A PUBLICATION OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION • MARCH 2022

monitor on psychology

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PSYCHOLOGY CONFRONTS RACISM

APA's apology to people of color

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PLUS

THE BURDEN OF WEIGHT STIGMA
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IMPROVING SIBLING RELATIONSHIPS
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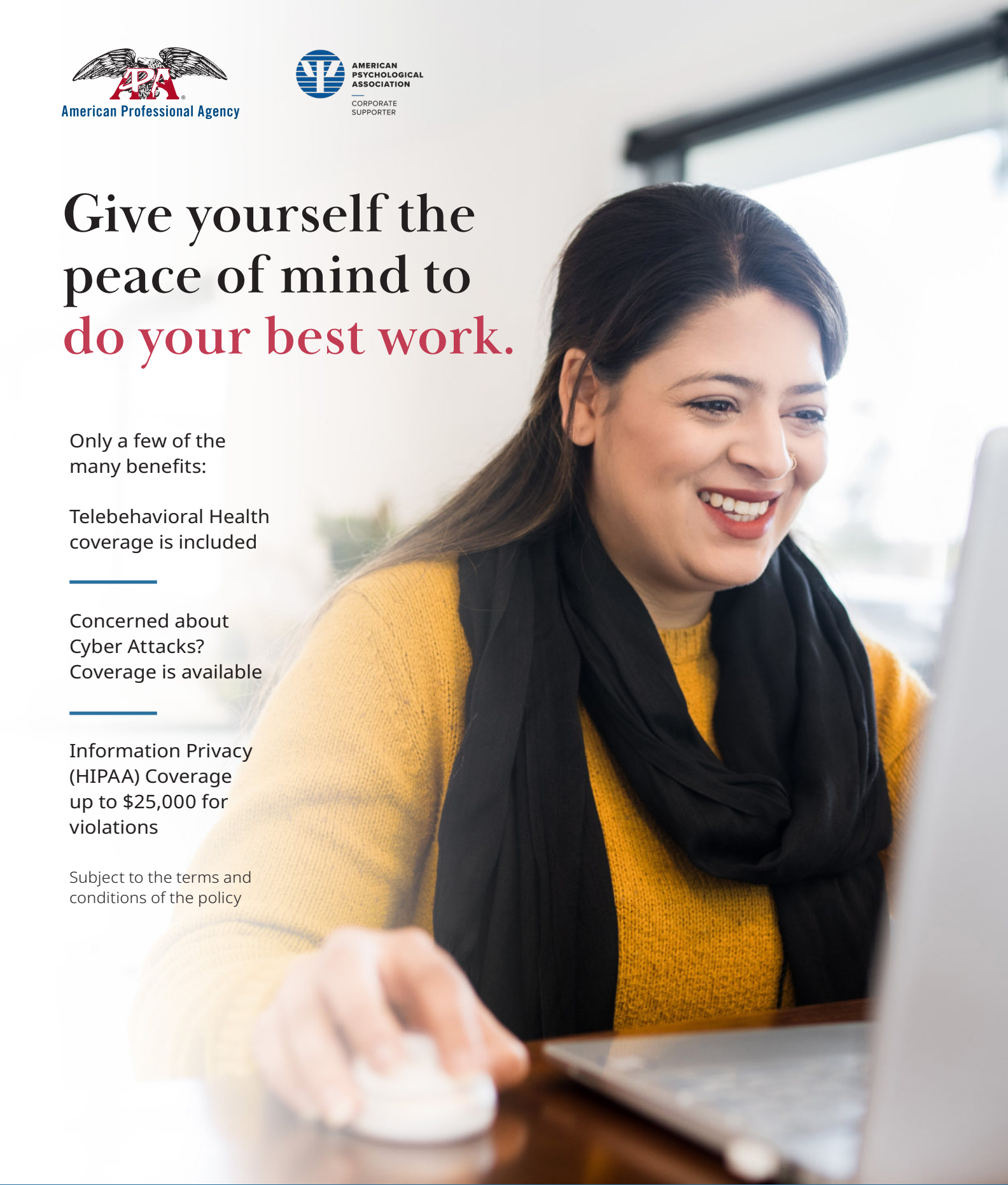

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RESOURCES, OPPORTUNITIES, AND NEWS FOR PSYCHOLOGISTS FROM APA

HEALTH

Build Vaccine Confidence in Your Community

APA has collaborated with the National Register of Health Service Psychologists on a webinar series for psychologists and other health professionals on building vaccine confidence and talking to patients in constructive ways about vaccines. Three of the webinars are offered as part of APA's partnership with the U.S. Centers for Disease Control and Prevention (CDC). All videos are available on demand for free and clinicians can earn one continuing-education credit for each session.

The APA/CDC topics are:

- "Helping Leaders and Clients Make Decisions About COVID-19 Vaccination in a Polarized Environment"
- "Educating Before Vaccinating: Understanding the Concerns of Black Americans About COVID-19 in the Service of Decision-Making for Self and Others"
- "Encouraging Trust in Community Conversations About Vaccines: Strategies and Steps"

Watch at www.apa.org/ed/ce/resources/increasing-vaccine-confidence.

The National Register of Health Service Psychologists topics are:

- "Ways That Mental Health Professionals Can Encourage COVID-19 Vaccination"
- "The Origins of Parental Vaccine Decision-Making and What Clinicians Can Do"
- "Understanding and Addressing COVID-19 Vaccine Decision-Making Among College Students and Younger Adults"

Find them at www.nationalregister.org/education-training/webinars/webinar-series-increasing-vaccine-confidence.

EQUITY

Making Science More Inclusive

APA Journals has created an **Equity, Diversity, and Inclusion Toolkit for Journal Editors** that includes 30 recommended actions editors can take to promote equity and inclusion in their publications.

Learn more at www.apa.org/pubs/authors/equity-diversity-inclusion-toolkit.

PARENTING

Encouraging Real-World Friendships

The new Magination Press children's book ***Peacock and Sketch*** explores the fleeting nature of social media stardom and the importance of forming real-world friendships in the digital age. The book includes guidance for parents and caregivers about how to help kids navigate social media.

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

TOP: GMAST3R/GETTY IMAGES; BOTTOM: MAGINATION PRESS

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) 374-7721; **for story ideas or comments**, contact Editor in Chief Trent Spiner at tspiner@apa.org.

IDEAS

3 Things to Do This Month

Advance your career & learn something new

SUBSCRIBE TO *YOU'RE INVITED*

1 Stay up to date on all the upcoming professional development webinars and events hosted or promoted by APA by subscribing to the *You're Invited* newsletter. The newsletter arrives in your inbox on the first and third Thursday of each month.

Sign up at www.apa.org/news/magazine-newsletters-blogs.

MARK YOUR CALENDARS

2 Registration opens for APA 2022 in April. We are planning an in-person event for those who can join us in Minneapolis, Aug. 4–6, and online convention programming for those who prefer to remain virtual.

Sign up for updates at www.apa.org/convention and follow @APAconvention on Twitter.

LEARN ABOUT THE PSYCHOLOGY OF RISK

3 Psychologist and science journalist Maria Konnikova, PhD, joins APA's *Speaking of Psychology* podcast to talk about risk, decision-making, and her experience as a professional poker player. Listen wherever you get your podcasts.

RESILIENCE

New COVID-19 Resources for Teachers

With funding from the U.S. Centers for Disease Control and Prevention, APA has developed science-based classroom resources about resilience that teachers in grades 4–12 can use to help students navigate the many challenges the ongoing pandemic has presented. The resources include videos, scripts, and worksheets on the value of building resilience, how stress can affect the body, and strategies for engaging in helpful actions and positive self-talk.

Find them at www.apa.org/education-career/k12/covid-19/building-student-resilience.

GPOINTSTUDIO/GETTY IMAGES

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VOLUME 53 | NUMBER 2

The *Monitor on Psychology* (ISSN-1529-4978) is the magazine of the American Psychological Association (APA) and is published 8 times per year—January/February combined, March, April/May combined, June, July/August combined, September, October, and November/December combined. Publications office, headquarters, and editorial offices are at 750 First St., N.E., Washington, DC 20002-4242. APA purchases only "first publication rights" for photos and illustrations. Therefore, it cannot grant permission to reuse any illustrative material. APA holds the copyright for text material in *Monitor on Psychology* articles. Permission requests to reproduce text material should be addressed to APA, Permissions Office, at the APA address. Telephone numbers: Headquarters (202) 336-5500; TDD (202) 336-6123; Display advertising (202) 336-5714; Classified advertising (202) 336-5564; and Subscriptions (202) 336-5600. The views expressed in the *Monitor on Psychology* are those of the authors and may not reflect the official policies or positions of the American Psychological Association or the *Monitor on Psychology*. No endorsement of those views should be inferred unless specifically identified as the official policy or position of the American Psychological Association. The publication of any advertisement by APA is an endorsement neither of the advertiser nor of the product. APA endorses equal employment opportunity practices, and we reserve the right to edit all copy and to refuse ads that are not in consonance with the principles of Title VII of the Civil Rights Act of 1964. Subscription to the *Monitor on Psychology* ($6) is included in the annual dues and fees for all APA members and student affiliates. Individual subscription rate is $50; individual surface rate is $107; and individual airmail rate is $139. Institutional subscription rate is $93; institutional surface rate is $203; and institutional airmail rate is $235. Single copies are $20 each. For $16 extra, the *Monitor on Psychology* will be mailed first-class to subscribers in the United States, Canada, and Mexico. For $75 extra, airmail is available to foreign subscribers (other than Canada and Mexico). Periodical postage is paid at Washington, DC, and at additional mailing offices. POSTMASTER: Send address changes to *Monitor on Psychology* Subscriptions Department, 750 First St., N.E., Washington, DC 20002–4242. CANADA SUBSCRIPTIONS: Canada Post Agreement Number 40036331. Send change of address information and blocks of undeliverable copies to PO Box 1051, Fort Erie, ON L2A 6C7. Printed in the United States of America. Address editorial inquiries to the *Monitor on Psychology* editor, and advertising and subscription inquiries to *Monitor on Psychology*/advertising or *Monitor on Psychology*/subscriptions.

