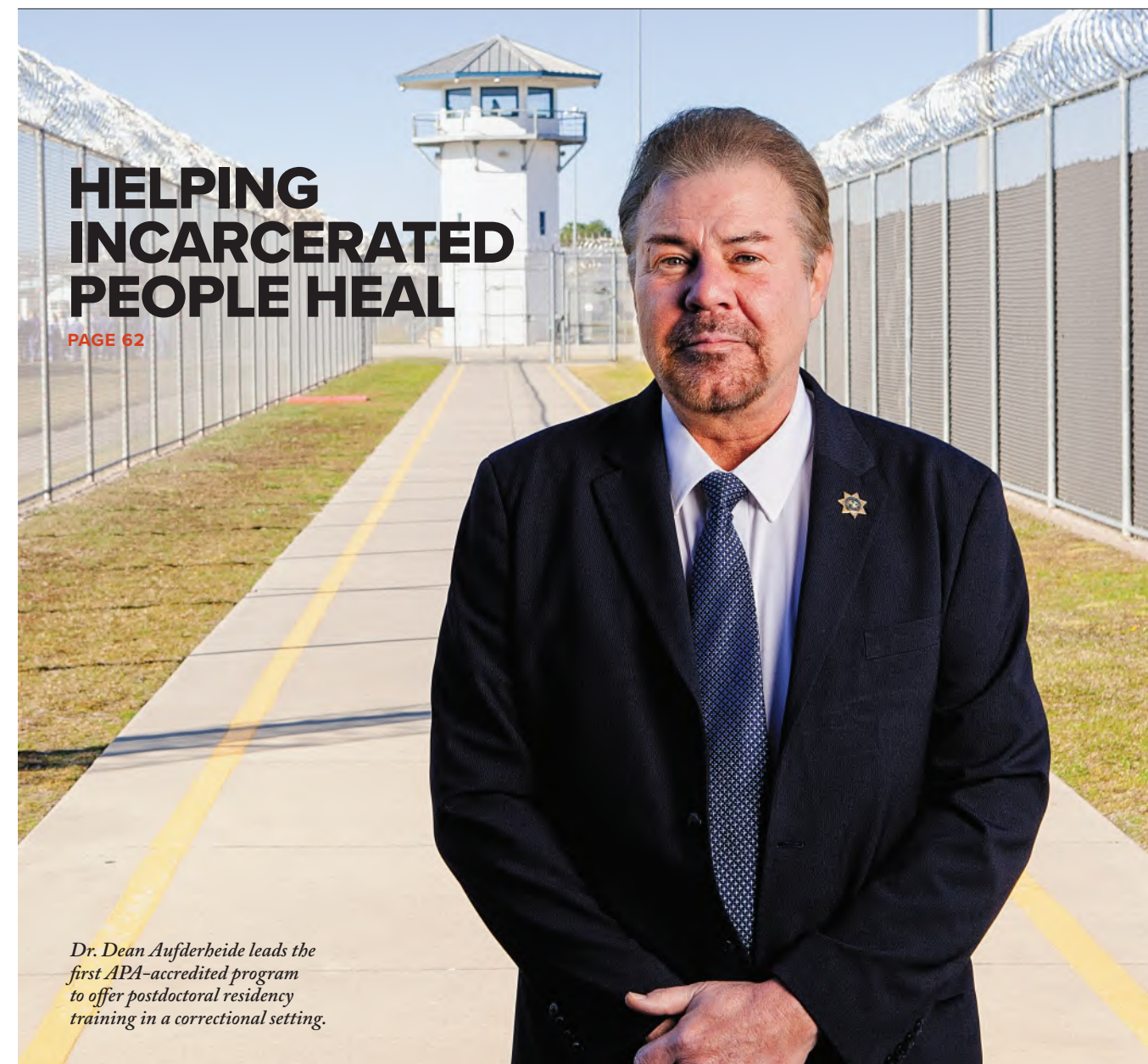
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# Career

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



MATT BURKE

**How to Write More Useful Assessment Reports** **PAGE 68**

**A Lab That Studies How Farmers Adapt to Climate Change** **PAGE 72**

## CAREERS IN CORRECTIONS

Providing care at prisons and jails offers compelling and meaningful work for many psychologists—and correctional institutions can't hire enough of them

BY HEATHER STRINGER

Dean Aufderheide, PhD, had never considered pursuing a career in corrections until his wife showed him an ad for a position at a men's facility 20 years ago. He was open to a new role at the time because the evening hours of his private practice afforded little time with his young family, so the work schedule and potential challenge of a prison setting seemed attractive. Aufderheide applied for and secured a senior psychologist position at Walton Correctional Institution in DeFuniak Springs, Florida, a decision that unearthed for him a deep passion to improve mental health care for inmates nationwide.

"Throughout my career, I've worked with patients in the hospital, community mental health, military and private practice settings, and the incarcerated population with mental illness has been the most rewarding and challenging group of people I've treated," says Aufderheide, now director of mental health services for the Florida Department of Corrections. "I get to foster a sense of hope and restoration in people who have often been disenfranchised and disregarded by society."

The demand for correctional psychologists is higher than ever because the institutions housing the nation's 2.2 million inmates have become de facto mental health facilities for people who struggle to access services in the community. In fact, about 10 times more individuals with serious mental illness are in jails and prisons than in state mental hospitals, according to a report from the Treatment Advocacy Center, a national nonprofit organization focused on eliminating barriers to treatment for mental illness. And, according to a survey of more than 100,000 inmates conducted by the Bureau of Justice Statistics, more than one-third of prisoners and 44% of jail inmates had been told that they had a mental health disorder at some point in their lives.

The roles for psychologists who work in correctional facilities are numerous. Some offer one-on-one therapy, while others provide crisis intervention for inmates in restrictive housing, also known as solitary confinement. Some psychologists are members of medical teams that support inpatient units, while others serve as the main mental health contact for wardens or

Working with incarcerated people has been his most rewarding work, says Dr. Dean Aufderheide, pictured at the Wakulla Correctional Institution in Crawfordville, Florida.



commissioners of a state system.

Here, psychologists share how they found jobs in corrections and the challenges and rewards of working with inmates.

### SUPPORTING JUVENILE OFFENDERS

Like Aufderheide, Tracy Shelby, PhD, wasn't planning to pursue work in corrections, but she was hooked after a practicum experience at a regional juvenile

detention center in Florida.

"There's a common misperception that youth in detention are bad kids, but I learned that many of them had been forced to deal with adult life stressors that they were not equipped to handle," says Shelby, director of mental health and substance abuse services at the Florida Department of Juvenile Justice. "Often they are angry, rightfully so, and they don't have the sup-

ports that many other teens have."

Shelby worked with one boy who had been arrested for shoplifting food at a market while his five younger, hungry siblings waited outside, and with a girl with schizophrenia who was arrested for trespassing because she was proselytizing in front of a corner market. In cases like these, Shelby assesses the needs of these youths, contacts their family members and sometimes

the Florida Department of Children and Families, and offers treatment for substance use, trauma or other disorders. "One of the most important things I do is listen to these kids, because many have never had an adult sit down and show that they are important," she says.

