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monitor on psychology

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RESOURCES, OPPORTUNITIES, AND NEWS FOR PSYCHOLOGISTS FROM APA

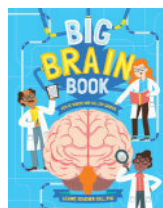


PARENTING

Tools and Resources for Stressed Parents

The COVID-19 pandemic is stressing parents around the world. For anyone struggling to parent calmly, APA's ACT Raising Safe Kids Program offers evidence-based positive parenting resources in both English and Spanish that guide parents on ways to create stable, safe, and nurturing environments for young children and on preventing child neglect and abuse. Fact sheets offer guidance on typical behavior for children at each age and advice on how to handle common challenges, like a grocery store tantrum. The early intervention program has been shown to reduce child abuse and is used throughout 15 countries and in more than 100 communities in the United States. Last fall, every county in Iowa also began offering the program through an extension program at Iowa State University. Find all the ACT parenting resources and more information about the program at www.apa.org/act.

Read, Watch & Listen



1

Big Brain Book: How It Works and All Its Quirks

This new Magination Press title for middle grade readers uses science to answer all the questions that kids have about the brain and human behavior.

Preorder at www.apa.org/pubs/magination.

2

Automating Your Private Practice

This hourlong webinar on May 14 will cover innovative ways you can outsource parts of your practice to make more time for patient care.

Register at <http://at.apa.org/automate>.

3

How Children's Amazing Brains Shaped Humanity
Psychologist Alison Gopnik, PhD, joined APA's *Speaking of Psychology* podcast to talk about why humans have such a long childhood—and a long old age.

Listen and subscribe at www.apa.org/research/action/speaking-of-psychology.

TRAINING

Immerse Yourself in Cutting-Edge Research Methods

P psychological scientists and graduate students can learn about the most current research methodologies at APA's weeklong Advanced Training Institutes, held virtually this year throughout June. Participants network with researchers across the country and hone their skills in these three areas:

June 7–11

Analysis of Intensive Longitudinal Data: Experience Sampling and Ecological Momentary Assessment

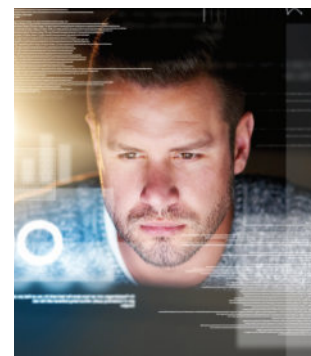
June 14–18

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for story ideas or comments, contact Editor in Chief
Trent Spiner at tspinner@apa.org.

PREVIEW

Save the Date for APA 2021



Cialdini



Cole



David



Hebl

Registration opens in June for this year's annual convention, scheduled for
Aug. 12–14. As of *Monitor* press time, confirmed speakers include:

Robert B. Cialdini, PhD
ARIZONA STATE UNIVERSITY

"The Power of Persuasion and Pre-suasion to Create Change"

Elizabeth Cole, PhD
UNIVERSITY OF MICHIGAN

"Whose Freedom of Speech? Power and Voice on College Campuses"

E. J. R. David, PhD
UNIVERSITY OF ALASKA ANCHORAGE

"Brown Skin, White Minds: Exploring Oppression's Most Insidious Consequence"

Mikki Hebl, PhD
RICE UNIVERSITY

"Creating Memories With Your Students"

Deepa Iyer, JD
BUILDING MOVEMENT PROJECT, NEW YORK CITY

"Immigrant Stories: Coping and Surviving in America's Political Climate"

Travis Langley, PhD
HENDERSON STATE UNIVERSITY

"Beyond Batman: How Stories Teach Psychology and Facilitate Therapeutic Dialogue"

Additional speakers: Derek R. Avery, PhD, of the University of Houston; Alia J. Crum, PhD, of Stanford University; Adriana Galván, PhD, of the University of California, Los Angeles; Tania Israel, PhD, of the University of California, Santa Barbara; Michelle Miller, PhD, of Northern Arizona University; Anneliese A. Singh, PhD, of the University of Georgia; and Thomas Parham, PhD, of California State University, Dominguez Hills

Haven't finished watching APA 2020? Stream the 500 on-demand sessions from last year's meeting
until Aug. 1, 2021. Go to <https://convention.apa.org>.



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VOLUME 52 | NUMBER 3

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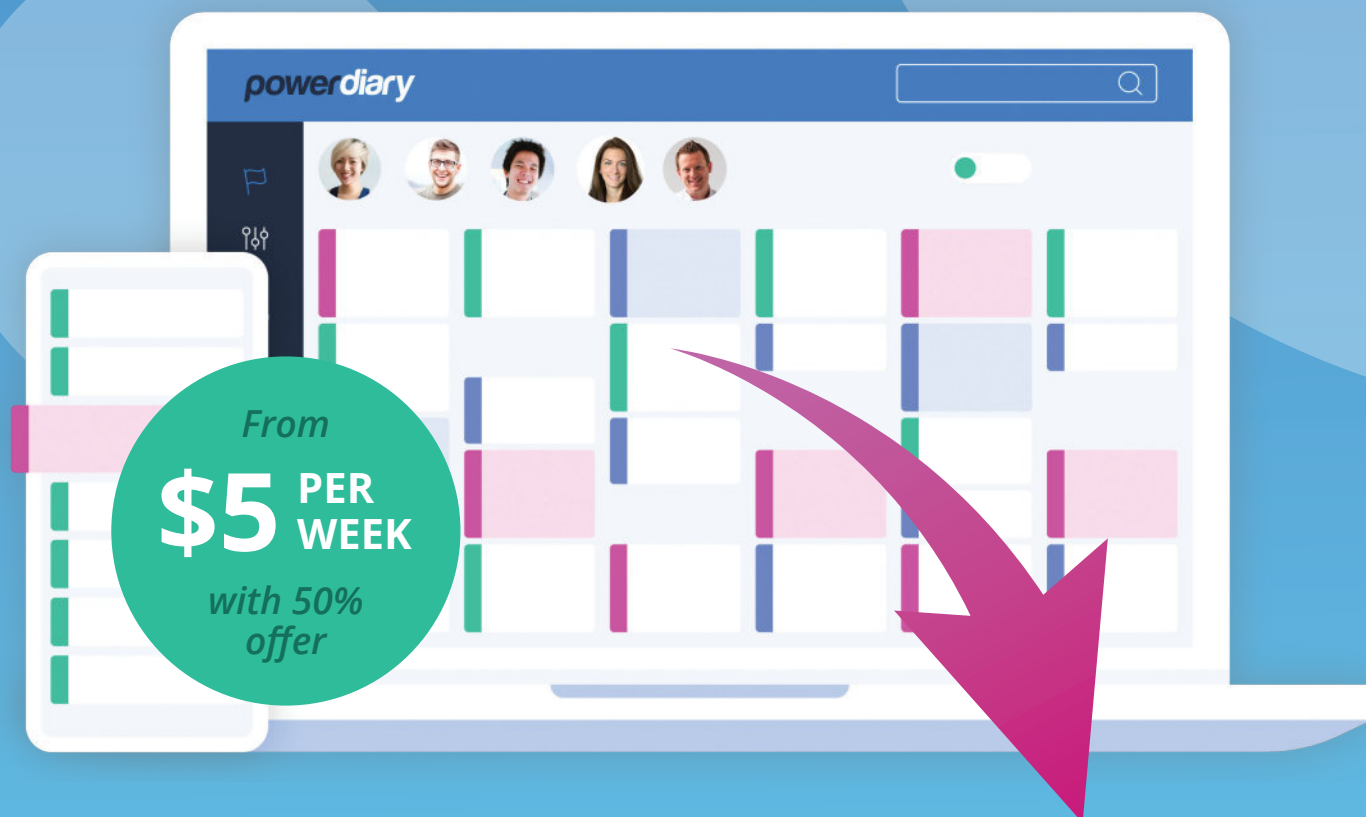
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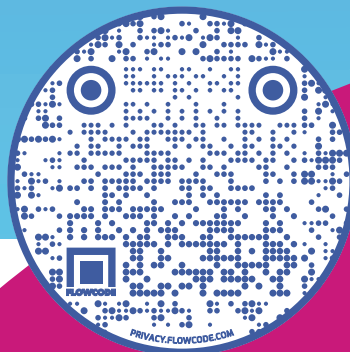
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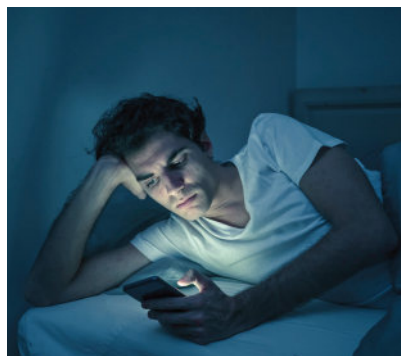
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SPECIAL REPORT

DISMANTLING RACISM

Psychology has an opportunity to evolve to meet the needs of an increasingly diverse country, starting by countering the pervasive and damaging effects of racism. Experts argue that anti-racist psychological science is better science because it adapts to the reality of people's needs. In short, psychology has two choices—advance or become irrelevant. *See page 38*

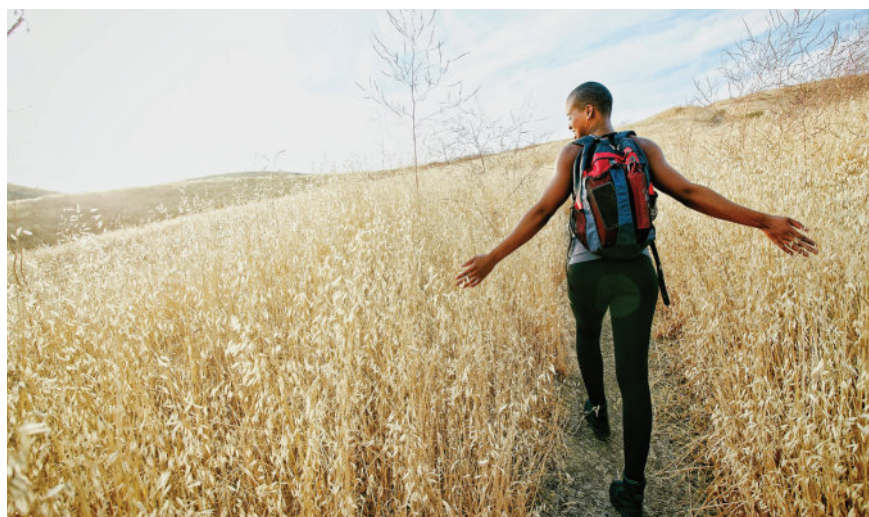


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Researchers are using smartphones to collect data and analyze behavior to boost mental health.

46 THE ETHICAL IMPERATIVE OF SELF-CARE

As psychologists balance their stress with that of their patients and students, self-care isn't an optional add-on to a busy schedule but a professional imperative.



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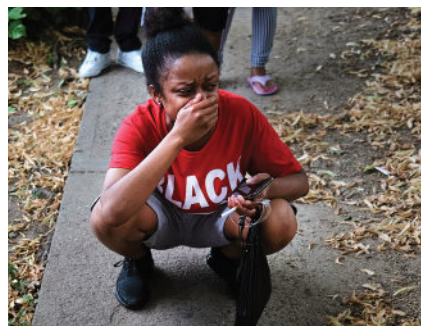
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CE CORNER

VIOLENCE & MENTAL ILLNESS MYTHS

A growing body of research is helping to tease apart why some people with serious mental illness are prone to violence while others are not, and how clinicians and others can help through improved treatment and informed myth-busting. *See page 30*



Gun violence research. Page 22



A stressed nation. Page 80



Finances
affect intimacy
conversations.
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HOPE AND ACTION CAN IMPROVE THE WORLD

A presidential task force is focusing on ways to make psychology more inclusive so that we can advance health equity in our society

BY JENNIFER F. KELLY, PhD, ABPP



"We must accept the finite disappointment, but in spite of this we must maintain the infinite hope." —Dr. Martin Luther King Jr.

Those words delivered in a sermon by Dr. King fit the time we are in now. We remain deep in the COVID-19 pandemic. We continue to see the death total rise. We see alarming disparity in both who this terrible virus is killing and who

has access to life-saving vaccines. We continue to see division from our lawmakers affecting our ability to move forward.

And, of course, we continue to deal with systemic racism, which permeates our society.

Although there are so many negative events happening to cause frustration and disappointment, I am feeling hopeful and optimistic about positive changes. In fact, I am already seeing psychology—APA in particular—take a leadership role in addressing these challenges.

APA has consistently provided resources to both members and the public to address the challenges associated with COVID-19, including the management of stressors and resources to assist with vaccine acceptance. APA has successfully advocated for reimbursement of telehealth services to address the increasing mental health needs of our patients. In addition, APA launched

● Jennifer F. Kelly, PhD, ABPP, is the 2021 APA president and director of the Atlanta Center for Behavioral Medicine. Follow her on Twitter: @JFK4APA.

#EquityFlattensTheCurve, a network that aims to advance equity by focusing on reducing bias, stigma, and discrimination exacerbated by the pandemic.

In addition, my presidential task force has started addressing psychology's role in advancing health equity. APA is making a significant effort to identify solutions to the impact of systemic racism on communities of color. Within our own community of psychology, we are focusing on ways in which the inequities within our profession can be addressed so that we can be more inclusive.

Dr. King's words remind us that disappointment will not last forever. We must remain hopeful. Your ability to remain hopeful and take action can make a positive mark on the world. ■



A woman waits after receiving a COVID-19 vaccination at a clinic serving groups disproportionately affected by the virus.

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CAN PSYCHOLOGY REALLY HELP ADDRESS RACISM?

We must challenge long-held biases in psychology if we want to have an impact

BY ARTHUR C. EVANS JR., PhD



Where does one begin when “taking on” the issue of racism? The intersecting individual, environmental, and structural factors that contribute to racism and discrimination can make it feel overwhelming to determine which pieces of the issue we can affect. Our socialization and our training can make it challenging to navigate, with many who want to make a difference

at a loss for where to start. ¶ There is action that we can take immediately to help abolish racism and contribute to equity and inclusion in our own communities,

and that is to **challenge our thinking**. Reframing how we think about racism and discrimination can promote greater understanding in ourselves and others and open our eyes to new solutions. Examples include:

■ **Changing the level of analysis.** Many view racism as an interpersonal problem. While much work is needed to eliminate hate and discrimination among individuals and in communities, we cannot ignore the structural and institutional factors that arise from racism, which may have a much greater impact on people’s lives. By refocusing some of our research, practice, and training on these systemic and organizational issues, we can introduce more effective solutions that address the complexity of racism in all its manifestations.

■ **Using equity, diversity, and inclusion (EDI) as a lens.** Because racism is so pervasive, we cannot afford to compartmentalize it as something that is separate and apart from the “main” work that we

are doing. Initiatives to address these issues are relegated to a person or small group so that institutions can feel good that they are doing something. However, racism is deeply intertwined within the fabric of our society, often playing out in unrecognized ways. Our solutions, therefore, must examine its effects across all the work we do. If we can more routinely apply an EDI lens to our thinking and consider the EDI implications across all

issues—even those seemingly unrelated to race and racism—we will have a much better shot at developing effective solutions.

■ **Shifting inherent biases in the field.**

Our field must understand our own inherent biases and how they affect the solutions we develop. This means overcoming the limitations of a singular focus on pathology; instead, we must promote science-based policies that offer a wider range of solutions, ultimately helping more people.

Psychology has much to offer society in helping to address racial justice issues. However, it requires our own willingness to approach the issues differently and to challenge long-held biases within the field. If we do that, psychology can have the impact that we are seeking. ■

Reframing how we think about racism and discrimination can open our eyes to new solutions.



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● Arthur C. Evans Jr., PhD, is APA CEO. Follow him on Twitter: @ArthurCEvans.

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In Brief

THE LATEST PEER-REVIEWED STUDIES WITHIN PSYCHOLOGY AND RELATED FIELDS



People's liking and respect wane for those who empathize with morally questionable individuals, suggests research in the *Journal of Personality and Social Psychology*. Researchers recruited 3,342 participants in the United States for seven online studies. Across the studies, they presented the participants with various scenarios where one

individual responded to another individual's shared personal experience with either empathy or neutrality. Participants liked and respected the empathizer as long as they also respected the empathizer's target. When participants didn't approve of the empathizer's target (e.g., due to ethical or political beliefs), participants did not like and respect the empathizer as much. In some studies, participants even preferred it when the responder condemned rather than empathized with the disliked character. DOI: 10.1037/pspi0000341

People's liking and respect wane for those who empathize with morally questionable people, such as members of the Proud Boys, pictured in front of the Virginia State House for a rally on Jan. 18, 2021.

SPENCER PLATT/GETTY IMAGES

BOND WITH TEACHER AFFECTS HEALTH

Positive student-teacher relationships may benefit teenagers' long-term health more so than positive student-peer friendships, according to research in *School Psychology*. A researcher analyzed data on 20,745 participants from a nationally representative longitudinal study in the United States that followed participants for 13 years, from seventh grade into early adulthood. The participant pool included 3,436 pairs of siblings. The researcher found that participants who reported better relationships with peers and teachers in middle school and high school also reported better physical and mental health in their mid-20s. However, after controlling for family background shared by pairs of siblings, only the association between good student-teacher relationships and adult health remained significant.

DOI: 10.1037/spq0000373

GRIN (OR GRIMACE) AND BEAR IT

A full smile or a grimace can reduce the pain of a needle

Donning a full smile or a grimace can reduce the pain of a needle injection by as much as 40%.

injection by as much as 40%, suggests a study in *Emotion*. Researchers asked 231 participants in the United States to self-report levels of pain, emotion, and distress in response to an injection of saline solution. The researchers also assessed participant heart rate and electrodermal activity. Just before injection, participants were instructed to express either a full smile (including wrinkling around the eyes), an incomplete or phony smile, a grimace, or a neutral expression. Those who donned either a full smile or a grimace reported that the injection hurt almost half as much as those in the incomplete smile or neutral expression groups. Full smiles were also associated with significantly lower heart rates. These effects may be due to feedback from facial musculature to pain or emotion processes.

DOI: 10.1037/emo0000913

COMPARISON IS KEY TO MONEY/HAPPINESS LINK

People's happiness is linked more strongly to how they perceive their own income, education, and occupation compared with others than it is to objective measures of socioeconomic status, according to research in *Psychological Bulletin*. Researchers performed a meta-analysis of 357 studies involving 2,352,095 participants in 103 countries. The analysis assessed the association between objective and subjective measures of socioeconomic status and participants' subjective well-being (based on ratings of happiness and life satisfaction). The researchers found that people with higher subjective

socioeconomic status reported higher levels of subjective well-being. This relationship was stronger than the connection between people's objective socioeconomic status and well-being. The researchers also found that the effect of social comparison was stronger in areas with higher population density, possibly owing to a greater competition for resources in more densely populated areas.

DOI: 10.1037/bul0000258

JARGON AS STATUS SYMBOL

People use jargon to compensate for low social status in a group, suggests research in *Organizational Behavior and Human Decision Processes*. Across four initial studies with 1,547 participants in the United States, researchers either assessed the status of participants or assigned them to low- or high-status groups, and then gave them opportunities to use more or less jargon, such as pitching a start-up idea or presenting scientific research. They found low-status participants used more jargon, acronyms, and legalese than their high-status counterparts. Another pair of studies looking at titles of 64,956 dissertations found that students from lower-tier universities used more jargon and acronyms than those from higher-ranked schools. A final three studies with 1,193 participants asked low-status group members—who tended to use more jargon—why they chose the language they did. The responses indicated that concerns about being judged by an audience, rather than about





communicating more clearly, were a primary motivator.

DOI: 10.1016/j.obhdp.2020.07.001

MULTIPLE MEDS FOR KIDS

The number of kids prescribed multiple psychiatric medications has been increasing since 1999, according to a study in *JAMA Pediatrics*. Researchers evaluated data from a nationally representative study of participants in the United States. The researchers divided the data into three time periods to more easily identify changes over time. They found that the number of children up to age 18 who were prescribed three

or more psychiatric drugs increased from 101,836 (1999–2004) to 222,955 (2005–10) to 293,492 (2011–15). Among children prescribed multiple medications, antipsychotic prescriptions increased from 38% in 1999–2004 to 75% in 2011–15. In contrast, mood stabilizer prescriptions decreased from 61% to 38% over the same time period, as did antidepressant prescriptions, going from 71% to 64%. Stimulants were the most common type of drug prescription, peaking at 82% in 2005–10 before falling to 78% in 2011–15. No children ages 4 and under were prescribed multiple psychiatric

The number of kids prescribed multiple psychiatric medications has been increasing since 1999.

medications in the first two time periods, but by the latest time period, 1.3% of those prescribed multiple medications were 4 or under. During every time period, the most common diagnosis among children prescribed multiple prescriptions was attention-deficit/hyperactivity disorder.

