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monitor on psychology

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AI

THE PROMISE AND
CHALLENGES

PAGE 62

THE SCIENCE OF
EMPATHY

PAGE 44

TREATING ADULTS
WITH INTELLECTUAL
AND DEVELOPMENTAL
DISABILITIES

PAGE 54

EFFECTIVE
THERAPY FOR
BLACK WOMEN

PAGE 38

SUCCESSFUL
GRANT WRITING

PAGE 76



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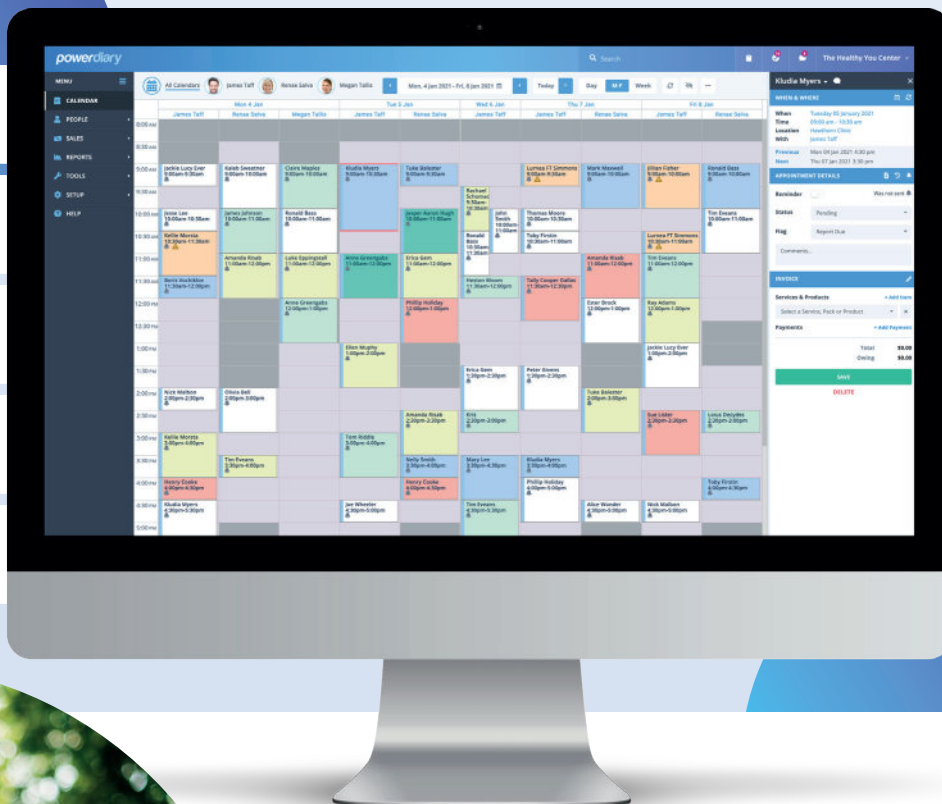
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@APA

RESOURCES, OPPORTUNITIES, AND NEWS FOR PSYCHOLOGISTS FROM APA



SOLUTIONS

Determine the Cost of Your Graduate Degree

The American Psychological Association of Graduate Students (APAGS) has developed the Financial Expenditure Evaluation for Students (FEES) tool to help current and prospective psychology graduate students calculate and evaluate the cost of attending any psychology graduate program so that they can make informed decisions about the cost of their education. FEES helps students score graduate psychology programs on their transparency about a variety of factors, including the amount of financial support available; career placement prospects; average salary of graduates; the availability of health insurance, including mental health benefits; and average time to degree completion. APAGS also encourages training programs to use the tool to assess the costs their students take on and how easy it is for students to find financial details and other important information about their programs.

Find it at www.apa.org/apags/resources/fees-tool.

What to Stream

1

“Psychological Science and Public Communications—Debates and Next Steps”

A panel of psychological scientists and communication experts talk about the importance of sharing research with the public and the challenges psychologists may face.

Watch at www.apa.org/science.

2

APA 2021 Content

More than 1,000 presentations from APA's 2021 convention in August are available to stream through Nov. 15.

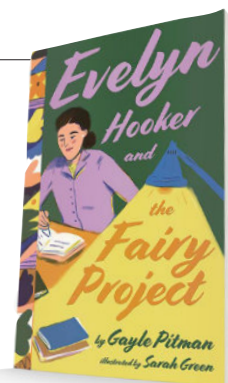
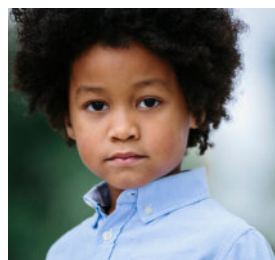
Go to <https://convention.apa.org>.

3

“Improving the Assessment of ADHD in Youth”

This Nov. 19 webinar will explore the most recent research on ADHD and best practices for assessing symptoms and impairments.

Go to www.apa.org/news/events/2021/improving-youth-assessment.



IMPACT

Explore the Legacy of a Psychology Icon

The new Magination Press book *Evelyn Hooker and the Fairy Project* celebrates the career of Evelyn Hooker, PhD, the psychologist behind the research and advocacy that led to the removal of homosexuality from the Diagnostic and Statistical Manual of Mental Disorders in 1973. Hooker's groundbreaking research on gay men—conducted with a National Institute of Mental Health grant and scornfully referred to as “The Fairy Project” by some federal officials—not only destroyed the myth that homosexuality was a type of psychopathology but also helped spark a social justice movement and important allyship for LGBTQ+ people that is still evident today. The book ends with guidance on how to be an effective ally to LGBTQ+ people, discussion questions for young readers, and additional resources.

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

UPPER LEFT: THOMAS KUHN/BECKSON IMAGES; UPPER RIGHT: MAGINATION PRESS; LOWER LEFT: KING/GETTY IMAGES



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.

IDEAS

3 Things To Do This Month

Praise your colleagues & explore new opportunities

SUBSCRIBE TO SCIENCE SPOTLIGHT

1 Be the first to hear about open calls for papers, grants, and funding opportunities via APA's newsletter for psychological scientists. *Science Spotlight* is delivered to your inbox every two weeks and features resources to help you further your work, innovative research from APA's journals, and news on what APA is doing to advance science.

Sign up at www.apa.org/science/science-spotlight.

APPLY TO WORK IN WASHINGTON, D.C.

2 APA places two psychologists in congressional offices and one in an executive branch office like the



National Science Foundation each year to help bring psychologists' expertise to federal policymaking. Congressional Fellows get the opportunity to help draft legislation, prepare briefs and speeches, and assist with congressional hearings. APA's Executive Branch Fellows may work on agency budgets, staff scientific task forces, and run peer review panels.

Apply by Jan. 3 at www.apa.org.

NOMINATE A GAME-CHANGING PSYCHOLOGIST

3 The American Psychological Foundation's new \$1,000 Gold Medal Award for Impact in Psychology recognizes the work of a psychologist—or group of psychologists—in any career stage and from any field of psychology whose work is innovative and transformational or has led to an important change. Self-nominations are not accepted.

Submit a statement describing the nominee's work, the nominee's curriculum vitae, and up to three letters of support by Jan. 15 at www.apa.org/apf/funding/gold-medal.

Share Your Art in American Psychologist

APA's journal *American Psychologist* is seeking images of original artwork to include on the covers of its 2022 issues. Art Editors Walter Heinrichs, PhD, and Anne E. Kazak, PhD, ABPP, and new Editor-in-Chief Harris Cooper, PhD, welcome artists of all backgrounds to submit between three and six images for consideration in any medium—including paint, photography, sculpture, mosaic, collage, and fabric. Submit photographs of work along with a brief biography to Sue Harris, PhD, at Editor-AP@apa.org.



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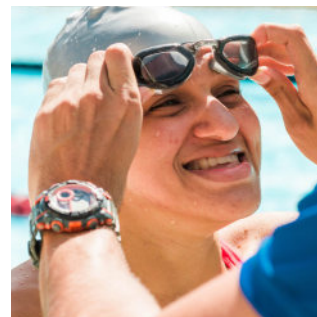
COVER STORY

THE PROMISE AND CHALLENGES OF AI

Psychologists are playing a larger role in the development and use of artificial intelligence software and technologies, such as therapeutic chatbots and facial-recognition systems. They're also amassing a robust literature on human-computer interaction, digital therapeutics, and the ethics of automation. *See page 62*



ON THE COVER: ILLUSTRATION BY CHRIS GASH/THE ISPO



54 WORKING WITH ADULTS WITH DEVELOPMENTAL DISABILITIES

There is a yawning gap between the need for and the availability of mental health services for adults with intellectual and developmental disabilities—but psychologists can work to close that gap.



44 CULTIVATING EMPATHY

Psychologists' research offers insight into why it's so important to cultivate "other-oriented" empathy, and how to help grow these skills in your patients and yourself.



Marijuana use is associated with suicide risk. Page 14

- 2 @APA: THE HOT LIST
- 8 PRESIDENT'S COLUMN
- 10 UPDATE FROM THE CEO

RESEARCH

- 13 IN BRIEF
- 21 DATAPPOINT
- 88 BY THE NUMBERS

NEWS

- 22 CHILDREN LOSING CAREGIVERS TO COVID
- 25 BUILDING A MORE DIVERSE FACULTY
- 30 PROTECTING HEALTH CARE TEAMS
- 37 JUDICIAL NOTEBOOK

PEOPLE

- 35 4 QUESTIONS FOR LAURA BOXLEY
- 70 PSYCHOLOGISTS IN THE NEWS

CE CORNER

- 38 EFFECTIVE THERAPY FOR BLACK WOMEN

CAREER

- 71 HOW TO INCORPORATE OPEN SCIENCE
- 76 SUCCESSFUL GRANT WRITING
- 80 LAB WORK

EMPLOYMENTS ADS

- 85 THE BEST JOBS IN PSYCHOLOGY



Rethinking self-care. Page 35



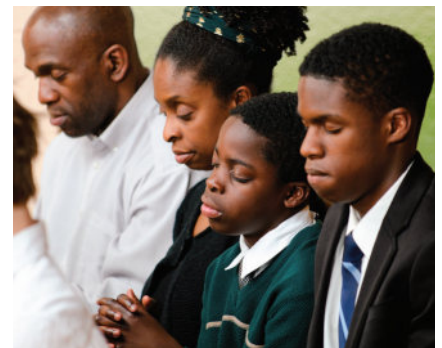
CAREER

THE VITAL WORK OF GRANT WRITING

Research scientists and program officers share their advice on the importance of seeking out grant funding, making grant applications stand out, and using feedback to move past rejection. *See page 76*



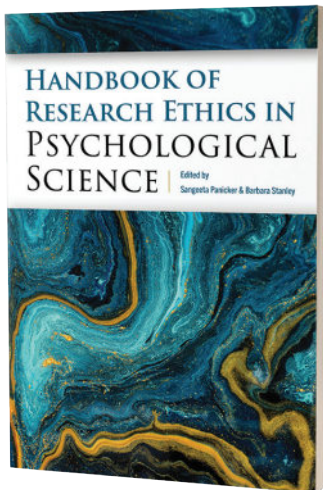
Losing caregivers to COVID. Page 22



Meeting the needs of Black women. Page 38

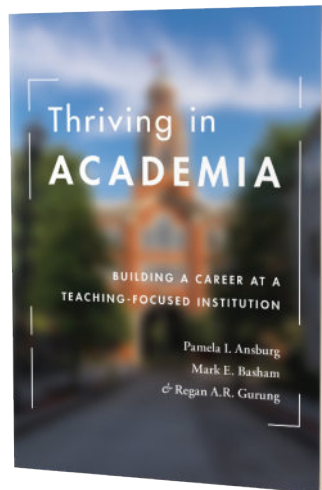


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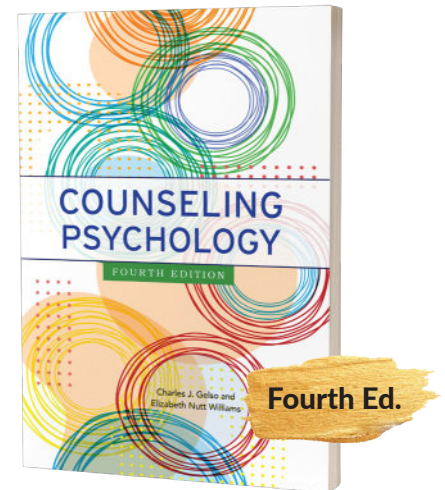
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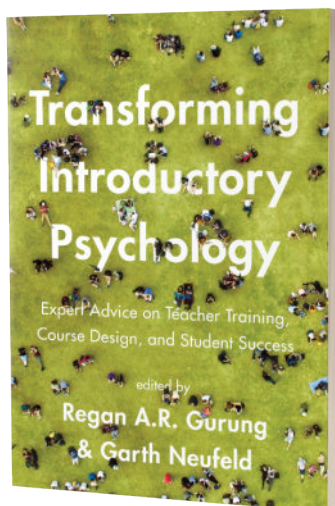
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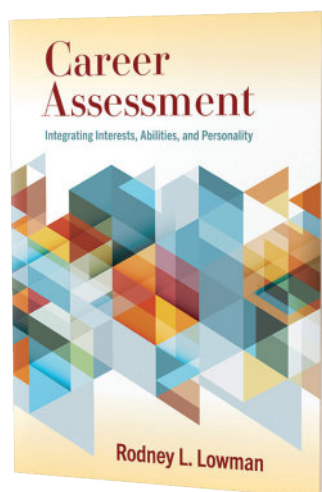
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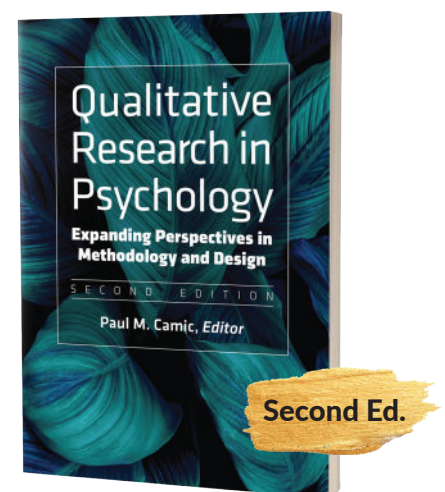
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HOW WE MOVED THE NEEDLE ON HEALTH EQUITY

Psychology has an outsize role in providing solutions for society's greatest challenges **BY JENNIFER F. KELLY, PHD, ABPP**



As my presidential year ends, I have never felt prouder of the work psychologists are doing to make the world a better place. ¶ This was a year of extreme challenges and welcomed successes: from major natural disasters and the Jan. 6 insurrection to the withdrawal of troops from Afghanistan and a return to school and work for many.

Throughout my time as your president, I have seen the power of psychologists coming together and using science to promote healthier outcomes for individuals and communities.

Most notably, psychology has been instrumental in fighting the COVID-19 pandemic. Psychology will continue to play a key role in addressing vaccine hesitancy, dealing with ongoing social and emotional fallout from the pandemic, and helping to shape the future of work and education.

A highlight for APA this year has been our historic strides in addressing racism and health disparities. We have been deliberate in focusing on psychology's role in dismantling systemic racism in the United States. In February, APA's Council of Representatives adopted a resolution to guide our efforts to counter racism. We are now focused on psychology's role in helping to expose, and to ultimately dismantle, racism operating across society, from within education and science to government and public policy.

I am most proud of the work of the

Presidential Task Force on Psychology's Role in Achieving Health Equity. I encourage you to read the special issue of *American Psychologist* focused on health equity, published by APA. We have also proposed a resolution to council articulating a vision of psychology's

role in achieving health equity, including increasing the number of people of color in the education and leadership pipeline and helping practitioners develop competence in working with diverse populations.

I want to thank all our members who selflessly gave their time and expertise to APA this year. None of our important work could have been accomplished without your volunteer leadership. I also want to thank APA staff, who continue to unite to make a difference in society.

It has been an honor and privilege to serve as your president this year. In years to come, I know that APA will continue to thrive and have a major impact on society. ■



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

WE ARE/GETTY IMAGES



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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

In 2021, APF and the Council of Graduate Departments of Psychology (COGDOP) presented twenty graduate research scholarships, including the following named scholarships, helping young scholars as they embark on their careers and unlock new discoveries in the field of psychology.



SOPHIE KERR of the University of Houston received the **Harry and Miriam Levinson Scholarship** for her work on *Mediational Intervention for Sensitizing Caregivers: Feasibility and Acceptability for Black and Hispanic Formerly Incarcerated Mothers*



RAZIA SAHI of the University of California, Los Angeles received the **Charles and Carol Spielberg Scholarship** for her work on *Social Facilitation of Emotion Regulation in Adolescence*

STEPHANIE MCMANIMEN of Idaho State University received the **Raymond K. Mulhern Scholarship** for her work on *Evaluating the Role of Emotion Regulation Strategies on the Structural Relationships Between Problems Sleeping, Executive Function, and Suicide Risk Using Affect Manipulation*



GIOVANNI RAMOS of the University of California, Los Angeles received the **Clarence J. Rosecrans Scholarship** for his work on *An App-Based Mindfulness-Based Intervention for People of Color Who Experience Discrimination: A Randomized Control Trial*

APF is the premiere grantmaking foundation in psychology, providing more than 60 different grants, scholarships, and awards each year, primarily to psychology students and early career psychologists. Your support is critical to fund these programs. To find out more, go to www.apa.org/apf/funding or make your gift at www.apa.org/apf/giving. If you have additional questions, contact Miriam Isserow at misserow@apa.org or 202-336-5622.

CREATING NEW OPPORTUNITIES AMID DISRUPTION

Psychology can provide solutions to the biggest real-world issues

BY ARTHUR C. EVANS JR., PhD



When the COVID-19 pandemic began, most of us viewed it as an acute crisis—a stressful, but defined, event. Then we realized that addressing the pandemic would be more like a marathon—a crisis needing a sustained effort, but one that we would find a way to get through and recover from. As time has gone on, it has become clear that the pandemic may be a phenomenon

we will be living with in some way for much longer.

This change to viewing the coronavirus as something we must live with for an extended period versus something we could overcome and “return to normal,” has profound implications for our lives and the role our discipline and profession can play in assisting our society.

Moreover, the major societal issues we are grappling with, like climate change and racism, are fundamentally rooted in human behavior, reaffirming that solutions require psychological expertise. The nation’s COVID-19 recovery involves not only containing the virus but addressing the related effects of these societal issues on people’s health and well-being.

As a nation, we need a new mental model for thinking about the rapidly evolving world around us and the various roles we play in it. We must deal with multiple complex issues simultaneously. We must get used to the notion that many of our most vexing issues will not just disappear, but—like the coronavirus—will require us to develop

new long-term strategies to cope. This means recognizing that the rapidity of change going forward will only increase, making change the “new constant.” All these realities have implications for how psychological knowledge and expertise is applied to real-world problems. Using conceptual frames that routinely incorporate themes like intersectionality and working increasingly beyond the

individual level of analysis are strategies critical to ensuring our success. We also need to be intentional about creating new processes to draw out psychological knowledge needed and efficiently and effectively apply it.

During the development of APA’s strategic plan in 2018, a strong and consistent theme from our members was a desire to see psychology have more impact on the critical issues of the day. Since then, APA has made building our capacity to do this a significant goal for the association. As our world becomes increasingly complex, both APA and the broader field of psychology must continue to explore new ways to apply knowledge from the field in innovative and impactful ways. ■



More than 600,000 white flags on the National Mall in Washington, D.C., in September 2021 symbolize the lives lost to COVID-19 in the United States.

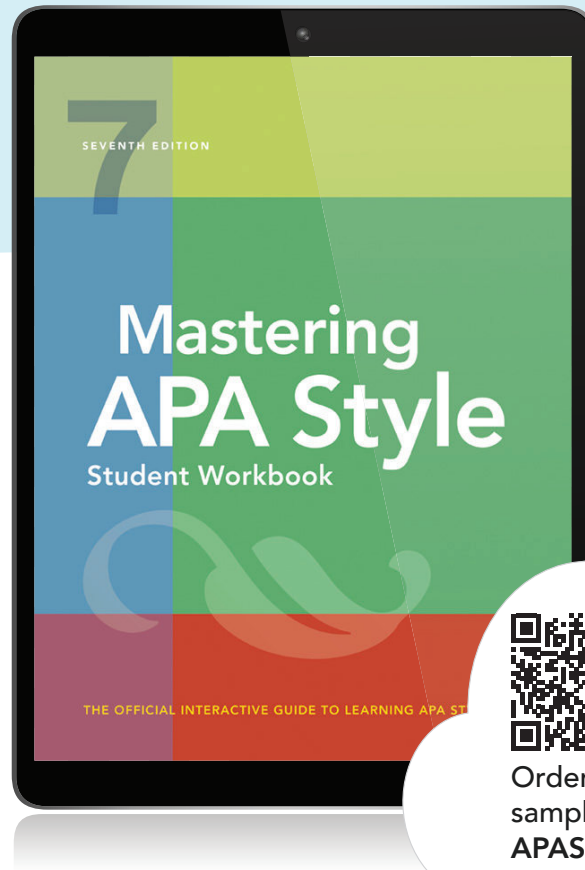
● Arthur C. Evans Jr., PhD, is the Chief Executive Officer of APA. Follow him on Twitter @ArthurCEvans.

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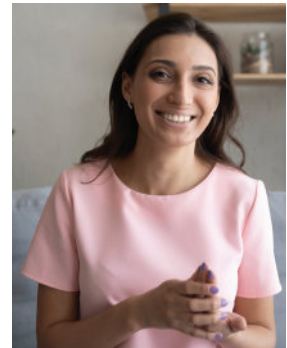
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In Brief

THE LATEST PEER-REVIEWED STUDIES WITHIN PSYCHOLOGY AND RELATED FIELDS



Police officers use different tones when talking with Black versus White drivers during traffic stops.

TRAFFIC STOP DISPARITIES

Disparities in how police officers treat Black and White Americans are reflected in subtle differences in officers' tones of voice during routine traffic stops, according to research in the *Journal of Personality and Social Psychology*. Researchers collected 250 audio clips of predominantly male officers speaking for 10 seconds from body camera footage of traffic stops of men in a midsize U.S. city. Across three studies, the researchers asked a total of 414 White, Black, Latinx, and Asian men and women

to rate the officers' tones of voice. The participants, who did not know the race of the person being pulled over, perceived that when officers spoke to Black men at traffic stops, their tones of voice conveyed less warmth, respect, and ease than when they spoke to White men. In two additional studies with a total of 404 participants, the researchers found that listening to officers speaking with a negative tone eroded people's trust in police.

DOI: 10.1037/pspa0000270

JOB DEMANDS AFFECT EXERCISE

People with high-pressure jobs and little control over their work are less likely to exercise after leaving the office, according to research in the *Journal of Experimental Psychology: Applied*. In the first of two studies, 100 participants in the United States took part in a call center workplace simulation. Half performed high-demand tasks and half performed low-demand tasks. After completing their tasks, participants rode a stationary bicycle for as long as they wanted. Participants in the high-demand condition cycled less than those in the low-demand condition. In a second study, 144 participants were split into four groups based on a combination of high- or low-demand tasks and high or low control over their job. Again, participants with more demanding jobs cycled less. Though there was no direct association between level of job control and time spent cycling, there was an indirect effect of level of job control on cycling time through its impact on participants' sense of self-determination.

DOI: 10.1037/xap0000333

SUICIDE RISK HIGHER IN MARIJUANA USERS

According to a study in *JAMA Network Open*, marijuana use is associated with increased risk of suicidal thoughts, plans, and attempts. Researchers analyzed data from a nationally representative sample of 281,650 adults ages 18 to 34 years in the United States. They assessed participants' self-reported

Being mentally active in old age can stave off dementia by as much as 5 years.



People who used marijuana even on a less-than-daily basis were more likely to have suicidal ideation and to plan or attempt suicide than those who did not use the drug at all.

levels of marijuana use and prevalence of major depressive episodes. They found that even people who used marijuana on a less-than-daily basis were more likely to have suicidal ideation and to plan or attempt suicide than those who did not use the drug at all, with this effect larger for women than men. Among people with depression, 35% of participants who did not use marijuana had suicidal ideation, compared with 44% of those with nondaily marijuana use, 53% of those who used marijuana daily, and 50% of those who had a marijuana use disorder. Similar patterns held for suicidal plans and attempts among people with depression.

DOI: 10.1001/jamanetworkopen.2021.13025

READ AND WRITE TO FORESTALL DEMENTIA

Being mentally active in old age can stave off dementia by as much as 5 years, suggests a study in *Neurology*. Researchers followed 1,903 older adults enrolled in a longitudinal study in the United States for an average of about 7 years. Participants, who were primarily in their 70s and 80s at the start of the study, had annual clinical evaluations to diagnose Alzheimer's disease and other forms of dementia. They also reported how frequently they engaged in seven cognitively stimulating activities, including visiting a library; reading magazines, newspapers, or books; writing letters; putting together puzzles; and playing cards and board games. During the study period, 457 participants



were diagnosed with Alzheimer's disease. The mean age of onset of Alzheimer's disease was 94 for those participants with the highest level (above 90th percentile) of late-life cognitive activity and 89 for those with the lowest level (10th percentile and below). Neither education nor early life cognitive activity was associated with age of Alzheimer's onset. In 695 participants whose brains were examined postmortem, cognitive activity was found to be unrelated to neural markers of Alzheimer's and other dementias, suggesting that late-life cognitive activity doesn't influence brain pathology itself, but rather boosts cognitive reserve—the ability to cope with the pathology.

DOI: 10.1212/WNL.00000000000012388

DAYDREAMING AKIN TO SLEEP

Daydreaming is characterized by sleeplike activity in the brain, suggests research in *Nature Communications*. Researchers asked 26 well-rested participants in Australia to perform two boring tasks requiring sustained attention. During the tasks, participants were randomly interrupted and asked to self-report their mental state: on task, mind wandering (thinking of something else), or mind blanking (thinking of nothing). The researchers continuously assessed the participants' pupil size and measured their brain activity with electroencephalography (EEG). When participants reported their minds were wandering or blanking, their performance dropped, they declared feeling more tired,

their pupil size decreased, and their brain activity revealed the presence of slow waves that are commonly observed after sleep onset. According to the researchers, these results indicate that the inattentive mind may result from portions of the brain entering a sleeplike state.

