



A PUBLICATION OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION • OCTOBER 2021

monitor on psychology

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How to recognize
and overcome it

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RESOURCES, OPPORTUNITIES, AND NEWS FOR PSYCHOLOGISTS FROM APA

TEACHING

A New Direction for Introductory Psychology

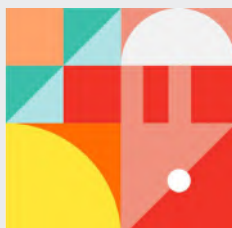
Each year, more than 1 million students take introductory psychology. It is one of the most popular college courses, but it can be difficult to teach given the breadth of the field of psychology. The new APA book *Transforming Introductory Psychology: Expert Advice on Teacher Training, Course Design, and Student Success* guides faculty on evidence-based best practices for designing and teaching this important class in four key areas: course design, assessment of student learning goals and outcomes, promotion of student success, and teacher training and development. The recommendations hail from APA's Introductory Psychology Initiative, which seeks to make introductory psychology a life-changing experience for all students—a way they can grow personally and academically even if they don't choose to pursue psychology as a major or a career. To learn more about the initiative and order a copy of the book, go to www.apa.org/ed/precollege/undergrad/introductory-psychology-initiative.



For more in-depth information, attend workshops on the Introductory Psychology Initiative at the Society for the Teaching of Psychology Annual Conference on Teaching in Louisville, Kentucky, Oct. 14–16, and at the National Institute on the Teaching of Psychology in St. Pete Beach, Florida, Jan. 3–6, 2022.

CATCH UP ON THE PROGRAMS YOU MISSED

More than 3,000 presentations from APA 2021 are available to stream on demand through Nov. 15 at <http://convention.apa.org>. Convention registrants are automatically able to view the on-demand content; those who missed the live meeting in August can register for on-demand access prior to Nov. 15.



BE INSPIRED

PSYCHOLOGY, TECHNOLOGY, AND THE FUTURE

Learn more about the critical role psychology plays in human-technology interaction at **APA's fourth annual Technology, Mind & Society virtual conference, Nov. 3–5**. Keynote speakers will include Alison Gopnik, PhD, of the University of California, Berkeley; Rosemary Luckin, PhD, of University College London; Tsedal Neeley, PhD, of Harvard Business School; and Frank Pasquale, JD, of Brooklyn Law School.

Register at <https://tms.apa.org>.

COMPETENCY

IMPROVING CARE FOR GENDER DIVERSE PEOPLE

APA's Committee on Sexual Orientation and Gender Diversity has developed a new resource for psychologists working with transgender, gender nonbinary, and gender diverse patients. "Psychological and Neuropsychological Assessment With Transgender and Gender Nonbinary Adults" provides an overview of key points for therapists to consider when administering or conducting an assessment with transgender, gender nonbinary, or gender diverse adults.

Go to www.apa.org/pi/lgbt/resources/transgender-gender-nonbinary.

VOTE

CAST YOUR BALLOT FOR APA PRESIDENT

APA members are voting for APA's 2023 president through Oct. 29. The five candidates are **Kirk J. Schneider, PhD; Thema S. Bryant-Davis, PhD; Mary Ann McCabe, PhD, ABPP; Diana L. Prescott, PhD; and Beth N. Rom-Rymer, PhD**. Video interviews with each candidate as well as details on their expertise and priorities for APA are posted at www.apa.org/about/governance/elections/president-elect-candidates. Videos and statements from the candidates for APA's Board of Directors are also available on that site.

Access your ballot on your APA member profile page until Oct. 29.



How to Reach Us

Answers to many of your questions may be found on
APA's website: www.apa.org; for phone service call (800) 374-2721;
for story ideas or comments, contact Editor in Chief
Trent Spiner at tspinner@apa.org.

GOALS

3 Things to Do This Month

Advance your research & learn something new

1 Tune in to **Speaking of Psychology.**

Recent and upcoming guests on APA's award-winning podcast include Stuart Vyse, PhD, on belief in superstition; John Kounios, PhD, on creative thinking and the brain; Dacher Keltner, PhD, on the psychology of power; Roxane Cohen Silver, PhD, on the 20th anniversary of 9/11 and the cascading collective traumas of 2020 and 2021; and Daniel Schacter, PhD, on recent developments that have increased scientists' understanding of errors in memory. Listen at Apple, Stitcher, or wherever you get your favorite podcasts.

2 Apply for APA funding. Applications open in October for the **APA Minority Fellowship Program's Mental Health and Substance Abuse Services Doctoral and Postdoctoral Fellowships.** The doctoral fellowship is for those pursuing PhDs in clinical, counseling, and school psychology; the postdoctoral fellowship is aimed at early career doctoral recipients interested in developing a career in behavioral health services or policy. APA is also accepting applications for the **Services for Transition Age Youth Fellowship** for students in terminal master's programs in psychology who are training to provide mental health services to transition age youth—ages 16 through 25—and their families. Go to www.apa.org/pi/mfp.

3 Earn CE. **APA's Center for Interprofessional Training and Education** is

hosting live and on-demand webinars throughout the fall on timely topics such as the impact of military stressors and parental trauma on children (Oct. 7), sleep disorders (Oct. 21), and secondary traumatic stress for health professionals (Nov. 4). APA designed these webinars to be relevant to physicians, nurses, social workers, and psychologists.

Register and learn more at <https://apa.content.online/catalog/category.xhtml?eid=2043>.



Expand your clinical knowledge about how parental trauma affects children.



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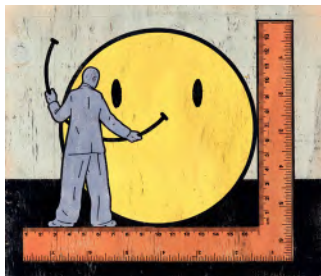
2021 KEYNOTES

- **Alison Gopnik, PhD** (*University of California at Berkeley*)
What 4-Year-Olds Can Do That AI Can't (Yet):
Model-Building, Exploration and Social Learning
- **Rosemary Luckin, PhD** (*UCL Knowledge Lab*)
Two Reasons Why It Matters for Education That AI Is
Intelligence, 'But Not as We Know It'
- **Tsedal Neeley, PhD** (*Harvard Business School*)
The Future of Digital Work
- **Frank Pasquale, JD** (*Brooklyn Law School*)
The Political Economy of Affective Computing:
How Reimbursement Policies and Malpractice Law
May Shape the Future of Chatbot Therapy



44 ADDRESSING PSYCHOLOGY'S DIVERSITY PROBLEM

To balance the diversity of the psychology workforce, educators must ramp up support for students of color and break the bottleneck of obstacles the profession has created.



52 ROUSING WORKERS' MOTIVATION

Decades of psychological research have revealed what motivates people at work and what doesn't. As the workplace is changing dramatically, psychologists are working with employers in new ways to address those transformations.

COVER STORY

THE IMPACT OF PARENTAL BURNOUT

The COVID-19 pandemic has brought unique stressors that have led to burnout for caregivers, which can have serious consequences for both parents and children. Parents may feel trapped in their roles, experience suicidal or escape ideations, and be violent or neglectful toward children. *See page 36*



ON THE COVER: ILLUSTRATION BY KEN/ADOBE STOCK IMAGES

Acetaminophen linked
to autism, ADHD.
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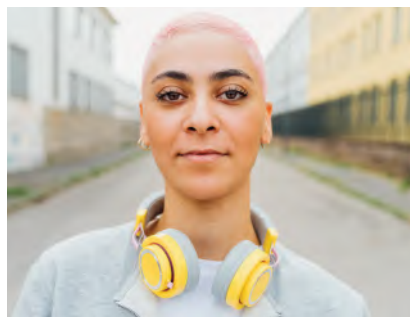
CE CORNER

WORKING WITH IMMIGRANTS & REFUGEES

Immigrants to the United States face significant psychological challenges, including racism, acculturation, and trauma, and there is a dearth of providers well versed in the linguistic, cultural, and policy hurdles these populations face. *See page 30*



Brilliance and bias. Page 70



Today's youth are more accepting. Page 80



Criticism that works. Page 61



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A grant, scholarship, or fellowship from the American Psychological Foundation can make a big difference in the career of a young scholar or early career psychologist



"APF funding paid for the newborn MRI scans that were central to my dissertation. I found that adversity from a mother's childhood influences her baby's brain development as early as one month after birth!"

— **Dr. Cassandra Hendrix**

Dr. Hendrix was awarded an Elizabeth Munsterberg Koppitz Fellowship in 2018.



"Thanks to APF, I had more time to focus on my research and honors thesis, and will continue my education in a social psychology PhD program this upcoming fall!"

— **Ben Valen**

Mr. Valen is a past Brehm Scholarship recipient and attends New College of Florida



"I am thankful for APF's funding because it allowed me to improve Black students' mental health & academic outcomes with a culturally specific encouragement intervention."

— **Nelson O.O. Zounlome, M.S.Ed.**

Mr. Zounlome is a student at Indiana University and a past COGDOP and Queen-Nellie Evans Scholarship recipient and author of 'Letters to my Sisters & Brothers: Practical Advice to Successfully Navigate Academia as a Student of Color'.

APF is the premiere grantmaking foundation in psychology, providing more than 60 different grants, primarily to psychology students and early career psychologists.

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If you have additional questions, contact APF's Interim COO, Miriam Isserow at misserow@apa.org or **202-336-5622**.

LESSONS FROM PSYCHOLOGY'S GIANTS

Psychology's pioneers provide inspiration for a new generation

BY JENNIFER F. KELLY, PHD, ABPP



Over the past year, we have lost many of our psychologist colleagues, including many of the field's leading lights. Although they are no longer with us, what we learned from them will keep the profession moving forward. They taught us about early cognitive and emotional development; social learning theory and the construct of self-efficacy; contingency management; and the crucial role of health psychologists in both primary and tertiary health care. Some of these psychol-

ogists also made significant contributions to the interface between political ideology and cognitive functioning; group conflict and institutional discrimination; the complexities of human relationships; well-being and happiness; the mental benefits of physical activity and the application of sport psychology techniques to athletes and performers; and an issue of incredible importance to me—the need to work toward eliminating health disparities.

They were researchers, teachers, mentors, and advocates for students. One thing they all had in common was their ability to apply psychological science to everyday lives.

Now it is up to us to continue their work by:

■ **Understanding and recognizing the power of collective action.** Our work can have great positive impact on the world. We can accomplish more as a profession

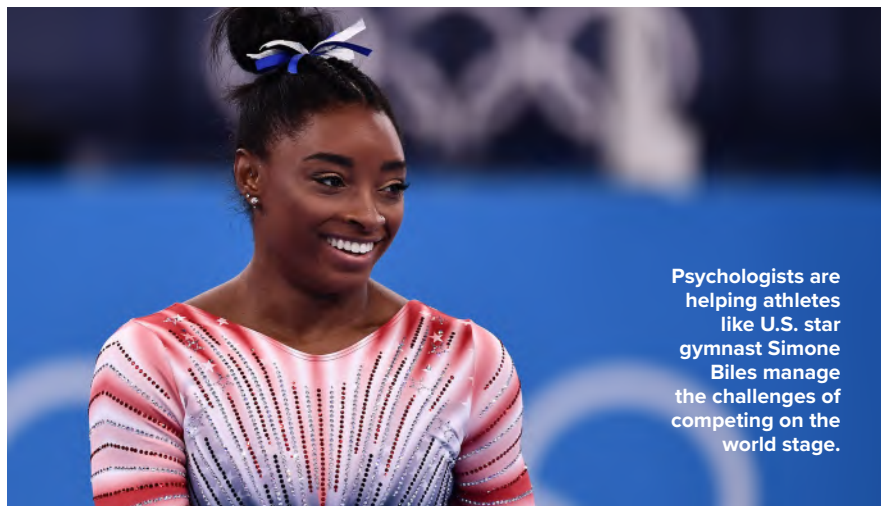
if we coordinate our efforts instead of working in silos. It will be important to learn from and work with our international colleagues as well.

■ **Lifting and encouraging each other.**

Even while we focus on our careers and the issues we care about, we must find time to help nurture those in the psychological pipeline, especially our students and early career colleagues.

■ **Expanding our reach and communicating our science.** Our field is making a difference in society, whether it is addressing climate change or helping athletes manage the challenge of being on the world stage. We know that psychological science informs the work that we do, and we must do a better job in communicating our science. Let's explain what we are doing in a manner that the world can understand.

■ **Recognizing the value of leadership and advocacy.** Some of the people we lost were leaders in the field. To have the greatest impact, we must lead as effectively as they did, especially during these challenging times. That will allow us to move forward, to communicate our work, and to continue to advocate for positive changes. ■



Psychologists are helping athletes like U.S. star gymnast Simone Biles manage the challenges of competing on the world stage.

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

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DIVERSIFYING THE PSYCHOLOGY PIPELINE

Every one of us must aid the effort to create a more diverse profession and discipline

BY ARTHUR C. EVANS JR., PhD



This month's issue features an article (see page 44) that highlights the many social and structural barriers that hinder having a more diverse psychology pipeline. From ensuring the quality of high school psychology courses to encouraging more diverse graduate school applicants, there is clearly no single way to address this issue.

Meaningfully diversifying the psychology pipeline requires us to employ multiple strategies at multiple levels.

Here are a few examples of what that could look like:

■ **At the individual level**, each of us can take steps to support broader diversity in the field. One of the most powerful things that we can do is serve as a mentor to people at earlier stages in their careers. I was fortunate to have many great mentors from various cultural backgrounds who were critical to my development as a psychologist. Regardless of your own background, you can be intentional about mentoring someone who helps to diversify our field.

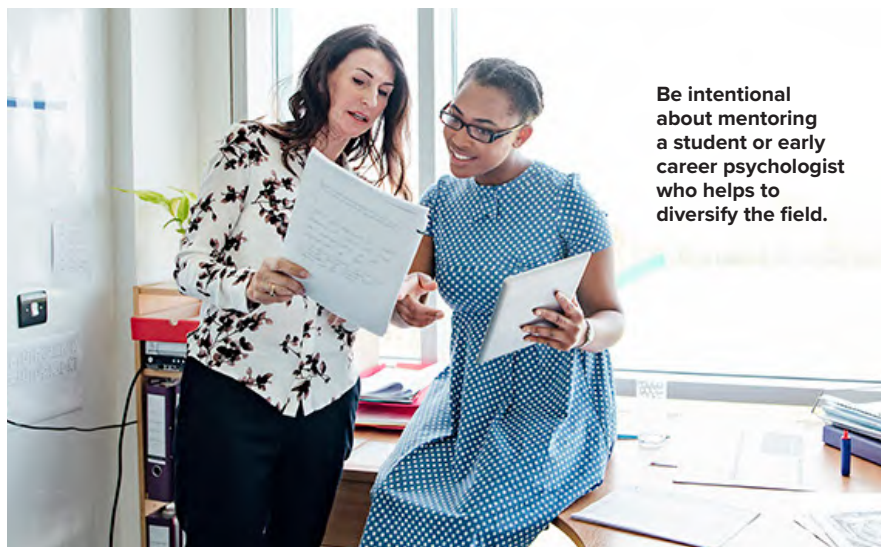
■ **At the institutional level**, we can shape the organizations in which we work—from academia to health care—to better promote demographic and viewpoint diversity. For instance, many of us can create internships in community health clinics or academic research centers that would expose psychology students to new areas of the field. Similarly, we

can establish scholarships not only within academic settings, but with other entities like philanthropic foundations, places of worship, or community service organizations.

■ **As a field**, we can be more intentional about fostering and maintaining a diverse discipline and profession. In doing so, it is important to understand diversity as not just an important value but as critical to the advancement of psychology. Our science improves when we have

researchers with diverse viewpoints, and our practice is more effective when those delivering services reflect the groups and organizations we are serving. In the same way that science undergirds all that we do and is critical to the viability of our field, we must meaningfully infuse diversity in our work, and diversity must also serve as a lens through which we advocate and view our professional roles.

Each of us can play a role in the creation of tomorrow's rigorous and diverse psychology profession and discipline. We can do so by influencing the institutions and systems in which we work, advocating within our field, and being personally involved in the lives of students and early career psychologists from diverse backgrounds. ■



Be intentional about mentoring a student or early career psychologist who helps to diversify the field.

● **Arthur C. Evans Jr., PhD**, is the chief executive officer of APA. Follow him on Twitter @ArthurCEvans.



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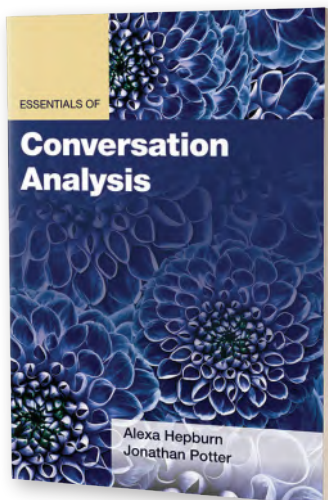
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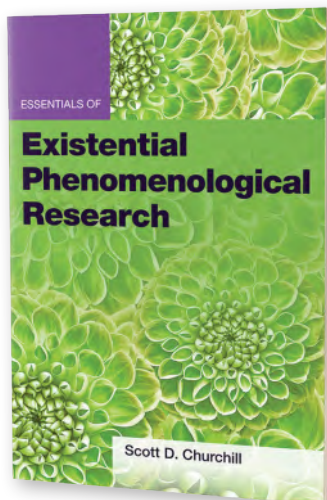
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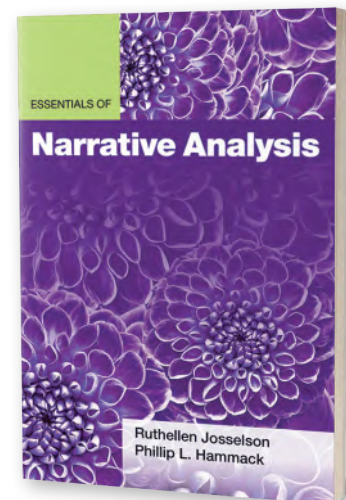
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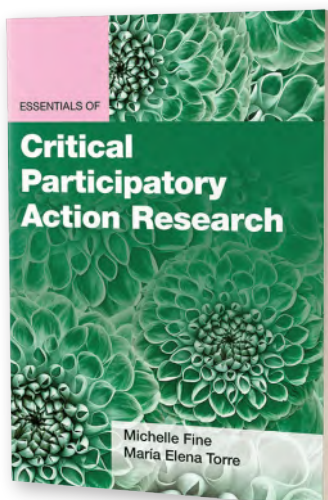
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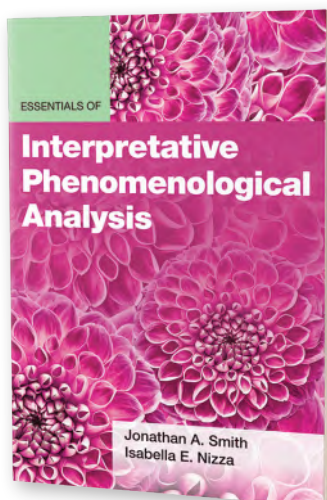
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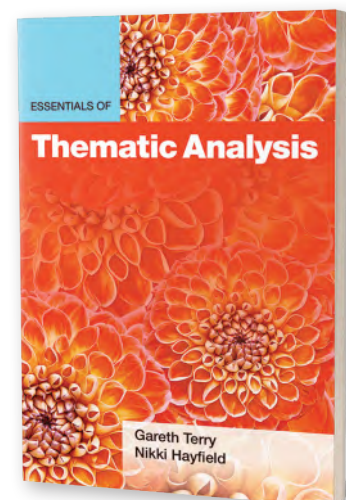
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In Brief

THE LATEST PEER-REVIEWED STUDIES WITHIN PSYCHOLOGY AND RELATED FIELDS

Employees are more likely to be harassed if they rely on tips and are required to be friendly.

TIPPING AND HARASSMENT

Employees are more likely to be sexually harassed on the job if they both rely on tips and are pressured by their employer to provide “service with a smile.” This was the finding of an online study, reported in the *Journal of Applied Psychology*, in which researchers asked 92 participants who worked jobs where they regularly received tips how much they were financially dependent on tips, how much they were required to project a positive attitude toward customers,

how much they felt customers held power over them, and how often they experienced sexual harassment from customers. In a second online study with 171 male participants who visited a simulated restaurant, those whose waitresses worked for tips and were told to be friendly all the time were more likely to report having a higher sense of power over the waitstaff than those whose waitresses worked for a flat wage and weren’t asked to smile all the time. DOI: 10.1037/apl0000895

ORIGINAL COLORS, PLEASE

Research in the *Journal of Experimental Psychology: Human Perception and Performance* indicates that systematically changing all the colors in an abstract painting leads viewers to rate the artwork as less colorful and less appealing. Researchers rotated the colors of 100 abstract artworks by well-known artists through a 360-degree wheel of colors, in steps of 60 degrees at a time, providing six alternately colored versions of each artwork. Twenty German participants with normal vision rated each version of every artwork for colorfulness and, on another day, for how much they liked each piece. The researchers found that 81% of the original images were judged as both more colorful and more liked than the altered versions. They also found that yellow and orange hues are overly represented in the original works and suggested a couple reasons why: First, those colors imply a scene lit by natural daylight; also, the visual system is less sensitive to yellow, so artists use more of it to make it noticeable.

DOI: 10.1037/xhp0000771

CAFFEINE BOOST?

While sleep-deprived people can expect caffeine to give them a boost in simple cognitive tests, it has no effect on improving performance on more challenging tasks, suggests research in the *Journal of Experimental Psychology: Learning, Memory, and Cognition*. Researchers asked 276 U.S. undergraduate students to perform a simple visual attention

Caffeine can give a boost in simple cognitive tasks, but it likely has no effect on improving performance on more challenging tasks.



task as well as a more challenging “place-keeping” task that required completing activities in a specific order without skipping or repeating steps. Half of the participants then stayed up all night while half had a regular night’s sleep. In the morning, the researchers randomly gave each participant either a pill with 200 milligrams of caffeine or a placebo and had them engage in the tasks again. The researchers found sleep deprivation impaired performance on both types of tasks and that having caffeine helped people with the simple attention-based task. However, the caffeine had little effect on performance of the more difficult place-keeping task.

DOI: 10.1037/xlm0001023

ALGORITHMS PREDICT SELF-HARM

Warning signs of self-harm can appear in some children nearly

a decade before self-harming activities begin, suggests research in the *Journal of the American Academy of Child & Adolescent Psychiatry*. Researchers identified adolescents who reported self-harm at age 14 from a nationally representative United Kingdom cohort of 10,827 individuals. They then used machine-learning algorithms to reveal characteristics that were more frequent among the 1,580 who reported self-harm. In general, these adolescents experienced sleep difficulties and low self-esteem. Beyond that, the adolescents who reported self-harm clustered into two distinct groups. Those in the first group often were victims of bullying, had difficulty controlling their emotions, and had parents with mental health challenges; these characteristics could be observed as early as age 5. Those in the second group showed more

risk-taking and difficulties in relations with family and peers, with these characteristics often emerging closer to age 14.

DOI: 10.1016/j.jaac.2021.03.010

MORE GUT BUG DIVERSITY, LESS FEAR

The magnitude of infants' fear responses is associated with the composition of their gut microbiome, indicates research in *Nature Communications*. Researchers characterized the gut microbiomes of 32 infants at ages 1 month and 1 year. They also assessed their fear responses at 1 year by observing and coding their reactions to people wearing nonhuman (e.g., alien and horse) masks and to unmasked strangers. The children who at either 1 month or 1 year had uneven microbiomes (i.e., dominated by a smaller set of bacterial species) were more fearful of the masked people at 1 year than were those with more balanced microbiomes, though no difference was observed in fear of the unmasked strangers. The researchers also imaged the infants' brains and found preliminary evidence for associations between gut microbiome composition and size of the amygdala—a brain region involved in processing fear.

DOI: 10.1038/s41467-021-23281-y

KIDS SHUN DIRTY MONEY

Children as young as 5 disapprove of accepting “dirty” money, suggests research in *Cognitive Science*. Researchers presented 327 participants in the United States from two age groups—5- to 6-year-olds and 8- to 9-year-olds—with

various scenarios in which a person offered them one dollar: an “okay” person offering them a stolen dollar that they had found, a “bad” person who stole a dollar but was offering them a different dollar that wasn't stolen, and a “bad” person offering them a dollar that they had stolen. The researchers found that the children, especially in the older group, preferred nonstolen money offered by a “bad” person over stolen money offered by an “okay” person.

DOI: 10.1111/cogs.12950

TALKING ABOUT RACISM HELPS

Black parents' experiences of racial discrimination can have negative consequences for their children's mental health, but parents can reduce such outcomes by talking skillfully and confidently about their experiences and how they dealt with them, according

Black parents' confidence in talking about racial discrimination can reduce the negative consequences of that discrimination for their children's mental health.

to research in *Child Development*. Surveying 186 Black parents of adolescents ages 10 to 18 in the United States, researchers found that parents who had experienced more racial discrimination were more worried that their children would also experience it. Further, the more worried the parents were, the more likely their children were to have symptoms of depression and anxiety. However, when parents reported feeling competent in reducing their stress related to discrimination and in speaking about discrimination with their children, it was less likely that their worries would lead to negative psychological outcomes in their children.

DOI: 10.1111/cdev.13607

POWERLESS, PARANOID, AND AGGRESSIVE

Employees lacking power at work can feel vulnerable and paranoid, resulting in aggressive



behavior, suggests research in *Organizational Behavior and Human Decision Processes*. In the first of five studies, 298 online participants in the United States were placed in work hierarchies in which their power was varied. Those in positions of lower power reported experiencing higher levels of paranoia. Two other studies, with 580 participants in the United States and with 530 participants in India, replicated the first study and also showed that paranoia sparked mild forms of aggression at work, like purposely wasting company resources, and at home, with anger directed toward a family member. In addition, two studies, with 217 undergraduate students in Singapore and with 1,217 online participants, showed that the effect of low power on paranoia was weaker when socioeconomic status was higher or when people felt supported by their company and manager.

DOI: 10.1016/j.obhdp.2021.03.005

I WAS WHERE? WHEN?