DOI: 10.1001/jamapediatrics.2020.4678

MORE INFO? NO THANKS

People who are firm in their beliefs seek less information, and as a result they perform worse on decision-making tasks than those who update their views with new information, suggests a study in the *Proceedings of the*

National Academy of Sciences. Researchers asked 734 adults in the United States to perform a simple decision-making task online. Participants viewed two boxes with flickering dots and were asked which box contained more dots. Following their initial choice, participants had the opportunity to view another version of the boxes where the differences were easier to see before making a final decision. Participants then answered questionnaires assessing their political orientation and levels of dogmatism. The initial decisions of dogmatic individuals and moderates were equally accurate and confident. However, more-dogmatic participants were more likely to forgo the helpful additional information and were ultimately less accurate in their final judgments.

DOI: 10.1073/pnas.2009641117

Lonely people's brains appear to respond to images of social gatherings in ways similar to how hungry people's brains respond to images of food.

Stress hormones and immune cells called neutrophils may contribute to the recurrence of tumors years after treatment, a study finds.

STRESS REKINDLES TUMOR GROWTH

Stress hormones and immune cells called neutrophils may contribute to the recurrence of tumors years after treatment by awakening dormant cancer cells, suggests a study of mice and data from 80 patients with lung cancer in *Science Translational Medicine*. Researchers found that exposing cancer-recovered mice to stressful situations elevated levels of stress hormones, which caused neutrophils to release specific types of proteins and fatty acids that in turn prompted tumor cells to reawaken from dormancy. However, tumor cells remained dormant in stressed mice who received a beta blocker that inhibited the effects of stress hormones. The researchers also observed that 80 cancer-recovered patients in the United States with higher serum concentrations of stress-related proteins were more likely to have experienced cancer recurrence 33 months after surgery. The researchers suggest that beta blockers, or other drugs that specifically target these proteins, could potentially help prevent tumors from returning.

DOI: 10.1126/scitranslmed.abb5817

HUNGRY FOR SOCIAL CONTACT

Lonely people's brains respond to images of social gatherings in ways similar to how hungry people's brains respond to images of food, suggests research in *Nature Neuroscience*. Researchers had 40 young adults in the United States fast for 10 hours. At the end of that period, participants underwent MRI scans. The

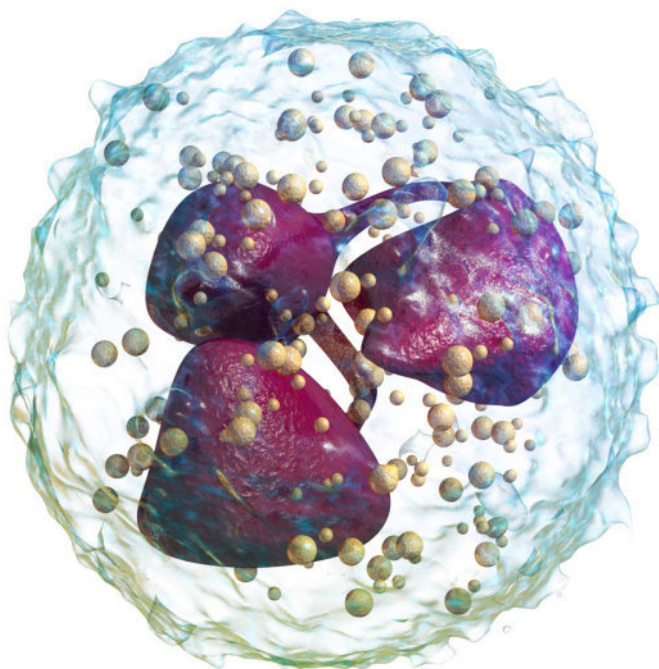


researchers found that certain regions in the participants' midbrains became activated in response to pictures of pizza and chocolate cake. On a different day, the same participants underwent 10 hours of social isolation after which MRI scans revealed that the same midbrain regions became activated in response to pictures of people chatting or playing team sports. The effects in the social isolation study were smaller for participants who reported more loneliness in the months prior to the experiment.

DOI: 10.1038/s41593-020-00742-z

SUICIDE RISK HIGHER IN INDIVIDUALS WITH ADHD

A study in the *Archives of Suicide Research* indicates that women with attention-deficit/hyperactivity disorder (ADHD) are 8 times as likely to attempt suicide, while men with ADHD are 4.5 times as likely. A nationally representative study of 21,744 Canadian adults, 529 of whom reported an ADHD diagnosis, revealed that the lifetime prevalence of suicide attempts was higher for women who had ADHD (24%) than for women who did not (3%). Among men, those with ADHD were also more likely to have attempted suicide than those



without ADHD (9% vs. 2%). In addition, adults with ADHD who had observed chronic parental domestic violence had 3 times as many suicide attempts compared with their peers with ADHD who had not observed parental violence.

DOI:10.1080/13811118.2020.1856258

COVID TRIGGERS MENTAL ILLNESS FOR SOME

A study in *The Lancet Psychiatry* reveals that 1 in 5 COVID-19 survivors developed a mental illness within 90 days of infection. Researchers reviewed electronic health records of 69 million Americans, 62,354 of whom received a diagnosis of COVID-19 between Jan. 20 and Aug. 1, 2020. The researchers compared this group with matched groups of people diagnosed with other health problems during the same time period. The data indicated that a COVID-19 diagnosis increased the likelihood of a psychiatric diagnosis within 90 days of infection to a greater degree than other health problems did. Increases were greatest for diagnoses of anxiety disorders, insomnia, and dementia. The results suggest the possibility that coronavirus infection affects the brain, either directly or through other biological pathways such as immune responses. The researchers also found that people with a preexisting mental health diagnosis were 65% more likely to be diagnosed with COVID-19 than those without, even after accounting for known risk factors such as age, race, sex, and underlying health conditions.

DOI: 10.1016/ S2215-0366(20)30462-4



DRIVING NOT IMPAIRED BY CBD

Cannabidiol (CBD), the medically useful component of cannabis, may not impair driving performance at all, while the impairing effects of the psychoactive component tetrahydrocannabinol (THC) may last less than 4 hours, suggests a study in *JAMA*. Researchers gave 26 healthy participants in the Netherlands three types of cannabis in vaporized form on separate occasions. Each participant's driving performance was then assessed for 1 hour at two different times: beginning 40 minutes and then 4 hours after

A COVID-19 diagnosis increases the likelihood of a mental illness diagnosis to a greater degree than other health problems.

inhalation. The tests were conducted along a 60-mile stretch of public highway in a car with a driving instructor present. Cannabis containing mainly CBD did not impair driving (as measured by lane weaving, swerving, and overcorrecting), while cannabis containing mainly THC or a THC/CBD mixture caused mild impairment measured at 40 minutes after inhalation, but not after 4 hours. Further research examining a wider range of dosage levels is needed to fully assess the impacts of these cannabis components on driving.

DOI: 10.1001/jama.2020.21218

WORTH OF ANIMALS' LIVES

Children value the lives of dogs and pigs more than adults do, suggests a study in *Psychological Science*. In an online study, researchers presented 207 children between the ages of 5 and 9 and 222 adults in the United States with a series of vignettes involving shipwrecks. The participants were told that two ships were sinking and that passengers could be saved from only one ship. The passengers of one boat were humans, while the passengers of the other boat were either dogs or pigs. Many children prioritized dogs, and to a lesser extent pigs, nearly as much as humans. Almost all the adults, on the other hand, chose to save one human

over even 100 dogs or pigs. According to the researchers, the results suggest moral judgments about the relative importance of animals and humans appear late in development and are likely socially acquired.

DOI: 10.1177/0956797620960398

SHUNNING SOLITUDE-SEEKERS

People with a higher preference for solitude are more likely to encounter social isolation and exclusion by others, according to a series of five studies in *Personality and Social Psychology Bulletin*. In the first two studies, using self-reported experiences (473 participants in the Netherlands) and perceptions of others' experiences (280

Children value the lives of dogs and pigs more than adults do, suggesting that the relative importance of animals and humans is likely socially acquired.

online participants), individuals with a stronger preference for solitude were more likely to be excluded from social situations. In a pair of experimental studies, a total of 278 participants in the United States were more willing to socially exclude others who had a high preference for solitude. A final study with 792 participants in the Netherlands that examined why people shun solitude-seeking individuals found that the participants assumed interacting with these individuals would be unpleasant for themselves and for the solitude-seekers.

DOI: 10.1177/0146167220968612

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



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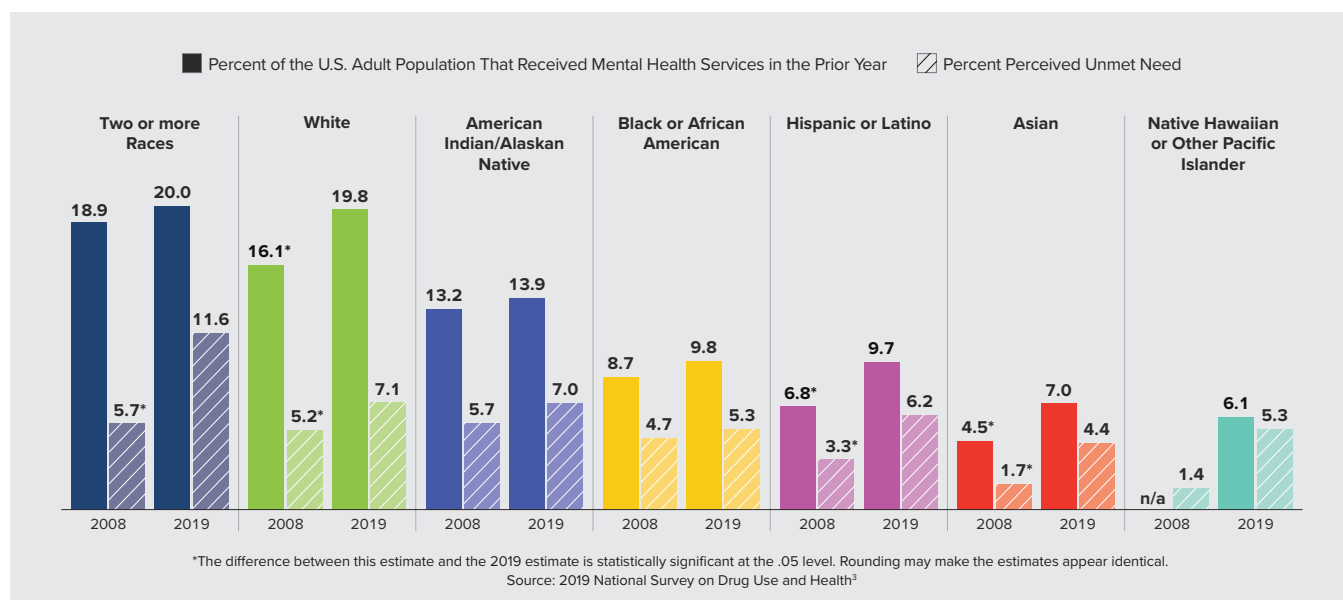


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THE DEMOGRAPHICS OF UNMET NEED FOR MENTAL HEALTH SERVICES

From 2008 through 2019, the percentage of U.S. adults who received mental health services in the prior year trended upward for all racial and ethnic groups.¹ Despite upward trends in the receipt of mental health services, the percentage of adults with perceived unmet need for mental health services also trended upward across all racial and ethnic groups.²



The greatest increases in receipt of care were among **White** (from 16.1% to 19.8%), **Hispanic and Latino** (6.8% to 9.7%), and **Asian** populations (4.5% to 7.0%).



The percentage of **Asian** populations receiving health services is nearly the **lowest of all of the racial and ethnic groups**, and yet this group also reports the lowest perceived unmet need for these services.



The greatest increase in perceived unmet need was among individuals of **two or more races** (5.9%) followed by **Native Hawaiian and Other Pacific Islander** (3.9%), **Hispanic or Latino** (2.9%), and **Asian** populations (2.7%).



In 2019, the highest percentage of adults with perceived unmet need was among those who identify as being of **two or more races** (11.6%), followed by **White** (7.1%), **American Indian and Alaskan Native** (7.0%), and **Hispanic or Latino** populations (6.2%).

By Jessica Conroy, BA, Luona Lin, MPP, and Karen Stamm, PhD
For more information, visit www.apa.org/workforce or contact cws@apa.org.

¹ Values in 2018 for Native Hawaiian/Other Pacific Islander were suppressed due to small sample sizes for metric on those with any mental illness that received care.

² Amount of perceived unmet need is a self-reported value for the prior year.

³ Center for Behavioral Health Statistics and Quality. (2020). 2019 National Survey on Drug Use and Health Public Use File Codebook, Substance Abuse and Mental Health Services Administration, Rockville, Maryland.

A THAW IN THE FREEZE ON FEDERAL FUNDING FOR GUN VIOLENCE AND INJURY PREVENTION RESEARCH

The CDC and NIH have awarded grants for firearms research for the first time in more than 20 years

BY KIRSTEN WEIR



SPENCER PLATT/GETTY IMAGES



A woman who knew the victim cries at the scene of a shooting that left one person dead on July 7, 2020, in Brooklyn, New York.

Mass shootings are among the most high-profile examples of gun violence in the United States. But every day, firearms take a quiet toll in towns and cities across the country in the form of violent criminal activity, intimate partner violence, accidental injury, and suicide. Approximately 40,000 U.S. deaths—about 109 per day—are caused by firearms each year, according to Centers for Disease Control and Prevention (CDC) statistics. ¶ Despite that deadly tally, there has been no dedicated federal funding for gun violence and injury prevention for more than two decades—until now. In fiscal year 2020, the Labor, Health and Human Services, Education, and Related Agencies appropriations bill included \$25 million for gun violence research, split evenly between the CDC and the National Institutes of Health (NIH). The NIH grants were distributed by a variety of institutes, including the National Institute of Mental Health (NIMH). Among the recipients

of the CDC and NIH funding are many psychologists who hope to better understand, and ultimately prevent, deaths and injuries due to firearms.

“When this many of our neighbors and family are dying by firearms, it merits attention. But the field has been neglected,” says Andrew Morral, PhD, a senior behavioral scientist at RAND Corporation and director of the National Collaborative on Gun Violence Research. He received a CDC grant in September 2020 to study household firearms ownership and is hopeful this new dedicated funding may be a turning point. “The federal government has a history of starting research programs to address big safety or public health problems such as smoking, HIV/AIDS, and traffic accidents,” he notes. “We haven’t had anything like that for firearms violence, but I think this could be the start of a real flourishing.”

A HISTORY OF THE FUNDING FREEZE

In 1993, Arthur Kellermann, MD, then at the University of Tennessee, and colleagues published a highly publicized paper that found keeping a gun in the home was strongly associated with an increased risk of homicide by an intimate acquaintance or family member (*The New England Journal of Medicine*, Vol. 329, No. 15, 1993). After the paper’s publication, the National Rifle Association lobbied for the elimination of

the CDC’s National Center for Injury Prevention and Control, which funded the study. In 1996, Congress responded by passing an appropriations bill that stated that “none of the funds made available for injury prevention and control at the Centers for Disease Control and Prevention may be used to advocate or promote gun control.” In the 1997 budget, the \$2.6 million that the CDC had invested in firearms research the previous year was shifted to research on traumatic brain injuries.

The amendment to the appropriations bill didn’t explicitly ban research on gun violence. But its vague wording made it hard for the federal research agencies to know what was and wasn’t allowed. Equivalent language was later added to the legislation that funded the NIH. In both the NIH and CDC, funding for gun violence and injury research ground to a halt—a chilling effect that lasted for two decades. After mounting public pressure to address gun violence, however, congressional leaders clarified in 2018 that the rule applies specifically to gun control advocacy and does not prevent the CDC from funding gun violence research. That clarification opened the door for research awards in 2020.

While some researchers have continued to do work on firearms violence with funding from private foundations or state grants, the lack of federal funding has set the field back, Morral says. An analysis by David E.

Stark, MD, and Nigam H. Shah, MBBS, PhD, found that gun violence was associated with significantly less funding and fewer publications than public health problems of a similar scale. While gun violence and sepsis kill about the same number of people each year, funding for gun violence research from 2004 to 2015 was just 0.7% of that for sepsis, and the publication volume was just 4% of that for sepsis. Gun violence was the least researched of the 30 leading causes of death, and the second-least funded after falls (*JAMA*, Vol. 317, No. 1, 2017).

“Private foundations have been keeping the lights on. But this new federal funding is a big deal for the field,” Morral says.

NEW RESEARCH UNDERWAY

Given the dearth of research funding, there are big gaps in our basic understanding of gun ownership and gun violence. “Without a doubt, we’re way behind in this area of injury prevention research. In the field of suicide prevention, the lack of federal funding has hamstrung us for decades,” says Craig Bryan, PsyD, ABPP, director of the Division of Recovery and Resilience at The Ohio State University College of Medicine. “The majority of suicide deaths in the U.S. involve a firearm, yet we know very little.”

Bryan was awarded an NIMH grant to study the mechanisms underlying the association of firearms availability and vulnerability to suicide. He and his colleagues are recruiting both non-gun owners

and gun owners, including those who regularly carry a firearm and those who do not. Some of the participants report having been suicidal in the past. The exploratory study will involve interviews, self-report surveys, and behavioral tasks to investigate how participants respond to predictable and unpredictable threats. “The central idea is to study the psychological processes that contribute to people wanting to acquire a firearm,” Bryan says. “We hope this will help us identify where to focus our future efforts so we’re not just stabbing in the dark.”

Many open questions remain about the psychology of gun ownership. But there’s also a lack of understanding about who owns guns in the first place. Morral is the lead investigator on a CDC-funded project that aims to develop gun ownership estimates for various strata of the population, including groups defined by race, age, gender, marital status, and urban versus rural location. Without such basic data about who owns guns, he says, it’s impossible to identify which policy interventions might be most effective for reducing gun violence and injury in specific populations. “Firearms violence and suicide is very disproportionately distributed across different groups,” he says. “We hope to use these estimates to do more sensitive analyses of the effects of different gun policies.”

While the funding freeze hampered basic knowledge on gun violence, it also blocked the pipeline of new researchers entering the field. Krista Mehari, PhD, an assistant professor of

psychology at the University of South Alabama, entered graduate school with a plan to study gun violence, but given the challenge of securing funding, her adviser steered her toward studying violence more broadly. As a post-doctoral fellow, she tried again to focus on guns—and again, faculty urged her toward topics with more available grants. “I was delighted when the CDC announced awards in gun injury prevention,” she says. “It felt like an opportunity to finally do the work I’ve wanted to do for a long time.”

Mehari now has CDC funding to study risky gun-related behaviors and the acceptability of prevention approaches among Black boys and young men (the population at the greatest risk of death by homicide with a firearm, according to research) and among older White men (those who studies show are most at risk of suicide). She and her colleagues will begin with qualitative research to understand attitudes and practices around gun use and violence prevention strategies, which they’ll use to develop a national survey. In both homicide and suicide prevention, there has often been a focus on taking away guns, Mehari says. “The problem is, there’s a cultural disconnect between the people who own and use guns and those who are working to prevent deaths completed with the use of guns. That leads to prevention strategies that aren’t ecologically valid,” she says. “The goal of our project is to try to start bridging that gap.”