DOI: 10.1038/s41467-021-23890-7

ENJOY SCHOOL, GET BETTER GRADES

Research in *npj Science of Learning* indicates that children who enjoy school at age 6 tend to have higher academic achievement 10 years later. Researchers analyzed data from a longitudinal study that began in 1991 of 12,135 children and their parents in the United Kingdom. They found that children who liked their teachers were more than 9 times more likely to enjoy school than those who did not. Also, girls were twice as likely as boys to report enjoying school,

Research indicates that children who enjoy school at age 6 tend to have higher academic achievement 10 years later.

non-White children were almost twice as likely as their White counterparts to say they enjoyed school, and children with higher cognitive abilities were also more likely to enjoy school. At age 16, those children who reported enjoying school at age 6 scored, on average, 14.4 points higher on a compulsory exam—a difference of almost three grade levels—even after controlling for cognitive ability and family socioeconomic status. They were also 29% more likely to obtain above-average grades.

DOI: 10.1038/s41539-021-00092-w

THE LONELY LIVE SHORTER, LESS-ACTIVE LIVES

A study in the *Journal of the American Geriatrics Society* indicates that lonely older adults are more likely to live shorter lives than their peers and spend less of their remaining life in good health. Researchers interviewed



Playing several sports at a young age, rather than specializing in one, may lead to more long-term success as an adult athlete.



3,449 participants in Singapore age 60 and above three times between 2009 and 2015 about their health and level of loneliness. They found that 60-year-olds who reported being sometimes or mostly lonely lived 3 to 5 years less, on average, than did their less-lonely peers. Similar findings were obtained for 70- and 80-year-olds. The researchers also found that participants who felt lonelier lived fewer years in a self-rated state of good health and more years feeling limited in their activities of daily living.

DOI: 10.1111/jgs.17343

SUSTAINING SUCCESS

World-class youth and adult athletes take different paths

to success, according to a meta-analysis published in *Perspectives on Psychological Science*. Researchers examined 51 studies involving 6,096 athletes, including 772 world-class athletes. They found that, compared with less-skilled youth athletes, world-class youth started in their sport at an earlier age, spent less time doing other sports, had more practice time with coaches, and reached milestones more quickly. On the other hand, as compared with less-skilled adult athletes, world-class adult athletes started their sport and reached milestones at a later age and accumulated less coach-led practice time in their primary sport but more such time in other sports. The findings suggest that playing several



Losing teeth is a risk factor for cognitive impairment and dementia.

sports at a young age, rather than specializing in one, leads to greater long-term success.

DOI: 10.1177/1745691620974772

TOOTH LOSS LINKED TO DEMENTIA

Losing teeth is a risk factor for cognitive impairment and dementia, according to a study in *JAMDA: The Journal of Post-Acute and Long-Term Care Medicine*. Researchers conducted a meta-analysis of 14 studies with 34,704 participants, 4,689 of whom had diminished cognitive function. They found that participants with tooth loss were 1.48 times more likely to develop cognitive impairment and 1.28 times more likely to be diagnosed with dementia. Risks for these conditions increased with each additional lost tooth. However, there was no association between tooth loss and cognitive impairment or dementia for participants who wore dentures. The researchers suggest that tooth loss may reflect socioeconomic disadvantages that are also risk factors for cognitive impairment and dementia or that nutritional deficiencies arising from difficulty chewing may contribute to these conditions.

DOI: 10.1016/j.jamda.2021.05.009

LINKS BETWEEN TBI AND ADHD

Children who have a severe traumatic brain injury (TBI) are more likely to have attention-deficit/hyperactivity disorder (ADHD) than are children with no such injuries or other types of brain injuries, indicates research in *JAMA Pediatrics*. Researchers conducted a meta-analysis of 24

TOP: WUNDERVVISUALS/GETTY IMAGES; BOTTOM: MIKROMAN/GETTY IMAGES

studies from 1981 to 2020 that included 12,374 children ages 4 to 18 who had experienced a TBI and 43,491 children who had not. They found that children who experienced severe TBIs were about 4 to 6 times more likely to also have an ADHD diagnosis. No association was found of ADHD with concussions or with mild or moderate TBI. In addition, the incidence of pre-TBI ADHD diagnoses (16%) was greater than the incidence of ADHD among children in general (11%), which suggests that ADHD is a risk factor for TBI. The data also allow for the possibility that severe TBI

Toxic workplaces were associated with a threefold increase in risk for new major depression symptoms.

can contribute to the onset of ADHD.

DOI: 10.1001/jamapediatrics.2021.2033

TOXIC OFFICES BREED DEPRESSION

Difficult workplaces can greatly increase employees' risk of depression, indicates research in *BMJ Open*. Researchers surveyed 1,084 Australian full-time employees about their employers' management practices and assessed them for symptoms of major depressive disorder. They found that workplaces with management practices that fail to protect workers' mental health and safety were associated with

a threefold increase in risk for new major depression symptoms, especially among men. In addition, long working hours were related to a higher number of new cases of severe symptoms of major depression, but not to new cases of milder symptoms.

DOI: 10.1136/bmjopen-2020-044133

HANDWRITING FOSTERS LITERACY SKILLS

Handwriting helps people learn spelling and reading skills faster and better than do typing or video exercises, suggests research in *Psychological Science*. Researchers taught 42 adult participants in the United States the Arabic





alphabet in a variety of ways. All participants watched videos showing the letters being written along with their names and sounds. After watching the video for each letter, a third of the participants saw a quick flash of a letter on the screen and responded whether it was the same letter they'd just seen, a third had to find and press the

Research suggests that couples who blamed the COVID-19 pandemic for their stress were more satisfied in their relationships.

letter on a keyboard, and a third had to copy the letter with pen and paper. After six sessions, all participants recognized the letters and made few errors when tested. But the handwriting group achieved proficiency faster than the other groups, some in just two sessions. The handwriting group was also better able than the other groups to write

words with the letters, use them to spell new words, and use them to read unfamiliar words.

DOI: 10.1177/0956797621993111

BLAME THE PANDEMIC

Research in *Social Psychological and Personality Science* suggests that couples who blamed the COVID-19 pandemic for their stress were more satisfied in their relationships. Researchers analyzed daily self-reports from 191 participants in the United States during April and May 2020 and again 7 months later. They found that although participants were more unhappy in their relationships when experiencing higher levels of stress, the harmful effects of stress on relationships were weaker among those who blamed the pandemic for their problems. This effect, which was more pronounced in women than in men, did not weaken over the 7-month period.

DOI: 10.1177/19485506211022813

INTERNET GAMING DISORDER

A study in *Psychiatry Research* suggests that about 1 in 20 university students may exhibit addictive behavior related to online gaming. Researchers interviewed 2,984 undergraduate and graduate students at a university in the United States between 2007 and 2015 about their online gaming habits and other use of technology. They found that 5.3% had internet gaming disorder, a clinical condition characterized by using the internet and/or an

electronic device for at least 15 hours per week and meeting at least five behavioral criteria, such as lying about gaming habits and inability to stop gaming. The researchers also found that students with this disorder were at greater risk than other students for suicidal thoughts, suicide attempts, major depressive disorder, social anxiety disorder, nonrestorative sleep, excessive fatigue, fewer close friends, and poor to fair health.

DOI: 10.1016/j.psychres.2021.114043

MUSIC EARWORMS DISRUPT SLEEP

Listening to music can cause sleep disruptions, suggests research in *Psychological Science*. In the first of two studies, researchers surveyed 199 online participants in the United States about music listening habits, how often they experienced musical earworms (i.e., songs that continually run through one's mind), and sleep quality. They found that 87% of participants believed that music improves sleep. However, participants who spent more time listening to music throughout the day were more likely to report persistent nighttime earworms, which

People who spend more time listening to music throughout the day may be more likely to report persistent nighttime earworms, which are associated with poorer sleep quality.

Hospitalizations resulting from restrictive eating disorders increased among young people during the COVID-19 pandemic.



were associated with poorer sleep quality. In the second study, conducted in a U.S. sleep lab, 48 participants listened to one of three popular songs before falling asleep. The researchers found that participants who experienced an earworm had greater difficulty falling asleep, had more nighttime awakenings, and spent more time in light stages of sleep. The negative effects of earworms were greater for instrumental versions of the songs.

DOI: 10.1177/0956797621989724

THE PANDEMIC HAS INCREASED EATING DISORDERS

During the COVID-19 pandemic, hospitalizations resulting from restrictive eating disorders (including anorexia nervosa and avoidant/restrictive food intake disorder) increased among young people, indicates a study in *Pediatrics*. Researchers reviewed records at a large hospital in the midwestern United States for patients ages 10 to 23 who were admitted for restrictive eating disorders from March 2017 through March 2021. They recorded 125 total admissions during the first 12 months of the COVID-19 pandemic (April 1, 2020, through March 31, 2021), which was more than double the average number of admissions in the same 12-month periods in the previous 3 years. The number of admissions per month rose steadily over the course of the pandemic period.

DOI: 10.1542/peds.2021-052201

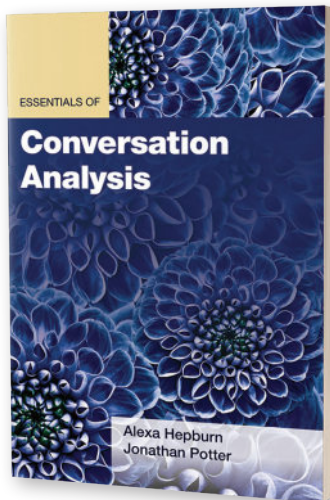
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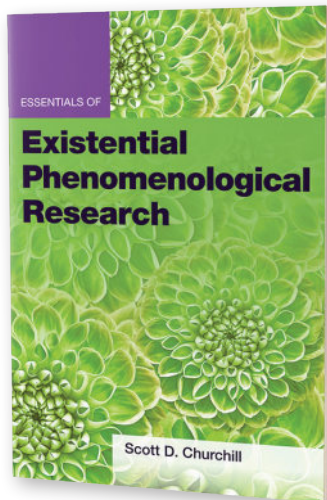
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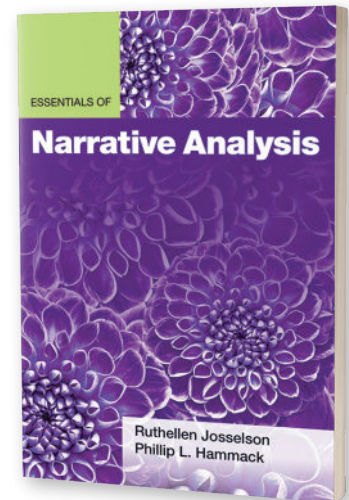
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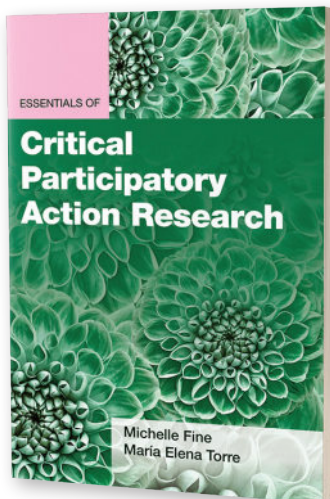
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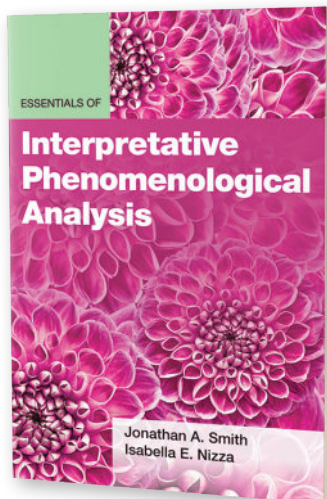
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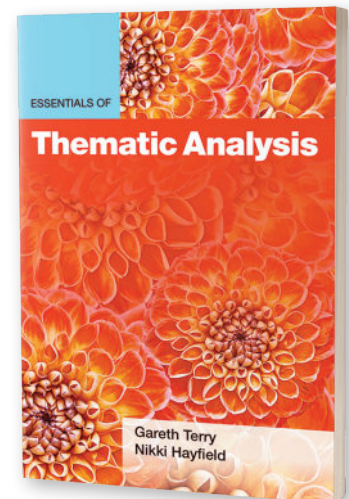
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Datapoint

By Jessica Conroy, BA, Luona Lin, MPP,
and Karen Stamm, PhD

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

HOW MUCH DO PSYCHOLOGY GRADUATES EARN?

Salaries of graduates with psychology degrees in the United States vary widely, with those who have higher degrees tending to earn more.^{1,2}

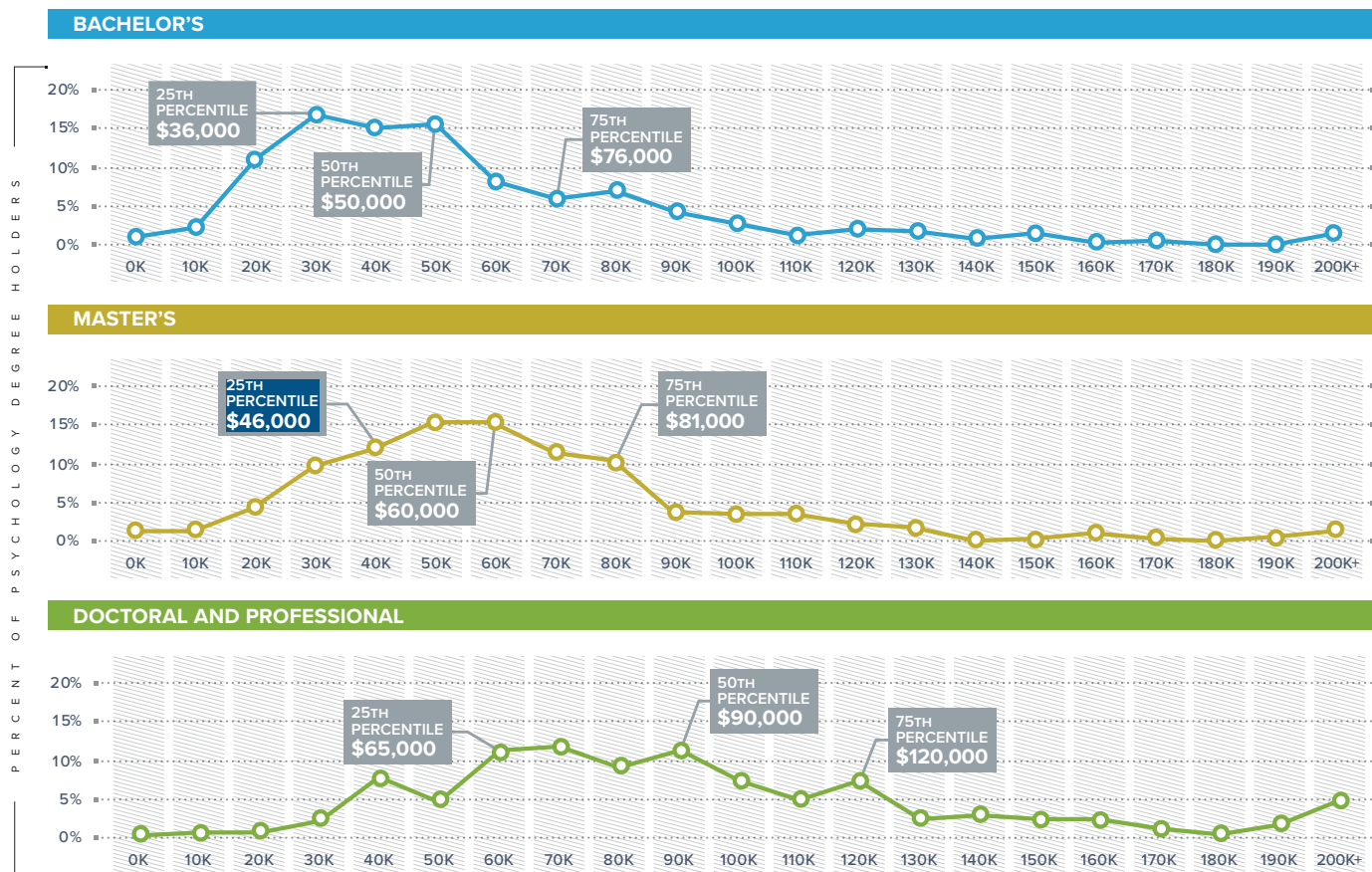
The median salaries of psychology bachelor's, master's, and doctoral/professional degree holders in 2019 were \$50,000, \$60,000, and \$90,000, respectively.³

About 38% of bachelor's degree holders earned at least \$60,000, the median salary of master's degree holders.

About 17% of bachelor's degree holders and 19% of master's degree holders earned at least \$90,000, the median salary for doctoral or professional degree holders.



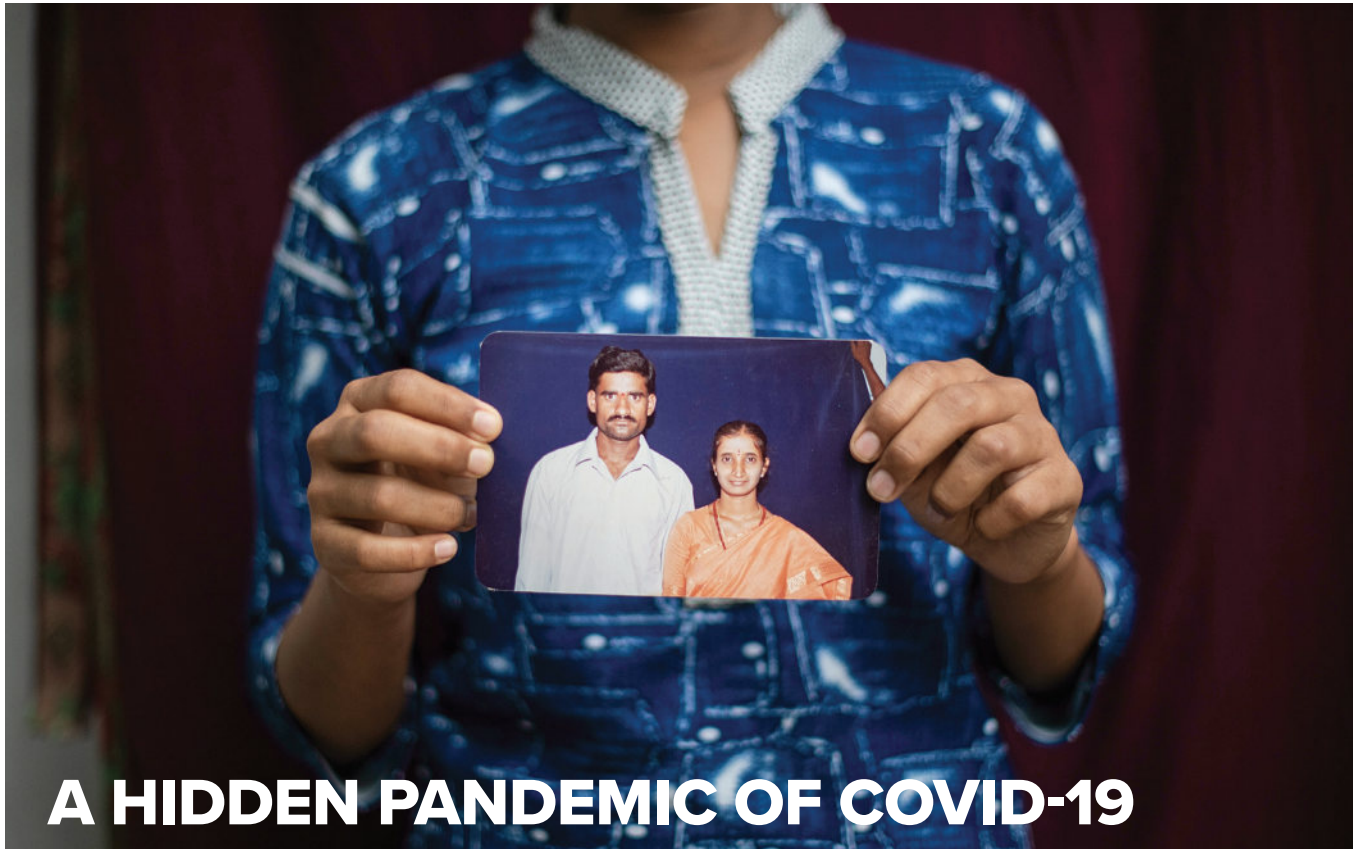
2019 SALARY DISTRIBUTIONS BY PSYCHOLOGY DEGREE LEVEL



Note: Salaries greater than \$200,000 were combined in the last group.

¹ National Science Foundation, National Center for Science and Engineering Statistics. (2021). 2019 National Survey of College Graduates. [Public use data file]. <https://ncesdata.nsf.gov/datadownload/>. ² Data include psychology graduates working across a wide range of work sectors and occupation types, including psychology and non-psychology related jobs. ³ Values are based on full-time (35 hours/week or more) annual salary. These salaries have not been adjusted for inflation.

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



A HIDDEN PANDEMIC OF COVID-19

How psychologists are helping children who have lost caregivers to COVID-19 **BY AMY EDGAR**

An image of a dying parent hooked up to a ventilator. ¶ Knowing a beloved grandparent had to die alone in the hospital during quarantine. Learning that your mother died before you had a chance to say goodbye. ¶ More than 1.5 million children have lost a caregiver during the COVID-19 pandemic, and many of them have suffered these types of traumatic experiences.

While losing a parent or caregiver is always a challenge to a child's mental health, these traumas are magnified in a situation like COVID-19. A study published by *The Lancet* and led by epidemiologist Susan Hillis, PhD, who served on the Centers for Disease Control and Prevention's COVID-19 International Task Force, called such orphanhood a "hidden pandemic" and pointed to the likelihood of the tragic reverberations being felt well past childhood (*The Lancet*, Vol. 398, No. 10298, 2021).

LOSING A PARENT TO COVID-19

A child may have a wide range of reactions to the loss of a parent or loved one; grief is a difficult journey. "However, when that loss or death is experienced as a traumatic loss, it can derail development," said Megan Goslin, PhD, a clinical psychologist and associate research scientist at Yale University's Child Study Center.

Goslin's work focuses on therapeutic interventions with children and families following potentially traumatic events. "Children can develop post-traumatic symptoms that are over and above the normal grieving

process," she said. "Post-traumatic symptoms can greatly lengthen the mourning process. They can also prevent children from focusing on everyday things, like learning math or making friendships."

Corinn Elmore, PhD, a pediatric psychologist who works with families through Walter Reed National Military Medical Center in Bethesda, Maryland, said that during the pandemic she observed that many of her regular patients without previous anxiety began to experience it for the first time. She also said that her patients who already suffered from anxiety started suffering

much more acutely.

Children's grief during the pandemic is complicated grief, said Julian Ford PhD, ABPP, a professor of psychiatry and law and director of the Center for Treatment of Developmental Trauma Disorders at the University of Connecticut. He noted that "the isolation and loneliness many experienced due to pandemic restrictions made it harder for children to feel the support of close friendships or the comfort of additional caregivers (such as extended family), other sources of support (such as teachers or religious leaders), and even the support of the dying parent (who may be quarantining at home or in the hospital)."

"Another common thing I observed during the pandemic was my pediatric patients witnessing their parents losing their parents to COVID," Elmore said. "While the children grieved for these lost grandparents, they also wondered if they might lose their parents, too."

Carla Stover, PhD, an associate professor at the Yale Child Study Center, researches the impact of violence and trauma on child development. The "overarching stress" of everyone living through the pandemic and the heightened levels of continued anxiety can make treating patients a different experience, according to Stover. She points to pandemic stressors that even children who have not lost a caregiver may face, such as difficulty navigating friendships with families who are not vaccinated or experiencing stress from overhearing unsettling pandemic news or discussions.

A child who was orphaned when her father died of COVID-19 in June 2021 during a surge of infections in Hyderabad, India, holds a photo of her parents.

FURTHER READING

Global minimum estimates of children affected by COVID-19-associated orphanhood and deaths of caregivers: A modelling study
Hillis, S. D., et al.
The Lancet, 2021

Estimates and projections of COVID-19 and parental death in the US
Kidman, R., et al.
JAMA Pediatrics, 2021

For children who are experiencing devastating grief due to COVID deaths, these stressors can be far worse. "The uncertainty about who will contract COVID and who will become very ill adds further anxiety for the child, who may fear the loss of others [the other parent, other family, friends] and contracting COVID themselves," said Ford.

SUCCESSFUL APPROACHES TO CHILDREN'S GRIEF

With the shift toward telehealth at the beginning of the pandemic, many providers weren't sure at first if they could succeed in delivering their usual standard of care, Stover noted. But given the need—especially for children going through intense grieving—"we had to learn to deliver therapy in new ways," she said. She explained that providers managed to adapt and learned to do things such as make better use of technology with such strategies as screen sharing or dropping off props for play-based therapy at people's homes so that parallel play could happen virtually.

For children who had lost caregivers or other loved ones to COVID-19 or whose parents were sick with COVID, Elmore counseled the use of transitional objects, since spending time with the sick or dying parent wasn't an option. Among the activities she recommended to children were writing a letter or creating a drawing to be delivered to their loved one, or simply keeping a favorite photo of the loved one nearby.

In general, Elmore found that virtual therapy sessions required her to change her approach, and,

on the whole, she said she had to spend a greater percentage of time empowering parents. She found that because kids under 9 years old had trouble focusing for long periods of time, she would spend about 80% (rather than her usual 30%) of a session with the parent alone. For 9- to 12-year-olds, it was about 50/50 child and parent. With patients over 13 years old, she didn't find much of a difference between in-person and virtual sessions. "I worked to teach parents how to counsel a child through grief, including some of the techniques I would normally have used with a pediatric patient myself in the office," Elmore said. "Together, the parent and I would work on a narrative for the child."

Stover added that while there have been some negatives in delivering virtual care, such as a lack of privacy in some living situations and unequal access to broadband internet service, they were greatly outweighed by the positives: reaching more parents and families by meeting people where they are and when they are available.

For example, for parents widowed by COVID-19, setting up child care for other children while one is in a session can be an insurmountable financial burden on top of counseling fees. With in-home teletherapy, this can become a nonissue, said Goslin. Virtual visits can also provide an opportunity to more easily speak to the surviving caregiver and children either together or apart.

"For all children and families in need of therapy, virtual therapy has particularly been helpful

in engaging dads,” said Stover. She anticipates that virtual visits are here to stay; even with some patients choosing to return to in-person appointments, others may find it more convenient to stay virtual.