After providing direct services for 18 years, Shelby transitioned to her director role, overseeing five employees who support the contracted providers that serve the 86,000 youths in the state's detention center and residential programs. As part of that work, she developed a training program in trauma-informed care that teaches all staff—including janitors, correctional officers and administrators—about common stressors for youths who have experienced trauma and strategies to help them after a triggering event. For example, correctional officers could consider playing soft music if silence is a stressor or assign a roommate to someone who experiences stress from being alone.

For Shelby, one of the most fulfilling aspects of her job is reducing the risk of recidivism among youths in detention. "I have an opportunity to help them heal," she says. "Once they trust me, they are honest and open and want to change."

### ONE-ON-ONE THERAPY

Heidi Hawkins, PhD, psychological program manager of the North Carolina Correctional Institution for Women, was drawn to the challenge of treating people who had severe cases of post-traumatic stress disorder (PTSD), schizophrenia,

psychosis, bipolar disorder and other mental illnesses.

“I had worked in a variety of mental health treatment settings in graduate school, but I never encountered the severity of mental illness that I see in corrections,” she says.

Hawkins trains the facility’s clinical and nonclinical staff on how to communicate with inmates who have severe mental illness. For instance, she emphasizes the importance of tone of voice and of using simple, direct language when giving them instructions rather than telling them multiple steps at one time. She also supervises the psychologists, social workers, recreational therapists and correctional behavioral specialists who provide services such as individual and group therapy. These treatment options are known as “outpatient services” in the correctional system.

Because correctional psychologists treat patients who often lacked care in the community, they see significant progress in short periods of time. Mehja-been Ali, PsyD, a supervising psychologist with Correctional Health Services in Los Angeles, saw such rapid progress when she was treating an inmate in her 20s who started experiencing symptoms of psychosis. Over time, the woman had stopped showering, eating regularly and interacting with others. Ali helped her understand that she had a mental illness, and she became willing to participate in rehabilitation to regain life skills. Ali also advocated for the woman by writing letters to the court about the benefits of releasing her from jail

SALARIES	
What correctional psychologists earn	
U.S. average	\$111,983
San Francisco	\$169,203
Chicago	\$124,675
Dallas	\$126,172
Washington, D.C.	\$150,189
Phoenix	\$108,810
Denver	\$124,739
Source: Comparably.com	

and continuing her rehabilitation. A judge granted the request.

“I enjoy working with this acute population in jail,” Ali says. “There’s a chance they wouldn’t otherwise engage in treatment so willingly in the community, and it’s rewarding to see them make progress.”

**COLLABORATION IN THE INPATIENT UNIT**

Although the outpatient setting offers advantages, like a predictable caseload and extended time to work one-on-one with inmates, the lack of connection to other team members in this role was a drawback for Jordan Dropkin, MA. He had been working with juvenile sex offenders at a facility in western North Carolina, many of whom had been sexually abused themselves. Witnessing the impact of the cycle of abuse eventually led Dropkin to experience symptoms of burnout. So, he transitioned to the inpatient unit at the North Carolina Correctional Institution for Women, where he now works on a team that includes a psychiatrist, a social worker and another clinician.

“I enjoy the depth of insight that is gained from others’ clinical expertise and judgment, and having the ability as a unit to cover multiple tasks simultaneously,” says Dropkin.

Dropkin oversees several units. One is a 10-bed acute inpatient unit for inmates who require continuous observation because they are suicidal or exhibiting self-injurious behavior or symptoms of psychosis. He also runs the 12-bed stepdown unit for those who are less of a safety risk and ready to participate in services like group therapy. And he sees patients on the 24-bed residential unit, which is reserved for inmates with intellectual disabilities or severe cases of schizophrenia, bipolar disorder, PTSD or other mental illnesses who need longer-term support.

On these units, corrections staff members—such as security officers—partner with the mental health team to design the treatment plan. This collaboration was critical when one inmate was transferred to the inpatient unit because she had been ingesting objects: a battery, a bra strap, a staple and a spork. “It became clear that she was doing this because she craved attention and was trying to create the family she never had with staff members,” Dropkin says. The team developed a safety plan to prevent her from accessing anything that could be swallowed, and they agreed that correctional staff should stop responding to familial nicknames

**“I had worked in a variety of mental health treatment settings in graduate school, but I never encountered the severity of mental illness that I see in corrections.”**

HEIDI HAWKINS, PhD, NORTH CAROLINA CORRECTIONAL INSTITUTION FOR WOMEN



she gave them. After therapy and medication adjustments, she started learning how to have appropriate interactions with others and she stopped ingesting objects.

Although inmate patients can make significant progress, one challenge of working in a prison is dealing with the conflicting priorities of mental health providers and the correctional staff, says Dropkin. “Safety is No. 1, which means clinical needs can take a back seat,” he says. This can slow down progress if officers are reluctant to relax restrictions on an inmate who has acted out but also needs mental health treatment.

**ADDRESSING FEAR**

For psychologists who enjoy unpredictable crisis intervention work, roles in restrictive housing units may be another option. In many cases, the crises involve inmates who are hurting others

or attempting to hurt themselves because they are afraid of other inmates, says Nicole Taylor, PhD, JD, mental health director at the Arizona Department of Corrections. They may fear bullying or retaliation from other inmates because they committed a particularly egregious crime or have accumulated some kind of debt in prison. “Inmates can get very stressed out about their housing situations, which can lead to anxiety, depression and impaired functional abilities,” she says. “We’ve seen cases of significant self-injurious behavior and even suicide that were prompted by fears about personal safety, so we take these concerns very seriously.”

If, for example, inmates barricade themselves inside their cells, Taylor usually starts with brief supportive therapy. She will ask questions to learn what prompted the behavior and talk to the corrections staff to gather

**Psychologists can work in both inpatient and outpatient settings in prisons.**

more information. Inmates may resort to self-injurious behavior or other methods to increase the odds of being transferred to a preferred housing unit. “I’m often in the role of a negotiator between the staff and the inmates,” she says. If needed, she may advocate to have an inmate moved to a new housing situation, but she is careful not to make these decisions quickly or without input from other team members.

“They have spent years developing maladaptive behaviors, and they often want a quick fix to a problem rather than investing the time to address the larger mental health issues,” Taylor says. But she has seen remarkable changes for those who are willing to engage in mental health services. “They can learn prosocial ways to engage with the world and gain insight about their triggers.”

Taylor believes it’s important to give inmates in restrictive housing the opportunity to demonstrate these prosocial behaviors as a means to gradually earn privileges, such as more phone calls, less time in restraints and increased time outside their cells. This system can also improve conditions for inmates in restrictive housing, which has been the subject of controversy in recent years. Taylor leads trainings at the National Institute of Corrections, part of the U.S. Department of Justice, about when to use restrictive housing and how to create a tiered incentive program. “The vast majority of inmates are eventually released back into their communities, and it’s crit-

ical to give them opportunities to practice prosocial behaviors while they are still incarcerated,” she says.

INFLUENCING POLICY

Other psychologists work with inmates who have been incarcerated for sexual offenses. Adam Deming, PsyD, executive director of the Indiana Sex Offender Management and Monitoring Program, is bothered by the common misperception that sex offenders “won’t change and won’t benefit from treatment,” he says.