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AMERICAN PSYCHOLOGICAL ASSOCIATION

SPECIAL REPORT

PSYCHOLOGY CONFRONTS ITS RACIST PAST

APA has issued an apology and recommended remedies for harms caused by historical racism within the organization and the field of psychology. The apology, passed unanimously by the APA Council of Representatives, calls on psychologists to use psychological science to dismantle systemic racism and advance health equity. *See page 22*

ON THE COVER: ICON:VITMANN/GETTY IMAGES

Departments

Vaping linked to eating disorders
Page 14

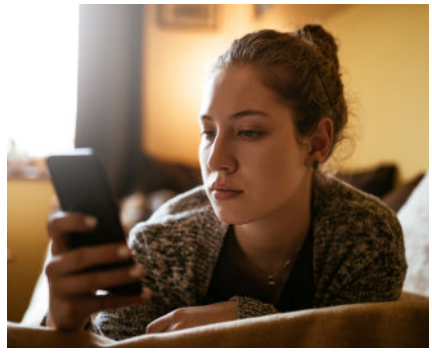
CAREER

LEAVING ACADEMIA

The number of psychologists leaving academia is growing. Psychologists who have made the jump from working in academia to industry or practice share their tips for changing course. *See page 75*

Understanding psychopathy. Page 46

Political disclosures in therapy. Page 80



Instagram and mental health. Page 30

AMERICAN PSYCHOLOGICAL ASSOCIATION

Spring Titles from Magination Press

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Fun story of the fleeting nature of social media stardom

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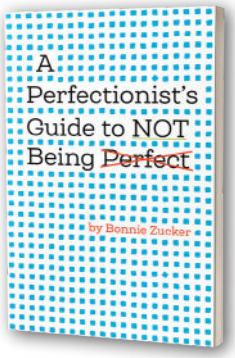

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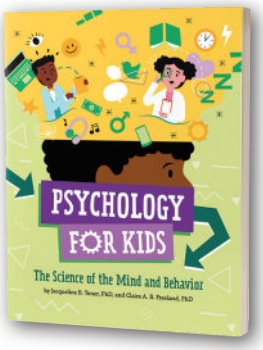

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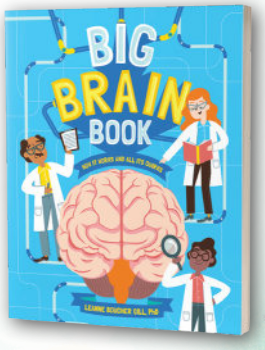

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LIBERTY AND JUSTICE: NOT YET FOR ALL

Psychologists have a responsibility to help address our nation's biggest concerns **BY FRANK C. WORRELL, PHD**

In May 1992, Rodney King asked, "Can't we all get along?" in response to the riots that followed the acquittal of the police officers who had beaten him. ¶ Thirty years later, we can ask the same question. Consider George Floyd, the shootings in Atlanta and El Paso, the attack on the U.S. Capitol on Jan. 6, 2021, and the debates about masking and vaccines in responding to COVID-19. At a time when people should be coming together for the good of the nation and the world, we are arguing with and sniping at each other, and levels of mistrust are increasing.

Many of these concerns stem from beliefs that all of us hold about individuals and groups that are different from ours: differences on the basis of ethnicity/race, gender, religion, political affiliation, sexual orientation, gender identity, socioeconomic status, country of origin, first language, and the list goes on. As psychologists, we are not immune from the increasing tribalism. I get upset when I learn about yet another incident of discrimination or inequitable treatment, sometimes from the past and sometimes contemporary. I must keep reminding myself that, as a society, we are getting better, and that these incidents are getting rarer and with perpetrators being held to account more frequently than in the past.

Nour Obeidallah, 19, wears a Stars and Stripes hijab inspired by the "We the People" illustrations by artist Shepard Fairey at the Women's March held in Washington, D.C., Jan. 21, 2017.

It is clear that the values of *liberty* and *justice* are yet to be applied to all. How do we balance the genuine fear of returning to an unequal past that many experience when contemporary injustices occur with the notion of working toward a "more perfect union"? How do we acknowledge the atrocities of the past while including everyone from the present? How do we learn to place the welfare of our neighbors at the same level as the welfare of ourselves? These questions are not easy to answer, but psychology and psychologists are uniquely qualified to address them, in keeping with APA's mission to improve the human condition.

In his poem, "Let America Be America Again," Langston Hughes wrote:

O, yes,
I say it plain,
America never was America to me,
And yet I swear this oath—
America will be!
. . .

We, the people, must redeem
The land, the mines, the plants, the rivers. . . .
And make America again! ■

● **Frank C. Worrell, PhD,** is the 2022 APA president and director of the School Psychology Program in the Graduate School of Education at the University of California, Berkeley. Follow him on Twitter: @FrankCWorrell.

NORA LOREK/PANOS PICTURES/PANOS PICTURES/REDUX

AMERICAN PSYCHOLOGICAL FOUNDATION

Thanks to support received for the EnVISION Antiracism Campaign, the American Psychological Foundation was able to support the following Visionary Grants:

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The University of Nebraska at Omaha
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DR. ALEXANDER P. BURGOYNE
Georgia Institute of Technology
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MS. SARAH GILLESPIE
University of Minnesota
Ending Racism and Promoting Student Thriving in Diverse Schools: Exploring the Causal Effect of Ethnic Studies Education through a Natural Experiment

DR. MEGAN MILLER
Indiana University
Investigating How Institutional and Provider Racism Contribute to Pain Treatment Disparities in Adults with Sickle Cell Disease

DR. TERESA P. NGUYEN
Sonoma State University
Socioeconomic Status, Racial Discrimination, and the Well-being of Low-Income, Latinx Families

DR. KATE M. TURETSKY
Barnard College, Columbia University
Understanding and Ending Racial Bias in Early Education Assessment

DR. FANITA A. TYRELL
The University of Maryland at College Park
Ethical Representation in Biosocial Research: Laying the Groundwork for the Representation And Research Ethics (RARE) Registry at UMD

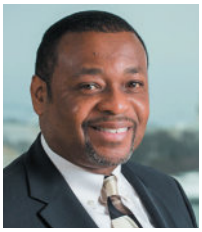
MR. ROBERT J. VARGAS
Carnegie Mellon University
Using fMRI-measured Attitudes and Actions to Predict Biased Decisions to Punish among White and Chinese Americans

The Visionary Grants are APF's flagship program, providing funding to psychology graduate students and early career psychologists to seed innovation through supporting research, education, and intervention projects and programs that use psychology to solve social problems. In 2020, in recognition of the urgency of the matter, APF added special Visionary grants dedicated to antiracism. This campaign is called **EnVISION Antiracism** and all funds raised are dedicated to new antiracism Visionary grants. Your support is critical to fund these programs. To find out more, go to **www.apa.org/apf/news/envision** or make your gift at **www.apa.org/apf/giving**. If you have additional questions, contact Miriam Isserow at **misserow@apa.org.**

MENTAL HEALTH MAKES US WHOLE

Renewed stigma threatens to hurt gains made by the field

BY ARTHUR C. EVANS JR., PhD



Normalizing mental health has long been a goal for APA and psychologists. Over the past decade, we have seen enormous advancement in promoting the notion that mental health is important for everyone, that it can be intentionally strengthened, and that it is intrinsically connected to our physical health and overall well-being.

Despite this greater enlightenment, there is an emerging sentiment that threatens to reverse valuable progress. We are starting to see some groups argue that increased attention to mental health in schools and the workplace is detracting us from the "real issues" on which we should focus.

This thinking is concerning on multiple levels. Attention to mental health does not happen at the expense of other issues. To the contrary, research consistently shows that good mental health is foundational to what enables us to do things like learn math or reading, make decisions, and socialize with others. For many, this is a shift in how they view mental health—as not only about treating illness but also essential to overall health and to optimizing our daily functioning.

These ideas stem from our nation's long-held view of mental health from a deficit perspective. If seen as a problem that only some have, mental health can be more easily ignored, but not if it is seen as a critical component of what enables us to be better and stronger individuals. Just as peak physical fitness conveys strength, so too does mental wellness. It is imperative that we build a culture where mental health is recognized as part of what makes us "whole" and—just like treating cancer or taking our blood pressure to prevent hypertension—requires both our reactive and proactive care.

If we are not careful, our nation runs the risk of allowing mental health to be politicized as we have seen with other issues during the pandemic, such as mask wearing and social distancing. Psychologists can play a critical role in helping people see that mental health is intertwined with the larger issues that people care about—from promoting business growth to ensuring children's academic performance.

As psychologists, we have a responsibility to help those in our society understand not only the significance of maintaining our individual mental health, but also the importance of public policy and institutional practices that promote psychological health and well-being. ■

MATTHEW BALL/UNSPLASH

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

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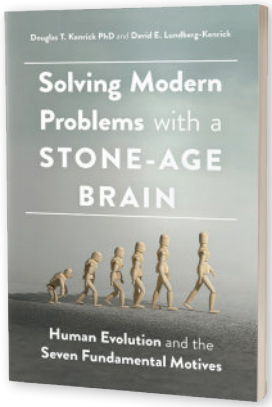

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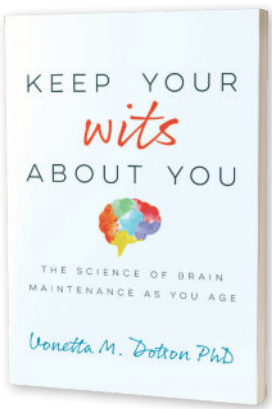

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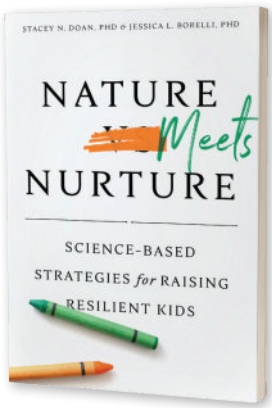

Best parenting practices that foster resilience! Recommendations from behavior scientists who are also mothers to help promote children's—and parents'—emotional wellbeing.

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COMPILED BY CHRIS PALMER

In Brief

THE LATEST PEER-REVIEWED STUDIES WITHIN PSYCHOLOGY AND RELATED FIELDS

UNUSUAL VISUAL INSPECTION

Research in the *Journal of Abnormal Psychology* (now the *Journal of Psychopathology and Clinical Science*) indicates that diagnosis of autism spectrum disorder (ASD) can be predicted in infants 9 months of age and older by the way they visually inspect objects. Researchers evaluated 147 infants in the United States, including a high-risk group of 89 infants whose older siblings have ASD and a low-risk group of 58 infants with siblings with typical development. The researchers observed how each infant played with objects at 9, 12, 15, 18, 24, and 36 months of age and rated their overall social engagement behavior. As part of their assessment, the researchers tallied the number of times the infant engaged in unusual visual inspection of an object, such as repeatedly spinning it or rotating it. The researchers found that incidents of unusual visual inspection were prominent, consistent, and present as early as 9 months of age in infants who went on to develop ASD. DOI: 10.1037/abn0000692

IMAGE SOURCE/GETTY IMAGES

Autism spectrum disorder can be predicted in infants 9 months of age and older by the way they visually inspect objects.

SEVERE INFECTION AND AUTISM RISK

Research in *Science Advances* indicates that severe infection is a significant risk factor for autism spectrum disorder (ASD). Researchers used an immunostimulant to challenge the immune systems of newborn mice that carried a mutated copy of the tuberous sclerosis complex 2 ($Tsc2^{+/-}$) gene—a mutation associated with high prevalence of ASD. They found that male mice (but not females) developed deficits in social behavior—including social memory—linked to changes in interferon signaling and activation of microglia, the immune cells of the brain. The drug rapamycin, meant to deplete microglia, reversed the mice's social behavior deficits, even after microglia reappeared months later. The researchers also analyzed a data set of more than 3.5 million health insurance claims in the United States and found that, regardless of genetic status, boys hospitalized with severe infections between the ages of 18 months and 4 years were 40% more likely to be diagnosed with ASD than those who were not hospitalized for severe infections. For girls, hospitalization for infection at this age was associated with a 30% greater chance of ASD diagnosis, though the correlation was not statistically significant.