Psychologists working with families who are seeking additional information after losing a caregiver to COVID-19 might refer them to helpful resources such as the CDC’s COVID-19 Parental Resources Kit, the National Child Traumatic Stress Network, or the Yale Child Study Center. Focusing on the mental health of the children is an obvious priority, but it isn’t the only one, Ford said. “Providers need to consider not only the emotional needs of the bereaved child but also those of their caregivers, who need to be supported in their own grieving so that they feel competent and successful in providing for their children.”

LONG-LASTING EFFECTS

According to the *Lancet* study, children orphaned by COVID-19 “often face adverse consequences, including poverty, abuse, and institutionalization.” For children who don’t get the mental health care they need to weather the loss of a caregiver, the results can mean lifelong struggles and addictions, according to Nora Volkow, MD, director of the National Institute on Drug Abuse.

Psychologists play a major role in the welfare of these children. “Though the trauma a child experiences after the loss of a parent or caregiver can be devastating, there are evidence-based interventions that can prevent



further adverse consequences, such as substance use, and we must ensure that children have access to these interventions,” said Volkow.

THE IMPACT ON BIPOC CHILDREN

There have been a greater number of caregivers lost to COVID-19 in BIPOC (Black, Indigenous, and People of Color) communities. Researchers recently found that “Black children are disproportionately affected, comprising only 14% of children in the United States but 20% of those losing a parent to COVID-19” (*JAMA Pediatrics*, Vol. 175, No. 7, 2021). Goslin noted that she has seen this national statistic play out locally among the many families that she works with in New Haven, Connecticut (including among Black patients and other people of color, immigrants, essential workers, and more). “I’ve observed them being disproportionately impacted by all the stresses and strains of COVID,” said Goslin. “Working from home is not an option for everyone.”

Eleven-year-old Juan Ramirez is flanked by his three teenage siblings and their half sister, Marlene Torres (right), who became their guardian when their father died of COVID-19, in New Jersey in 2020. Their mother had died of a heart attack just months before their father fell ill.

WHAT NEXT?

What’s needed for all populations is the allocation of more resources for early identification and treatment of mental health issues. “The mental health care system was stretched thin even before the pandemic,” said Goslin. Early treatment can not only be more effective for mental health; it can also be more cost-effective in the long run.

Ford agrees and notes that economic support is a crucial component of supporting grieving children. “The pandemic has highlighted the need for funding for universal pre-K and child care for younger children and economic support for families with children,” he said. For children who have lost a caregiver, this support could be a lifeline to basic necessities so that they and their remaining caregiver can focus on emotional healing.

Lucie Cluver, PhD, a coauthor of the *Lancet* study and a professor of child and family social work at Oxford University and an honorary professor in psychiatry and mental health at the University of Cape Town, said, “We have strong evidence from HIV and Ebola to guide solutions. We need to support extended families or foster families to care for children, with cost-effective economic strengthening, parenting programs, and school access. We need to vaccinate caregivers of children—especially grandparent caregivers” (*The Lancet* news release, July 20, 2021).

Cluver also underscored the real urgency of this situation: “We need to respond fast because every 12 seconds a child loses their caregiver to COVID-19.” ■



BUILDING A BETTER, MORE DIVERSE FACULTY

Many universities are ramping up efforts to recruit and support BIPOC faculty, but inequities persist **BY CHARLOTTE HUFF**

Robert Sellers, PhD, the University of Michigan's chief diversity officer, describes his institution's implementation of a 5-year diversity, equity, and inclusion (DEI) strategic plan as an effort to build pathways for more diverse faculty, with a particular focus on elevating and making BIPOC (Black, Indigenous, and People of Color) scholarship and voices integral to the public university.

Along with other faculty

recruiting efforts, the university has built a referral network that includes historically Black and Latinx universities to identify emerging BIPOC scholars, Sellers said. It has created the LSA Collegiate Fellows Program to attract early career faculty who have demonstrated a commitment to diversity through teaching or research. University leaders are also building formal and informal mentorship networks to support BIPOC

Dr. Della Mosley left the University of Florida before the 2021 fall term to protect her emotional resilience, which she felt had been eroded by a lack of institutional support and experiences with microaggressions.

individuals as they navigate the stressors of the tenure process, as well as ensuring that their research and those of other BIPOC scholars are embedded into the curriculum, he said.

Mainstreaming these scholars' work is crucial so "the BIPOC faculty don't feel like they are exotic, or that the institution has done them a favor, when in fact their presence really enhances the quality of the education that the institution is providing," said Sellers, also the university's vice provost for equity and inclusion and the Charles D. Moody Collegiate Professor of Psychology.

The University of Michigan, which launched its first DEI strategic plan in 2016, is among those higher education institu-

tions that have moved beyond talking points and token faculty hires amid the intensification of national discussions about racial justice and are improving the hiring of faculty of color among other inequities on U.S. campuses. Some universities, such as Johns Hopkins University and the University of Wisconsin–Madison, have developed Target of Opportunity Programs, which incentivize departments to hire faculty from groups that have been underrepresented through various approaches, including by establishing a funding pool to recruit exceptional diverse scholars. Others are looking at strategies to better recognize research, service, and other work that enhances equity and inclusion. This spring, a partnership campus between Indiana University and Purdue University called IUPUI announced inclusion of that work into tenure-track evaluations. Meanwhile, the National Institutes of Health announced in late 2020 that it would fund selected institutions to hire clusters of early career researchers from underrepresented groups through its Faculty Institutional Recruitment for Sustainable Transformation (FIRST) program.

Despite such efforts, other recent news has highlighted that BIPOC faculty can encounter hurdles that don't necessarily have to be cleared by their White peers. Earlier this year, the University of North Carolina at Chapel Hill was criticized for recruiting Nikole Hannah-Jones, a Pulitzer Prize–winning journalist and leader of the 1619 Project for *The New York Times*

FURTHER READING

How to fix diversity and equity: Ritualized regimes of political expression must be rejected

Khalid, A., & Snyder, J. A. *The Chronicle of Higher Education*, 2021

Laying the groundwork: Concepts and activities for racial equity work
Center for Urban Education, University of Southern California Rossier School of Education, 2020

NIH's new cluster hiring program aims to help schools attract diverse faculty
Mervis, J. *Science*, 2020

Rethinking the course syllabus: Considerations for promoting equity, diversity, and inclusion
Fuentes, M. A., et al. *Teaching of Psychology*, 2021

Magazine, but not offering her tenure. Moreover, building a deeper bench of diverse faculty will require more work than simply hiring more BIPOC scholars, said Jacqueline Bichsel, PhD, a psychologist and director of research at the College and University Professional Association for Human Resources (CUPA-HR).

People of color made up 18% of all psychology faculty positions for the 2020–21 academic year and nearly 25% across all disciplines, according to CUPA-HR data. But across the 5 years that the association has been collecting this data, a notable pattern persists—BIPOC representation declines as faculty move along the promotional track to full professor, Bichsel said.

For instance, 7.56% of assistant professors in psychology identified themselves as Black in 2020–21 versus 2.77% at the full professor level. Hispanics accounted for 6.81% of assistant professors and 3.82% of full professors. Asians hold 9.06% of assistant professor positions versus 4.18% for full. CUPA-HR data also show that female psychologists of all backgrounds, including White, are less likely to move up the ranks, Bichsel said.

"We are getting started off on the right foot, but something is happening in the promotion process that is discriminating against women and minorities," she said. "This is continuing to occur. We are not going to solve this problem when all of the old White guys retire from their full professor positions."

BEYOND TRADITIONAL HIRING

Improving BIPOC representation among psychology faculty can benefit academic institutions in several ways, including by attracting a more diverse mix of students to the field, as well as to a specific institution, said A. Jordan Wright, PhD, a clinical associate professor at New York University and chair of APA's Board of Educational Affairs (BEA). "Faculty of color often are the seats of research around diversity issues," he said, noting that students tend to gravitate toward research that feels relevant. "And for many BIPOC students it is personally calling to see research on BIPOC issues and issues of marginalization and historically minoritized groups."

This fall, a new BEA work group is taking a closer look at diversity and hiring practices in psychology, Wright said. The initial goal is to scan psychology and other fields for hiring initiatives and then develop a position statement likely outlining best practices, he said. "Although we are starting with psychology faculty, we want this to be able to be used by academia more broadly as well."

Breaking into the faculty ranks, particularly a tenure-track position, has long proven to be not unlike gaining membership to an exclusive club in many disciplines. A 2015 analysis of nearly 19,000 faculty hiring decisions across business, computer science, and history found that only 25% of doctoral programs produced 71% to 86% of all tenure-track faculty

(*Science Advances*, Vol. 1, No. 1, 2015).

To identify and recruit BIPOC faculty, it's important to search well beyond traditional hiring networks, said Andrea Romero, PhD, vice provost for faculty affairs at the University of Arizona in Tucson. Along with posting on job boards for more targeted organizations, such as the National Latinx Psychological Association, or relevant APA divisions, she suggested attending conferences and other gatherings—virtually or in person—to meet early career BIPOC scholars.

When a job opens in your department, share the posting via email and social media, and encourage BIPOC scholars to apply, said Romero, also a professor of family studies and human development at the university. “If they do get the call and they are a finalist, they already have a better sense of your department,” she said. “They might be even more likely to say yes down the line.”

But that's only part of the equation, Romero stressed, as institutions need to make sure that biases aren't built into the search process itself. At the University of Arizona, which hires at least 200 faculty a year, all members of search committees must now complete an online training module in advance of each faculty search process, she said.

The training, which began there in 2019, provides committee members with “more awareness into how unconscious bias may influence reviews of candidates, discussions about candidates, and decisions about



Journalist Nikole Hannah-Jones joined the faculty of Howard University in July 2021 after an extended battle with the University of North Carolina at Chapel Hill over tenure.

finalists,” Romero said. For each faculty position, the search committee must create a rubric with required qualifications in advance and then apply them to each candidate, Romero said, to counter various biases that may creep in.

One is the expediency bias—being overwhelmed by the sheer volume of applications and defaulting to a candidate with a degree from a high-profile institution, she said. Another is cloning shortcuts: “If we are only looking for people who are similar to us, then we are replicating the status quo over and over,” Romero said.

A faculty member's record of published articles also influences tenure decisions, and the hurdles in publishing appear steeper for BIPOC researchers, according to a recent analysis studying research published in psychology journals and the racial/ethnic background of the editors (*Perspectives on Psychological Science*, Vol. 15, No. 6, 2020). The study, based on an analysis of more than 26,000 articles

published in top-tier psychology journals between 1974 and 2018, found that 83% of the 60 editors in chief during that stretch were White, while only 5% were BIPOC. (Among the remainder, researchers couldn't identify race for various reasons, such as no available image.) During that same time period, only 5% of studies in those journals highlighted race.

Along with the work group studying diversity in hiring practices, APA has recently organized several other groups to tackle racial and ethnic inequities in academia. They include the Task Force on Inequities in Academic Tenure and Promotion, a nine-member group selected in late summer 2021 who will develop guidance to address systemic inequities that affect the processes and outcomes of academic promotion and tenure. Another task force, which includes representatives from APA's Board of Scientific Affairs (BSA), Publications and Communications Board, and Council of Editors, is examining equity and diversity across the publications process. Among its priorities, the task force will publish demographic data that provide information and a mechanism for accountability related to improvement in the diversity of reviewers, editorial boards, and editors of APA journals and associated publications, according to BSA Chair Allyson Bennett, PhD.

STAYING ON TRACK

For Della Mosley, PhD, landing a tenure-track position was the culmination of a long-held

dream. The counseling psychologist was already an activist and a researcher focused on strategies to facilitate the wellness of Black and/or queer and transgender people of color when the University of Florida in Gainesville hired her in 2018 as an assistant professor in the psychology department. But following the murders of George Floyd and other Black people, and related racial protests, Mosley wanted to do more to support her academic brethren.

In 2020, Mosley and Pearis L. Bellamy, a University of Florida doctoral student, cofounded Academics for Black Survival and Wellness, a group comprising Black counseling psychologists and colleagues of all racial and ethnic backgrounds committed to disrupting anti-Black racism both within and outside academia. Since then, they've held anti-racism training events and organized related groups, including sessions focusing on Black wellness. In these conversations, Black faculty members and students have recounted some common stressors and challenges in academia, Mosley said.

They described not only dealing with microaggressions or outright racism but feeling like there wasn't any accountability when they took their concerns to someone else, whether that was a colleague, department chair, or human resources, Mosley said. "And then nothing happened."

They also talked about the lack of meaningful institutional support and having to figure things out on their own. "Having to build and find the networks

"There's a sense that you're an outsider until you're an insider. You never really know where you stand until that day."

ROBERT SELLERS, PhD,
UNIVERSITY
OF MICHIGAN

to support their research, to support their teaching on their own, and that being an exhausting process," Mosley said. "They had a lot of trial and error where they felt like maybe their White colleagues might not have to go through so much to get that support."

It's not that BIPOC faculty don't have access to the same grant writing workshops and other resources as their White colleagues, Mosley said. But when they do show up, she said, the risk is that "they don't feel welcome, invited, experience microaggressions in the space, and so they don't want to return."

Another common theme, Mosley said: battling the exhaustion and burnout that comes from being one of the few faculty members of color and being tapped not only to mentor and sit on every committee that desires a BIPOC perspective but also to help students process their own experiences with microaggressions and racial traumas. Desiree Byrd, PhD, a neuropsychologist and associate professor of psychology at Queens College in Queens, New York, echoed that experience. As the only Black faculty member in her psychology department, she said: "Of course, Black and Brown students come and talk to me about their experiences with racism or microaggressions."

Given that Byrd wields more power in the academic community, she will offer to advocate on the student's behalf, addressing the individual or policy involved, whatever the case may be. "They say, 'No. No. No.' They are so afraid of retaliation," she said. "In

academia, references are critical for the next step." Byrd stressed that she would never jeopardize a student's trust, so she ends up carrying their experiences with her. "That's hard," she said.

Along with recognizing that faculty of color are making contributions that can't be easily reflected on their curricula vitae, academic leaders also should provide them more time to shoulder that work along with their teaching and research load, Byrd said. Hiring more than one faculty member from an under-represented group would help, said Byrd, who cited the NIH cluster hiring grant as a step in the right direction.

"So new faculty don't feel isolated," she said. "Being just one, even if you are treated nicely, is very, very, very hard."

Once new BIPOC psychology faculty are brought on board, their voice and diverse perspective—including the lens they bring to their work—should be embraced, Romero said. "So that everyone feels that they can authentically be themselves, and they have a sense of belonging with the institution and the unit."

"Far too often, BIPOC individuals are engaging in research or teaching that is so innovative, that's so cutting edge," Romero said. "It's not just replicating the same traditional strategies in psychology. Sometimes it's hard for students and even other faculty to recognize that need for change and accept what that looks like."

It's also crucial to foster formal and informal mentorship networks to assist early career faculty as they work their



way through the tenure process, Sellers said. At the University of Michigan, some faculty hires have been made in clusters and the university has arranged regular gatherings and dinners involving BIPOC faculty and colleagues who are supportive of their work.

There are “a lot of unwritten rules” regarding how to achieve tenure, not unlike pledging a sorority or fraternity, Sellers said. “There’s a sense that you’re an outsider until you’re an insider,” he said. “You never really know where you stand until that day.”

For an early career faculty member of any background who harbors weaknesses or insecurities, the tenure process will bring those out, Sellers said. For scholars of color, ambiguous interactions can be even more stressful as they “don’t know

Mosley cofounded the group Academics for Black Survival and Wellness to unite faculty and students committed to eliminating anti-Black racism in and outside academia.

whether or not the judgment or the action was based on a bias or not,” he said. “That ambiguity is the lifeblood of stress.”

At Academics for Black Survival and Wellness, one of the groups is working to improve an influential aspect of the tenure and promotion process, recommending better approaches to letters of recommendation that capture what Black academics can contribute to an institution. For instance, Mosley described how the group has developed some suggested language, such as calling out a Black scholar’s invisible work by writing that “given the heavy service and teaching load that X has worked under, these accomplishments are even more impressive.”

While Mosley will continue to mentor her students as well as help lead the group that she

cofounded, she decided earlier this year to step off the tenure track herself, departing the University of Florida before the fall term began. She decided the move was needed to protect her own emotional resiliency, which had been eroded by experiences of anti-Black racism that occurred during her time at the university. For instance, she said, her experiences have been similar to so many other Black academics who report being tokenized, experiencing microaggressions, and lacking the institutional structures needed to meaningfully support themselves and their Black students at historically White institutions.

“As a Black queer woman who is doing work around racial justice, I’m doing this work that means a lot to me,” Mosley said. “And yet having to use so much of my time and emotional labor to care for and rectify the harm that’s done by other academics to the Black students who I work with, it’s not a good trade-off.”

The situation is not unique to the University of Florida, Mosley said. “These problems happen everywhere.” Early this summer, Mosley gave notice that she was leaving the university.

“I thought that the University of Florida definitely had a ton of resources and brilliant students that would help me do really great diversity science and move the needle on healing racial trauma,” she said in early August, clearly still mourning the need to walk away. “We have been able to do that, but the cost to my own wellness and my students’ wellness has been high.” ■



PROTECTING HEALTH CARE TEAMS

Psychologists' research can help build resilience in overworked health care teams and prepare them to face future crises **BY STEPHANIE PAPPAS**

COVID-19 has brought enormous stresses to health care workers that not only strain their mental health but also threaten the quality of care they can deliver.

Decades of research in human factors and industrial and organizational (I/O) psychology have shown that exhaustion, frayed emotions, and staffing problems can harm teamwork and impair decision-making.

Between May and October 2020, before the bulk of the winter explosion in COVID-19 cases and the subsequent delta variant surge, health care workers were already reporting high levels of stress, fear, and overwork. A survey of more than 20,000 U.S. health care workers in this time

frame found that 43% were suffering from work overload, 38% reported anxiety and depression, and 49% felt burned out (Prasad, K., et al., *EClinicalMedicine*, Vol. 35, 2021). Staffing shortages have been an ongoing problem throughout the pandemic, with hospital systems in hot spots posting hundreds of open positions on any given day, especially for nurses (Goldstein, A., *The Washington Post*, Aug. 12, 2021). Under such stressful conditions, errors creep in. Coordination of patient care suffers. Doctors may even fail to diagnose common conditions with symptoms overlapping those of COVID-19, a kind of tunnel vision many emergency department doctors have taken to calling “COVID brain.”

Research has shown that health care workers with high levels of contact with infectious patients are particularly at risk for anxiety, depression, and post-traumatic stress.

The reoccurring surges of coronavirus hospitalizations have been like a crucible for many hospital workers, said I/O psychologist Scott Tannenbaum, PhD, who heads a consulting firm called the Group for Organizational Effectiveness. There is less uncertainty now about how best to treat the disease, but many health care workers are exhausted. “Think about their batteries still being drained,” Tannenbaum said. “This is just like a second wave washing over them.”

Fortunately, research suggests ways to lessen the impact—and how to build resilience in teams moving forward.

“We have evidence-based guidance that health care teams and their leadership can use

and apply,” said Eduardo Salas, PhD, an I/O and human factors psychologist at Rice University in Houston who coauthored the book *Teams That Work: The Seven Drivers of Team Effectiveness* (Oxford University Press, 2020) with Tannenbaum.

STRESS, STRAIN, AND TEAMWORK

Tranquility has been in short supply for hospital workers throughout the COVID-19 pandemic. And psychological researchers who study health care teams have been kept out of hospitals by the need for infection control and limited in their ability to observe teams during the pandemic, Salas said. But evidence from earlier pandemics reviewed by a team led by psychologist Raffaella Calati, PhD, of the University of Milano-Bicocca in Milan, Italy, raised red flags. In studies of health care workers in outbreaks of SARS-1, Ebola, and other infectious diseases, stress, anxiety, and depressive symptoms and post-traumatic stress responses were common (*Current Psychiatry Reports*, Vol. 22, No. 8, 2020). Particularly at risk were health care workers with high levels of contact with infectious patients, workers with a lack of confidence in infection control procedures, and workers who had to quarantine during the outbreak.

A weekly survey of clinicians at seven U.S. emergency departments and urgent care facilities over 6 weeks early in the COVID-19 pandemic led by I/O psychologist Thomas Britt, PhD, of Clemson University, found that hours

worked, COVID job demands, and personal demands each raised mental health strain for clinicians independently. A combination of long hours and high personal demands (such as lack of child care) magnified each other, sending strain skyrocketing (*Applied Psychology*, online first publication, 2020).

Stresses that damage teamwork come in three categories, according to a recent review of the literature: stresses intrinsic to the job (such as workload, understaffing, and time pressure), stresses intrinsic to the organization (role ambiguity and interpersonal conflict), and stresses related to work-life balance (family needs) (Razinskas, S., & Hoegl, M., *Journal of Organizational Behavior*, Vol. 41, No. 2, 2020).

The pandemic is a magnifier for all these sources of stress, said Tannenbaum. Hospitals are inundated with patients, front-line workers have taken sick or been quarantined, and staffing problems have increased the workload for everyone.

Under these conditions, team efficacy can break down. “We know that under periods of stress and pressure that task vigilance can decline, and focus gets narrowed,” Tannenbaum said.

This has manifested as “COVID brain,” during the pandemic, said Pat Croskerry, PhD, MD, an emergency department physician who also trained as a psychologist and studies decision-making in medicine at Dalhousie University in Nova Scotia, Canada. Because of the all-consuming nature of the coronavirus, doctors are sub-

ject to availability bias when making diagnoses. In one case Croskerry was familiar with, a young man called the local emergency department health line complaining of a fever. He was sent to the COVID clinic, tested, and sent home. Soon after, he worsened and returned to the clinic. He was nearly sent home again, Croskerry said, but the staff decided to send him to the emergency department for further assessment. There, he was diagnosed with meningitis, which may have been caught on the first clinic visit if COVID weren’t at the forefront of everyone’s minds, Croskerry said.

“You can see how the fixation on COVID was suppressing the thinking required to allow that some other things were happening,” Croskerry said.

This kind of rigid thinking can also occur when the emotional environment of a workplace starts to fray. Just witnessing rudeness in the workplace can increase the risk of anchoring bias, in which someone overly relies on limited information or initial impressions when making a decision rather than sufficiently exploring all available information.

This type of anchoring bias seems to occur because experiencing or witnessing rudeness causes a state of highly arousing negative emotion, which then leads to a sort of tunnel vision: People fixate on just a few salient bits of information and miss the big picture. In one study of medical residents who were taking part in a patient care simulation, residents who witnessed rudeness between two other coworkers

FURTHER READING

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Thielsch, M. T., et al.
Applied Psychology, 2021

Building effective healthcare team development interventions in uncertain times: Tips for success
Zajac, S., et al.
Organizational Dynamics, in press

in the exam room before the simulation began were almost 15 times more likely to get “stuck” on a diagnosis that was originally hinted at for their patient but that was ultimately incorrect. The accurate diagnosis was life-threatening, so this mistake could have deadly consequences in a real treatment environment (*Journal of Applied Psychology*, online first publication, 2021). “If you’re walking through the forest and you happen to see a tiger, you naturally narrow your attention to the tiger and ignore everything else,” said study lead author Binyamin Cooper, PhD, a postdoctoral fellow in organizational behavior and theory at Carnegie Mellon University. “While not a life-or-death scenario, rudeness works in much the same way.”

Stress may make coworkers in hospitals snappy and irritable. Health care workers have also reported that patients themselves can be a source of rudeness. Some patients believe COVID-19 to be a hoax, and there have been reports of verbal abuse from patients who refuse to believe they are infected.

Finally, the pandemic has scrambled work schedules and brought in new team members who aren’t familiar with working together but must collaborate in the high-stakes, life-and-death environment of emergency departments and intensive care units. How well teams handle this upheaval likely determines how well they perform, Salas said. “The number one killer of teamwork in any kind of situation, in any kind of industry

that I have studied, is the lack of clarity of roles and responsibilities: who is supposed to do what, with whom, under what circumstances,” he said.

TOOLS FOR SUPPORTING TEAMS

There are real limitations to resources in a pandemic that seems determined to drag on. Because of the highly transmissible delta variant combined with low vaccination rates, some areas have seen spikes in hospitalizations in summer and fall 2021 that rival or exceed those of previous coronavirus waves.

However, hospital administrators are cognizant that their teams are at risk of burnout, Salas said, and many have reached out to him for advice. He and his colleagues have published two journal articles summing up the evidence and best practices for protecting teams in times of stress. One is a comprehensive look at decades of research (*American Psychologist*, Vol. 76, No. 1, 2021) and the other is a tip sheet of recommendations on ways to protect teams from burnout (*BMJ Quality & Safety*, Vol. 30, No. 1, 2021).

The first of these recommendations is to make sure that teams recognize wins even in moments when they’re exhausted and struggling to save dying patients. Focusing on successes is a way to build collective efficacy, or the shared belief that a group can do good work and make a difference. Studies stretching back decades have found that perceptions of recent team performance feed into this belief and that teams with a higher

INNOVATION

TRACKING ATTENTION TO IMPROVE MEDICAL TRAINING

One of the resources in short supply in medicine is time. This includes time to learn and train in complex procedures. Through her company Optimize Ltd and the Medical Education Lab at Heriot-Watt University in Edinburgh, Scotland, cognitive psychologist Mel McKendrick, PhD, is **leading an effort to use eye tracking** to improve training for regional anesthesia and surgical procedures. Currently, most of the surgical practice clinicians get is on patients, McKendrick said. She and her colleagues are working to change that with simulations that use eye tracking as an objective measurement of attention and mastery. “By looking at the eye movements paired with psychometric tests and performance metrics, we can understand what people are looking at as they are learning, how they’re identifying the anatomy, and what costs them time and efficiency,” McKendrick said. “It allows us to enable the trainee and the clinicians to see through each other’s eyes.”

The researchers are building on previous work that found that novices seek out anatomical features one by one, while experts use broader pattern-recognition strategies. Working with anesthesiologist Graeme McLeod, MD, at the University of Dundee in Scotland, and other collaborators, McKendrick and her colleagues have tested the prototype for 3 years and are now developing a “plug-and-play” system that any medical school can use to improve clinicians’ skills.



Medical personnel work together to care for patients in a dedicated COVID-19 treatment unit at UW Health medical center in Madison, Wisconsin.

sense of efficacy perform better (Watson, C. B., et al., *Personality and Social Psychology Bulletin*, Vol. 27, No. 8, 2001).