According to a study in *Psychological Science*, people misremember where they were on a specific date and time in more than one third of instances. Researchers used a smartphone app to record location data of 51 adult participants in Australia for a month. On a subsequent memory test, participants indicated where they were on a given date and time by choosing from four locations on a map (each of which they had visited at some point within the previous month). For each response, they also reported their level of confidence. Participants



People misremember where they were on a specific date and time in more than one third of instances.

were incorrect 36% of the time, though higher confidence was associated with greater likelihood of a correct response.

DOI: 10.1177/0956797620980752

STRESS, GLUTAMATE, AND DEPRESSION

Levels of glutamate in the brain adapt to chronic stress in healthy people but not in those with major depressive disorder (MDD), suggests a study in *Nature Communications*. Researchers asked a total

of 88 participants in the United States—including both people with and without MDD—about recent stress in their lives. They then measured levels of the neurotransmitter glutamate within the medial prefrontal cortex—an area of the brain involved with thinking about one's situation and forming expectations—before and after the participants completed stressful tasks (such as putting one's hand in ice water and counting backward by intervals of 17). Participants without MDD and with low prestudy stress showed an increased glutamate response to the stressful tasks, while participants without MDD and with

high prestudy stress showed a reduced glutamate response to the tasks. This adaptive change in the glutamate response was generally absent in the participants with MDD. Further, the lack of an adaptive glutamate response was associated with participants having pessimistic expectations as measured over 4 weeks following the stressful tasks.

DOI: 10.1038/s41467-021-23284-9

CHILD-FREE AND HAPPY

Adults who choose not to have children are just as satisfied with life as those who have had children, suggests research in *PLOS ONE*. Researchers analyzed data from about 1,000 participants accounting for a representative sample of adults in the state of Michigan. They found that 27% identified as child-free; that is, they did not have children and did not plan or want to have children. The researchers found no differences in life satisfaction among child-free adults, adults who had children, those who planned to have children, and those who wanted children but were not able to have them. Little variation in personality traits was observed among the groups, although child-free adults tended to be more liberal than those who had children. Those who had or wanted children felt less warm toward child-free adults than child-free adults felt toward one another.

DOI: 10.1371/journal.pone.0252528

EARLY RISERS, LESS DEPRESSION

Research in *JAMA Psychiatry* suggests that a tendency to go to bed or wake up earlier leads to

a lower risk of major depressive disorder (MDD). Drawing from databases that included nearly 700,000 individuals of European ancestry, researchers identified 340 genetic variants associated with sleep timing preferences (as represented by the midpoint of the preferred sleep period). The researchers then turned to a different sample of about 500,000 individuals of European ancestry, including about 170,000 with MDD. They found a 23% lower likelihood of having MDD for each earlier hour of preferred sleep period as indicated by participants' genetic markers. These results suggest that interventions that modify sleep timing

Children exposed to acetaminophen before birth may be more likely to develop symptoms of autism or ADHD.

patterns might be effective for preventing depression.

DOI: 10.1001/jamapsychiatry.2021.0959

PRENATAL ACETAMINOPHEN RISK

According to research in the *European Journal of Epidemiology*, children who have been exposed to acetaminophen before birth are more likely to

develop symptoms of autism spectrum conditions (ASC) or attention-deficit/hyperactivity disorder (ADHD) than children who have not been exposed. Researchers examined six European samples comprising a total of 73,881 children. Across samples, 14% to 56% of mothers reported taking acetaminophen while pregnant. The researchers



BAIBAZ/GETTY IMAGES (TOP); JAMES O'NEIL/GETTY IMAGES (BOTTOM)

A tendency to go to bed or wake up earlier leads to a lower risk of major depressive disorder.

found that children exposed to acetaminophen prenatally were 19% more likely to develop ASC symptoms and 21% more likely to develop ADHD symptoms than children who were not exposed. No associations were observed between administration of acetaminophen to children during the first 18 months following birth and subsequent ASC or ADHD symptoms.

DOI: 10.1007/s10654-021-00754-4

HIGHER SUICIDE RISK FOR SCHIZOPHRENIA PATIENTS

In the United States, adults with schizophrenia, especially young adults, have a much higher rate of suicide than does the general adult population, according to a study in *JAMA Psychiatry*. Researchers analyzed data from five national longitudinal cohorts of adult patients

with schizophrenia collected from 2007 through 2016. Among the 668,836 patients, the suicide rate was 74.0 per 100,000 person-years, which is 4.5 times higher than the rate for the general population. The suicide rate was highest among those ages 18 to 34 (141.9) and lowest for those age 65 and older (24.0). For male patients the suicide rate was 88.9 and for female patients it was 56.3 (3.4 and 8.2 times higher than the general male and female populations, respectively). Suicide rates were lower for Black and Hispanic patients than for White patients.

DOI: 10.1001/jamapsychiatry.2021.0841

THE DOUBLE STANDARD OF CASUAL SEX

Women, but not men, who engage in casual sex are perceived to have low

self-esteem, indicates research in *Psychological Science*. Across four U.S. studies with 164 undergraduates and 786 online participants, researchers found that both women and men stereotype women who have casual sex as having low self-esteem, but they don't view men who have casual sex the same way. A fifth study with 283 U.S. undergraduates indicated that the stereotype persists even when participants are explicitly told that women having casual sex pursue and enjoy it. A sixth study with 210 U.S. undergraduates suggested that expectations that women are dissatisfied with having casual—versus committed—sex propels the low self-esteem stereotype. By contrast, no connection between casual sex and low self-esteem was found in participants' reports of their own behavior and self-esteem. DOI: 10.1177/0956797620983829

Health Practices Must Enable the Hyper-Convenience Mode of Living!

As lives get even busier and more mobile, people want smarter ways of maximising their time. To stay relevant, **health practices must fit seamlessly into people's on-the-move lives** and facilitate service, ensure safety, and drives efficiency for the patient.

During the pandemic, many health practices and clinics used the downtime to evolve and keep up with changing patient expectations for speed and safety. **Moving from a paper-dependent practice to electronic health records with self-service online tools was a big success** for many practices. Their digital transformation enabled practitioners to exchange information with one another remotely and in real time, making sure everyone working with a patient has a complete and accurate file.

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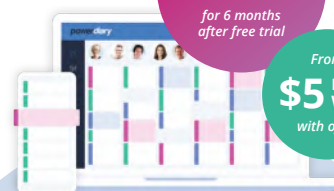


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FRIENDS FIRST

Two in three romantic couples today start out as friends, suggests research in *Social Psychological and Personality Science*. In the first of two studies, researchers surveyed seven separate groups of university students and adults in Canada and the United States from 2002 to 2020 for a total of 1,897 participants. Two thirds of the participants reported that their current or most recent romantic relationship began as a friendship, with little variation across gender, level of education, or ethnic group. The rate of friends-first initiation, however, was even higher among those under 30 and within LGBTQ+ communities. Among a group of 298 university students from the first study, 210 participants from friends-first couples reported being friends for about 22 months, on average, before beginning

a romantic relationship. About 47% of the students in that group reported that starting as friends was their preferred way of developing a romantic relationship, beating out other options such as meeting at a party or online.

DOI: 10.1177/19485506211026992

NARCISSISM AND AGGRESSION

Narcissism is associated with aggression, according to a meta-analysis in *Psychological Bulletin*. Researchers looked at 437 studies from around the world, with a total of 123,043 participants. They found that people higher in narcissism show a 21% increase in aggression overall and an 18% increase in violent aggression compared with people lower in narcissism. People higher in narcissism were not only more likely to lash out in anger but were also more likely to be deliberate

Two in three romantic couples start out as friends, and friends-first relationships are even more common among those under 30 and within LGBTQ+ communities.

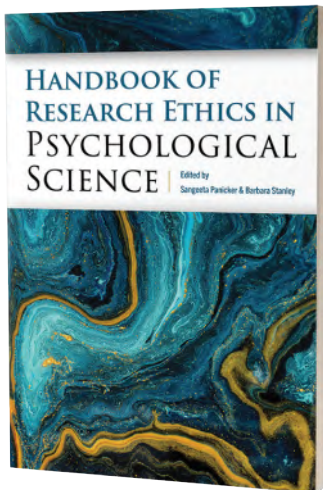
and proactive in their aggression. Risk for aggression was higher when people with narcissism felt provoked, such as being ignored or insulted. The link between narcissism and aggression was found for various dimensions of narcissism (e.g., entitlement, grandiosity, and vulnerability) and for a variety of types of aggression (e.g., physical, verbal, and online bullying). Results were similar across gender, age, and country of residence.

DOI: 10.1037/bul0000323

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

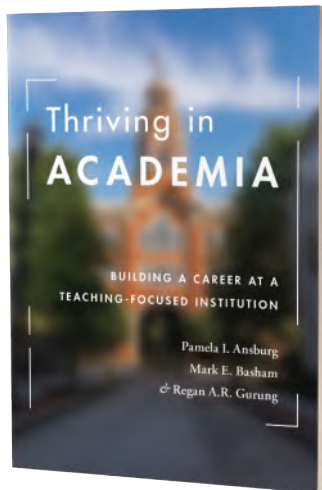


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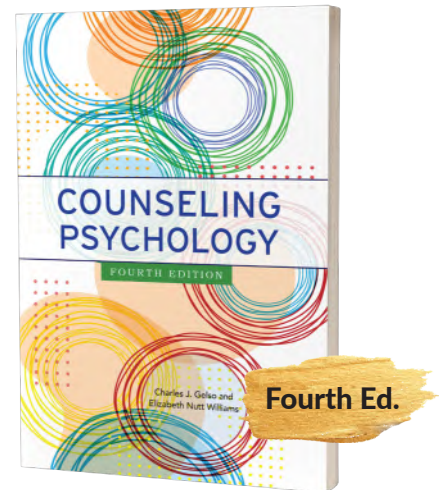
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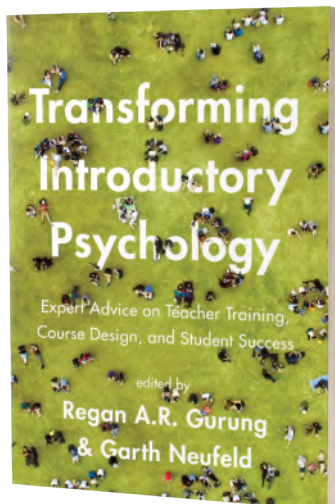
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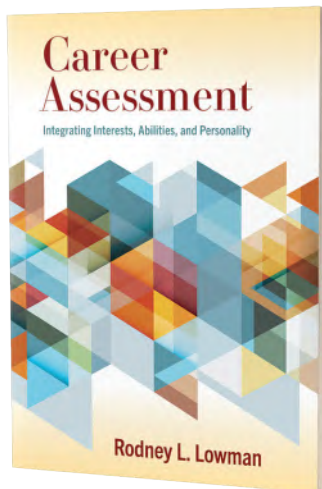
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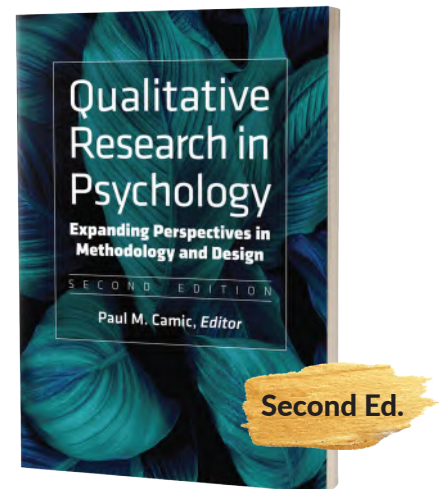
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NEWS ON PSYCHOLOGISTS' EDUCATION AND EMPLOYMENT FROM APA'S CENTER FOR WORKFORCE STUDIES

MANAGEMENT CAREER TRAJECTORIES OF PSYCHOLOGY GRADUATES

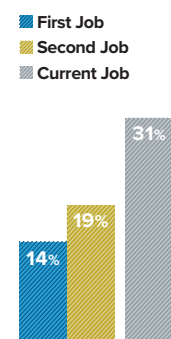
Many psychology graduates work in management as their careers advance. About 12–15% of bachelor's, master's, and doctorate degree recipients hold management roles in their very first job, while others assume managerial responsibilities by their second or third jobs.

■ **More psychology degree holders work in management as their careers progress.**¹ These positions—such as chief executives, education administrators, medical and health service managers, and human resource managers—may involve leading individuals or teams and directing projects.

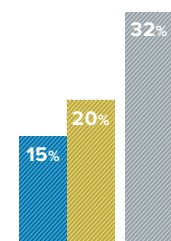
■ **An increasing percentage consistently serve in managerial roles as they progress through their careers.** For psychology degree holders' first jobs after graduation, 14% worked in management. For their second jobs, 19% worked in management. For their current (third or more) jobs, 31% work in management (see figure). This pattern was consistent for psychology bachelor's, master's, and doctorate degree holders.

■ **Management career pathways have many entries.** Of those with a current job in management, 34% came from a previous job in management and 66% came from nonmanagement positions.

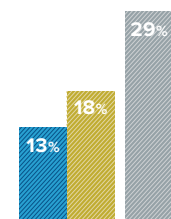
Percentage of Psychology Graduates in Management by Degree Level



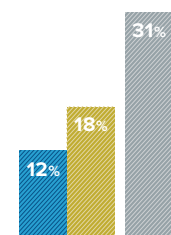
All Degree Levels



Bachelor's



Master's



Doctorate

Current Job in Management Occupations

34%

came from a previous job in management.

66%

came from non-management positions.



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

¹APA. (2021). Emsi profiles database [Unpublished special analysis]. Emsi is a labor market analytics organization. Analysis included career pathways for 548,053 unique profiles of psychology degree holders, with 321,007 bachelor's degree holders, 189,709 master's degree holders, and 37,337 doctorate degree holders in the United States. Analysis included psychology degree holders who graduated 1991 through 2020, with one or more jobs listed after graduation, and had held at least one job for more than 90 days.

THE AGE OF DIGITAL INTERVENTIONS

The field of “digital therapeutics,” software designed for diagnosing and treating mental health disorders, is coming into its own

BY KIRSTEN WEIR

Society’s reliance on technology has reached unprecedented heights during the COVID-19 pandemic. People have had to rely on their computers and smartphones to complete routine errands, to work and attend school, and even to access health care. This has set the stage for the rise of digital therapeutics—evidence-based digital interventions to prevent, manage, or treat medical disorders or diseases. And psychologists can help shape this burgeoning field.

Experts still don’t fully agree on a definition of digital therapeutics. But most use the term to describe software or digital applications that go beyond mere “wellness” apps that people can download to help with meditation or losing weight, for example. What sets digital therapeutics apart is that they’re designed to treat a disease, and some of them are accessible by prescription only. Since 2017, the U.S. Food and Drug Administration (FDA) has certified half a dozen digital therapeutics for diagnosing and treating mental and behavioral health conditions, including attention-deficit/hyperactivity disorder (ADHD), cognitive impairment, and substance use disorders. While that number is small, many more digital mental health interventions—hundreds, maybe thousands—exist in a regulatory gray area, available to consumers

without specific FDA approval or a prescription.

Digital behavioral health companies who create these interventions drew \$2.4 billion in venture funding in 2020 alone, according to venture fund Rock Health. But even as the money is pouring in, many questions remain, including how well digital therapeutics work, how they should be regulated, their place in the health care system, and what influence they will have on the practice of psychotherapy. While many of these tools function as an alternative to psychotherapy, they are based on psychological science—and experts argue that psychologists should play a prominent role in their development, approval, and use.

“The world has changed, and people are using remote technologies in almost every aspect of their lives, including for psychological services,” said psychologist

Digital mental health tools have the potential to reach more patients and help solve the supply and demand problem in mental health.

Jonathan Comer, PhD, director of the Mental Health Interventions and Technology Program at Florida International University and a founding chair of the mHealth Working Group of APA’s Society of Clinical Psychology (Div. 12) Presidential Task Force on Technology and Mental Health. “It’s happening whether psychologists are on board or not. We can either opt out or be a part of how people engage with these wellness resources.”

WHAT’S REGULATED AND WHAT’S NOT

The promise of digital mental health tools is their potential to reach so many people. “We have an enormous supply and demand problem in mental health. There are many more people who want services than there are professionals available to provide them—and not by a small margin,” said Stephen Schueller, PhD, an associate professor of psychological science and informatics at the University of California, Irvine, and executive director of One Mind PsyberGuide, a website that reviews digital mental health apps.

But there are many dots to connect before the promise of digital therapeutics is reached. “Everyone agrees it’s early days for the field,” said John Torous, MD, director of digital psychiatry at Beth Israel Deaconess Medical Center in Boston. “The intention is good, but we don’t really know how well these things work.”

To date, only a handful of digital therapeutics have been submitted for FDA clearance,



a signal to consumers and providers that the intervention is safe and effective. The first—reSET, a prescription digital therapeutic by Pear Therapeutics used to treat substance use disorder—was approved in 2017 through a regulatory pathway for low- to moderate-risk medical devices. Recognizing the need for a better approach, the FDA created the Software Precertification Program (Pre-Cert). The program aimed to streamline review of software-based medical devices based on the seriousness of the condition and the level of

risk presented by the app.

It's a good start, Torous said, but he has argued that more detailed regulatory guidelines are needed. He and his colleagues simulated how the Pre-Cert framework would apply to top health apps in the United States and were unable to identify a standard measure that would differentiate apps requiring regulatory review from those that would not (Alon, N., et al., *JMIR mHealth and uHealth*, Vol. 8, No. 10, 2020). "The system might work well for conditions such as diabetes or hypertension that have

well-demarcated lines between health and wellness," he said. "But it doesn't seem overly practical for apps to treat mental health conditions, which are more personal and dynamic and can't be measured with routine biomarkers."

The FDA seems to recognize the need for a more comprehensive approach to digital health technologies. In 2020, the agency launched a Digital Health Center of Excellence to coordinate research, support developers, and help reframe its regulatory approach to digital health technology.

Meanwhile, many digital therapeutics developers are moving forward without seeking FDA clearance. They can do so because the agency has stated it will exercise "enforcement discretion" for certain software functions, including mobile apps. This category of regulation stipulates requirements related to labeling, safety, and quality but doesn't include a specific clearance process. Under this policy, many software programs for mental and behavioral health can be marketed without explicit FDA approval. Software that fall into this category include apps that provide psychoeducation, offer motivational guidance, or help people with diagnosed psychiatric conditions practice coping skills.

"By far, the majority of digital therapeutics for mental and behavioral health fall under FDA enforcement discretion," said Jenna Carl, PhD, vice president of clinical development and medical affairs at digital therapeutics company Big Health and current chair of the Div. 12

mHealth Working Group. But because no one is regulating these interventions, even the experts aren't quite sure how many are out there—or how well an individual product might work.

PROMISE AND PITFALLS

For digital therapeutics company Big Health, the decision to delay pursuing product claims that require FDA approval was a strategic move to improve access to safe and effective interventions for common mental health issues, Carl said. FDA-cleared digital therapeutics such as reSET require a prescription from a physician—a barrier that prevents many people from connecting with apps that could help them. “Most people with mental health conditions don't actually talk to their provider about them,” Carl said. And even if they do seek help, most mental health care providers can't legally prescribe medication. “The prescription barrier means most mental health care providers can't provide access to these behavioral solutions,” she said.

Big Health's products, including Sleepio for sleep improvement and Daylight for worry and anxiety, are modeled on cognitive behavioral therapy (CBT) and have research to back them up. A randomized controlled trial of Daylight, for instance, found that 71% of users achieved remission of generalized anxiety disorder, compared with 33% of those in a control group (Carl, J. R., et al., *Depression & Anxiety*, Vol. 37, No. 12, 2020). Though Big Health designs these apps for patients

to use on their own, they can be integrated into psychotherapy, said Carl, a clinical psychologist. “I might be working with someone with anxiety who also has sleep difficulties. By recommending they use Sleepio, we don't have to spend part of our hour going over their sleep diary and can instead focus on the parts of care that are better done in person.”

Big Health has made its two programs available to nearly 10 million users in the United Kingdom and the United States. In the United Kingdom, patients have access through the National Health Service. In the United States, access mostly comes through agreements with large, self-insured employers who offer the apps to their employees with the hope they will help bring down health care costs. Other insurers are beginning to take notice. Managed-care consortium Kaiser Permanente has now integrated digital therapeutic apps into its electronic record system, allowing physicians and therapists to refer patients to free tools for mindfulness, meditation, and CBT.

An analysis of the Kaiser program found that patients had greater engagement with the tools when they were integrated into the care system and recommended by clinicians (Mordecai, D., et al., *NEJM Catalyst Innovations in Care Delivery*, Vol. 2, No. 1, 2021). “Evidence suggests that you get better outcomes when a mental health professional and client use these tools together,” Torous said.

Still, most patients interested in digital therapeutics are using

the tools on their own, rather than with the help of their health care providers, said David Mohr, PhD, director of the Center for Behavioral Intervention Technologies at the Northwestern University Feinberg School of Medicine. In 2019, he cohosted a series of meetings on digital mental health in collaboration with the Banbury Center, a science think tank at Cold Spring Harbor Laboratory in New York. The participants—including researchers and representatives from insurance companies and large health care organizations as well as self-employed insurers—concluded that the evidence base for digital mental health is strong, particularly for common mental health problems such as depression and anxiety. But there are significant barriers to implementation, they found, in part because providers have no way to be reimbursed for using digital therapeutics with patients (*Psychiatric Services*, advance online publication, 2021). “Without a reimbursement mechanism, there's no way to roll this out for most of American health care,” Mohr said.

The piecemeal approach to regulating digital therapeutics also poses problems for safety and privacy. Data collected by consumer-facing apps may not be subject to the same Health Insurance Portability and Accountability Act (HIPAA) protections as data collected by providers. And there are potential harms to patients from using unproven apps to treat mental health conditions, Schueller said. One app he evaluated, for example, recommended an evening

FURTHER READING

APA sharpens focus on practice innovation, digital therapeutics

APA Services, 2021

Actionable health app evaluation: Translating expert frameworks into objective metrics

Lagan, S., et al.
npj Digital Medicine, 2020

Regulating digital therapeutics for mental health: Opportunities, challenges, and the essential role of psychologists

Carl, J. R., et al.
British Journal of Clinical Psychology, 2021

The efficacy of cognitive videogame training for ADHD and what FDA clearance means for clinicians

Evans, S. W., et al.
Evidence-Based Practice in Child and Adolescent Mental Health, 2021



cocktail as a primary strategy for regulating mood. Fortunately, such egregious, dated advice seems to be rare, he said. But a bigger risk may be that people choose poorly designed apps in place of evidence-based interventions. “Someone might download these apps, not get better, and think, ‘There’s nothing out there that can help me,’” Schueller said. “They may avoid therapy or delay treatment as a result.”

THE ROLE OF PSYCHOLOGISTS

Schueller created One Mind PsyberGuide to help consumers find digital tools that work. The review site evaluates products based on information about their evidence base, user experience, and policies related to data security and privacy. Torous, too, has attempted to make sense of the growing digital therapeutics marketplace by creating the

Apps for sleep improvement are often designed for patients to use on their own, but they can also be a helpful tool in psychotherapy.

M-Health Index and Navigation Database (MIND), which rates apps in four categories: privacy/data security, evidence, user engagement, and integration into care (Lagan, S., et al., *npj Digital Medicine*, Vol. 3, 2020). APA, too, reviews the latest apps and tools for practicing psychologists in its quarterly “Let’s Get Technical” column.

Such efforts help consumers and providers make sense of a confusing marketplace. But nobody expects these tools to replace experts. “Many of these apps aren’t as good as therapist-led treatments, but they fill a separate need,” Comer said. “Therapists can make large changes but reach a small number of people. A lot of the promise of digital mental health apps is that we can now also reach larger numbers of people, even if some of those effects are small. The combination of the two is how we move the needle at the population level.”

Digital mental health tools may work best when used in a stepped care model, added Mohr. He and his colleagues developed an internet-based CBT (iCBT) program for depression and tested it in an exploratory trial. The iCBT program included periodic check-ins with a psychotherapist, and those users who weren’t responding to the initial intervention were stepped up to phone-based CBT with a therapist. After 5 weeks of treatment, patients had significant reductions in depression severity—on par with improvements seen in a control group that received a teletherapy intervention (Nicholas, J., et al.,

Journal of Affective Disorders, Vol. 281, 2021). “There was no difference in outcomes, but the stepped care model with iCBT used about half of the therapists’ time,” Mohr said. In other words, each provider could reach twice as many people.

How to integrate digital health tools into health care models will be one of the most important challenges to address as the field continues to grow. “This is a murky space,” Schueller said. “Psychologists should be using their voices to make sure it’s figured out in a way that protects privacy, safety, and security, and benefits the individuals who might be impacted by these tools.”

As part of that effort, APA is taking steps to stay ahead of the curve. This year, the association created the Office of Health Care Innovation to address issues in emerging technologies, including a strategic approach for addressing digital therapeutics in psychological care. APA has also partnered with the FDA as a member of the agency’s Network of Digital Health Experts, with the goal of allowing psychologists to have more input on the regulation of digital therapeutics.

While some psychotherapists might see these tools as a threat, Carl believes it’s more helpful to focus on their potential. “Other medical professionals are happy to take advantage of these tools. There’s a risk in psychologists not seeing this as an opportunity,” she said. “And the industry wants psychologists—including research psychologists and clinicians—to be involved.” ■



SPECIAL
SECTION

Just for Job Seekers in Academia

Inside this issue of the *Monitor on Psychology* you'll find pages of open psychology jobs in academia.

See **page 74** for available faculty positions!

5 QUESTIONS FOR TSEDAL NEELEY

The dawn of widespread hybrid work schedules might present challenges, but done right, the new reliance on virtual work could help employees thrive

BY STEPHANIE PAPPAS

Remote work has been shown to boost productivity, according to years of research by organizational behaviorists. So when the COVID-19 pandemic triggered a massive global shift to working from home, Tsedal Neeley, PhD, a professor of business administration at the Harvard Business School, was not worried about slackers and lollygaggers bringing corporate productivity down.

Neeley, the author of *Remote Work Revolution: Succeeding From Anywhere* (Harper Business, 2021), is now concerned that many workers will struggle with edicts to return to offices. If companies pay attention to the findings of research—and the lessons of the pandemic—however, 2020 may be remembered as a year when work changed forever.