DOI: 10.1126/sciadv.abf2073

People often incorrectly assume that deep conversations with a stranger will be more awkward and less enjoyable than they actually are.

Vaping among young adults is associated with an increased risk of developing an eating disorder.

VAPING AND EATING DISORDERS

Among young adults, vaping (e-cigarette use) is associated with an increased risk of developing an eating disorder, according to a study in *Eating Behaviors*. Researchers surveyed 51,231 U.S. students age 18 and older across 78 universities. Questions were aimed at assessing eating behavior risk and vaping behavior. The researchers found 19% of participants reported vaping in the previous 30 days. Among those who vaped, the prevalence of an eating disorder diagnosis was 5.8% and the elevated eating disorder risk was 29.6%. These numbers were higher compared with those who did not vape (3.2% and 23.9%, respectively), even when the researchers factored in other eating disorder risk factors.

DOI: 10.1016/j.eatbeh.2021.101566

BEYOND SMALL TALK

When conversing with a stranger, people often want to engage in deep conversation but don't because they incorrectly assume that deeper conversations will be more awkward and less enjoyable than they actually are, according to research in the *Journal of Personality and Social Psychology: Attitudes and Social Cognition*. Across 12 studies with more than 1,800 total online participants, researchers asked pairs of people, mainly strangers, to discuss either relatively deep or shallow topics. Prior to the conversations, participants estimated how awkward they thought the conversations would be, how connected they thought they would feel to their conversation partner, and how much they would enjoy the conversation. Afterward, they rated the conversation on each of these dimensions. Participants who had initially anticipated awkward deep conversations actually experienced relatively less awkwardness compared with those who discussed

TOP: LJUPCO/GETTY IMAGES; BOTTOM: TIM ROBBINS/GETTY IMAGES

shallow topics. Deep conversations were also rated as more enjoyable and led to a stronger sense of connection than shallow conversations.

DOI: 10.1037/pspa0000281

OBSESSIVELY THINKING ABOUT OCD

For those with obsessive-compulsive disorder (OCD), ruminating on symptoms and mood can prolong the experience of depression, suggests research in the *Journal of Abnormal Psychology* (now the *Journal of Psychopathology and Clinical Science*). Researchers asked 145 individuals in Switzerland and Germany diagnosed with OCD to read aloud their most distressing obsessive thought. Participants were randomized to one of three conditions: rumination about OCD symptoms, rumination about mood, or distraction. Compared with distraction, both types of rumination resulted in smaller decreases in distress, urge to neutralize, depressed mood, and frequency of obsessive thoughts. Rumination about OCD symptoms did not have a stronger immediate effect than rumination about mood, but it was associated with increased OCD symptom severity and reduced positive affect 24 hours later.

DOI: 10.1037/abn0000677

PARENTAL ESTRANGEMENT

Parental estrangement causes significant distress for those affected. Mothers estranged from their adult children often cite an ex-husband or a son- or daughter-in-law for turning their children against them, suggests research in *Couple and Family Psychology: Research and Practice*. Researchers surveyed 1,035 mothers in the United States who were part of an email discussion group for those experiencing or researching parental estrangement. They found that more than half of the mothers (56.8%) had gone more than a year without contact with their children. Most of these mothers (79.1%) said that family members had turned their children against them. Nearly two thirds of estranged mothers (62.4%) also believed their child's mental health or addiction issues played a role in their fractured relationship, just over a third (35.7%) pointed to disagreements over values such as parenting and politics, and about a fifth blamed themselves for the rift.

DOI: 10.1037/cfp0000198

Parental estrangement causes significant distress for those affected.

FREE TIME SWEET SPOT

Having too much free time chips away at people's sense of well-being nearly as much as having too little, suggests research in the *Journal of Personality and Social Psychology*. Researchers' analysis of two surveys involving 35,375 participants in the United States revealed that as free time increased, so did well-being, but well-being leveled off at about 2 hours and began to decline after 5 hours. The researchers also conducted two online studies involving 6,611 participants. In the first study, participants were randomly assigned to imagine having a low (15 minutes per day), moderate (3.5 hours per day), or high (7 hours per day) amount of discretionary time every day for 6 months. Participants who imagined both short and long periods of discretionary

VASILIK/GETTY IMAGES

time reported lower well-being than those in the moderate group. In the second study, the researchers found the nature of the free-time activity mattered: High amounts of free time spent on unproductive activities resulted in lower levels of well-being, while lots of free time spent on productive activities led to higher levels of well-being.

DOI: 10.1037/pspp0000391

HOW DO HOT STREAKS EVOLVE?

According to research in *Nature Communications*, artistic and scientific hot streaks—bursts of highly acclaimed work produced in close succession—appear to result from a particular cycle of creative experimentation immediately followed by implementation. Researchers used artificial intelligence tools to analyze career outputs of 2,128 visual artists, 4,337 film directors, and 20,040 scientists to find patterns in the timing and success of these creatives' hot streaks. Across each domain, creative individuals tended to explore diverse styles or topics prior to their hot streak but became more focused after the hot streak began. Crucially, hot streaks arose when this exploration was quickly followed by a more focused period when promising discoveries were implemented in a string of projects.

DOI: 10.1038/s41467-021-25477-8

HATRED OF MOVEMENTS

According to research in *Scientific Reports*, 1 in 3 people experience negative emotions such as anger, anxiety, and frustration in response to watching others fidget, a phenomenon referred to as misokinesia, or "hatred of movements." In one study, researchers found that among 2,751 undergraduate students in Canada, 38% were bothered by seeing others' repetitive fidgeting behaviors, such as foot shaking, finger tapping, or gum chewing. A second study with 765 online participants ages 18 to 93 revealed 36% had misokinesia and that older adults reported a broader range of negative experiences. In a third study with 650 participants in Canada ages 18 to 44, the researchers found no firm evidence that reflexive visual attentional mechanisms substantively contributed to misokinesia. Across all studies, the researchers found that at least 25% of those with misokinesia also experienced misophonia, a related (and more widely reported) phenomenon in which people recoil at others' repetitive sounds, such as chewing and lip smacking.

DOI: 10.1038/s41598-021-96430-4

Artistic and scientific hot streaks appear to result from a particular cycle of creative experimentation immediately followed by implementation.

HYPERBARIC THERAPY BOLSTERS COGNITION

Research in *Aging* indicates that hyperbaric oxygen therapy can increase blood flow in the brains of those with Alzheimer's disease (AD), leading to improvements in cognition. Researchers exposed a well-studied AD mouse model to hyperbaric oxygen therapy, in which atmospheric pressure is significantly elevated and breathable air is composed of 100% oxygen. Postmortem exams of the mice's brain tissue indicated an improvement in vascular function and the creation of new blood vessels, as well as a reduction in volume of preexisting amyloid plaque deposits (and the prevention of new plaques) that are a hallmark of AD. The

TARA MOORE/GETTY IMAGES

researchers then provided 60 sessions of hyperbaric treatment over 3 months to six human participants ages 65 and above who were experiencing cognitive decline. Compared with baseline levels, cerebral blood flow, as measured by MRI, increased by 16%–23%. Additionally, cognitive tests indicated that the treatment significantly boosted memory, attention, and information processing speed compared with baseline measurements.

DOI: 10.18632/aging.203485

RETIRING LATER MAY SLOW COGNITIVE DECLINE

Retiring at a later age may protect against cognitive decline, according to a study in *SSM - Population Health*. Researchers examined data from a representative sample of 20,469 people in the United States ages 55 to 75, all of whom had been employed at some point between 1996 and 2014. They found that those who stayed in the labor market until at least age 67 had a slower rate of age-related cognitive decline compared with those who retired between the ages of 55 and 66, regardless of gender and educational or occupational levels. The protective effects were most notable among those with the highest educational levels.

DOI: 10.1016/j.ssmph.2021.100855

AMYLOID TIPPING POINT

A person's age coupled with a single amyloid PET scan can predict age of symptom onset in sporadic Alzheimer's disease, suggests research in *Neurology*. Researchers analyzed amyloid PET scans from 236 participants ages 45 and older in the United States. The researchers computed the "standardized uptake value ratio" (SUVR)—in this case a measure of amyloid density compared with baseline for two or more scans taken an average of 4.5 years apart—to estimate the amount of amyloid in each participant's brain at each time point. They also accessed more than 1,300 clinical assessments on 180 of the participants to pinpoint when cognitive skills began to slip. They found that amyloid accumulation has a tipping point (1.2 SUVR) and each individual hits that point at a different age, after which amyloid accumulation follows a reliable trajectory until the brain's amyloid levels reach a high level (3.0 SUVR). The timeline for symptom appearance, though, was not linear. For example, a 50-year-old reaching the tipping point would become symptomatic about 20 years later, while an 80-year-old reaching the tipping point would develop symptoms just 10 years later. Participants with the APOE4 gene variant reached the tipping point about 9 years earlier than those without the variant, but afterward followed the same trajectory as those without it.

DOI: 10.1212/WNL.0000000000012775

MATERNAL DIABETES DRIVES RISK

People born to mothers with

Retiring at a later age may protect against cognitive decline.

FG TRADE/GETTY IMAGES

Type 1, Type 2, or gestational diabetes are at an increased risk for developing a psychiatric disorder of any kind, according to research in *JAMA Network Open*. Researchers followed all 2,413,335 children born in Denmark between 1978 and 2016. Children born to mothers with a diabetes diagnosis during pregnancy (about 2% of all offspring) were 15% more likely to develop a psychiatric disorder—in particular, schizophrenia, anxiety disorders, intellectual disabilities, developmental disorders, and behavioral disorders—than their unexposed peers during their first 4 decades of life. No association with maternal diabetes was observed for substance use disorders, mood disorders, eating disorders, or personality disorders.

DOI: 10.1001/jamanetworkopen.2021.28005

COUNSELORS FALL PREY TO STIGMATIZING LANGUAGE

Counselors who are exposed to person-first language—describing a patient as a "person with schizophrenia" rather than "schizophrenic"—show greater tolerance toward people with the disorder, indicates a study in the *Journal of Counseling & Development*. Researchers recruited 251 U.S.-based practicing mental health counselors and counselors-in-training. Half of the participants received a survey about people with schizophrenia that used the term "schizophrenic" and half received a version of the survey that used "person with schizophrenia." Participants who received the version with the term "schizophrenic" had attitudes that were more authoritarian, more socially restrictive, and less benevolent. Both practicing counselors and counseling students were affected by the stigmatizing terminology, though practicing counselors were affected to a greater extent.

DOI: 10.1002/jcad.12397

EARLY INTERVENTION AFFECTS AUTISM OUTCOMES

According to research in *JAMA Pediatrics*, a preemptive social communication intervention for autism spectrum disorder (ASD) among children showing early signs of the disorder led to reduced symptom severity across early childhood and reduced the odds of an ASD diagnosis at age 3. Researchers recruited 103 families in Australia with children ages 9 to 14 months showing three of five ASD symptoms. About half of the children received 10 sessions of a video-based intervention focused on positive parental-child communication over 5 months plus usual care, while the other half received only usual care for 5 months. The researchers found that children receiving the social communication intervention exhibited significantly milder ASD symptoms 12 months later compared with those in the control group. They also had lower odds of being diagnosed with ASD by an independent clinician at age 3 (7% versus 21%).