Leaders should also work to ensure that teams develop what's known as a "shared mental model," which is a team's common understanding of its scope and the roles of its team members. The pandemic has created a lot of ambiguity both within health care workplaces and in general, said Frank Drews, PhD, a professor of cognitive psychology at the University of Utah who studies medical decision-making. "If you have this high level of situational ambiguity, this is always bad for individuals," he said. "But it is worse for teams."

Ambiguity can play out in hospital personal protective equipment (PPE) protocols, in quarantine rules, and in shifting vaccine requirements, all of which make work in a health care setting more complicated. Especially relevant to teams is ambiguity in staffing. Unfamiliar faces on a team can challenge that team's shared mental model.

Newcomers may not know who to ask for help, and a team may lose its institutional knowledge about how to run most smoothly.

The crucial tool to build up a shared mental model is prebriefing, said Salas. A team prebrief sets up expectations for a shift, allows people to ask questions and clarify roles, and addresses any likely challenges the team might experience that day. Prebriefing can benefit any team, but it may be particularly helpful for teams with rotating membership, as is often the case in health care (Fiore, S. M., et al., *Theoretical Issues in Ergonomics Science*, Vol. 4, No. 3–4, 2003).

Debriefing after a case or a shift is also important for building shared mental models and improving performance. A 2012 meta-analysis led by Tannenbaum found that teams that engage in debriefs outperform other teams by 25%, on average (*Human Factors*, Vol. 55, No. 1, 2013).

Prebriefings and debriefings are also opportunities to promote mutual monitoring among teammates. Successful teams engage in what is called backup behavior—noticing when individual members are struggling and stepping in to help. Examples might be filling in for a team member who needs a break or actively monitoring who is overloaded and who is underused and redistributing the workload accordingly. This kind of helping behavior, though, isn't possible without trust and psychological safety. In a psychologically safe team, members feel comfortable asking for help, speaking up when they have questions, and bringing up problems. "The team

lead plays a very important role in instilling the feeling of psychological safety within the team because they set the norms for how people treat one another," said Laurie Weingart, PhD, a professor of organizational behavior and theory at Carnegie Mellon.

Employers can also support teams from the top down by helping alleviate work-life conflicts and by remembering to recognize support staff, according to Salas, Tannenbaum, and their colleagues. During the pandemic, some hospitals have helped their employees find temporary housing to reduce their risk of bringing the virus to their families, according to the American Hospital Association. Others have collaborated with community groups to bring food donations into hospitals for workers grinding out long shifts. Some have set up meditation rooms or increased employee access to mental health professionals.

PREPARING FOR FUTURE CRISES

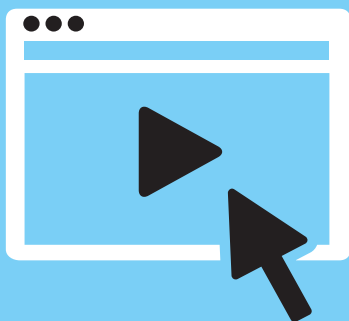
Though the end of the pandemic is still in the distance, researchers are looking toward the future—including how to help teams bounce back after the crisis. The most resilient teams engage in a three-part process that I/O psychologists call "minimize, manage, and mend," Tannenbaum said.

"Minimize" refers to anticipating and preparing for future challenges by using lessons learned from hard experience. This might involve making a contingency plan for staffing in

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the face of future COVID waves, for example. "Manage" refers to the role of leadership in taking action to meet challenges as they emerge. One example of management might be monitoring employee stress as hospitalizations rise to head off problems before they deepen. Finally, "mend" refers to actions taken after the situation improves. A resilient team mends by conducting debriefings, acknowledging team members' hard work, and addressing any concerns about what might have gone wrong in the heat of a crisis.

Psychologists will need to observe and assess teams once COVID-19 infection rates level off. Salas said he and his team were just starting to return to Houston-area hospitals when hospitalizations spiked again, stymying their research plans. There is also much to do on the intervention and implementation front. For example, a recent review of research on interventions meant to improve psychological safety and speaking up found mixed results (O'Donovan, R., & McAuliffe, E., *BMC Health Services Research*, Vol. 20, No. 1, 2020). The researchers concluded that future interventions should target multiple levels of organizations and that health care workers should be involved in the development of programs. Teamwork training should also be woven throughout medical education, Tanenbaum said. He and his

colleagues are working with a medical school to embed teamwork skills such as multidisciplinary coordination and communication in regular class exercises.

The reality of health care, Croskerry said, is that hospitals have increasingly moved toward a "lean" operating mode that slashes extra capacity and staff. This saves money in the good times but damages resiliency in the bad. There are some broad policy efforts to strengthen team resiliency among health care workers. For example, the Merit-based Incentive Payment System, which attempts to use quality-of-care measures to determine what Medicare pays providers, gives a bonus to those who participate in the Agency for Healthcare Research and Quality's TeamSTEPPS program, which was developed by I/O psychologists to improve team efficacy. Still, the pressures on health care workers are unlikely to ease significantly. "At the end of the day in medicine, the problem is your resources are limited," Croskerry said. "Nobody says, 'We understand you're having an epidemic, so we'll send you an extra 10 staff to deal with the extra challenges and we'll make your shifts shorter.'"

Given that reality, psychologists should brace for health care workers struggling with post-traumatic stress symptoms and burnout for years to come, Croskerry said: "We may find a considerable toll down the road." ■

4 QUESTIONS FOR LAURA BOXLEY

The Ohio State University neuropsychologist is rethinking self-care to make it work in the real world **BY KIRSTEN WEIR**

Self-care was already a hot topic before the pandemic. But 2020 brought into focus just how important it is for people to tend to their physical and mental health. Even still, the idea of self-care is often oversimplified into a discussion of yoga and bubble baths. “The way we talk about self-care runs the risk of sounding like a rich White lady occupation,” said Laura Boxley, PhD, ABPP, a board-certified clinical neuropsychologist and director of clinical neuropsychology training at The Ohio State University. “But it’s much more complex than that, and there’s some real depth that we have yet to address.”

As chair of APA’s Advisory Committee on Colleague Assistance (ACCA), Boxley has spent a lot of time thinking about how psychologists can reenvision self-care. She talked with the *Monitor* about where self-care goes from here.

What’s wrong with the way self-care is usually framed?

Self-care is usually talked about as an individual process—almost a noble mission to take care of yourself because nobody can do it for you. And it has traditionally been health focused: sleep well, eat well. Of course, those general principles are good for all of us, but that focus runs the risk of creating a superficial understanding of self-care. It’s a reductive, bottom-up understanding. But we also have top-down pressures on self-care. What is our work culture? Social culture? Work flexibility? During the pandemic, the many competing demands on our time have moderated our ability to advocate and

take care of ourselves—often in unequal ways across occupations and socioeconomic status. We need to consider both bottom-up and top-down perspectives of self-care. You don’t have to quit yoga. You don’t have to quit eating well. But also consider how groups, organizations, employers, and governments play a role in our access and implementation of self-care strategies and work-life integration.

The people most in need of self-care resources are often the people who have the hardest time accessing them. For example, members of marginalized communities and underrepresented groups tend to have limited professional power or influence while shouldering significant

social, financial, and occupational stressors. There are hundreds of self-care books out there, but they can’t help you if you don’t have time to read them. And even if you get the chance to read them, not all concerns about self-care and balance are things that the individual has direct control over. We cannot be satisfied placing the most amount of responsibility on individuals with the least amount of power.

How should mental health professionals be thinking about self-care?

We have an ethical mandate to engage in self-care so that we can care for other people. We’re also uniquely educated to be able to do this in a sophisticated way. Yet while we do a lot of preaching about self-care, we don’t necessarily do all the follow-through. And our patients and students are good at sniffing out hypocritical behavior. By unpacking the reasons why we don’t always practice what we preach, we’ll start to get to the crux of the issue.

A few years ago, ACCA conducted a survey of about 400 APA members asking about self-care. We saw that respondents had a very cursory understanding of self-care. In general, they weren’t taught self-care principles in their grad programs. It was something that they had been set adrift to figure out for themselves without any structured, systematized way of approaching it. If it’s an ethical imperative to engage in self-care, it should also be imperative



that we teach it in graduate training. But the first thing we have to do is convince people there's a problem, and I don't think we're quite there yet. We need buy-in, because a lot of practitioners of psychology and medicine still don't believe that self-care is a systems issue.

What self-care lessons has the pandemic taught us?

The pandemic helped to highlight the fact that self-care isn't just an individual issue. It's also an organizational issue, an economic issue, and a social issue. During the pandemic, for example, women published a whole lot less than their male colleagues because of the disproportionate demands on them and their multiple roles as professionals and mothers and caregivers. The field loses people when the conditions of the work

My hope is that rather than self-care just being about the self, more of us can also advocate for our colleagues, our students, our staff.

aren't consistent with the lives they lead. Just like previous generations of women advocated for me to have maternity leave rights, which have made a huge difference in my ability to succeed in my career, I hope we'll see more people excited about advocacy for self-care.

We have been able to hobble through the pandemic because individuals shouldered the weight of systemic failures. The lesson we should take from that is that we can no longer neglect these systemic pressures in self-care on the individual. And if we try to make people at the bottom of the power structure accountable

for things they do not have control over, we will inevitably fail. My hope is that rather than self-care just being about the self, more of us can also advocate for our colleagues, our students, our staff. To create an environment of equitability and success, we must advocate for each other and our field. We are building our professional futures now.

How can psychologists promote systemic changes in self-care?

The first and most obvious point of entry is to think about what leadership roles you have. For me, that means I'm checking in with my students and coworkers during the pandemic and really considering the different kinds of risks they face. Just because I've had a relatively unmomentous pandemic experience, that's not the experience of everyone I work with. In the context of those pressures, I'm making sure that what I'm asking of my students is practicing good boundaries and expectations and making sure that I'm following the things that I'm prescribing for other people.

We have a culture in academia and academic medicine to push pretty hard from a work perspective and to have some questionable boundaries at times. If we really want to change the culture, we need to evaluate how we're judging other people—and rewarding other people—based on their activities. If the expectation for a job promotion is extreme, you're not going to have a workforce that has a good pattern of self-care. They're not going to have meaningful personal relationships outside of work because you've made that an impossibility. We know that work quality suffers as well. ■

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DEFINING HARM IN TECHNOLOGY PRIVACY CASES

With data breaches and the dissemination of incorrect personal information, courts struggle with compensating victims and holding companies accountable

BY ERIN HUSI AND JENNIFER K. ROBBENOLT, JD, PhD, UNIVERSITY OF ILLINOIS

The Fair Credit Reporting Act (FCRA) regulates consumer reporting entities, requiring them to “follow reasonable procedures to assure maximum possible accuracy” in their consumer reports. In *Spokeo, Inc. v. Robins* (2016), plaintiff Thomas Robins alleged that Spokeo, a website that aggregates personal data on individuals and sells them to subscribers, violated the FCRA by publishing incorrect information about him. The erroneous

information, Robins claimed, made it hard for him to find employment. The U.S. Supreme Court, however, ruled that to have standing to sue, a claimant must allege a “concrete and particularized” injury.

The Supreme Court concluded that “alleging a bare procedural violation” of the FCRA was not enough and remanded the case to the Ninth Circuit Court of Appeals to determine whether Robins had claimed a sufficiently concrete injury.

In *TransUnion LLC v. Ramirez* (2021), the Supreme Court expanded on the principles conveyed in *Spokeo*. This time, lead plaintiff Sergio Ramirez claimed that TransUnion had placed an alert on his credit report indicating that his name had been detected on a terrorist watch list. TransUnion had made this assessment using software that simply compared a consumer’s first and last name, but no other information, with the names on the terrorist watch list. Ramirez discovered that TransUnion had erroneously linked him to the list when a car dealership ran his credentials through TransUnion’s “Name Screen Alert” tool and refused to sell him a car. Other plaintiffs joined the suit, and the parties stipulated that the class contained 8,185 claimants. The district court ruled that all 8,185 claimants had standing, and a jury awarded the class a total of more than \$60 million.

On appeal, however, the Supreme Court—

concerned that a contrary ruling would be seen as an “open-ended invitation” to loosen standing requirements that would result in “freewheeling power” of federal courts—succinctly summarized its requirement: “No concrete harm, no standing.” The Supreme Court recognized that harm need not be tangible to be “concrete,” noting that “reputational harms, disclosure of private information, and intrusion upon seclusion” would suffice. But the Supreme Court held that only Ramirez and the 1,852 other class members whose credit reports TransUnion sent to third-party businesses—like Ramirez’s car dealership—could show concrete injury. The other 6,332 members of the class, who had not specifically shown that their files had been distributed, could not demonstrate concrete injury. As it had in *Spokeo*, the Supreme Court distinguished violation of the statute from concrete injury to a claimant, saying that “an injury in law is not an injury in fact.”

In cases where personal information is accessed, disclosed, or incorrect in violation of the law, the alleged harm is often difficult to grapple with. The harm is spread across many individuals, can be intangible, and presents a risk of potential future consequences. Nevertheless, the harms can be real and consequential. In addition to the physical, economic, and reputational harms that courts find easier to address, data breaches, publication of erroneous information, and other privacy violations can result in anxiety and frustration. They can result in loss of trust, unwillingness to share or search for information for fear of exposure, and resistance to collaboration. When aggregated across many people, even small injuries can be significant. Failure to account for such harm impedes courts’ ability to compensate victims, hold violators accountable, and ensure a digitally secure future for all. ■



AT ISSUE

How should courts define “harm” in the cases of victims of erroneous online information and data breaches?



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

CE

CONTINUING EDUCATION EFFECTIVE THERAPY FOR BLACK WOMEN

BY STEPHANIE PAPPAS

The murders of Black men such as George Floyd at the hands of the police have put systemic racism against the Black community into the center of the national discourse. But even in this nationwide conversation, the challenges of Black women often go unmentioned—in part because Black women are often pigeonholed as strong caregivers and providers who shoulder others' burdens and do not share their own. ¶ But burnout and stress are rampant among Black women, especially as many absorb traumatizing news stories and grapple with personal experiences of police brutality and the disproportionate impact of COVID-19 on people of color. There is a pressing need to address this stress, said Angela Neal-Barnett, PhD, a clinical psychologist who is the director of the Program for Research on Anxiety Disorders among African Americans (PRADAA) at Kent State University and author of *Soothe Your Nerves: The Black Woman's Guide to Understanding and Overcoming Anxiety, Panic, and Fear* (Touchstone, 2003).

CE credits: 1

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

1. Describe the intersectional challenges facing Black women and understand the impact of racism on Black women's mental health.
2. Explain the Strong Black Woman schema and adultification bias.
3. Identify interventions that can reduce stress and improve coping among Black women.

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

"What we are seeing is that racism on its best days is a stressor, and Black women are often very good, or at least decent, at compartmentalizing that," Neal-Barnett said. "Over the last 15 or 16 months, racism has been trauma, and that ability to compartmentalize has fallen by the wayside."

Black women are also simultaneously affected by racism and sexism and may feel under pressure to hide their negative emotions lest they fall prey to the "angry Black woman" stereotype. Psychologists who work with this population say there is much to be done to improve the mental health of Black women, ranging from expanding access to licensed professionals with experience in treating people of color to reducing incidents of racism and microaggressions.

"Racist stressors really stick with you, and they can become racial trauma," said Candice Hargons, PhD, a counseling psychologist at the University of Kentucky and the founder of the Center for Healing Racial Trauma. "Our research is now showing that those physical health disparities that were thought to be a function of personal behavior are often a function of racism" (*Cultural Diversity & Ethnic Minority Psychology*, online first publication, 2021).

MENTAL HEALTH AND HEALTH DISPARITIES

While the overall rate of mental health conditions in Black Americans is similar to the rate of mental health conditions in

White Americans, Black Americans are 1.5 times more likely than White Americans to report feeling sad most or all the time, and they are 1.6 times more likely to say that things feel like an effort most or all of the time (National Health Interview Survey, 2018). Black women are 1.8 times more likely than Black men to report sadness most or all the time and are 2.4 times more likely than Black men to report feeling hopeless more or all the time.

Black women also face health disparities that translate to a life expectancy at birth that is 3 years shorter than non-Hispanic White women (77.9 years versus 81 years), according to the Centers for Disease Control and Prevention (*Health, United States*, 2017). Infant mortality is 2.3 times higher in Black women than in White women, and maternal mortality in Black women is also more than twice the rate seen in White women (Hoyert, D. L., & Miniño, A. M., *National Vital Statistic Report*, Vol. 69, No. 2, 2020). "Our research is starting to find correlates of [health disparities] with racial trauma or racist stressors," Hargons said. "The pathway is through stress and psychological distress."

Troubling patterns are also emerging among Black girls. Black teenage girls outpace both White and Hispanic teenage girls in suicide attempts, with 15.2% of Black 14- to 18-year-old girls reporting a suicide attempt in the previous 12 months compared with 9.4% of White teenage girls and 11.9%



Black women are often pigeonholed as strong caregivers and providers who shoulder others' burdens and do not share their own.

of Hispanic teenage girls (Ivey-Stephenson, A. Z., et al., *Morbidity and Mortality Weekly Report*, Vol. 69, No.1, 2020). Suicide deaths among Black adolescent girls rose 182% between 2001 and 2017 (Price, J. H., & Khubchandani, J., *Journal of Community Health*, Vol. 44, No. 4, 2019).

Research led by Jioni Lewis, PhD, a counseling psychologist at the University of Maryland, finds that Black adolescent girls deal with a variety of racist and sexist microaggressions, from sexual objectification to judgment over aesthetics of hair and body type to assumptions about their intelligence (*Journal of Counseling Psychology*, online first publication, 2021). Black girls are also often subjected to adultification bias, meaning they are seen as less innocent and more adult than same-age White peers. This bias is directed at girls as young as 5 and peaks at ages 10 to 14, with adults perceiving Black girls as significantly less in need of protection and nurturing than White girls, according to a Georgetown Law Center on Poverty and Inequality report (*Girlhood Interrupted: The Erasure of Black Girls' Childhood*, 2017). This bias can shape the interactions that Black girls have with systems, particularly the school system, said Jamilia Blake, PhD, a licensed psychologist and professor at Texas A&M University who designed and coauthored that report and a qualitative follow-up (*Listening to Black Women and Girls: Lived Experiences of Adultification Bias*, 2019). "This increases their risk for greater involvement in the school discipline system, of receipt of more school suspensions, of loss of

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instructional time, and the school-to-prison pipeline," Blake said.

Nationwide, 14% of Black girls received out-of-school suspensions in the 2015–2016 school year, compared with only 8% of White girls (U.S. Department of Education Office for Civil Rights, *School Climate and Safety* 2015-2016, 2018). Black girls represented only 8% of the student population that year, while White girls represented 24%.

"When Black girls are engaging in behaviors that are childlike, it's not seen as them being kids or age-appropriate, because they're typically viewed as older," said Celeste Malone, PhD, the director of the school psychology program at Howard University.

STEREOTYPES AND STIGMA

There is little research on how adultification bias might impact Black women once they reach adulthood, but as Black girls grow up, they may begin to internalize the level of responsibility that people have placed on them, Blake said. Black women are socialized to be strong and self-sufficient, a stereotype sometimes known as the "Superwoman Schema" or the "Strong Black Woman" role. This role has both advantages and drawbacks, said Inger Burnett-Zeigler, PhD, a clinical psychologist at the Northwestern University Feinberg School of Medicine.

"It helps us to be resilient. It helps us to keep going in the middle of difficult circumstances," Burnett-Zeigler said. "But the consequence is that strength often means not paying attention to feelings of distress, not paying attention to the impact of familial, relationship, and race-based

trauma and how it impacts our thoughts, feelings, and behavior."

A study of 158 adult Black women by Natalie Watson-Singleton, PhD, a clinical psychologist at Spelman College, found that agreement with the Strong Black Woman schema was associated with psychological distress, which was partially mediated by the women's perception of lack of emotional social support (*Journal of Black Psychology*, Vol. 43, No. 8, 2017).

Black women may feel they have to push down negative emotions lest they become overwhelmed, said Neal-Barnett. And to become overwhelmed is simply unthinkable. "To be 'weak' and a Black woman is an oxymoron," she said.

Black women are also judged more harshly than White women when they display anger or frustration. A recent study led by Daphna Motro, PhD, a professor of management and entrepreneurship at Hofstra University, found that observers are more likely to blame a Black woman's anger in a workplace setting as internal to her rather than due to external factors (*Journal of Applied Psychology*, online first publication, 2021). As a result, the observers judged Black women as less capable leaders and as worse performers.

Microaggressions can be another drain on Black women's mental health. In a qualitative study of microaggressions in corporate settings led by Aisha Holder, PhD, a counseling psychologist now at Columbia Health, Black women in high-level management jobs reported being expected to coach or caretaker for White colleagues while also having their authority questioned more frequently



Lessons in mindfulness can help Black women avoid the physiological consequences of stress and anxiety.

than other managers at their level (*Qualitative Psychology*, Vol. 2, No. 2, 2015). They also described the low-level stress of processing microaggressions to rule out possibilities other than racism. "I tend to play the scene over and over again . . . Is it that I'm new here? Is it that they're all friends? Is this something that was planned in advance?" one participant told Holder and her colleagues.

"It's this constant consideration," said Faye Belgrave, PhD, a health psychologist at Virginia Commonwealth University who studies health and well-being interventions for the Black community. "You're going to think, 'Am I going to be discriminated against this time?'"

Work coauthored by Lewis finds that as Black women experienced gendered racial microaggressions at higher levels, they increasingly disengaged in order to cope (*Psychology of Women Quarterly*, Vol. 43, No. 3, 2019). Disengagement coping, however, was associated with an increase in depressive symptoms.

PSYCHOLOGICAL INTERVENTIONS

To make matters even more difficult, the counseling office is not always a safe place for Black women. In one 2016 study of race, class, and therapist availability by Princeton University sociology doctoral student Heather Kugelmass, MA, therapists were 3 times less likely to offer appointments to working-class help-seekers versus middle-class help-seekers, regardless of race (*Journal of Health and Social Behavior*, Vol. 57, No. 2, 2016). But within the middle-class group, a pattern emerged in which Black middle-class help-seekers were less likely to be offered an appointment

than White middle-class help-seekers. Therapists may also fall into the trap of believing that their Black women clients are strong and resilient and thus coping better than they are, or they may fail to recognize their clients' strengths because of their own internalized biases.

Psychologists are now working to make the mental health field more welcoming to Black women and more responsive to their needs. Access to therapy remains a pressing issue, and psychologists can play a role in lobbying for expanded coverage of mental health care, said Joy Harden Bradford, PhD, a counseling psychologist based in Atlanta and the founder of the *Therapy for Black Girls* podcast.

Supporting and mentoring Black therapists and other mental health professionals is another goal. According to data from APA's Center for Workforce Studies, only 4% of psychologists in the U.S. workforce were Black as of 2015 (See "How Diverse Is the Psychology Workforce," *Monitor*, February 2018). According to the U.S. Census Bureau, 13.4% of the U.S. population is Black. This means that Black patients do not just face the typical struggle of finding a licensed professional with openings; they also face an additional struggle of finding a professional who looks like them and has similar lived experiences.

Given the shortage, it is crucial that White therapists and therapists from other non-White populations educate themselves on the specific needs of their Black patients. Black women "are going to be in an interracial experience of therapy a majority of the

time," said Donna Baptiste, PhD, a counseling psychologist at The Family Institute at Northwestern University. "The question is, now, how do we assure them that this person they're going to work with will understand them?"

Both APA's Guidelines on Race and Ethnicity in Psychology, approved in 2019, and Guidelines for Psychological Practice With Girls and Women, updated in 2019, cover the intersectional needs of Black women. Key to effective therapy with Black women are therapists who are aware of their own biases and privileges in relation to race and gender and who work to understand how systemic racism and sexism play out in society and in the field of psychology. Other keystones of culturally competent therapy include:

Helping patients manage stress and anxiety.

The combination of racism as a stressor and the expectation that Black women are always strong leaves its mark on the body and mind. Sometimes, the role of the psychologist is to help patients realize that symptoms such as headaches or numbness can be tied to psychological distress over racism, Hargons said. Therapists can also teach mindfulness or deep-breathing strategies to help Black women avoid the physiological consequences of stress. Particularly promising are interventions rooted in mindfulness-based stress reduction, loving-kindness meditation, and NTU (pronounced "in-too") psychotherapy, a spiritually based, Afrocentric approach, according to Cheryl Woods-Giscombé, PhD, RN, a health psychologist at the University

FURTHER READING

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Abrams, J. A., et al.
Sex Roles, 2019

Nobody knows the trouble I've seen: The emotional lives of Black women
Burnett-Zeigler, I.
Amistad, 2021

The unapologetic guide to Black mental health: Navigate an unequal system, learn tools for emotional wellness, and get the help you deserve
Walker, R.
New Harbinger Publications, 2020

14 mental health resources for the BIPOC community
Wilkins, V.
Travel + Leisure, May 25, 2021

of North Carolina at Chapel Hill School of Nursing (*Complementary Health Practice Review*, Vol. 15, No 3, 2010). Black therapists report using more dynamic and interpersonal interventions and more culturally informed interventions with their Black patients (Scharff, A., et al., *Practice Innovations*, Vol. 6, No. 2, 2021).

Psychologists can also coach Black women on effective self-advocacy strategies and help them learn to express vulnerability without losing the aspects of the Strong Black Woman schema that serve them. "You don't throw out the Strong Black Woman image," said Neal-Barnett. "You throw out parts of it, but you use parts of it to move the women toward healing."

Fostering openness about racism.

Psychologists should make clear that experiences of racism are a safe subject in their offices. Therapists sometimes feel nervous to bring up race, as if they are treading on a taboo topic, said Adia Gooden, PhD, a licensed clinical psychologist. But if therapists are silent on race, their patients might not feel comfortable raising the topic either. "A Black woman might feel like, 'I cannot talk about all of my experiences of microaggressions or bias in here because there is not room for it,'" Gooden said.

One way to open the topic of racism is to include questions about how patients of all racial backgrounds identify culturally and ethnically in initial intake assessments, Gooden said. "When you ask, you're communicating: 'I'm curious about this aspect of you. I think this is relevant to the work we're going to do here.'"



Research shows that Black women cope with racism and sexism by drawing on the strength of their family, friendships, spirituality, and connections within the Black community.