The *Monitor* talked to Neeley about what this shift might mean and where organizations and companies need to go from here.

For someone who studies remote work, the pandemic had to be quite an abrupt experience. Did anything surprise you about what happened when so many people suddenly became remote workers?

What surprised me was how quickly people adapted. When the global pandemic started to rage in March 2020, the sheer scale of people who migrated home to begin their remote work “grand experiment” was huge, crossing many industries, companies, and countries. Within a matter of days, people began to



use digital tools that used to be complements in their repertoire as lifelines and became quite fluent in how to use them and how to interact remotely. The speed of the adaptation, when it was necessary, was mind-blowing.

Are the benefits of remote work limited to white-collar office workers, or can we see this trend somehow benefiting all workers?

There are disparities as to what work can be done remotely, no doubt about it. One of the things that people and organizations are trying to do is to look at job tasks very closely to determine how certain job functions or technologies can afford virtuality in ways we hadn't thought about.

For example, imagine a counseling center where the work is tied to

in-person meetings. Can you do counseling work remotely? Well, it was done very effectively during the pandemic using new telehealth technologies. But those are still white-collar jobs.

One of the things to consider in expanding the benefits of remote work for those whose work is tied to physical spaces is to offer people learning days remotely. They can develop themselves in a remote environment and also enjoy some of the flexibility it affords. We have seen many continuing-education courses and professional conferences go virtual. Otherwise, remote opportunities become an inclusion issue, a luxury, and a privilege that only some members of an organization can participate in. You want to figure out a way to spread the flexibility, which is the key aspect of remote work that people so value.

How will the increase in remote work affect different demographic groups? Might we see disparities for BIPOC individuals or women, or perhaps advantages for groups who have been disadvantaged in the past?

Interestingly enough, there is very compelling data of marginalized groups who report that they've never felt more included in their organizations. They've never experienced fewer microaggressions. This is also the case for people who are physically differently abled, who are saying, “I can finally participate in professional endeavors in ways that I just couldn't before.” My deepest worry today is what the return to work will look like for these members of organizations. For example, many Black professionals are

experiencing a positive remote-work professional life, and they're not excited about going back to work. Organizations have to work very hard to create cultures that are inclusive, that are safe, and that are an improved environment for different groups.

How can employers best create effective interactions between in-person and remote employees?

In-person and remote-employee interaction is where hybridity becomes complicated. All-or-nothing is always easier. But the hybrid format is also not new. Global organizations have been participating in hybrid formats for decades, so the leaders and managers need to have rules of engagement that ensure that everyone is able to participate fully, that people are sharing

airtime, and that managers are not privileging those that they have near them—what people are calling “proximity bias”—when they think about their entire team.

The big question people have to answer is: Why are you instituting a hybrid schedule? If it's only to do the same kind of things that people can do at home, minus the commute and minus the stresses, it's not going to work. Collaboration, social connection, and innovation all have to be heavily woven into the in-person format.

How can companies ensure equity and fairness in who is offered flexible schedules?

The framework has to be established by top leaders and be the same across the company, because you don't want

one manager to offer lots of autonomy and flexibility while another manager requires rigid in-person schedules. Within that framework, individual managers and groups can have their own interpretation. Otherwise, you could very quickly build inequities within your organization without consciously approaching scheduling with equity in mind. The centralized framework can articulate the type of activities that are ideal for the office. It's important for the hybrid schedule to be cocreated with those who have to live it out. There is no one-size-fits-all.

Finally, we have found that it's important for companies to approach this in an experiment-learn-and-iterate mode, because surely many will learn lessons that will help them ensure that everyone can thrive. ■

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A STEP BACK IN JUVENILE SENTENCING

For years, the Supreme Court relied on child development research to guide its sentencing in juvenile homicide cases. A recent ruling has shifted the landscape.

BY KATHRYN A. LAFORTUNE, JD, PhD, UNIVERSITY OF TULSA COLLEGE OF LAW

Forty years ago, the U.S. Supreme Court heard *Eddings v. Oklahoma* (1982), the first in a series of cases to address juvenile sentencing jurisprudence for serious crimes under the Eighth Amendment. *Eddings* required lower courts to consider mitigating factors such as “the background and mental and emotional development of a youthful defendant in sentencing.” Since then, the court has demonstrated continued interest in scientific advances in child

development and adolescent brain research, embracing the idea that children are different from adults for sentencing purposes. *Thompson v. Oklahoma* in 1988 invalidated executions of juveniles under 17 as unconstitutional, citing juveniles’ lesser culpability.

Roper v. Simmons in 2005 eliminated juvenile executions altogether, and *Graham v. Florida* in 2010 struck down life without parole for nonhomicides. *Miller v. Alabama* in 2012 denounced mandatory life without parole in juvenile homicide convictions. That decision relied on research demonstrating that juveniles are less culpable and have better potential for reform than adults. *Montgomery v. Louisiana* in 2016 went even further in stressing that the *Miller* language applied to past cases already decided, many of them years ago. Both *Miller* and *Montgomery* recognized the importance of these specific factors to address. This line of cases suggested that judges should apply a judicial “laser beam” in focusing on “irreparable corruption.”

However, *Jones v. Mississippi* (2021) is a troubling reversal from the court’s previous rulings that judges should address the issue of rehabilitation and the recognition in *Miller* that “children are constitutionally different from adults for purposes of sentencing.” In *Jones*, the Supreme Court retreated from its evolution in understanding the importance of this developing research. Fifteen-year-old Brett Jones’s family and social history is like many juvenile homicide cases. There was a lengthy period of parental abuse and neglect, the effects of which can

culminate in the commission of a terrible crime. The upholding of Jones’s life without parole sentence did not acknowledge precedent that has required judges to determine and make a record of whether a child falls in a protected class that is ineligible for life without parole.

Writing for the majority, Justice Brett Kavanaugh’s opinion confuses the legal landscape that had previously provided beneficial language to judges who must struggle with difficult decisions of who will remain in juvenile court for remediation and who will go to adult prison for one’s natural life. The *Jones* opinion in holding that “*Miller* and *Montgomery* do not require the sentencer to make a separate factual finding of permanent incorrigibility before sentencing the defendant to life without parole” effectively “guts” established precedent, as opined in Justice Sonia Sotomayor’s dissent. She noted that under this break from precedent, “a sentencer never need determine, even implicitly, whether a juvenile convicted of homicide is one of ‘those rare children whose crimes reflect irreparable corruption.’ Even if the juvenile’s crime reflects unfortunate yet transient immaturity, he can be sentenced to die in prison.” In effect, *Jones* now shields discretionary decision-making from scrutiny and does not require judges to focus on stated precepts from previous cases.

So, what to make of this muddying of the legal waters, and what are some proposed solutions? Many researchers have identified the inherent difficulties in deciding who fits into this rare group of “permanently incorrigible” adolescents. Legal scholars have proposed eliminating life without parole for juveniles and allowing for life with the possibility of parole as the maximum penalty. A juvenile who enters prison at age 17 could take hold of their destiny by establishing a history of positive behavior while incarcerated, demonstrating amenability to treatment, eventually making the case for parole, and walking out the prison gates. ■



AT ISSUE

A Supreme Court opinion backtracks on juvenile constitutional rights at sentencing.

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

CE

CONTINUING EDUCATION WORKING WITH IMMIGRANTS AND REFUGEES

BY ZARA ABRAMS

A 12-year-old girl fleeing gangs in El Salvador arrives in Texas alone because her mother died during the journey. A Chinese family settles in the Midwest and enrolls their young children in school. Now, the world is responding to a new influx of refugees fleeing violence and oppression after the Taliban's takeover of Afghanistan. ¶ The United States is home to more than 44 million immigrants—from almost every country in the world—each with a diverse set of needs and experiences. Despite facing significant psychological challenges, including racism, acculturation, and trauma, immigrants access mental health care services at lower rates than people born in the United States (Derr, A. S., *Psychiatric Services*, Vol. 67, No. 3, 2016). This is partly due to structural barriers, such as cost and insurance coverage, but also because of a dearth of providers versed in the linguistic, cultural, and policy hurdles these populations face.

CE credits: 1

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

- Discuss the diverse circumstances immigrants and refugees face and list some of the common mental health concerns affecting these populations.
- Describe how psychologists can train and prepare to work with immigrant communities in clinical and forensic settings.
- Understand what clinical skills and strategies are helpful for assessing and treating immigrants and refugees.



Psychologists do not need to match their patients' nationality or experiences in order to help. They do, however, need to understand the geopolitical, cultural, and legal realities these communities are navigating.

"The most important thing that any clinician who's working with immigrants can do is listen

to the stories of individuals," said psychologist Laura Minero, PhD, a postdoctoral fellow at the University of California, Los Angeles, and a Deferred Action for Childhood Arrivals (DACA) recipient.

Developing expertise in cultural competence, trauma-informed care, narrative therapy, and other strategies



Asylum-seeker Blanca holds her son, Claudio, as people await meals at a makeshift camp in Tijuana on the Mexican side of the San Ysidro Port of Entry on July 20, 2021.

can position practitioners for success in working with the largest immigrant population in the world.

THE IMMIGRANT EXPERIENCE

Immigrants arrive in the United States with a vast diversity of religious, linguistic, educational, and ethnic

backgrounds. They also come to this country for a variety of reasons—some are seeking work, some fleeing violence, others reuniting with family members. More than half come from Latin America and another quarter from Asia (*Facts on U.S. Immigrants*, Pew Research Center, 2018). Even immigrants from the same

country often differ greatly in their legal statuses, levels of familial support, and personal experiences.

For that reason, understanding the context of immigration is essential for psychologists who seek to help these populations. For example, migrants leaving Central America's Northern

Triangle region (El Salvador, Guatemala, and Honduras), which the United Nations calls one of the most dangerous parts of the world, are often running for their lives, said Charissa Pizarro, PsyD, a clinical psychologist who works with undocumented immigrants.

These individuals often face gang violence and threats,

domestic violence, and sexual violence in their home countries. During the perilous journey to the United States, they may have endured extreme weather and terrain, starvation, thirst, and manipulation or sexual assault by the smugglers they pay to facilitate the trip. Depression, anxiety, and post-traumatic stress disorder are common mental health issues among migrants who have experienced such trauma (Garcini, L. M., et al., *Journal of Consulting and Clinical Psychology*, Vol. 85, No. 10, 2017; Rojas-Flores, L., et al., *Psychological Trauma: Theory, Research, Practice, and Policy*, Vol. 9, No. 3, 2017).

Upon reaching the United States, immigrants and refugees from around the world face additional hurdles in navigating the immigration system, finding a job, and overcoming language and cultural barriers. At this stage, many immigrants of color also face bias and discrimination because of their race, which can affect their mental health (Garcini, L. M., *Psychology of Violence*, Vol. 8, No. 6, 2018).

"Racism is finally being recognized as a public health issue—but it's also important to connect that to the immigrant experience," Minero said. "A lot of the challenges that immigrants experience are actually due to racism."

For others, such as families who are more established and have enrolled their children in school, acculturation and ethnic identity may be the primary concerns, said Dina Birman, PhD, a professor of psychology at the University of Miami who studies the way immigrants and refugees adjust to life in the United States.

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Despite these myriad challenges, immigrants are incredibly resilient. Research on the "healthy immigrant paradox" even suggests that upon arrival, immigrants have better mental health than nonimmigrants. But once they settle in, mental health tends to decline—making support from psychologists central to the sustained well-being of these communities (Rivera, B., et al., *Administration and Policy in Mental Health and Mental Health Services Research*, Vol. 43, 2016; Coll, C. G., & Marks, A. K. [Eds.], *The Immigrant Paradox in Children and Adolescents*, APA Books, 2012).

PREPARING TO HELP

Before clinicians begin working with immigrants and refugees, they should understand the context of immigration in the United States, both today and historically. The U.S. government has repeatedly used immigration policy as a tool to deny citizenship to people of color, including through the Naturalization Act of 1790 and the Chinese Exclusion Act of 1882, said Germán Cadenas, PhD, an assistant professor of counseling psychology at Lehigh University in Bethlehem, Pennsylvania, who studies the psychology of undocumented immigrants.

"For the past few years, we've also seen a period of very aggressive anti-immigrant policies that have restricted the options for people to access employment, housing, education, and social support in this country," he said, citing family separations, attacks on the DACA program, and the travel ban against people from several Muslim-majority countries.

Cadenas recommends that

psychologists connect with advocacy groups such as Informed Immigrant, the Coalition for Humane Immigrant Rights, and Immigrants Rising for policy updates and explanations of some of the more complex issues that impact immigrants and refugees.

Next, psychologists must identify and dispel any biases and misconceptions they may have about immigrants. For example, providers may assume that migrants from Central America are not well educated, but education levels vary just as they do among nonimmigrants (O'Connor, A., et al., "Central American Immigrants in the United States," Migration Policy Institute, 2019). Another common assumption is that youth of Asian origin are well adjusted and require less mental health support than other students, said Cixin Wang, PhD, an associate professor of school psychology at the University of Maryland. As a result, these students are less likely than their Latinx peers to receive referrals to school-based mental health care providers, even after controlling for a number of factors, including externalizing problems and academic performance (Guo, S., et al., *School Mental Health*, Vol. 6, 2014).

Misconceptions about culture or encouraging patients to assimilate without care for cultural heritage can directly harm patients, said Rehman Abdulrehman, PhD, a clinical psychologist and assistant professor at the University of Manitoba who works with refugees from the Middle East. "Practitioners doing cross-cultural work who don't pay attention to biases may inadvertently reward a patient who gives up their cultural practices, thereby reinforcing that individual's



stigma and fear that information they share with a psychologist might be mishandled, said psychologist Luz Garcini, PhD, an assistant professor at the University of Texas Health Science Center at San Antonio who conducts research on trauma among Latinx immigrants. Reaching immigrants in the places they already frequent—schools, community centers, places of worship, and even social media venues such as Facebook Live or Instagram Live—can help bridge that gap.

HONING CLINICAL SKILLS

Given the high rates of trauma among immigrant populations, a key tenet of immigration psychology is to approach treatment in a trauma-informed way (Miller, K. K., et al., *Children*, Vol. 6, No. 8, 2019). When conducting an intake interview or psychological assessment, the patient should know they are in control and can stop the interview or choose not to answer certain questions, Cadenas said.

The tone should be conversational and organic rather than interrogative. He also recommends that clinicians focus on creating a sense of safety and building trust, even if that means they cannot obtain all the desired information during an intake interview. Therapists may choose to share their own connection to immigration, if relevant, to indicate that they are a safe person to speak to, but Cadenas never asks patients to disclose their immigration status.

Providers should assess for trauma that may have occurred before, during, and after migration, especially with patients coming from high-conflict areas, including parts of Latin America, Africa, and the Middle East. Premigratory

internalized racism,” he said.

Developing knowledge about a patient’s culture and country of origin is also a key part of providing effective care. Speaking the same language can make a big difference—but it is not always necessary if a patient is bilingual or an interpreter is available. Other cultural nuances, such as conventions around eye contact or the desire to appease the clinician, can also influence rapport and the patient’s comfort level in treatment (Sue, D. W., et al., *Counseling the Culturally Diverse: Theory and Practice*, Wiley, 2019). For example, women from the Maasai society in East Africa are taught not to look men in the eye and to let men speak first during social interactions. Therapists should understand such gender norms prior to treating individuals from

these communities.

Cultural competence also requires that practitioners know how values can impact therapeutic work. For example, patients from Latin American cultures that practice *familismo*, or loyalty to the family, may wish to consult family members before making any major treatment decision, Pizarro said. Without knowledge of the practice, a clinician might view such behavior as codependent.

Finally, psychologists should be familiar with the barriers to accessing care that many immigrants and refugees face—and consider delivering services in nontraditional settings to reach these groups. Those barriers include everything from busy schedules, cost, and lack of transportation to mental health

Immigrant families wait to be processed and loaded into transport vehicles to take them to a U.S. Border Patrol station after they were caught illegally crossing into the United States from Mexico on May 30, 2019, in Los Ebanos, Texas.

losses and exposures can include disruptions in work, school, or family life, such as a family who flees threats of sexual violence from a local gang, said Elena Reyes, PhD, a professor of clinical psychology and regional director for Florida State University's College of Medicine in southwest Florida. Migratory trauma might include further threats, starvation, and physical or sexual assault. In the United States, postmigration detentions, family separations, and racist attacks can cause further harm.

As in all populations, trauma may manifest in different ways for immigrants, Garcini said, depending on cultural and personal views on mental health. Psychologists should pay close attention to somatic symptoms. Those may include pain, such as stomachaches, headaches, or back pain; dietary changes, including overeating or a loss of appetite; problems with sleep; or bedwetting and regressive behaviors in children.

Clinicians should also explore patients' acculturation levels and attitudes, said Reyes. For example, a family's culture may dictate that girls come home after school to help cook and clean. But in the United States, participating in sports, clubs, and other extracurricular activities can improve students' college prospects.

"When parents understand these expectations, children and adolescents can engage in developmentally appropriate activities that will help them in the acculturation process," Reyes said.

In tandem with acculturation efforts, providers should help immigrants maintain pride in

their own identity, culture, and practices, said Minero. Research suggests that a strong ethnic identity can improve mental health among immigrant populations, including by reducing acculturative stress and depression (Balidemaj, A., & Small, M., *International Journal of Social Psychiatry*, Vol. 65, No. 7–8, 2019).

Psychoeducation is a big part of navigating issues with acculturation, trauma, and immigration status. At the integrated care practice where Reyes works, providers teach parents communication skills, such as age-appropriate ways to discuss the family's immigration status with children and what to expect and do if a parent is deported. Garcini and her colleagues created psychoeducation booklets for children and families in detention centers, with information on somatic symptoms that may indicate mental health problems, advice for articulating emotions, and ways to handle family reunification.

Practitioners working with children should also consider the developmental disruptions that occurred during migration, said Reyes. For example, young children who left school to migrate may struggle to form healthy relationships with their peers. Providers can then work with families to reach the developmental milestones missed because of the immigration process.

Children from mixed-status families, where one or both parents are undocumented and one or more children are U.S. citizens, are another vulnerable group, Pizarro said. They experience high rates of psychological distress—such as depression, anxiety, and

RESOURCES

Refugee mental health
Aten, J. D., & Hwang, J. (Eds.)
APA Books,
2021

A guide to providing mental health services to immigrants impacted by changes to DACA and the COVID-19 pandemic
Cadenas, G. A., et al.
Informed Immigrant,
2020

Working with refugees from Syria and surrounding Middle East countries
Abdulrehman, R., et al.
Clinic Psychology
Public Mental Health
Initiative, 2016

Latinx Immigrant Health Alliance
www.latinximmigranthealthalliance.org/

fear—and may face problems with behavior and relationships at home and at school (Gulbas, L. E., et al., *Child: Care, Health and Development*, Vol. 42, No. 2, 2016).

One highly effective way to serve children is through school-based programs, because barriers such as cost, transportation, and stigma are removed or reduced, said Wang, who helped create a three-tiered model of mental health care for immigrant youth (*Journal of Immigrant and Minority Health*, Vol. 23, 2021):

Tier-one interventions: school-wide programs such as bullying prevention and classroom-based instruction in social-emotional learning skills that consider immigrant students' unique needs (recognizing feelings of stress, culturally congruent coping strategies, etc.).

Tier-two interventions: tailored small-group interventions for children who continue to struggle, such as a culturally informed psychoeducation program for children and families.

Tier-three interventions: evidence-based individualized care that addresses persistent concerns such as trauma history, language issues, or other factors that may interfere with adjustment.

In terms of therapeutic modalities that are effective for immigrant patients, clinicians recommend strengths-based approaches and narrative therapy (Peltonen, K., & Kangaslampi, S., *European Journal of Psychotraumatology*, Vol. 10, No. 1, 2019; Ramirez, N., & Monk, G., *Journal of Systemic Therapies*, Vol. 36, No. 2, 2017). In narrative therapy, the patient deconstructs their experiences, roles, and choices through a conversation with their provider or a written story. In

some cases, the narrative can be relayed through art, music, or film.

"During this process, it's important for the patient to know that they're the expert of their own story," Cadenas said.

Cognitive behavioral therapy (CBT) and trauma-focused CBT are also good options, especially if talking about mental health is not common among the population being treated, Abdulrehman said. Clinicians can help patients practice monitoring their thoughts and behaviors and teach them about cognitive restructuring, emotion regulation, and other techniques (Friedberg, R. D., et al., "Cognitive-Behavioral Therapy for Immigrant Youth: The Essentials." In S. Patel & D. Reicherter [Eds.], *Psychotherapy for Immigrant Youth*, Springer International, 2016).

"Behavioral prescriptions can allow people to begin to address the problems they're facing as a health issue rather than as a mental illness," he said.

PATHS TO CITIZENSHIP

In addition to treating immigrants in clinics, schools, and community settings, psychologists play a key role in the path to permanent residence and citizenship by conducting forensic evaluations that are reviewed by immigration courts.

"Immigration court is totally different than state and federal courts because the government is the judge, the prosecutor, and the appellate court," said Robert Meyers, JD, PsyD, a New York-based clinical psychologist who conducts forensic evaluations.

Despite the one-sided nature of these proceedings, research

indicates that immigrants' cases tend to be more successful when they include a psychological evaluation (McLawson, G., et al., *Bender's Immigration Bulletin*, Vol. 16, No. 10, 2011). Forensic psychologists may conduct evaluations for a variety of cases, including asylum, human trafficking, and U visas, which provide protection for victims of certain crimes. Their work typically involves assessing the extent of psychological harm and, in asylum cases, whether it stems from persecution the patient endured.

Claudette Antuña, PsyD, who has conducted more than 800 forensic evaluations of immigrants in Washington state through the Northwest Immigrant Rights Project, uses a battery of tests that includes the Trauma Symptom Inventory-2, the Millon Clinical Multiaxial Inventory-IV, and the Personality Assessment Inventory, among others. She also provides basic psychoeducation in court,

KEY POINTS

1. Immigrants may face a range of challenging circumstances, including racism, acculturation, and trauma.
2. Training in culturally competent care and knowledge about immigration issues can help psychologists better support immigrants and refugees.
3. Trauma-informed care, narrative therapy, and cognitive behavioral therapy are effective treatment modalities for immigrant populations.

for instance explaining to judges that people who have faced trauma may appear calm rather than distressed.

For psychologists interested in pursuing training to conduct forensic evaluations for immigrants, Antuña recommends exploring the Harvard Program in Refugee Trauma and workshops offered by the organization Physicians for Human Rights. Antuña and Garcini also helped create guidelines for conducting psychological evaluations in immigration proceedings that the National Latinx Psychological Association will publish later this year.

In immigration courts, private practice, schools, and communities, psychologists are using their expertise to support the country's growing immigrant population. Gaining additional knowledge and experience with cultural competency, trauma-informed care, and immigration policy can further amplify their impact. ■



Demonstrators protest federal immigration policies outside a California detention center that houses unauthorized immigrants in June 2018.

THE IMPACT OF PARENTAL BURNOUT

What psychological research suggests about how to recognize and overcome it **BY ASHLEY ABRAMSON**



Candice Roquemore Bonner, PsyD, a clinical psychology resident at Brigham and Women's Hospital in Boston, knows the parenting-while-working juggle well. She moved to Boston with her two children to begin her residency in June 2020, functioning solo until her husband could join them. Managing her burgeoning career and her family's well-being—all during a global pandemic—often left her own self-interest neglected. As a result, she said perpetual exhaustion and high-level irritability became part of her daily routine. ¶ “I’ve been a working student and parent for 5 years, so it’s been a constant juggling act,” Roquemore Bonner said. “But this year elevated my sense of burnout because there was simply no escape.” ¶ The United States has mostly lifted pandemic restrictions (and reinstated some to protect against the COVID-19 Delta variant). Birthday parties are in full swing, youth sports are back, and families are rushing from one activity to the next. While this may be the light at the end of the tunnel people had been eagerly anticipating, parents never had a chance to recover from pandemic burnout before bursting into this new Delta variant phase—which only heightens their risk for issues going forward. ¶ Burnout, a syndrome characterized by “emotional exhaustion, depersonalization and a decrease in self-fulfillment,” is a result of chronic exposure to emotionally draining environments (Rionda, I. S., et al., *International Journal of Environmental Research and Public Health*, Vol. 18, No. 9, 2021).



In 2019, the World Health Organization recognized burnout syndrome in its International Classification of Diseases as an occupational condition linked to several health symptoms, such as fatigue, changing sleep habits, and substance use. While burnout is most associated with helping occupations like health care or high-pressure professions like law or finance, a growing body of research suggests burnout can also occur in other roles, particularly with the strain of navigating post-pandemic life.

As Lucy McBride, MD, a practicing internist in Washington, D.C., and author of a widely read COVID-19 newsletter describes it, burnout is the “mental and physical fallout from accumulated stress in any sphere of life,” including parenting (*The Atlantic*, June 30, 2021). The first research on parental burnout took place in the United States in the 1980s, focusing on parents of children with tumors (Procaccini, J., and Kiefaber, M. W., *Parent Burnout*, Doubleday, 1983). More recently, Belgian researchers including Isabelle Roskam, PhD, and Moïra Mikolajczak, PhD, both professors of psychology at the Catholic University of Louvain in Belgium, theorized that while severe situations such as a sick child can contribute to burnout, any parent can experience it.

In 2018, Roskam and her colleagues developed a measurement called the Parental Burnout Assessment after surveying more than 900 parents they had determined to be experiencing burnout. From these subjects’ testimonies, the researchers extracted four dimensions of parental burnout: exhaustion in one’s parental role, contrast with previous parental self, feelings of being fed up with one’s parental role, and emotional distancing from one’s children.

To learn more about what causes burnout, they later studied more than 17,000 parents in 42 countries around the world and discovered burnout varied drastically by country, based on the differences in Eastern and Western cultural values (*Affective Science*, Vol. 2, 2021). A smaller follow-up study yet to be published suggests rates increased among some populations during COVID-19.