An early social communication intervention for autism spectrum disorder among children showing early signs of the disorder may reduce symptom severity.

DOI: 10.1001/jamapediatrics.2021.3298

BEING LISTENED TO MAY PRESERVE COGNITIVE HEALTH

Having a supportive person who can listen to you in your later years may lessen the

Being listened to in later years may lessen the cognitive deficits that can come with aging.

TOP: MICRO STOCK HUB/GETTY IMAGES; BOTTOM: OLIVER ROSSI/GETTY IMAGES

cognitive deficits that can come with brain aging or neuropathological changes accompanying Alzheimer's disease, suggests research in *JAMA Network Open*. Researchers analyzed data from 2,171 participants in the United States ages 45 and older (with an average age of 63) taking part in the Framingham Heart Study. Participants reported the availability of supportive social outlets, including listening, good advice, love and affection, emotional support, and sufficient contact with close friends and family. Participants' cognitive resilience—indicated by the impact of total cerebral brain volume on cognition—was assessed with MRI scans and neuropsychological measurements. The researchers found that for every unit of decline in brain volume, participants between the ages of 45 and 59 who had low listener availability had a cognitive age 4 years older than those with high listener availability. This association was absent for the other forms of social support.

DOI: 10.1001/jamanetworkopen.2021.21122

EARLY COVID MARKED BY LONELINESS

According to a study in *Nature*, calls to helplines around the world jumped during the first wave of coronavirus infections. Researchers analyzed 8 million helpline calls in 14 European countries, the United States, China, Hong Kong, Israel, and Lebanon between 2019 and early 2021. They found that call volume peaked 6 weeks after each country's initial coronavirus outbreak throughout February and March 2020, increasing

FILADENDRON/GETTY IMAGES

Calls to helplines around the world jumped during the first wave of coronavirus infections, with most callers dealing with feelings of fear, loneliness, and concerns regarding physical health.

35% compared with pre-pandemic levels. Most of the callers were dealing with feelings of fear (including fear of infection), loneliness, and concerns regarding physical health. Calls regarding relationship issues, domestic violence, and suicidal ideation were less prevalent than before the pandemic, suggesting that COVID created new concerns rather than driving increases in existing mental health issues. In addition, suicide-related calls increased when lockdown policies became more stringent and decreased when income support was extended.

DOI: 10.1038/s41586-021-04099-6

ADHD AND SUBSTANCE USE DISORDERS

According to research in *Alcohol and Alcoholism*, half of adults with attention-deficit/hyperactivity disorder (ADHD) have had a substance use disorder in their lifetime. Researchers analyzed a nationally representative sample of 270 respondents in Canada ages 20 to 39 with ADHD and 6,602 matched age respondents without ADHD. After adjusting for all control variables, those with an ADHD diagnosis had higher odds than those without a diagnosis of developing alcohol use disorders (1.38 times higher), cannabis use disorders (1.46 times higher), other drug use disorders (2.07 times higher), or any substance use disorder (1.69 times higher). History of depression and anxiety led to the largest attenuation of the relationship between ADHD and substance use disorders, followed by childhood adversities and socioeconomic status.

DOI: 10.1093/alcalc/agab048

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

Datapoint

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

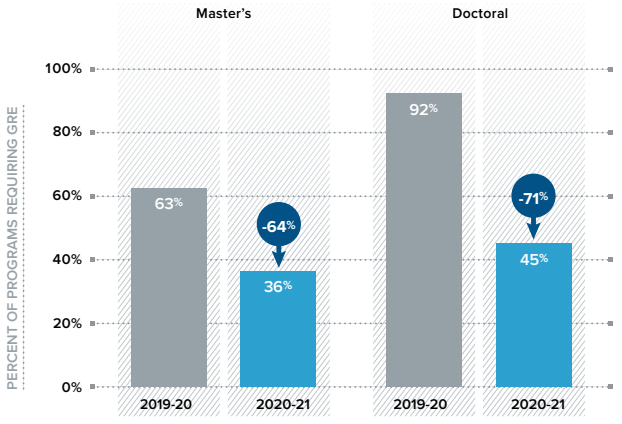
NEWS ON PSYCHOLOGISTS' EDUCATION AND EMPLOYMENT FROM APA'S CENTER FOR WORKFORCE STUDIES

HOW THE PANDEMIC HAS IMPACTED PSYCHOLOGY GRADUATE PROGRAMS

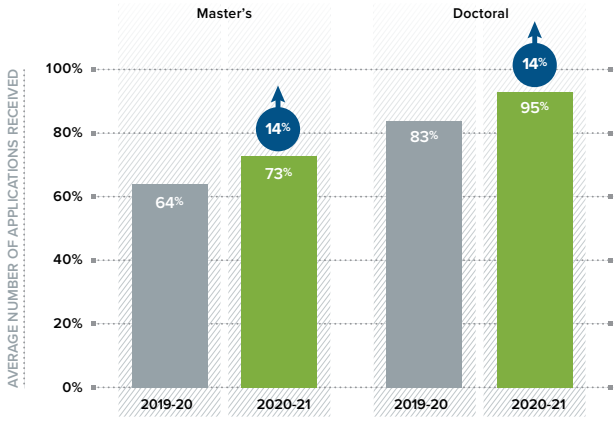
Applications and acceptance rates increased; the requirement for GRE scores plunged

As a result of the COVID-19 pandemic and increased attention to systemic racism, many higher education programs in the United States and Canada have waived requirements temporarily or permanently for submitting GRE scores as part of applications. For psychology doctoral and master's degrees, the percent of programs requiring GRE scores decreased by about half between the 2019–20 and 2020–21 academic years, dropping from 92% to 45% for doctoral programs and from 63% to 36% for master's programs.[1] The GRE may present a barrier to graduate education due to cost, access to test preparation instruction, and other factors. Preliminary data show that the elimination of this barrier, in addition to other factors such as labor market conditions, may have led a greater number of students to apply to psychology graduate programs.

Graduate programs requiring GREs for admission fall sharply



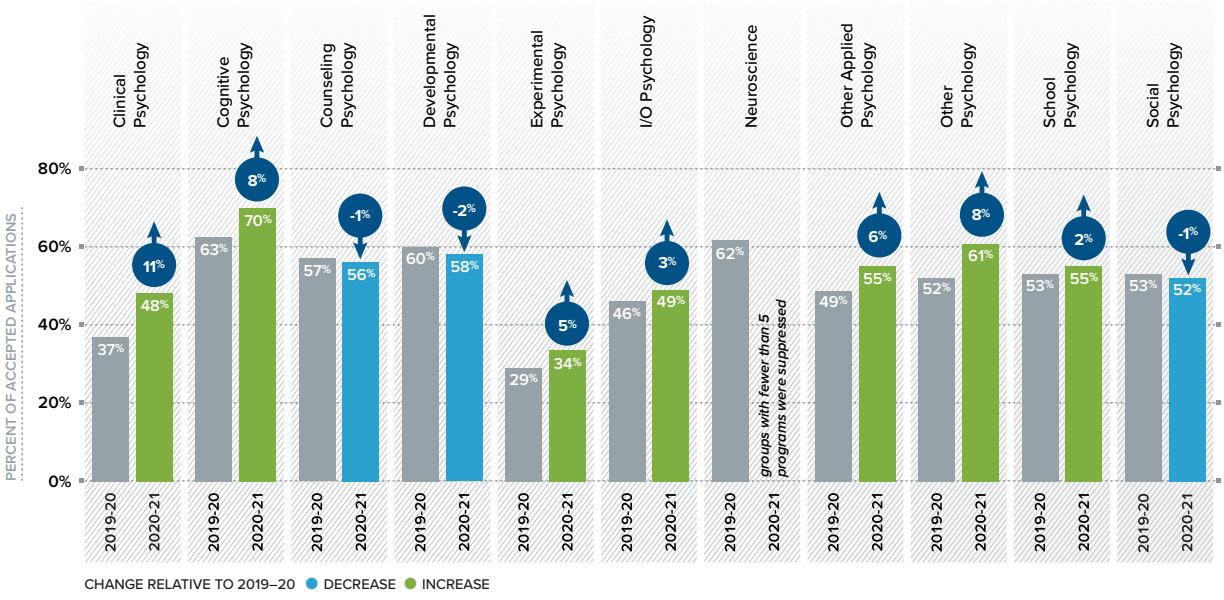
Trends in average number of applications received



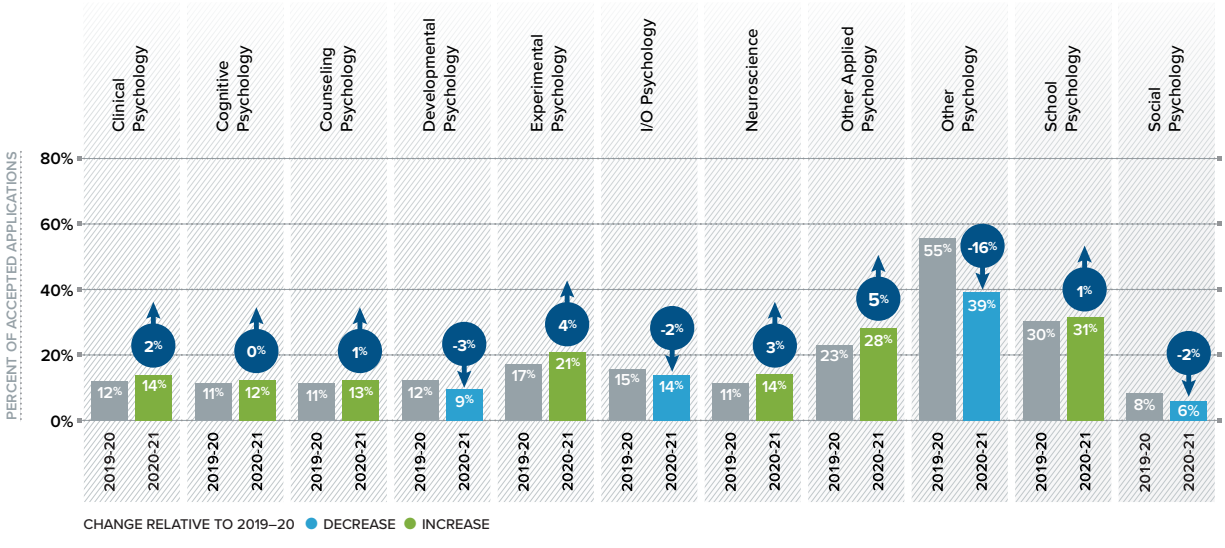
[1]Graduate Study in Psychology is an annual survey conducted by APA's Office of Graduate and Postgraduate Education and Training. For the 2019–20 cycle, a total of 423 departments or schools in the United States and Canada provided responses on 1,288 graduate programs in psychology. For the 2020–21 cycle, a total of 334 departments in the United States and Canada provided responses on 912 graduate programs in psychology. Want more information? See CWS's interactive data tools at www.apa.org/workforce/data-tools/index or contact cws@apa.org.