Understanding that Black women

are not a monolith. Another benefit of asking up front about racial and cultural identities and experiences with racism is that the question allows patients to explain what matters most in their lives. “If you’re working with an African American patient whose ancestors were enslaved Black people, that person may have a different experience from someone who is a Nigerian immigrant to the U.S.,” Gooden said. “Asking helps you understand someone’s identities.”

REACHING OUT, BUILDING COMMUNITY

One resource that many Black women must draw on is the strength of their family, friendships, and connections within the Black community. Research shows that Black women cope with racism and sexism by leaning on loved

KEY POINTS

1. Black women face a unique type of gendered racism.
2. Therapists should understand how White supremacy and racism operate in society and in their own training.
3. Community support and strategies for coping with stress can be healing for Black women.

ones and drawing strength from spirituality and the stories of their African American ancestors (Shorter-Gooden, K., *Journal of Black Psychology*, Vol. 30, No. 3, 2004). “Sister circles,” or groups of mutually supportive Black women, can be particularly healing, said Neal-Barnett, whose work suggests that these groups are beneficial for Black women experiencing anxiety and panic (*Clinical Psychology*, Vol. 18, No. 3, 2011). “What the sister circles really highlight is that you are not alone,” she said.

Sister circles are also a way to expand mental health access into the community, as they can be embedded into churches, sororities, and other organizations. Neal-Barnett and her colleagues are now expanding the manualized trainings for running sister circles into corporate settings.

Other psychologists are

working to reduce the stigma around mental health and to make tools available to Black women. The Loveland Foundation offers financial assistance to Black women and girls seeking mental health care. Black Mental Wellness, an organization founded by four Black female psychologists, hosts a library of free fact sheets, coping strategies, podcasts, and apps that offer information on mental health and resources for handling stress. The organization also hosts trainings and a mentorship program for Black psychology graduate students. Social media has proved a powerful tool for making mental health information accessible, said organization cofounder Dana Cunningham, PhD, a clinical psychologist in Baltimore. The group’s Instagram has more than 138,000 followers. “We have to be willing to give information away,” Cunningham said.

Bradford has also found a way to build community and expand her reach with her *Therapy for Black Girls* podcast. With ample references to pop culture and what Bradford calls a “ginormous group therapy session” vibe, the podcast unites Black girls and women and helps reduce the stigma of needing help. “It has become very clear to me that much of healing for Black women happens in community, in our relationships with one another,” she said.

Finally, working with Black women in therapy means recognizing their pain, resilience, strength, and sorrow, said Gooden. It is easy to overemphasize one or the other, she said: “In order to effectively work with Black people, you need to be able to hold space for all of it.” ■



Cultivating EMPATHY

BRIAN STAUFFER/THE SPOT



"In general, empathy is a powerful predictor of things we consider to be positive behaviors that benefit society, individuals, and relationships," said Dr. Karina Schumann, a professor of social psychology at the University of Pittsburgh.

Psychologists' research offers insight into why it's so important to practice the "right" kind of empathy, and how to grow these skills

BY ASHLEY ABRAMSON

When teachers build positive relationships with students and value their perspectives, their increased empathy reduces punitive discipline.

In a society marked by increasing division, we could all be a bit more kind, cooperative, and tolerant toward others. Beneficial as those traits are, psychological research suggests empathy may be the umbrella trait required to develop all these virtues. As empathy researcher and Stanford University psychologist Jamil Zaki, PhD, describes it, empathy is the “psychological ‘super-glue’ that connects people and undergirds co-operation and kindness” (*The Economist*, June 7, 2019). And even if empathy doesn’t come naturally, research suggests people can cultivate it—and hopefully improve society as a result.

“In general, empathy is a powerful predictor of things we consider to be positive behaviors that benefit society, individuals, and relationships,”

said Karina Schumann, PhD, a professor of social psychology at the University of Pittsburgh. “Scholars have shown across domains that empathy motivates many types of prosocial behaviors, such as forgiveness, volunteering, and helping, and that it’s negatively associated with things like aggression and bullying.”

For example, research by C. Daniel Batson, PhD, a professor emeritus of social psychology at the University of Kansas, suggests empathy can motivate people to help someone else in need (*Altruism in Humans*, Oxford University Press, 2011), and a 2019 study suggests empathy levels predict charitable donation behavior (Smith, K. E., et al., *The Journal of Positive Psychology*, Vol. 15, No. 6, 2020).

Ann Rumble, PhD, a psychology lecturer at Northern Arizona University, found empathy can override nonco-

operation, causing people to be more generous and forgiving and less retaliative (*European Journal of Social Psychology*, Vol. 40, No. 5, 2010). “Empathic people ask themselves, ‘Maybe I need to find out more before I jump to a harsh judgment,’” she said.

Empathy can also promote better relationships with strangers. For example, Batson’s past research highlights that empathy can help people adopt more positive attitudes and helping behavior toward stigmatized groups, particularly disabled and homeless individuals and those with AIDS (*Journal of Personality and Social Psychology*, Vol. 72, No. 1, 1997).

Empathy may also be a crucial ingredient in mitigating bias and systemic racism. Jason Okonofua, PhD, an assistant professor of psychology at the University of California, Berkeley, has found that teachers are more likely to employ severe discipline with Black students—and that they’re more likely to label Black students as “troublemakers” (*Psychological Science*, Vol. 26, No. 5, 2015).

These labels, Okonofua said, can shape how teachers interpret behavior, forging a path toward students’ school failure and incarceration. When Okonofua and his colleagues created an intervention to help teachers build positive relationships with students and value their perspectives, their increased empathy reduced punitive discipline (*PNAS*, Vol. 113, No. 19, 2016).

Similarly, Okonofua and colleagues found empathy from parole officers can prevent adults on probation from reoffending



LEFT: FG TRADEGETTY IMAGES; RIGHT: SOLSKINGETTY IMAGES



According to Dr. Sara Konrath, the most beneficial way to practice empathy involves imagining another person's perspective, reading their emotions, and understanding them in general, rather than imagining yourself in the other person's shoes.

(*PNAS*, Vol. 118, No. 14, 2021).

In spite of its potential benefits, empathy itself isn't an automatic path toward social good. To develop empathy that actually helps people requires strategy. "If you're trying to develop empathy in yourself or in others, you have to make sure you're developing the right kind," said Sara Konrath, PhD, an associate professor of social psychology at Indiana University who studies empathy and altruism.

THE RIGHT KIND OF EMPATHY

Empathy is often crucial for psychologists working with patients in practice, especially when patients are seeking validation of their feelings. However, empathy can be a draining skill if not practiced correctly. Overidentifying with someone else's emotions can be stressful, leading to a cardiovascular stress response similar to what you'd experience in the same painful or threatening situation, said Michael J. Poulin, PhD, an associate professor of psychology at the University at Buffalo who studies how people respond to others' adversity.

Outside of clinical practice, some scholars argue empathy is unhelpful and even damaging. For example, Paul Bloom, PhD, a professor of psychology at Yale University, argues that because empathy directs helping behavior toward specific individuals—most often, those in one's own group—it may prevent more beneficial help to others (*Against Empathy: The Case for Rational Compassion*, Ecco, 2016).

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What's the matter with empathy?
Konrath, S. H.
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Addressing the empathy deficit: Beliefs about the malleability of empathy predict effortful responses when empathy is challenging
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Journal of Personality and Social Psychology,
2014

It is hard to read minds without words: Cues to use to achieve empathic accuracy
Hodges, S. D., & Kezer, M.
Journal of Intelligence,
2021

In some cases, empathy may also promote antagonism and aggression (Buffone, A. E. K., & Poulin, M. J., *Personality and Social Psychology Bulletin*, Vol. 40, No. 11, 2014). For example, Daryl Cameron, PhD, an associate professor of psychology and senior research associate in the Rock Ethics Institute and director of the Empathy and Moral Psychology Lab at Penn State University, has found that apparent biases in empathy like parochialism and the numbness to mass suffering may sometimes be due to motivated choices. He also notes that empathy can still have risks in some cases. "There are times when what looks like empathy promotes favoritism at the expense of the outgroup," said Cameron.

Many of these negative outcomes are associated with a type of empathy called self-oriented perspective taking—imagining yourself in someone else's shoes. "How you take the perspective can make a difference," said John Dovidio, PhD, the Carl I. Hovland Professor Emeritus of Psychology and a professor emeritus in the Institute for Social and Policy Studies and of Epidemiology at Yale University. "When you ask me to imagine myself in another person's position," Dovidio said, "I may experience a lot of personal distress, which can interfere with prosocial behaviors." Taking on that emotional burden, Schumann added, could also increase your own risk for distressing emotions, such as anxiety.

According to Konrath, the form of empathy shown most

beneficial for both the giver and the receiver is an other-oriented response. "It's a cognitive style of perspective taking where someone imagines another person's perspective, reads their emotions, and can understand them in general," she said.

Other-oriented perspective taking may result in empathic concern, also known as compassion, which could be seen as an emotional response to a cognitive process. It's that emotion that may trigger helping behavior. "If I simply understand you're in trouble, I may not act, but emotion energizes me," said Dovidio.

While many practitioners may find empathy to come naturally, psychologists' research can help clinicians guide patients toward other-oriented empathy and can also help practitioners struggling with compassion fatigue to re-up their empathy. According to Poulin, people are more likely to opt out of empathy if it feels cognitively or emotionally taxing, which could impact psychologists' ability to effectively support their patients.

To avoid compassion fatigue with patients—and maintain the empathy required for helping them—Poulin said it's important to reflect on the patient's feeling or experience without necessarily trying to feel it yourself. "It's about putting yourself in the right role," he said. "Your goal isn't to be the sufferer, but to be the caregiver."

BE WILLING TO GROW

Cameron's research found that the cognitive costs of empathy could cause people to avoid it

but that it may be possible to increase empathy by teaching people to do it effectively (*Journal of Experimental Psychology: General*, Vol. 148, No. 6, 2019).

Further, research by Schumann and Zaki shows that the desire to grow in empathy can be a driver in cultivating it. They found people can extend empathic effort—asking questions and listening longer to responses—in situations where they feel different than someone, primarily if they believe empathy

could be developed with effort (*Journal of Personality and Social Psychology*, Vol. 107, No. 3, 2014).

Similarly, Erika Weisz, PhD, a postdoctoral fellow in psychology at Harvard University, said that the first step to increasing your empathy is to adopt a growth mindset—to believe you're capable of growing in empathy.

"People who believe that empathy can grow try harder to empathize when it doesn't come naturally to them, for instance,

When providing empathy to others, your goal isn't to be the sufferer, but to be the caregiver.

by empathizing with people who are unfamiliar to them or different than they are, compared to people who believe empathy is a stable trait," she said.

For example, Weisz found addressing college students' empathy mindsets increases the accuracy with which they perceive others' emotions; it also tracks with the number of friends college freshmen make during their first year on campus (*Emotion*, online first publication, 2020).

THE FIRST STEP TO INCREASING YOUR EMPATHY IS TO ADOPT A GROWTH MINDSET—TO BELIEVE YOU'RE CAPABLE OF GROWING IN EMPATHY.



TONY ANDERSON/GETTY IMAGES

EXPOSE YOURSELF TO DIFFERENCES

To imagine another's perspective, the more context, the better. Shereen Naser, PhD, a professor of psychology at Cleveland State University, said consuming diverse media—for example, a White person reading books or watching movies with a non-White protagonist—and even directly participating in someone else's culture can provide a backdrop against which to adopt someone else's perspective.

When you're in these situations, be fully present. "Paying attention to other people allows you to be moved by their experiences," said Sara Hodges, PhD, a professor of psychology at the University of Oregon. "Whether you are actively perspective-taking or not, if you just pay more attention to other people, you're likely to feel more concerned for them and become more involved in their experiences."

For example, in a course focused on diversity, Naser encourages her graduate students to visit a community they've never spent time in. "One student came back saying they felt like an outsider when they attended a Hindu celebration and that they realized that's what marginalized people feel like every day," she said. Along with decreasing your bias, such realizations could also spark a deeper understanding of another's culture—and why they might think or feel the way they do.

READ FICTION

Raymond Mar, PhD, a professor of psychology at York University

in Toronto, studies how reading fiction and other kinds of character-driven stories can help people better understand others and the world. "To understand stories, we have to understand characters, their motivations, interactions, reactions, and goals," he said. "It's possible that while understanding stories, we can improve our ability to understand real people in the real world at the same time."

When you engage with a story, you're also engaging the same cognitive abilities you'd use during social cognition (*Current Directions in Psychological Science*, Vol. 27, No. 4, 2018). You can get the same effect with any medium—live theater, a show on Netflix, or a novel—as long as it has core elements of a narrative, story, and characters.

The more one practices empathy (e.g., by relating to fictional characters), the more perspectives one can absorb while not feeling that one's own is threatened. "The foundation of empathy has to be a willingness to listen to other peoples' experiences and to believe they're valid," Mar said. "You don't have to deny your own experience to accept someone else's."

HARNESS THE POWER OF OXYTOCIN

The social hormone oxytocin also plays a role in facilitating empathy. Bianca Jones Marlin, PhD, a neuroscientist and assistant professor of psychology at Columbia University, found that mice that had given birth are more likely to pick up crying pups than virgin animals and that the oxytocin released during the birth

and parenting process actually changes the hearing centers of the brain to motivate prosocial and survival behaviors (*Nature*, Vol. 520, No. 7548, 2015).

Oxytocin can also breed helping responses in those who don't have a blood relationship; when Marlin added oxytocin to virgin mice's hearing centers, they took care of pups that weren't theirs. "It's as if biology has prepared us to take care of those who can't take care of themselves," she said. "But that's just a baseline; it's up to us as a society to build this in our relationships."

Through oxytocin-releasing behaviors like eye contact and soft physical touch, Marlin said humans can harness the power of oxytocin to promote empathy and helping behaviors in certain contexts. Oxytocin is also known to mediate ingroup and outgroup feelings.

The key, Marlin said, is for both parties to feel connected and unthreatened. To overcome that hurdle, she suggests a calm but direct approach: Try saying, "I don't agree with your views, but I want to learn more about what led you to that perspective."

IDENTIFY COMMON GROUND

Feeling a sense of social connection is an important part of triggering prosocial behaviors. "You perceive the person as a member of your own group, or because the situation is so compelling that your common humanity is aroused," Dovidio said. "When you experience this empathy, it motivates you to help the other person, even at a personal cost to you."

To motivate empathy in your own interactions, aim to find a common identity that makes you feel like you're part of the same team.

One way to boost this motivation is to manipulate who you see as your ingroup. Jay Van Bavel, PhD, an associate professor of psychology and neural science at New York University, found that in the absence of an existing social connection, finding a shared identity can promote empathy (*Journal of*

Experimental Social Psychology, Vol. 55, 2014). “We find over and over again when people have a common identity, even if it’s created in the moment, they are more motivated to get inside the mind of another person,” Van Bavel said.

For example, Van Bavel has conducted fMRI research that

suggests being placed on the same team for a work activity can increase cooperation and trigger positive feelings for individuals once perceived as outgroup, even among different races (*Psychological Science*, Vol. 19, No. 11, 2008).

To motivate empathy in your own interactions, find similarities instead of focusing on differences. For instance, maybe you and a neighbor have polar opposite political ideologies, but your kids are the same age and go to the same school. Build on that similarity to create more empathy. “We contain multiple identities, and part of being socially intelligent is finding the identity you share,” Van Bavel said.

“WE FIND OVER AND OVER AGAIN WHEN PEOPLE HAVE A COMMON IDENTITY, EVEN IF IT’S CREATED IN THE MOMENT, THEY ARE MORE MOTIVATED TO GET INSIDE THE MIND OF ANOTHER PERSON.”

—JAY VAN BAVEL, PHD, NEW YORK UNIVERSITY

ASK QUESTIONS

Existing research often measures a person’s empathy by accuracy—how well people can label someone’s face as angry, sad, or happy, for example. Alexandra Main, PhD, an assistant professor of psychology at the University of California, Merced, said curiosity and interest can also be an important component of empathy. “Mind reading isn’t always the way empathy works in everyday life. It’s more about actively trying to appreciate someone’s point of view,” she said. If you’re in a situation and struggling with empathy, it’s not necessarily that you don’t care—your difficulty may be because you don’t understand that person’s perspective. Asking questions and engaging in curiosity is one way to change that.

While Main’s research focuses on parent-child relationships, she



says the approach also applies to other relationship dynamics; for example, curiosity about why your spouse doesn't do the dishes might help you understand influencing factors and, as a result, prevent conflict and promote empathy.

Main suggests asking open-ended questions to the person you want to show empathy to, and providing nonverbal cues like nodding when someone's talking can encourage that person to share more. Certain questions, like ones you should already know the answer to, can have the opposite effect, as can asking personal questions when your social partner doesn't wish to share.

The important thing is to express interest. "These kinds of behaviors are really facilitative of disclosure and open discussion," Main said. "And in the long term, expressing interest in another person can facilitate empathy in the relationship" (*Social Development*, Vol. 28, No. 3, 2019).

UNDERSTAND YOUR BLOCKS

Research suggests everyone has empathy blocks, or areas where it is difficult to exhibit empathy. To combat these barriers to prosocial behavior, Schumann suggests noticing your patterns and focusing on areas where you feel it's hard to connect to people and relate to their experiences.

If you find it hard to be around negative people, for example, confront this difficulty and spend time with them. Try to reflect on a time when

you had a negative outlook on something and observe how they relate. And as you listen, don't interrupt or formulate rebuttals or responses.

"The person will feel so much more validated and heard when they've really had an opportunity to voice their opinion, and most of the time people will reciprocate," Schumann said. "You might still disagree strongly, but you will have a stronger sense of why they have the perspective they do."

SECOND-GUESS YOURSELF

Much of empathy boils down to willingness to learn—and all learning involves questioning your assumptions and automatic reactions in both big-picture

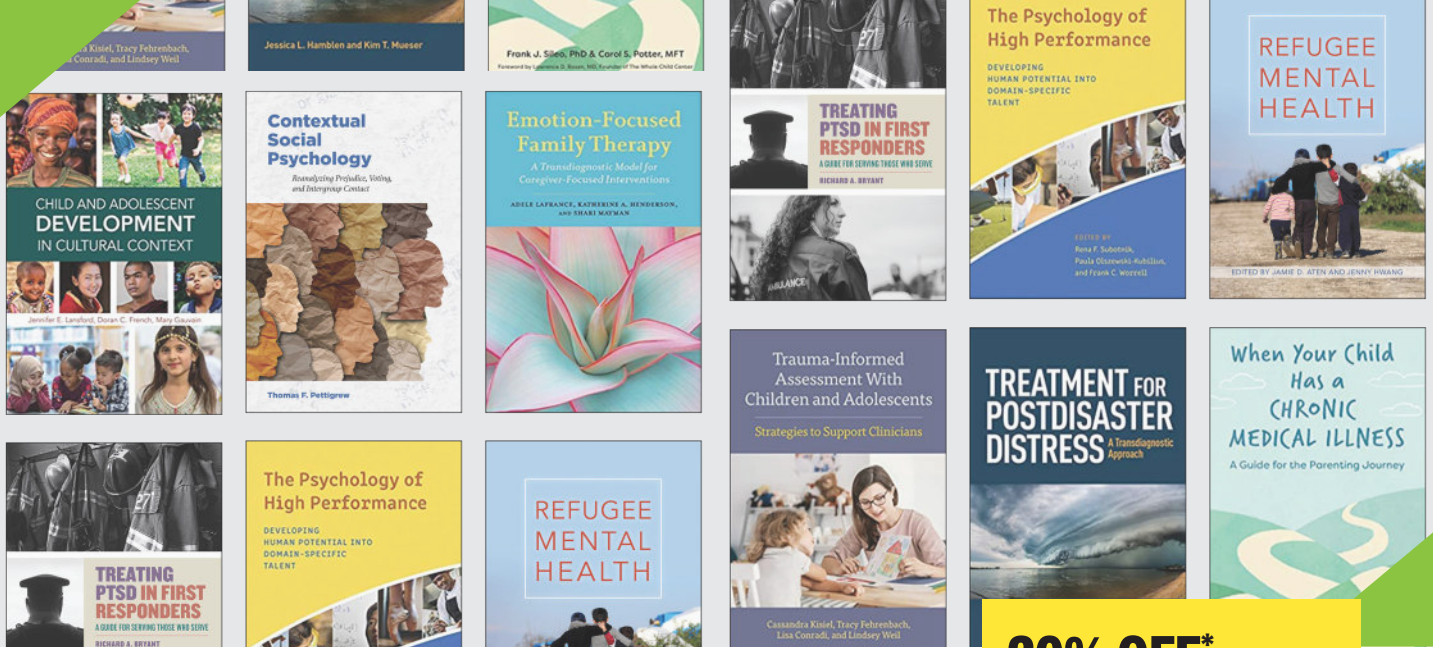
Oxytocin-releasing behaviors like eye contact and soft physical touch can promote empathy and helping behaviors in certain contexts.

issues, such as racism, and everyday interactions. According to Rumble, it's important to be mindful of "what-ifs" in frustrating situations before jumping to snap judgments. For example, if a patient is continually late to appointments, don't assume they don't take therapy seriously—something else, like stress or unreliable transportation, might be getting in the way of their timeliness.

And if you do find yourself making a negative assumption, slow down and admit you could be wrong. "As scientists, we second-guess our assumptions all the time, looking for alternative explanations," said Hodges. "We need to do that as people, too." ■



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There is a profound need for more psychologists to treat the growing number of adults living with intellectual and developmental disabilities.

Working With Adults With Developmental Disabilities

There is a yawning gap between the need for and the availability of mental health services for adults with intellectual and developmental disabilities. Here are some ways psychologists can help meet that demand.

BY CHARLOTTE HUFF



As more individuals with intellectual and developmental disabilities (IDD) live well into adulthood, they may cope with an array and degree of mental health challenges that far outstrip the supply of specialized mental health clinicians, including psychologists. Anxiety disorders, depression, and suicidal thoughts—along with life’s more routine emotional challenges—all can impact adults living with IDD. In some cases, their vulnerability may be greater. One recent study, which looked at suicide trends in Utah, found that deaths from 2013 to 2017 were more likely among those living with autism spectrum disorder (ASD) compared with those without an ASD diagnosis (Kirby, A. V., et al., *Autism Research*, Vol. 12, No. 4, 2019).

“This population [of adults with IDD] is so underserved, there is such a need,” said Lisa Neitzke, PhD, BCBA, a psychologist who practices at the Adult Intellectual/Developmental Disabilities Behavioral Health Clinic at the University of Nebraska Medical Center’s Munroe-Meyer Institute. “There’s not many psychologists who have a lot of experience working with people with developmental disabilities.”

The access difficulties start with limited training opportunities for psychologists, said Marc Tassé, PhD, a professor in the Department of Psychology at The Ohio State University, which has one of the few U.S. graduate programs that offers training in working with individuals with IDD across the life span. Reimbursement rates don’t help, Tassé said, noting that

these adults often are covered by Medicaid and their treatment can require a lot of time. “The payment may not be at a level that these professionals want for the time they put in.” Plus, he added, many of them “refuse to see individuals with an intellectual disability because they don’t feel comfortable with the developmental condition.”

But Tassé and other psychologists who work with these adults maintain that, given the access gap, more psychologists need to step up even if it’s to treat patients only occasionally. To provide the best care, psychologists may need to consult with a trained colleague by getting a referral through organizations such as the National Association for the Dually Diagnosed (NADD). They may need to adjust their time frame and approach depending upon the patient’s cognitive level and other challenges. They should also strive to avoid missteps that erode building trust and rapport, such as interacting primarily with a family member or caregiver, he said.

Still, the broader framework of cognitive behavioral therapy and other treatment regimens apply for adults diagnosed with autism, Down syndrome, and other types of IDD, said Neitzke, also an assistant professor in the Department of Psychology at the University of Nebraska Medical Center. “Know that you have a strong skill set and that a lot of the training that you have working with neurotypical adults does generalize to the IDD population,” she said.

“You might have to make a



Psychologists working with adults with IDD tailor their approach to the patient’s cognitive level and thinking style by using multisensory aids, combining visual with verbal instructions, and more.



An adult with cerebral palsy meets a friend at a coffee shop.

What Are Intellectual and Developmental Disabilities (IDD)?

Intellectual and developmental disabilities are “disorders that are usually present at birth and that uniquely affect the trajectory of the individual’s physical, intellectual, and/or emotional development. Many of these conditions affect multiple body parts or systems,” according to the National Institutes of Health’s National Institute of Child Health and Human Development.

few adaptations, but you have the skill set, you know the content, you know the strategies to utilize. Then it’s more of refining the art of the therapy.”

A COMPLEX PROFILE

The National Institutes of Health defines intellectual and developmental disabilities as disorders that usually begin at or shortly after birth and can impact the lifelong trajectory of someone’s physical, intellectual, and emotional development. Trends indicate that more adults will be living with some type of IDD in the years to come, according to a recent analysis of federal data for children ages 3 to 17 years.

From 2015 to 2017, 17.8% of children had been diagnosed with some type of disability, including attention-deficit/hyperactivity disorder (ADHD) autism spectrum disorder, intellectual disability, and cerebral palsy, among others. This is 1.6 percentage points higher than 2009 to 2011, when 16.2% of children were diagnosed with some type of disability (Zablotsky, B., et al, *Pediatrics*, Vol. 144, No. 4, 2019). The study didn’t look at underlying causes, but the overall increase, driven in large part by higher percentages of children diagnosed with autism or ADHD, may reflect improvements in awareness and better access to health care, the authors wrote. While study findings vary, broadly speaking, one third to one half of children and adults with IDD also meet criteria for at least one mental health condition, said Sigan Hartley, PhD, a past-president

of APA's Div. 33 (Intellectual and Developmental Disabilities/Autism Spectrum Disorder) and an associate professor in human development and family studies at the University of Wisconsin–Madison. They also may be coping with one or more comorbid behavioral challenges, such as repetitive behaviors or inattention, said Hartley, whose research and other work focus on adolescents and adults with IDD. “You often get a complicated profile of mental health and behavioral problems,” she said.

Recent findings also indicate some overlap between disability and gender identity. One study, which looked at five data sets involving a total of more than 600,000 people, found that those individuals who identified as transgender or gender diverse were 3 to 6 times more likely to be diagnosed with autism than those who were cisgender (Warrier, V., et al., *Nature Communications*, Vol. 11, 2020).