Research by psychologists at the University of Melbourne confirmed those findings in their own study, with all participants reporting higher levels of mental distress during the pandemic but parents of school-age kids reporting much higher rates. The researchers estimated that more than one quarter of Australia’s 1.5 million working parents with kids ages 5 to 11 experienced high levels of mental distress during the pandemic, and working parents who were also the primary caregiver were four times as likely to suffer as working parents who weren’t simultaneously tending the children (Melbourne Institute, 2020).

According to Roskam, one component was consistent among all parents who reported burnout, before and during the pandemic. “Burnout is the result of too much stress and the absence of resources to cope with it,” she said. “You will burn out only if there is an imbalance between stress and resources.”

RECOGNIZING PARENTAL BURNOUT

The Parental Burnout Assessment captures the primary





symptoms of burnout, which, according to Mikolajczak, usually occur in stages.

The first stage, she said, is overwhelming exhaustion. Depending on how old the children are, parents might experience different types of exhaustion; for example, Mikolajczak said parents of young children tend to be more physically tired, while those with adolescents or teens may experience emotional exhaustion because of conflicts with their children.

Inger Burnett-Zeigler, PhD, an associate professor of psychology at the Northwestern University Feinberg School of Medicine, said the pandemic exacerbated the existing issue of exhaustion and burnout among parents she works with at Northwestern's Asher Center for the Study and Treatment of Depressive Disorders. Many parents, she said, focused on child care and homeschooling during the day, relegating their jobs to the evening and, as a result, becoming more irritable and stressed the next day. Typically, she said, burned-out parents present with chronic stress about how they'll get everything done. "That can disrupt sleep, which exacerbates the anxiety and irritability; then it becomes this loop that repeats itself daily," she said.

Next, burned-out parents tend to distance themselves from their kids to preserve their energy. This phase is followed by a third phase when parents notice a loss of fulfillment in parenting. "These parents will tell you, 'I love my children,



but I can't stand being around them anymore; actually, I can't stand being a parent anymore," Mikolajczak said.

As with job burnout, parental burnout symptoms build on each other; the phase one exhaustion sticks around through the distancing and loss of fulfillment. As a result, Roskam said, parents with burnout typically report a contrast between the parents they were, the parents they would like to be, and the parents they have become. This contrast, she added, can cause burned-out parents to feel inescapable distress, shame, and guilt.

While job burnout can cause significant problems in people's lives, the consequences of parental burnout are different. Unlike a job, parents don't get paid vacation, and they can't leave their roles to parent other kids the way that someone with occupational burnout can find a new position.

Because burned-out parents often feel trapped in their roles,

they may also experience more severe consequences than people experiencing job burnout, such as suicidal and escape ideations (Mikolajczak, M., et al., *Clinical Psychological Science*, Vol. 7, No. 6, 2019). Mikolajczak and colleagues found these ideations were more frequent in parental burnout than in job burnout or depression (*Clinical Psychological Science*, Vol. 8, No. 4, 2020).

Burnout can also cause parents to be violent or neglectful toward children, even when the parents are philosophically opposed to those behaviors. In an as-yet-unpublished 2020 study, Annette Griffith, PhD, a professor of psychology at The Chicago School of Professional Psychology, found that parents who indicated higher levels of burnout also indicated higher levels of coercive or punitive parenting practices, and the parents who reported the biggest change of burnout level from January to June 2020 had the highest risk for child maltreatment.

The finding that rates of parental burnout increased during the pandemic are unsurprising, as Griffith found many of the conditions present during the pandemic, such as financial insecurity, lack of support, and social isolation, have been found to be risk factors for parental burnout prior to the pandemic (*Journal of Family Violence*, Vol. 29, No. 4, 2020).

Whether a burned-out parent screams at or spansks their child, this behavior doesn't only harm kids; Mikolajczak said burnout symptoms and consequences can create a vicious cycle. "Parents who do these things often feel

shame, so they ruminate on their behavior, then they wake up the next day more tired and sensitive, which compounds the negative behaviors," she said.

WHO EXPERIENCES PARENTAL BURNOUT?

Research shows that certain populations are more prone to parental burnout. A study by the International Investigation of Parental Burnout (IIPB) Consortium, which included Roskam and Mikolajczak, found cultural norms, for example, play a significant role in predicting burnout: Parents from more individualistic (typically Western) countries had higher rates of parental burnout than those from Eastern countries (*Affective Science*, Vol. 2, 2021).

Individualistic cultures tend to value competition, performance, and perfectionism, which increases stress, all the while decreasing resources by discouraging parents from asking for support. And while Eastern cultures typically prioritize children's obedience and respect toward elders, Roskam said Western cultures commonly assert values of self-improvement or independence, which means children can be less likely to follow instructions.

People already experiencing multiple stressors, such as single parents, parents of special needs children, and immigrant parents, may also have a lower threshold for increasing stress because of the ongoing demands of parenting.

"If there are groups already experiencing prolonged chronic stressors, they are going to be at higher risk for vulnerabil-

ity to mental health issues and burnout,” said Lisa Coyne, PhD, a senior clinical consultant at McLean Hospital OCD Institute in Massachusetts and an assistant professor of psychology at Harvard Medical School.

Compounding individual risk factors with systemic oppression can further heighten that vulnerability. Riana Elyse Anderson, PhD, an assistant professor of health behavior and health education at the University of Michigan, said parents of color face unique strain, especially during the pandemic.

Alongside everyone’s fears of contracting COVID-19 and ongoing racial trauma in the wake of George Floyd’s murder, Black parents are also less likely to have protective factors like economic security and feelings of social support. “The pandemic really pointed to how challenging it was to manage all these stressors with thinning coping resources,” said Anderson.

Robyn Koslowitz, PhD, a clinical psychologist and director of the Center for Psychological Growth of New Jersey, said some parents who had traumatic childhoods tend to carry unproductive beliefs about their role as parents. “Many clients I work with believe they don’t have the same capacity other parents have because they never experienced normal parenting,” she said. “That shame can contribute highly to burnout.”

As common as parental burnout is, parents can use what psychologists have discovered about risk factors to both reduce their risk and mitigate existing symptoms by finding creative ways to rebalance their stress and resources.

HOW TO MANAGE PARENTAL BURNOUT

Advice for supporting yourself and clients

TALK ABOUT IT

Open sharing about feelings of burnout can facilitate social support, a much-needed resource for stressed-out parents short on coping skills. But admitting you’re struggling isn’t always easy; burned-out parents often feel isolated and ashamed, which can prevent them from healthy dialogue with supportive people.

Data suggest parental burnout is a lot more common than most parents think:

According to the IIPB Consortium study, up to 5 million U.S. parents experience it each year. The first step, Mikolajczak said, is understanding you’re not the only one snapping at your kids or camping them in front of the TV all day. Talking about parental burnout openly can further normalize the syndrome, she said, removing some of the shame from the experience.

Koslowitz recommends finding other parents experiencing similar feelings.



Because shame only compounds burnout feelings, the key is to share your experiences in a non-judgmental atmosphere. While the internet can facilitate such connections, Koslowitz cautions against relying on social media for validation. Instead, seek out virtual communities where rules about shaming are enforced, such as moderated social media groups or message boards.

If your burnout is impairing your functioning or causing suicidal ideation, it's important to reach out to a mental health provider for professional support.

REEVALUATE YOUR STRESS

For parents who reported higher levels of burnout during the pandemic, lockdown alone wasn't the primary risk factor. Instead, a team composed of Belgian, Dutch, and U.S. researchers found that cognitive appraisal—people's individual perspectives of the lockdown—was also to blame. "How much parents experienced burnout depended on how they saw the lockdown," Roskam said. "For some, it was an opportunity to take much-needed time with their kids, while others saw it as a nightmare." Predictably, those with a negative perspective reported increased feelings of exhaustion in parenting.

If you're feeling exhausted by your parenting role, reappraise your perspective. Look for opportunities to grow or areas of your life you're grateful for. It may help to reframe the difficulty as a challenge—something you can overcome—rather than as a threat that positions you as a powerless victim (Drach-Zahavy,

A., & Erez, M., *Organizational Behavior and Human Decision Processes*, Vol. 88, No. 2, 2002).

Reappraisal won't expunge the difficult circumstances from your life, but it can provide a resource to help you cope.

MAKE SMALL CHANGES

Parental burnout can hit particularly hard because, unlike occupational burnout, it's not always possible to take a vacation—which may leave you feeling like you can't escape the stressor. When your stress level outweighs your resources, Mikolajczak suggests finding smaller ways to lower stress levels.

"We tend to see one or two big factors as responsible for stress—perhaps your son is difficult and your husband is never home, which you can't change," she said. "But one has to remember there are many stressors tipping the scale."

Rather than fixating on the big stressors, Mikolajczak advises rebalancing the changeable ones that contribute to your feelings of exhaustion over time. For example, if your chore list exhausts you, offload a few jobs to your partner or kids. If a child's constant activities are a burden, cut down on commitments or schedule carpools with other parents. The key, Mikolajczak said, is to be flexible and balanced.

GROW YOUR PARENTING SKILLS

Parents should consider adding skills to their parenting toolboxes, according to Coyne. "Because burnout is marked by a disconnect in how you're parenting now and who you

were before, growing in their parenting skills can give parents a sense of efficacy in decreasing parenting-related stressors and, as a result, mitigate feelings of burnout," she said.

While Roskam said reading books about parenting can increase feelings of failure and shame for many, other resources can provide a much-needed confidence boost in parenting by providing targeted skills. Look into local seminars, ask about mental health and parenting resources at your child's school, or find a therapist who uses evidence-based behavioral training programs for parenting.

STOP SAYING 'SHOULD'

Research suggests parents who are perfectionists and those who put pressure on themselves experience higher rates of burnout (Sorkkila, M., & Aunola, K., *Journal of Child and Family Studies*, Vol. 29, 2020). Finding practical ways to relieve that pressure can reduce burnout risk.

"Sometimes our demands are top-heavy because we have particular expectations about how things should be done—how well we should be doing things and how happy we should be doing them," said Natalie Dattilo, PhD, a clinical psychologist at Brigham and Women's Hospital and an instructor at Harvard Medical School. "These unrealistic expectations increase our load, and they are some of the first things we can take off the plate," she said.

Dattilo commonly recommends her patients avoid "should" statements, which she says add shame. For example,

FURTHER READING

Is parental burnout distinct from job burnout and depressive symptoms?

Mikolajczak, M., et al.
Clinical Psychological Science, 2020

Aiming to be perfect parents increases the risk of parental burnout, but emotional competence mitigates it

Lin, G.-X., et al.
Current Psychology, 2021

How to avoid burnout when you have little ones

Grose, J.
The New York Times, April 15, 2020

COVID-19 restrictions: Experiences of immigrant parents in Toronto

Guruge, S., et al.
AIMS Public Health, 2021

if you're overwhelmed and tell yourself you "should" spend more time playing with your kids, you'll only feel badly when you don't measure up. Try swapping your "should" statement with "It would be great if I had more energy to play with my kids."

"That reframing can help parents deal with their current reality rather than what they think they should be doing, so they can deal with their circumstances the best they can with the resources they already have," Dattilo said.

TAKE MICROBREAKS

Self-care is a vital component of recovering from any type of

stress, but it's not necessarily realistic for everyone to plan a kid-free getaway to recover.

But even tiny breaks can help—for example, locking the door in the bathroom for 5 minutes to take deep breaths or sitting in your car to listen to a guided meditation after grocery shopping can enhance resilience in parenting. "Rather than a whole weekend of vacation or even an hour, focus on finding opportunities for relaxation and pleasure in ways that are manageable for you," Burnett-Zeigler said.

Self-compassion can add another resource to help you manage stress, according to Burnett-Zeigler. When you

take breaks, try to find small ways to recalibrate your thinking. Acknowledge the pressure you may put on yourself for how you should be doing or feeling and remind yourself that you're doing the best you can with the resources you have.

FIND MEANING


When you feel detached from something you care about, Debbie Sorensen, PhD, a Denver-based clinical psychologist, said it can be helpful to reconnect with your values and reorient yourself to the meaningful aspects of parenting. "We can really get lost in the drudgery, and it takes work to carve out special moments with your kids that remind you parenting can be fulfilling," she said.

Even if it feels overwhelming, practice behavioral activation by planning a small, low-stakes activity—a trip to the park or watching a favorite movie—to do with your kids. Remind yourself in the experience or debrief after about your kids' positive qualities, as well as the skills and qualities you bring to the table as a parent. Remembering the meaning you've felt in the past as a parent can provide a resource when exhaustion and resentment return.

Parenting, like any realm of life, can be both difficult and rewarding at the same time. "Some of these feelings of resentment, shame, or guilt for parents come up because we live in a society that says we should love our kids unconditionally, and if we're frustrated, we're bad parents," said Anderson. "But that you love your child and acknowledge parenting as a very difficult thing can be true at the same time." ■

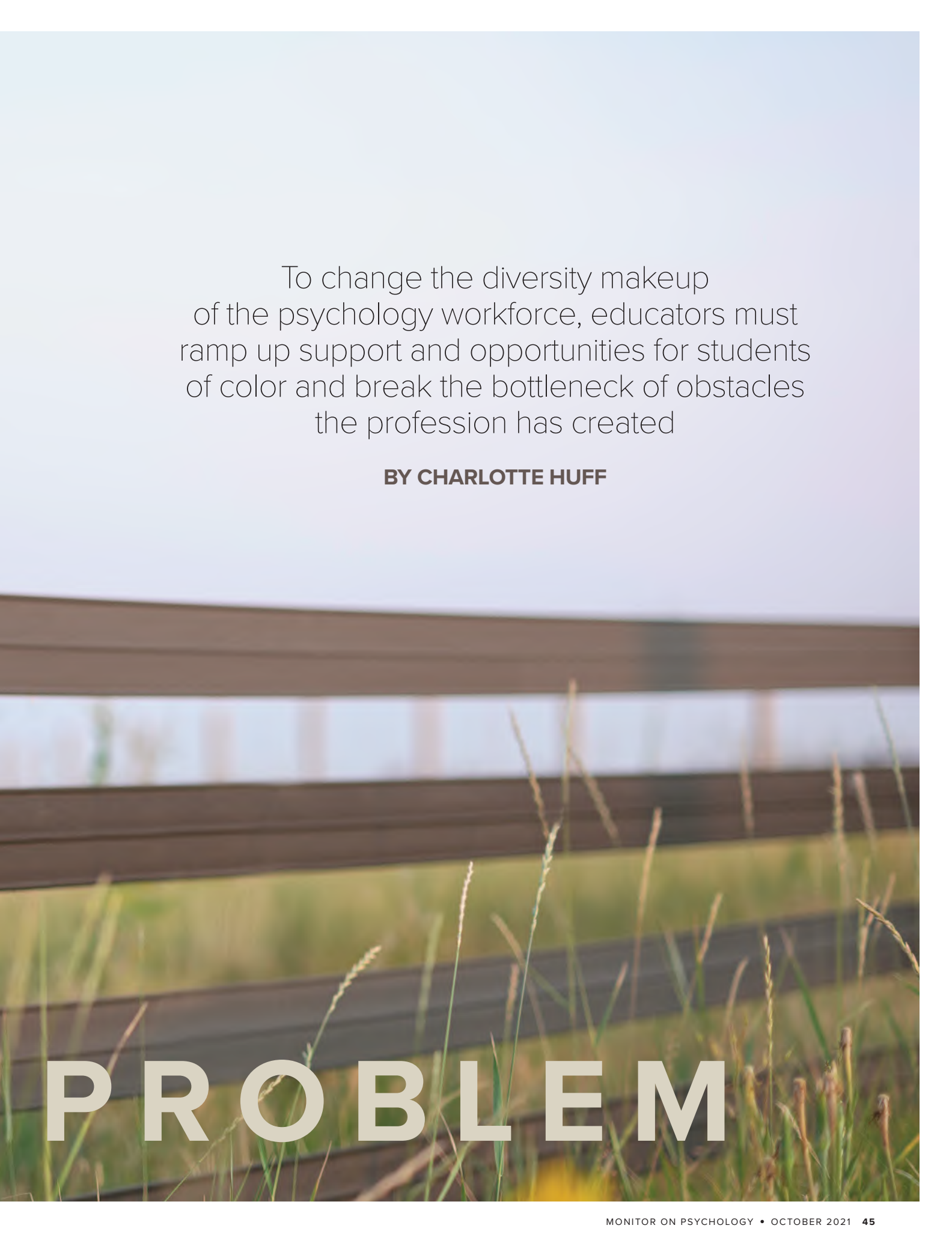


NEIL WEBB / KON IMAGES



University of
Denver clinical
psychology doctoral
student Nathalie
Dieujuste credits a
mentoring program
for undergraduate
students of color at
Auburn University
with providing much
of the guidance
and mentorship she
needed to apply to
graduate school.

PSYCHOLOGY'S DIVERSITY



To change the diversity makeup
of the psychology workforce, educators must
ramp up support and opportunities for students
of color and break the bottleneck of obstacles
the profession has created

BY CHARLOTTE HUFF

PROBLEM

Nathalie Dieujuste recalls telling her seventh-grade science teacher, when asked about her career aspirations, that she wanted to become a psychologist because, “I just really want to know how the outside world affects your mind.” ¶ But Dieujuste, who majored in psychology at Auburn University in Alabama, realized about a year before her college graduation that she didn’t know much about applying to graduate school. The first-generation Haitian American had only applied to a few colleges from high school. “I thought it would be a similar kind of process,” she said. ¶ After asking for guidance from her research methods professor, Dieujuste learned that she needed research experience to be considered a strong graduate school candidate and quickly joined a university lab. About a month later, she saw a flyer for a mentoring program at Auburn for Black, Indigenous, and People of Color (BIPOC) undergraduates called Scholars Committed to Opportunities in Psychological Education (SCOPE) and signed up.



THE CHANGING FACE OF PSYCHOLOGY

83% of the psychology workforce self-identified as White, 7% as Hispanic, 4% as Asian, and 3% as Black. The next generation is shaping up to be more diverse; White students earned 69% of the psychology doctorates awarded in 2018.

SOURCE: APA'S CENTER FOR
WORKFORCE STUDIES, 2019

During the intense weekend boot camp, Dieujuste realized that she needed far more research experience, perhaps as much as 2 years, as well as posters to present at conferences and publications with her name on them. “I had none,” she said. She also hadn’t yet homed in on her research focus, other than knowing that she wanted to study trauma and suicide. “I had no idea that I needed to further define that.”

Stories like Dieujuste’s are not uncommon. Psychology continues to wrestle with a diversity problem, and it doesn’t help that the road to earning a doctorate is so serpentine and costly that it’s difficult for even the most talented and dedicated individuals to succeed, according to researchers and clinicians committed to boosting the profession’s racial and ethnic diversity. Roughly 60% of Americans describe their heri-

tage as non-Hispanic White, according to 2019 data from the U.S. Census Bureau. That same year, 83% of the psychology workforce self-identified as White, 7% as Hispanic, 4% as Asian, and 3% as Black, according to APA’s Center for Workforce Studies data. Those numbers have not shifted much in the past decade; in 2009, 85% of psychologists identified as White. Still, the next generation of psychologists is shaping up to be more diverse; White students earned 69% of the doctoral degrees awarded in 2018.

To continue changing that picture, psychology faculty at all levels from high school onward should encourage more BIPOC students to consider the profession, better support those students’ development of the research skills and other experience needed to apply to graduate school, and provide

guidance through the numerous evaluations and gatekeepers toward a doctoral degree, said Anissa Moody, PhD, an associate professor of psychology at Queensborough Community College in New York and a member of APA’s Committee on Associate and Baccalaureate Education (CABE). The skills that students must acquire and excel at are almost too numerous to count, she said, including developing critical thinking, learning research methods and statistics, honing interviewing prowess, seeking out mentors, and producing posters and other publications.

“The path to becoming a psychologist has been very steep and thorny and created by the psychologist community,” Moody said. “It’s a bottleneck that we’ve created where only the most prepared, the most organized, those who have the most knowledge and the most resources are the ones who get through that bottleneck.”

Black and Hispanic/Latinx students enroll in psychology doctoral programs at rates below their composition in the general population, according to an analysis of accredited programs from 2005 to 2015 (Callahan, J. L., et al., *Training and Education in Professional Psychology*, Vol. 12, No. 4, 2018). During that stretch, Hispanic/Latinx students made up 10.75% of doctoral students versus the 16.3% they comprise in the population overall, according to 2010 U.S. Census Bureau data. Black students made up 7.08% of those enrolled versus 12.6% overall.

The result can be a scarcity



Dieujuste knows of only one other Black student enrolled in her University of Denver doctoral program. “I definitely wonder what kind of supports there will actually be for me as a Black woman in a program with not a lot of Black people,” she said.

of culturally competent care for BIPOC patients who prefer to seek help from therapists who look like them. In the past few years, amid the very public examples of police brutality, Black psychologists report they are busier than ever. Directories of color

have become increasingly popular to help Black and Latinx patients, as well as those seeking Asian and Pacific Islander therapists.

“To not have a discipline that reflects the diversity of the people that we serve, it really does a disservice to our profes-

sion,” said Kevin Cokley, PhD, a professor in the Department of Educational Psychology at the University of Texas at Austin whose research focuses on the experience of BIPOC students in higher education.

“If we aren’t culturally competent as a profession, then we risk doing more harm than good by turning off BIPOC individuals from either seeking mental health services or, if we’re talking about education, discouraging them from even considering psychology as a viable profession,” he said.

LOST OPPORTUNITIES

Too often, psychology misses out on openings to entice talented BIPOC students into the profession, starting even before college, said Janice Haskins, PhD, senior director of APA’s Minority Fellowship Program. Overall, nearly 30% of high school graduates take at least one psychology course in high school, according to APA data on trends in precollege and undergraduate psychology. But those courses tend to be offered through honors or accelerated programs that are not available at every high school, Haskins said. “Many times, students of color are less often either recommended for those types of programs or have less access to them,” she said.

“So, right off the bat we experience a gap there,” Haskins said. “In terms of taking that honors curriculum where you’re really digging into psychology and getting into all of the interesting pieces of psychology, we’re already starting off at a deficit.”

Growing up, a lot of students of color, especially Black students, also may not have had the most positive or supportive encounters with psychologists, Moody said. "Their experience with meeting with a psychologist may [have been] as an authority figure in their schools who they were mandated to see regarding family issues or in ways in which it wasn't necessarily a safe way to encounter or even consider yourself being in that role," she said.

In other circumstances, high school or college students may never have encountered a psychologist who looks like them, or even have a broader sense of what the profession does, said Helen Hsu, PsyD, a staff psychologist, Asian American specialist, and lecturer at Stanford University. Their parents may be reluctant for them to consider such a career, particularly if they recently emigrated from a country that lacked much of a mental health system, she said. "So, of course they've never really heard of who does these jobs, or who goes to these services."

Dieujuste, the first of her siblings to graduate college, only had one Black professor when she was attending Auburn. As it happened, the professor taught in the psychology department. "Seeing her, and her success, was meaningful for me in knowing that the goal I was trying to achieve was actually attainable," Dieujuste said.

BOTTLENECK CHOKEPOINTS

Even if students are intrigued by a career in psychology, the

accumulating weight of debt starting in the college years can become a deterrent, said Mary Fernandes, a PhD student in clinical psychology at Georgia State University who chairs the university's American Psychological Association of Graduate Students (APAGS) committee.

The bills don't just encompass the cost of tuition and living expenses, but possibly moving elsewhere for an internship and additional training, such as post-doctoral work, Fernandes said. In one survey involving more than 1,000 psychology graduate students and early career psychologists, the graduate students anticipated a cumulative total debt of \$141,078, including undergraduate loans. Early career psychologists reported a debt load of \$108,127 (Doran, J. M., et al., *Training and Education in Professional Psychology*, Vol. 10, No. 1, 2016).

For BIPOC students, the lower likelihood of generational wealth can make such price tags even more overwhelming, Hsu said. At Stanford, she noted, some undergraduate and graduate students of color are working and sending money home to help family members elsewhere in the United States or their home country abroad while striving to stay on top of their grades.

Along with the financial hurdles, the skill sets required to get accepted into a doctorate program have become increasingly steep and multifaceted, placing "a lot of pressure at the undergraduate level to get students prepped and prepared," said Moody. "But only certain environments are equipped and



"The path to becoming a psychologist has been very steep and thorny and created by the psychologist community. It's a bottleneck that we've created where only the most prepared, the most organized, those who have the most knowledge and the most resources are the ones who get through that bottleneck."

ANISSA MOODY, PhD, APA'S COMMITTEE
ON ASSOCIATE AND BACCALAUREATE EDUCATION

resourced to be able to provide that." For instance, she said, Queensborough offers a research methods class, but that's not a common option at community colleges.

And the rapid pivot needed in college to gain sufficient research experience and other skills for graduate school can be particularly difficult for some first-generation college students, such as those who are



Latinx without proper guidance and mentorship, said Joaquín Borrego Jr., PhD, dean of the School of Graduate Psychology at Pacific University in Oregon. Many are living away from home for the first time and adjusting to the campus culture, he said. They are “just trying to navigate, just trying to survive, if you will,” he said, “and getting exposed to the college experience and learning to engage in needed activities that will best prepare them for graduate school.”

Some discrimination choke-points may precede the formal doctoral program application process, as one field experiment illustrated. In the 2015 study, fictional prospective doctoral students from a variety of academic disciplines sent more than 6,000 emails to faculty members asking to discuss their research and ways they could get involved. By design, the

students’ names were selected to indicate gender or race/ethnicity (Milkman, K. L., et al., *Journal of Applied Psychology*, Vol. 100, No. 6, 2015).

Two thirds of the faculty members responded. But across research disciplines, women and non-White students seeking guidance were more likely to be ignored. The worst rates across disciplines involved business, where women and non-White people were collectively ignored at 2.2 times the rate of White males.

Moreover, the reception was not any better if the faculty member contacted was either female or of the same racial or ethnic background as the fictional student. (The sole exception was students of Chinese heritage contacting faculty with the same ethnic background.)

An analysis published in 2018, which built off the Callahan study of doctoral program diversity, provided further indication that some students of color are getting lost in the transition to the doctoral program level. For instance, 12% of college psychology majors were Black, but they made up only 7.1% of those enrolled in doctoral programs (Luebbe, A. M., & Ogbaselase, F. A., *Training and Education in Professional Psychology*, Vol. 12, No. 4, 2018).