Acceptance rates varied by subfield, with the greatest increases in clinical psychology and cognitive psychology programs at the master's level, and smaller increases in other applied psychology, experimental psychology, and clinical psychology at the doctoral level. Finally, more degrees were awarded in 2020 than in 2018 or 2019, with larger increases in health service psychology fields than in research fields. This at least temporarily breaks the flattening and downward trends in the number of degrees awarded (see https://www.apa.org/workforce/data-tools/degrees-psychology).

Percent of accepted master's applications by subfield



Percent of accepted doctoral applications by subfield



GRAPHICS: MARY BETH RAMSEY; PHOTO: JEFF BERGEN/GETTY IMAGES

CONFRONTING PAST WRONGS AND BUILDING AN EQUITABLE FUTURE

APA issued an apology and recommended remedies for harms caused by historical racism within the organization and the field of American psychology

BY TORI DEANGELIS AND EFUA ANDOH

Throughout psychology's history, many psychologists have supported harmful policies against people of color. ¶ A call from APA members to address critical societal issues amid a reckoning on race in America led the association to examine racism in psychology's past against communities of color and to develop a commitment to dismantling systemic racism in the present and the future. The first step was a formal apology from APA taking responsibility for how it has affected the field and providing science-based recommendations to remedy racism's many harms. ¶ The apology—the first of its kind since the association was formed in 1892—is part of an effort to confront the past harms against people of color and institute new guidelines to promote equity, diversity, and inclusion (EDI) in science, education, and clinical practice. Many psychologists, particularly those from communities of color, have been doing this work for decades, and it is through their leadership, advocacy,

and scholarship that the apology and recommendations are possible. The apology represents a historical turning point for APA and the discipline when it comes to infusing equity throughout the field of psychology.

"There's a Yoruba proverb that says, 'The axe forgets what the tree remembers,'" said clinical psychologist BraVada Garrett-Akinsanya, PhD, who has long advocated for psychologists and the association to better address racial discrimination. "In many ways, APA has been the axe, and those of us who have stood like trees remember the injuries because we live them every day."

The apology, which passed unanimously by APA's Council of Representatives on Oct. 29, 2021, calls on psychologists to use the discipline and psychological science to dismantle systemic racism and advance health equity.

"The governing body within APA should have apologized to people of color before today," it reads. "APA, and many in psychology, have long considered such an apology, but failed to accept responsibility."

PSYCHOLOGY'S PAST HARMS

APA's first president, G. Stanley Hall, described First Peoples as childlike, calling for "civilizing programs" that destroyed their culture, language, and spiritual life. Throughout the 1900s, prominent psychologists argued against interracial marriage, claiming it would produce a "race of submen" and that biracial individuals were mentally defective. Other APA leaders actively supported eugenics for decades, calling for sterilization initiatives for "unfit and inferior races."

Psychological research has helped to create policies that supported the justification for incarcerating people of color, writing anti-miscegenation laws, adopting forced sterilization, and creating military and educational segregation.

Well into the 1960s, some psychologists continued to present research claiming that Black people cannot reach the intelligence levels or abilities of White people.

Throughout the years, APA often remained silent when opportunities arose to make a difference in the lives of oppressed racial groups. In response to this silence, 75 Black psychologists left APA in 1968 to form the Association of Black Psychologists (ABPsi), citing APA's failure to address poverty, racism, and other social concerns during the civil rights movement. Other ethnic psychological associations (EPAs) emerged in the early to mid-1970s, namely the Association of Psychologists por la Raza, the Asian American Psychological Association, and the Society of Indian Psychologists. The mission of EPAs today is to amplify and elevate the traditions in their communities in the field of psychology.

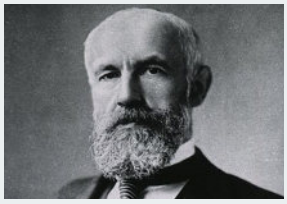
In 1979, Martha Bernal, PhD, the first Mexican American woman to earn a doctorate in clinical psychology and who helped establish the National Hispanic Psychological Association, examined the curricula of APA-accredited clinical psychology programs and found them woefully inadequate when it came to the treatment of multicultural populations.

The field still struggles with a stunning lack of diversity. In 2019, Black psychologists represented just 3% of the workforce, Asian psychologists 4%, and Hispanic psychologists 7%, according to APA's Center for Workforce Studies. Two percent were American Indian/Alaska Native, Native Hawaiian/Pacific Islander, or people of two or more races. The field is dominated by White people—at 83% of the psychology workforce as compared with 60.1% of the total U.S. population.

> "There's a Yoruba proverb that says, 'The axe forgets what the tree remembers.' In many ways, APA has been the axe, and those of us who have stood like trees remember the injuries because we live them every day."
>
> CLINICAL PSYCHOLOGIST
> BRAVADA GARRETT-AKINSANYA, PHD

PIVOTAL MOMENTS

Psychology's long journey toward racial justice



1892 The American Psychological Association is founded, with **G. Stanley Hall** as president and **31 White male members.**

1910 The Eugenics Record Office is established at the Carnegie Institution of Washington's Station for Experimental Evolution. Several leaders of organized psychology were founders and active members, including Lewis Terman, who would later become APA president.

1916 Lewis Terman creates a revised version of the Stanford-Binet scale to **justify a segregated system of education** to train certain children, such as Blacks, Mexicans, and Native Americans, into "efficient workers." Other intelligence tests based on scientific racism followed.

1933 Psychologist **Raymond Cattell argues against miscegenation and the full citizenship** of Black Americans. He continued to maintain the dangers of "race mixing" through the early 1990s. In 1997, he is selected winner of the APA Gold Medal Award for Life Achievement. Amid protest by a small group of psychologists, the award is postponed, but a larger group of APA members protest its postponement. Eventually, Cattell withdraws himself from consideration.

1954 *Brown v. Board of Education* is decided, aided by the testimony of Black psychologists Mamie Phipps Clark and Kenneth Clark. This ruling ends segregation in public schools in the United States. However, **psychologists including Henry Garrett, Raymond Cattell, Audrey Shuey, and others lobby to overturn the decision** as well as other civil rights legislation in the following years.

1966 Kenneth Clark (above, right) becomes the first Black president of the American Psychological Association, 74 years after the organization was established.

1967 Arthur Jensen delivers an address to the American Educational Research Association **emphasizing genetic roots for group differences in the educability of children of color.** Jensen's work continued to fuel considerable debate about group differences in IQ and ability for years to come.

1968 The Association of Black Psychologists is formed when 75 Black psychologists leave APA, charging that it has failed to address issues of poverty, racism, and racist and cultural biases in testing. Other ethnic psychological associations (EPAs,) including the Asian American Psychological Association, National Hispanic Psychological Association, Society of Indian Psychologists, and others, formed during the 1970s and beyond.

1974 APA announces a **Minority Fellowship Program,** funded with a $1 million grant from the National Institute of Mental Health's Center for Minority Group Mental Health's Programs. The program has graduated 2,201 alumni to date.

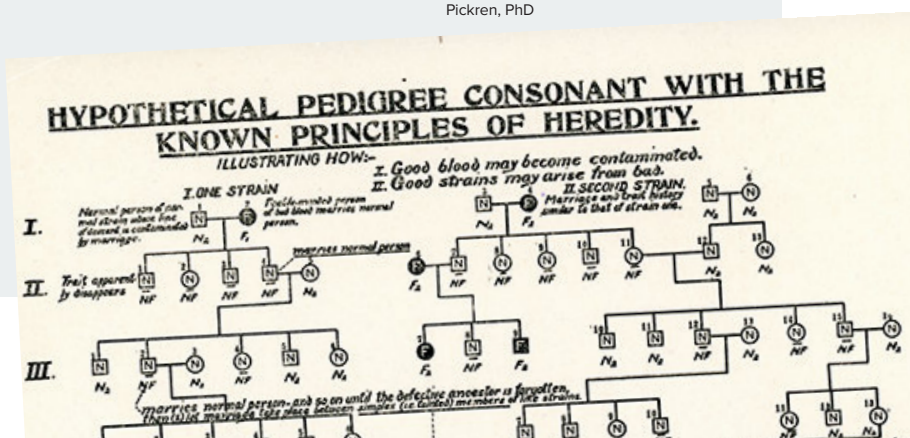
1978 Thirty representatives of EPAs urge APA leadership to create a stronger presence for ethnic minority concerns. **The APA Office of Ethnic Minority Affairs is created in 1979,** followed by the creation of the Board of Ethnic Minority Affairs in 1980, which became the Committee on Ethnic Minority Affairs in 1990.

1992–2019 Reviews of **APA's Ethical Principles of Psychologists and Code of Conduct find little mention of race and ethnicity.** In response, APA issues *Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations* in 1993. Other guidelines related to race, ethnicity, and culture follow, including the *Multicultural Guidelines* in 2002, revised in 2017, and the *Race and Ethnicity Guidelines* in 2019.

2005 Representatives of EPAs begin attending APA Council of Representatives meetings as observers. **A bylaw change to provide voting seats for EPA representatives on the council fails to pass three times over 15 years.** The change is finally approved by APA membership in 2020.

Source: Cummings Center for the History of Psychology at the University of Akron writing group and working group: Cathy Faye, PhD, Jennifer L. Bazar, PhD, Tony Pankuch, MLIS, Kelli Vaughn-Johnson, MA, Art Blume, PhD, J. Manuel Casas, PhD, Christine Iijima Hall, PhD, Theopia Jackson, PhD, Frederick Leong, PhD, Gina Philogene, PhD, Wade Pickren, PhD

At right: a pedigree chart published by the Eugenics Record Office



HALL AND TERMAN PHOTOS: NIH.GOV; CHART: THE DRS. NICHOLAS AND DOROTHY CUMMINGS CENTER FOR THE HISTORY OF PSYCHOLOGY, THE UNIVERSITY OF AKRON CLARK PHOTO: BETTMANN/GETTY IMAGES

The apology illustrates psychology's early use of science to justify racism and the eugenics movement and how the use of that science helped contribute to the systemic oppression of people of color. It also links that early history to the ongoing centering of White perspectives in psychological science, scholarship, and practice, and it spells out how that framework has marginalized psychologists of color.

"We need to be aware that history repeats itself if we do not actively disrupt generational cycles," said APA Chief Diversity Officer Maysa Akbar, PhD, ABPP. "It's important that we fully embrace the good, the bad, and the indifference that has existed in our field—with full awareness that we should understand what it means to represent the discipline of psychology, and that we continue to dismantle all types of racism, discrimination, and hate."

The discipline's history shows the efforts of psychologists of color to challenge White research and testing norms, to enter the field despite obstacles, to form their own psychological associations, and to contribute and shape policy change.

"One of the things that was really eye-opening was to understand how powerfully our field has been shaped by destructive ideologies and forces," said Brian Smedley, PhD, APA's former chief of psychology in the public interest, who co-led the team that developed the apology. "When you understand that history, you start to realize that not only do I, as a psychologist, have personal and professional responsibilities, but my discipline and my association have responsibilities as well."