Gun control remains a hot-button political issue, and other researchers are also seeking

RESOURCES

APA’s gun violence prevention advocacy
www.apa.org/advocacy/gun-violence

Centers for Disease Control and Prevention’s firearm violence prevention information and funding opportunities
www.cdc.gov/violenceprevention/firearms/index.html

Giffords research funding
<https://giffords.org/issues/research-funding>

APA’s Resolution on Firearm Violence Research and Prevention
www.apa.org/about/policy/firearms



common ground between gun ownership and safety. David Schwebel, PhD, a professor at the University of Alabama at Birmingham, and colleagues have a CDC grant to develop and evaluate an interactive website, called ShootSafe, designed to teach children how to engage safely with firearms to reduce the risk of accidental injuries and deaths from guns. “We know children in our country are using firearms for hunting and shooting recreationally, and it’s not realistic to stop that from happening. So how can we use psychological science to reduce tragic accidents?” says Schwebel, whose background is in pediatric injury prevention. “As psychologists, we already know a good deal about how to change behavior. We’re taking what we’ve learned from things like dog bite prevention or poisoning prevention and applying it to the issue of unintentional firearms injuries.”

This type of research would have been impossible a few

years ago, he adds. “We could never have done a project of this size and scope without federal funding.”

APA ADVOCACY EFFORTS

Restoring funding for firearms research didn’t come easily. For years, organizations including APA have been engaged in advocacy efforts to support funding for gun violence prevention. The APA Resolution on Firearm Violence Research and Prevention, approved by APA’s Council of Representatives in 2014, calls for a science-based public health approach to gun violence research and prevention. In 2018, APA and more than a dozen medical and public health groups partnered with Giffords, the gun violence prevention organization founded by former U.S. Rep. Gabrielle Giffords, who survived a gunshot to the head in an assassination attempt in 2011. The 2018 partnership was forged in an effort to urge Congress to fund research to address gun violence. In 2019,

Advocates of gun reform legislation hold a candlelight vigil for victims of mass shootings outside the headquarters of the National Rifle Association in Fairfax, Virginia, on Aug. 5, 2019. Thirty-one people had died following two mass shootings over the previous weekend in El Paso, Texas, and Dayton, Ohio.

APA CEO Arthur C. Evans Jr., PhD, spoke at a congressional roundtable event about the need for dedicated federal funding for gun violence prevention research.

While those efforts have begun to pay off, APA will continue to take an active role in advocating for support of gun violence research, says Ben Vonachen, senior director of congressional and federal relations at APA. “The \$25 million of federal funding is a good down payment in terms of the need, but it gets our foot in the door,” he says. “Through our advocacy efforts with other partners, we’re hoping to build momentum to increase that amount over time.”

Meanwhile, experts say that psychology has much to offer this public health crisis. “With every mass shooting, there is a growing consensus that we need to do something about this problem,” Morral says. “Research is one of those things, and there is a real need for the methodological expertise of the kind that psychologists bring to the table.”

The opportunities for psychological research are wide-ranging, says Mehari. “In many areas of psychology, things have been so heavily researched that to ask a novel question, you need an intensive study design and a lot of resources. Because of the slower momentum in the field of gun violence prevention, there is so much space to ask and answer a lot of important questions,” she says.

The problem, she adds, is urgent. “We’re losing so many people to gun violence, unnecessarily. And there is so much we don’t know.” ■



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5 QUESTIONS FOR BENJAMIN KARNEY

The social psychologist's research on heterosexual marriage is showing how conventional wisdom on improving intimacy may not apply to couples facing financial difficulties

BY HEATHER STRINGER

In 2003, when Benjamin Karney, PhD, started asking heterosexual newlyweds to estimate the chances that they would still be married in three years, nearly all the couples he interviewed were highly optimistic that they would still be happily married. As he followed the couples, Karney found that, in fact, many were significantly less satisfied with their relationships and some had even divorced after three years. As he pored over psychology research aimed at helping partners navigate the difficulties of maintaining intimacy, he noticed that most studies had been conducted with White, middle-class participants. The interventions informed by that work focused on improving communication between spouses who likely had enough financial stability and discretionary time to prioritize their relationship, but Karney wondered whether these interventions would be effective for couples with lower incomes.

"Psychologists had studied many variables that affect marriage outcomes, but not socioeconomic status," says Karney, who codirects the Marriage and Close Relationships Lab at the University of California, Los Angeles. "Sociologists and demographers know that a college education nearly doubles the survival rate of marriages; now psychologists need to understand why this is true."

For more than 10 years,

Karney's lab has followed hundreds of ethnically and racially diverse heterosexual married couples with varied income levels. In Los Angeles, he recruited participants living in ZIP codes where the median household income was no more than 160% of the federal poverty level. In Harris County, Texas, he focused on neighborhoods where more than 30% of

households had income below the federal poverty level. His team is uncovering the reasons why the traditional approach to improving relationship satisfaction may not work for those who are facing financial challenges. He talked to the *Monitor* about his findings as well as a strategy that has the potential to help these couples enjoy fulfilling and lasting marriages.

What have you learned from studying married couples?

We have found that couples at all levels of socioeconomic status want more or less the same things from their intimate relationships: passion, closeness, and commitment. The difference between richer and poorer couples is not in what they want, but in their ability to pursue their goals. A study showed that the couples with lower incomes than others in their neighborhood are much more likely to be working nonstandard hours that keep them apart from one another; they struggle with child-care issues and having enough money to cover expenses; substance use is more prevalent in their communities. Essentially, their ability to connect and have a good conversation is hampered by the fact that their circumstances are more likely to be unstable and stressful.

How do those challenges affect communication?

We recently discovered that the communication advice that may seem



obvious for middle- or high-income couples can in fact be maladaptive for lower-income couples. For example, one interaction pattern that is traditionally understood to be destructive for relationships is the demand-withdraw pattern. One partner wants change while the other is happy with the status quo and withdraws to avoid making changes. Research on middle-class couples shows that this pattern harms relationships because one partner is not meeting the demand for change even though he or she could do so. But what if a husband or wife could not meet a demand due to external circumstances? Perhaps one partner wants his or her spouse to make more money, but there are no opportunities to increase income. In this case, it might be adaptive to disengage from the conversation rather than focus on an intractable

problem. Our research bore this out: When we studied couples with different levels of income, the demand-withdraw pattern was associated with lower satisfaction in more affluent couples but higher satisfaction in lower-income couples.

How has this work changed your view of marriage?

One thing I've learned is that we know less about the normal course of marriage than we originally thought. For years, researchers believed that the average couple started out happy and over time became less happy. But literature is showing that there are large groups of people who start out happy and stay that way for years. We need to explore how these couples remain satisfied with their relationships, and how even these satisfied couples sometimes divorce.

There has also been an assumption that the way partners treat each other will determine marital satisfaction. This is not always true. For couples with fewer material advantages, the partner's ability to provide for the family, remain employed, care for the children, or refrain from substance use may be just as or even more important than the way they treat one another.

What are the policy implications of your findings?

We may be jumping the gun by trying to teach communication skills to couples who are dealing with much bigger problems related to their socioeconomic status. Perhaps we might help these couples experience more intimacy if we reduced the stress in their lives with programs that address the effects of income inequality directly, such as raising the minimum wage, adjusting the earned income tax credit, or easing access to health care and child care. One of the goals of my lab is to inform discussions among policymakers and encourage them to evaluate the impact of new legislation on marriages and families. When we vote on a law, we read the economic and environmental impact statements, and we should be recognizing the family impact as well.

Are you exploring how this approach could increase relationship happiness?

We are currently studying whether raising the minimum wage affects marriage and divorce rates, and I'm interested in investigating whether states that took advantage of the Affordable Care Act saw a change in marriage outcomes for lower-income couples. Also, for some families, the stimulus checks they received during the COVID-19 pandemic were more than what they lost financially, and this is another opportunity to study the effect of income supports on intimacy. ■



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LED ZEPPELIN, 'STAIRWAY TO HEAVEN,' AND MEMORY

A copyright infringement case about a renowned rock song highlights the importance of considering memory when addressing such disputes decades after a song's composition

BY JOHN M. MCCORMICK-HUHN, PhD, UNIVERSITY OF NEVADA, LAS VEGAS,
AND JENNIFER K. ROBBENNOLT, JD, PhD, UNIVERSITY OF ILLINOIS

The rock band Led Zeppelin wrote its famous "Stairway to Heaven" in early 1970 and released it to the public in 1971. Over four decades later, the band members were sued for copyright infringement (*Skidmore v. Led Zeppelin*, 2014). Led Zeppelin had opened for another band, Spirit, in 1968. The suit alleged that Led Zeppelin band members Jimmy Page and Robert Plant stole the song's iconic opening guitar riff from a 1968 song by Spirit called "Taurus."

Copyright infringement is established when the plaintiff shows "(1) ownership of a valid copyright, and (2) copying of constituent elements of the work that are original." Copying can be demonstrated by showing that two works "are substantially similar in their protected elements" and "that the infringing party had access to the copyrighted work" (*Rice v. Fox Broad. Co.*, 2003). Witness testimony can be critically important to show whether the band had access to the copyrighted work. Likewise, such testimony is relevant to a critical defense in copyright infringement claims: that the work in question is the product of "independent creation." A witness can speak to the song's origins, the individuals involved, and other business dealings.

How can a plaintiff bring suit after decades of inaction? Suits for copyright infringement are subject to a three-year statute of limitations. However, this three-year limitations period starts over with "each act of infringement." In short, "[i]f a defendant reproduces or sells an infringing work on a continuing basis, a plaintiff can sue every 3 years until the copyright term expires—which may be up to 70 years after the author's death" (*Petrella v. Metro-Goldwyn-Mayer, Inc.*, 2014, Breyer, J., dissenting).



AT ISSUE

The importance
of considering
memory as a
factor when
determining
how to address
copyright claims

Another legal doctrine—the doctrine of "laches"—might limit the time within which a party can bring suit. The laches doctrine aims to prevent unreasonable delays that will adversely affect the opponent, such as in cases with "lost, stale, or degraded evidence, or witnesses whose memories have faded, or who have died" (*Evergreen Safety Council v. RSA Network, Inc.*, 2012). But the U.S. Supreme Court has greatly curtailed the use of laches in the copyright litigation context, reserving laches for "extraordinary circumstances" (*Petrella v. Metro-Goldwyn-Mayer, Inc.*, 2014). Such circumstances currently remain ill-defined.

The Led Zeppelin case demonstrates vulnerabilities that the statute of limitations and the laches doctrine leave open. When the suit was brought, the band members were all in their 60s or 70s. Undoubtedly, time had clouded their memories of the events surrounding the creation of "Stairway to Heaven." But, in addition, the specific ways in which memory fades with time can make it difficult to answer critical questions related to the creation of a musical work: Who first came up with this riff? When and where was the riff created? When or in what order did we first hear the competing song? When did we write that piece—before or after we first heard the other band? Pinpointing the origins of the guitar riff in "Stairway to Heaven" requires the ability to disentangle complex associations and correctly locate specific details in time.

The fact that the memories most relevant to legal copyright questions are the types of memories most affected by natural aging processes underscores the importance of considering age as a factor when determining how to address copyright claims brought decades after the creation of the relevant works. ■



CE

CONTINUING EDUCATION MENTAL ILLNESS AND VIOLENCE: DEBUNKING MYTHS, ADDRESSING REALITIES

BY TORI DEANGELIS

Many health service psychologists will, at some point in their careers, evaluate, treat, or study the relatively small number of people with serious mental illness who have committed or have the potential to commit violence toward others. Most often they see these individuals in psychiatric inpatient or forensic settings, but occasionally in private practice as well. Many more psychologists have also treated clients who have contemplated or even completed suicide, considered by some to be violence against the self.

To aid psychologists' understanding of this challenging phenomenon, there is a growing body of research that is helping to tease apart why some people with serious mental illness are prone to aggression or violence while others are not, and how clinicians and others can help.

CE credits: 1

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

1. Cite specific symptoms of serious mental illness that are associated with violent behavior while understanding that diagnosis alone cannot determine who may commit violence.
2. Understand the strong role that contextual factors such as poverty, neighborhood, and substance use play in violence perpetration by people with serious mental illness, as well as those without mental illness.
3. Describe evidence that disconfirms the inaccurate bias that people with mental illness are largely responsible for mass shootings and other acts of mass violence.

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

While perpetrating violence is relatively uncommon among those with serious mental illness, when it does occur, in many cases it is intertwined with other issues such as co-occurring substance use, adverse childhood experiences, and environmental factors, says Eric B. Elbogen, PhD, a psychologist and professor of psychiatry and behavioral science at the Duke University School of Medicine who studies violence and mental illness.

"If a person has a severe mental illness, [they] may have other risk factors for violent behavior," he says. "So, it may not be mental illness that is driving the violence at all, but rather factors like having been abused as a child, being unemployed, or living in a high-crime neighborhood."

It is important to learn about these issues not only to better treat these individuals and to aid their families and communities but to combat the misperception that most people with serious mental illness are violent, adds Jeffrey Swanson, PhD, a medical sociologist at the Duke University School of Medicine and a prominent researcher of the topic. For example, people often believe that people with mental illness are largely responsible for incidents of mass violence and that people with mental illness are responsible for a large share of community violence. Yet both views have been roundly debunked by research, says Swanson.

"We need to do some serious myth-busting around

these ideas," he says, "because people believe them, and they have real consequences."

STATE OF THE KNOWLEDGE

Overall, people with serious mental illness—which generally refers to those with major depressive disorder, bipolar disorder, schizophrenia, and schizoaffective disorder—are somewhat more likely than members of the general public to commit acts of violence, research shows. A study by Richard A. Van Dorn, PhD, of RTI International, and colleagues, for example, found that in a nationally representative community sample of 34,653 people from the National Epidemiologic Survey on Alcohol and Related Conditions, 2.9% of people with serious mental illness had committed violent acts between 2 and 4 years following the study's baseline, compared with 0.8% of people with no serious mental illness or substance use disorder. However, 10% of people with both serious mental illness and substance use disorder committed such acts during that time (*Social Psychiatry and Psychiatric Epidemiology*, Vol. 47, No. 3, 2012).

Such research may seem to support the notion that people with mental illness pose a danger to society. But a closer look reveals that the situation is more complex, says Elbogen. In the most general sense, "there is a link between mental health and violence," he says, "but at the same time, most people with severe mental illness are not violent."

As important, a growing body of research shows that when people with serious mental illness commit violent or aggressive acts, other factors besides the illness itself are often at play, says Kimberly Brown, PhD, ABPP, an associate professor of clinical psychiatry and behavioral sciences at Vanderbilt University Medical Center and host of an APA 2020 convention workshop (available on demand) on the topic.

A big factor is co-occurring substance use. “If you have both a mental illness and a substance use diagnosis, the combination is synergistic and dangerous,” Brown says.

Other contextual factors likewise play a part in why people with mental illness may turn to violence or aggression, research finds. In the MacArthur Violence Risk Assessment Study—one of the most rigorous and widely cited studies on the topic to date—only two clinical symptoms were associated with violent acts among psychiatric inpatients 20 weeks after discharge: “command hallucinations,” or psychotic voices telling a person to harm others; and psychopathy (characterized by a lack of empathy, poor impulse control, and antisocial deviance), which is not typically considered a serious mental illness. Just as likely to play roles were a history of prior violence, a history of childhood physical abuse, having a father who abused substances or was a criminal, displaying antisocial behavior, and scoring high on anger measures.

One of the most striking findings from the original MacArthur Violence Risk Assessment Study

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In some areas, violence is an equally likely outcome whether a person has a mental illness or not, a study finds.

is an environmental one: When the team compared discharged psychiatric patients without substance use disorder with people from their same neighborhoods, their rates of violence were about the same, says Paul Appelbaum, MD, Elizabeth K. Dollard Professor of Psychiatry, Medicine, and Law at Columbia University and a site principal investigator on the MacArthur Study. In other words, when neighborhoods are unsafe, poor, and high in crime, violence is an equally likely outcome whether a person has a mental illness or not.

In short, says Appelbaum, “a great deal of what is responsible for violence among people with mental illness may be the same factors that are responsible for

violence among people without mental illness.”

DRIVING FORCES, BIG RESEARCH QUESTIONS

Meanwhile, Elbogen and colleagues have been examining possible internal and situational forces that may drive people with serious mental illness to commit violence. Using data from the National Epidemiologic Survey on Alcohol and Related Conditions, they examined the potential role of three main domains of risk factors as described in the “I³ model” of aggression: “dispositional impellance,” or internal factors such as anger and perceived threats that may impel someone to commit violence; “situational impellance,”

or contextual factors such as divorce or separation, financial problems, or victimization that may foster violence; and “disinhibition,” external factors such as drug or alcohol intoxication that make it easier for a person to commit violent acts. These factors mitigated the relationship between violence and mental illness; in fact, participants with serious mental illness were less likely to commit violent acts than those without serious mental illness once those factors were removed (*Clinical Psychological Science*, Vol. 4, No. 5, 2016).

Despite significant advances in knowledge, however, research in the area is still mixed, says Brown. Some studies find larger links between violence and mental illness than others, and others find no relationship at all. Several reasons help to explain such differences, including that researchers use different population samples in their studies, as well as different definitions and variables to measure violence and mental illness. With violence, for instance, some studies include relatively minor acts of aggression, while others focus exclusively on serious acts of harm toward others. The same is true with mental illness, with some studies of schizophrenia and violence, for example, including

only so-called positive symptoms like hallucinations, which are associated with high rates of violence. But other studies find that negative symptoms, such as apathy and loss of motivation, are associated with lower violence rates (*Archives of General Psychiatry*, Vol. 64, No. 5, 2006).

The bottom line? “Diagnosis alone is never enough to tell you if someone is likely to be violent again in the future,” says Brown. Instead, a contextual approach is needed that considers symptoms, circumstances, and individual characteristics, among other factors, she says.

In an editorial in *The American Journal of Psychiatry* (Vol. 176, No. 9, 2019), Appelbaum also points out that many of the current studies, reviews, and meta-analyses in the field rely on data originally collected for other studies, not for the specific purpose of studying the relationship between mental illness and violence. To help move the field forward, he suggests that researchers conduct more prospective studies that use violence as the primary outcome measure and have sufficient power to identify the range of risk-related variables and integrate them into sound theoretical models. Also helpful, he says, would be developing uniform research methods when studying the topic.

“A great deal of what is responsible for violence among people with mental illness may be the same factors that are responsible for violence among people without mental illness.”

PAUL APPELBAUM, MD, COLUMBIA UNIVERSITY

KEY POINTS

1
The vast majority of violent acts are not due to mental illness, and most people with mental illness are not violent.

2
When people with mental illness do commit violence, it is often due to contextual or background factors such as a history of childhood physical abuse, living in poor and/or dangerous neighborhoods, or using substances.

3
Factors that predict violence in general—antisocial behavior, substance use, and anger issues, for example—also predict violence in individuals with mental illness.

WHICH SYMPTOMS LEAD TO VIOLENT BEHAVIOR?

Sometimes, mental health symptoms in and of themselves can spur a person to aggression or violence. These include when the person suffers from:

■ **Persecutory delusions and “command hallucinations.”** For people with psychotic disorders such as schizophrenia, studies show that some of the conditions’ positive symptoms can provoke violence. These include persecutory delusions, such as when a patient thinks people are putting implants in their head or are targeting them with harmful laser beams, particularly when they are also feeling angry or irritable. Another such symptom is “command hallucinations”—when a patient reports hearing voices that order them to hurt someone.

■ **Grandiosity, grandiose delusions, and mania.** Grandiosity, a hallmark of the manic and hypomanic phases of bipolar disorder, can likewise play a role in violence and aggression, studies find. People can be overtaken by an exaggerated sense of their own power, which can stunt their ability to empathize with others and foster a sense of entitlement, including the right to take advantage of or exploit others, Brown explains.

Similarly, the high energy that often accompanies mania can lead to violence or aggression on its own terms. A study by Jillian K. Peterson, PhD, an associate professor at Hamline University in St. Paul, Minnesota, and colleagues, for instance, found that of 429 crimes committed by 143 offenders with mental illness, 3%

related directly to depression, 4% to psychosis, and 10% to bipolar disorder, including impulsivity (*Law and Human Behavior*, Vol. 38, No. 5, 2014).

■ Antisocial personality traits.

Violence among people with serious mental illness often goes hand in hand with a youthful history of conduct disorder and a present diagnosis of antisocial personality disorder, characterized by disregard for others, deceitfulness, and manipulation of others for personal gain, research also shows. While these disorders are considered in the realm of personality disorders, it is likely that many more people would be placed in a category of people with mental illness and at high risk for violence if these disorders were included, Brown says.