A more formal effort should be made to figure out what’s happening, ideally by tracking a cohort of undergraduate volunteers interested in pursuing graduate education in psychology, suggested Borrego in a related commentary (*Training and Education in Professional Psy-*



THE BURDEN OF DEBT

In one survey of more than 1,000 psychology graduate students and early career psychologists, the graduate students anticipated a cumulative total debt of \$141,078, including undergraduate loans.

SOURCE: DORAN, J. M., ET AL.,
TRAINING AND EDUCATION
IN PROFESSIONAL
PSYCHOLOGY, 2016

chology, Vol. 12, No. 4, 2018).

He hypothesizes that the loss of diversity at the doctoral level reflects the fact that BIPOC students are applying to graduate school but not getting admitted. But without formal study, he said, it remains an outstanding question whether that’s true and, if so, what factors may play a role—whether that’s lack of mentoring, differences in GRE scores, or other influences.

“We need to really study the ‘why’ part,” Borrego said. “Why they were not successful if they were interested in attending graduate school and were not accepted into a program.”

BOOSTING SUCCESS

Madison Silverstein, PhD, and two fellow graduate students developed the SCOPE program at Auburn in 2014 to help undergraduate students of color learn how to apply for a graduate program in psychology (*Scholarship of Teaching and Learning in Psychology*, online first publication, 2020). The program, which Dieujuste credits with providing crucial knowledge and mentorship, has been offered in various formats, from a weekend to a single day, and covers numerous skills, from polishing a curriculum vitae to completing mock interviews to searching for the best graduate program fit. It also provides strategies to reduce the cost of applying and attending, such as how to get application fees waived and locate grants and other funding sources, said Silverstein, now an assistant professor of psychological sciences at Loyola University New Orleans.

SCOPE, which is now led through a partnership involving Auburn, Loyola, and Emory University in Atlanta, joins other research boot camps and programs designed to reach BIPOC students. At Queensborough, Moody directs the Summer Intensive Research Program, a 3-week course for undergraduates who want to pursue further study in social sciences. APA runs initiatives and programs designed to improve recruitment and retention, including the Minority Fellowship Program, which APA launched in 1974 to assist graduate students, postdoctoral trainees, and early career professionals of color pursuing a psychology career. To date, the program has funded roughly 2,200 fellows.

Numerous APA governance committees have ongoing efforts to encourage more students of color to pursue psychology, including APAGS and the Commission on Ethnic Minority Recruitment, Retention and Training in Psychology Task Force (CEMRRT2), which Cokley chairs. For instance, a work group recently created through the Board of Educational Affairs is looking at holistic admissions processes in academia for determining admission into graduate schools of psychology and will develop related recommendations. Meanwhile, the APAGS Committee for the Advancement of Racial and Ethnic Diversity (CARED) has launched a peer collaboration program designed to assist students of color with building support networks and collaborating professionally. Since 2018,

the program has enrolled about 90 students.

After completing SCOPE followed by a dispiriting experience with her first GRE, Dieujuste delayed her plans to apply to graduate school and spent 5 years at the Rocky Mountain Regional VA Medical Center, where she worked on research related to veterans' trauma.

She took the GRE a second time but still wasn't happy with her score. "It was OK, but it wasn't what I felt like I needed." But the pandemic provided an application breather, she said, as GRE scores were waived, allowing her research, publications, personal statement, and other materials to speak for her skills.

This fall, she starts at her first-choice program at the University of Denver, where she will pursue a PhD in clinical psychology, studying the developmental impact of early trauma and chronic life stressors on the physical and mental health of Black girls and women. She also was selected for a National Science Foundation Graduate Research Fellowship totaling \$138,000.



A LEAKY PIPELINE

From 2005 to 2015, the attrition rate for Hispanic/Latinx doctoral students was 3.75% and 4.18% for Black students, compared with 3% for Whites.

SOURCE: CALLAHAN, J. L., ET AL. TRAINING AND EDUCATION IN PROFESSIONAL PSYCHOLOGY, 2018



GUARDING AGAINST ATTRITION

Based on the current crop of doctoral students, tomorrow's psychology workforce might be far more diverse. As of spring 2020, 43% of students pursuing a psychology doctorate identify as part of a non-White population, according to data provided by 955 doctoral programs through APA's annual survey.

Still, Fernandes and others stressed that those involved with doctoral programs, from faculty through administrators, must take steps to guard against attrition by providing better emotional support, including mentoring, for students who may not look like them.

The 2005–15 Callahan data looking at doctoral program diversity found higher rates of attrition among some BIPOC groups. The attrition rate across that time span was 3.75% for Hispanic/Latinx students and 4.18% for Black students, compared with 3% for White students. Only Asian students left doctoral programs at lower rates than White students (1.8%).

"There's a reason that it's called a leaky pipeline," Fernandes said. "Recruiting people from ethnic and racial backgrounds is wonderful. At the same time, you have to think about the ethics of recruiting an individual that you are not able to support once they get there."

A 2018 APAGS survey of 147 graduate students from underrepresented groups, including sexual and gender minorities, found that 1 in 4 reported feeling isolated, according to the mixed-methods study, and 1 in



10 reported not feeling safe in their academic program.

“That is generally a much more pervasive experience than we might realize,” Fernandes said, regarding the feedback on lack of safety. “That means either not feeling valued by faculty or feeling worried about their identities having a negative impact on their ability to complete their studies.” APA’s Minority Fellowship Program strives to address the lack of support by providing training, mentorship and networking opportunities with BIPOC psychologists working in academia and clinical settings so that students of color can get the help they need, Haskins said.

In qualitative responses related to the APAGS survey, students talked about other ways

to improve graduate education, including hiring more diverse faculty, expanding multicultural training beyond one course, and encouraging faculty to welcome students of all backgrounds.

Completing training relies on a lot of mentorship, guidance, and more subtle interactions, Fernandes said. “The traditional way of educating people is based on White norms,” she pointed out. “Even thinking about the term ‘professionalism’: A lot of what is considered ‘professional’ is based on how White individuals interact.”

Some students of color, Cokley added, encounter attitudes that are far worse and more overt. “Yes, there are some perceptual differences, there are issues of cultural fit,” he said. “Absolutely. But it’s beyond that.

FURTHER READING

APAGS resource guide for ethnic minority graduate students
APAGS, 2010

APAGS resources for students of color applying to graduate schools in psychology
APAGS, 2016

It takes money to make money: Inequity in psychology graduate student borrowing and financial stressors
Wilcox, M. M., et al.
Training and Education in Professional Psychology, 2021

Tearing down walls: Meeting the challenges of Latinas in education and the labor force
Llamas, J. D., & Pietrantonio, K.
Peace and Conflict: Journal of Peace Psychology, 2020

In some instances, it’s outright hostility and just straight-up racism.”

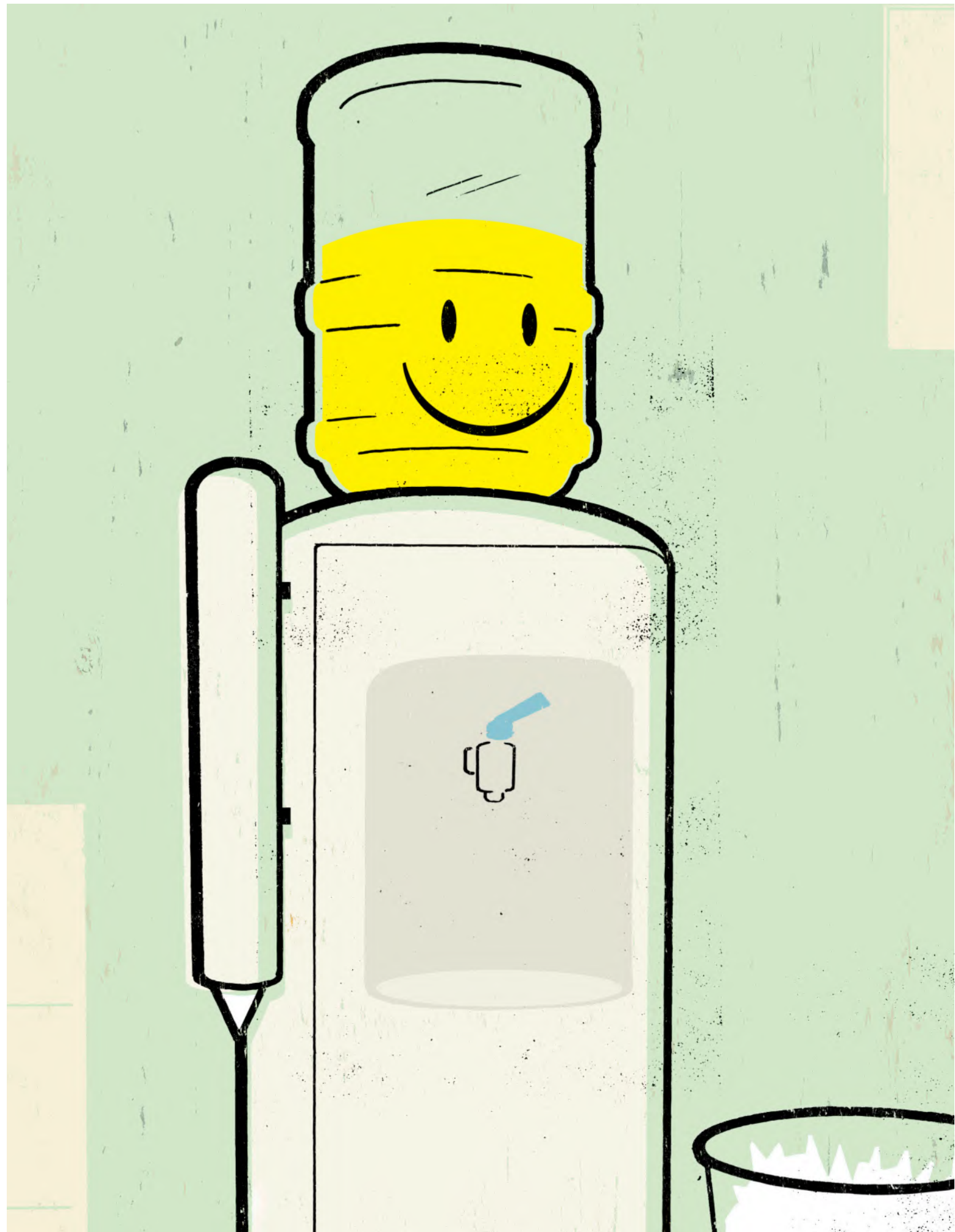
White faculty members should check in periodically with BIPOC students and not place the onus on those students to raise their concerns, Cokley stressed. Given the power differential between faculty and students, they likely won’t, he said.

“Taking the time to talk to students, to see how they are doing, to find out how their experience has been” is important, said Cokley, noting that this is something all faculty should be doing regularly. “If a BIPOC student is experiencing some sort of racial animus, hostility, or microaggression in the classroom or as a part of their educational experience, it would be so powerful if they knew they could talk about these experiences with White faculty.”

Dieujuste credits a lot of mentors along her path to starting graduate school, especially Silverstein. “She helped me form the direction that I wanted to go, even in terms of identifying more of what my research interest is.”

Dieujuste only knows of one other Black student already enrolled in the University of Denver’s clinical psychology program. Before classes even started, they started hanging out, and Dieujuste has reached out to other Black groups on campus.

“I will be one of very few in this environment,” she said. “I definitely wonder what kind of supports there will actually be for me as a Black woman in a program with not a lot of Black people.” ■



Rousing Our Motivation

Decades of psychological research have revealed what motivates people at work and what doesn't. Psychologists are expanding their efforts to get that information to employers at a time when the workplace is changing dramatically.

By Stephanie Pappas

The upheaval of the working world since March 2020 has no precedent in living memory. Some people went home for what they thought would be weeks, only to still be working from home more than a year and a half later. Others were left to struggle through enormous stresses in front-line occupations. It was, in short, a tough year for workplace motivation. ¶ Yet psychological research suggests that there are ways businesses can support their employees moving forward even as the pandemic slips into a new phase of uncertainty. Much of this work comes from decades of research on the impacts of stress in the workplace and how job pressures influence motivation, said James Diefendorff, PhD, an industrial and organizational (I/O) psychologist at the University of Akron.

“Those demands consume regulatory resources, lead to faster emotional exhaustion and depletion, and require more opportunities for replenishment,” Diefendorff said. “It’s just amped up in the context of working under the various additional stressors and demands that the pandemic has introduced.”

MOTIVATION IN A PANDEMIC

One of the key findings from I/O psychology over the past several decades is that not all workplace stresses are created equal. Some stressors are hindrances, which are things outside of an employee’s control that feel like barriers to performance: red tape, lack of resources, conflicting goals. Others are challenges, which feel like tasks that a person can overcome while growing and improving. An example of a challenge stressor might be learning a new skill to take on a new job responsibility. A meta-analysis led by Jeffery LePine, PhD, a researcher in

organizational behavior at Arizona State University, found that while hindrance stressors crush motivation, challenge stressors actually boost it (*Academy of Management Journal*, Vol. 48, No. 5, 2005). Research further suggests that people find challenge stressors motivating because they expect that if they put the work in, they can achieve an outcome they value. Hindrance stressors, on the other hand, feel insurmountable—no matter how hard you work, a satisfactory result is out of reach.

Many of the stressors introduced by COVID-19 were hindrance stressors, said Thomas Britt, PhD, an I/O psychologist at Clemson University. This was particularly true in health care, where limited personal protective equipment early in the pandemic put workers at risk. Hindrance stressors also abounded in other professions, such as in education, where teachers had to try to teach in far-from-ideal remote-learning circumstances.

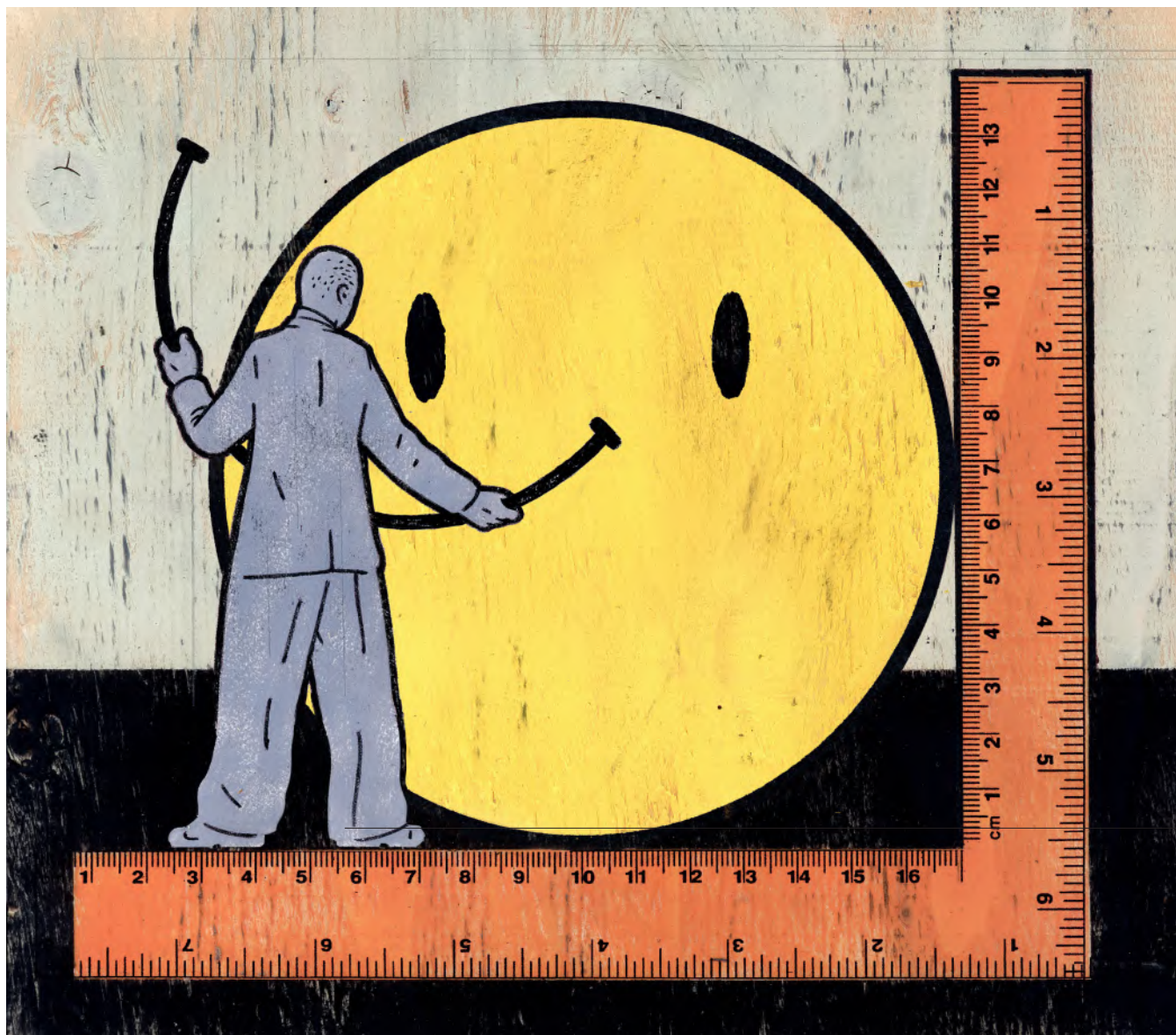
The impact of the pandemic on workers is also clear through the lens of self-determination theory, a framework for understanding motivation developed by psychologists Richard Ryan, PhD, a professor at Australian Catholic University, and Edward Deci, PhD, a professor emeritus at the University of Rochester. Research into self-determination theory finds that three main psychological needs support optimal motivation: autonomy, competence, and relatedness (*Annual Reviews of Organizational Psychology and Organizational Behavior*, Vol. 4, 2017). The pandemic has been a disaster for all three, said Susan Fowler, a San Diego-based motivation consultant who uses self-determination theory as the basis for her work. Suddenly, many workers were being told they had no choice but to stay home, Fowler said. They were being asked to do things that made them feel bumbling and helpless, such as interacting solely via Zoom. And the necessity of social distancing meant they were often isolated from their colleagues.

At the same time, working from home reduced hindrance stressors—such as commutes—for some workers. Researchers, clinicians, and coaches alike are now tapping into basic research to show people how to connect with their own motivation and goals, especially when external circumstances challenge them.

“Motivation researchers are active in workplaces, classrooms, sports . . . pretty much anywhere people would be engaged,” Ryan said. “We want to find out, what are the internal factors that facilitate that engagement?”

BUILDING OPTIMAL MOTIVATION

Research has turned up several good answers to that question. One of the most motivating experiences employees can have is making progress on a meaningful task, said Teresa Amabile, PhD, a social and organizational psychologist



Research finds that when people feel motivated, their creativity increases along with their productivity and collegiality.

at Harvard Business School. Amabile and her colleagues asked more than 200 employees at seven companies in the tech, chemical, and consumer products industries to write daily diary entries describing events at work and rate their own feelings of intrinsic motivation, extrinsic motivation, creativity, and collegiality, among other measures. They also collected periodic ratings of the workers'

creativity from colleagues (*Administrative Science Quarterly*, Vol. 50, No. 3, 2005).

"We could look at how the events that were occurring impacted their intrinsic motivation and their creativity," Amabile said.

When people reported more intrinsic motivation, their creativity simultaneously rose, she said. So did other desirable states such as productiv-

ity, collegiality, and commitment to work. And what spurred intrinsic motivation? Amabile and her team found that the most powerful precursor was the feeling of making progress at meaningful work.

"Here's what's interesting: It doesn't have to be a huge breakthrough," Amabile said. "It can be small, almost trivial, steps forward."

This finding fit with previous I/O psy-

chology research. For example, job characteristics theory, developed in 1975 by Greg Oldham, PhD, an I/O psychologist now at Tulane University, and J. Richard Hackman, PhD, a social psychologist now at Harvard University, holds that meaningfulness is one of the three factors leading to motivation, along with responsibility and knowledge of results.

Anecdotal reports during the pandemic suggest that the winnowing effect of work-from-home policies actually boosted feelings of progress for many employees, Amabile said. With time freed from long commutes, random coworker interruptions, and morning makeup and hair-care routines, workers often felt they got more meaningful work done each day.

However, there are caveats to the benefits of meaningful work, said Britt. He and his colleagues surveyed U.S. working adults in multiple industries using Amazon's Mechanical Turk website during the pandemic and found that mental health symptoms after hindrance stressors were more severe in those who felt a "calling" to their work (*Work & Stress*, Vol. 35, No. 2, 2021). "Encountering these demands that you can't control and that harm your performance is going to be particularly impactful for those who feel called to do the work and feel the work is highly important," Britt said.

Furthermore, in a study of emergency department physicians, Britt and his colleagues found that a sense of meaning in work did not buffer doctors from mental health strain early in the

pandemic (*Applied Psychology*, online first publication, 2020). That was a surprise, Britt said, but it may indicate that when hindrance stressors become too overwhelming, a sense of purpose isn't enough to rescue one's sense of well-being at work.

LEADING TO MOTIVATE

One lesson from these findings is that workplaces need to make sure their employees have the basic resources they need to perform their job duties, Britt said. In times of crisis, workers also need extra time to rest and recover from stress. Listening to employee feedback and responding to their needs can help administrators and managers reduce hindrance stressors among their workers.

There are also strategies that workers themselves can use to boost their own motivation, Diefendorff said. These range from motivation-control strategies, such as setting subgoals and rewards for meeting them, to attention-control strategies to minimize disruptions and interruptions. Emotion-regulation strategies such as minimizing anxiety and worry can also be helpful for goal-setting, he said. But workers might also need to recognize when they're too tapped out to use these strategies effectively. "You have to have self-compassion, which basically means cutting yourself some slack as a way to give yourself the time and space you need to try to recover your depleted resources," Diefendorff said.

In general, Amabile said, managers can help by encouraging employees to see ways in

which their work is meaningful and by providing clear goals and benchmarks for progress. Step back, micromanagers: The most motivationally beneficial leadership style is one that encourages employees to manage their own workflows and solve their own problems.

This style is called leader autonomy support, and it's characterized by a manager who encourages their employees to self-initiate tasks, to share their own perspectives, and to make their own choices, while still stepping in to support them when needed.

A meta-analysis led by Ryan found that leader autonomy support fosters employees' sense of autonomy, competence, and relatedness within the workplace, which boosts autonomous work motivation. This self-derived motivation, in turn, is linked to feelings of well-being and engagement as well as declines in distress and improvements in positive behaviors at work (*Motivation and Emotion*, Vol. 42, No. 5, 2018). The meta-analysis included studies from multiple countries, including Iran, the Philippines, Korea, Bulgaria, Holland, China, New Zealand, and South Africa. Ryan said that this beneficial effect of leader autonomy support seemed to hold in workplaces worldwide and that autonomy improved productivity, commitment, and satisfaction with work in both collectivist and individualistic societies.

"Regardless of culture, if you don't have a sense of freedom and choice in your work activities, your well-being is undermined," Ryan said.

FURTHER READING

Mindfulness and its association with varied types of motivation: A systematic review and meta-analysis using self-determination theory

Donald, J. N., et al.
Personality and Social Psychology Bulletin, 2020

Toward a new curriculum of leadership competencies: Advances in motivation science call for rethinking leadership development

Fowler, S.
Advances in Developing Human Resources, 2018

Student motivation and associated outcomes: A meta-analysis from self-determination theory

Howard, J. L., et al.
Perspectives on Psychological Science, 2021



PUTTING RESEARCH IN ACTION

With the onset of the pandemic, motivational experts, like many other workers, moved online. Ryan and his colleagues at his consulting business, motivationWorks, found themselves coaching business leaders dealing with vastly different circumstances. Managers suddenly working with largely remote teams had to find ways to support their employees' sense of competence to help them tackle the challenges that remote work created, Ryan said. Managers overseeing essential workers, on the other hand, faced a different set of issues.

"Especially in the health care industry, where we are doing extensive work, job stressors were manifold," Ryan said. "Here, again, autonomy-supportive leaders were better able to hear

and respond to the needs of their employees, which was crucial during this challenging period."

Motivation research applies to a broad range of workplaces, far beyond the stereotypical white-collar office setting. Ryan and his colleagues found, for example, that autonomy, feelings of competence, and feelings of relatedness or connection within the workplace all positively influence job satisfaction and general mental health in a factory setting (*Journal of Applied Social Psychology*, Vol. 23, No. 21, 1993). A case study led by Philip Cheng-Fei Tsai, PhD, of Wenzao Ursuline University of Languages in Taiwan, that analyzed a Taiwanese manufacturing company undergoing a downsizing found that while managers thought factory workers were most motivated by the company's salary and benefit

Many employers are now offering hybrid solutions for employees who can work from home and have realized that they don't want to go back to cubicles and long commutes.

structure and the opportunity for education and training, the factory workers were actually most driven by relationships with their colleagues and the extent to which their jobs allowed them to cultivate their relationships with their families (*Journal of World Business*, Vol. 42, No. 2, 2007).

"In context where people can feel a sense of autonomy, where they can feel a sense of competence, and where they can feel connected and related to the people around them, that's where they have the highest-quality motivation," Ryan said.

Fowler saw a particularly emotional example of this in her work with a large construction firm during the pandemic. A supervisor she was working with noticed that one of his employees was frequently late and struggling at work. The supervisor made a stab at connection and asked the employee if he was homeschooling his kids, pointing out that remote learning was a struggle in his own home. The employee broke down. His wife was an emergency room nurse, he said. They had two kids in early elementary school and no family help. He was working around the clock to try to juggle it all.

The supervisor called together his team and explained the situation. Working together, the rest of the team shuffled their own schedules to make life easier for the struggling father. The result, the supervisor told Fowler, was that the entire staff felt like they were doing something good. Given choice and autonomy, they could support the family of a health care worker and feel a sense of

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Jennifer Reesman, PhD ABPP

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Sheryll M. Casuga, PsyD; Nicole Kirsch, PsyD

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Motivation

connectedness rather than inconvenience.

“[The supervisor] said, ‘I learned that being empathetic and just having a casual conversation with someone may be one of the greatest gifts I can give my people as a leader,’” Fowler said.