> "I believe the entire discipline has a role to play in achieving a society in which all its members can benefit from psychology's best practices, research discoveries, and training practices."
>
> 2021 APA PRESIDENT JENNIFER F. KELLY, PhD, ABPP

In its apology and accompanying resolutions, APA identified more than 50 recommendations the association and discipline can follow to help dismantle systemic racism within the field. It emphasizes the fact that APA must reflect on its own contributions to racism before it can work to dismantle it in the field and in society at large.

The association has begun the work of completing a comprehensive inventory of the EDI and anti-racism work currently under way to help identify areas where energy is currently focused, where psychology is making the greatest progress, and where there are gaps that need to be addressed.

The apology also calls on APA to focus on addressing health inequities and disparities. It pushes APA to comprehensively evaluate the recruitment, retention, and admission processes to increase training and career pathways for students of color, and to advocate for more and sustained federal and private funding for research on health inequities, said 2021 APA President Jennifer F. Kelly, PhD, ABPP.

"I believe the entire discipline has a role to play in achieving a society in which all its members can benefit from psychology's best practices, research discoveries, and training practices," Kelly said. "Until we achieve health equity, we will not be a free and just society."

The apology does not account for every harm, and dramatic changes need to be made going forward, according to some critics. ABPsi President Donell L. Barnett, PhD, believes the apology stops short of fully admitting that APA represents and upholds just one of many potential versions of psychology: that is, a White Eurocentric one.

"Black psychology arose out of a recognition that psychology writ large is rooted in a particular cultural reality," Barnett said. "The apology misses the mark because it doesn't recognize that APA is the agent of a single version of psychology." Given a world with immense inequities, needs, and cultural differences, "to the degree that APA is the arbiter of psychology around the world," he added, "the implications of missing the mark are incalculable." ■

MOMENTUM IN THE FIELD

Psychologists of color have been working for decades to bring equity to the field

Despite obstacles including lack of funding and institutional support—not to mention marginalization within their own profession—psychologists of color have been working tirelessly to promote equity, diversity, and inclusion, or EDI, since long before it was a common term. In addition to early research efforts like those of Mamie Clark, PhD, and Kenneth Clark, PhD, in the 1940s showing the psychological effects of racism on Black children, psychologists of color advanced more formal EDI efforts in the 1960s, including culturally responsive research and clinical services, EDI training and consultation, and advocacy and activism efforts.

Over time, their work has grown in scope, visibility, and impact. Most recently, their efforts have gained added significance as the scourge of COVID-19 has laid bare serious health inequities and more Americans have been brought face-to-face with racial injustices following the murder of George Floyd in May 2020.

Clinical psychologists are among those doing this pivotal EDI work. BraVada Garrett-Akinsanya, PhD, for example, uses an evidence-based, African-centered wellness model to provide services to Black children, adults, couples, and families who live in Minneapolis communities ravaged by health inequities, gun violence, and high infant and maternal mortality rates. She is also founder of the African American Child Wellness Institute, which provides culturally specific mental health services and holistic wellness resources, research, and practices to Black children and their families.

Seeing the difficulties and inequities that these communities face, Garrett-Akinsanya wants her

SERGIO GALLARDO/AUGUSTA UNIVERSITY

Dr. Tiffany Townsend has been leading a range of equity, diversity, and inclusion initiatives at Augusta University.

discipline to be part of the solution, not part of the problem: "I want to prioritize sharing our science with America," she said, "because we have a racism emergency in our streets, and people of color are hurting."

At Claremont McKenna College in California, Wei-Chin Hwang, PhD, is using research to find ways to improve clinical services for diverse populations based on their unique cultural needs. He developed the first culturally adapted cognitive behavioral therapy manual for use with Asian-heritage populations, for example, and his research lab is now studying how providers become barriers to care for prospective clients of different racial and clinical backgrounds when they fail to return or respond to emails and phone calls from those seeking help.

Many of his students plan to pursue clinical psychology careers to aid their communities, Hwang added. "They want to make a difference in the communities they belong to and the ones that they serve," he said, "both in raising awareness about mental health issues and in destigmatizing mental health treatments."

Other psychologists, meanwhile, are infusing EDI principles in academia, businesses, health care, and additional settings. Tiffany Townsend, PhD, chief diversity officer at Augusta University in Georgia, has been heading a range of EDI initiatives on her campus, including a diversity climate listening tour, listening sessions following the murder of George Floyd, and free online EDI trainings. A campus climate survey conducted by her team found that students wanted more faculty that they could relate to, which led to a university-funded initiative to recruit and retain faculty of color.

> "We know that creativity improves when you have different perspectives and lived experiences at the table."
>
> TIFFANY TOWNSEND, PHD, AUGUSTA UNIVERSITY

Dr. Jill Fish has created a digital archive of stories from Native American and Indigenous peoples.

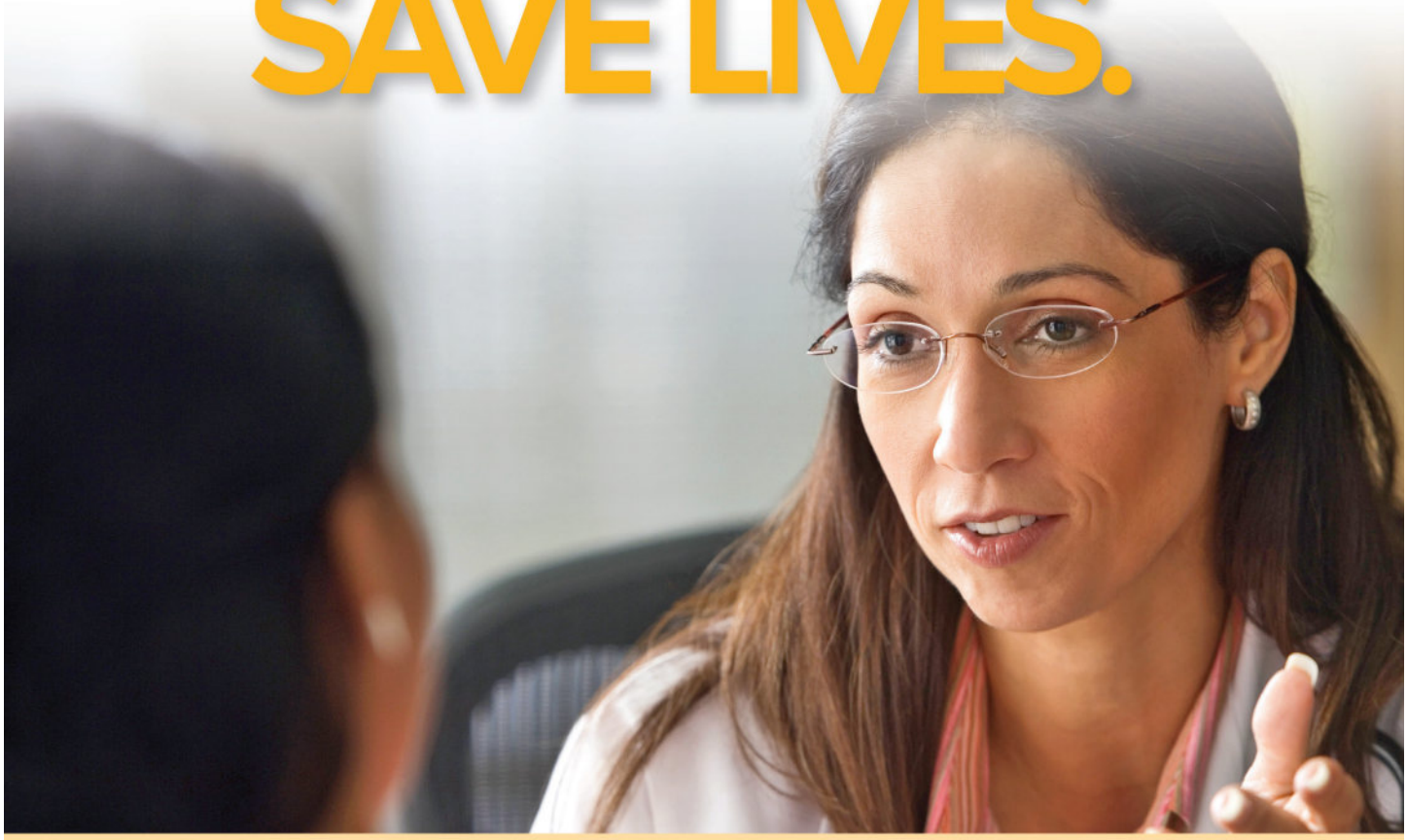
"I'm really focused on helping our faculty, leaders, and staff think about why we should care [about EDI]," Townsend said. "We know that creativity improves when you have different perspectives and lived experiences at the table."

Still other psychologists are bringing EDI research into the public eye. Portland, Oregon-based counseling psychologist Jenjee T. Sengkhammee, PhD, who is Hmong American, spoke to Oregon Public Broadcasting several times about the mental health issues affecting people of color during COVID and the impact of racism on Asian American health, including after the shooting deaths of six women of Asian descent at a spa in Atlanta in March 2021. And Jill Fish, PhD, a Minnesota-based counseling psychologist and researcher who is Haudenosaunee, has created a digital project for Native people to tell their stories, called OrigiNatives (www.originatives.org). Eventually, she wants to create formal curricula around the stories so that all people, Native and non-Native, can learn directly from Native people rather than from outdated textbooks.

Like many psychologists practicing EDI principles, Fish is a firm believer in work that benefits those being studied. "We have an obligation to return to our communities—not only to empower them to be a part of the research process," she said, "but also to have them experience the positive effects of psychological research in real time." ■

TOM THORNTON

YOU CAN SAVE LIVES.



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

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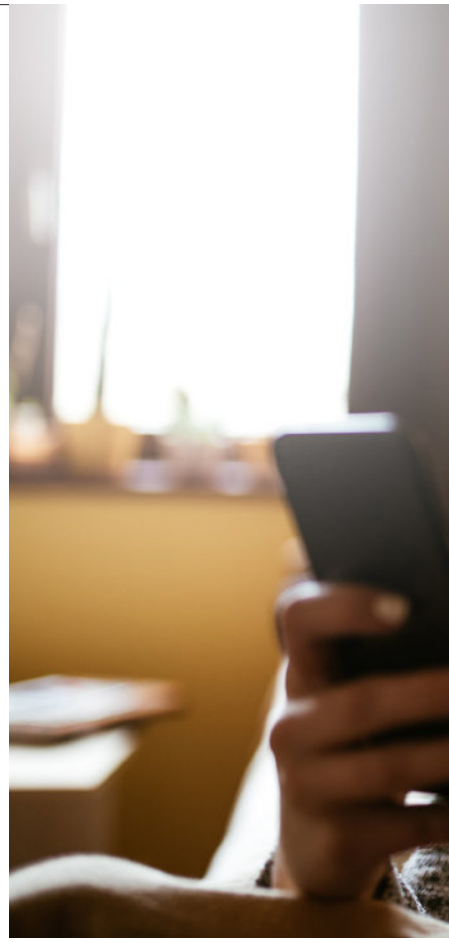
U.S. Dept. of Health and Human Services, Public Health Service, Treating Tobacco Use and Dependence Clinical Practice Guideline 2008 Update

INSTAGRAM'S EFFECTS ON MENTAL HEALTH

Psychologists' research has shown that Instagram is associated with both beneficial and detrimental effects—depending on how it's used **BY ZARA ABRAMS**



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More than a billion people use Instagram, spending an estimated average of 30 minutes per day on the image-heavy platform (eMarketer, 2020). But researchers know very little about how Instagram affects the mental health of its users.