Swanson and colleagues examined some of these factors in an analysis of data on 1,445 participants who took part in the NIMH Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) Study, conducted in the

mid-2000s. People with schizophrenia, they found, were twice as likely to commit violent acts if they had a history of childhood conduct problems (28%) than if they did not (14%) (*Law and Human Behavior*, Vol. 32, No. 3, 2008). And in a subset of the most violent patients in the MacArthur Study, University of California, Berkeley, psychology professor Jennifer Skeem, PhD, and colleagues found that only 12% had experienced psychotic symptoms before committing a violent act, while the subsample as a whole met criteria for antisocial personality disorder, had long histories of conduct problems, and had difficulty managing anger (*Clinical Psychological Science*, Vol. 4, No. 1, 2016).

BRINGING CONTEXT INTO TREATMENT

Clinicians need to consider such complexities when conducting treatment and assessments, say psychologists and others who work with patients with serious mental illness who may be at risk for violent behavior.

FURTHER READING

Special issue: Violence and mental illness

Swanson, J. W. (ed.)
Harvard Review of Psychiatry, 2021

In search of a new paradigm for research on violence and schizophrenia

Appelbaum, P. S.
The American Journal of Psychiatry, 2019

Beyond mental illness: Targeting stronger and more direct pathways to violence

Elbogen, E. B., et al.
Clinical Psychological Science, 2016

“Each patient needs to be assessed individually to identify factors that seem causally related to acts of violence that have occurred in the past, and to focus on intervening with those factors to reduce future risk,” says Appelbaum.

One basic intervention is making sure that people are following treatment protocols, says Shirley M. Glynn, PhD, a clinical and research psychologist at the Semel Institute for Neuroscience and Human Behavior at the University of California, Los Angeles.

“When I hear of somebody with a serious mental illness who has acted violently or aggressively, the first thing I ask [their clinician] is, ‘Where are they in terms of their treatment?’” she says. Often they have let treatment and medications lapse, “and if you can help them get back into treatment, a lot of their [aggressive or violent] behavior settles out.” Findings from the CATIE Study bear this out, showing that most patients with schizophrenia who took antipsychotics as prescribed were less likely to be violent than those who did not.

For people with mental illness who have been incarcerated for violent acts, good follow-up can prevent recidivism, adds clinical and forensic psychologist Joel Dvoskin, PhD, ABFP, an expert in mental health and criminal justice assessment for more than 4 decades who has served in numerous related leadership capacities for the states of New York, Nevada, Virginia, and Arizona.

“What you do after people are released matters,” says Dvoskin. He strongly encourages check-ins

Regular check-ins to ensure patients are following medication protocols can reduce risk for violence.



LUIS ALVAREZ/GETTY IMAGES



DRAZEN ZIGIC/GETTY IMAGES

about how former inpatients or inmates are doing and whether they are following their medication regimens.

Also important is developing treatments that address family dynamics in relation to a patient's violence, in part because research suggests that about 1 in 5 family members of people with serious mental illness is the target of such violence each year, says psychiatrist Lisa B. Dixon, MD, MPH, of the Columbia University Department of Psychiatry. In an article in a special issue of the *Harvard Review of Psychiatry* (Vol. 29, No. 1, 2021) on violence and mental illness, Travis Labrum, PhD, of the University of Pittsburgh School of Social Work, Dixon, and colleagues reviewed 18 qualitative studies on factors correlated with

violence toward family members, including a patient's reliance on family members for financial and other support, limit-setting by family members, and the presence of criticism, hostility, and verbal aggression on both sides.

While research on family and caregiver interventions in this area is still limited, promising avenues include helping patients engage in recovery-oriented treatment and strengthening support services that could reduce reliance on family members, says Dixon. Also promising are evidence-based interventions that support the ability of family members to prevent and manage family conflict, including multifamily group treatment and the National Alliance on Mental Illness's Family-to-Family program,

Group interventions that support the ability of family members to prevent and manage family conflict are showing promise in helping patients who may be at risk for violent behavior.

a free, eight-session educational program for family, friends, and significant others of people with mental illness that guides caregivers in supporting their loved ones and themselves and handling crises when they arise. Meanwhile, strategies targeted to young people, like using internet-based treatments to help engage them, also hold promise.

Knowledge about medications is also improving, finds another review article in the 2021 *Harvard Review of Psychiatry* special issue by psychiatrists Leslie Citrome, MD, MPH, of New York Medical College in Valhalla, New York, and Jan Volavka, MD, PhD, a professor emeritus at NYU Langone Health. They find strong evidence that two common drugs given to people with schizophrenia, clozapine and olanzapine, can help reduce symptoms of hostility, but that other antipsychotic medications typically prescribed to people with schizophrenia are unlikely to make a difference.

Forensic assessment has likewise grown in sophistication, says Dvoskin. Currently, there are two types of assessment instruments: actuarial instruments, which calculate a person's likelihood of committing future violence based on a decision-making tree, and structured professional judgment instruments, which use those same tools but give evaluators the ability to make more nuanced decisions based on a person's particular circumstances.

While both methods are good predictors of future violence, Dvoskin prefers structured professional judgment because "it allows us to use clinical judgment to decide how serious a person's

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Kate MacShane, LCSW-C, MEd, MSW

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**Effective Supervision of School Psychology Trainees:
What Supervisors Need to Know**
Angie Whalen, PhD, NCSP

APA INTERPROFESSIONAL CONVERSATIONS

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Mindfulness, Embodiment, and Eating Disorders
Catherine Cook-Cottone, PhD; Chelsea Roff, C-IAYT

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**Intersections of Race, Ethnicity, and Immigration
Stressors and Strengths**
Germán Cadenas, PhD; Cheryl Aguilar, LICSW, LCSW-C

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risk is.” It also provides room to consider dynamic factors that may lead to violence, such as being laid off from work or experiencing domestic violence.

“I don’t think context is a get-out-of-jail-free card,” says Dvoskin, “but it’s certainly relevant to any risk assessment.”

BROADER INTERVENTIONS

Others are working to address environmental, situational, and contextual roots of violent or aggressive behavior in people with mental illness. Crisis intervention teams are an example: Now in hundreds of cities and towns around the country, these collaborations between police officers, mental health educators, and community advocates are helping resolve high-intensity police interactions in ways that minimize additional violence.

In another effort, Glynn and colleagues are conducting statewide trainings with mental health counselors designed to help people with first-time episodes of psychosis return to school or get and keep a job, which can prevent them from developing other kinds of problems.

In the policy arena, Swanson and others have been tackling the complicated issues of gun violence and mass violence as they relate to people with mental illness. Besides promulgating research showing that mass shootings account for less than 1% of firearm homicides and tend to be committed

by those with issues besides diagnosable mental illnesses, Swanson and others are studying extreme risk protection order laws. In 19 states and the District of Columbia, these laws allow family members and police officers to seek a civil restraining order to temporarily remove guns from people who pose an imminent risk of harming themselves or others (*Harvard Review of Psychiatry*, special issue, Vol. 29, No. 1, 2021).

When Swanson and colleagues evaluated the effects of one such policy in Connecticut, they estimated that for every 10 to 20 gun-removal actions, the policy prevented one suicide. The team also learned that most of these individuals were men and that the central concern was suicide threat (*Law and Contemporary Problems*, Vol. 80, No. 2, 2017).

The findings underscore the importance of paying at least as much attention to suicide risk as to violence committed toward others, Swanson adds, since research shows that 46% of those who die from suicide have a known mental illness, and 60% of deaths from firearms are suicides.

“It’s a big opportunity,” he says, “because if you can keep a gun out of somebody’s hand in a moment of despair, they’re likely to survive. And people who survive a suicide attempt are unlikely to die from suicide going forward.” ■

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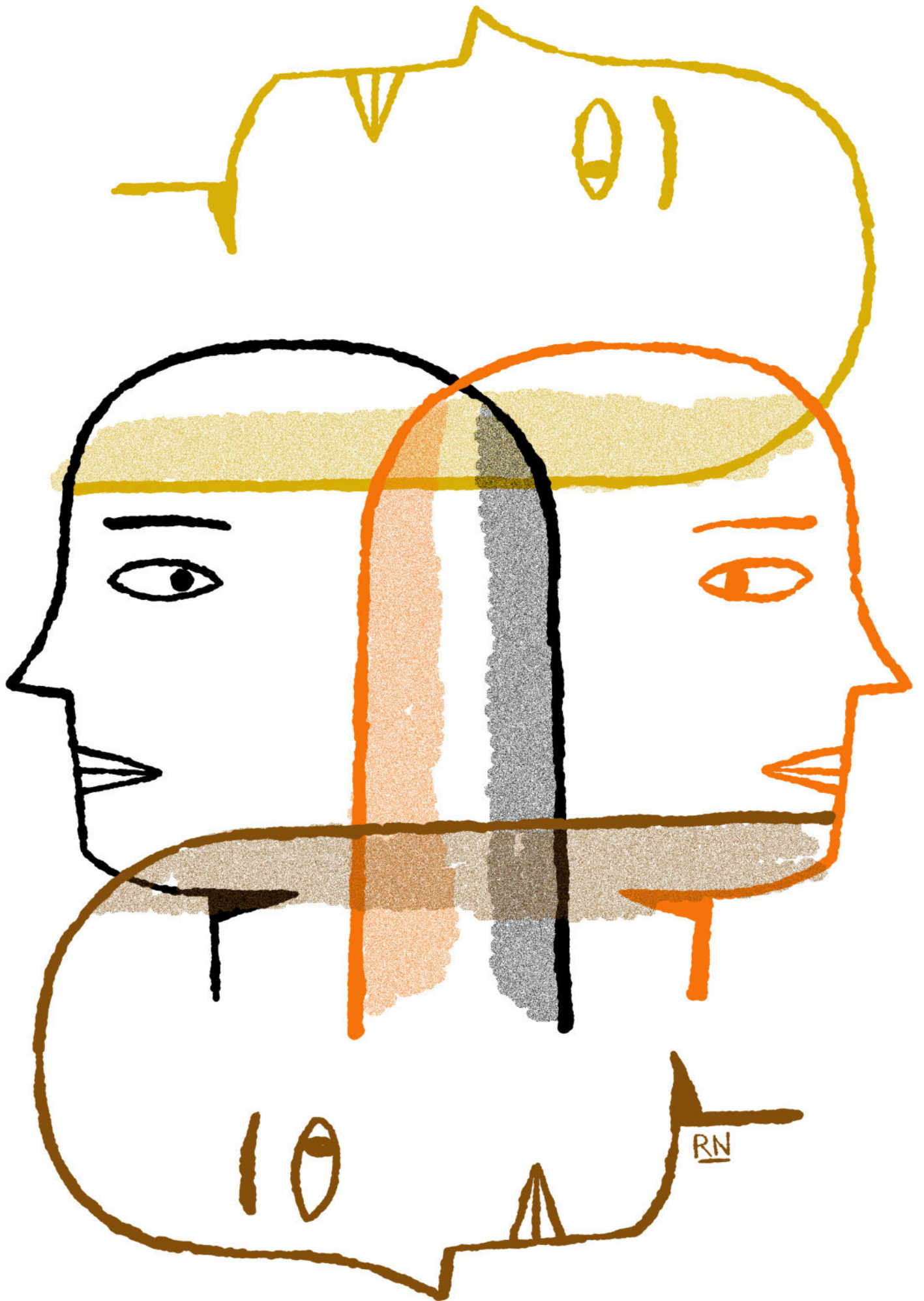


AMERICAN
PSYCHOLOGICAL
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PSYCHOLOGY'S
URGENT
NEED
TO
DISMANTLE
RACISM

IN A TIME OF CRISIS AND RACIAL
RECKONING, WHAT IS PSYCHOLOGY'S
OPPORTUNITY, AND RESPONSIBILITY,
TO TAKE ACTION?

By Efua Andoh



P psychology has an opportunity to continue evolving and meet the needs of a changing U.S. population—starting by countering the pervasive and damaging effects of racism. Experts contend that anti-racist psychological science is better science because it adapts to the reality of an increasingly diverse America. In short, psychology has two choices—advance or become irrelevant.

Pursuing anti-racism in psychology requires a critical examination of how the discipline structures opportunity in ways that uphold White supremacy. Who or what is getting studied, and who is being served? What is psychology's particular responsibility in responding to racism? Who is in the pipeline to become a psychologist? Who is being recruited, trained, and promoted? Are psychologists doing the uncomfortable self-examination to grow toward anti-racism? Whose research is getting funded, published, and cited? How are psychologists countering racism, challenging research norms, and building bridges as mentors and allies?

Most standardization samples in psychological research are made up of individuals from Western, educated, industrialized, rich, and democratic (WEIRD) societies, which can skew the generalizations we make about human behavior (Henrich, J., et al., *Behavioral and Brain Sciences*, Vol. 33, No. 2–3, 2010). Research on Black, Indigenous, and other people of color (BIPOC) is rarer and often requires a White comparison group to get published (Buchanan, N., et al., "Upending Racism in Psychological Science," under review).

WHO DOES PSYCHOLOGY SERVE?

APA's Center for Workforce Studies projects that the demand for psychologists from non-White populations within the United States will grow by 24% by 2030. If the field continues to prioritize White populations, how will it be ready to meet the demands of a changing demographic? Making the field more responsive to the needs of a rapidly diversifying nation is a pressing concern.

Anti-racism within psychological science has never been more critical, according to Mitch Prinstein, PhD, ABPP, APA's new chief science officer. "Science is the pursuit of truth, and until we can embark on scientific practices that are not dominated by White supremacy, we're only going to be getting part of the truth," Prinstein says. "This is urgent. This is mandatory. This is long overdue."

PSYCHOLOGY'S RESPONSIBILITY

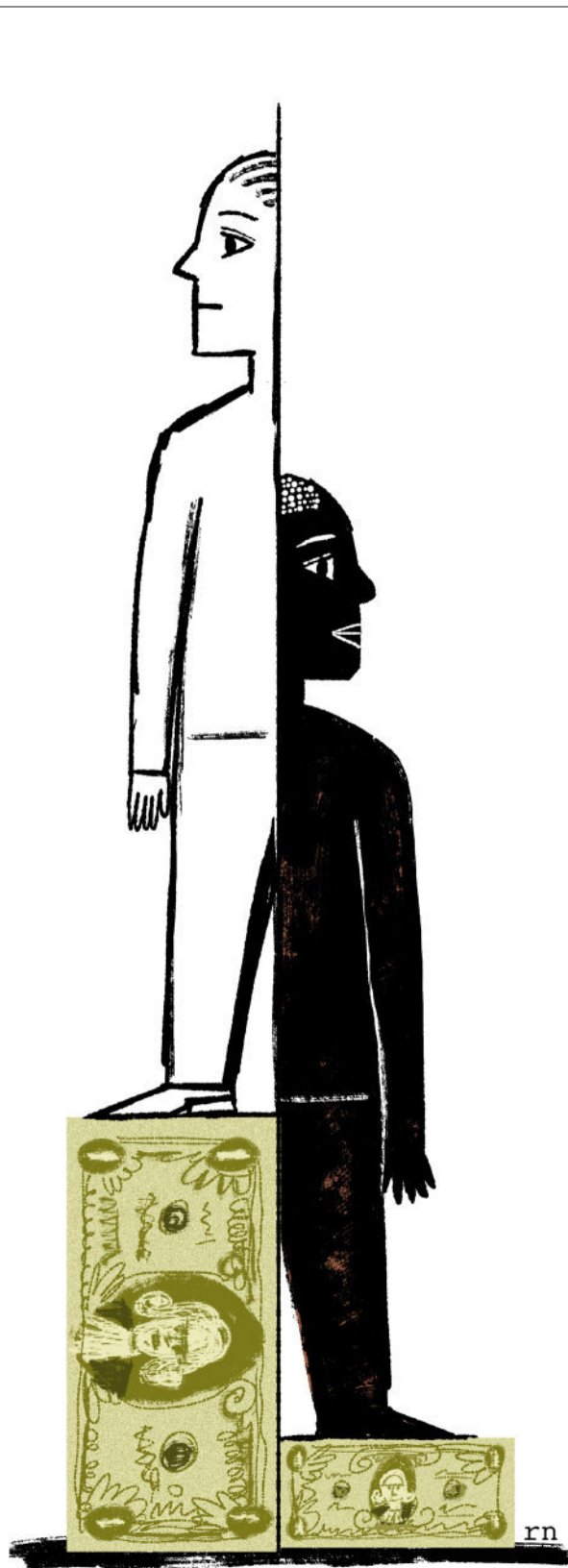
Psychology's contributions to better understand the multifaceted aspects of racism are vast. As experts on human behavior, psychologists have long studied racism's devastating effects, with much of that research leading to positive change. A compelling example is the societal impact of the Kenneth and Mamie Clark doll studies, which illuminated the devastating impact of internalized racism on children of color and contributed to the monumental 1954 *Brown v. Board of Education* Supreme Court decision to desegregate American public schools.



Psychologists have also helped develop the world's understanding of how the human brain shapes and processes bias. Psychologists have long documented the "other-race effect," that is, the tendency for human beings to recognize and remember the faces of members of their own race better than those of other races. The advent of fMRI has allowed neuroscientists to pinpoint critical regions of the brain where such facial processing of other races occurs (Eberhardt, J. L., *American Psychologist*, Vol. 60, No. 2, 2005). Studies have shown a link between processing of other-race faces and implicit biases about different racial groups. These findings have significant implications for highly consequential situations, such as eyewitness identification in judicial proceedings (Wilson, J. P., et al., *Social Issues and Policy Review*, Vol. 7, No. 1, 2013) and the misperception of pain tolerance in medical settings (Mendes-Siedlecki, P., et al., *Journal of Experimental Psychology: General*, No. 148, Vol. 5, 2019).

However, psychology has also been used to uphold systems of oppression, as evidenced by the use of psychological research by some psychologists in the eugenics movement and pathological views of BIPOC communities promoted through psychological testing and assessment.

"How things are arranged in our social world affects what people come to think about that social world, what they come to expect, and what they come to fear," says James M. Jones, PhD, a professor emeritus of psycho-



logical and brain sciences and Africana studies at the University of Delaware. "It is important for psychologists to analyze and understand the social and cognitive structures that maintain racist structures."

THE PIPELINE

Diversity within the psychology workforce remains a challenge. Most recent data show that non-Whites make up only 16% of the psychology workforce, as follows—Hispanic (6%), Black/African American (4%), Asian (4%), and other (2%). However, the increasing diversity at the psychology graduate level is a welcome sign that the future of the profession is changing. In 2019, 38% of psychology graduate students were from racially and ethnically diverse groups, with 12% being African American. However, significant work remains to continue to recruit, retain, and train a psychology workforce as diverse as America.

"We are becoming a majority-minority country," says NiCole Buchanan, PhD, a professor of psychology at Michigan State University. "We cannot continue to pretend that these different individuals are not consequential for the field. Our lack of diverse individuals self-selecting into psychology is because we have not demonstrated that it's a place where they matter, where they are welcomed, and where they are reflected."

Kevin O. Cokley, PhD, a professor of educational psychology and African and African diaspora studies at the University of Texas at Austin, saw how introducing psychology courses

on the African American experience drew Black undergraduates to the field.

“These were classes that students were hungry for. What we started to see was that they could see themselves reflected in the discipline and were now interested in pursuing psychology as a career. If you want the discipline to be anti-racist, at the most basic level you have to make the discipline more diverse,” he says.

UNCOMFORTABLE WORK

The APA Race and Ethnicity Guidelines recommend that, as a fundamental step, psychologists “strive for awareness of their own positionality in relation to ethnicity and race.” This requires consideration of one’s own biases, privileges, and racial socialization. Gaining an understanding of one’s place in the racial and sociocultural hierarchy may not be easy for White psychologists. Shedding past obliviousness about systemic racism may elicit feelings of racial anxiety or guilt. Some may feel a sense of complicity in upholding White supremacy and benefiting from a racist system. There may even be feelings of White fragility, grief, and loss as their racial awareness increases.

However, that discomfort may prove useful. Lisa Spanierman, PhD, a professor of counseling psychology at Arizona State University and researcher on White individuals’ racial attitudes, says, “Guilt when coupled with true empathy and understanding of the structures of White supremacy and how they operate in society can motivate White people to action.”

Psychologists can also work to overcome their biases and blind spots by building their multicultural competence. This requires exploring the psychological science, much conducted by BIPOC scholars, on issues of race and identity and the impact of discrimination on the mental and physical health of communities of color. For psychologist practitioners, this knowledge can be gleaned in part through continuing-education programs, and several state licensing boards specifically require courses in cultural diversity for license renewal.