To screen and assess adults with IDD, various tools are available, such as the Reiss Screen for Maladaptive Behavior (to identify challenging behaviors), the Psychiatric Assessment Schedule for Adults with Developmental Disabilities (PAS-ADD) Checklist, and the Achenbach System of Empirically Based Assessment (ASEBA). But more education must be done so that psychologists, social workers, case managers, and other front-line workers who work with these adults are aware of the tools, Hartley said.

Another consideration, in

Adults living with IDD may present different symptoms than psychologists have been trained to expect.

terms of identifying mental health issues, is that the symptoms may present differently than those defined in the traditional Diagnostic and Statistical Manual of Mental Disorders (DSM), depending on the IDD, Hartley said. A helpful guide, the Diagnostic Manual—Intellectual Disability, can educate clinicians on some of those, she said.

For instance, adults with Down syndrome may not verbally express thoughts that indicate

signs of depression, Hartley said. Instead, they may become more irritable, she said. They may get into arguments with coworkers more often or not want to socialize with roommates. “Things may be stressing them out more than they used to.”

Psychologists should also guard against the potential for diagnostic overshadowing, Tassé said. “They may think that [the patient] cries a lot or he’s anxious a lot because he’s got autism or



because he's got an intellectual disability," he said. "When in fact it's a separate condition that needs to be treated separately, as you would any other mental health condition."

Studies highlight the gap between the need for mental health services and their availability. One study, published in 2019 and based on an online survey of 200 adults with autism living in the United Kingdom, was bluntly titled "People



Like Me Don't Get Support" (Camm-Crosbie, L., *Autism*, Vol. 23, No. 6, 2019). Nine out of 10 of the 200 adults surveyed reported a mental health diagnosis, most frequently anxiety or depression.

Karyn Day sought a psychologist's help for her 26-year-old son with autism in late 2020 after watching his anxiety significantly ramp up amid the pandemic. The family tried to shield him from COVID-19 news, but her son spends a lot of time in front of the computer, making that infeasible, she said.

Immediately prior to the pandemic, he was working part time and didn't need to see a psychologist, said Day, who lives in Missouri. By late last year, "he was having anxiety attacks within our house," she said. "I was trying to figure out how to help him. I knew it was beyond what I could do."

But Day felt like she was almost searching blindly as she worked her way down the list of insurance-covered providers. When her son was younger, there were social media message boards and other resources for parents of children with autism to identify expert clinicians, she said, options that seemed to vanish once her son reached adulthood. After a battery of phone calls, Day located a local psychologist who had an opening and some experience with autism.

TAILORING THERAPY

As therapy progresses, psychologists can adjust their approach to best align with the patient's cognitive level and thinking

FURTHER READING

Advancing our understanding of self-harm, suicidal thoughts and behaviours in autism

Cassidy, S. A., et al.
Journal of Autism and Developmental Disorders,
2020

Psychiatric conditions prevalent among adults with Down syndrome

Tassé, M. J., et al.
Journal of Policy and Practice in Intellectual Disabilities,
2016

Psychological therapies for people with intellectual disabilities: A systematic review and meta-analysis

Vereenoghe, L., & Langdon, P. E.
Research in Developmental Disabilities,
2013

style. When working with an adult who has autism, Neitzke may refrain from using more abstract concepts or metaphors, given the tendency toward more concrete thinking. Breaking down the recommended treatment into steps also can help, said Tassé, along with using a multisensory approach, perhaps combining visual aids with verbal instructions.

For example, for adults with autism trying to ease anxiety, a reminder can be set on their phones that signals when it's time to practice their relaxation exercises, Tassé said. Other specific cues can be set, such as stopping to practice again if their smartwatch alerts them that their pulse has exceeded 110 beats a minute outside of the gym, he said. "A lot of these strategies work for everybody," he noted, "but they are particularly important for adults with autism."

With patients who have intellectual disabilities, Neitzke may spend the entire session working on a single skill, such as learning a deep-breathing technique to relax. Often, a family member or caregiver may join for part of that session, and Neitzke sometimes uses that as a teaching opportunity. "I might tell [the patient], 'Can you show your mom what we talked about today?'" That helps me verify what they understood."

Be sure to hold adults with IDD accountable for making progress, just as with any other patient, Tassé said. If the patient struggles with social anxiety and the goal is to invite a friend to a restaurant and that doesn't

happen, discuss why, and then brainstorm strategies for success before the next session, he said. “If you think that they are able to do this and that’s what you expect them to do, when they come back, they have to have done it,” he said.

Above all, when working with adult patients with IDD, such as those with Down syndrome, interact with them directly as much as possible rather than talking mostly to their family member or caregiver if treatment includes a partner or an advocate, Hartley said. This even involves

little things like positioning your body facing more toward them, she said. “Ask, ‘How have you been feeling? What it’s been like to go to work? Has it been hard to get up in the morning?’”

It may take longer to get some of those details, Hartley said. “But it’s important to make sure that you have their buy-in and are engaging with what’s going on from their perspective,” she said, thus empowering them in the treatment process.

Also, language can be very powerful, Hartley said. Consult with others in the field and,

as appropriate, talk with the patient about their preferences and views, she said. For example, some patients may prefer identity-first language, such as describing oneself as “an autistic adult,” while others may prefer person-first language, such as describing oneself as “an adult with autism,” and still others may have an entirely different preference.

DEVELOPING BROADER GOALS

During therapy, try to gain some insight into how the patient spends their time, Hartley suggested. Not all activities are equally beneficial in terms of promoting psychological well-being, said Hartley, who has conducted some related research looking at leisure activities in adults with Down syndrome (*Intellectual and Developmental Disabilities*, Vol. 55, No. 2, 2017).

Adults with IDD should be encouraged to develop routines that involve more stimulating pursuits, such as regular exercise or opportunities to interact with others, Hartley said. A routine of swimming several times a week at the YMCA, for example, combines both physical activity and social components, she said. “We know that being around people and interacting tends to make us often feel better and have a more positive affect.”

Assessing and discussing a patient’s daily activities is particularly relevant now, given that the pandemic has disrupted jobs, programs, and other outlets, Hartley said. Day echoed that sentiment, saying that her son’s

SKILLS

EXPANDING IDD KNOWLEDGE

Interested in expanding your practice to occasionally work with adults who have intellectual and developmental disabilities (IDD)? Psychologists who specialize in treating these adults offer some ways to brush up on—or gain—relevant knowledge and skills:

■ **Consult with APA experts:** Div. 33 (Intellectual and Developmental Disabilities/Autism Spectrum Disorder) provides resources online, including leadership contacts, a podcast, and a newsletter.

■ **Learn from NADD:** The National Association for the Dually Diagnosed, a nonprofit organization, hosts conferences and webinars. The group also offers certification programs.

■ **Take virtual courses:** Search for groups that offer continuing-educating courses online, such as the American Association on Intellectual and Developmental Disabilities, which offers more than 300 options.

■ Search for IDD-specific organizations:

Individual groups may have tailored resources, including conferences or webinars. For instance, the Autistic Self Advocacy Network links to an online resource library. The National Down Syndrome Congress holds an annual convention.

■ Track down a local psychologist:

Through one of these groups, ask for the name of a psychologist or other mental health clinician located nearby who has expertise in a particular IDD. Specialty clinics, such as a local Down syndrome clinic, can also be a resource. The Arc, which advocates for people with IDD, provides a search function to find a nearby chapter.

■ **Embrace team-based care:** Given the complex needs of adults with IDD, be prepared to work with other clinicians, including occupational therapists, physical therapists, physicians, and other mental health professionals.



In the end, the goals themselves aren't any different than for adults without IDD, including pursuing a healthy life, developing social and romantic relationships, and finding an enjoyable job.

employer halted his part-time data entry job, eroding some of her son's weekly structure and, she thinks, potentially amplifying his anxiety. "He loves the job," she said. "He misses it terribly."

Goal-setting also should be a routine part of therapy for adults with IDD, said Karrie Shogren, PhD, a researcher who directs the Kansas University Center on Developmental Disabilities. "They don't always have the same opportunities to be involved in identifying and expressing the things that they want

in their lives," said Shogren, a past-president of APA's Div. 33. "[Other individuals] may have more of a say in where they live, where they work."

The idea is to help the patient facilitate their own person-centered planning, Shogren said. Ideally, these sorts of self-directed conversations, including creating a related action plan, should begin in adolescence or even earlier. "We want the person to be able to be actively engaged in making things happen, rather than things happening to them," she

It's important for practitioners to learn how their patients spend leisure time and encourage them to engage in fulfilling social activities.

said. "Because that's where the empowerment and other pieces that are so important come from."

In the end, the goals themselves aren't any different than for adults without IDD, including pursuing a healthy life, developing social and romantic relationships, and finding an enjoyable job, Shogren said. "It's all of those things," she said, "it's just the barriers that people encounter." Shogren is the lead author of the Self-Determination Inventory System (SDIS), which includes a version tailored for adults that can be completed in about 15 minutes—though some may require more time depending on their cognitive difficulties, she said. In preliminary work, Shogren and colleagues have validated the use of the tool in adults with and without disabilities (*Intellectual and Developmental Disabilities*, Vol. 59, No. 1, 2021).

Using the SDIS doesn't require specialized expertise, and it can be combined with other assessment tools, Shogren said. "It leads to a profile of where the person is feeling that they are, in terms of their ability to make decisions and to identify their goals," she said.

By late summer, Day said that her son's anxiety had eased somewhat, which she attributed to the therapy as well as medication prescribed by his psychiatrist.

"They've helped him slowly start to get back to where he used to be," she said. "I still think we've got a long way to go. But it's at least better than it was." ■





THE PROMISE AND CHALLENGES OF



Psychologists are playing a larger role
in the development and use of
artificial intelligence, including how it can
be used to improve mental health

BY ZARA ABRAMS

Artificial intelligence (AI), which enables machines to perform advanced, humanlike functions, promises breakthroughs across society—in health care, transportation, education, finance, and beyond. At their best, AI tools perform tasks at a much greater speed, scale, or degree of accuracy than humans—freeing up time and resources for us to solve problems that machines cannot. Chatbots can provide support around the clock; crawlers can scour websites and databases for information; self-driving cars hold the potential to make commutes safer and more efficient. ¶ But the technology is not without its perils. One striking example happened in 2019, when researchers found that a predictive algorithm used by UnitedHealth Group was biased against Black patients. In using health care spending as a proxy for illness, the tool inadvertently perpetuated systemic inequities that have historically kept Black patients from receiving adequate care (Obermeyer, Z., et al., *Science*, Vol. 366, No. 6464, 2019). ¶ “Algorithms are created by people who have their own values, morals, assumptions, and explicit and implicit biases about

the world, and those biases can influence the way AI models function,” said Nicol Turner-Lee, PhD, a sociologist and director of the Center for Technology Innovation at the Brookings Institution in Washington, D.C. Because of these ongoing concerns about equity, privacy, and trust, there’s a growing recognition among researchers and industry experts that responsible innovation requires a sophisticated understanding of human behavior. To that end, psychologists are helping develop and deploy AI software and technologies, including everything from therapeutic chatbots to facial-recognition systems. They’re also amassing a robust

literature on human-computer interaction, digital therapeutics, and the ethics of automation.

“As we are developing these emerging technologies, we have to ask ourselves: How will societies interact with them?” said psychologist Arathi Sethumadhavan, PhD, principal research manager on Microsoft’s ethics and society team. “That’s where psychologists come into play, because we are very good at understanding people’s behaviors, motivations, and perceptual and cognitive capabilities and limitations.”

FROM MODEL TO MARKET

Building the algorithms that fuel AI technologies may



Self-driving cars like Cruise, which hold the potential to make commutes safer and more efficient, rely on artificial intelligence to perceive, interpret, and respond to road conditions and hazards. Their safe and effective design—and adoption by drivers—requires insights from social psychology.

sound like the sole domain of computer scientists, but psychologists who study intelligence in humans are also helping unlock ways to enhance intelligence in machines.

For example, AI systems often struggle to make informed guesses about things they haven’t seen before—something that even young children can do well. In a series of studies comparing the way children and machines



learn, Alison Gopnik, PhD, a professor of psychology and affiliate professor of philosophy at the University of California, Berkeley, and her colleagues have found that kids surpass AI systems in several areas, including exploratory learning, social learning, and building mental models (*Scientific American*, June 2017).

She is now working with computer scientists Pulkit Agrawal, PhD, of the Massachu-

setts Institute of Technology, and Deepak Pathak, PhD, of Carnegie Mellon University, to adapt AI technologies in light of those findings. Among other things, Gopnik's team is looking at how humans can make machines more playful and curious about the world around them.

Pathak and Agrawal have programmed an agent to investigate and model unknown parts of virtual environments; using

WHAT IS ARTIFICIAL INTELLIGENCE?

AI technologies analyze massive amounts of information from their environments to solve problems with high levels of certainty.

■ **Deep learning** algorithms search for patterns in very large data sets to recognize variables that co-occur—for example, the content of a person's text messages and the likelihood of a subsequent depressive episode.

■ **Reinforcement learning** systems complete many trials of a task (for instance, distinguishing between images of cats and dogs) to develop expertise.

Developers use a range of mathematical validation techniques to check whether their models are making accurate predictions about the real world. For example, it's standard to test an algorithm on an existing data set with known outputs and then measure the model's hit rate.

Common applications of AI include perceiving and responding to visual stimuli ("computer vision"), interpreting and producing human speech ("natural language processing"), and identifying patterns in very large data sets ("machine learning").

this technique, it can perfectly master a Mario Brothers game. But one persistent problem is that machines have trouble distinguishing random, unpredictable noise—such as a square of static—from interesting but surprising new events. Children, on the other hand, excel at separating relevant new information from irrelevant noise.

“That’s the big challenge now,” Gopnik said. “Can we figure out how to make AI not just curious but curious about the right kinds of things?”

These algorithms eventually evolve into products that people use, opening up a host of new promises and perils, which psychologists are also exploring. At Microsoft, Sethumadhavan conducts qualitative and quantitative research to understand how people perceive AI technologies, then she incorporates those insights into product development.

For example, participants in a recent study of facial-recognition technology perceived advantages to the technology for building access and airport screening—because of clear safety and efficiency gains—but were less bullish on its use for employee monitoring or for providing personalized assistance in retail environments.

“Human beings, when given the time, are always doing a value exchange, weighing the benefits to them and what they are giving up in return,” Sethumadhavan said, adding that the findings can help developers to consider the contexts of use prior to deploying emerging AI technologies and to build the appropriate level of trust

Some algorithms interface directly with patients in the form of therapeutic robots such as LaLuchy Robotina. This robot helps health workers with consultations, therapies, and mental health evaluations of COVID-19 patients as part of the Psychiatry, Psychology and Neuropsychology service of National Medical Center in Mexico City.



with users.

In addition to studying end users, Sethumadhavan’s team documents attitudes of impacted stakeholders. When developing Microsoft’s synthetic speech technology, she interviewed voice actors to understand how the technology could affect their livelihoods. As a result, Microsoft now requires customers of the service to obtain informed consent from any voice actors they employ.

“Ethical product development is not a box to check, but understanding the needs and concerns of your end users and other impacted stakeholders actually helps you innovate better,” she said.

Self-driving cars, which promise major safety and efficiency gains, rely on AI to perceive, interpret, and respond to road conditions and hazards. According to a report by the RAND Corporation, autonomous vehicles can save hundreds of thousands more lives if they are deployed en masse when they are 10% safer than the average human driver rather than waiting until they have nearly perfect safety records (Kalra, N., & Groves, D. G., *The Enemy of Good*, 2017). But getting the public on board may involve as many psychological roadblocks as technical ones, said Azim Shariff, PhD, an associate professor of psychology at the



University of British Columbia who studies human-computer interaction and the ethics of automation.

Shariff's research indicates that people demand much higher levels of safety from autonomous vehicles than from those operated by humans (*Transportation Research Part C: Emerging Technologies*, Vol. 126, 2021). This is due in part to "algorithm aversion"—our tendency to distrust decisions made by algorithms—and the "better than average" effect, where we overestimate our abilities compared with the general population ("Self-driving cars may be 10% better than average, but I'm 20% better").

In fact, a focus on the safety

gains associated with self-driving cars could backfire, said Shariff, because people also exhibit a "betrayal aversion," or a reluctance to risk potential harm by something meant to enhance their safety.

"People really don't like being hurt by things that are supposed to keep them safe," he said. "If self-driving cars are sold primarily as safety mechanisms, people will overreact every time there's an accident."

On the other hand, Gopnik argues that designing safe and effective self-driving cars may be more complicated than we once thought—and require insights not just from physics but also from social psychology.

"Most of what people do when they drive is this amazing social coordination effort," she said. "Getting machines to do things that may seem straightforward actually requires a much more sophisticated understanding of the world and each other than we initially realized."

AN ADJUNCT, NOT AN ALTERNATIVE

Ethical and behavioral considerations are just as important in the mental health care space, where AI tools serve two primary functions. Some algorithms operate behind the scenes to predict health risks or recommend personalized treatment plans and others interface directly with patients in the form of therapeutic chatbots.

The smartphone application Woebot, for example, uses machine learning and natural language processing to deliver cognitive behavioral therapy

(CBT) to tens of thousands of daily users. By exchanging short text messages with a chatbot, users can address stress, relationship problems, and other concerns by learning about CBT concepts such as overgeneralization and all-or-nothing thinking (Fitzpatrick, K. K., et al., *JMIR Mental Health*, Vol. 4, No. 2, 2017).

Behind the scenes, AI technology fuels hundreds of therapeutic programs, such as the online therapy platform Talkspace, which has developed a suicide alert system that uses natural language processing to analyze written communication between patients and their therapists (Bantilan, N., et al., *Psychotherapy Research*, Vol. 31, No. 3, 2021) and is testing AI interventions for post-traumatic stress disorder (Margaroli, M., et al., *Journal of Medical Internet Research*, Vol. 22, No. 4, 2020).

Some AI-based programs—including EndeavorRx, a video game designed to treat attention-deficit/hyperactivity disorder—have even received clearance from the U.S. Food and Drug Administration for use under medical supervision (Kollins, S. H., et al., *npj Digital Medicine*, Vol. 4, 2021).

Most psychologists see AI technologies as an adjunct, rather than an alternative, to traditional psychological treatment. "We're not trying to replace therapists—there's no replacement for human connection," said psychologist Alison Darcy, PhD, the founder and president of Woebot Health. "But we can rethink some of the tools that have traditionally been the unique domain

FURTHER READING

Your robot therapist will see you now: Ethical implications of embodied artificial intelligence in psychiatry, psychology, and psychotherapy
Fiske, A., et al.
Journal of Medical Internet Research, 2019

Threat of racial and economic inequality increases preference for algorithm decision-making
Bigman, Y. E., et al.
Computers in Human Behavior, 2021

Psychological roadblocks to the adoption of self-driving vehicles
Shariff, A., et al.
Nature Human Behaviour, 2017

Artificial intelligence in behavioral and mental health care
Luxton, D. D. (Ed.)
Elsevier Academic Press, 2016

of the clinic and design them so that they are more accessible.”

AI therapeutic tools offer a few clear advantages over traditional mental health care. Machines are available 24 hours a day, they never get tired, they have an encyclopedic knowledge of the psychological literature, and they remember every interaction they’ve had with a client, said psychologist Skip Rizzo, PhD, director for medical virtual reality at the University of Southern California’s Institute for Creative Technologies. They can deliver treatments in real time and can be customized to meet a client’s preferences, including to enhance cultural competence. Digital therapeutic tools can also greatly lower the barriers to accessing mental health care by reducing cost and stigma.

But digital mental health is still a “wild west” in the nascent stages of research, application, and ethical issues, said David Luxton, PhD, a clinical psychologist and an affiliate associate professor at the University of Washington’s School of Medicine. Safety and efficacy are chief concerns, Rizzo added. Most platforms direct users toward support resources during a suspected mental health crisis—and include prominent disclaimers about intended use—but some people may still regard these tools as a substitute for therapy (*Professional Psychology: Research and Practice*, Vol. 45, No. 5, 2014).

“An app may be based on CBT, but that doesn’t mean that the app itself is evidence-based,” Luxton said. “People who are using it without a licensed thera-

pist may be relying on something untested that could actually cause harm.”

Another problem afflicting both digital therapeutics and other AI products is “algorithmic bias”—when models make biased predictions because of limitations in the training data set or assumptions made by a programmer. Women, Black people, and Hispanic people are underrepresented in the field of computer science, and homogenous programming teams are more likely to make errors, for example making assumptions about educational attainment or health care access, that result in biased AI (Cowgill, B., et al., *Proceedings of the 21st ACM Conference on Economics and Computation*, 2020). But social scientists can anticipate such assumptions and help developers understand the lived experiences of populations represented in various data sets, said Turner-Lee.

“This is especially important when algorithms are applied in ‘sensitive use’ cases, including credit, employment, education, and health care,” she said.

On the other hand, AI models may hold the power to reduce health disparities. For example, osteoarthritis tends to be more painful for Black patients than non-Black patients, but standard tests only explain 9% of that variance. When a team of researchers used a machine learning algorithm—rather than a human grader—to analyze patients’ knee X-rays, they found physical indicators that explained 43% of the racial disparity in pain (Pierson, E., et al., *Nature Medicine*, Vol. 27, 2021).

APA’s Technology, Mind & Society Conference

For more cutting-edge science in the development, deployment, and ethics of artificial intelligence, attend APA’s Technology, Mind & Society conference, Nov. 3–5. Many sessions will also be available following the conference at <https://tms.apa.org>.

Understanding how humans interact with technology is also key to the success of mental health chatbots. We know that a primary driver of change in therapy is the therapeutic relationship, but in the case of digital therapeutics, that relationship is between a human and a computer. Early research suggests that users can benefit from making emotional disclosures to a bot (Ho, A., et al., *Journal of Communication*, Vol. 68, No. 4, 2018) and even form a therapeutic bond (Darcy, A., et al., *JMIR Formative Research*, Vol. 5, No. 5, 2021). Thomas Derrick Hull, PhD, a psychologist who works with Talkspace and the behavioral weight-loss platform Noom, has also found that users tend to prefer interacting with chatbots when they aren’t disguised as humans.

Hull and his colleagues are exploring ways for AI technology to further enhance the process of psychotherapy by using the vast archives of anonymized data collected during Talkspace sessions. For example, natural language processing may be able to identify speech patterns that indicate a breakdown in the therapeutic alliance. A similar algorithm could compare session transcripts with treatment plans and nudge therapists to revisit a topic of concern with a client. AI also holds promise for improving the patient-therapist match, said Hull. By querying vast data sets, researchers may be able to better operationalize client characteristics, therapist characteristics, and what constitutes an ideal match.

“The qualities that make both



assistant professor at New York University's Grossman School of Medicine. These technologies are already being applied in marketing contexts, where the stakes are significantly lower.

"If you don't buy my hamburger, I might lose a few dollars," he said. "But if somebody makes a wrong assessment of depression, that can have very serious consequences."

For that reason, it's essential that psychologists participate in the development of clinical AI technologies to ensure algorithms capture data and deliver outcomes that are consistent with validated psychological practices, Malgaroli said.

Moving forward, AI holds the potential to empower traditionally marginalized populations, Sethumadhavan said. In an ongoing fellowship with the World Economic Forum's AI and machine learning team, she is exploring how the technology can help meet the needs of the aging population, which will exceed 1.6 billion by 2050. AI may ultimately help address social isolation, transportation and mobility, mental and physical health, caregiver burden, and end-of-life planning for this group (*AI and Ageing*, World Economic Forum, 2021).

Ultimately, APA's Ethics Code will help psychologists proceed with caution amid the growing questions about equity, security, and surveillance raised by AI technology.

"If the end user doesn't trust the system, then it's not going to work," Luxton said. "Violating that trust risks the reputation of our entire profession." ■

patients and clinicians unique are critical in the context of treatment," Hull said. "These characteristics are, however, understudied because the number and complexity is more than we could realistically track, model, and compare. AI can change that."

Still, privacy concerns remain where data mining is concerned. In 2020, *The New York Times* reported that Talkspace executives read excerpts from therapy sessions during a company meeting without maintaining anonymity for the patient, who was an employee of the organization. Talkspace maintains it obtained the full consent of the client. APA's Ethics Code and the Health Insurance Portability and Accountability Act require that health care data be fully de-identified before it is shared in order to preserve patient

confidentiality.

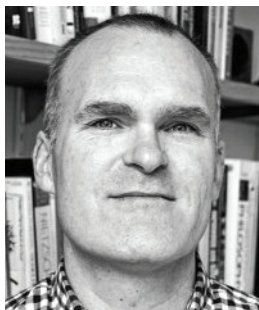
"It behooves these companies to be very clear about what data might be mined and how they plan to use it," said Deborah Baker, JD, APA's director of legal and regulatory policy.

THE NEXT FRONTIER

As increasingly sophisticated AI technologies—including autonomous weapons and emotion-detection software—continue to emerge, psychologists have an important role to play in launching them both effectively and responsibly.

For mental health care, the next frontier involves merging facial recognition, natural language processing, and emotion-detection algorithms to make complex assessments about mood and mental states, said Matteo Malgaroli, PhD, a clinical psychologist and

A Moscow Metro rider pauses for a face scan at an entrance gate. The Moscow Metro system is testing its Face Pay technology, which allows riders to make instant payments through facial recognition—a technology that comes with surveillance and privacy concerns.



Dunham



Cook



Harven



Skewes



Dattilio

PSYCHOLOGISTS IN THE NEWS

Yale University presented its Arthur Greer Memorial Prize for Outstanding Scholarly Publication or Research to associate psychology professor **Yarrow Dunham, EdD**, director of the Social Cognitive Development Lab. The prize recognizes Dunham's research on how and why people prefer and affiliate with social groups, including how children come to understand social hierarchies and other intergroup dynamics from observing interactions.

California State University, Stanislaus, has presented an Outstanding Research, Scholarship, and Creative Activity Award to **Gina Cook, PhD**, an Outstanding Community Service Professor Award to **Aletha Harven, PhD**, and an Outstanding Professor Award to **Anita Pedersen-Pennock, PhD**. Cook won for efforts to develop and evaluate early intervention programs for underserved children and families. She has worked on the national Early Head Start Research and Evaluation Project and is a member of the Collaborative for Understanding the Pedagogy of Infant/Toddler Development, a national group looking at better ways to train the early education workforce. Harven won for her efforts to directly address anti-Black racism on campus and promote

inclusion, including by organizing a two-day professional development training on confronting racism that attracted 1,000 educators. Pedersen-Pennock won for her hard work to build rapport with students that extends beyond the classroom, including her mentorship of McNair scholars, research assistants, and LGBTQ+ students.