Sex offenders released back into the community have historically been considered at high risk of reoffending and are usually subject to uniform supervision requirements, such as prohibited contact with minors, including their own children, even when

they have no history of sex crimes against minors. Factors such as their age at release, prior criminal history and their victims’ characteristics can predict recidivism risk, which is low for many offenders, says Deming. Now, he leads presentations and trainings throughout the United States and internationally to teach mental health providers, attorneys, judges, parole officers and others about how to tailor supervision strategies and interventions for sex offenders based on these risk factors and the characteristics of individual offenders.

“Many of our current sex offender statutes were passed based on fear and poorly vetted information regarding risk,” Deming says. “It’s important to educate the public and provide legislators with accurate informa-

RESOURCE GUIDE

The National Commission on Correctional Health Care and the American Foundation for Suicide Prevention have teamed up to create an authoritative resource on preventing suicide in correctional facilities.

Find it at <http://ncchc.org/suicide-prevention-plan>.

tion that speaks to the real risks and needs of this population.”

Another common problem in correctional systems is the lack of support for inmates with less severe mental illnesses. They can struggle to function in the general inmate population but do not qualify for an inpatient unit, says Aufderheide. Often, these inmates act out in some way and are sent to restrictive housing units—settings that can exacerbate mental illnesses. To help inmates in this situation, Aufderheide advocated for a new series of residential mental health units in Florida prisons where inmates can access the treatment they need. The patients sleep and receive treatment in the unit but, unlike those in the inpatient unit, can eat their meals, go to chapel and work in jobs outside the unit.

He used data to show how this model could reduce costs and threats to institutional security, and he developed a plan for the innovative program that defined eligibility, staffing and treatment programming requirements. Since the plan was implemented in 2018, there has been a significant reduction in inmate misconduct and an increase in prosocial behaviors, treatment compliance and well-being, says Aufderheide.

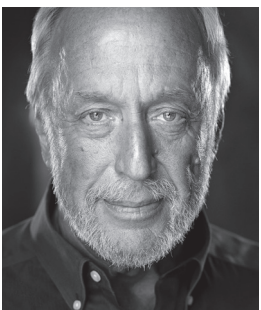
For him, leveraging his psychology expertise to initiate such far-reaching changes is deeply rewarding. “I love the fact that I’m helping not only inmates but also the correctional staff and the public itself,” he says. “By integrating mental health services into the programming, we are making everyone safer.” ■



Bergelson



Komaraju



Plomin



Hacker



Ptaszek

PSYCHOLOGISTS IN THE NEWS

The Cognitive Development Society has presented the Steve Reznick Early Career Award to **Erika Bergelson, PhD**, for her research on how babies learn language. Bergelson is the Crandall Family Assistant Professor of Psychology and Neuroscience at Duke University. Her SEEDLingS longitudinal study of infant behavior focused on how word learning is affected by infants’ visual and linguistic experiences.

Southern Illinois University Carbondale has named psychology professor **Meera Komaraju, PhD**, as its provost and vice chancellor for academic affairs. Komaraju had been serving as interim provost and vice chancellor since April 2018. She was previously dean of the university’s College of Liberal Arts for three years and prior to that served as psychology department chair and director of the department’s undergraduate program.

The University of Louisville has presented its annual \$100,000 Grawemeyer Award for Psychology to **Robert Plomin, PhD**, for his theory that DNA is the most important factor shaping our personalities. Plomin’s theory is based on his 45 years of behavioral genetics research, most notably his Twins Early

Development Study, which is following the development of 10,000 pairs of twins in the United Kingdom from infancy to adulthood. He is a research professor at the Institute of Psychiatry, Psychology and Neuroscience at King’s College London.

Women Leaders in College Sports has presented a Lifetime Achievement Award to **Colleen Hacker, PhD**, a professor in the department of kinesiology at Pacific Lutheran University. Hacker served as a member of the U.S. coaching staff for six Olympic Games as a mental skills coach, including with the gold medal-winning U.S. women’s soccer team in 1996 and the gold medal-winning U.S. women’s ice hockey team in 2018. She is also one of the first two women to be elected to the United Soccer Coaches Hall of Fame.

**Emily Ptaszek, PsyD**, has been named president and CEO of Healthcare Network of Southwest Florida. Ptaszek was previously the health center’s chief operating officer and was also the chief psychologist responsible for developing the organization’s integrated behavioral health-care program. Before joining the center in 2013, she spent five years as a staff psychologist at the Department of

Veterans Affairs specializing in trauma and post-traumatic stress disorder.

The Psychological Association of Greater West Texas has presented a Top Honors and Meritorious Service Award to **Sangeeta Singg, PhD**, for her service to the regional association as its president since 2010. Singg has grown the group’s membership and expanded its professional development offerings. Singg is a psychology professor at Angelo State University in San Angelo, Texas, and has taught at the school for 38 years.

The American Association for the Advancement of Science has elected 10 psychologists as fellows in recognition of their extraordinary achievements in advancing science. The new fellows are: **Michelle Suzanne Bourgeois, PhD**, University of South Florida; **Richard Gerrig, PhD**, Stony Brook University; **Richard Ivry, PhD**, University of California, Berkeley; **Kevin LaBar, PhD**, Duke University; **Gordon D. Logan, PhD**, Vanderbilt University; **Sharon Landesman Ramey, PhD**, Virginia Tech; **Paul Elliott Spector, PhD**, University of South Florida; **Margaret Beale Spencer, PhD**, University of Chicago; **Bethany Ann Teachman, PhD**, University of Virginia; and **David H. Zald, PhD**, Vanderbilt University. ■

RESIDENCY  
SPECIALIZED TRAINING IN CORRECTIONS

In 2018, APA accredited the first program in the United States to offer postdoctoral residency training in the correctional setting. Each year, four psychology residents hired by the Florida Department of Corrections have an opportunity to learn how to:

- **Conduct psychological assessments** and group and individual therapy.
- **Lead a multidisciplinary treatment team** that includes psychiatrists, nurses, security personnel and case managers.
- **Complete a psychological autopsy** for an inmate who has died from suicide to determine the psychological factors that contributed to the death.
- **Conduct research** about a psychological assessment instrument that could be

adapted for the corrections environment.

The residency program, which opened in 2012, fulfills the licensure requirement for one year of supervision and gives trainees experience in research, leadership and consultation roles.

The program’s success has been marked not only by the high volume of applicants but also by the quality of the jobs participants are securing after they graduate from the program. “Many have been hired directly into supervisory roles, which is what I was aiming for when I started the program,” says Dean Aufderheide, PhD, president of the residency program and director of mental health services for the Florida Department of Corrections.

# HOW TO WRITE MORE USEFUL ASSESSMENT REPORTS

Advice for psychologists who want to turn their findings into clearer, more helpful insights for patients, providers and others

BY CHARLOTTE HUFF

**T**he tests have been conducted and the observations compiled. For some psychologist practitioners, the most daunting step still awaits: how best to convey the complexities of what's been learned about an individual in a single report.