CONFRONTING RACISM IN RESEARCH

At the institutional level, Buchanan and colleagues provide a comprehensive set of 25 recommendations for dismantling White supremacy in the conduct, reporting, review, and dissemination of psychological science in their paper “Uprooting Racism in Psychological Science.”

“While we have to take accountability around our individual actions, that’s never going to be enough to dismantle a system of oppression,” Buchanan says. “We have to make demands on the system that bridge greater inclusion and create systems that promote equity rather than leaving those things to chance.” Their paper includes a diversity accountability index that breaks each recommendation into concrete action steps that authors, educators, and journal editors and reviewers can take to counter racism in psychological science.



“If you want the discipline to be anti-racist, at the most basic level you have to make the discipline more diverse.”

KEVIN O. COKLEY, PhD,
THE UNIVERSITY OF TEXAS AT AUSTIN

TO LEARN MORE

Read about APA’s action plan for addressing inequality at www.apa.org/news/apa/2020/06/action-addressing-inequality.

Idia Thurston, PhD, one of the paper’s coauthors and an associate professor of psychological and brain sciences at Texas A&M University, encourages the use of system-centered language to describe the structural factors that maintain racism.

“We know that those structures exist. We function in a way that highlights those structures, but how can we use our language in a way that shows that

structural racism is happening?” she says.

For example, rather than simply stating that Blacks have higher blood pressure on average than Whites, she encourages researchers to describe the experiences and environmental stressors that might contribute to higher blood pressure for Blacks. She also recommends that researchers and the institutions that support them set benchmarks and enforce accountability for the use of system-centered language.

DISRUPTING RESEARCH NORMS

Monnica Williams, PhD, director of the Laboratory for Culture and Mental Health

Disparities at the University of Ottawa, urges journal editors to disrupt Whiteness as the norm in psychological research by mandating that authors describe the ethnic and racial diversity of their samples. In her position as an associate journal editor, she requires submitters to do so or risk rejection of their articles. She says not specifying the sample’s diversity creates a twofold problem.

“Number one: If people don’t describe the race and ethnicity of the sample, we don’t know what it is and can’t look at differences in outcomes by race and ethnicity,” she says. “Number two: A lot of the research overrepresents White people, and we don’t really have a good



“I want to see that people of color actually have a say in how the journals run, not simply that you have a few dots of color on your masthead.”

MONNICA WILLIAMS, PhD, THE LABORATORY FOR CULTURE AND MENTAL HEALTH DISPARITIES, UNIVERSITY OF OTTAWA

FURTHER READING

Why clinical science must change or die: Integrating intersectionality and social justice
Buchanan, N. T., & Wiklund, L. O.
Women & Therapy, 2020

A call to action for an antiracist clinical science
Galán, C., et al.
under review

Evaluating and dismantling an intervention aimed at increasing White people’s knowledge and understanding of racial justice issues
Hochman, A. L., & Suyemoto, K. L.
American Journal of Orthopsychiatry, 2020

The psychology of American racism
Roberts, S. O., & Rizzo, M. T.
American Psychologist, 2020

Adverse racial climates in academia: Conceptualization, interventions, and call to action
Williams, M. T.
New Ideas in Psychology, 2019

idea of how big that problem is if people aren’t telling us who’s in their sample.”

Another way to disrupt racist norms in research is to reimagine the peer review process. Reviewer Zero is a multidisciplinary coalition of scientists working to address systemic inequalities in peer review by organizing and training faculty to provide constructive, culturally aware feedback to minoritized trainees. The group began organically in the summer of 2020 following the death of George Floyd. Reviewer Zero’s organizing committee has since recruited more than 1,000 faculty as potential reviewers and surveyed more than 700 early career researchers to gauge their experiences with peer review. They continue to welcome applications from potential reviewers.

MENTORS AND ALLIES

Many BIPOC psychologists have been at the vanguard, pushing the field to better understand systemic racism and its deleterious effects, often in the face of inadequate institutional support or even hostility. Marisol Perez, PhD, an associate professor of psychology at Arizona State University and another coauthor of “Upending Racism,” points to the value of BIPOC psychologists mentoring each other.

“We really need to come together and mentor future scholars on how to deal with differential treatment and racism in what we do instead of having to figure it out on our own,” says Perez.



**“This is urgent. This is mandatory.
This is long overdue.”**

MITCH PRINSTEIN, PhD, ABPP,
APA CHIEF SCIENCE OFFICER

White psychologists can ally with their BIPOC colleagues by approaching conversations with humility and believing the stories their colleagues share about their experiences with racism. Too often those experiences are minimized or denied. They can also engage in the process of institutional transformation in solidarity with their professional colleagues of color.

For example, Williams encourages journals to fully embrace diversity rather than resorting to using token scientists of color. “We can look at the composition of our editors, associate editors, and editorial board and ask, ‘What kind of diversity do we have there?’” she says. “I want to see that people of color actually have a say in how the journals run, not simply that you have a few dots of color on your masthead.”

“The reality is good science requires a diversity of people, methods, ideas, and topics. Staying comfortable in the way we do science now is turning our back on good science. If people don’t see that, they need to start seeing that,” Buchanan says. “We get to be a field of excellence because we are embracing a diversity of theories, a diversity of people and topics and methods. It’s not an either/or; it’s a requirement for excellence.” ■



A person with curly hair is shown in profile on the left side of the frame, looking out at a sunset over the ocean. The sun is low on the horizon, creating a warm, golden glow across the sky and water. The person's hair is a light brown color and is styled in loose curls. They are wearing a light-colored top, possibly a pink or peach color. The overall mood is peaceful and contemplative.

The Ethical Imperative *of* Self-Care

For mental health professionals, it's not a luxury

By Ashley Abramson

It's well known that mental health professions are associated with burnout. That risk increases when the general population faces prolonged stress, psychotherapy is in higher demand, and students' needs—both remote and in-person—are more taxing. As providers continue shouldering their patients' personal difficulties alongside their own, some psychologists argue self-care isn't an optional add-on to a busy schedule but an ethical and moral imperative for the profession. ¶ “We’re going through all the same things as our clients, yet we’re also holding space for them,” says Ana Rodriguez, PhD, a New York-based clinical psychologist and founder of the Self-Care Practice. “There’s so much new pressure on us that now more than ever it’s important that we support ourselves, especially if we have limited external supports.”

In addition to balancing their own stress with that of their patients and students, psychologists are facing unprecedented logistical challenges—working from home with families around, navigating new technologies involved in telehealth and remote teaching, and overcoming barriers to certain treatment methods.

For practitioners, many types of treatment are easy to deliver online; however, some services are more difficult to transform into successful remote solutions. For example, it may be difficult for clinicians to conduct exposure therapy for social anxiety when it's not safe to go out in public, says Erica Wise, PhD, an ethics consultant and clinical professor emerita in the clinical psychology doctoral program at the University of

North Carolina at Chapel Hill. “Depending on the specific focus of their practice, there may be complex technical layers involved in effectively translating evidence-based treatment to a virtual context, especially during a pandemic. Among many examples, this would apply to the work of psychologists who are treating people with obsessive-compulsive disorder, health and contamination fears or phobias, social anxiety, isolation, depression, and hoarding disorders,” Wise says. “And many of these problems are directly exacerbated by the pandemic.”

Even when patients don't have complex treatment plans, psychotherapy can contribute to a risk of burnout. Psychologists can easily grow exhausted by addressing the same stress without new solutions, says Natalie Dattilo,

Psychologists are balancing their stress with that of their patients and students. They are also facing the logistical challenges of seeing patients or teaching from home.





PhD, a clinical psychologist at Brigham and Women's Hospital in Boston. Before the pandemic, she says, patients presented with diverse problems; now, there's not as much variety, and there are constant reminders about how difficult life is for everyone.

Black practitioners in particular face unprecedented, prolonged strain. Not only are Black individuals sorting through their own trauma with therapists in higher frequency, but White people are increasingly seeking support from Black professionals to work through issues of racism brought up by current events. "Now that there's a White lens on these topics, there's so much more demand for Black therapists to be talking about these issues we've been attuned to our entire lives," says Ayanna Abrams, PsyD, a clinical psychologist and founder of Ascension Behavioral Health in Atlanta.

It's important for psychologists to advocate for each other in material ways, says Laura Boxley, PhD, ABPP-CN, chair of APA's Advisory Committee on Colleague Assistance (ACCA). "If I recognize that the well-being of my colleague is related to my leadership as division chair or director of training, it becomes my responsibility to set policy that protects the well-being of those that work for me," she says.

PERSONAL BURNOUT CAN LEAD TO PROFESSIONAL IMPAIRMENT

The longer this stress goes on, the more likely it will surface in, and potentially interfere with, psychologists' work. "Our personal



wellness as psychologists really does impact our ability to help our patients or teach our students, because it directly interfaces with our competence," says Wise.

For example, Abrams says, chronic stress can prompt people to feel disconnected from themselves and others, which can result in a less-attuned, less-sensitive, less-empathic therapist or professor. Stress can also impair treatment and teaching more directly: Under strain, it's more difficult to exercise flexible and creative thinking, which Abrams says can in turn make it hard to help patients reframe their own thoughts—a crucial component of psychotherapy.

Even if a psychologist's stress doesn't noticeably interfere with treatment, patients and therapists are likely to catch on, says Brittany Avila, PhD, an

instructor of psychology at the University of Nevada, Reno. A psychologist's own neglect of self-care can prevent patients or students from taking suggestions for coping strategies seriously.

Clinicians and professors alike are responsible for modeling healthy emotions and behavior. In order to teach other people to engage in self-care during stressful periods, you have to exhibit positive behaviors yourself. "If you don't model it yourself, they won't take it seriously, or they just won't know how to practice it," says Avila, who regularly includes self-care practices as graded assignments in her courses.

Unfortunately, self-care is hard to come by, and that's no different for psychologists. In a society that demands productivity, it can be tough—and

Clinicians and professors can teach others how to engage in self-care by modeling regular exercise and other healthy behaviors.

even feel selfish—to fit new, self-focused practices into an already busy schedule. John Norcross, PhD, ABPP, a distinguished professor and the chair of the Department of Psychology at the University of Scranton in Pennsylvania and a clinical professor of psychiatry at SUNY Upstate Medical University in Syracuse, New York, encourages psychologists to reframe thoughts about self-care from a luxurious add-on to a professional imperative.

“Without self-care, there’s not good patient care,” Norcross says. “Integrating it into a routine becomes easier when you see it not as an additional burden but as part of your profession and craft.”

Here are some practical strategies for incorporating self-care into your life and work, as suggested by fellow psychologists.

GO BACK TO BASICS

The first step to ensuring your own well-being is monitoring your own stress levels and how they’re affecting you emotionally and physically. Rodriguez

encourages prioritizing attention to one’s body: Ample sleep, a nutritious diet, and routine exercise are building blocks for well-being, and they support the ability to cope with stress.

To ensure these practices make it into your daily life, Wise recommends building a routine—scheduling time to break for meals, setting an alert to remind you of a reasonable bedtime, and leaving your shoes by the bed as a signal to go for a morning walk.

If you notice you’re feeling exhausted or disconnected at any point, resist the urge to power forward and, instead, tune in to your body. Mindfulness and meditation, which don’t have to be time-consuming, are both proven to reduce stress. If you find yourself tense during a therapy session, Norcross suggests adjusting your posture, moving your legs a bit in a way that doesn’t distract the patient, and taking a drink of water.

While self-care hinges on self-awareness, ensuring your own well-being is rarely as simple as sleeping a few more

hours each night or eating more vegetables—especially for mental health professionals, Boxley says. For that reason, it’s important to adopt a comprehensive, individualized approach—and to avoid making self-care another to-do item, which can only compound feelings of burnout.

One way to do that: Go easy on yourself and celebrate any progress you make. You’ll be discouraged from sticking with your self-care routine if you aim for perfection. “These aren’t issues we ever get fully solved,” Wise says. “We’ll always be working on taking care of ourselves.”

TAKE A PROACTIVE APPROACH

If you tend to see self-care as a last-ditch effort to restore dwindling energy, try shifting your perspective, suggests Diane Bridgeman, PhD, a current board member of the Monterey Bay Psychological Association and former chair of ACCA. Rather than a reactive strategy, self-care should be seen as a comprehensive method of ensuring you—and your clients, staff, or students—thrive.

“How you define self-care is important,” she says. “It’s not just about being OK, but about flourishing, which requires de-stressing from everyday problems before they become serious.”

While self-care works best when it’s proactive, everyone’s practice is unique. Bridgeman encourages people to think through activities and relationships that spark joy. In what situations are you able to truly relax, reflect, and regroup? Aim to build those experiences into

Reaching out to colleagues for support or seeking therapy can also help psychologists reduce and process their stress.



your routine alongside the building blocks of health, and remember that feeling guilty about not “sufficiently” following your self-sustaining routine is counterproductive.

ESTABLISH WORK BOUNDARIES

In a national survey of psychologists, Bridgeman and clinical psychologist Daniel Galper, PhD, found that 72% of psychologists reported that their number one concern and personal and professional challenge was an “overly challenging work-life balance,” followed closely by “burnout or compassion fatigue.” Bridgeman says the risks for those challenges have only increased during COVID-19.

The demands on your time and attention may be more intense than ever, which is why it’s so important to limit how much you devote to work. If you work outside the home, Norcross suggests implementing a ritual that reminds you you’re done working when you enter your door. For example, you could change clothes, make a cup of tea, or turn on your favorite music—anything that turns off your “work” switch.

Now that many professionals are working from home, it’s even easier for work to trickle into hours normally reserved for rest or recreation. It’s inevitable that unexpected, timely tasks will pop up on occasion, but do your best to stick with a routine that separates work time from personal time. Consider adding a “fake commute” to your routine, which replaces the daily transition from work to home with walks, runs,



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DIANE BRIDGEMAN, PhD,
MONTEREY BAY PSYCHOLOGICAL ASSOCIATION

and bike rides. And if you don’t have a dedicated home office, do your best to reserve your work-space for work alone.

On top of clarifying when you work, reconsider how much you work and with whom. For example, Abrams says she often receives emails from laypeople and professionals who want to tap into her expertise of racism-based trauma to overcome their own biases. Instead of educating people about the impact of racism by email, she

Take advantage of self-care resources provided by employers, such as Zoom yoga or meditation classes.

recommends referring them to another therapist or an online resource.

You may also want to rethink your patient load and what types of patients you take on—especially if more work would interfere with your ability to take care of yourself and support your patients. “Many of us tend to give from what we have left, but it’s important for psychologists, especially marginalized populations, to offer to others from a place of rest,” Abrams says.

While it is important to promote balance in your work life, it’s not always easy (or possible) to control systemic factors that contribute to burnout, like gender expectations and division of labor at home and in the workplace, Boxley says. She advocates for people in

positions of power to challenge the system that impedes equitable strategies for professional and personal well-being. “Top-down pressures are often not amenable to an individual just deciding to set boundaries,” she says.

SEEK OUT SUPPORT

It’s easy to isolate in chronic stress, especially when getting together with a friend or family member in person might not be a safe option. According to Rodriguez, feeling disconnected only compounds the original stress.

Prioritizing social interaction with friends and family can be helpful. But a professional outlet is meaningful, too. To take advantage of community support, you can also find a mentor, connect with your supervision group, or reach out to professional organizations such as APA or the Association of Black Psychologists for resources. Norcross suggests psychologists also occasionally go to therapy themselves when stress levels are high.

Samara Toussaint, PsyD, a clinical psychologist and founder of Path2Growth Counseling Services in Long Island, New York, says she began reaching out to colleagues for support after COVID-19 caused her practice to triple. “We’ve never dealt with so many compounded issues at once, and we really need to take the time to process what we experience with colleagues—people who understand,” Toussaint says. “That ‘me too’ can go a long way.”

EMBRACE FLEXIBILITY

Because your normal coping mechanisms might not be

available right now because of the pandemic, look for creative ways to replenish your reserves. As easy as it is to zone out by scrolling news or social media when you’re tired, keep in mind that form of stimulation—which Wise says is called “hyperreality”—only serves to add stress. Instead, schedule events or activities you can look forward to that also encourage a sense of mastery, such as a home project or a physically distanced outdoor activity you enjoy.

Take advantage, too, of any self-care resources in your organization. According to Boxley, psychologists generally agree about the centrality of self-care, but they’re often not aware of resources already available to them, even as many organizations are stepping up to provide self-care opportunities for staff. Christopher Watson, PhD, deputy associate chief of staff of behavioral health at VA Pittsburgh Healthcare System, says he sees it as his responsibility to help his team provide the best clinical care to the veterans they work with. In addition to recharging opportunities at work—his organization streams virtual meditation sessions throughout the week—he encourages staff to use their leave when possible, or to shift around their schedules to better balance work with their kids’ distance learning.

“When we make these changes, it’s not just about convenience,” Watson says. “We always want to give our staff more opportunities to unplug so we can improve their coping

and resilience and, as a result, improve the care they provide.”

PRACTICE SELF-COMPASSION

At its core, Dattilo says self-care is about self-compassion. Practically, that means recognizing your own limits and, if necessary, letting yourself off the hook. For example, you may not accomplish as much as you did in previous years, and your patients or students may not make major strides, either. That’s OK. “Right now, it may not be about remission or absence of symptoms but about helping people improve their coping and resilience,” Watson says. The same applies for instructors: If you can preserve your students’ progress, you’re likely ahead of the curve.

Make every effort to home in on personal and professional successes, no matter how small. Norcross recommends running a mental video of successful cases you’ve worked with; you could also keep track of encouraging words from colleagues or students. “Most psychologists are achievement-oriented, and our minds are inordinately preoccupied with cases that did not go well,” he says. “We need to be reminded of the good work we’re doing.”

If you veer off course, don’t beat yourself up. Part of self-care is recognizing you can’t be on top of everything all the time. “We’re all people before we’re professionals,” Watson says. “And while stress might impact everyone in different ways, it’s impacting everyone in some shape or form—including psychologists.” ■

RESOURCES

Wellness webinar series

APA, 2020
www.apa.org/members/content/wellness-webinar-series

Self-care has never been more important

Clay, R. A.
APA Monitor on Psychology,
July/August 2020

How to encourage student self-care

Pappas, S.
APA Monitor on Psychology,
July/August 2020

A photograph of a young man with dark, curly hair lying in bed at night. He is wearing a white t-shirt and is looking down at a smartphone in his right hand. His left hand is resting on his head. The room is dark, and the only light source is the screen of the phone, which illuminates his face and the bed. The overall mood is contemplative and focused.

TAPPING
INTO A NEW
TOOL FOR
RESEARCH

SMART

A person is lying in bed in a dimly lit room. The person's arm is extended, holding a smartphone which is glowing with a blue light. The bed has white pillows and a dark blanket. The overall mood is quiet and contemplative.

Researchers are exploring whether digital footprints from smartphones can be used to assess personality and mental health status

BY HEATHER STRINGER

PHONES

While the amount of time people spend checking their mobile

weather apps, charging their phones, or making calls at night may seem inconsequential, a growing cadre of researchers is showing how smartphones have the potential to enhance psychology's insights into human behavior. ¶ Historically, one way researchers often studied behavior was by asking participants to self-report information, yet research has shown that people can be inaccurate when it comes to remembering specifics about their actions, says Samuel Gosling, PhD, a professor at the University of Texas at Austin who works in social and personality psychology. "We now have a device that people keep with them from the minute they wake up until they fall

asleep that can detect movement, communication, and numerous other behavior patterns," Gosling says. "I don't think psychologists could have imagined a more ideal tool for research." Gosling and other researchers have started leveraging this new form of data collection to explore whether smartphone usage footprints can be used to accurately assess personality traits such as extraversion, conscientiousness, and openness. Psychologists are also exploring whether smartphones have the potential to help clinicians identify when people are at higher risk of certain mental health conditions.

While this is tremendously exciting for some researchers, Gosling acknowledges that this new method of tracking behavior also raises significant privacy concerns in nonresearch settings when consumers are unaware of how commercial companies are using their data. "Do you really want Google to know about

your personality?" he says.