Emotional connection can be powerful. In his work with business leaders, clinical and organizational psychologist and consultant George Kohlrieser, PhD, focuses on bonding. This can be a hard sell in some business cultures—he counts among his success stories a heavy-machinery dealership in South Carolina where he helped change the culture from one of aloof detachment to one where employees felt bonded to one another. Such connections foster employees’ sense of psychological safety, or the feeling that the workplace is a safe environment to take risks and be vulnerable.

With vaccination widely available in the United States, employers are increasingly calling workers back into offices. They’ll need to feel safe there—not only from new outbreaks of COVID-19 but also from the new uncertainties introduced by a year or more of remote work. Many industries are turning to hybrid solutions for employees who can work from home and who have realized that they don’t want to go back to cubicles and commutes, Ryan said.

“People have been able to experience firsthand that they can self-regulate their work efforts and also balance work demands with the things that matter most outside of work,” Ryan said. “Their horizons have been expanded, and I think we will see increasing demands for empowering work conditions.”

The key detail to making this work, Fowler said, is ensuring that every employee gets equal consideration, even if the ultimate workplace arrangement isn’t the same across the entire company. Some jobs require face time more than others, she said, but those employees should still have their needs considered and be offered as much autonomy as possible. Certain types of job training or mentoring, for example, might need to be done in person, but employees could still get opportunities to autonomously decide when or how they fulfill these responsibilities.

“Not everyone is going to get the same deal, but everyone should have the same consideration and conversation,” Fowler said.

LIFE SPAN MOTIVATION

Not all workplace-relevant research starts out in studies of employees. Carol S. Dweck, PhD, a professor of psychology at Stanford University, did much of her early research on how the types of goals people have influence their levels of

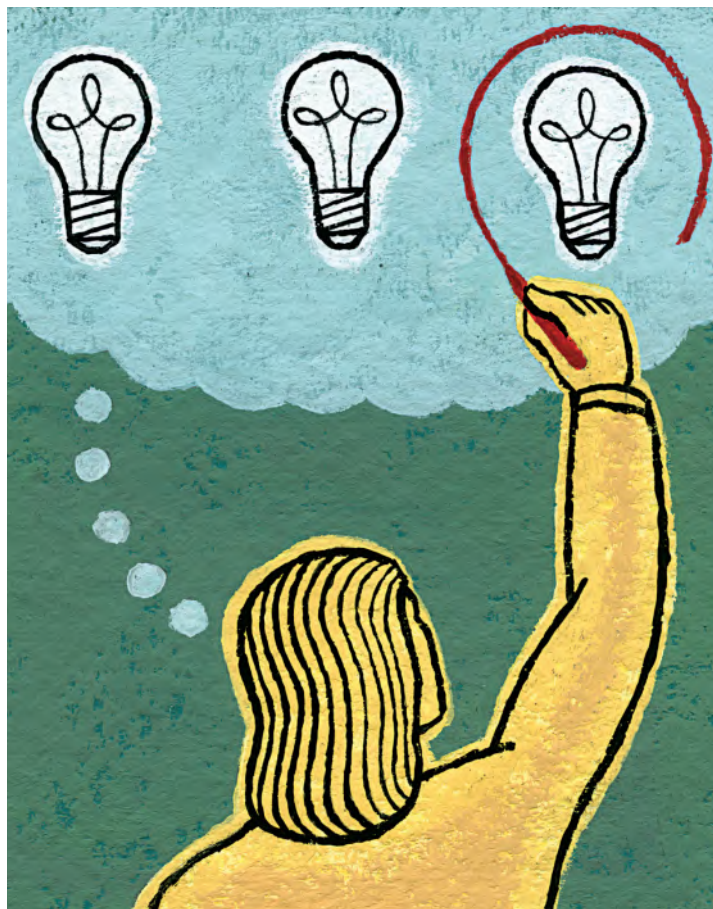
motivation in school. She found that when students were motivated by the desire to learn and become better at something, they bounced back from failure much more readily than when they were motivated by external carrots and sticks, such as the desire to get outside approval or avoid negative judgment (*Journal of Personality and Social Psychology*, Vol. 54, No. 1, 1988). Out of this research, Dweck and her colleagues coined the well-known notion of a “growth mindset,” which views intelligence as malleable and failure as an opportunity to learn.

Expanding out of the educational system, Dweck and her colleagues have discovered that their growth mindset framework applies in workplaces. For example, they’ve found that the more that employees view their company leadership as cultivating a growth mindset—rather than a fixed mindset in which ability and intelligence are immutable—the greater trust and commitment they have in their organization (*Academy of Management Annual Meeting Proceedings*, 2018).

Researchers who study motivation in schools also provide perspective on how to teach motivation habits early, as well as how to avoid squelching kids’ intrinsic motivation before they even get their first job interview. These lessons may be particularly important as children return to the classroom after a year of disruptions and remote learning.

“There is pretty strong research that shows that the motivation in academic subjects during adolescence is an

Research shows that the most motivationally beneficial leadership style is one that encourages employees to manage their own workflows and solve their own problems.



extremely strong predictor of people’s career trajectories later in life,” said Eric Anderman, PhD, a professor of educational psychology at The Ohio State University. Unfortunately, the traditional incentives of education don’t do much to kindle that motivation.

“As kids move up through the grades, the focus of school—the purpose of school—becomes more about getting grades and doing well and less about learning,” Anderman said.

Paralleling Dweck’s findings, Anderman and his colleagues have found that taking a mastery-based approach to education rather than a reward-based approach can improve

motivation-related outcomes like task efficacy, knowledge, and behavioral intentions (*Journal of Educational Psychology*, Vol. 112, No. 5, 2020). The hope is that instilling these habits early can immunize people against the motivation-killing norms they might face in the work world.

“In terms of preparing people for the real world, we do have to acknowledge that workplaces are competitive and there are going to be extrinsic outcomes,” Anderman said. “But it’s how we train people to cope with it. We don’t want to send them out of school with the message that they have to be number one at everything.” ■



Rodriguez



Verona



Ceballo



Lamis



Toldson

PSYCHOLOGISTS IN THE NEWS

The University of South Florida (USF) has presented Outstanding Research Achievement Awards to associate psychology professor **Lindsey Rodriguez, PhD**, and psychology professor **Edelyn Verona, PhD**, “for achievements that defied the disruption” caused by COVID-19. Rodriguez, whose research focuses on how relationships affect substance use and treatment, was among those who predicted that people would turn to alcohol amid the stress and fear of the pandemic. Journalists and health experts have cited her research widely during the pandemic and she earned several new research grants in 2020. Verona studies violence risk and prevention and evidence-based interventions to reduce crime and incarceration. She recently secured \$1.2 million in new funding from the National Institute of Justice to implement interventions in a county jail and cofounded the Center for Justice Research & Policy.

Georgetown College has named **Rosario Ceballo, PhD**, as its new dean starting Jan. 1, 2022. Ceballo is currently a professor of psychology and women’s and gender studies and associate dean for the social sciences at the University of Michigan, as well as a former chair of APA’s Committee on Socioeconomic Status.

Emory University presented this year’s Albert E. Levy (Junior) Award for Excellence in Scientific Research to **Dorian Lamis, PhD, ABPP**, an assistant professor in the Department of Psychiatry and Behavioral Sciences at Emory’s School of Medicine. He conducts research and provides clinical services at the Grady Memorial Hospital Behavioral Health Outpatient Center with patients who are diagnosed with serious mental illness and/or are at risk for suicide.

Howard University professor of counseling psychology **Ivory A. Toldson, PhD**, has been named the NAACP’s new director of education innovation and research. Toldson plans to work on strengthening funding and equity across Historically Black Colleges and Universities and breaking down communication barriers among academe, policymakers, and the public. He spent 5 years as the chief executive officer of Quality Education for Minorities, a nonprofit dedicated to improving education for BIPOC students.

University of California, Berkeley, developmental psychologist **Alison Gopnik, PhD**, has won the Carl Sagan Prize for Science Popularization from

the nonprofit organization Wonderfest. The annual \$5,000 prize recognizes researchers who have expanded the public’s understanding and appreciation of science. Gopnik is the author of several popular press books on child development and writes frequently for the media, including a regular column on new psychological research for *The Wall Street Journal*.

Southern Illinois University Carbondale has named **Robert D. Morgan, PhD**, as dean of the College of Health and Human Sciences. Morgan was previously the John G. Skelton Jr. Regents Endowed Professor in Psychology at Texas Tech University since 2011 and chair of the university’s Department of Psychological Sciences since 2015. He also served as director of the university’s Institute for Forensic Science since 2014.

Wesleyan University has presented a Binswanger Prize for Excellence in Teaching to associate psychology professor **Anna Shusterman, PhD**. In addition to her teaching responsibilities, Shusterman cochairs the College of Education Studies and directs research in the Cognitive Development Labs on how young children’s experiences shape their thinking and behavior. ■

News You Can Use

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



CONSTRUCTIVE CRITICISM THAT WORKS

Psychologists are discovering how to increase the odds that feedback will lead to change

BY HEATHER STRINGER

When psychologist Naomi Winstone, PhD, started delving into research about constructive feedback, she found an abundance of literature on how to have these conversations but little on whether the recommended strategies were working. In response, Winstone, director of the University of Surrey's Institute of Education in the United Kingdom, started investigating the effectiveness of different types of feedback and was surprised by what she

found. In multiple experiments, Winstone found that people were far more likely to recall evaluative feedback—feedback about something they have already completed—than feedback on how they could improve on a future task, also known as directive feedback (*Journal of Experimental Psychology: Learning, Memory, and Cognition*, Vol. 44, No. 12, 2018). For Winstone, the findings were somewhat puzzling because in recent years, studies in education have shown that students

prefer directive feedback because it motivates them to improve their grades.

“Our results demonstrate how little we know about what happens after feedback is given,” she said. “We should not assume people know how to use the information to improve, and my goal is to help people develop skills to leverage this input more effectively.”

Winstone and other psychologists at the forefront of feedback research are discovering that the skills needed for both delivering and receiving constructive criticism are not always intuitive, and investigators are starting to understand how to increase the odds that these interactions will help students, employees, researchers, and leaders be successful. For psychologists, the latest findings can inform how they provide feedback in their roles as graduate student advisers, clinical supervisors, journal editors, lab directors, and managers.

WORK ENVIRONMENT MATTERS

Winstone believes that one of the critical, yet often neglected, elements needed in conversations is time spent teaching people how to use the feedback they receive. Rather than assuming her students will remember comments about how to improve their work, she encourages them to keep a record of feedback. She recently developed an online tool called FEATS (Feedback Engagement and Tracking System) that helps students log the feedback they receive, categorize their strengths and



Research has found that people care more about the interpersonal skills of the person giving feedback than the way it is delivered.

weaknesses, and identify a plan for improvement.

Industrial and organizational (I/O) psychologist Lisa Steelman, PhD, has found that the work environment is another key factor that influences whether people use the feedback they get. At the most recent annual meeting of the Society for Industrial and Organizational Psychology, she presented results of a study in which senior and middle managers received 360-degree feedback from peers and subordinates before participating in a 5-day leadership development program focused on performance improvement. The participants also rated how supportive their work environments were for feedback in areas such as credibility of supervisors, quality of ongoing feedback, levels of empathy when feedback was delivered, and accessibility of leaders for regular check-ins. Then the managers returned to their workplaces to use their newly learned skills.

“We found that leaders in a supportive environment for feedback had much better performance improvement over time than those in the unsupportive feedback environment,” said Steelman, a professor of I/O psychology at the Florida Institute of Technology. “This shows that feedback does not happen in a vacuum, and we need to set the stage by creating a growth-oriented environment.”

One of the ways she has created a supportive environment is by making herself more accessible to her students. “When students see me walking quickly in the hallways as I rush to class, they assume I am not available,” she said. “I noticed that they would approach me with comments like, ‘I’m sorry to bother you.’ I’ve intentionally started walking more slowly, and I check in with them proactively to see how they are doing. I may not deliver feedback during these informal interactions, but this sets the stage for later feedback

by promoting an environment that supports coaching and mentoring.”

Similarly, New York University’s Jay Van Bavel, PhD, has fostered a feedback culture in his Social Identity and Morality Lab by modeling the importance of intellectual humility. He shares his draft papers with students in the lab and invites an open discussion where they can offer feedback. “I’m in a position of power, and it’s important for my students to see that I am open to receiving criticism,” said Van Bavel, an associate professor of psychology and neural science. Everyone working in the lab also shares their papers. “It’s not really about one senior person giving feedback, because everyone has a turn giving and receiving comments,” he said.

Winstone also emphasizes to students that receiving a critique of their work is just the beginning of the process, not the end. “There is often a power dynamic in which the professor or manager is seen as the gatekeeper and thus the feedback should not be questioned,” she said. “But I urge my students to respond to my input and explain why they wrote something in a certain way, because I may have misunderstood or been biased.”

THE ROLE OF EMPATHY

Researchers have also been questioning feedback strategies focused on using a specific sequence of positive versus constructive comments, such as the “feedback sandwich” in which the person giving feedback offers a praise statement before and after constructive criticism. One

FURTHER READING

When feedback signals failure but offers hope for improvement: A process model of constructive criticism
Fong, C. J., et al.
Thinking Skills and Creativity, 2018

Let’s talk about it: Turning confrontation into collaboration at work
Marciano, P. L.
McGraw-Hill, 2021

Development of a measure of receptivity to instructional feedback and examination of its links to personality
Lipnevich, A. A., et al.
Personality and Individual Differences, 2021

recent study compared three different forms of feedback given to people who were learning how to work with children with intellectual disabilities: the feedback sandwich, three constructive comments followed by three praise comments, and in-the-moment feedback that was constructive or praising (*Journal of Organizational Behavior Management*, Vol. 41, No. 1, 2021).

The participants watched a training video, implemented what they learned in a role-playing exercise, and received feedback on their performance in one of the three ways. Then they role-played and received feedback two more times. The researchers rated the performance of the participants in 10 areas, and all three feedback groups performed equally well.

“This suggests that the order of praise and constructive statements may not matter in the context of teaching a new skill,” said study author Summer Bottini, PhD, BCBA-D, a postdoctoral psychology resident at the Marcus Autism Center in Atlanta. In a follow-up survey, the participants also rated their preferences when receiving feedback, and the responses showed that they cared more about the interpersonal abilities of the person giving the feedback than the delivery method. “People want input from someone who is genuine, engaging, kind, and clear,” said Bottini.

Although soft skills are valuable when building rapport and trust, leaders who embody these traits are often more likely to feel reluctant to offer constructive criticism because they place a premium on relationships, and delivering negative feedback conflicts with that goal, said I/O psychologist Christopher Rosen, PhD, a professor in the Sam M. Walton College of Business at the University of Arkansas who studies the use of feedback in leadership roles. “Most people agree that constructive criticism is important for learning, but leaders higher in empathy are more at risk of avoiding these conversations and may even be more likely to inflate performance ratings,” he said.

To better understand why certain leaders are averse to giving constructive criticism, Rosen and his colleagues conducted several studies, and they found that people who are high in empathy reported increased levels of distress and lower attentiveness



Leaders should take breaks after providing constructive criticism because the experience can be emotionally and cognitively draining.

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Career

while working after providing negative feedback to subordinates. They were also less productive at work after these conversations because they then struggled with executive functioning and problem-solving tasks. Conversely, managers low in empathy reported feeling more attentive and less distressed after delivering negative feedback (*Journal of Applied Psychology*, in press).

“We found that the experience hijacks them emotionally and cognitively, and it impairs their performance,” Rosen said.

Leaders high in empathy can offset the psychological costs by taking breaks after providing constructive criticism, he said. Rosen, who believes he is high in empathy, tries to avoid scheduling these conversations before important deadlines or presentations. He also strives to offer feedback to graduate students frequently so the experience feels less intimidating and is a familiar part of the growth process.

CONSISTENCY IS KEY

Although constructive criticism is vital for people who want to improve performance, psychologist Cydney Dupree, PhD, an assistant professor of organizational behavior in Yale University’s School of Management, recently found another reason people may be tempted to avoid these important conversations. In a recent study, she discovered that people

who identify as White and liberal tended to present themselves as less competent when they interacted with non-White people, while White conservatives presented equal competence when they interacted with White versus Black people. In a series of experiments, she found that White liberals used fewer words related to competence, such as “competitive” or “assertive,” when talking with a Black person or mostly Black audience than when talking with a White person or mostly White audience (*Journal of Personality and Social Psychology*, Vol. 117, No. 3, 2019).

“This is likely a well-intentioned, yet patronizing, attempt to connect with racial minorities by distancing themselves from stereotypes that depict White Americans as dominant,” she said. “Ironically, they are aligning with stereotypes that depict minorities as incompetent.”

The findings relate to delivering feedback because leaders unknowingly influenced by this desire to connect with people of color may unintentionally avoid giving negative feedback, or they might patronize researchers of color by trying to appear less competent themselves. To avoid these pitfalls, Dupree suggests that managers, advisers, and mentors create a standardized list of specific topics to provide feedback on and to schedule sessions regularly. “Avoid

skipping topics, and update the list regularly, being sure to focus on relevancy to the job,” she said.

Increasing the quality and frequency of feedback is also a goal for Carol Falender, PhD, who has worked as a training director of APA-accredited internships for more than 20 years. One of the most common errors she sees among supervisors is a failure to provide frequent feedback. “They may fear that feedback will strain or rupture the relationship,” said Falender, an adjunct professor at Pepperdine University and a clinical professor at the University of California, Los Angeles. “But the consequence is that supervisees don’t have an opportunity to respond to or learn from this input, and they often feel blindsided when they eventually receive evaluation.”

Falender teaches clinical supervisors to incorporate feedback into each supervision session, ideally linking comments to direct observation of patient sessions. For example, a supervisor could observe that the supervisee changed the subject when a patient became angry. “Then the supervisee can reflect or clarify the reasons for their behavior, and this leads to a collaborative discussion,” she said.

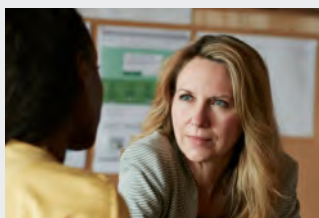
FEEDBACK FROM AFAR

Submitting papers to journals is another aspect of psychologists’ work that involves critique, and the protocol for providing feedback can vary widely between editors. Although most researchers agree that rejection is part of the territory, the way editors communicate feedback can significantly influence the experience and possibly the career trajectory of an author.

“It’s painful to have a paper rejected, but it’s even more difficult when the feedback is brief, with words like ‘the paper wasn’t a good fit,’” said Thalia Goldstein, PhD, editor of *Psychology of Aesthetics, Creativity, and the Arts*. “A more detailed explanation can help

authors improve their work or take the paper to another journal.”

Although it takes time to flesh out a critique, Goldstein, an assistant professor of applied developmental psychology at George Mason University, simplifies the process by using a template that starts with an introduction about how the paper was reviewed and the reason for the rejection. The next section includes a more detailed explanation of questions or concerns from reviewers, and she always includes comments about the paper’s



CONSTRUCTIVE CRITICISM KEY TAKEAWAYS FOR LEADERS AND MENTORS

- Encourage students and employees to keep a record of the feedback they receive and the plan for improvement.
- Make yourself accessible to foster a positive feedback environment.
- Give students an opportunity to provide constructive criticism on your papers.
- Know that your interpersonal skills may matter more than your feedback delivery method.
- Take breaks after providing constructive criticism.
- Incorporate feedback into each clinical supervision session.

strengths. “Every paper has positives and negatives,” she said. “The goal is to help the field of psychology, so I try to give some sense of encouragement.”

Like Goldstein, Robin Coddington, PhD, editor of *School Psychology*, uses a template to guide all of her feedback on journal submissions. In a rejection letter, she often recommends other journals that might be a better match for the paper. “I always recognize the work the authors have done and express my appreciation for their effort,” said Coddington, an associate professor in the Department of Applied Psychology at Northeastern University.

Researchers also frequently receive feedback about their work on social media, but etiquette online can be unpredictable, said Goldstein. “I’m active on Twitter, and I enjoy seeing research that would not otherwise cross my desk,” she explained. “But it can be a risky environment to exchange feedback because negative comments can go viral.”

For Van Bavel, this reality overtly contradicts the feedback culture he is trying to encourage in his lab. “It is crucial for scientists to be open to critical feedback, but the social media environment makes this difficult when moral outrage is often encouraged because it generates more attention,” he said.

When he disagrees with research findings posted on social media, Van Bavel is careful to explain why he disagrees and link his opinion to supporting evidence. He also avoids tagging people when he offers criticism to reduce the chances of igniting a negative-feedback firestorm.

“When people feel threatened, they become more closed-minded,” said Van Bavel, who studies social threat and belongingness. “Both in person and online, we should criticize with kindness. Rather than attacking people as individuals, we need to focus on behavior that can be changed.” ■

REIMAGINING MENTAL HEALTH FOR BIPOC COMMUNITIES

The time of COVID-19 and racial justice protests has been stressful, but it has also spurred BIPOC clinicians to find new ways of helping their communities and clients cope, heal, and thrive

BY TORI DEANGELIS

In May 2020, early in the COVID-19 pandemic, Eleanor Gil-Kashiwabara, PsyD, was in the process of building a private practice and consulting business focusing on culturally informed care for clients who are Black, Indigenous, and people of color (BIPOC). Then George Floyd was murdered, and she was suddenly fielding numerous calls from social service agencies that were already overwhelmed by the pandemic and needed her help in addressing issues of racism.

“Many of these organizations were [theoretically] interested in this work before,” she said, “but now they were prioritizing it.”

As a result, Gil-Kashiwabara, who is Latinx, pivoted from developing her private practice to spending much of her time consulting with agencies on how to improve their cultural climates—everything from supporting organizational leaders in understanding how their policies might be contributing to racism to helping organizations find more culturally appropriate ways to serve their clients.

Gil-Kashiwabara is one of many BIPOC clinicians for whom the pandemic and social unrest have offered new oppor-

tunities to bring racial and cultural awareness to their work. She and others are moving beyond Western forms of therapy and conceptualization to incorporate a larger understanding of systemic inequities and their impact on people individually, collectively, structurally, and multigenerationally. Because such information is lacking in most graduate training or in evidence-based practices, many BIPOC clinicians are incorporating their lived experiences and emerging literature on racialized trauma to bring culturally competent care into their clinical practices.

Besides making culturally informed adjustments in private practice, relevant interventions include Indigenous modalities such as healing circles and storytelling; bodywork such as dance and “body positivity” (accepting and honoring your body as it is); spiritual practices and connecting with faith leaders; and psychosocial tools to challenge racism or implicit bias when they occur.

Collectively, such approaches lead to what some BIPOC psychologists call radical healing.

“Radical healing is where individuals rely on the cultural

Drawing on the cultural strengths of a particular community to promote patient well-being and healing is one of the many ways BIPOC psychologists are working to bring more racial and cultural awareness to their work.

strengths of their particular communities to survive, to thrive, to exist,” said Helen Neville, PhD, a professor of educational psychology and African American studies at the University of Illinois at Urbana-Champaign who studies this concept. “It identifies each racial, ethnic, or cultural group with a series of cultural strengths that they can use to adapt and contribute to society.”

Here are some ways that BIPOC psychologists have been using these ideas in practice.

HEALING THROUGH INFORMED THERAPY

During the pandemic, Washington, D.C.-based clinical psychologist Jessica Smedley, PsyD, saw themes among her Black clients that weren’t too different from what psychologists were seeing in general—grief and burnout, relationship stressors, family stressors.

But her clients’ specific racial backgrounds gave extra dimension to their experiences, she said. For example, many were torn about whether to join last year’s protests against police brutality, fearing that they would contract the coronavirus.

“There was a lot of ambivalence, despair, grief, and anger [related to the murders of George Floyd, Breonna Taylor, and others],” she said. “But because of the pandemic, there were a lot of people who opted not to protest who normally would have, and that confounded stressors that were already there.”

Besides encouraging these clients to use self-care tools such as tapping into their faith



beliefs and getting exercise, she urged them to identify creative ways to engage in social justice work including writing letters to lawmakers, making donations to relevant organizations, and helping elderly neighbors with groceries or rides.

“I shared that there are other ways that we can show up and support our community,” she said. “It helped people think outside the box.”

In her New York-based practice, clinical psychologist Carmen Inoa Vazquez, PhD, ABPP, noticed a rise during 2020 and into this year in feelings of shame among Latinx women about how their appearance and identity failed to meet White norms—in her assessment, a trauma reaction to disturbing external events.

“My Latinx clients had pretty much the same reaction—they felt all of their old body image and identity issues relating to

previous struggles coming back,” she said. “It’s the feeling that no matter how hard you work or how much you try to fit in, you don’t.” For female immigrants, those feelings were compounded by trauma related to migration, including fleeing from oppression in their countries of origin, trying to survive in and adapt to a new culture, and feeling unsafe, she said.

To add to these issues, COVID-19 quarantining led to an exacerbation of relationship problems in many Latinx women who struggled with cultural and gender norms, Vazquez added. These included feeling pressured to be an uber-caregiver while working full time, and upholding *marianismo*, the gender role ideal that expects women to be nurturing, self-sacrificing, and patiently tolerant. These cultural presumptions were very difficult to attain during the pandemic and brought guilt and conflict to

many households. Because many of Vazquez’s clients weren’t able or didn’t want to live up to those standards, gender tensions rose and domestic violence increased, leading some marriages to end in divorce, she said.

To help her clients work through these issues, Vazquez used a number of culturally informed methods, including “theory in the flesh,” first articulated by Chicana activist Cherríe L. Moraga in 1981. It emphasizes “accepting and loving yourself, your body, your skin color, as you are, not as defined by outside norms,” Vazquez explained.

She also encouraged clients to share their personal stories and histories in a narrative fashion, known as *testimonio*. In that context, she provided information on the individual historical contexts for these experiences in order to illuminate her clients’ stories. This type of work, she believes, can empower women psychologically because it encourages them to talk directly about their unique personal experiences in ways that incorporate sociological and psychological understandings of culture, migration, gender, and agency.

“Once you find your voice in this way, you have a personal understanding that goes in conjunction with sociopolitical and historical experiences of oppression and trauma,” Vazquez said.