Developing and honing psychological assessment report writing skills is not easy, says Hadas Pade, PsyD, an assistant professor at Alliant International University's California School of Professional Psychology in San Francisco, who co-leads workshops on writing meaningful reports. Report writing is sometimes given short shrift in psychology training programs, she says, which focus more on teaching test administration, scoring and interpretations.

To be useful to a broad mix of potential readers—patients, their families, school officials, other clinicians and even possi-

bly a judge—every report must focus on quality and clarity, says A. Jordan Wright, PhD, a clinical faculty member at New York University and editor of “Essentials of Psychological Assessment Supervision” (Wiley, 2019).

That means the report must rest on empirically solid data, synthesized and explained at a level that a nonpsychologist can understand, and answer the central question at hand—for instance, “What’s underlying the patient’s problems with attention?”

That final component might seem more than a little obvious, Wright says, “but clinical assessment reports can meander, and we can get lost. So, I look for, ‘Did we answer the question clearly?’”

Pade, Wright and other clinicians provide more guidance on how to take your reports to the next level.

**“We want [patients] to take our recommendations. And they’re much more likely to do that if they understand in a very coherent, narrative way how we are conceptualizing them.”**

A. JORDAN WRIGHT, PhD, NEW YORK UNIVERSITY

■ **Verify that your report relies on solid data.** Before the report writing even begins, make sure that the tests you will be citing in the report are backed by the latest research and were used appropriately, Wright says. That process includes keeping up with the literature regarding whether a test produces different results for different racial/ethnic groups. “We need to know, ‘Is that test biased, or is it reflecting real population differences?’” Wright says.

A good rule of thumb, Wright says, is to consider whether the report’s underlying assessment would meet a forensic standard. “We tend to have very high standards for forensic evaluations because they have to be defensible in court,” he says.

■ **But don’t hide behind the test results.** W. Joel Schneider, PhD, an associate professor in the department of psychological studies in education at Temple University in Philadelphia, says that when writing reports early in his career, he focused too much on the tests he used and the underlying data, almost “like my audience was a bunch of skeptical reviewers,” he says. “But my sense is that most report readers are not looking to



SANJER/GETTY IMAGES

be convinced by the evidence.” Their main concern, he says, is understanding how to solve the problems that prompted the evaluation.

Schneider lists the test results in an appendix. But he often doesn’t even include the names of the tests that were administered in the report’s written section. In short, don’t hide behind the data, he advises, but rather write about what those findings reflect about that individual.

“What I’m writing is my final judgment, and I’m taking

responsibility and I’m not going to slough it off on the test,” says Schneider, who co-authored “Essentials of Assessment Report Writing” (Wiley, 2018). “If I’m not confident enough that it’s true, then my assessment isn’t finished.”

■ **Consider incorporating diversity and cultural context.** Alea Holman, PhD, frequently notices that some key context is missing from the reports she’s reviewed from students and other clinicians. A report might detail the patient’s family back-

ground, romantic relationships and educational or developmental history, she says, but lack a section that explores other formative experiences, including those that involve race, sexuality or socioeconomic status.

Including such a section in assessment reports as a matter of routine would encourage more psychologists to ask related open-ended questions about diversity and cultural context, says Holman, an assistant professor at Fordham University in New York City. She says that psychologists need to “humble ourselves enough to be able to at least try to feel what it’s like to be that client in our social-political world, and to understand how their thoughts and behaviors may very well be adaptive to the environment and time and place that they’re living in.”

■ **Synthesize and conceptualize the findings.** For many patients—such as children with attention difficulties—the psychologist will have gathered a bevy of data from various sources, including test results and collateral sources such as teacher and parent reports, Wright says. But the findings from those different sources shouldn’t be written up in their own separate sections. “Because then the reader has to go and search out the data on hyperactivity or inattention in each of those sections, and make a determination about what that means.”

Instead, the psychologist should integrate findings from multiple sources into a single section on inattentiveness or another issue, Wright says.

**To be most useful, psychological assessment reports should be written at a level that a nonpsychologist can understand.**



Along similar lines, he advises against writing up lists of patient strengths and weaknesses, which he notes are difficult for individuals to remember about themselves if those attributes aren't explained within a larger psychological framework. Instead the report should tie them to a model of personality functioning, such as explaining those traits through the lens of attachment theory, he says.

"The idea is that, especially in clinical evaluations, we want [patients] to take our recommendations," Wright says. "And they're much more likely to do that if they understand in a very coherent, narrative way how we are conceptualizing them."

■ **Address discordant results.** It's not uncommon for different tests to produce divergent or discordant results, says Robert Bornstein, PhD, professor of psychology at Adelphi University

in Garden City, New York. When writing your report, resist the temptation to play up the test you favor and downplay the one with divergent results, he advises.

For example, someone might score high on a performance-based measure of interpersonal dependence, like the Rorschach test, but low on a self-report measure of interpersonal dependence, says Bornstein, one of the editors of "Multimethod Clinical Assessment" (Guilford Press, 2014). These differing results, he says, need to be addressed in the report.

"This now helps in treatment planning," Bornstein says, "because you know that for this person there will be extra steps in getting them to understand the role of dependency in their personality and behavior."

■ **Strip out the jargon.** Because numerous individuals may read

**Make sure that your wording is not overly blunt and that you're sensitive to how your patient may read the assessment report, experts advise.**

the report, Pade says, look at each paragraph and consider: Will a nonpsychologist understand what I'm saying? "If it's meaningful and palatable to a nontrained reader, it will be for a trained reader as well," she says.

Pade says this point was driven home early in her career when she was working with parents who sometimes struggled to understand the school reports clinicians wrote about their children. They expressed confusion, she recalls, asking her, "What do these numbers mean? What do these technical or jargon terms mean? What is the overall broader implication for my kid?"

■ **Consider the patient's perspective.** Along with outlining patients' vulnerabilities, it's also important—for patients, who will likely read the report, as well as for treatment planning—to detail their strengths as well, Bornstein says.

Also, check that your wording won't seem overly blunt from the patient's perspective, Bornstein says. For example, if you were writing just for a psychologist, you might say, "Patient is highly narcissistic with poor impulse control."

How can that same observation be expressed more sensitively? Perhaps, Bornstein suggests, a more delicate approach is in order, such as, "Patient often overestimates his/her skills and abilities and may have difficulty modulating anger and other forms of negative affect."

When Holman teaches report writing, she advises her students to frame guidance as recommen-

dations rather than dictates. Writing "client might benefit from family therapy" might be better received than "client needs family therapy to improve her relationships," she says. "It's important for continued rapport building with the client, and for the client to be more likely to follow through with your suggestions."

■ **Cull the report to its essence.** Schneider typically keeps his reports to between six and 10 pages. "Most of the time when you get a really long report, it's because someone was doing a data dump rather than an integrated, well-thought-out, thematically organized report," he says.

Bornstein agrees, noting that reports can be as short as several pages and often run between five and 15. To assist a busy clinician who might need to reference a report's contents quickly, it's helpful to write a summary of the referral question and primary conclusion at the beginning of the report and follow with a more detailed explanation further on, he says.