In the research setting, participants consent to having their smartphone patterns followed by a downloadable app or by some other method of collecting information. In one recent study coauthored by Gosling, psychologists and computer scientists analyzed data from more than 600 adults in Germany that included a wide range of behavior patterns, such as when they started using their phones in the morning, how far they traveled each day, which apps they used, and how many calls they received. The participants also completed a standardized personality assessment questionnaire, and the researchers created a machine-learning algorithm to determine which phone behaviors best predicted Big Five personality trait levels (*PNAS*, Vol. 117, No. 30, 2020).

People who spent more time using weather apps, timers, and health checkup apps and who went to bed before 11:00 p.m.

Psychology researchers are investigating whether smartphone usage footprints can be used to accurately assess personality traits or help clinicians identify when people are at higher risk of certain mental health conditions.



were more likely to have high scores for the trait of conscientiousness. “We didn’t study why certain behaviors were correlated to personality traits, but perhaps people who spend more time checking the weather are making plans for the next day,” says study lead author Clemens Stachl, PhD, a postdoctoral fellow in the Department of Communication at Stanford University. “This could reflect behavioral tendencies of conscientious individuals, such as being organized and planning ahead.”

The phone behavior also revealed writing text messages longer than 50 characters and using longer words and sentences in these messages predicted higher levels of openness, which relates to the willingness to pursue new experiences. One of the traits that could not be linked to phone usage patterns was agreeableness, and Stachl attributes this to the fact that the researchers did not analyze the content of messages and calls for privacy reasons. “This trait is related to how people express themselves through language rather than the quantity of communications that we tracked in the study,” he says.

ENHANCING WELL-BEING

Psychologists are also starting to leverage smartphone data to investigate how movement patterns are linked to well-being. Sandrine Müller, PhD, a psychology postdoctoral research fellow in the Data Science Institute at Columbia University, studied smartphone GPS records in combination with survey responses from more than 1,700



college students about how they were feeling at different times throughout the day and week. The students completed the surveys via a mobile app or a link sent to their emails (*European Journal of Personality*, Vol. 34, No. 5, 2020).

“We found that people who were more depressed and lonely showed more irregular, erratic movement patterns rather than sticking to a routine throughout the week,” Müller says. “And people who traveled shorter distances were more anxious and stressed.” In the future, psychologists could potentially design interventions that encourage well-being based on an individual’s data, she says. For instance, an app could send a message showing nearby parks, hiking trails, and open-space preserves to someone who

experiences well-being in those environments.

Researchers are also combining smartphone and MRI data to understand the brain bases of behavior and emotion. In an exploratory study with college student participants, Mikio Obuchi, PhD, and colleagues at Dartmouth College found that longer and more frequent phone conversations in a day were linked to higher levels of connectivity between the ventromedial prefrontal cortex—which is responsible for self-control, decision-making, and risk evaluation—and the amygdala, a part of the brain involved in emotional processes (*Proceedings of the ACM on Interactive, Mobile, Wearable and Ubiquitous Technologies*, Vol. 4, No. 1, 2020). Previous work indicates that higher connectivity between

Smartphones may someday help psychologists design interventions that encourage healthy behavior based on a person’s data, such as apps that show nearby parks and hiking trails to people who experience well-being in those settings.

these regions is associated with lower levels of depression and anxiety.

The more people unlocked their phones in a day, the farther they traveled, and louder environments—from conversations, music, or other noise—were also all associated with higher connectivity between these brain regions. “Once we can start to understand the functioning of the brain behind our mobile phone behaviors, then we might be able to get a glimpse of an individual’s level of well-being and possibly the need for interventions,” says Jeremy Huckins, PhD, a postdoctoral fellow in the Department of Psychological and Brain Sciences at Dartmouth, who contributed to the research.

PERSONALIZED SOLUTIONS FOR THE FUTURE

Although the field of psychology is still in the early stages of understanding how smartphones can be leveraged as a tool in research, some psychologists aim to use these mobile devices to improve mental health. Researchers are beginning to investigate how phone use patterns could provide clues to when people are experiencing major depression, severe anxiety, or even suicide risk.

“We know that nearly 80% of people who die by suicide explicitly deny suicidal thoughts and intentions in their last communication,” says Matthew Nock, PhD, a psychology professor at Harvard University who studies suicide (Busch, K. A., et al., *The Journal of Clinical Psychiatry*, Vol. 64., No. 1, 2003). “These

thoughts can really ebb and flow, so people may not be thinking about it during their last conversation.”

In an effort to better predict and prevent suicide, Nock recently launched a study that uses two devices to follow the patterns of 600 teenagers and adults who were recently hospitalized for suicidal thoughts and behaviors: a smartphone that collects text, call, screen time, and location data, and a wearable biosensor that keeps track of heart rate, movement, and skin conductance (skin becomes a better conductor of electricity when stimuli are physiologically arousing).

“We are trying to get a better understanding of who’s at highest risk and when so we can send them interventions,” Nock says. He has developed one game app that showed promise in reducing suicidal plans and behaviors and a chat bot app that referred people who were experiencing mental health crises to support services.

Pinpointing exactly when and what type of mental health intervention is needed are two powerful pieces of information smartphones may be able to provide, says Paola Pedrelli, PhD, an assistant professor at Harvard Medical School and a clinical psychologist at Massachusetts General Hospital in Boston. There are apps available that help with mental health treatment, but users often lose interest quickly because these apps are not equipped to detect when someone is experiencing a serious problem, she says. “Digital tools that can monitor the

severity of depression could not only deliver coping skills through an app at the most appropriate moment but also determine when someone should be seen by a clinician,” Pedrelli says.

She recently received funding from the National Institute of Mental Health to collect data from 100 participants using an Android smartphone and a wristband sensor. She is investigating whether this combination of information can predict the severity of depression on a given day. The phone will monitor a participant’s activity level and calling, texting, and app use patterns, while the wristband will monitor heart rate, movement, and skin conductance. The participants will also be asked to speak different sentences and consonants into the phone daily because vocal features such as tone, volume, and speed of speech can predict depressive symptoms, says Pedrelli.

She hopes that this model of monitoring patients will someday make mental health care more efficient and personalized. While more research is needed to determine if this will become a new normal in the future, psychologists like Pedrelli are optimistic that smartphone data will play a key role in increasing access to care.

“Traditionally, individuals are expected to seek out treatment and call back if they are struggling, but many people do not do this,” she says. “Closer monitoring of symptoms could allow us to decrease delays in treatment and reduce the risk of prolonged suffering, and that is very exciting to me.” ■

FURTHER READING

Sensing sociability: Individual differences in young adults’ conversation, calling, texting and app use behaviors in daily life

Harari, G. M., et al.
Journal of Personality and Social Psychology, 2019

Social sensing: Assessing social functioning of patients living with schizophrenia using mobile phone sensing

Wang, W., et al.
Proceedings of the ACM Conference on Human Factors in Computing Systems, 2020

Happier people live more active lives: Using smartphones to link happiness to physical activity

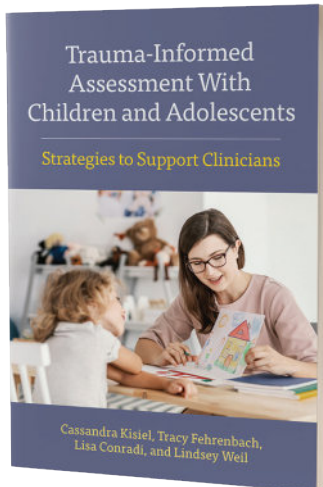
Lathia, N., et al.
PLOS ONE, 2017

Putting mood in context: Using smartphones to examine how people feel in different locations

Sandstrom, G. M., et al.
Journal of Research in Personality, 2017

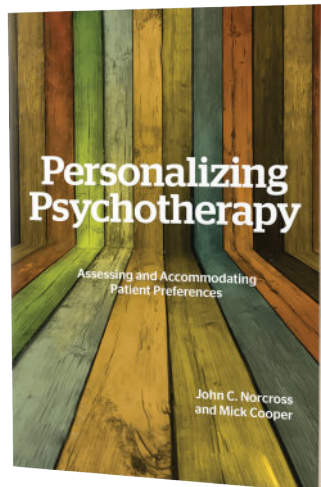


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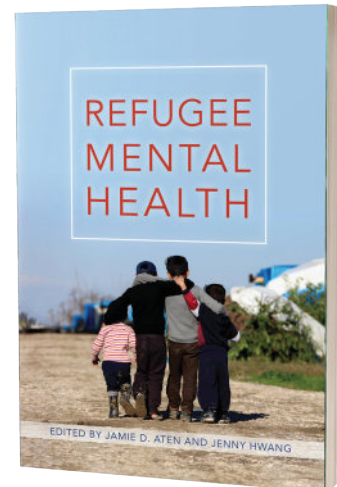
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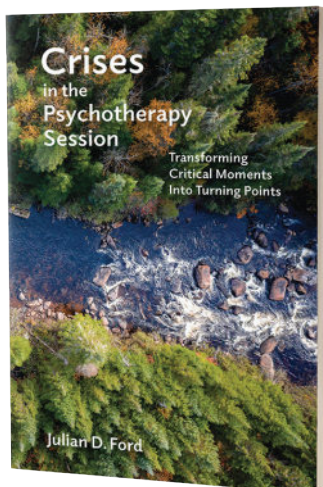
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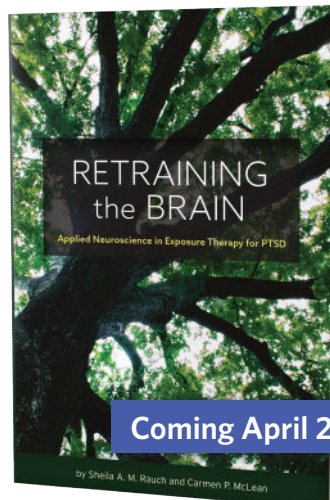
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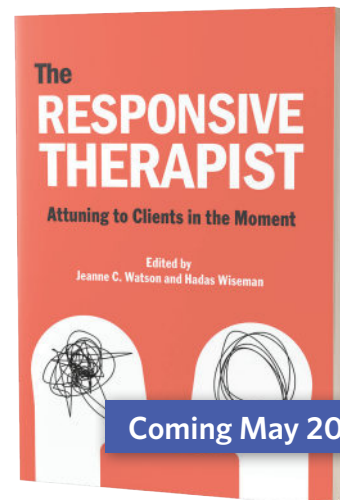
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News You Can Use

Career

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



HOW TO MEET INCREASED DEMAND FOR SERVICES

The COVID-19 pandemic is prompting more people to seek help. Here's how practitioners can meet that demand and avoid burnout **BY REBECCA A. CLAY**

Are you working longer hours because of the pandemic? You're not alone. ¶ More people are seeking help for pandemic-related distress, says Kristy Dalrymple, PhD, who directs adult psychology at the Brown University-affiliated Lifespan Physician Group in Providence, Rhode Island. And the convenience of getting help from home via teletherapy is reducing the number of appointment no-shows, meaning there's less slack in the system and it is more difficult to take on new patients. ¶ "We try when we can to refer out to other private practices in the community, but it's the same thing everywhere," says Dalrymple. "So, we do have waiting lists."

Almost three-quarters of licensed psychologists who treat patients for anxiety disorders report an increase in demand since the pandemic began, according to an APA survey released in November. Sixty percent of those who treat patients for depression report increased demand. Other areas seeing increased need include stress-related disorders, sleeping problems, and trauma.

But there is obviously a limit to how much more practitioners can—and should—work.

More than 4 in 10 practitioners feel burned out because of the increased pressure, according to APA's survey. And the public is suffering as well: 30% of practitioners surveyed said they simply weren't able to meet the demand for treatment.

How can you help more patients without harming your own mental well-being? Try these tips:

MAXIMIZE YOUR INITIAL CONTACT

At Texas Children's Hospital, behavioral health providers have increased their productivity by an average of 20% but still have waiting lists. To help address increased need, the health system created a new intake protocol specifically for patients and families experiencing pandemic-related distress. All providers now have a few COVID-19-distress-related intake slots on their schedules so that people seeking help should not have to wait more than two weeks for an appointment.

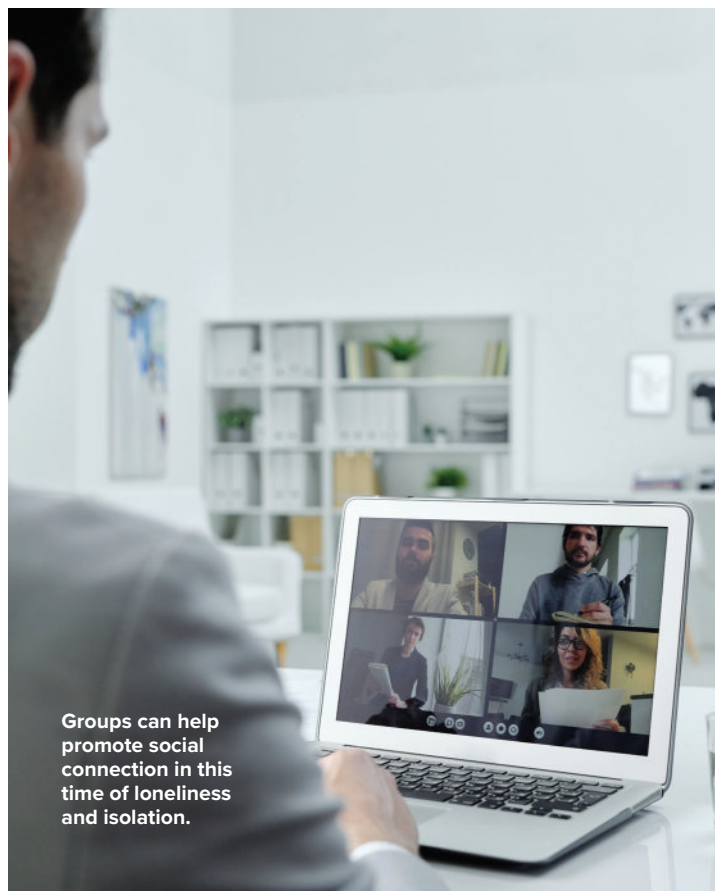
"These are diagnostic intakes not necessarily to inform ongoing, evidence-based treatment,

FURTHER READING

Battling burnout in the COVID-19 era
APA and Inteleos, continuing-education webinar, 2020

Five tips for balancing parenting and virtual practice
Clay, R. A.
PracticeUpdate, 2020

Self-care has never been more important
Clay, R. A.
Monitor on Psychology, July/August 2020



Groups can help promote social connection in this time of loneliness and isolation.

but to provide families with appropriate recommendations for functioning right now, during the pandemic," says Marni Axelrad, PhD, ABPP, the hospital's clinical program director for pediatric and child clinical psychology. "We make plenty of recommendations for things a child or family can do to hopefully prevent the need for longer-term treatment." Often the practical tips offered at that initial visit—whether about the importance of sleep hygiene or how to overcome isolation—are enough, says Axelrad. Depending on providers' level of concern about a patient or family, they may check in again in a few

weeks to see if the family has any difficulties implementing the recommendations or any new concerns. They also urge families to call again if needed. In some cases, they recommend evidence-based treatment, either at Texas Children's Hospital or in the community.

USE SHORTER, MORE FOCUSED INTERVENTIONS

To cut down the waiting list, psychologists at Lifespan are working longer—and differently—hours, says Dalrymple, explaining that some now see patients outside normal business hours. They are also working differently. "For people who have

been in longer-term therapy and are doing well, that might mean moving more toward maintenance—moving to once-a-month sessions,” she says. “Or it could be shortening sessions from 45 to 30 minutes.”

Lifespan—in collaboration with Care New England, the other major Rhode Island health care system affiliated with Brown—has also launched a free service that allows any health care worker in the state to take advantage of 30-minute support sessions by phone with a psychologist or other therapist. “Some just need to get support in that moment,” says Dalrymple of the service’s users, who can take advantage of the service as often as they need to.

FORM GROUPS

“Group therapy is a very efficient way of delivering therapy, particularly at a time when access is such a big issue,” says Martyn Whittingham, PhD, an associate professor at the Chicago School of Professional Psychology in Washington, D.C., and creator of an approach called Focused Brief Group Therapy. “But groups also promote social connection, which is especially important at a time when loneliness, isolation, and dissatisfaction with relationships are compounding an already stressful situation.”

If you feel you need to brush up on your group therapy skills—or need guidance on such topics as how to protect the privacy of patients meeting in groups via teletherapy—check out the APA Services “How to Do Group Therapy Using Tele-

SOLUTIONS

USING TECHNOLOGY TO INCREASE CAPACITY

Just because pandemic-related distress is prompting more and more Americans to seek help from psychologists doesn’t mean clinicians have to work longer and longer hours. Technology can help, says Jeffrey J. Magnavita, PhD, ABPP, editor of *Using Technology in Mental Health Practice* (APA, 2018).

“There already weren’t enough clinicians to treat people, and COVID has made it much worse,” says Magnavita, whose Connecticut practice, Glastonbury Psychological Associates, has been swamped with new patients coming in for the first time and old patients coming back for more help. “Technology is really a godsend.”

And it’s not just a matter of teletherapy, whose widespread adoption Magnavita estimates has been advanced by a decade or so by COVID-19. Consider these additional ways that technology can help you to serve more patients:

■ **Keeping would-be clients engaged.** Many practices are now so busy they have waiting lists. Technology can serve as a bridge to provide support to individuals who are waiting to see you. Options range from the artificial intelligence-driven mental health “chatbot” Tess (see main article) to apps that guide users in practicing skills like mindfulness, tracking moods, or performing other homework between your therapy sessions. For more information, see the APA Services article “The New World of Apps,” the APA Div. 18 (Psychologists in Public Service) article “Meeting Needs in the Moment,” and the APA presentation

“Using Apps in Clinical Practice.” The APA Services column “Let’s Get Technical” also reviews the latest apps.

■ **Boosting your efficiency.** Making administrative and other nonclinical tasks more efficient can free up more time for seeing patients. See the APA Services “Technology in Practice” section for a roundup of resources on automating your practice and more.

Technology can even help clinicians keep up to date: An online learning platform called StratPsych developed by Strategic Psychotherapeutics, LLC—a company Magnavita founded—distills the latest research and practice trends for busy practitioners.

■ **Simplifying clinical decision-making.** Technology can also help reduce

time spent figuring out how best to help patients. One example is a web-based measurement and feedback system called FFT-Care4—based on work by psychologists Tom Sexton, PhD, and Len Bickman, PhD—which provides information that therapists using the Functional Therapy Approach can incorporate into their treatment planning and sessions with patients.

■ **Taking psychology beyond the office.** Technology can also serve as a “psychologist extender” that lets patients practice skills—beyond the mental health apps mentioned above—even after they leave your office. Hardware like heart rate variability feedback and neurofeedback devices can help patients practice on their own. And prices for these types of devices have plummeted in recent years, says Magnavita.



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TAKE ADVANTAGE OF TECH SOLUTIONS

At Cleveland State University, the counseling center—which, like most campus counseling centers, was already facing ever-increasing demand even before the pandemic hit—has expanded access by pointing students to a commercially available, psychologist-designed mental health “chatbot” called Tess that students can interact with via their phones or laptops. “She responds back to you with questions to help determine what might be helpful, offers different coping strategies and tools, and sees what you’re willing to try,” says Katharine Hahn Oh, PhD, who directs the counseling center. “She’s like an interactive self-help book.”

Students can also access a website with information on coping with anxiety and depression and other resources. The center also has a list of free apps staff have vetted that offer additional help with depression, anxiety, insomnia, substance use, and other issues.

ADVOCATE FOR YOURSELF AND THE FIELD

Psychologists have an ethical obligation to balance taking

care of others with taking care of themselves. But approaches to self-care that don’t go beyond the individual level to include asking for help on a broad scale are misguided, argues Laura Boxley, PhD, ABPP-CN, who chairs APA’s Advisory Committee on Colleague Assistance. Instead of focusing on boosting productivity, she suggests, model good boundaries by not taking on more than you can handle and offer empathy and support to overwhelmed colleagues. If you work at a hospital or other institution, push your employer to pay overtime and hire more psychologists. If you’re a clinical supervisor, reassure supervisees that being unable to sustain increased workloads isn’t a personal failing but a reflection of all the demands the pandemic is placing on practitioners both at work and at home.