Facebook (which owns Instagram and is now called Meta) has conducted its own internal studies, leaked to and published by *The Wall Street Journal* in September 2021, that point to how the app may harm teens, including worsening body image concerns for 1 in 3 teenage girls, but the data are correlational and self-reported. The same is true for many other studies in the field of social media research, which is in its early stages but starting to accelerate, including experimental studies, longitudinal analyses, and fMRI efforts.

"It's quite hard to replicate the many different interactions between comments and likes, known and unknown people," said Jasmine Fardouly, PhD, a psychology researcher who studies social media use and body image at the University of New South Wales in Sydney, Australia. "Everyone's experience on Instagram is slightly different—and we're only just starting to get at some of the nuances."

FURTHER READING

Teens & tech
Winston Family Initiative in Technology and Adolescent Brain Development, 2021

Irresistible: The rise of addictive technology and the business of keeping us hooked
Alter, A. Penguin Press, 2017

Plugged in: How media attract and affect youth
Valkenburg, P. M., & Piotrowski, J. T. Yale University Press, 2017

Still, there is plenty of cause for concern. Studies have linked Instagram to depression, body image concerns, self-esteem issues, social anxiety, and other problems. By design, the app capitalizes on users' biological drive for social belonging—and nudges them to keep scrolling.

"There's something about the interactions occurring on social media that makes them qualitatively different from in-person interactions," and that's intentionally part of the way apps are designed, said Mitch Prinstein, PhD, APA's chief science officer. "This introduces risks that were not there before, which are causing harm as a result."

HOW INSTAGRAM USE AFFECTS MENTAL HEALTH

Part of what makes Instagram problematic is its addictive nature. Unlike a magazine, television show, or video game, the platform rarely delivers "stopping cues"—gentle nudges that prompt users to move on to a different activity—said psychologist Adam Alter, PhD, a professor of marketing at New York University's Stern School of Business. Instead, it continually serves up content, driving users back to the top of their feeds to repeat the descent.

"Instagram, like many tech platforms, is designed to be b ottomless, and you don't have to do much to access that bottomless content. Just keep scrolling," he said.

Social interactions also play out in different ways, said Jacqueline Nesi, PhD, an assistant professor of psychology and human behavior at Brown University, because quantified measures of status—likes, views, and comments—tend to remain visible in perpetuity and can be viewed anytime, anywhere, and often by anyone (*Psychological Inquiry*, Vol. 31, No. 3, 2020).

Perhaps surprisingly, spending hours at a time on Instagram is not unilaterally harmful. One

of the field's most robust findings is that raw time spent on social media has little to no effect on psychopathology (Odgers, C. L., & Jensen, M. R., *The Journal of Child Psychology and Psychiatry*, Vol. 61, No. 3, 2020). Instead, the way people engage with the app appears to be what can impact mental health.

"Specific social media experiences are much more important than overall time spent on the platforms," said Sophia Choukas-Bradley, PhD, an assistant professor of psychology at the University of Delaware who studies adolescent mental health.

In particular, Instagram users who engage in digital status seeking (looking for popularity online) and social comparison (evaluating oneself in relation to others) tend to experience negative psychological outcomes. Such behaviors have been linked to increases in depressive symptoms, social anxiety, and body image concerns across age groups, as well as decreases in self-esteem (Sherlock, M., & Wagstaff, D. L., *Psychology of Popular Media*, Vol. 8, No. 4, 2019; Cohen, R., et al., *Body Image*, Vol. 23, 2017).

Studies have linked Instagram to depression, body image concerns, self-esteem issues, social anxiety, and other problems.

Upward social comparison, in particular, is extremely common on Instagram, said Fardouly. Users evaluate their own life alongside curated—and often edited—images of others (*Body Image*, Vol. 20, 2017). Because users tend to follow both people they know personally and people they've never met, the app also blurs the boundaries between peers and celebrities, Choukas-Bradley said. That can lead to false social comparison when users contrast their appearance with idealized images (PsyArXiv Preprints, 2021).

Posting edited selfies on apps like Instagram is also correlated with disordered eating behavior. In one study of 2,475 undergraduate students led by doctoral student Madeline Wick and her adviser, Pamela Keel, PhD, a psychology professor at Florida State University, 1 in 3 women said they edited images of themselves to alter their weight or shape before posting them on Instagram. That practice was associated with an increased likelihood of a probable eating disorder. The study also found a causal relationship between posting edited photos and body image concerns (*International Journal of Eating Disorders,* Vol. 53, No. 6, 2020; Cohen, R., et al., *Computers in Human Behavior*, Vol. 79, 2018).

These behaviors tend to be more prevalent among younger users compared with older ones, and in women compared with men (Saiphoo, A. N., & Vahedi, Z., *Computers in Human Behavior*, Vol. 101, 2019; Choukas-Bradley, et al., *Body Image*, Vol. 33, 2020). Though men and boys are less likely to use Instagram for social comparison and status seeking, those who do experience a similar level of harm to women and girls (Lonergan, A. R., et al., "Social

Media and Eating and Body Image Concerns Among Men and Boys," in Nagata, J. M., et al. [eds.], *Eating Disorders in Boys and Men*, Springer, 2021; Wick, M. R., & Keel, P. K., *International Journal of Eating Disorders,* Vol. 53, No. 6, 2020).

The research is also clear that this is not just a problem for teens. Adults who use Instagram and are prone to social comparison consistently face problems with social anxiety, self-esteem, and mood (Jiang, S., & Ngien, A., *Social Media + Society*, Vol. 6, No. 2, 2020; Midgley, C., et al., *Journal of Personality and Social Psychology*, Vol. 121, No. 2, 2021).

While much of this data is correlational, researchers are starting to test Instagram use experimentally, said Sarah Diefenbach, a professor at Ludwig Maximilian University in Munich, Germany, who holds a doctoral degree in psychology. For example, when participants in one study viewed either appearance-conscious photos from fitness, modeling, and beauty Instagram accounts or control photos from nature, food, and home decor accounts, those in the former condition experienced increases in negative mood and anxiety (Kohler, M. T., et al., *Psychology of Popular Media*, Vol. 10, No. 3, 2021). Another experiment found that viewing retouched Instagram selfies, rather than unedited ones, directly harmed body image in teenage girls (Kleemans, M., et al., *Media Psychology*, Vol. 21, No. 1, 2018).

As those findings imply, Instagram users can attempt to curate their feeds to be less harmful, for instance by muting or unfollowing accounts that post idealized content and following ones that promote diversity. In one experiment led by Fardouly and Rachel Cohen, PhD, a clinical psychologist based in Australia, women who viewed "body positive" posts—which promote acceptance of diverse body types—reported improved mood, body satisfaction, and body appreciation (*New Media & Society*, Vol. 21, No. 7, 2019).

However, a content analysis of body positive accounts led by Jennifer Harriger, PhD, an associate professor of psychology at Pepperdine University in Malibu, California, found that 8% of posts still reinforced thin beauty ideals, for instance by encouraging dieting to change one's appearance (*Body Image*, Vol. 34, 2020).

"The body positivity movement is a great example of a user-based initiative that leverages social media to promote diversity and effect positive change," said Keel, a coauthor of the content analysis. "But people still need to be critical consumers of what they're viewing."

INSTAGRAM IN ADOLESCENCE

As some of the most voracious users of image-heavy social media platforms, including Instagram, teens have been a major focus of research (Anderson, M., & Jiang, J., "Teens, Social Media and Technology 2018," Pew Research Center). Facebook's internal studies of more than 22,000 users indicate that adolescents face challenges with social comparison, social pressure, and negative peer interactions on Instagram—and that "teens who struggle with mental health say Instagram makes it worse" (*Hard Life Moments—Mental Health Deep Dive*, Facebook, 2021).

Still, most teens report that social media makes them feel more connected to their friends, more included, and more confident, which suggests that online experiences are often multidimensional (Anderson, M., & Jiang, J., "Teens' Social Media Habits and Experiences," Pew Research Center, 2018; Pouwels, J. L., et al., *Developmental Psychology*, Vol. 57, No. 2, 2021).

"Peer relationships are absolutely essential for kids' well-being, and social media use is now a primary source of those relationships," Choukas-Bradley said. "It can present both risks and benefits at the same time."

For example, transgender and gender diverse adolescents often use Instagram and other platforms to learn about sexual health and identity and to form community with other sexual and gender minority teens, according to research by Choukas-Bradley and her colleagues (*Psychology of Sexual Orientation and Gender Diversity*, advance online publication, 2021). And social media can be particularly important for LGBTQ teens in rural areas who may lack role models in their communities (Escobar-Viera, C. G., et al., *JMIR Mental Health,* Vol. 5, No. 3, 2018).

However, transgender and gender diverse teens also report being victimized on social media because of their gender identities—and teens who are bullied on social media report high levels of depression and suicidal thoughts and behaviors (Hamm, M. P., et al., *JAMA Pediatrics*, Vol. 169, No. 8, 2015; Nesi, J., et al., *Clinical Psychology Review*, Vol. 87, 2021). Researchers are also starting to document the interaction between online and offline bullying, especially for people of color, and are finding that teens who face offline racial discrimination are more likely to face online discrimination down the line (Lozada, F. T., et al., *Cultural Diversity & Ethnic Minority Psychology*, Vol. 27, No. 3, 2021).

Adolescents are both powerfully drawn to social media and particularly vulnerable to it—partly because of their biological drive for popularity and connection, Prinstein said. Areas of the brain linked to social rewards develop a significant increase in dopamine and oxytocin receptors during adolescence, which motivates teens to seek approval from their peers—right around the same time many teens gain access to Instagram and other image-conscious apps.

"Kids have a biological vulnerability to want social rewards, and now we're handing them a way to get them—on steroids," Prinstein said.

That drive for approval bears out in

An experiment found that viewing retouched Instagram selfies, rather than unedited ones, directly harmed body image in teenage girls.

AMNAR/2006/GETTY IMAGES

experimental research, too. In a series of studies led by developmental psychologist Hae Yeon Lee, PhD, of Yale-NUS College in Singapore, teens who received fewer likes in a simulated social media interaction similar to Instagram reported more negative emotions and thoughts about themselves, especially if they were already victimized by peers at school (*Child Development*, Vol. 91, No. 6, 2020).

An fMRI study led by psychologist Lauren Sherman, PhD, also found that teens had increased activation in reward-associated regions of the brain when viewing Instagram-like photos with more likes. When viewing Instagram-like photos showing risky behaviors such as drinking and smoking, teens had decreased activation in areas of the brain linked to inhibition, including the prefrontal cortex (*Psychological Science*, Vol. 27, No. 7, 2016). (Sherman now works for Instagram doing user experience research.)