HEALING THROUGH GROUPS

Other BIPOC psychologists used innovative group formats to facilitate expression and healing

RESOURCES

Liberate

A daily meditation app for the Black experience
<https://liberatemeditation.com>

Shine

A self-care app for the BIPOC community
<https://www.theshineapp.com>

in the wake of COVID-19 and racial awareness protests.

At the beginning of the pandemic, for example, the Association of Black Psychologists Inc. (ABPsi) launched the Sawubona Healing Circles, virtual gatherings held in the United States and abroad that are grounded in African-centered values like trust, reciprocity, collectivism, and acknowledging the divine spirit in each of us, said ABPsi President Theopia Jackson, PhD. Sawubona is an ancient Zulu greeting that loosely translates as, “We see you”—meaning that one person sees the other both individually and with the collective spirit of their ancestors, she explained.

“We designed the circles as soon as we realized we were in COVID because we didn’t need to wait for statistics to tell us that our communities would be hit the hardest,” she said. “And we knew that if we helped to culturally ground our people, that they’d be in a better position to counter the systemic racism and racial trauma that they are exposed to,” whether from health disparities or from racist encounters with police or others.

Toward this end, participants were able to share stories, bear witness to the adverse impact of racial trauma, deepen their understanding of African wisdom, and promote individual and collective wellness and cultural coping strategies, Jackson said. Throughout the process, facilitators used African proverbs, culturally meaningful quotes, music, meditation, and other cultural tools, while inviting participants to recognize

and express appreciation for their ancestors.

“The Sawubona Healing Circles are not therapy, yet they are therapeutic,” Jackson said.

In another effort, clinical psychologist Aakash Kishore, PhD, an LGBTQ+ veteran care coordinator at the VA Portland Health Care System in Portland, Oregon, ran support groups for LGBTQ+ veterans of color throughout the pandemic. A big theme, Kishore said, was loneliness.

“For some of these veterans, group was the only contact they had during COVID-19,” Kishore said. “Many of these folks lost huge swaths of their community” during the AIDS crisis, “so to have survived means that many people who were their closest family died.”

The racial protests and heightened racial awareness also spurred Kishore’s clients to become more attuned to the internal effects of systemic racism, transphobia, and homophobia, said Kishore, and to the ways that an inherently racist and largely cisnormative and heteronormative system presses them to tamp down their true selves, emotions, and bodily reactions.

To counter these reactions, Kishore encouraged clients to accept and value themselves as they are: “I try to create a little space for ‘I’m OK. I’m OK in my own body. What I’m feeling right now is right, is OK, it fits. I don’t have to get rid of it, I don’t have to change myself.’”

These group formats also highlighted the power of community, Kishore added. “Group

members have been able to uplift each other and to find humor” even in painful life events such as being misgendered, Kishore said. “Knowing there is a place they can be fully seen supports resilience.”

FURTHER READING

Measuring the effects of racism

Carter, R. T., & Pieterse, A. L. Columbia University Press, 2020

Latina psychologists: Thriving in the cultural borderlands

Comas-Díaz, L., & Vazquez, C. I. (Eds.) Routledge, 2018

Liberation psychology: Theory, method, practice, and social justice

Comas-Díaz, L., & Rivera, E. T. (Eds.) APA, 2020

The queer and transgender resilience workbook: Skills for navigating sexual orientation and gender expression

Singh, A. A. New Harbinger, 2018

HEALING THROUGH FAITH COMMUNITIES

BIPOC psychologists have also connected with leaders and members of faith communities, helping them to incorporate mental health and social justice ideas during a stressful time. Congregants have suffered stress and trauma both from the pandemic and from social unrest, leading to expanded needs related to COVID-19 sickness, job loss and economic distress, trauma from racism, lack of child care, and more.

To help address these stressors, a number of Black psychologists, for example, have partnered with Black churches because of their important role in Black community life. Black Americans place strong trust in their pastors, and these churches have traditionally been champions of justice, liberation, and equity. Psychologists have run mental health workshops to help clergy and parishioners explore how the stress of racism and the pandemic might show up—for example as anger, exhaustion, or tearfulness—and to offer healthy coping strategies. Psychologists heading these workshops have also sought to destigmatize therapy by pointing out that mental health practitioners and clergy are working toward the same aim: to nurture people’s mental and spiritual well-being.

In one such effort, Smedley partnered with a pastor from her former home parish, the Friendship Missionary Baptist Church in Vallejo, California, to offer psychoeducational support related to the pandemic and racial protests during online Bible study groups and virtual worship services. While the pastor shared relevant biblical passages from a Black theological perspective, Smedley provided ideas on how parishioners could cope with painful feelings and reactions resulting from current and past traumas. During the Good Friday service, for example, she used text related to Christ's suffering and crucifixion to highlight parallels to racial trauma and to discuss the importance of validating such trauma and connecting with supportive people as ways toward liberation. She also offered tips for psychological and spiritual coping, for seeking professional help, and for engaging in activities that help people feel liberated on a personal level.

Smedley also ran a virtual support group for Black clergy in Washington, D.C., part of her role as coleader of a D.C. Psychological Association COVID-19 task force during 2020. These faith leaders faced challenges including anxiety, depression, stress, and income loss, as well as difficulties in trying to preside virtually over a large number of COVID-related deaths coupled with profound COVID-related grief. In general, many pastors struggled with not being able to see parishioners in person, some of whom were not familiar with or did not have

access to new technologies.

"Many of these leaders thrive and gain energy from being able to see their members," Smedley said. "So not being able to show up at the home or the hospital during COVID-19 was really detrimental to their identity as pastors."

The groups helped the ministers feel more connected to each



other and get fresh ideas on supporting their congregations, she added. "It was an honor just to hold that space and say, 'Hey, this is what you all are feeling, your feelings are normal, and here are some ways to cope.'"

HEALING THROUGH ORGANIZATIONS

BIPOC clinicians have also been working with organizations to improve their multicultural competence and address issues of racism during this stressful time. As Gil-Kashiwabara began working with social service agencies and schools, for example, she started to hear common themes and needs, specifically the need for education on the roots of

Many BIPOC clinicians are now working more closely with social service agencies, schools, and other organizations to improve their cultural competence and better address issues of racism.

discrimination and for guidance on culturally based solutions and interventions to address racism.

In San Diego, clinical psychologist Debra M. Kawahara, PhD, of Alliant International University, received calls from several companies requesting her help in supporting their Asian American and Pacific Islander (AAPI) employees in the wake of COVID-related anti-Asian rhetoric and subsequent hate crimes.

In small group discussions, Kawahara encouraged the employees to share their thoughts and feelings about what it felt like to be an AAPI person in the current climate, as well as in general. They talked about feeling invisible and wanting to be more fully seen and heard by others in and outside the workplace, being assailed by microaggressions and wondering how to respond, and facing safety concerns related to anti-Asian hate and violence. Having these conversations "really seemed to activate these employees to want to have more of a voice in their workplace," Kawahara said.

These efforts were a start, but they underscored the need for much more work in the area, she said. Fostering a climate of diversity, equity, and inclusion "needs to be part of an organization's strategic plan that includes goals as well as accountability outcomes related to their progress," she said.

That goes for the country as a whole, Kawahara added. "It's up to all of us to dismantle racism, the oppression, the discrimination that we see happening in our society," she said. ■

BRILLIANCE AND BIAS

The Cognitive Development Lab at New York University studies where beliefs about achievement and intelligence come from—and where they lead

BY KIRSTEN WEIR

Do you have what it takes to be great? “There’s this belief that some people have ‘it’ and some people don’t—a raw ability, a spark of brilliance that you need to succeed,” said Andrei Cimpian, PhD, a professor of psychology at New York University. The seeds of that belief are planted early.

In a study with his former doctoral student Lin Bian, PhD, now at the University of Chicago, Cimpian explored how 5- to 7-year-olds viewed brilliance. They told the children a story about someone who was

“really, really smart.” Then they asked the children to pick the story’s subject from a series of pictures of men and women. The 5-year-olds showed a lot of in-group pride: Boys were more likely to pick men as the smart ones, while girls picked women. “But at age 6 and 7, we saw a dramatic shift,” Cimpian said. “Girls no longer associated being ‘really, really smart’ with their group, whereas boys continued to do so” (*Science*, Vol. 355, No. 6323, 2017).

That shift in early childhood can materialize into



People’s beliefs about natural talent and innate ability can shape the choices they make throughout their lives.

substantial differences as girls and boys grow. “As a girl, if you think physics is for really smart people—and you don’t think girls fall into that category as often—you might look to other subjects for classes or after-school activities,” Cimpian said. “That belief can snowball over time into actual differences in expertise.”

In his Cognitive Development Lab at New York University (NYU), Cimpian aims to understand how beliefs about intelligence and achievement develop—in both children and adults—and how they shape people’s choices as they make their way in the world. “I’m interested in understanding how people make sense of themselves and their abilities, and how these beliefs influence how people behave and what they aspire to,” he said.

BELIEVING IN BRILLIANCE

Cimpian grew up in Romania and came to the United States to study at Franklin & Marshall College in Lancaster, Pennsylvania. Initially, he planned to study political science. But an introductory psychology class with a lab component his freshman year sparked an interest in research. “We had the opportunity to do mini-experiments in which we shaped and recorded the behavior of various animals, including rats and fish,” he recalled. “It made me realize what a powerful way this was to ask the world questions about how the mind works—and have it give you answers back in the form of numbers.”

Cimpian went on to earn his PhD in the lab of Ellen

Markman, PhD, who studies conceptual and language development at Stanford University. Cimpian graduated in 2008 and took an assistant professor position at the University of Illinois at Urbana-Champaign, where he stayed until relocating to NYU in 2016.

His research centers around three themes: how children explain what they observe around them, what motivates them in school, and how people develop concepts of social groups, including stereotypes. Brilliance is one common thread running through each of those themes—and beliefs about natural talent have implications for children and adults alike.

To explore such implications, Cimpian and his colleagues surveyed academics across 30

RESEARCH FOCI

The Cognitive Development Lab at New York University investigates:

1
The development of beliefs about intelligence and effort

2
How those beliefs shape children’s motivation and aspirations for the future

3
The development and consequences of stereotypes, including gender stereotypes

disciplines about the extent to which they believed success in their fields was related to innate talent as opposed to factors such as hard work, motivation, and dedication. In psychology, he found a lower emphasis on brilliance and a relatively high proportion of female PhDs. But in fields such as philosophy, physics, math, and music composition—where the lore of inborn brilliance runs deep—the percentages of women obtaining PhDs were lower. African Americans, too, were underrepresented in disciplines that believed raw talent was necessary for success (Leslie, S.-J., et al., *Science*, Vol. 347, No. 6219, 2015). “Well into the 21st century, society still doesn’t associate raw intellectual gifts with women and members of underrepresented groups. And



Some of the lab’s research focuses on how and when children develop patterns of thought, such as gender stereotypes about math ability.

that puts them at a disadvantage,” Cimpian said.

In a related study, Cimpian and colleagues used an online tool to search instructor reviews on RateMyProfessors.com. They found the words “brilliant” and “genius” were used more frequently to describe professors in fields that also had lower rates of female and African American PhDs (Storage, D., et al., *PLOS ONE*, Vol. 11, No. 3, 2016). “We used these words as a proxy for how often undergraduates feel it’s appropriate to evaluate instructors on the basis of genius or brilliance,” Cimpian explained. “Even with this simple and indirect metric, we see the same negative relationship between emphasis on brilliance and diversity.”

Yet there’s no evidence that brilliance is, in fact, the magic ingredient for success in those fields where the belief runs strong. “We’re operating in the realm of beliefs, not what is really and truly required for success in these fields,” Cimpian said. “But beliefs are very important. If they’re held by highly regarded members of a field, they can take on a life of their own.” An academic culture that endorses the cult of brilliance sends a powerful message to the next generation, he added. “As an entering student, who are you to question that idea? As an aspiring member of this field, that is your reality.”

One effect of such messages is that members of stereotyped groups may feel like impostors in their field. So-called impostor phenomenon—the belief that you’re less competent than

others perceive you to be—is common among successful individuals. (Read more on impostor phenomenon in the June 2021 *Monitor*.) “There’s an idea that women experience impostor feelings more frequently or more strongly than men. But we actually find the context really matters,” said Melis Muradoglu, a PhD student in the lab.

Muradoglu, Cimpian, and colleagues explored impostor feelings in a sample of over 4,000 academics in more than 80 fields across the sciences, humanities, and medicine. They found the more that success in a field was equated with brilliance, the more women and early career academics felt like frauds. That was especially true among women from racial and ethnic groups that are traditionally underrepresented in academia (*Journal of Educational Psychology*, advance online publication, 2021). “Women face stereotypes about their intellectual abilities. And when they feel their field values brilliance, they experience stronger impostor feelings,” Muradoglu said.

“Impostor feelings are often described as an individual vulnerability—that there’s something about a person that makes them susceptible to these feelings,” Cimpian added. “But in fact, there’s something about the atmosphere in these fields that makes women and people of color more likely to experience these feelings.”

THE DEVELOPMENT OF GENDER STEREOTYPES

While some of Cimpian’s research explores stereotypes in

adults, many of the lab’s projects focus on figuring out how children develop patterns of thought. In an ongoing project to understand how gender stereotypes develop, postdoctoral researcher Jillian Lauer, PhD, is exploring messages about effort. “In adulthood, we attribute men’s academic accomplishment to natural talent. But when thinking about the same types of achievement in women, we tend to focus more on effort,” she said. “We’re interested in when those beliefs develop and how they might influence girls’ interest and motivation, particularly in math.”

In one study, children ages 6 to 11 listen to stories about someone who has been exceptionally successful in math. Some children hear about a person who had a talent for math as a child, while others hear about a person who was dedicated and studied hard. Then the children look at a series of photos and choose the person they think the story is about. The study is just wrapping up, but preliminary findings suggest that elementary-age boys and girls are already more likely to attribute women’s math success to hard work rather than natural talent.

The idea that portraying women’s successes as due to effort might have a downside is intriguing—especially as the wildly popular science of growth mindsets urges parents and educators to praise children’s efforts over outcomes. “Effort can be really positive, but gender stereotypes about effort may be negative. The idea that you’ll have to try harder than other

FURTHER READING

Adults and children implicitly associate brilliance with men more than women

Storage, D., et al.
Journal of Experimental Social Psychology, 2020

Evidence of bias against girls and women in contexts that emphasize intellectual ability

Bian, L., et al.
American Psychologist, 2018

The acquisition of gender stereotypes about intellectual ability: Intersections with race

Jaxon, J., et al.
Journal of Social Issues, 2019

Messages about brilliance undermine women’s interest in educational and professional opportunities

Bian, L., et al.
Journal of Experimental Social Psychology, 2018



kids in your class is inherently demotivating,” Lauer said. “We’re still in the early stages of understanding how stereotypes about effort are conveyed to children. But we hope our findings will lead to messages about effort being framed in more adaptive ways.”

It’s a good reminder that there is still much to learn about how best to motivate kids—and that even well-meaning messages may have unintended consequences. That’s a line of research that postdoctoral researcher April Bailey, PhD, has pursued since joining the lab in 2020. Much of her work focuses on androcentrism bias—a unique form of gender bias in which both women and men default to thinking of a generic person as male. “This type of bias seems subtle, as opposed to overtly negative beliefs about women, but it has the potential for serious downstream consequences,” she said. For example, car safety mechanisms have

long been tested using crash test dummies modeled on the male body. It wasn’t until 2011 that U.S. regulators also started using dummies based on female forms. “Women are more likely to be injured and die in car crashes, and experts think that may be in part because of this tendency,” she said.

Bailey is exploring how androcentrism bias might affect children, and particularly girls. STEM camps and coding clubs for girls, for example, were designed to get girls interested in science and technology. But there’s the chance that describing them in such a way reinforces the idea that those subjects aren’t normally designed for girls, Bailey said. “We’re trying to understand how kids respond to subtle messages that their gender isn’t the norm in a particular context.”

LAB STRUCTURE

While many of the lab’s current projects focus on gender bias, the

New York University psychologist Dr. Andrei Cimpian (top row, highlighted) challenges his Cognitive Development Lab team of postdocs, grad students, and undergrads to answer questions that will make a difference in people’s lives.

specifics change over the years as new students and postdocs bring their own interests and ideas. “We have a series of themes, but each lab member has a fair amount of latitude,” Cimpian said. His lab is presently home to three PhD students and four postdocs, as well as more than two dozen undergraduate students. “I’ve always liked a big lab with a lot of people working on different yet related topics,” he said.

The lab’s projects are funded by a variety of sources, including grants from the National Science Foundation, the Institute of Education Sciences, and private funders such as the Bill & Melinda Gates Foundation. Connecting the research is a commitment to understand how people develop ideas about success and achievement, and how those beliefs influence people’s future educational and career paths—whether it’s a young girl whose teachers have discouraged her from studying math or a department chair making judgments about which prospective faculty members have what it takes to shine.

For his part, Cimpian said he is motivated by two goals: to do rigorous research that answers questions of social importance and to train the next generation of scientists. “I have fabulous people working with me who are very competent at doing research and are also good human beings who manifest that quality in the questions they ask about the world,” he said. “We want to answer questions that make a difference in the lives of others.” ■

US OPPORTUNITIES

INTERPROFESSIONAL FELLOWSHIP PROGRAM IN PSYCHOSOCIAL REHABILITATION AND RECOVERY ORIENTED SERVICES: The U.S. Department of Veterans Affairs (VA) announces openings for the 2022–2023 academic year of its Interprofessional Fellowship Program in Psychosocial Rehabilitation and Recovery Oriented Services for Veterans with serious mental illness. The Fellowship is a state-of-the-art, advanced clinical training program focusing on the theory and practice of psychosocial rehabilitation. Individualized, mentored clinical training is combined with a curriculum emphasizing a comprehensive psychosocial rehabilitation approach to service delivery, education, and systems change in mental health care settings. Fellows will work with Veterans diagnosed with serious mental illnesses, including schizophrenia, schizoaffective disorder, bipolar disorder, and major depression

and receive training in a range of evidence-based services. Our purpose is to develop future mental health leaders with vision, knowledge, and commitment to transform mental health care systems in the 21st century by emphasizing functional capability, rehabilitation, and recovery. The Fellowship Year runs from September 2022 – August 2023. It is a full-time onsite post graduate VA trainee position at the nine Veterans Affairs Medical Centers listed below, with salary commensurate to VA trainee status. Applications are being solicited across a range of disciplines (including psychology, psychiatry, nursing, social work, vocational rehabilitation, clinical pastoral education, marriage and family therapy, mental health counseling and occupational therapy). Each fellowship class is interdisciplinary. Psychology fellows must be U.S. citizens and graduates of APA-accredited academic programs in Clinical or Counseling Psychology and APA-accredited internships. Stipends are competitive and based in

part on location. Psychology fellows are eligible for health and life insurance benefits. All fellows earn annual and sick leave and are entitled to all Federal holidays. The PSR Fellowship sites follow APPIC Postdoctoral Selection Guidelines - Psychology Fellow selection. Application requirements and specifications differ across sites. Contact Fellowship Director at each site of interest for details (see contact information listing below). For general information, applications and program descriptions see also: http://www.mirecc.va.gov/visn5/training/interprofessional_fellowship_program.asp. **Application deadlines are in December but vary by site; contact sites to confirm dates.** **Bedford, Massachusetts** – Co-Directors: Brian J. Stevenson, PhD and Elizabeth Naughton, LICSW. 200 Springs Road, Bedford, MA 01730. Brian.Stevenson4@va.gov or (781) 687-3319. Elizabeth.Naughton@va.gov or (781) 687-2149. <https://www.bedford.va.gov/careers/psychologytraining.asp>. **Cheyenne, Wyoming** – Director: Charles Drebing, PhD and Associate Director: Kyle Bewsey, PhD. Charles.Drebing@va.gov or Kyle.Bewsey@va.gov. **Denver, Colorado** – Co-Directors: Allison Douglas, LCSW and Aaron Murray-Swank, PhD. Rocky Mountain Regional VA Medical Center, 1700 North Wheeling Street, Aurora, CO 80045. Allison.Douglas@va.gov, (720) 857-5314. Aaron.Murray-Swank@va.gov, (720) 857-5309. **Durham, North Carolina** – Co-Directors: J. Murray McNiel, PhD and Julie C. McCormick, LCSW, CPRP. Hillandale II VA Clinic, 1830 Hillandale Road, Durham, NC 27705. Jesse.McNiel@va.gov or (919) 286-0411, Ext. 177777. Julie.McCormick@va.gov or (919) 286-0411, Ext. 175111. <https://www.durham.va.gov/services/psychology-postdoc.asp>. **Little Rock, Arkansas** – Director Post-Doctoral Training: Erica Moseby, PhD. 2200 Fort Roots Drive (116/NLR), Bldg. 170, 2L-163 (MH Admin), North Little Rock, AR 72114. Applications to: Erica.Moseby@va.gov or (501) 257-3457 and/or Ms. Phiffany Spruill (501) 257-3793. PSR Fellowship Inquiries: Sarah.Henderson3@va.gov or (501) 231-6981 and/or Ms. Phiffany Spruill (501) 257-3793. <https://www.va.gov/central-arkansas-health-care/work-with-us/internships-and-fellowships/clinical-psychology-postdoctoral-and-inter-professional-fellowship-program/>. **Milwaukee, Wisconsin** – Co-Directors: Alison Minkin, PhD and Michael McBride, MD. Milwaukee VA Medical Center, 5000 W National Ave, Milwaukee, WI 53295. alison.minkin@va.gov or (414) 384-2000, ext. 45860. **Palo Alto, California** – Director: Stephen T. Black, PhD. Psychology Service VA Palo Alto Health Care System, 3801 Miranda Ave (116B), Palo Alto, CA 94304. Stephen.Black2@va.gov or (650) 493-5000, Ext. 67556. <https://www.paloalto.va.gov/services/mental/Psychology-Training.asp>. <https://www.paloalto.va.gov/docs/PostdocProgramDescription.pdf>. **San Diego, California** – Director: Dimitri Perivoliotis, PhD. VA San Diego Healthcare System (116B), 3350 La Jolla Village Drive, San Diego, CA 92161. Dimitri.perivoliotis@va.gov (preferred) or (619) 228-8028. https://www.sandiego.va.gov/careers/psychology_training.asp. **West Haven, Connecticut** – Director, PSR Interprofessional Fellowship: Anne Klee, PhD, CPRP. Errera Annex, 200 Edison Road, Orange, CT 06477. Anne.Klee@va.gov or (203) 640-1727. https://www.connecticut.va.gov/PSR_Interprofessional_Fellowship.asp. Director, Psychology Training: Joshua Bullock, PhD at Joshua.Bullock@va.gov or (203) 516-8013. <http://www.connecticut.va.gov/careers/psychologytraining.asp>. **General Information:** Ralf Schneider, MA, CPRP. Coordinator of PSR Fellowship Hub Site. *VA Maryland Health Care System, 10 N. Greene St. Attn: MIRECC, Annex Bldg., 7th Floor, Baltimore, MD 21201. Ralf.Schneider@va.gov. http://www.mirecc.va.gov/visn5/training/interprofessional_fellowship_program.asp. *Note: Hub Site does not host a training program. Each site coordinates own admissions processes.

ALASKA

TENURE-TRACK, ASSISTANT

PROFESSOR: The University of Alaska Anchorage is seeking a doctoral-level Psychologist to fill a tenure-track, Assistant Professor position with primary teaching responsibility in its PhD program in Clinical-Community Psychology (see <http://uaa.alaska.edu/phdpsych>). The Program in Clinical-Community Psychology is an APA-accredited, scientist-practitioner program that



Affiliated with



PSYCHOLOGY OPPORTUNITIES

Cambridge Health Alliance (CHA), is an award-winning health system based in Cambridge, Somerville, and Boston's metro-north communities. We provide innovative primary, specialty, and emergency care to our diverse patient population throughout an established network of outpatient clinics and two full service hospitals. As a Harvard Medical School and Tufts University School of Medicine affiliate, we offer ample teaching opportunities with medical students and residents. We utilize fully integrated EMR and offer competitive compensation packages and comprehensive benefits for our employees and their families.

Please visit www.CHAproviders.org to learn more and apply through our secure candidate portal. CVs may be sent directly to Melissa Kelley, CHA Provider Recruiter via email at providerrecruitment@challiance.org.

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.

Psychology Opportunities:

- **Primary Care Behavioral Health integration**
- **Adult Outpatient and Inpatient**
- **Child/Adolescent Outpatient**
- **Pediatric Neuropsychologist**
- **Child/Adolescent Neurodevelopment**
- **Child Inpatient**
- **Adult Neuropsychology**
 - **Lead Neuropsychologist**
 - **Staff Neuropsychologist**

CHA is a teaching affiliate of Harvard Medical School (HMS) and academic appointments are available

integrates clinical, community, and cultural psychology with a focus on rural, Indigenous issues. Applicants must have university-level teaching experience with a record of research and peer-reviewed publications or demonstrated potential for peer-reviewed publications. In addition to teaching, this faculty member would be expected to develop a program of research consistent with their area of specialization, conduct PhD student mentorship, and contribute to departmental governance and other service. Areas of research should be broadly consistent with the focus of the program (e.g., topics relevant to clinical and/or community psychology). Length of time and type of experience required for this position should be appropriate to the rank of tenure-track assistant professor. Applicants must have university-level teaching experience with a record of research and peer-reviewed publications or demonstrated potential for peer-reviewed publications. This position requires a doctoral degree in Clinical, Counseling, Community, or Clinical-Community Psychology or related degree, preferably from an APA-accredited program, at time of appointment. ABDs will be considered but employment is contingent on conferral of degree by time of hire in August 2022. License-eligible applicants are preferred. **This is an open-until-filled recruitment with the initial application review taking place on October 1, 2021.** This is a 9-month, full-time appointment with an expected start date in August 2022. University of Alaska Anchorage is an Equal Employment Opportunity/Affirmative Action employer and Educational Institution. To apply, visit: <https://careers.alaska.edu/en-us/job/517628/assistant-professor-of-psychology>.