■ **Don't lose sight of the narrative.** Holman likes to incorporate quotes from patients in her reports, or metaphors they've used to describe themselves, as a way to bring the patients to life on paper. "That's how you can write a really strong report, when you're able to paint a compassionate picture

of a person," she says.

Pade advises psychologists to check that their reports haven't simply broken down individuals into pieces based on their scores on tests in various domains such as attention, verbal abilities or emotional functioning. You can end up with "all of these bits and pieces, because that's what our tests measure," she says.

To be most beneficial, assessment reports must in the end put patients back together into a cohesive psychological whole, so they can best be helped moving forward, Pade says.

"What it comes down to in a report is telling a narrative about the person, and how all these pieces fit together," Pade says. "And that directly leads to your recommendations, and what they might be able to do about it." ■

## FURTHER READING

**Evidence-Based Psychological Assessment**  
Bornstein, R.F.  
*Journal of Personality Assessment*, 2017

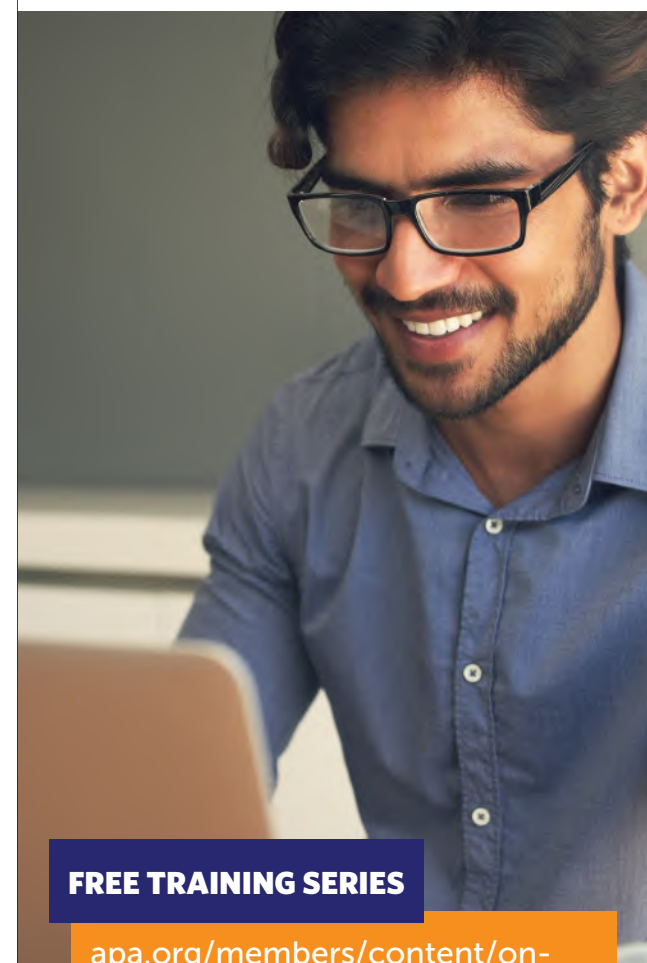
**Parent and Teacher Satisfaction With School-Based Psychological Reports**  
Rahill, S.A.  
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Wright, A.J.  
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# A GLOBAL FOCUS ON CLIMATE CHANGE

The Environment and Behavior Lab at the University of Colorado Boulder studies how people are adapting and reacting to climate change

BY CARINA STORRS

**F**armers in rural Bangladesh face enormously difficult choices. Climate change is exacerbating heat spells that zap their crops and causing rising seas that damage their soil. To eke out a better living, some farmers migrate to cities to find work, but the risks are high. There is no telling if they will earn enough money to recoup their travel expenses, and they often have to leave family members behind to manage their land.

Why then, in the face of these obstacles, do some farmers choose to migrate? And when they do, how does it affect the communities they leave behind? These are some of the questions that psychologist Amanda Carrico, PhD, assistant professor and director of the Environment and Behavior Lab at the University of Colorado Boulder (CU Boulder), is trying to answer through large-scale surveys of households in rural southwestern Bangladesh.

Such questions are becoming more pressing as climate change makes farming throughout the world more difficult. One Bangladeshi family told Carrico they had agonized over their decision to find work in India—an especially daunting endeavor because

India is increasingly hostile to migrants—and finally concluded they had few other options. Their farmland was not very productive, and the family realized it was vulnerable to cyclones and other environmental disasters.

“This is the way these stories almost always work,” says Carrico. The study of Bangladeshi farmers is just one of many she is conducting to understand how the environment influences behavior, and in turn how our behavior could affect the environment around the world. The international scope of her work is important, Carrico says, because environmental behavior is so dependent on context. “I can’t study a farmer in the United States and extrapolate that to make predictions about how Sri Lankan farmers are going to respond. And the same is true even in studying a farmer in India ... because there’s so much politically and socially and culturally different there.”

## CLIMATE HOT SPOTS

Carrico’s research in Bangladesh began as a collaboration with geologists and other scientists at Vanderbilt University while she was a postdoctoral fellow at the Vanderbilt Institute for Energy

## RESEARCH FOCI

The Environment and Behavior Lab is studying

**1**  
How climate change and extreme weather are affecting farmers in Bangladesh, including their decisions to migrate to other countries for work.

**2**  
How farmers in Sri Lanka are adapting to climate change by altering their farming practices.

**3**  
Whether engaging in one pro-environmental behavior makes people in the United States more or less likely to engage in others.



and Environment (VIEE). For years the geologists had been tracking the highly dynamic area where rivers empty into the Bay of Bengal, causing a precarious situation for Bangladeshis living there. The geology team found out that the U.S. Office of Naval Research wanted to support research that could help predict the flow of migration throughout the world in coming decades. They reached out to Carrico and other social scientists at the university, who jumped at the chance to develop the project.

DAVID BATHGATE/CORBIS VIA GETTY IMAGES

Carrico ended up taking about half a dozen trips to Bangladesh between 2014 and 2016. She and her colleagues conducted a survey of nearly 1,700 households across 10 communities in southwestern Bangladesh and compiled a log of extreme weather events over the previous four decades. They found that farmers were more likely to make a first migrant trip, typically to a more urban area in Bangladesh, following a dry or warm spell, both of which have grown more frequent in the past couple

decades (*Population and Environment*, Vol. 41, No. 1, 2019).

Now, Carrico is launching the second phase of the Bangladesh research through her CU Boulder lab, with support from a National Science Foundation (NSF) grant. She is going back to Bangladesh, this time with graduate student Jeremiah Osborne-Gowey, to conduct in-depth interviews with community leaders and heads of household in a small subset of the villages from the first survey to understand what happens to

**A woman plants rice seedlings on a farm in Bangladesh. Sea level rise is making farming increasingly difficult in the country.**

the geographic regions when farmers take migrant trips away from them. Are they abandoning their farms, or are they investing more heavily in agriculture because, for example, migrants are sending money back?

For this research, Carrico is working with the Bangladeshi research organization Mitra and Associates and faculty at Khulna University, located in the region where the project takes place. The team hopes to get their findings out in reports that will be used by local government groups and nongovernmental organizations (NGOs). Although it will then be up to these bodies how they want to use the information, Carrico says one application might be helping to inform efforts to encourage people to migrate to cities such as Khulna or Mongla rather than the capital city of Dhaka, where housing and other infrastructure are already being overwhelmed by influxes of migrants.