And get involved with your APA division or APA’s advocacy efforts to push for better funding for psychological services and more systemic changes, says Boxley, an assistant clinical professor of psychiatry and behavioral health at The Ohio State University Wexner Medical Center. Self-care can’t be a do-it-yourself activity, she emphasizes. “We just can’t martyr ourselves into a solution for a problem this big,” she says. “There is no yoga, there is no sleep, there is no mindfulness that will compensate for a neglected mental health system.” ■



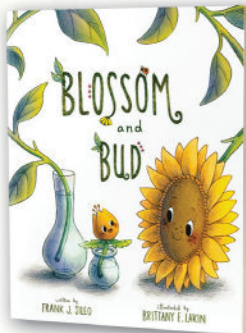
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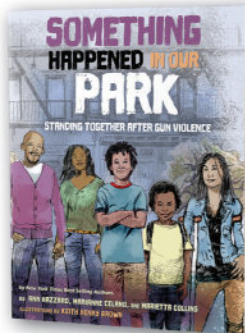
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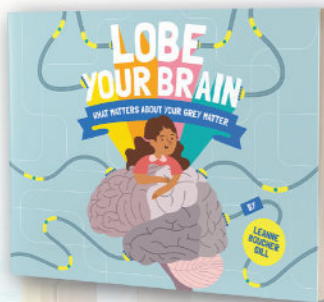
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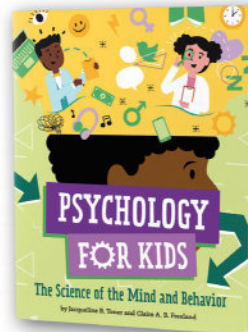
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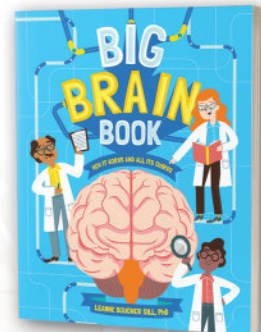
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PREPARING FOR LEADERSHIP IN A PANDEMIC WORKFORCE

Employers are looking for leadership experience. Need to hone your skills? APA can help.

BY AMY NOVOTNEY

Despite the economic downturn created by COVID-19, leadership is a skill that remains in high demand. Alongside communication and management, leadership is one of three top skills that appeared most frequently in job ads between March and July 2020, according to a report by the labor-analytics firm Emsi.

These skills, dubbed “resilient” by Emsi, are typically seen as human skills that are part and parcel of psychology education, and they will continue to be sought after even within the postpandemic workforce, says Karen Stamm, PhD, director of APA’s Center for Workforce Studies.

“Leadership was a skill important prior to the pandemic, it’s a skill important during the pandemic, and it is a skill that will continue to be important postpandemic,” Stamm says.

But how do you get that type of training in leadership? APA offers several opportunities. Among these is serving on one of the association’s more than 30 boards and committees, many of which are eager for early career members and a few of which are also open to psychology stu-

dents. These groups, which have been continuing to meet virtually throughout the pandemic, represent areas of expertise such as practice, academia, or research and are charged with reviewing or developing new policy recommendations or projects that advance APA’s strategic priorities or carrying out specific business of the association (e.g., accreditation or continuing education). Boards and committees aim to have diverse representation, including age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status. Most positions are for three-year terms.

Serving in a volunteer position on one of these boards or committees will not only give you leadership experience but also fill APA’s need for new ideas and fresh voices, says Roseann Fish Getchell, PsyD, 2019 chair of the American Psychological Association of Graduate Students (APAGS) and a clinical psychologist with Providence Health & Services in Oregon.

Another place to look for leadership opportunities is

Leadership is a sought-after skill during the uncertainty of the pandemic and will continue to be important in the postpandemic workforce.

through APA’s 54 divisions, which offer seats on their boards of directors, standing committees, task forces, and work groups.

While becoming a leader in a big organization such as APA can seem daunting, particularly when you’re just starting out in the field, those who have taken on such roles say they have not only gained leadership experience but also expanded their networking opportunities and benefited the field and society through their mission-driven work.

“My career is what it is today because of the leader-





ship positions I've held and the connections I've made along the way," says Melanie Wilcox, PhD, an assistant professor of psychology at Augusta University and 2020 chair of APA's Board of Educational Affairs (BEA). Here, other students and early career psychologists share their advice for securing APA leadership positions.

■ **Identify a group.** What kind of committee might interest you? A good place to learn more about APA governance positions is on APA's call for nominations webpage (www.apa.org/about/governance/elections/

call-for-nominations). This webpage lists open positions, describes the qualifications needed to run or apply for them, and explains the process for being appointed or elected.

Once you've found a committee or board that appeals to you, do some research: Reach out to APA staff or the board or committee members to ask questions about the process and consult about different opportunities that might be available. Most APA boards and committees actively recruit early career psychologists to gain their perspectives.

Also look for openings posted

on division email lists or in their newsletters. When Christina Shane-Simpson, PhD, found a committee position that sounded interesting, she emailed the committee chair for more information and introduced herself to other committee members at conferences to discuss the opportunity.

"I believe that this name recognition helped me in the election process," says Shane-Simpson, who served on APA's Committee on Associate and Baccalaureate Education (CABE) from 2018 to 2020 and continues to serve as a leadership committee member on the Psi

Chi Network for International Collaborative Exchange.

■ **Align with your passion.** As a professor of psychology at Cerritos College in Norwalk, California, Jaclyn Ronquillo-Adachi, PhD, works to ensure that her community college students get more of the opportunities commonly found at four-year institutions. That passion led her to seek a position on APA's CABA to work alongside leaders in undergraduate education who share her commitment to helping students.

"My biggest tip to students and early career psychologists is that whatever it might be that keeps you going, keep that as your focus and never give up on your 'why,'" she says.

■ **Stay flexible.** What if your dream position isn't available? It's OK to settle for a less desirable position if you think it will help you gain the leadership experience you want, says Justin Karr, PhD, 2018 chair of the APAGS Committee, who has also served as a member of APA's Board of Directors.

When he first applied for an APAGS position, he was most interested in serving on the committee as the member-at-large, science focus, but he was



Boards and committees have continued to meet virtually throughout the pandemic.

slated for a different position: member-at-large, membership recruitment/retention.

"It was a foot in the door for many networking experiences, which eventually put me on the trajectory for the 2018 APAGS chair," says Karr, an

assistant professor of psychology at the University of Kentucky.

■ **Develop a platform.** To be appointed or elected, it's important to be well versed in the issues the board or committee covers, to determine where you stand on them, and then to communicate why, says Getchell.

"I did a lot of research on what the hot topics were, what had been done already, and what still needed to be accomplished," she says. For the APAGS Committee chair election, she eventually developed a platform on addressing graduate student debt and increasing the supply of internships.

It's also important to remember that leaders need to support others' ideas and keep the overall mission going forward, says Karr. "The majority of what I have done in my leadership roles has diverged from what I set out to do, and I realized succeeding in these secondary, often

ONLINE TOOLS

APA EMERGING LEADERSHIP ACADEMY

To help give all psychologists leadership skills, APA sponsors an Emerging Leadership Academy, a series of 11 interactive webinars based on psychological science. The innovative coursework gives early career psychologists, graduate students, and other

interested members of the discipline the chance to examine leadership principles and determine how to personalize them to their own leadership style. The webinars are approved for continuing-education credit and available for purchase at pages.apa.org/emerging-leadership.

ambiguous, roles is among the most essential components of leadership.”

■ **Tailor your leadership style to your strengths.** Doing this can help you build self-efficacy, Wilcox says. She recalls feeling out of place when she first joined the BEA, even after having years of leadership experience with APA’s Div. 17 (Society of Counseling Psychology). Then she was assigned a racial justice item to investigate for BEA—a topic near and dear to her heart. She worked hard to analyze the issue to back up her suggestions to her fellow BEA members and in the end, the BEA members supported her recommendation.

“Being a leader from the perspective of my values and using my skills for good and to push the association forward was my type of leadership, and getting that

feedback helped increase my self-efficacy in that role,” Wilcox says.

■ **Understand that leadership is more than a title.** Too often, our mental models for leadership are hierarchical, Wilcox notes.

“It’s not about being at the top of the food chain,” she says. “It’s about being willing to step out first and express uncertainty and invite everyone in that circle into a collaborative process.”

Her unconventional view of leadership is perhaps what made her feel so uncomfortable initially in APA board and committee leadership as opposed to division leadership.

“I thought maybe that was wrong somehow,” she recalls. “And I think other early career professionals may similarly feel like, if hierarchy is the model

for leadership, perhaps I shouldn’t be in leadership. But we need [early career psychologists] who can come in and use their facilitation and collaboration skills to bring a more equitable version of leadership to APA now more than ever before.”

■ **Be yourself.** “One thing I’ve learned through my experiences as a leader is that the best way to be a leader is to be myself, tap my own strengths, and not try to be someone else,” Getchell says. For her, that often means bringing up the elephant in the room.

“It’s a bit of a risk, but speaking up about an issue that is clearly hanging over everyone’s heads really brings out some of the unsaid things that can be happening in groups,” she says. “If I tried to squelch that, I would not be my authentic self.” ■

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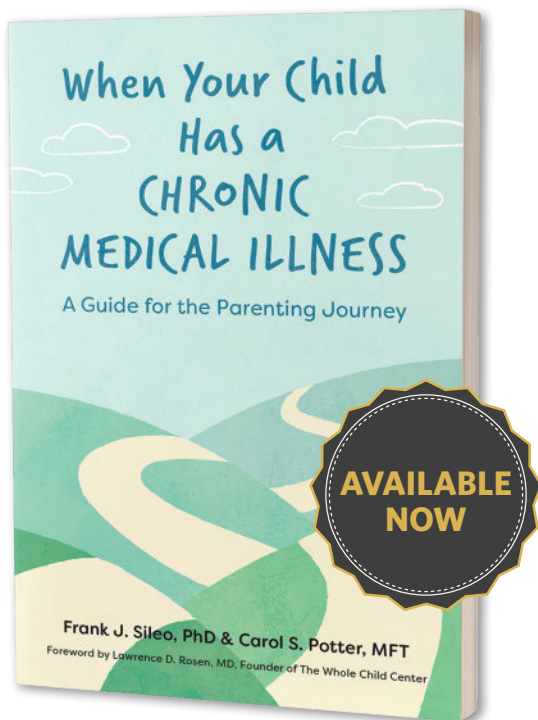
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PSYCHOLOGISTS IN THE NEWS

Counseling psychologist **Charmain F. Jackman, PhD**, accepted the Innovator of the Year Award from the mayor of Boston during the city's Black History Month celebration in February. Jackman is the founder and CEO of InnoPsych, Inc., a Boston-based organization committed to reducing racial disparities in mental health and making it easier for people of color to find therapists of color. Jackman also works to help businesses and organizations make emotional wellness, diversity, equity, and inclusion a priority.

The Teachers College at Emporia State University has presented its Excellence in Service Award to psychology department chair **Jim Persinger, PhD**, and its Excellence in Instruction Award to psychology professor **John Wade, PhD**. In addition to his teaching responsibilities, Persinger worked for several decades as a consultant and trainer in Kansas public schools, as a delegate to the National Association of School Psychologists, and on the executive board of the Kansas Association of School Psychologists. Wade is the director of the university's clinical psychology program and is known for his commitment to inspiring and mentoring undergraduate and graduate students both in and out of the classroom.

St. Lawrence University has named social psychologist **Kathryn A. Morris, PhD**, as its next president as of July 1. She will be the second woman to head the university in its 165-year history. Morris was previously a professor and psychology department chair at Butler University before being named provost and vice president of academic affairs there in 2013. As Butler's provost, Morris led six academic colleges, helped guide the university's 2020 strategic plan, and played a key role on the university's COVID-19 pandemic response team.

The Society of United States Naval Flight Surgeons has presented the Capt. Sonny Carter Memorial Award for promoting teamwork and advancing aeromedical science to **Lt. Michael Natali, PhD**. Natali is an aerospace experimental psychologist in the U.S. Navy who is stationed at Naval Air Station Corpus Christi in Texas. Among his many roles as the chief of naval air training there, Natali looks at ways to modernize aviation training and optimize learning using emerging technology such as virtual reality.

Noel Jacobs, PhD, a pediatric psychologist at the University of Oklahoma

Health Sciences Center, has created a set of animated short films called *The Martin Family Dinner* to explain COVID-19 to kids and teenagers. The series tackles why everyone's routines have changed and provides parents with tools for talking to their children. "The goal is to give kids one place where they can hear for a few minutes the basics they need to know, like the fact that warm water and soap actually breaks apart the virus, and we wanted to show that in simple ways and medically accurate ways. We also want to help parents normalize the emotional toll pandemic anxiety and social disruption has on us, and ways families can help each other," Jacobs says.

The University of Colorado, Colorado Springs, has presented its Outstanding Research Mentorship Award to distinguished professor of psychology **Thomas A. Pyszczynski, PhD**. Among his former mentees, Pyszczynski is known for building student confidence, creating challenging research opportunities, and empowering students to find and develop their own research niche. His own research focuses on terror management theory, which examines how people's self-esteem and belief systems protect them against fear of death and other types of existential anxiety. ■



MAKING MINDSET SCIENCE WORK IN THE REAL WORLD

At the Texas Behavioral Science and Policy Institute at the University of Texas at Austin, David Yeager tests interventions to help young people succeed **BY KIRSTEN WEIR**

It's hard to crack a journal in developmental psychology or education without bumping into an article on mindset. Research has shown that students who believe they can improve their intellectual abilities work harder and perform better academically than those who believe their abilities are a fixed trait. But plenty of questions remain about the contexts that best help students develop “growth mindsets,” a term coined by Stanford University psychologist Carol Dweck, PhD, who has been a leading

figure in the area of mindset and children's beliefs about success for more than 30 years.

Answering those questions means thinking bigger, says David Yeager, PhD, an associate professor of developmental psychology at the University of Texas at Austin (UT), a former graduate student of Dweck's. “The education field is littered with studies from the local district next door to a given university,” he says. And those samples often fail to represent the makeup of the nation's schoolchildren. Enter the

The research institute focuses on helping adolescents overcome school-related stress and anxiety.

National Study of Learning Mindsets. Co-led by Yeager and Dweck, the study tested a short online growth mindset intervention in more than 16,000 high school students across the United States—the first ever national randomized controlled trial of such an intervention (*Nature*, Vol. 573, No. 7774, 2019).

“The 50-minute intervention is free and scalable. Kids think they're just completing a survey, but in fact they're getting all sorts of information about their brain and their ability to learn,” says Yeager, who received a 2020

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APA Award for Distinguished Scientific Early Career Contributions to Psychology. Among lower-achieving students, the intervention reduced the prevalence of fixed mindset beliefs. “We also found the treatment improved grades in kids with lower academic achievement and increased kids’ likelihood of taking advanced math the following year.”

Designing such a large-scale study takes a lot of time, energy, and money. Yeager thought there must be a better way to usher his field forward. So, in the early months of 2020, he folded his independent Adolescent Development Research Group into the newly launched Texas Behavioral Science and Policy Institute (TxBSPI), which he co-created with three UT colleagues: social psychologist Christopher Bryan, PhD, and sociologists Robert Crosnoe, PhD, and Chandra Muller, PhD. “We decided to create a new kind of research institute to focus on contextual factors that moderate the treatment effects of psychological interventions,” Yeager says. “We’re reshaping the idea of the psychology lab and pooling our resources and shared infrastructure to get more done.”

BREAKING DOWN BARRIERS TO SUCCESS

The TxBSPI focuses on issues of inequality and barriers to social mobility, says Bryan, a longtime collaborator of Yeager’s who relocated from the University of Chicago in 2020 to help launch the new institute. “We mapped out five policy areas that we want to build strength in: education,

criminal justice, political participation, workplace inequality, and health,” Bryan says. Some of the collaborators maintain independent lines of research outside the partnership, but Yeager has largely subsumed his lab into the institute, he says.

Much of the team’s previous work has been in adolescent development and education—an area that has long fascinated Yeager. He spent two years as a middle school teacher and earned a master’s degree in education before pursuing a psychology career. “I loved working with teenagers and felt it was a calling. But I got more interested

One area of research looks at how teachers can best support their students and keep them engaged in learning.



in the science of helping young people thrive and flourish than I was in teaching the content,” he says. “A lot of the advice I got about how to connect with young people and keep them engaged wasn’t very compelling, and I wanted to do new research to address those problems.”

He completed his PhD in developmental and psychological science at Stanford in 2011. During the last two years of graduate school, he also worked

as an associate researcher at the Carnegie Foundation, applying psychological insights to a large initiative to reform community college remedial math education. An assessment found the Carnegie Math Pathways program significantly improved community college student success rates, with 54% of students earning college-level math credits in one year, compared with 6% of students in traditional developmental math programs (Huang, M., *Six years of results from the Carnegie Math Pathways*, 2018). “That [project] taught me the power of ambitious shared projects to bring people together in teams—and the value of psychological research in addressing broad questions about human development and social problems,” Yeager says.

Yeager then joined the faculty at UT, where his work centers on helping adolescents overcome the psychological barriers that stand in the way of success, such as the stress and anxiety that can go along with school. In one example, Yeager and colleagues found that adolescents who completed a 25-minute reading and writing exercise emphasizing the belief that people have the potential to grow and change had improved cognitive and behavioral responses to acute stress compared with classmates who completed a control exercise. They also showed more adaptive neuroendocrine and cardiovascular responses to stressors (*Psychological Science*, Vol. 27, No. 8, 2016).

Following that finding, Yeager and Bryan, along with collaborator Jeremy Jamieson,

PhD, at the University of Rochester, developed a 25-minute digital intervention to improve people's responses to stress. The treatment blends a growth mindset intervention with another intervention to help people reframe their stress as useful for enhancing performance rather than as a sign they're going to fail. In a series of studies being prepared for publication, they tested the intervention in high school and college students and found participants had improved appraisals of hypothetical stressors and a reduced physiological response to stress.

In a happy accident, one of those studies spanned the early days of the COVID-19 pandemic. In this study, college students completed baseline anxiety measures in January 2020. Then, researchers followed up with participants as planned in April, during the high-stress early days of pandemic lockdown. In people who started with poor stress-management mindsets, the intervention group showed a significant reduction in overall anxiety symptoms, especially among women. "That suggests even a one-time message can persist months later," Yeager says.

While the treatment was tested in high school and college students, he says the same approach could apply to adults going back for technical training after losing a job or changing careers—often an anxiety-inducing prospect. "We're developing treatments to help people deal with the stress and anxiety of needing to shore up [skills] in the new economy, especially after COVID," he says.

CHANGING TEACHERS' MINDSETS

Many of Yeager's interventions aim to change an individual's mindset. But a growth mindset can only get you so far if you're surrounded by naysayers. "Growth mindset interventions for kids aren't likely to be effective if their teacher has a fixed mindset," he says. "But instead of thinking of teacher mindsets as a limitation, we decided to say, 'What if the challenge of changing teacher mindsets is the most interesting scientific puzzle to be working on now?' Rather than only trying to change the mindsets of underrepresented groups, we think the field should be working on changing the mindsets of people in power who are gatekeepers to opportunity."

To that end, Yeager and Mary Murphy, PhD, a psychologist at Indiana University, launched the Texas Mindset Initiative. The project mirrors the National Study of Learning Mindsets—but this time it's teachers, not students, who will receive the interventions. Those interventions will be delivered through an innovative new research panel dreamed up by Yeager and his colleagues at the TxBSPI. "When I started the national study, I flew to 60 schools to personally recruit them. That's obviously not sustainable, and it doesn't make sense to create a whole new research infrastructure for every study," he says. Instead, he developed a kind of supercollider for intervention science.

"In physics, researchers solved problems by creating supercolliders and letting everyone share

time on that shared resource so they can run their experiments and get answers quickly," he explains. His version involves a panel of more than 1,000 Texas high school teachers who work with OnRamps, a dual-enrollment and distance-education program that allows high school students to engage in college experiences and earn college credit. Those teachers are available for experiments twice a year as part of their employer-mandated professional development—a perfect opportunity for engagement. "Researchers can apply for space on the panel, and we can run five different experiments, twice a year," Yeager says. "And because our partner is a service provider, we also have access to student outcomes data." The team launched the first five randomized controlled trials on the platform in fall 2020.