MASSACHUSETTS

ATTENDING PSYCHOLOGIST: The Deaf and Hard of Hearing (DHH) Program of Boston Children's Hospital seeks attending psychologist to conduct research, teach and provide clinical services: diagnostic assessments, consultations, and short-term treatment. Required: keen assessment skills with DHH infants, children, and adolescents and ability to work effectively with their families; experience working clinically with DHH children essential; ASL competency preferred; skilled in counseling and providing therapeutic

guidance; graduate from APA/CPA-accredited doctoral program and internship. Applicant must possess a Massachusetts psychology health service provider license prior to assuming the position. Appointment at Harvard Medical School as Instructor, Assistant or Associate Professor will be commensurate with experience and will require ongoing teaching. To apply: Letter of application detailing relevant experience and recent curriculum vitae should be sent to the attention of Courtney Kellogg, Department of Psychiatry and Behavioral Sciences, Boston Children's Hospital, 300 Longwood Avenue, Boston, MA 02115. (Courtney.Kellogg@childrens.harvard.edu). Boston Children's Hospital is an Equal Opportunity / Affirmative Action Employer. Qualified applicants will receive consideration for employment without regard to their race, color, religion, national origin, sex, sexual orientation, gender identity, protected veteran status or disability.

LICENSED PSYCHOLOGIST: Boston Children's Hospital Division of Psychology, Department of Psychiatry and Behavioral Sciences seeks licensed psychologist for brand-new 12-bed child and adolescent Inpatient Psychiatry Service (IPS) in Waltham, Massachusetts. Responsibilities include: providing clinical consultation to staff and trainees regarding the prevention and management of behavioral dysregulation; evaluating the effectiveness of milieu-based intervention; conducting group therapy, and providing patient and family interventions. Support offered for scholarly activities and involvement in quality improvement initiatives pertaining to acute psychiatric treatment programs. Ideal position for a psychologist interested in an academic career in acute psychological treatment for children and adolescents. Successful candidates have experience working in acute psychiatric treatment settings, particularly in inpatient or residential treatment programs, with formal training in CBT and DBT. Participants with experience in specific treatment programs like: eating disorder treatment programs, medical-psychiatric inpatient or partial hospital programs are also encouraged to apply. Applicants must possess a Massachusetts health service provider license in psychology prior to assuming the

position. Academic appointments at Harvard Medical School likely at Instructor or Assistant Professor. Graduates of APA/CPA-accredited doctoral programs and internships are preferred. Letter of application detailing relevant experience, recent curriculum vitae to Courtney Kellogg at Courtney.Kellogg@childrens.harvard.edu or Department of Psychiatry and Behavioral Sciences Boston Children's Hospital, 300 Longwood Avenue, Boston, MA 02115. 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.

WOMEN'S HEALTH SCIENCES DIVISION

- VA NATIONAL CENTER FOR PTSD: The Women's Health Sciences Division of the National Center for Posttraumatic Stress Disorder (PTSD) anticipates two new staff positions and is seeking doctoral-level individuals with demonstrated programs of research in psychology, psychiatry, public health or related fields as evidenced by a solid publication record and experience with extramural funding in the area of psychological trauma and women's mental health. Research programs focused on experiences of stress and trauma within marginalized communities, health disparities among underrepresented groups, suicidal behavior, and psychiatric conditions comorbid with PTSD (e.g. substance use disorders) as they intersect with sex and gender are especially desired. The Women's Health Sciences Division (WHSD) of the National Center for PTSD believes that the cultural and social diversity of our staff is vitally important to the distinction, excellence, and impact of our research program. Our division recognizes that diversity of experience deepens the intellectual endeavor. We seek colleagues who will support our commitment to ensuring that the WHSD is inclusive, equitable, and diverse. Applications will be accepted at all levels of career development. Salary and benefits package are competitive and commensurate with experience. Applications are welcome until the positions are filled. Faculty appointment is anticipated at Boston University School of Medicine. The WHSD is a branch of the Department of Veterans Affairs

National Center for Posttraumatic Stress Disorder, a multi-site consortium mandated by Congress to study reactions to traumatic stress. The Women's Health Sciences Division, affiliated with Boston University School of Medicine and located at the VA Boston Healthcare System, is a nationally recognized program developing and conducting innovative research in stress, trauma, and women's health. The Division is affiliated with strong clinical programs that provide a continuum of treatment services to women veterans including a homelessness program, outpatient stress disorder clinic and a transitional residence. Division staff are involved in the training of graduate students, pre-doctoral interns, psychiatry residents, and post-doctoral fellows. The Division possesses outstanding resources for research, clinical, and training activities, and offers a stimulating work environment where diversity is valued. To express interest send curriculum vitae and cover letter to Dr. Tara Galovski, Director, Women's Health Sciences Division, National Center for PTSD (tara.galovski@va.gov). The Department of Veterans Affairs is an Equal Opportunity Employer.

MINNESOTA

MINNESOTA MEDICAL PSYCHOLOGY

FELLOWSHIP PROGRAM: The Department of Psychiatry and Psychology, Mayo Clinic Rochester, is accepting applications for our APA-accredited two-year specialty practice programs. Applicants must come from APA- or CPA-accredited graduate programs and internships and apply to one of our three programs. Fellowship positions are available for July 1, 2022. Start dates are flexible. The program's aim is for fellows to achieve advanced competencies in their respective areas of specialty (clinical child psychology, clinical health psychology, clinical neuropsychology) to prepare them for employment in academic health centers and board certification in professional psychology. The Medical Psychology Fellow's experience in each specialty practice area combines clinical, educational, and research activities, with at least 50% time in clinical activities. Fellows select research mentors and have 30% protected research time. Educational opportunities are tailored and include weekly departmental grand rounds, case conferences, journal club, and didactic seminars. Fellows also

receive funding for attendance and/or presenting at professional conferences. Application materials and more information: <http://www.mayo.edu/mngme/psychology-rch.html>.

NEW YORK

(+) ASSISTANT/ASSOCIATE PROFESSOR, PSYCHOLOGY, CLUSTER HIRE IN THE LEARNING SCIENCES. UNIVERSITY AT BUFFALO, SUNY GRADUATE SCHOOL OF EDUCATION, COLLEGE OF ARTS AND SCIENCES, SCHOOL OF ENGINEERING AND APPLIED SCIENCES, AND THE SCHOOL OF ARCHITECTURE AND PLANNING: The University at Buffalo, SUNY, is committed to using its research, teaching, and public outreach to better understand and ameliorate structural disparities. COVID-19 and a national reckoning with racism have laid bare the structural inequalities present in school and society and we believe that the interdisciplinary field of Learning Sciences is key to understanding and supporting learners and the multiple contexts in which learning takes place. We also believe that the Learning Sciences is critical to creating innovative new contexts in which more equitable learning can occur. This cluster hire in the Learning Sciences seeks to bring together scholars from across fields – Cognitive Psychology, Computer Science, Education, Architecture—to examine the interrelated dimensions of learning, technology, and educational contexts, with the goal of investigating the roles that new and novel technologies can play in dismantling

inequality. As part of this cluster hire, the CAS Department of Psychology, in particular, seeks a tenure-track faculty member in the study of cognition at the Assistant or Associate level, with a focus on the science of learning. You will join a cross-school, interdisciplinary team of researchers in Psychology, Cognitive Science, Computer Science and Engineering, Neuroscience, Communication Sciences and Disorders, and Education whose collective efforts are moving UB to become a leading center for understanding the mechanisms of learning, memory, and plasticity, broadly defined.

We are seeking individuals with active research programs who have exhibited potential for high-impact research and extramural funding. We seek scholars with expertise in cognitive development, gamification, concept formation, cognitive diversity, developmental disorders, perceptual expertise, cognitive plasticity and aging, computational modeling, cognitive science, and/or cognitive neuro-engineering, but the specific area of study within learning research is open. We are especially interested in scholars who can form new connections with researchers outside of the department studying AI, educational technologies, structural inequalities, and immersive learning environments, and who promote diversity, equity, justice, and inclusion throughout their research and teaching. Applicants will be expected to contribute to teaching and supervision of both graduate and undergraduate students. The University at Buffalo (UB) is New York

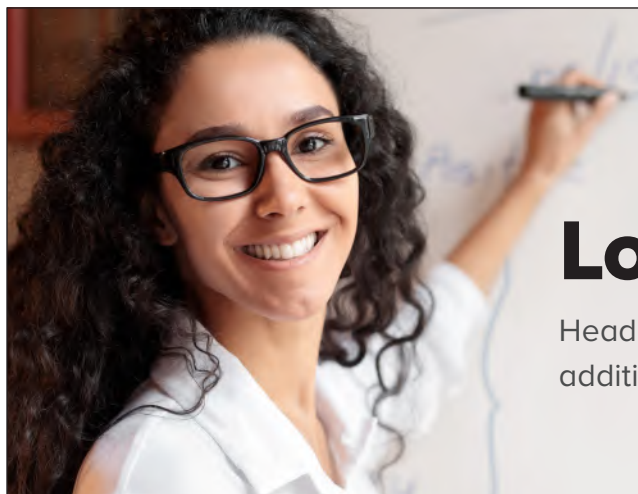
State's largest and most comprehensive public university. A premier center for graduate and professional education, UB is a member of the prestigious Association of American Universities, placing it among leading research-intensive universities in the United States. UB also holds a strong international reputation, ranking 23rd in international student enrollment. As a public institution, UB also provides a top-tier education for students from diverse geographic, racial and ethnic, and socioeconomic backgrounds. More than a third of undergraduates are Pell eligible (an indicator of financial need), the second-highest percentage among AAU institutions. Financial need is particularly high among minoritized students (about half of UB's first-year students are non-white). The University at Buffalo is an Affirmative Action/Equal Opportunity Employer and, in keeping with our commitment, welcomes all to apply including veterans and individuals with disabilities. Inquiries about the position can be directed to Dr. Eduardo Mercado III, Chair of the search committee (emiii@buffalo.edu). Applications must be submitted online at (<https://www.ubjobs.buffalo.edu/postings/30345> choose the CAS link).

TEXAS

ASSISTANT/ASSOCIATE PROFESSOR OF COUNSELING PSYCHOLOGY: The Department of Educational Psychology at Texas A&M University (<http://epsy.tamu.edu>) invites applications for a tenured/tenure-track faculty

position within its APA-accredited Counseling Psychology Program (<http://cpsy.tamu.edu>). We seek candidates who will demonstrate a commitment to participating in the program's existing telepsychology infrastructure, including the Telebehavioral Care Program. Applicants should have expertise or potential in obtaining extramural funding, collaborating on interdisciplinary projects, capitalizing on the existing funding portfolio and research projects at the TBC. Evidence of dedication to graduate teaching, supervision and mentoring is expected. The program, department and college are especially interested in qualified candidates who can contribute to the diversity and excellence of the academic community through their research, teaching, and/or service. **The review process will begin October 1, 2021.**

Applications will be accepted until the position is filled. All application materials should be submitted through Interfolio online at: <http://apply.interfolio.com/90695>. Address inquiries to Timothy R. Elliott, Ph.D., Search Committee Chair (telliott@tamu.edu). Texas A&M University is committed to enriching the learning and working environment for all visitors, students, faculty, and staff by promoting a culture that embraces inclusion, diversity, equity, and accountability. Diverse perspectives, talents, and identities are vital to accomplishing our mission and living our core values. An Equal Opportunity/Affirmative Action/Veterans/Disability Employer committed to diversity.



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ILLINOIS

CLINICAL PSYCHOLOGIST AND POST-DOCTORAL POSITIONS IN PREMIER CHICAGO GROUP PRACTICE - UP TO \$120,000:

Gersten Center for Behavioral Health, a premier group practice in the Chicagoland area, currently has five amazing psychology opportunities available: two Licensed Psychologist positions and three 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 – \$120,000 (eligible for an increase over time). Start Date: Immediate openings. Virtual only, hybrid virtual/in person, and fully in-person options available. 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: \$48,000 – \$53,000. Start Date: Immediate openings. Virtual only, hybrid virtual/in person, and fully in-person options available. 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.

MONTANA

CLINICAL PSYCHOLOGIST POSITIONS: Garden City Professional Offices South in Bozeman, Montana is seeking to fill multiple Clinical Psychologist positions. We are a private practice housed within one of Montana's largest integrated health systems (Bozeman Health) and serve the mental health needs of all Bozeman Health patients. Bozeman Health offers comprehensive and award-winning services to meet the diverse healthcare needs of communities in the region. We are currently looking for highly motivated, licensed, or license eligible psychologists. These positions allow for flexibility while offering an opportunity to create a practice that suits your needs. A desirable applicant is a seasoned therapist with significant training and experience. We are also open to hiring newly licensed psychologists seeking experience and consultation with more senior colleagues. Ideally, the candidate would work approximately 32 hours/week providing direct clinical services. In-person and telehealth sessions are available. In fact, we would consider a hybrid model utilizing our offices in both Bozeman and Missoula, Montana. We serve a wide variety of clients including children, adults, couples, and families. The clinical work is quite varied, positions can be tailored to the individual, however, a basic comfort level with CBT and interpersonal psychotherapy is preferable. Compensation is base salary plus an increasingly generous percentage of accounts receivable. What is Bozeman Montana known for? Bozeman is called "the most livable place" for good reason. Enjoy world-renowned fly fishing, dramatic mountains for hiking, mountain biking, rock climbing, skiing, hunting, backcountry exploring, Yellowstone National Park, and impressive wildlife. Be part of an exciting time in integrated behavioral health. This is a unique opportunity

to be part of an outstanding service within a preexisting medical clinic in a uniquely desirable recreational environment. Send curriculum vitae to: gc-po@hotmail.com.

PENNSYLVANIA

PEDIATRIC PSYCHOLOGY CAREER OPPORTUNITIES:

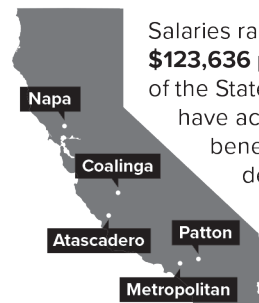
You don't have to put your life on hold to move healthcare forward. At Geisinger, you'll engage with industry leaders to create new care delivery models and enjoy a work/life balance. You'll be there for your family, friends, and neighbors – making

a difference at home and across the country. We take pride in the support we provide: a competitive compensation package, medical school loan forgiveness, relocation support, generous retirement and health care benefits, favorable call schedules, safe and healthy case loads, research and/or teaching time, and flexible time off policy, with CME days and financial support. Founded more than 100 years ago, Geisinger is committed to making better health easier for the more than one million people it serves. The system includes nine hospital campuses, a 550,000-member health plan, two

We're hiring Clinical Psychologists!

The **California Department of State Hospitals**, the largest forensic mental health hospital system in the nation, is actively looking to fill **Clinical Psychologist** positions at all five of our California locations!

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 California Department of State Hospitals

Psychologists

The Special Treatment Unit, a 500-bed secured forensic facility located in Avenel, NJ, is currently seeking experienced Psychologists to conduct detailed forensic. Our inpatient units are designed to treat adult males who have been civilly committed under the NJ Sexually Violent Predator's Act.

Doctorate Level

\$84,177.83 - \$120,127.43

Graduation from an accredited college or university with a Bachelor's degree supplemented by a Doctor of Philosophy (Ph.D.) in Psychology, a Doctor of Psychology (Psy.D.), or a Doctor of Education (Ed.D.) in Psychology which should have included at least thirty (30) graduate semester hour credits in a psychology program consisting of six (6) credit hours in counseling/psychotherapy and three (3) credit hours in each of the following areas: individual intelligence testing, objective and/or projective testing, and abnormal psychology. At least fifteen (15) credit hours should be in courses relevant to clinical psychology such as: learning theories, human motivation, personality theories, human growth and development, psychopharmacology, and statistics and research, and completion of a one (1) year clinical internship.

EXPERIENCE: Two (2) years of experience, in addition to the clinical internship, in the field of clinical psychology in a community mental health center, mental hospital, school for the developmentally disabled, or penal, correctional, or juvenile institution, or other setting involving the use of psychodiagnostic, psychotherapy, projective techniques, and other clinical methods.

NOTE: One (1) year of the required experience shall have been earned subsequent to the receipt of the Doctorate.

SPECIAL NOTE: One (1) year of residency (advanced training beyond internship) is considered equivalent to one (1) year of experience.

Master's Level/Doctorate Level

\$73,296.13 - \$104,363.32

Graduation from an accredited college or university with a Master's degree in Psychology and completion of one (1) year of supervised full-time clinical internship or of one (1) year of extensively supervised clinical experience. Graduate course training shall have included at least thirty (30) semester hour credits in a psychology program consisting of six (6) semester hour credits in counseling/psychotherapy, and three (3) semester hour credits in each of the following areas: individual intelligence testing, objective and/or projective testing, and abnormal psychology. At least fifteen (15) semester hour credits should be in courses relevant to clinical psychology such as learning theories, human motivation, personality theories, human growth and development, psychopharmacology, and statistics and research.

EXPERIENCE: Two (2) years of responsible experience in addition to the supervised clinical internship in the field of clinical psychology in a community mental health center, mental hospital, school for the developmentally disabled, or penal, correctional, or juvenile institution, or other setting involving the use of psychodiagnostics, psychotherapy, projective techniques, and other clinical methods.

SPECIAL NOTE: One (1) year of residency (advanced training beyond internship or extensively supervised clinical experience) is considered equivalent to one (1) year of experience.

NOTE: Thirty (30) additional semester hour credits beyond the Master's degree in Psychology from an accredited college or university may be substituted for one (1) year of required experience which must be earned subsequent to the supervised full-time clinical internship.

OR

NOTE: Graduation from an accredited college or university with a Doctorate degree in Psychology (Ph.D.) or a Doctorate degree in Education (Ed.D.) in psychology and completion of a one (1) year supervised full-time clinical internship. Graduate course training shall have included a minimum of six (6) semester hour credits in each of the following areas: objective and projective testing, psychotherapeutic techniques and counseling, personality development and learning theory, motivation and psychopathology, and research design and statistical analyses.

For consideration, please contact:

Rosemarie Stewart • Ph: 917-647-8053
rosemarie.stewart@doh.nj.gov

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research centers and the Geisinger Commonwealth School of Medicine. With nearly 24,000 employees and more than 1,600 employed physicians, Geisinger boosts its hometown economies in Pennsylvania by billions of dollars annually. Interested candidates, reach out to Karen Rubbe at klrubbe@geisinger.edu or visit our website jobs.geisinger.org/psych. An Affirmative Action/Equal Opportunity Employer/Disability/Veterans.

TEXAS

GROUP PRIVATE PRACTICE/INDEPENDENT CONTRACTORS:

Neuropsychologist, Psychologist, Provisionally Licensed Psychologist, Licensed Clinical Social Worker, Psychiatrist, and Informal Psychology Internship available. LPC Associates, LPCs positions also available at The Ludden Group P.C. Visit <https://www.psycareers.com/company/the-ludden-group-p.c.-99958> for details or to apply. Locations Needing Candidates: Round Rock, Rockwall, Ennis, Dallas, Terrell, and Greenville, Texas.

VERMONT

PSYCHOLOGIST – PHD, OCCUPATIONAL MEDICINE:

Central Vermont Medical Center is recruiting for a PhD Psychologist to join our multidisciplinary Occupational Medicine team. Primary responsibility is to diagnose and treat injured workers with chronic pain, loss of function and or mental and emotional disorders. This individual will be a part of a multidisciplinary functional restoration program. The successful candidate will work with a highly trained, seasoned, friendly team of professionals including physicians and specialty trained physical and occupational therapists. Contact Sarah. Child@cvmc.org or (802) 225-1739.

PRACTICE FOR SALE

BUFFALO, WYOMING: Turnkey opportunity. Rural generalist practice. Retiring, will help with transition. Income potential \$140,000 to \$200,000 plus. NHSC loan repayment eligible area. Located in log building with Big Horn Mountain views and easy access to recreational activities. \$50,000. drterry@abintrapsych.com or (307) 684-5828.

ABINGDON, VIRGINIA: Retiring from 30+ year private practice in beautiful Southwest Virginia. The practice sees children, adolescents, and adults with

psychotherapy and testing services. Asking only \$60,000. Incentives include rent-free office space for 12 months with opportunity to buy the building. Many outdoor activities in the area, e.g. mountains, lakes, biking, hiking, skiing, etc. Contact Nancy at Abingdonps@bvui.net or (276) 676-1177.

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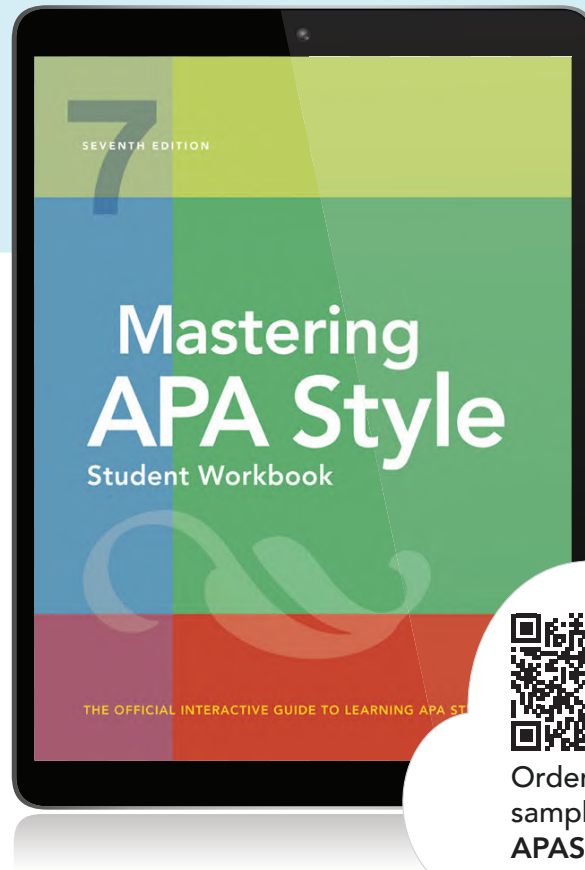
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35% said they **personally know someone who goes by gender-neutral pronouns**. That compares with 25% of adults born between 1981 and 1996, 16% of adults born between 1965 and 1980, 12% of adults born between 1946 and 1964, and 7% of adults born between 1928 and 1945.

50% **don't think society is sufficiently accepting of people who identify their gender as nonbinary**. That compares with 47% of adults born between 1981 and 1996, 39% of adults born between 1965 and 1980, 36% of adults born between 1946 and 1964, and 32% of adults born between 1928 and 1945.

59% say that **standardized forms or online profiles should include options other than "man" and "woman"** when asking about gender. That compares with 50% of adults born between 1981 and 1996, 40% of adults born between 1965 and 1980, 37% of adults born between 1946 and 1964, and 32% of adults born between 1928 and 1945.

Source: Parker, K., & Igielnik, R. (2020). On the cusp of adulthood and facing an uncertain future: What we know about Gen Z so far. Pew Research Center data analysis. Available at www.pewresearch.org/social-trends/2020/05/14/on-the-cusp-of-adulthood-and-facing-an-uncertain-future-what-we-know-about-gen-z-so-far-2/.

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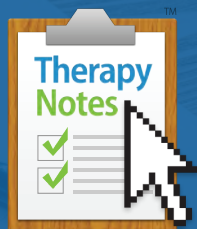
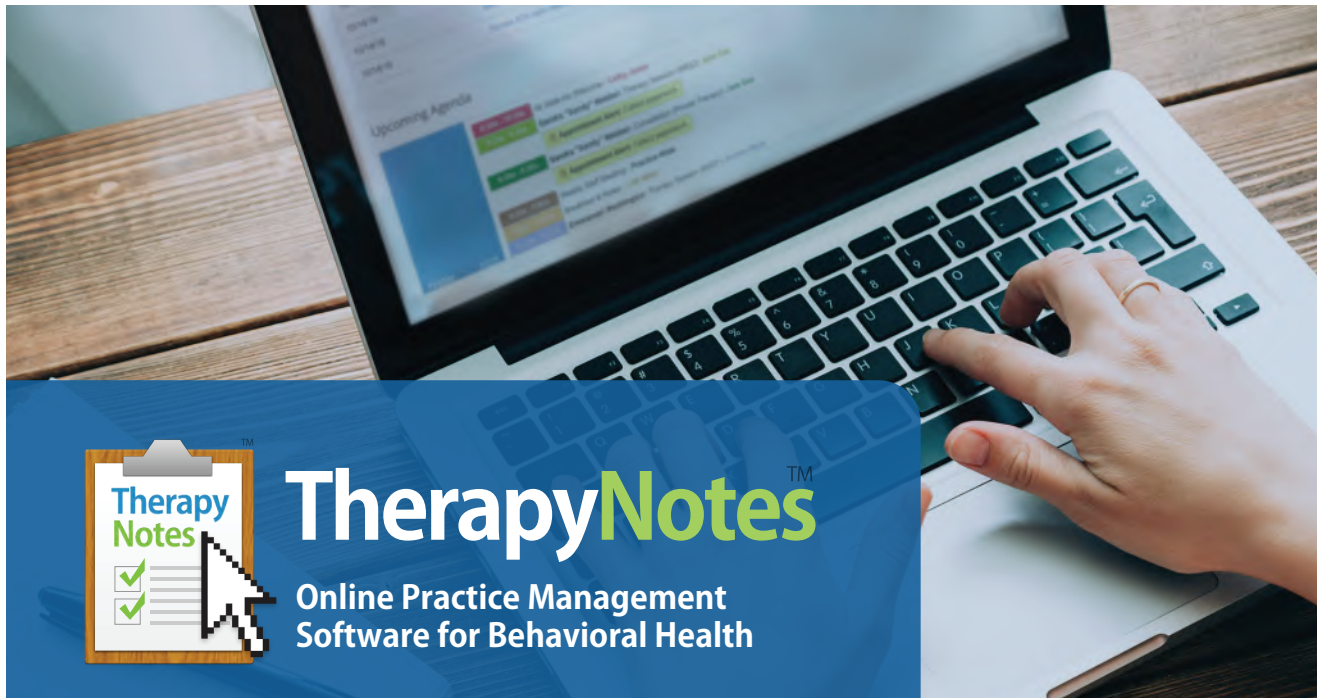
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