In addition to her research in Bangladesh, Carrico has long been studying how environmental stress affects farmers in Sri Lanka—another nation severely affected by climate change. That work began as a collaboration with Lanka Thabrew, PhD, a hydrological engineer who was a fellow postdoc at VIEE. Thabrew, a native of Sri Lanka, wanted to study how farmers there make decisions, particularly about adopting new farming strategies such as irrigation techniques that require less water.

With money from an NSF grant, Carrico, Thabrew, psychologist Heather Truelove, PhD, and principal investigator

George Hornberger, PhD, traveled multiple times to Sri Lanka from 2012 to 2017 to survey 1,300 farmers and their spouses. They asked a range of questions about the farmers' economic status, agricultural resources and crop yield, how much they felt like they could get help from neighbors, and whether they were trying new farming technologies and their perceptions of them. The researchers collaborated with government officials to design the studies and disseminate the data through white papers, peer-reviewed articles and short reports for policymakers. Among their findings: While many farmers are "water-stressed" and struggling with drought, the only government-recommended adaptation strategy that proved effective was planting drought-resistant hybrid seed varieties; other effective strategies, such as changing how farmers water their crops, had no detectable impact (*Ambio*, Vol. 46, No. 5, 2017).

In fact, "a lot of the strategies [government bodies] were trying to promote were really difficult to implement [because] they

[were] a big change for farmers," says Nicholas Williams, PhD, who previously worked as a postdoctoral fellow with Carrico at CU Boulder. The bulk of Williams's work during his fellowship in Carrico's lab between 2015 and 2017 was to analyze the quantitative data from large farmer surveys and synthesize them with qualitative data from interviews. "You can learn a lot about trends across the landscape and across communities, and within particular communities, but the 'why' questions don't get answered with quantitative data," says Williams, who is now a lecturer at California Polytechnic State University. Although the CU Boulder-based research team stopped collecting data when the NSF grant funding the work ended in 2017, Williams is still collaborating with Carrico to analyze data. They want to understand Sri Lankan farmers' risk perceptions, particularly around climate change impacts such as drought and heat waves, and how these perceptions influence their likelihood of using hybrid seeds and other adaptation strategies.



Dr. Amanda Carrico (third from right) with members of her CU Boulder lab.

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**The Influence of Environmental Identity Labeling on the Uptake of Pro-Environmental Behaviors**  
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*Climatic Change*  
2019

**Social Capital and Resilience to Drought Among Smallholding Farmers in Sri Lanka**  
Carrico, A.R., et al.  
*Climatic Change*  
2019

**The Implications of Group Norms for Adaptation in Collectively Managed Agricultural Systems: Evidence From Sri Lankan Paddy Farmers**  
Tozier de la Poterie, A., et al.  
*Ecology and Society*  
2018

**Expanding the Role for Psychology in Addressing Environmental Challenges**  
Clayton, S., et al.  
*American Psychologist*  
2016

ENCOURAGING NEW BEHAVIORS

Throughout her projects in Sri Lanka and Bangladesh, Carrico has also kept one foot planted in domestic research. Currently the focus of Carrico's U.S. work in her CU Boulder lab is around the phenomenon of "spillover," or the effect that interventions to promote one pro-environmental behavior have on the likelihood of engaging in other pro-environmental behaviors.

Groups around the world have been split about how spillover plays out. Some psychologists and NGOs argue that encouraging people to take one positive action could lead them to other positive actions, while many policymakers and economists worry about a possible negative spillover effect—for example, that convincing people to buy more fuel-efficient vehicles will just lead them to drive more, explains Kaitlin Raimi, PhD, who was mentored by Carrico when she was a junior postdoctoral fellow at Vanderbilt. "One thing that is really great about Amanda is that she is very practical. She asks the questions that policymakers care about," says Raimi, who is now an assistant professor of public policy at the University of Michigan.

In one meta-analysis of spillover studies, Carrico and Raimi concluded that carrying out a first action actually had a negative effect on whether a person did a second behavior, but it was very small (*Nature Sustainability*, Vol. 2, No. 1, 2019). In another study, they found that adults who reduced their red meat consumption for one week in order



The lab studies whether buying fuel-efficient cars makes people drive more.

to curb greenhouse gas emissions were no more likely to later agree to donate to an environmental group than control subjects who were not asked to reduce their meat intake (*Environment and Behavior*, Vol. 50, No. 7, 2017). Nevertheless, the meta-analysis did reveal that engaging in an environmentally friendly action did increase intentions to do a second behavior, suggesting at least a positive attitudinal shift. Furthermore, such good intentions were more likely if individuals had been spurred to commit the first action by messages targeting intrinsic motivation rather than by negative, guilt-provoking messages.

Even though the effect of provoking good intentions was small in individuals, it could lead to meaningful results for pro-environmental interventions in large populations, the researchers noted. One practical example, Carrico says, would be that governments that fine residents for not composting their organic waste (food scraps), as several U.S.

cities currently do, could appeal to people's intrinsic motivation with messaging around social reasons such as helping their community, in addition to the coercive motivation of not being fined.

Carrico says she is motivated to study environmental behaviors at the individual level because the behaviors of individual Americans are responsible for about 40% of the nation's greenhouse gas emissions. "I still want to see strong, aggressive government policies to address these kinds of concerns—I don't think private governance supplants public governance—but it is still an opportunity that is available to us, especially while we are waiting for more robust government response," she says.

TEACHING THE NEXT GENERATION

Carrico started doing applied environmental studies as a PhD student at Vanderbilt University after attending a presentation by two professors on using psychology to improve communication

CLIMATE CHANGE PROGRESS

In November, APA and 42 other international psychology organizations signed a proclamation setting out a framework to use psychological science to combat climate change.

To learn more, visit [www.apa.org/news/apa/2019/climate-change-resolution](http://www.apa.org/news/apa/2019/climate-change-resolution).

about air-quality alert days in Nashville. She started collaborating with the professors on this project, excited by the interdisciplinary work and the potential for psychology to have a more direct relevance to health and well-being.

Since that time, about 15 years ago, Carrico thinks there has been mounting interest in applied psychology research. But, she says, more could be done to engage psychologists and other social scientists in environmental research. The labs of environmental social scientists are often housed within departments such as environmental studies, rather than within traditional psychology departments, and thus may be off the radar of psychology students, she says. (Her lab is within the environmental studies program at CU Boulder.)

On the other hand, environmental science students are not always aware of the connections between their discipline and psychology. Carrico teaches several environmental studies courses at CU Boulder and hopes that the material she covers will provide these students with tools for effectively communicating and educating about environmental issues. "A lot of times, environmental studies degrees are really depressing; they are just downers, learning about all these horrible things, and so I feel lucky that the content that I teach, my specialization, has a fairly actionable element to it," she says. ■

● "Lab Work" illuminates the work of psychologists in research labs. To read previous installments, go to [www.apa.org/monitor/digital](http://www.apa.org/monitor/digital) and search for "Lab Work."