Montana State University psychologist **Monica Skewes, PhD**, has won a \$3.2 million grant from the National Institute on Drug Abuse to test an intervention she developed to treat substance use disorders among American Indians. Skewes is working closely with tribal members at the Fort Peck Indian Reservation in northeastern Montana to develop and deliver the intervention, which trains community members in a culturally adapted version of the relapse prevention model.

The American Board of Professional Psychology has presented a Distinguished Service to the Profession of Psychology Award to **Frank M. Dattilio, PhD, ABPP**. Dattilio is a clinical psychologist in Allentown, Pennsylvania, known for his research on cognitive behavior therapy and forensic psychology. He has served as an instructor in psychiatry at Harvard

Medical School for 14 years and has maintained a part-time faculty position in the Department of Psychiatry at the University of Pennsylvania Perelman School of Medicine for 33 years.

The University of Buffalo has presented the 2021 Stockton Kimball Award to **Ralph H. Benedict, PhD**, a neurology professor in the university's Jacobs School of Medicine and Biomedical Sciences. The award recognizes outstanding scientific achievement and service and is named in honor of the former dean of the medical school. Benedict's research on cognitive function in patients with multiple sclerosis has led to new understanding of the disease and has advanced developments in treatment.

The Vision Sciences Society has presented its Davida Teller Award to **Marisa Carrasco, PhD**, a professor of psychology and neural science at New York University. The Teller Award honors pioneering female vision scientists like Carrasco, who began her research career on visual perception and attention at a time when few women were studying vision science. She is known for her mentorship, scholarship, and service to the field, including serving as president of the Vision Sciences Society in 2011. ■

News You Can Use

Career

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

INCORPORATING OPEN SCIENCE PRACTICES INTO YOUR LAB

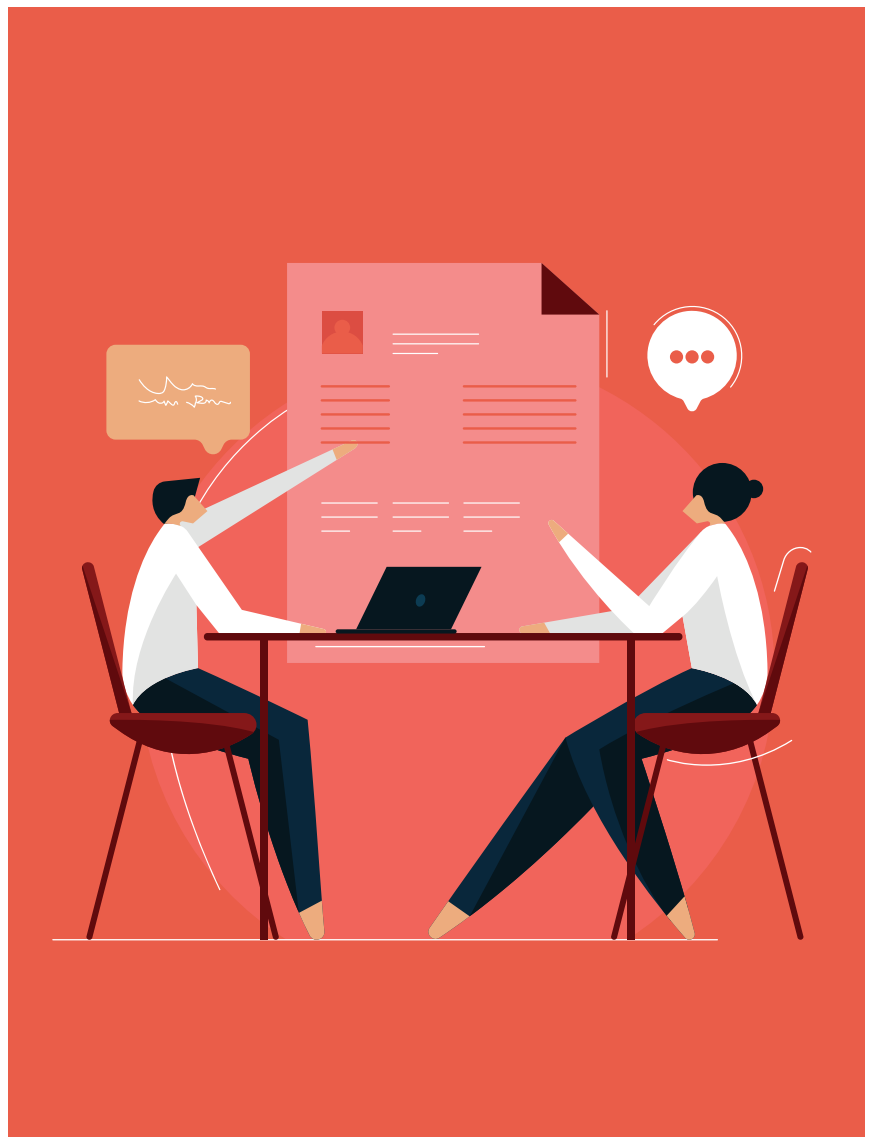
Open science can seem intimidating. Researchers share some manageable ways to start the process.

BY HELEN SANTORO

The global movement toward open science in research has been a boon for psychology in many ways. Open data allow researchers to verify findings and catch errors. Greater access to studies also improves effectiveness by promoting more research from the same data (Arza, V., & Fressoli, M., *Information Services & Use*, Vol. 37, No. 4, 2017). This can help accelerate new scientific developments—something that has proven particularly advantageous during the coronavirus pandemic.

But when it comes to integrating open science in the lab, it can be hard for researchers to know where to start. Many questions will likely arise: What is the easiest first step? Is this going to take a lot of time and money? Am I going to mess up? “A lot of people say, ‘Yeah, we can get on board with these things in concept, but what does it mean to actually do it?’” said Brian Nosek, PhD, executive director of the Center for Open Science (COS). “It can feel very intimidating; there are so many new things. But it isn’t an all-or-nothing practice.”

Instead, Nosek encourages researchers to embrace incrementalism—to start with



something easy, like listening to a podcast about open science or organizing files on an open science platform, and then to take small steps from there. “It’s just like how we analyze data: Start with a t-test and then move step-by-step,” said Nosek.

Matthew Makel, PhD, an associate research scientist at Johns Hopkins University whose work focuses on open science research methods, offers similar advice. “Do what you can, when you can,” Makel said. “It may be easier to try to focus on incorporating one new practice the next time you plan a project. Once that feels comfortable, try expanding further.”

To help those working to incorporate open science into their lab, Nosek, Makel, and other researchers who practice open science shared their ideas on how to start.

LEARN MORE ABOUT OPEN SCIENCE

There are now tons of resources that make learning about open science easy. One option is to become a member of an open science journal club. These clubs offer students and staff a space to discuss open science and reproducibility, said Naseem Dillman-Hasso, a PhD student who specializes in environmental social sciences at The Ohio State University and managed a lab that practices open science. For graduate students or investigators who don’t have a journal club at their university or institution, the grassroots journal club initiative ReproducibiliTea offers advice on how to create one from the ground up. Started in 2018 at

the University of Oxford in the United Kingdom, this organization has since spread to 138 institutions in 26 different countries.

Another option is to listen to podcasts such as *Everything Hertz* and *The Black Goat*, both of which cover topics like preprints (the full draft of a research paper that is shared publicly before or during peer review), the benefits of open data and code, and how to preregister your study on a registry. Print articles can also help you learn about open science. “Easing Into Open Science: A Guide for Graduate Students and Their Advisors,” by researchers at the University of Minnesota Twin Cities and Lancaster University in the United Kingdom, for example, offers suggestions on how to begin engaging in open science with eight steps, ranging from easy

RESOURCES

Easing into open science: A guide for graduate students and their advisors

Kathawalla, U.-K., et al.
Collabra: Psychology, 2021

An introduction to open science

Hong, M., & Moran, A.
Psychological Science Agenda (APA newsletter), 2019

7 easy steps to open science: An annotated reading list

Crüwell, S., et al.
PsyArXiv Preprints, 2018

(project workflow) to difficult (registered report) (Kathawalla, U.-K., et al., *Collabra: Psychology*, Vol. 7, No. 1, 2021).

Resources like these can lessen peoples’ fear about using open science and make it more approachable, said Dillman-Hasso. They can also help break down misconceptions about open science, such as the idea that it slows down science. “I do think it’s slower pre-data collection, but once you move past the planning stages, it can actually speed up the process,” he said.

Another big misconception among some researchers is that the current scientific process isn’t broken, so there is no need to change it. “Psychology is on the forefront of this whole replication crisis, but there are a lot of other examples of this happening in nonpsychology fields,” Dillman-Hasso said. “A lot of the problems in fields like marine science and others are boiling down to fraud or research misconduct allegations that could have partially been alleviated by open science practices and open sharing of data and materials.”

USE AN OPEN SOURCE FRAMEWORK

One option is Open Science Framework (OSF), a free, open platform that offers researchers, journals, and institutions a range of tools for storing and managing research projects, sharing posters or slides with a broader audience, submitting preprints, and preregistering studies. A flagship product of COS, this platform has significantly

LISTEN TO PODCASTS

Podcasts about conducting research, such as *Everything Hertz* and *The Black Goat*, cover such topics as preprints, the benefits of open data and code, and how to preregister a study.



increased the openness and reproducibility of scientific research.

There is no one “right” way to use OSF, said psychologist Nick Fox, PhD, a researcher at COS. “It’s very flexible and you can use it to store [data] however you want.” For example, when Fox starts a new research project, he takes the time to organize his project workflow by arranging his files and setting editorial permission levels for team members versus other users. Users can also link to third-party tools such as Dropbox or Google Drive and create new components or subprojects that form a hierarchy within the top-level project.

Another great feature of OSF is the ability to create a project directly from a template, which can keep your work structured and increase consistency across different projects, said Katie Corker, PhD, an associate professor of psychology at Grand Valley State University in Michigan who is an ambassador for COS and executive officer of the Society for the Improvement of Psychological Science. “Once you begin adding these different components, these different pieces—you might have your data, your materials, the manuscript, maybe a video demonstration of someone running through the protocol—you want to make sure that the information is organized not just for you but for any viewer or reader who is going to be consulting those materials,” Corker said.

All of this can save researchers a lot of time, said Corker. And OSF isn’t the only platform out there; other sites like

GET TO KNOW OSF

Open Science Framework is a free, open platform that offers researchers a range of tools for storing and managing research projects, sharing posters or slides with a broader audience, submitting preprints, and preregistering studies.



GitHub and Zenodo offer similar features and tools.

SUBMIT PREPRINTS

Another easy way to engage in open science is to submit a preprint. Submitting your preprint to services like OSF Preprints, PLOS, or PsyArXiv, a free preprint platform for psychological studies developed by OSF, is a very manageable first step, said Nosek. “Posting a preprint takes about 5 minutes and is super easy to do.” This allows other scientists to give constructive feedback that will ultimately improve the piece.

Articles that are accepted during the peer-review process can also be shared on repositories, making the task accessible to more scientists, said psychologist Ummul-Kiram Kathawalla, a postdoc at the Edith Nourse

Rogers Memorial Veterans Hospital in Bedford, Massachusetts. Earlier in Kathawalla’s career, she was nervous about submitting a preprint before it was accepted to a journal. “Now as I’m getting more comfortable, there are more things that I’m willing to post earlier on and get that feedback, which is really helpful,” said Kathawalla, first author on “Easing Into Open Science.”

Scientists tend to worry that posting a preprint will lead to a bombardment of criticism because far more scientists have access to the work before it’s been peer-reviewed. However, Nosek said, “rarely do those things actually happen. The criticism is not much different than publishing a paper.”

SHARE YOUR DATA AND CODE

Make a de-identified data set and post it on OSF or another data repository so researchers can download and use it. You can also create reproducible code by making a detailed version of the code that would allow another researcher to generate the same output. Both steps are key to facilitating collaboration across research teams, according to “Easing Into Open Science.”

For sensitive data that you don’t want to share or cannot share, you can set restrictions on who can see your data on many sites, including OSF. “There are plenty of research fields where the open sharing of data doesn’t make sense,” said Fox. There are more vulnerable populations that risk exploitation if their data are shared, for example, along with sensitive data that contain private

or identifying information. “A push toward openness doesn’t mean trampling on those populations or those research fields that require more privacy,” he said.

Makel also makes sure he maintains all appropriate data protections, complies with institutional review board regulations, and protects participants whenever he shares data. Sometimes, data sharing isn’t possible—like when Makel uses secondary administrative data from schools that he didn’t collect. But other times it’s a great way to help your fellow researchers. “I recently had a meta-analyst ask me

for something that we had not calculated in our paper. But we had shared the data,” Makel said. “Rather than go back through and run the new analysis myself, I just shared the link to our data.”

Just like with submitting a preprint, OSF has clear guidelines on how to share your data and code, making the processes straightforward for newcomers and experts alike.

SUBMIT A REGISTERED REPORT

Preregistration is the practice of specifying your research plan in advance of your study by writing out your hypothesis, what methods

will be used, and how you will analyze the data. This information is then submitted to a platform like OSF and can evolve over time, if you are transparent as to why the study plan is changing, said Fox. “Preregistration is a plan and not a prison,” he said. Preregistration not only allows researchers to thoroughly think through the study process before collecting data but also guarantees clarity among collaborators, helps reduce unintentional false positives, and gives investigators the chance to get feedback from other researchers early on. The result? A stronger study.

A registered report involves the same steps, but this information is then submitted for peer review by a journal before data collection—making it perhaps the most daunting aspect of open science. If accepted, the journal typically guarantees that they will publish the article, regardless of the results, as long as the researchers follow the established plan, according to “Easing Into Open Science.” Once the study is completed, the results and discussion are then added to the original document and the project receives another review.

All of this takes time to do properly, said Dillman-Hasso.



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PROTECT YOUR DATA

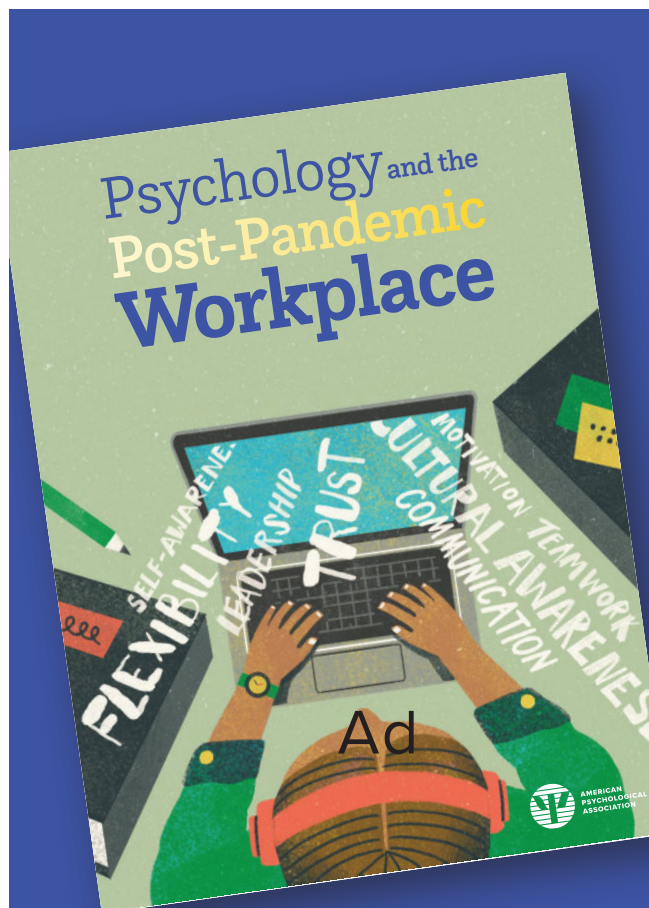
Many sites, including Open Science Framework, allow researchers to restrict access to sensitive data that they don't want to share or cannot share for participant privacy reasons.

"You have to spend all this time thinking and writing and have very clear hypotheses and contingency plans for what happens if the results that you're expecting don't happen," he said. Additionally, "most journals don't accept a registered report," although the number of journals that do is growing quickly, according to a report in *Nature* (Chambers, C., Vol. 573, 2019).

But Dillman-Hasso is still a proponent of registered reports. "It can often seem like doing things this way is slower, which is difficult, especially when there is this 'publish or perish' mentality," he said. "In the long run, it will save you more time because you've thought through these decisions, you've made a plan. It will be easier on the outset once you start the data collection." It also greatly reduces publi-

cation bias and an excess of positive results, which has been a problem in psychology (Scheel, A. M., et al., *Advances in Methods and Practices in Psychological Science*, Vol. 4, No. 2, 2021).

Overall, much of incorporating open science into your lab involves creating and maintaining new research habits. Pretty soon, these habits will become as second nature as running an ANOVA, said Nosek. And jumping into open science now is far easier than it was 10 years ago when there were significantly fewer resources and less support, he said. "Early data suggest that the present enthusiasm for open science practices, particularly in psychology, is very high," Nosek said. "The community has embraced open science to such a strong degree that it's becoming the norm." ■



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THE DAUNTING BUT VITAL WORLD OF GRANT WRITING

Research scientists and program officers share their advice on the importance of seeking out grant funding, making grant applications stand out to reviewers, and moving past rejection **BY HELEN SANTORO**

A central part of being a research scientist is getting grants to fund your work. Subsidizing lab equipment, paying for assistants' and other staff members' salaries, and making sure that you are getting a proper income are obstacles that you likely have to overcome before even starting a research project.

But getting grants is tricky, not least because they are becoming more and more competitive. In 2017, the National Science Foundation (NSF) received 49,415 research proposals and funded only 11,447, or less than 25% of them. For grants relevant to psychology researchers, the funding success rate is usually around 8% to 10%. Researchers abroad are facing similarly intimidating numbers—the European Commission's Horizon 2020 program, which is the European Union's largest ever research and innovation program, reported that its first 100 calls for proposals had a 14% success rate.

Grants are especially vital for those in "soft money" positions, which require researchers to bring in some percentage of their annual salary from grants, but they can be just as important for those in "hard money" positions,

where salary is not dependent on external funding.

"Grants aren't really just about money. They're also about being able to do work you know is important, being able to better serve communities that you care about, or solving and addressing problems and challenges in our world," said Betty Lai, PhD, an associate professor of counseling psychology at Boston College who is currently writing a book about applying for grants. "Time is a nonrenewable resource.

Grants often provide time for you to think about these important issues." More specifically, grants allow researchers to pay for research assistants, postdocs, and other resources that distribute the workload and free up more time for the researchers to think about big ideas.

For these reasons, it's key for researchers to apply for grants early and often. It's also necessary to share tips and tricks for getting grants with others—something that is especially true for researchers from underrepresented backgrounds, who tend to have fewer connections, along with less grant funding, than their White colleagues. "People who are better networked have a better understanding of how the

RESOURCES

Grant writing 101

Weir, K.
gradPSYCH,
2014

Secrets to writing a winning grant

Sohn, E.
Nature,
2019

On grant-writing: Just what are your project's 'specific aims'?

Mikal, J. P.
The Chronicle of Higher Education,
April 12, 2021



process works. But we shouldn't be judging best networks," said Lai. "We're supposed to be funding the best ideas."

So, what are the tips and tricks that can increase your chances of landing a grant? Lai and other experienced researchers, program officers, and directors offered their advice.



rn

DO YOUR RESEARCH

Before submitting a grant application, it's important to do extensive research on available grants and who is funding them. "There are different levels of grants. There are grants that you can get from the National Institutes of Health, and when

you get an NIH grant it might be a million dollars and you get that to sustain your lab for a few years," said Michelle Quist Ryder, PhD, who is the program director for the American Psychological Foundation (APF) and manages more than 60 grant, scholarship, and award

Grants allow researchers to pay for research assistants, postdocs, and other resources that distribute the workload.

programs. Other grants, like those awarded by the APF, are aimed toward graduate students and early career researchers who need to complete a small project. Landing this type of funding can help researchers become more competitive for big NSF or NIH grants down the road.

It can be useful to start by identifying exactly what your project needs, Ryder said. For example, are you undertaking a preliminary pilot study? Post-doctoral research? Or do you need funding for a large research project that will last for several years and pay your salary? Once identified, you can narrow down what type of funding agencies would best suit your project.

It's also key to create a budget that includes staff, research materials, and other big expenses that are needed to support a large research infrastructure. This budget will affect the grant that you choose, and creating one in advance is a step that is often missed by early career scientists.

Then, spend a lot of time on the funder's website looking through the requirements for the grant you want to apply for. Most grants have detailed lists of what the funder is looking for, what is required to apply, due dates, and other information.

CREATE A RELATIONSHIP WITH YOUR PROGRAM OFFICER

Researching grants can leave you with more questions than answers, and that's where program officers come in. The chief job of a program officer is to provide administrative and technical assistance to applicants who are

submitting a proposal to a funding agency. They also often serve as the principal liaison between an investigator and the agency and are therefore invaluable in guiding researchers through the application process.

Program officers don't merely provide yes or no feedback, and they have a lot of experience reading proposal drafts and hearing how grants are reviewed. Some will even read grant drafts and provide comments or share information on the types of issues that will likely be brought up during review panels. "Speaking to the program officer before submitting a proposal can save a lot of time and effort," said Patricia Van Zandt, a program director in NSF's Division of Behavioral and Cognitive Sciences who works directly with program officers and oversees the grant review process. "Although their project may be competitive, a researcher risks having their proposal declined if it isn't work that a program supports," she said.

Another responsibility of a program officer is to ensure diversity in their portfolio, or collection of research projects, said Van Zandt. "This diversity is reflected not only in the range of scientific questions addressed by the excellent projects that the program supports but also in the institutions and researchers

Get a feel for what grant writing looks like by reading samples of successful grants from your colleagues or attending grant writing workshops.

who have received support," she said. Speaking to your program officer before submitting a grant proposal can help you make certain that your research idea fits within their portfolio.

An easy way to identify your program officer is to look up the current funding opportunity announcement for the grant you want to apply for, which should have agency contacts and links to the program officer contact. As soon as you have a reasonable draft of your specific project aims, reach out to them. Be concise in your email and make sure to highlight your central question and the hypothesis you're proposing to test, along with any additional questions you have, including regarding the agency's potential enthusiasm for your proposed work, according to a blog post on NIH grants by Jennifer Kong, PhD, a postdoctoral research fellow in biochemistry at Stanford University.

Grant proposals are really a collaboration between you and your program officer, and it can pay off to take advantage of this valuable resource.

THE IMPORTANCE OF GOOD SCIENCE WRITING

Scientists often write for a specific audience and with a lot of jargon. Perhaps one of the hardest parts of creating a grant proposal is adjusting your



writing so that it's clear, concise, and for a broad, nonacademic audience.

A great way to get a feel for what this type of writing looks like is to get samples of successful grants from your colleagues or to search for grant writing workshops. "I believe all researchers should have access to grant writing training. Luck of the draw in training shouldn't determine who gets funded," Lai wrote on her website. "We need to hear and fund society's best ideas."

One of the key challenges in grant writing is crafting a compelling one-page statement, which appears at the start of most grants. "Where people often go wrong is they forget to start first with why we need to do this work," said Lai. "They often start with the what. They

"Grants aren't really just about money. They're also about being able to do work you know is important, being able to better serve communities that you care about, or solving and addressing problems and challenges in our world."

BETTY LAI, PHD, ASSOCIATE PROFESSOR OF COUNSELING PSYCHOLOGY, BOSTON COLLEGE



talk about what they're going to do, but you need to tell first why this question matters." This is hard for many researchers, Lai said, because you're no longer talking about what is happening in the present or what happened in the past but instead what you are envisioning in the future—something that is not often taught in graduate school.

To help organize the writing and make it more easily readable, make judicious use of formatting (bold, underlining, italics) and figures and diagrams. Think of the whole proposal like a sales pitch: Be crystal clear; avoid subtle nuance; and use powerful, urgent prose that shows your command of the literature and the unmet scientific needs that require addressing. By doing this, you create a positive experience

WHERE TO LOOK FOR GRANTS

Here are some places to look, including both federal and nonfederal grants:

APA's scholarship, grant, and award database

APA's list of funding sources

Social Psychology Network

Institute of Education Sciences

Department of Health and Human Services

University grant offices

for reviewers and increase the chance they will want to support your research.

William Riley, PhD, associate director for behavioral and social sciences research at NIH, agrees with this point. "I like to remind prospective grantees that reviewers have limited time to review and discuss their grant application, so writing an application that is concise, well organized, and understandable to a broad range of research experts is important," he said.

USE REJECTIONS AS AN OPPORTUNITY TO LEARN

No matter how successful a researcher you are, you will still face a lot of grant rejections. On the same day that Carol Greider, PhD, won a Nobel Prize in physiology or medicine in 2009, a grant proposal she had recently submitted was rejected.

Many times, it just comes down to the amount of grant proposals being submitted. "The success rate of NIH research program grant applications is about 20%, so there is an 80% chance that your grant application will not be funded," said Riley. "It is important to learn from the reviews provided and submit a revised application or a different new application based on the reviewers' feedback."

With this in mind, make sure the fear of rejection doesn't stop you from applying for grants in the first place, said Lai. "Many people think, 'I'm not ready yet, I'm too early in my career, I haven't published enough.' You are ready! You can submit!" In fact, applying early can benefit you in the long run, as many granting

agencies make special dispensations for early career researchers.

It's also important to "allow yourself to sit with the grief and disappointment of getting a rejection," said Lai. "But then pick yourself up, call your program officer, see if you can get additional feedback, and keep submitting." One of the key lessons researchers must learn when they get rejected is that "no grant, even a rejected grant, is wasted work." A rejected grant helps you find what didn't work for your future proposals, and you can also talk about it in your annual review or resubmit the grant somewhere else. "Treat it as a learning experience," Lai said.

Ryder recommends that researchers try not to take the rejection personally. "There have been so many times when there is a program where the reviewers and I and everyone who sees the projects have lamented because there are really awesome projects that we just don't have the funds to sponsor," she said. When you get a rejection, you often feel like you didn't write a good proposal, but that isn't always the case. "It's not pulling a diamond out of a rough, it's pulling a jewel out of a basket of jewels," Ryder said.