One trial is spearheaded by Kyle S. H. Dobson, PhD, a postdoctoral researcher who joined the lab in 2020. Dobson is studying how people's differences can be seen as strengths and how teachers can support students' authentic selves to help them stay engaged in learning. He developed an online intervention and tested it with 1,000 high school teachers in the fall. "The goal was to show teachers how to support students' authenticity so that students feel heard and stay engaged," Dobson says. He doesn't define the differences: Some students may feel different because of their race or socioeconomic status, while others have a learning disability or an atypical family structure, he says. "This

FURTHER READING

What can be learned from growth mindset controversies?

Yeager, D. S., & Dweck, C. S. *American Psychologist*, 2020

How can we inspire nations of learners? An investigation of growth mindset and challenge-seeking in two countries

Rege, M., et al. *American Psychologist*, 2020

Mindsets: A view from two eras

Dweck, C. S., & Yeager, D. S. *Perspectives on Psychological Science*, 2019

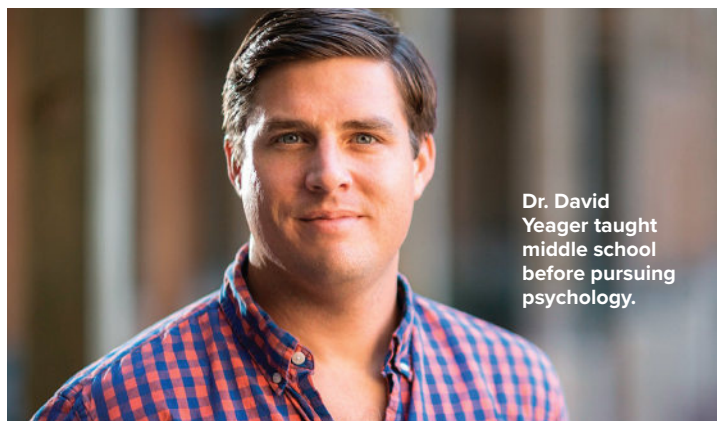
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Bryan, C. J., et al. *Proceedings of the National Academy of Sciences*, 2019

can apply to any student who is disengaged and doesn't fit the mold of the 'ideal' student."

Before launching the intervention, Dobson pilot-tested it with teachers to make sure it was something that really supported them in their goals. "One of the lab's philosophies is the idea that you need to figure out what people care about and meet them where they're at. Teachers want to make sure their

that the TxBSPI has been a collaborative effort from the start, it was born in part from that energy. And despite launching just a few months before the COVID-19 pandemic, the team has been able to take advantage of their new research platform to study interventions with teachers and students during a challenging period in which many schools are in hybrid or distance learning. "We're the only game



students are heard and engaged," he says. "There's also a feeling of responsibility that it's our job as scientists to make sure our research isn't just theoretically interesting but that it's going to positively impact people."

CREATIVITY AND COLLABORATION

Yeager isn't afraid to rethink the status quo to make a difference. "People always say, 'I could do that if I had time.' But David set grand goals and said, 'If we don't have the time, then we need more people and should put together a team,'" Bryan says. "He's an engine of energy and productivity."

Though Yeager emphasizes

in town for teacher-focused randomized controlled trials during the pandemic," he says.

In addition to his three co-investigators, the institute includes four PhD-level permanent research associates and a computer scientist, as well as graduate and undergraduate students and postdoctoral researchers working with each of the principal investigators, from fields including education, business, social psychology, and sociology. "It's a huge and inter-active team, with other faculty members pitching in to offer advice and insight," says Yeager's fifth-year PhD student Melanie Gonzalez, who studies racial and socioeconomic inequality

RESEARCH FOCI

At the Texas Behavioral Science and Policy Institute, David Yeager is:

1
Investigating the barriers that stand in the way of young people as they progress through educational, workplace, and other institutions

2
Studying interventions to reduce school-related stress and anxiety

3
Leading randomized trials of interventions to change teachers' mindsets so they can better support their students

4
Studying methodology and creating preregistration protocols to make behavioral science more rigorous and replicable

in teachers' use of motivational practices.

Yeager also maintains active collaborations with researchers outside the institute, including a separate line of research to improve psychology methodology. To improve transparency and address critics concerns about the replicability of the research on growth mindset, Yeager and colleagues arranged for an independent evaluation of the National Study of Learning Mindsets, which found results consistent with their own (Zhu, P., et al., *Using a growth mindset intervention to help ninth-graders*, MDRC, 2019). He's also shared materials with outside research groups in the United States and abroad and has established a rigorous protocol for preregistration for anyone using TxBSPI data sets. "Psychology's approach to preregistration has a long way to go. Rather than wait around for the field to develop better standards, we've developed our own," he says.

Whether he's improving opportunities for young people or honing the field of psychological science, Yeager is counting on a combination of creativity and collaboration to make a difference. "Psychologists are so often stuck in the model of having their own independent labs. But we could get so much more done if we collaborated and pooled our resources," he says. "When we combine forces, we can do so much." ■

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



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ALABAMA

PEDIATRIC NEUROPSYCHOLOGIST:

Unique Transdisciplinary Team Clinics in Florida and Alabama. The Morris Center (Ocala, Florida) and The Morris Center @ Alabama Game Changers (a 501(c)3 clinic in Birmingham, Alabama of 16,000 square feet and 40 transdisciplinary team members) are both offering a unique opportunity for a full-time, licensed, pediatric neuropsychologist (part-time also considered) to join a high-caliber, dynamic and evidence-based team. "The Morris Center @ Alabama Game Changers" medical clinic with therapeutic classrooms OR The Morris Center in Ocala, Florida. Candidates hold a PhD or PsyD, successfully completed APA-accredited doctoral training, APPIC approved pre-doctoral internship and a two-year postdoctoral neuropsychology fellowship. Applicants are licensed clinical psychologists in Alabama (or Alabama license eligible). Primary workload includes outpatient neuropsychological assessments within a transdisciplinary team, management of team collaboration, solo assessments, psychotherapy and parent education. Patients present with various neurological and psychiatric disorders, (e.g. Dyslexia, traumatic brain injury, ADHD, learning disabilities, Autism, behavioral disorders, developmental disorders, etc). TMC clinics provide transdisciplinary team support and consultation with a cross-trained team of Pediatrics, Nurse, Occupational Therapy, Speech-Pathology, Recreational Therapy, Education, School Psychology, Clinical Psychology and consulting Psychiatry. These thriving clinics schedule patients 2 to 4 months in advance. Benefits Package: Relocation expense assistance (FT only); Competitive compensation; Medical, dental, and vision coverage (FT only); Retirement benefits (FT only); Annual reimbursement for CEUs/conferences (FT only); Paid vacation, sick leave and holidays (FT only). Strong candidates send a formal letter of interest, curriculum vitae and two redacted report samples to: stephaniedenton@alabamagamechangers.org, karenbelcher@alabamagamechangers.org, or twc@morriscenters.com.

CALIFORNIA

TENURE-TRACK ASSISTANT PROFESSOR – BLACK HEALTH AND BIG DATA METHODOLOGY, UCLA: We invite applications for a tenure-track Assistant

Professor whose scholarly focus encompasses Black health inequities and "Big Data" methodology. Stark discrepancies associated with the COVID-19 pandemic have elevated public consciousness of broader social inequities and recognition of racial justice as a crucial priority. Further, methodological expertise is essential to translating data into policy-relevant initiatives. This search is a partnership between the Department of Community Health Sciences (CHS), the Department of Biostatistics, and the Ralph J. Bunche Center for African American Studies. Candidates must hold a doctoral degree (PhD, ScD, MD, DrPH or equivalent), be able to teach at the graduate level in both the CHS and Biostatistics departments, and be committed to research and service on Black health inequities. We encourage applications from all fields of public health and related fields including (but not limited to) the social and behavioral sciences, statistics/biostatistics, mathematics, informatics, engineering, and computer science. Responsibilities include conducting research, teaching, advising students, involvement in the School, Department, University, and the applicant's professional field, and building a record of extramural research funding. Apply directly through UCLA Academic Recruit, <https://recruit.apo.ucla.edu/JPF06112>.

FLORIDA

PEDIATRIC NEUROPSYCHOLOGIST:

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outpatient neuropsychological assessments within a transdisciplinary team, management of team collaboration, solo assessments, psychotherapy and parent education. Patients present with various neurological and psychiatric disorders, (e.g. Dyslexia, traumatic brain injury, ADHD, learning disabilities, Autism, behavioral disorders, developmental disorders, etc). TMC clinics provide transdisciplinary team support and consultation with a cross-trained team of Pediatrics, Nurse, Occupational Therapy, Speech-Pathology, Recreational Therapy, Education, School Psychology, Clinical Psychology and consulting Psychiatry. These thriving clinics schedule patients 2 to 4 months in advance. Benefits Package: Relocation expense assistance (FT only); Competitive compensation; Medical, dental, and vision coverage (FT only); Retirement benefits (FT only); Annual reimbursement for CEUs/conferences (FT only); Paid vacation, sick leave and holidays (FT only). Strong candidates send a formal letter of interest, curriculum vitae and two redacted report samples to: stephaniedenton@alabamagamechangers.org, karenbelcher@alabamagamechangers.org, or twc@morriscenters.com.

ILLINOIS

CLINICAL PSYCHOLOGIST AND POST-DOCTORAL POSITIONS IN PREMIER CHICAGO GROUP PRACTICE - UP TO \$100,000:

Gersten Center for Behavioral Health, a premier group practice in the Chicagoland area, currently has eight amazing psychology opportunities available: three Licensed Psychologist positions and five Postdoctoral positions. Interested candidates should have a broad range of experience. Specialization with children, adolescents, and families is a plus. 1) Licensed Psychologist Positions: Salary: \$90,000 – \$100,000 (eligible for an increase over time). Start Date: Immediate openings. Outpatient individual, child, 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 consultation; additional training opportunities. 2) Postdoctoral Positions: Salary: \$40,000. Start Date: five positions to start September 2020. Outpatient individual, child, 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; time will be allocated to study for licensure exam. 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; four weeks of vacation for postdoctoral positions; 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, and Northfield. 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 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.

MASSACHUSETTS

PEDIATRIC PSYCHOLOGISTS: The Division of Gastroenterology, in collaboration with the Department of Psychiatry and Behavioral Sciences at Boston Children's Hospital, is seeking TWO full-time pediatric psychologists to expand their treatment team. One pediatric psychologist will work with patients diagnosed with ARFID and other chronic gastrointestinal illnesses. The second psychologist will conduct outpatient consultation, evaluation, and therapy for children younger than 7 with malnutrition and feeding disorders in The Growth and Nutrition Program. Both positions

require a Massachusetts health service provider license in psychology. Appointment at Harvard Medical School as Instructor, Assistant Professor, or Associate Professor will be commensurate with experience and will require ongoing teaching. Graduates of APA/CPA-approved doctoral programs and internships are required. For further information and application instructions, contact Dr. Julie Snyder at julie.snyder@childrens.harvard.edu. Boston Children's Hospital is an equal opportunity employer and all qualified applicants will receive consideration for

employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status or any other characteristic protected by law.

MISSOURI

TENURE-TRACK ASSISTANT PROFESSOR:

The Department of Psychological & Brain Sciences at Washington University in St. Louis is seeking candidates for a tenure-track Assistant Professor position to identify an outstanding individual who is using data science

or quantitative approaches to address questions central to Psychological Science. All areas of Psychological Science will be considered, but we are especially interested in candidates whose research programs connect to areas of current strength or emerging focus at Washington University, including healthy aging and age-related disorders, cognition, cognitive/affective neuroscience, or diversity science. The individual in this position will conduct research, publish in peer-reviewed journals, advise students, teach psychology or related courses, and participate in department governance and university service. The primary qualifications for this position are demonstrated excellence in empirical research and teaching; a PhD is required in psychology or another directly relevant field. We especially and strongly encourage applications from women and members of minority groups. Diversity and Inclusion are core values at Washington University, and the strong candidate will demonstrate the ability to create inclusive classrooms and environments in which a diverse array of students can learn and thrive. The Search Committee will begin the formal review process as early as April 15, 2021, but applications will be accepted until the search is concluded. Send curriculum vitae, reprints, a short statement of research interests and teaching experience, and a statement addressing past and/or potential contributions to diversity through research, teaching, professional activity, and/or service to Interfolio job posting <http://apply.interfolio.com/83694>. Also, arrange for three letters of reference to be submitted through our Interfolio site. Washington University in St. Louis is committed to the principles and practices of equal employment opportunity. It is the University's policy to recruit, hire, train, and promote persons in all job titles without regard to race, color, age, religion, sex, sexual orientation, gender identity or expression, national origin, protected veteran status, disability, or genetic information. Each year Washington University publishes a Safety and Security brochure that details what to do and whom to contact in an emergency. This report also publishes the federally required annual security and fire safety reports, containing campus crime and fire statistics as well as key university policies and procedures. You may access the Safety and Security brochure at <https://police.wustl.edu/clery-reports-logs/>.

RHODE ISLAND

POST-DOCTORAL FELLOWS IN

PSYCHOLOGY: University of Rhode Island announces the availability of two opportunities for Research Focused Postdoctoral Fellowships in health sciences research. Gain training in NIH-funded research with experienced faculty. Training available in grant-writing, manuscript preparation, implementation science, treatment development and data analysis. Mentorship to become an independent investigator with skills for collaborative, multidisciplinary research. Participate in NIH proposal development and execution. This is a productive additions research lab with continuous federal funding for over 20 years. Collaborate in dynamic research environments and with fabulous community partners (e.g., corrections, school, community health settings). Opportunities for clinical work and teaching. Areas of focus: Under-served settings and diverse populations, health behaviors (especially substance use), treatment outcomes, implementation science and systems-change, assessment development, use of technology and more. Most recent funding is under JCOIN, which is part of the NIH HEAL initiative. This is an exciting multi-site study with academic partners from around the country (Yale, Temple, Brown, Indiana and George Mason Universities, to name a few). Excellent opportunity for networking, growth and more. See ads on the URI website (<https://jobs.uri.edu/postings/7745>) and (<https://jobs.uri.edu/postings/7744>).

VIRGINIA

LICENSED CLINICAL CHILD

PSYCHOLOGIST: Family Compass (familycompass.com), a highly collaborative child and family private practice in Reston, Virginia, is seeking experienced, licensed child psychologist. We are seeking a licensed professional to provide therapy (full time or somewhat less) to children and adolescents with emotional and behavioral challenges and their families. Experience working with preschoolers, a plus. We are offering a unique career path that provides the security of a regular salary, bonuses and 401K with an entrepreneurial opportunity, if desired, to develop a subspecialty practice the therapist is passionate about within Family Compass with the potential of significant additional financial rewards.



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Cambridge Health Alliance (CHA), a well-respected, nationally recognized and award-winning public healthcare system is seeking Child/Adolescent and Adult doctoral level (Ph.D or Psy.D) Psychologists to join our Outpatient Psychiatry services. The CHA Department of Psychiatry is recognized as a leader in patient care, teaching and research. As a leader in mental health for more than 20 years, CHA's psychiatry teams provide compassionate care to our diverse patient population. CHA is comprised of an established network of ambulatory clinics, an urgent care site and two full service hospitals based in Cambridge, Somerville, and Boston's metro-north communities

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- CHA is a teaching affiliate of Harvard Medical School (HMS) and academic appointments are available commensurate with medical school criteria.

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Qualified candidates may submit their CV through our website at www.CHAproviders.org, or by email to Melissa Kelley at ProviderRecruitment@challiance.org. The Department of Provider Recruitment may be reached by phone at (617) 665-3555 or by fax (617) 665-3553.

In keeping with federal, state and local laws, Cambridge Health Alliance (CHA) policy forbids employees and associates to discriminate against anyone based on race, religion, color, gender, age, marital status, national origin, sexual orientation, relationship identity or relationship structure, gender identity or expression, veteran status, disability or any other characteristic protected by law. We are committed to establishing and maintaining a workplace free of discrimination. We are fully committed to equal employment opportunity. We will not tolerate unlawful discrimination in the recruitment, hiring, termination, promotion, salary treatment or any other condition of employment or career development. Furthermore, we will not tolerate the use of discriminatory slurs, or other remarks, jokes or conduct, that in the judgment of CHA, encourage or permit an offensive or hostile work environment.

To learn further about the position and to apply email Dr. Moshe Shtuhl at: mshstuhl@gmail.com.

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A NATIONAL MENTAL HEALTH CRISIS



A survey conducted Jan. 21–25 by the Harris Poll on behalf of APA found that stress in the United States is the highest it has been since early in the pandemic

5.6 Average level of stress in January 2021, compared with 5.4 in April–May 2020, 5.2 in May–June 2020, and 5.0 in August 2020. Stress was measured on a scale of 1 to 10, with 10 being the highest level.

81% Percentage of U.S. adults who cited **the future of the nation as a significant source of stress**, compared with 80% who cited the coronavirus pandemic, 74% who cited political unrest around the nation, 72% who cited the current political climate, and 66% who cited the Jan. 6 breach of the U.S. Capitol.

90% Overall percentage of Americans who say they **hope that the United States moves toward unity**, with 92% of Democrats, 91% of Republicans, and 88% of independents holding that view. In a related vein, 70% of Americans said the current social divisiveness in the country causes them stress, while 84% agreed that the United States has serious societal issues it needs to address.

84% Percentage of Americans who reported feeling stress-based emotions in the two weeks before the survey was conducted. **The most common emotions included anxiety (47%), sadness (44%), and anger (39%).**

● For more on APA's Stress in America surveys, visit www.apa.org/news/press/releases/2021/02/adults-stress-pandemic.

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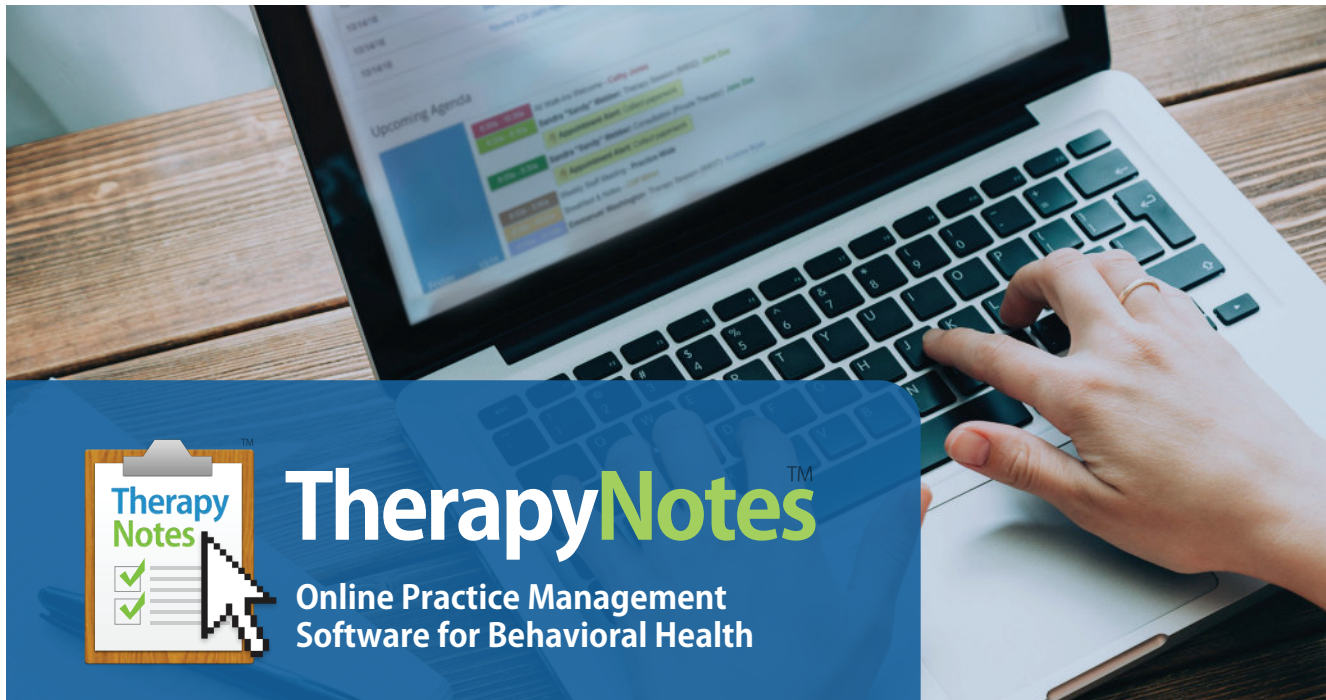
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