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<sup>1</sup> <https://www.apa.org/workforce/publications/15-health-service-career/table-2.pdf>

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adolescent, couples, and family therapy; opportunities to work with patients of all ages and clinical needs, and to provide psychological testing if interested; weekly individual and group supervision; additional training opportunities. Benefits: For full-time eligible candidates, the position offers excellent benefits such as: W-2 employment status; medical, dental, and vision coverage; flexible spending account (FSA); 401(k) retirement plan with a company match [only available for full-time licensed psychologists]; short-term disability (STD) including a maternity benefit; life insurance; liability/malpractice insurance coverage; sick pay; in-house continuing education; highest reimbursement rates and pay in the industry; Over 300 practice referrals per month, allowing for quickly developing and easily maintaining a stable practice; Outstanding billing and administrative support; a warm, supportive, and collegial environment with a beautiful work space; flexible work hours conducive to work-life balance; no weekends required; unlimited vacation [only available for full-time licensed psychologists]; 24/7 emergency call back up. Gersten Center for Behavioral Health is a thriving and well-established group practice with six locations in: Chicago, Evanston, Skokie, Melrose Park. Gersten Center for Behavioral Health is proud to be a setting that promotes workplace longevity and long-term stability. We encourage you to visit us at [www.gerstencenter.com](http://www.gerstencenter.com) to learn more about our practice and the reasons for our success. If interested, submit your curriculum vitae to Dr. Deborah Liebling at [dliebling@gerstencenter.com](mailto:dliebling@gerstencenter.com).

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The College of Psychology offers APA-accredited Ph.D. and Psy.D. programs in clinical psychology, APA-accredited Psy.D. program in school psychology, 2 APA-accredited pre-doctoral internship programs and a postdoctoral residence program. Also part of the College are a bachelor's degrees in psychology and behavioral neuroscience, masters programs in counseling, general psychology, experimental, and forensic psychology, and a specialist program in school psychology. The College trains students at its Psychology Services Center that serves a diverse population of children, adolescents, and adults through its general and faculty specialty clinical training programs.

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**PEDIATRIC NEUROPSYCHOLOGIST:** Full time Pediatric Neuropsychologist at Boston Children's Hospital (BCH) providing neuropsychological services to patients in the Epilepsy Center. The neuropsychologist will be a staff clinician in the Department of Neurology and a member of the training faculty in the Center for Neuropsychology with salary commensurate with experience. Harvard Medical School appointment rank dependent on qualifications. Required: earned doctorate from an APA/CPA accredited program, accredited internship, postdoctoral residency in clinical neuropsychology, training in pediatric neuropsychology, Massachusetts license. Interested candidates send curriculum vitae, cover letter to [katrina.boyer@childrens.harvard.edu](mailto:katrina.boyer@childrens.harvard.edu). BCH is an Affirmative Action/Equal Opportunity Employer.

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**JORDAN VALLEY'S DEPARTMENT OF BEHAVIORAL HEALTH INTEGRATION:** Offers a 12-month clinical psychology internship (submitted accreditation self-study to the American Psychological Association). The internship is characterized by diverse clinical activities, supervision by licensed Psychologists, and an array of didactics, and educational experiences. As a federally qualified health center Jordan Valley serves an increasingly diverse patient population with behavioral health needs, thus allowing rich clinical training. Our Community Health Center, serves all ages, offering integrated behavioral health, pediatrics, women's health, family practice, dental, express care, substance use and pain clinics, pharmacy and vision services. To apply, visit [jordanvalley.org/careers](http://jordanvalley.org/careers). For questions, call Katie at (417) 851-1551 ext. 1390.

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### TEXAS

**PRIVATE PRACTICE NEUROPSYCHOLOGIST, PSYCHOLOGIST, PROVISIONALLY LICENSED PSYCHOLOGIST:** Providers needed for nursing homes, memory care, skilled nursing, and assisted living and outpatient practice. The Ludden Group, P.C., is a Christian private practice group including psychologists,

a psychiatrist, LPCs, an LCSW, and Externs, located in Rockwall, Texas, 25 miles east of the Dallas Metroplex. The Ludden Group is seeking psychologists for a long term position, Full or Part-Time. Duties will include diagnostic assessments, testing, and weekly psychotherapy with the Geriatric population. Services also to be provided in the Ludden Group's outpatient private practice where we treat patients throughout the life span. Areas served: Rockwall, Farmersville, Greenville, Terrell, Dallas, Fort Worth, and Ennis. The Ludden Group, P.C. is well established with over 35 years' experience. Send your curriculum vitae and any questions to Dr. Linda Ludden, Ed.D, Texas Licensed Psychologist, [lindaluddensivils@gmail.com](mailto:lindaluddensivils@gmail.com), (214) 403-7266. Our website is [www.theluddengroup.com](http://www.theluddengroup.com).

### VIRGINIA

**CLINICAL PSYCHOLOGIST:** Join FamilyFirst Psychological Services in Vienna, Virginia. A well-established and thriving private fee-for-service group practice with attractive compensation. Hours and days worked are very flexible. Supportive and energetic workplace that promotes professional growth. Seeking a Virginia-licensed clinical psychologist who specializes in providing psychotherapy to children/adolescents for full-or part-time position. Send cover letter and resume to Maria Kanakas at [mkanakas@familyfirstva.com](mailto:mkanakas@familyfirstva.com).

**PSYCHOLOGISTS:** The Virginia Department of Juvenile Justice (VADJJ) is an agency that prides itself in recognizing that we must continuously strive in all of the work that we do to meet the needs of our youth and staff by upholding four guiding principles: Safety, Purpose, Connection and Fairness. Here at the Virginia DJJ we believe in the capacity to change, to promote healthier and safer communities. Our Behavioral Services Unit is currently seeking qualified psychologists to provide a range of assessment and treatment services to youth, ages 12 to 21, in a juvenile justice facility. These services include: psychological evaluations, psychotherapy, psychoeducation, and/or crisis intervention. VADJJ provides opportunities for peer support, supervision toward licensure, and participation in a variety of employer-supported trainings. To learn more about our agency, a full

description of available positions, excellent state benefits, and the great things that the VADJJ is doing, visit us at [www.djj.virginia.gov](http://www.djj.virginia.gov). A state application must be submitted online. Psychologist candidates are eligible for a \$1,000 Sign-On Bonus. The Department of Juvenile Justice is an Equal Opportunity Employer.

### WASHINGTON

**HEALTH PSYCHOLOGIST (MULTI-DISCIPLINARY TEAM):** Northwest Return to Work is looking for a Clinical Health Psychologist to work with our multi-disciplinary team, primarily in our Pain Management programs to help injured workers return to work. We are an established company with a solid team of intelligent, caring professionals positioning ourselves for growth. Our integrated treatment plans are developed in collaboration with our clients to help cultivate self-awareness, and teach strategies to improve psychological well-being. One of our primary goals is to help our clients learn appropriate and effective self-management techniques. If you are interested in working with a team of high-level professionals who practice a genuine spirit of caring, we invite you to apply to join our team. Contact: [josh.cobbley@nwrwtw.com](mailto:josh.cobbley@nwrwtw.com).