SEARCH FAR AND WIDE FOR GRANTS

Remember that there are plenty of other places to look for grants in addition to the big federal agencies. There are societies, including APA and APF, that offer smaller grants that are far less cumbersome to apply for, offer great experience in grant writing, and can significantly boost a researcher's résumé. ■



THE SCIENCE OF UNCERTAINTY

Kate Sweeny's Life Events Lab at the University of California, Riverside, explores how people cope with high-stakes waiting **BY HELEN SANTORO**

All of us have experienced that excruciating feeling that comes with awaiting uncertain news. Maybe you were waiting for results from a biopsy or to hear if you got the job or passed an exam. Most people find that type of waiting distressing, and many of us spend the time anxiously ruminating over every possible outcome and anticipating the worst one.

To understand how best to help people cope with intense uncertainty, Kate Sweeny, PhD, a professor of psychology at the University of California, Riverside (UC Riverside), studies

these stressful periods and how people respond to them. “[Psychologists] don’t know that much about waiting and uncertainty,” Sweeny said. She noticed when she started the Life Events Lab at UC Riverside in 2008 that people in social psychology had studied topics like existential uncertainty or ambiguity of information but not that very familiar, gut-wrenching feeling of not knowing something you really want to know. “So, I decided to try to figure it out,” she said.

In 2012, Sweeny published a paper that introduced the

Many of us wait for uncertain news anxiously—ruminating over every possible outcome and anticipating the worst one.

“uncertainty navigation model,” a theoretical framework for understanding the thoughts, feelings, and behaviors that arise during these difficult waiting periods (*Health Psychology Review*, Vol. 6, No. 2, 2012). Over the years, Sweeny and her team of undergraduate and graduate students—which spans anywhere from 35 to 50 people—have studied an array of populations while they waited for information in high-stakes situations, including law school students awaiting bar exam results and women waiting for breast biopsy results.

The COVID-19 pandemic has made their research more vital than ever. People around the globe have been forced time and again into incredibly uneasy and indefinite periods of waiting for positive news. “COVID is this waiting period where the entire world is going through this one really, really crazy thing,” said Sarah Knapp, a 6th-year graduate student in Sweeny’s lab. “This speaks to our work and has directed our research in one way or another.”

PREPARING FOR THE WORST

Sweeny admits that she is a worrier by nature. “Like most people, I don’t love uncertainty,” she said. When she was a teen, her mother was diagnosed with non-Hodgkin’s lymphoma and successfully battled the disease through intensive treatment. The experience ultimately served as a source of inspiration for Sweeny’s research career; she has frequently looked to her mother to better understand the harsh realities that come with facing a life-changing medical diagnosis. “I was drawn to the topic of uncertainty because it’s something that I’ve struggled with,” Sweeny said.

As an undergraduate, she attended Furman University in Greenville, South Carolina, and studied psychology. There, she met and worked for social psychologist Beth Pontari, PhD, who took Sweeny under her wing. Pontari also introduced her to James Shepperd, PhD, a social psychologist from the University of Florida (UF) who studies how people respond when they

receive challenging information and would ultimately become Sweeny’s adviser during her graduate studies at UF.

In Shepperd’s lab, Sweeny’s work focused on the moments leading up to the receipt of bad news. Shepperd’s previous research had shown that people tend to display unrealistic levels of optimism when predicting what will happen in their future, but that their optimism often drops when they are approaching the moment of truth, such as when students are about to get their exam grades back. That shift happens in part because they are preparing themselves for the possibility of bad news (*Journal of Personality and Social Psychology*, Vol. 70, No. 4, 1996; *Personality and Social Psychology Bulletin*, Vol. 24, No. 9, 1998).

Sweeny’s graduate school research elaborated on these findings, and she identified when and why people are most likely to brace for the worst, what happens at the time when bad news is delivered, and the consequences of this coping strategy (*Current Directions in Psychological Science*, Vol. 15, No. 6, 2006; *Personality and Social Psychology Bulletin*, Vol. 33, No. 8, 2007). She also wrote her dissertation on how to convey bad news and developed a model to guide people through the process (*Review of General Psychology*, Vol. 11, No. 3, 2007).

After earning her doctorate in social psychology, she joined the faculty of UC Riverside as an assistant professor of psychology and launched the Life Events Lab to study the experience of

waiting for uncertain news.

To better understand the waiting process, one of Sweeny’s earlier studies involved 50 law students who were preparing for the California bar exam. They completed questionnaires at six separate time points: shortly before and after the exam, at two intermediate points during the 4-month waiting period, and immediately before and after learning whether they passed. She found that waiting is more difficult at the start and end of a waiting period, and that optimists report lower levels of anxiety and rumination on average (*Journal of Personality and Social Psychology*, Vol. 106, No. 6, 2014).

Another study asked this question: Is waiting really the hardest part? Sweeny and her colleagues surveyed law students who had failed the bar exam and other participants who had waited for news that ultimately turned out badly. They discovered that the answer to this question depends on whether one prefers to be racked with anxiety or burdened with the anger, disappointment, and regret that comes with receiving bad news (*Personality and Social Psychology Bulletin*, Vol. 41, No. 11, 2015).

“One of the things I’ve had to battle throughout my career in studying this is that knee-jerk reaction from people in the field of ‘Isn’t this just one type of stress and coping?’ which we know a lot about,” said Sweeny. “I was pretty convinced at the onset, and have only become more convinced since then, that the kind of thing I study is really

RESEARCH FOCI

The Life Events Lab at the University of California, Riverside, is:

1

Examining how people deal with uncertain waiting periods

2

Understanding which coping skills can best help people during these ambiguous times

3

Investigating how doctors should talk to their patients throughout their care and when they have to deliver bad news

a different beast when it comes to stress and how we navigate it.”

ACHIEVING FLOW

Along with studying how people react to stressful waiting periods, Sweeny’s team of researchers has also investigated coping strategies that can help make these spells more manageable.

In 2019, the lab looked at whether “flow,” or a state of complete immersion in one activity, helped people during three separate anxiety-provoking periods: law graduates waiting for their bar exam results, doctorate-level students in the academic job market awaiting matches to internships and residencies, and undergraduates waiting for their peers to rate their physical attractiveness. They found that engaging in flow—which was either self-reported flow-inducing activities or a game of Tetris—boosts an individual’s sense of well-being during a period of uncertainty and makes the waiting a little bit easier

(*Emotion*, Vol. 19, No. 5, 2019).

“When people feel like the time is passing more slowly, they actually report more distress,” said Kyla Rankin, PhD, who earned her doctorate in June from UC Riverside and is first author on the study. “The thing about uncertainty and waiting was just trying to get the time to pass more quickly.”

The same finding rings true for people in quarantine, according to a study published last year in *PLOS ONE* (Vol. 15, No. 11, 2020). Sweeny and Rankin collaborated with scientists from Central China Normal University in Wuhan to study the impact of flow and mindfulness on long periods of quarantine. More than 5,000 participants in Wuhan and other major cities in China affected by COVID-19 completed an online survey where they assessed the length of their quarantine, their overall well-being during the past week, and any flow and mindfulness—a state of focusing one’s awareness

FURTHER READING

Waiting well: Tips for navigating painful uncertainty
Sweeny, K.
Social and Personality Psychology Compass, 2012

The challenge-skill balance and antecedents of flow: A meta-analytic investigation
Fong, C. J., et al.
The Journal of Positive Psychology, 2015

The surprising upsides of worry
Sweeny, K., & Dooley, M.
Social and Personality Psychology Compass, 2017

on the present moment—that they experienced during the same period.

When looking at overall well-being, Sweeny and Rankin found that people in a lengthy quarantine who reported higher-than-average flow experiences were no worse off than people who had not yet quarantined. Therefore, engaging in flow-inducing activities such as running, painting, and gardening “may be a particularly effective way to protect against potentially deleterious effects of a period of quarantine,” Sweeny and Rankin wrote.

IMPROVING DOCTOR-PATIENT COMMUNICATION

The other big question in the Life Events Lab is how to help medical professionals communicate with their patients throughout their care and improve how they deliver bad news. “One of the key things with communication and effectively communicating with patients is recognizing their values and being empathic and compassionate toward them,” said Brandon Tran, a 6th-year graduate student in the lab who studies how aspects of doctor-patient communication can have downstream effects. If something goes wrong at the beginning of the interaction, it can affect how patients and providers interact throughout the rest of the consultation, along with the patient’s perceptions and trust of the doctor, Tran noted.

For example, Sweeny and colleagues found that clinicians who are actively involved in their patient’s care, ask questions that prompt patients to think about



Dr. Kate Sweeny (back row, center) and her Life Events Lab team at the University of California, Riverside, have studied a variety of groups waiting for important news.

COURTESY OF KATE SWEENEY



their health in new ways, and show optimism about their patient's ability to initiate health behaviors are the most effective at motivating patients toward better health outcomes (*Journal of Health Psychology*, Vol. 23, No. 5, 2018).

This type of communication could be especially beneficial for people who are suffering from chronic health conditions or are waiting to hear back about a biopsy. In a 2018 study that interviewed female patients at a breast biopsy appointment, Sweeny found that the women tended to focus on their feelings of risk, subjective health, and perceptions of support (*Annals of Behavioral Medicine*, Vol. 53, No. 7, 2019). Proper communication from their physicians can go a long way toward helping these patients, said Sweeny.

In speaking to the nurses and doctors who are treating these breast biopsy patients, Sweeny knows they want to help their patients stay calm. "They know their patients are stressed out by

uncertainty, but they are maybe in a limited position to resolve it, either because the information about their test is not available yet or because they can't deliver the results in that moment," she said.

Exactly what health care systems should do to solve this dilemma is not perfectly clear, but Sweeny has one idea. "Don't do the 'We'll call you when your results are in,'" she explained. In a study published in 2017, Sweeny found that 93% of health care providers surveyed use this type of open-ended timing when giving patients medical exam results (*Patient Education and Counseling*, Vol. 100, No. 2, 2017). "It adds an extra layer of uncertainty, which is, 'When the heck am I going to get these results?'" said Sweeny. Instead, doctors should schedule a phone appointment at a designated time to disclose the patient's results.

This research on doctor-patient communication is especially applicable now, when many medical professionals are likely speaking to patients who are

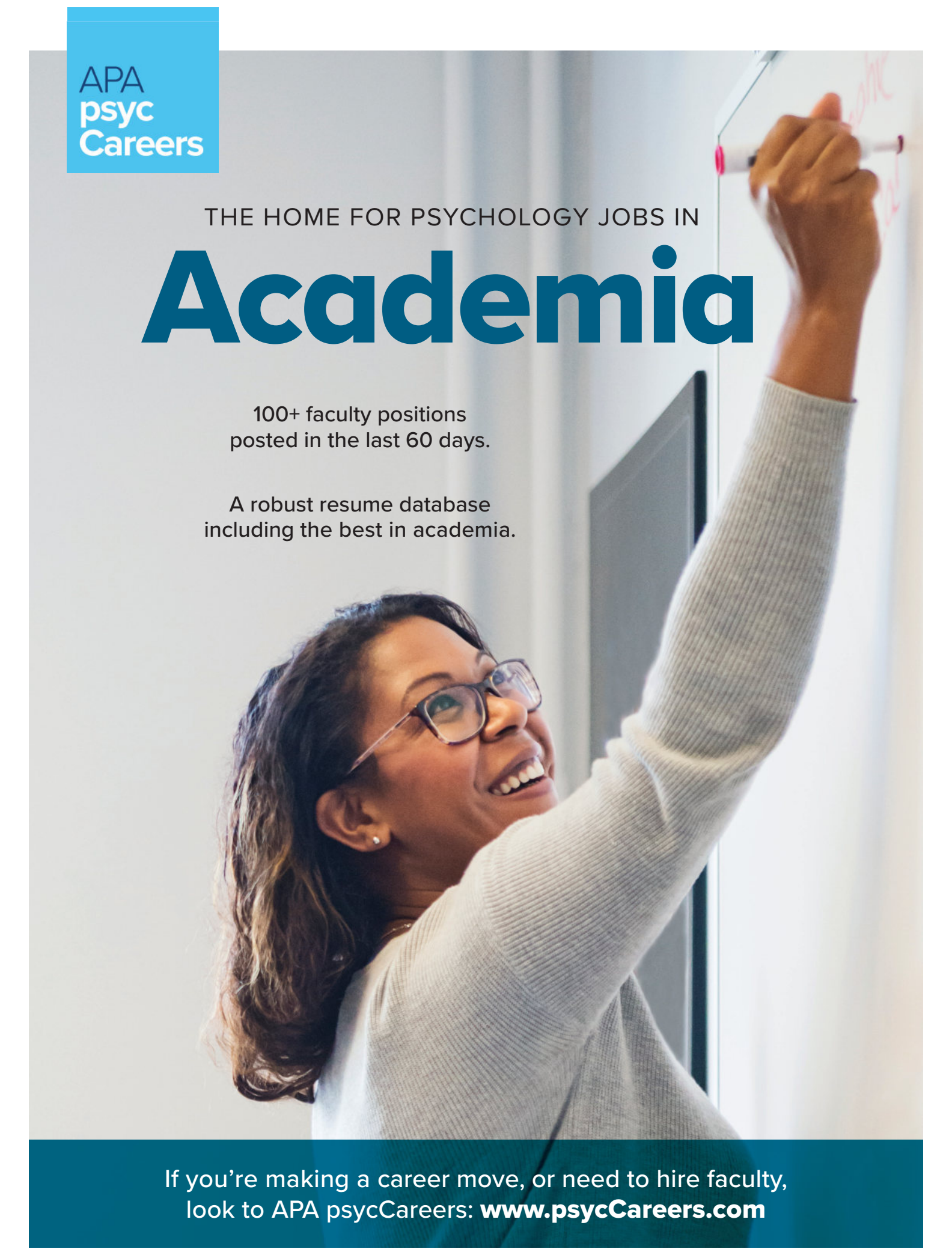
The lab has been building a research-based toolbox designed to help patients and their loved ones get through rough patches of waiting.

hesitant to get their COVID-19 vaccine, said Tran. "Patients who have negative reactions with their providers before the pandemic are much more likely to be reluctant [to listen to them] this time around, and that's actually costing people's lives," he said. "Communication is more important than ever."

Sweeny is also working to expand the scope of their work and focus even more on health care contexts where uncertainty and waiting have the greatest stakes. For the past 5 years, her team has been building a toolbox for members of the public that is filled with tips and tricks to help people through these rough waiting patches. Its advice includes suggestions on how to engage in flow and mindfulness meditation, which can give people a break in those moments where they're so worried that it is negatively impacting their day, said Sweeny. The lab also aims to develop a flow intervention for female breast biopsy patients to see if it helps them while they're waiting to hear back about their medical exam.

"Uncertainty is an underaddressed source of suffering," said Sweeny. It's also something that people may not feel comfortable talking about, so the research is not always straightforward, she said. But the work is worth it. "Uncertainty is really important to understand [because] it has a direct impact on people's lives." ■

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



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ILLINOIS

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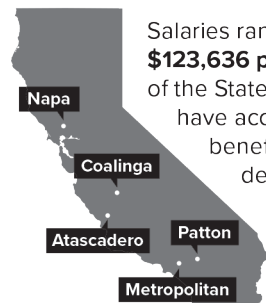
to see patients on Saturdays; meeting requirements for APIT is a plus. Opportunities: training, supervision, and/or collaboration to support professional development as an anxiety specialist; collegial support to follow your interests/further develop your specialty; flexible schedule that you create yourself to support your work-life balance; reimbursement for continued development (e.g., conferences, certifications, etc.) Visit www.advancedtherapeuticsolutions.org to learn more about us. To apply send curriculum vitae to: drlynas@advancedtherapeuticsolutions.org.

CLINICAL PSYCHOLOGIST AND POSTDOCTORAL 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

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La Rabida's fellowship program offers stipend plus benefits! For immediate consideration, please send cover letter, curriculum vitae and 3 letters of recommendation to: **Catharine Thomann, Ph.D., Child Trauma Post Doctoral Coordinator, La Rabida Children's Hospital, Chicago Child Trauma Center, Suite 203, 1525 E. 55th Street, Chicago, IL 60615.** Or email to:

cthmann@larabida.org



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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@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.

MINNESOTA

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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/msgme/psychology-rch.html>.

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RHODE ISLAND

POSTDOCTORAL FELLOWSHIPS:

The Department of Psychiatry and Human Behavior at the Alpert Medical School of Brown University offers postdoctoral fellowships in four divisions: Clinical Psychology Program (CPP), an APA-accredited Traditional Practice Program; Clinical Child Psychology Specialty Program (CCPSP), currently part of the APA-accredited CPP and has submitted for specialty accreditation; Clinical Neuropsychology Specialty Program (CNSP), APA-accredited on contingency; and Research Fellowship Program (RFP), which is not APA-accredited. Experiences range from primarily clinical to 100% research. **Application Deadlines:** Applicants to **Clinical Neuropsychology Specialty Program (CNSP)-Adult emphasis** fellowships have

an earlier hard application deadline of December 14, 2021. The CNSP adult emphasis fellowships do not participate in rolling admission. Applicants to **CNSP - Pediatric emphasis** fellowships adhere to the regular application deadline of January 4, 2022, with rolling admission. Applicants to **Clinical Psychology Program (CPP)** fellowships adhere to the regular application deadline of January 4, 2022, with rolling admission, and will adhere to APPIC Selection Guidelines. Applicants to **Clinical Child Psychology Specialty Program (CCPSP)** have an application deadline for December 14, 2021, with rolling admissions, and will adhere to APPIC Selection Guidelines. Applicants to **Research Fellowship Program (RFP)** fellowships may have the option of submitting for Early Decision on December 10, 2021. (This application deadline is for those RFP applicants whose first choice is Brown. By applying, applicant agrees to attend the program, if accepted. Applicants not accepted at the early decision deadline will automatically be considered for the regular application deadline). Regular application deadline for RFP is January 4, 2022, with rolling admissions. For application, program details, available fellowships (average of 20 per year), visit the Postdoctoral Fellowship page on our website: <https://www.brown.edu/clinical-psychology-training/postdoctoral-fellowship>. For further information, email: postdoc_training@brown.edu. Applicants must hold a doctoral degree at the time the fellowship begins. Appointments are initially for one year; in some fellowships, second year may be available, contingent on funding and satisfactory progress. Second year appointments are negotiated between fellow and supervisor. Competitive stipends and/or salary and benefits are provided. The Alpert Medical School of Brown University is an Equal Opportunity/Affirmative Action Employer and actively solicits applications from women and minorities.

TENNESSEE

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TEXAS

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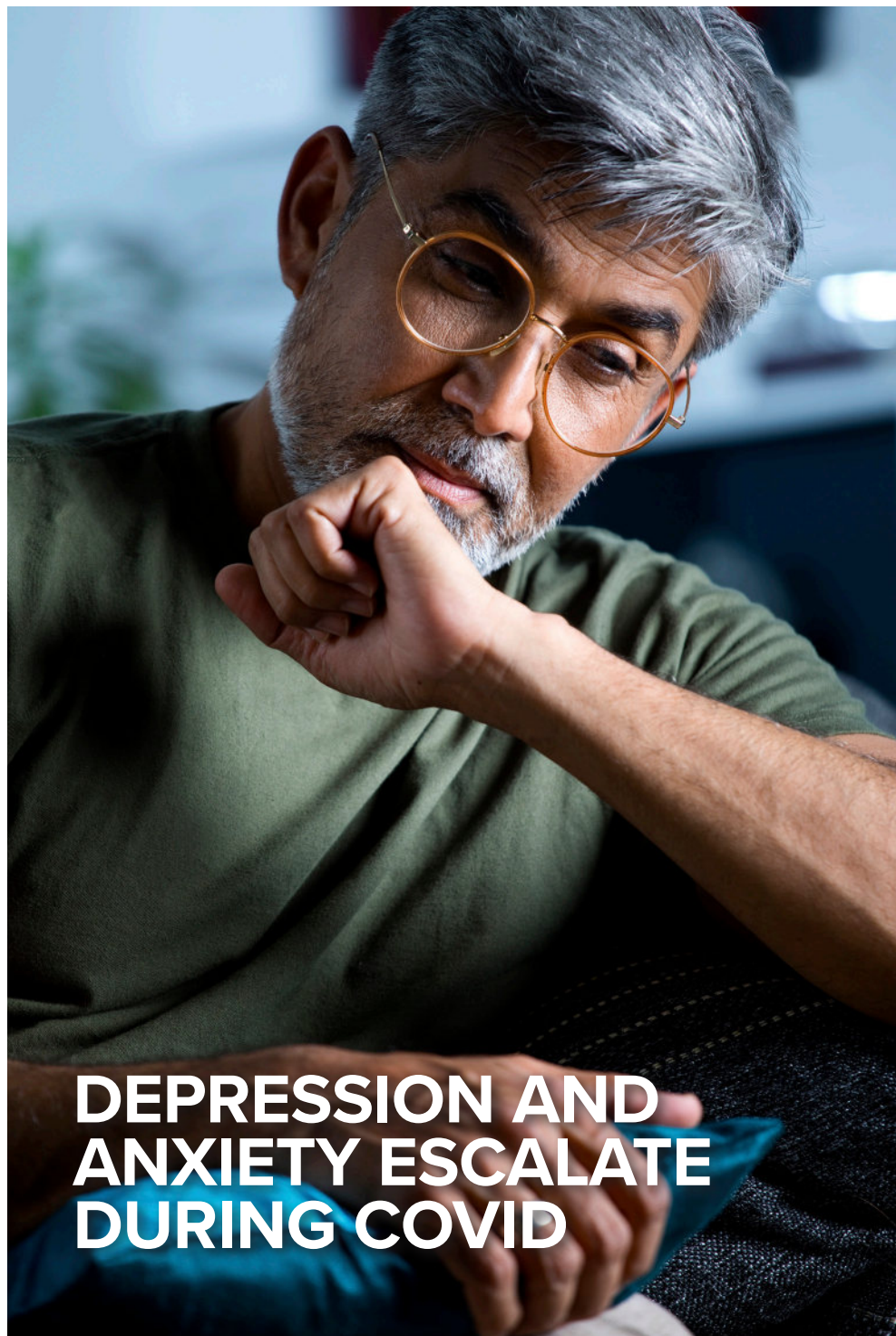
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7.4% – 8.6%

Range of average monthly percentages of U.S. adults reporting symptoms of anxiety, January–December 2019¹

28.2% – 37.2%

Range of average submonthly percentages of U.S. adults reporting symptoms of anxiety, April 2020–August 2021²

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5.9% – 7.5%

Range of average monthly percentages of U.S. adults reporting symptoms of depression, January–December 2019¹

20.2% – 31.1%

Range of average submonthly percentages of U.S. adults reporting symptoms of depression, April 2020–August 2021²

Sources: ¹Terlizzi, E. P., & Schiller, J. S. (2021). Estimates of mental health symptomatology, by month of interview: United States, 2019. National Center for Health Statistics. Available at www.cdc.gov/nchs/data/nhis/mental-health-monthly-508.pdf. ²National Center for Health Statistics Household Pulse Survey data on anxiety and depression collected between April 23, 2020, and Oct. 11, 2021. Available at www.cdc.gov/nchs/covid19/pulse/mental-health.htm.

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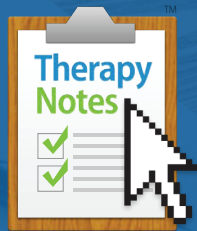
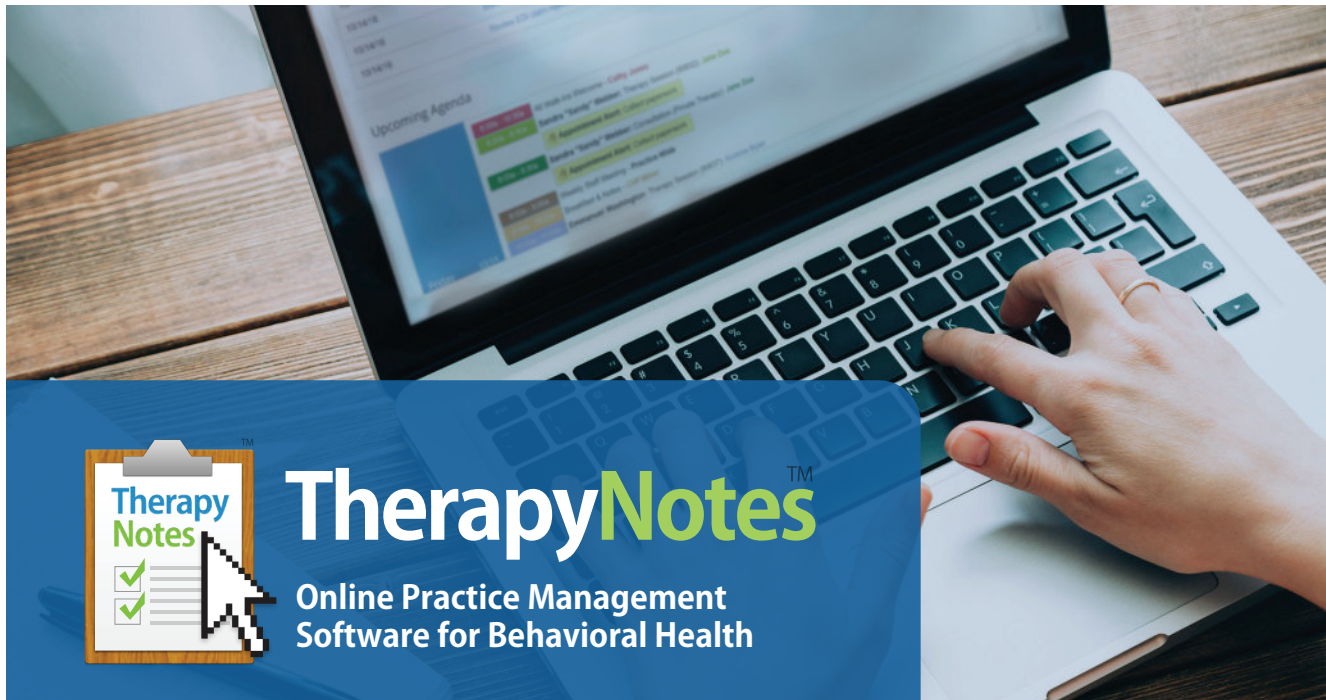
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Progress Note
Treatment Plan

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F41.0 Generalized Anxiety Disorder
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