### WISCONSIN

**PAIN PSYCHOLOGIST OPPORTUNITY:** Join Merritt Hawkins, an established behavioral health office with one other psychologist and 15 LCSW's and LCPC's. This position is a 100% testing and evaluating opportunity with minimal to no therapy. This physician-owned group, with over 160 providers, supports and values its behavioral health providers with psychometricians available to help testing/inputting results and a large battery of testing options purchased/available for use. Earn up to \$128,000 annually. Enjoy a remarkable quality of life. Be part of a mission-driven organization seeking to become the go-to facility in the Twin Cities area. Opportunity to collaborate with other specialists in a variety of fields, including physical therapy, orthopedics, sports medicine, pain management, podiatry, and neurology. Become involved in the local and regional Opioid Reduction Program. \$10,000 sign-on bonus. Known as "The City Beautiful," our inviting Wisconsin town is filled with

brehtaking scenery – including an incredible riverfront skyline and an array of activities, festivals, and attractions throughout the year. With endless opportunities for adventure and excitement as well as peace and relaxation, you'll experience an exceptional quality of life in our charming community. Our town boasts excellent public schools. Experience an abundance of outdoor recreation, including hiking, biking, camping, fishing, boating, and golfing. Enjoy convenient access to Minneapolis and its many amenities, including top-notch shops and restaurants, live entertainment, an international airport, and professional sporting events. Medscape ranks Wisconsin #3 for Best Places to Practice, and U.S. News ranks it #6 for Best States for Opportunity. Contact Thomas Bell at [medcareers@merrithawkins.com](mailto:medcareers@merrithawkins.com) and reference PSY-110743.

## CONFERENCES/WORKSHOPS

**27TH ANNUAL RAND SUMMER INSTITUTE, JULY 6–9, 2020, SANTA MONICA, CA:** Two conferences addressing critical issues facing our aging population: Mini-Medical School for Social Scientists; Workshop on the Demography, Economics, Psychology, and Epidemiology of Aging. Interested researchers can apply for financial support covering travel and accommodations. More information and application form: <https://www.rand.org/well-being/social-and-behavioral-policy/centers/aging/rsi.html>.

**PROFESSIONAL TRAINING:** Cognitive and Behavioral Consultants (CBC) is a globally recognized evidence-based clinical and training center that provides continuing education for professionals. CBC's renowned Schwartzberg Training Center, based 30 minutes north of New York City, provides highlevel workshops and seminars, including 5-day Foundational trainings in CBT and DBT each summer for varying types of conditions and levels of knowledge and expertise. The trainings are intended to build knowledge, skills, and competence, and use a combination of lectures, discussions, role-plays, videos, and demonstrations. For a list of upcoming trainings visit [www.cbc-psychology.com](http://www.cbc-psychology.com) or contact Saranda Krasniqi at [skrasniqi@cbc-psychology.com](mailto:skrasniqi@cbc-psychology.com) to receive notification of upcoming trainings.

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### ► CONTACT INFO

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45%

The percentage of people with behavioral health conditions, such as depression and substance use disorders, who said their **mental health** had improved during the first year of coverage under the Healthy Michigan Plan, Michigan's Medicaid expansion program. That compares with **32%** of those without behavioral health conditions.

51%

The percentage of people with behavioral health conditions who said their **physical health** had improved in their first year of coverage under the plan, compared with **45%** of those without behavioral health conditions. Of those covered under the new plan, **58%** had no insurance in the year before enrolling in the Healthy Michigan Plan.

76%

The percentage of employed people with behavioral health conditions who said their ability to **perform well at work** had improved during the first year of coverage, compared with **64%** of those without behavioral health conditions. For continued coverage, participants must show per month participation in jobs, education or training, with some exemptions.

Source: Tipirneni, R., et al. (2019). Association of expanded Medicaid coverage with health and job-related outcomes among enrollees with behavioral health disorders. *Psychiatric Services*, 71(1). Available at doi: 10.1176/appi.ps.201900179.

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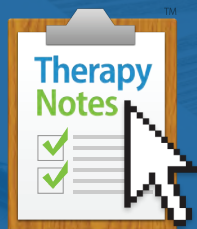
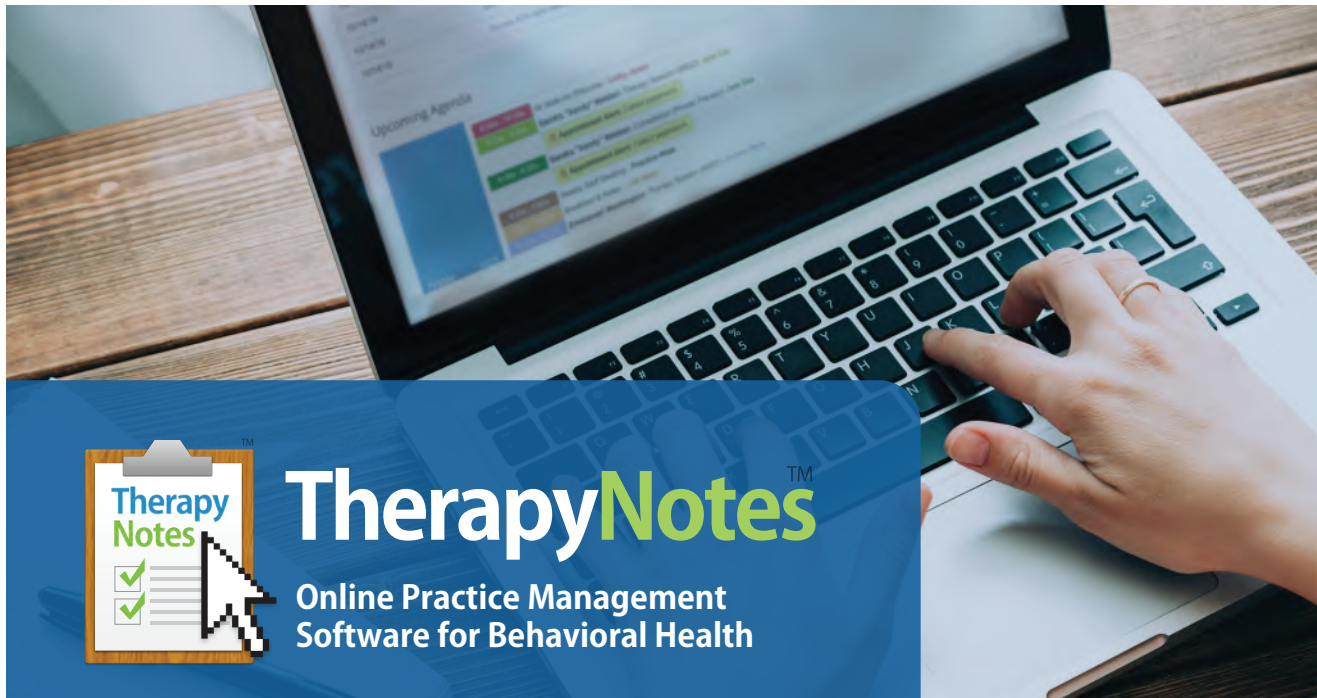
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Evaluation  
Progress Note  
Treatment Plan

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

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