The main takeaway from existing research, said Choukas-Bradley, is not to keep teens off Instagram and other social apps. Instead, it's a more nuanced understanding that some behaviors that occur online, such as social comparison, are harmful, while others, such as intimacy and connection with peers, are part of healthy and normative development.

"Our question now is: How can we decrease time spent on experiences that confer risk and increase time spent on things we know to be protective?" she said.

IMPROVING INSTAGRAM USE

Unlike medications or cigarettes, social media platforms don't come with warning labels, said Keel. But since the leak of Facebook's internal research, there's been an increasing recognition that caution may be warranted when engaging with Instagram. Alter recommends spending several hours at a time away from the app, either by leaving one's phone in another room, activating airplane mode, or turning off notifications.

Concerned parents should avoid banning or overly restricting social media use among teens, Fardouly said, and instead have discussions with their children about harms and benefits. Start those discussions with open-ended questions, for example by asking kids how they feel when viewing different types of content and whether the images they see are real or edited. Encouraging critical thinking about material posted online can also help, because research suggests that kids and teens with strong media literacy skills struggle less with self-esteem and body image issues ("Media Education and Body Image," Media Smarts, 2018).

"Adults can also model healthier behavior on Instagram by unfollowing people who post idealized content, following content unrelated to appearance, and spending less time on the app overall," Fardouly said.

Researchers are now moving toward studying individual differences in usage and conducting experiments with more diverse samples and away from questions about raw time spent on the app. Future studies should focus on testing Instagram's effects on mental health experimentally and longitudinally, said Nesi.

"We also need to develop constructs that allow us to understand how adolescents use social media more broadly, because their preferred platforms change so rapidly," said Choukas-Bradley. Instagram has already lost traction with teens, who tend to prefer TikTok and Snapchat (Taking Stock With Teens survey, Piper Sandler, 2021).

Instagram and other platforms can bolster these efforts, researchers say, with more collaboration and data sharing. APA is engaged in advocacy efforts to increase transparency in the company's massive internal data sets and to increase federal funding for studying the mental health effects of social media use.

"Different people use social media in very different ways," Nesi said. "We need to understand what factors make some people more sensitive to experiences they have online—and how those experiences might impact psychological problems in the future." ■

A STRONGER CASE FOR EARLY SUBSTANCE USE PREVENTION

New research linking children's brain development to neighborhood adversity suggests that efforts to prevent substance use disorders must start early and engage the whole community

BY HEATHER STRINGER

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For years, researchers have been studying how a family's socioeconomic status can affect children's brain development, but new findings are revealing that the neighborhood surrounding a family may also influence the maturing brain. Even if a family is financially stable, the children in that home are more likely to have smaller hippocampus and prefrontal cortex volumes if they live in the midst of neighborhood deprivation—areas with higher rates of unemployment, more single parent households, fewer people with high school diplomas, fewer homeowners, and a lower median income (Taylor, R. L., et al., *JAMA Network Open*, Vol. 3, No. 11, 2020).

These parts of the brain help regulate memory, learning, self-control, executive functioning, and response to stress, said Deanna Barch, PhD, a psychological and brain sciences professor at Washington University in St. Louis who led the study. Her lab, one of 21 sites involved in the national ABCD (Adolescent Brain Cognitive Development) Study, collected data from more than 11,000 children ages 9 and 10.

Research shows that neighborhood deprivation is associated with lower scores on memory, executive functioning, vocabulary, and reading tasks among the children who live there.

They found that neighborhood deprivation was associated with lower scores on memory, vocabulary, executive functioning, and reading tasks. These decreased cognitive abilities can lead to difficulties in school, which can in turn increase the risk of problems such as substance use as children become adolescents, said Barch.

For psychologists at the forefront of substance use prevention work, the science linking brain development to environment is showing what they have suspected for years: that prevention efforts must start earlier and focus on the community in addition to the individual child. "Substance use prevention usually begins in middle school or high school, but that is too late," said psychologist Linda Richter, PhD, vice president of prevention research and analysis at the New York City–based Partnership to End Addiction, a national nonprofit focused on addiction prevention, treatment, and recovery. "We typically teach kids what not to do related to drugs and alcohol, but we need to involve parents, teachers, and community leaders because they can elevate protective environmental factors."

Barch's findings in another study suggest that interventions should begin as early as pregnancy. She was part of a research team that recruited 399 pregnant women from St. Louis, who were then assessed for depression, stress, discrimination, and socioeconomic status. The mothers who experienced greater social disadvantage (lower income and greater neighborhood adversity) delivered babies with smaller brain volumes, and mothers in high-crime areas delivered babies with reduced functional con-

nectivity between brain regions related to emotion and stress responses.

"This shows how Mom's experience is translated into brain development," said Barch. "We need to give these women access to stable, clean housing, safe neighborhoods, and quality medical care to support healthy fetal brain development."

These and other findings were presented during a Friends of NIDA (National Institute on Drug Abuse) briefing for policymakers in October 2021 that addressed environmental contributions to risk for substance use, including a presentation by NIDA Director Nora Volkow, MD, on the agency's prevention research initiatives. (APA is a member of the Friends of NIDA coalition and helped host the briefing.)

The research on disadvantaged neighborhoods' neurological effects on children is consistent across cities—regardless of the city's overall wealth. As part of the ABCD Study, Megan Herting, PhD, a behavioral neuroscientist at the University of Southern California, analyzed data from thousands of youth living in 21 cities across the United States, including Pittsburgh; Baltimore; San Diego; Portland, Oregon; and Los Angeles. Despite socioeconomic and demographic differences between cities, children living in neighborhoods with greater disadvantage showed smaller cortical surface area and subcortical volume and poorer neurocognitive performance (*JAMA Pediatrics*, Vol. 175, No. 8, 2021).

"This suggests that the role of neighborhood disadvantage on child outcomes is similar in cities across the country," Herting said.

OVERRIDING GENETICS

Psychologists are also discovering that neighborhood context can sometimes have a greater influence on child development than genetics. Behavioral geneticist S. Alexandra Burt, PhD, of Michigan State University, launched her academic career at a time when researchers were touting the role of genes in everything from personality and behavior problems to parenting and divorce. But as she reviewed the literature, Burt noticed that nearly all the studies had been done in samples made up of mostly White, middle-class families. "Scientists were making broad claims about the power of genetics, but I wanted to test whether the results changed when the samples included people experiencing significant forms of adversity," she said.

Burt investigated twins ages

6 to 10 who were living in both advantaged and disadvantaged areas in Michigan. She assessed the children for nonaggressive antisocial behavior—such as theft, vandalism, and substance use—a frequent precursor to substance use disorders. In impoverished neighborhoods, she found that fraternal twins were nearly as similar to each other in their antisocial behavior as identical twins. This was not the case in wealthy and middle-class neighborhoods, where identical twins were far more similar than fraternal twins (*Journal of Abnormal Child Psychology*, Vol. 48, 2020).

"Some environmental contexts can be so challenging that they can increase acting-out behaviors regardless of whether the child is at genetic risk," said Burt. But in wealthier enclaves, there are fewer environmental influences that lead to antisocial behaviors, so genetic risk matters more. The findings suggest that neighborhood adversity is a potent risk factor for behavior that is associated with risk for substance use disorders.

But unlike genes, a child's environment can be changed—and psychologists like Richter are working to raise public awareness about the importance of supporting programs that increase access to resources in disadvantaged areas. "The funding for child tax credits, housing assistance, and free food services during the pandemic may not be considered substance use prevention, but [those programs] indirectly reduce the risk of unhealthy coping strategies by alleviating stress," said Richter, who hopes these programs will be extended beyond the pandemic. "Parents who are not in a constant state of stress will likely have more emotional resources to devote to their kids."

Empowering parents to have healthy relationships with their children is also important because this bond can be a protective factor for children growing up in disadvantaged neighborhoods, said Amanda Sheffield Morris, PhD, a developmental psychologist at Oklahoma State University. "Brain circuitry is developing rapidly in the first 5 years of life, and children who have a safe, secure parent in their lives can be shielded from the broader environment around them." To help low-income mothers learn positive parenting strategies, Morris's team led groups for several years in the community and trained staff who work with mothers through the Tulsa Educare family support centers.

CHANGING SOCIAL ENVIRONMENTS

Resilience—the ability to cope adaptively with trauma and adversity—is another protective factor against substance use, and psychologists are tapping into social resources within disadvantaged neighborhoods to foster this skill. Benjamin Houltberg, PhD, LMFT, started his career as a therapist working with at-risk youth in Union Public Schools in Oklahoma, but after several of his patients lost their lives to violence, suicide, and drug overdose, he realized that youth needed a broader network of support than he could offer as an individual practitioner.

Houltberg returned to school to earn a doctoral degree in human development and started investigating how relationships could buffer risk of adversity in childhood. Now as president and CEO of the Search Institute in Minneapolis, he trains teachers, coaches, and leaders in underprivileged communities how to form developmental relationships. These relationships help young people to discover who they are, gain abilities to shape their own lives, and learn how to interact with the world around them, according to the institute's studies. "Resilience is not an individual trait or endeavor," said Houltberg. "It is built through relationships and access to resources."

Research at the Search Institute informs the way he trains members of the community to work with youth. For example, he has found that people who believe they are good at forming developmental relationships with children and adolescents are frequently unaware of how these youth perceive them. "Our surveys show that there is often a discrepancy between what youth are experiencing and what the teachers, mentors, and coaches are reporting," he said.

One common mistake is forgetting to share power, which means allowing young people to have a voice, he said. In classrooms, for example, teachers can encourage students to create some of the classroom rules or invite them to participate in decision-making meetings. In mentoring relationships, adults

FURTHER READING

Beyond family-level adversities: Exploring the developmental timing of neighborhood disadvantage effects on the brain
Gard, A. M., et al. *Developmental Science*, 2020

Adverse and protective childhood experiences and parenting attitudes: The role of cumulative protection in understanding resilience
Morris, A. S., et al. *Adversity and Resilience Science*, 2021

Childhood protective factors and a prevention program reduce later problem behaviors
Duncan, R. J., et al. *Journal of Applied Developmental Psychology*, 2019

SOLSTOCK/GETTY IMAGES

Healthy relationships with community role models can build resilience in at-risk youth that helps protect them from developing unhealthy coping behaviors later on.

can ask children to decide which activities they will do together or take the time to listen to their perspectives on important societal issues. "Sharing power with young people not only gives them confidence to shape their own lives but also has the potential to transform communities into places where young people can thrive," Houltberg said.

In cross-sectional and longitudinal studies conducted by researchers at the Search Institute, developmental relationships were linked to increased academic motivation, self-awareness, responsible decision-making, self-efficacy, and other positive development outcomes (Scales, P. C., et al., *Applied Developmental Science*, in press). Also, kids with stronger developmental relationships had the lowest levels of alcohol, tobacco, and drug use, according to the institute's recent survey of 1,000 youth nationwide.

Social-emotional skills are another valuable psychological commodity that can protect youth from unhealthy coping behaviors. Psychologist Tamar Mendelson, PhD, a professor at the Johns Hopkins University Bloomberg School of Public Health, partnered with 29 schools in Baltimore to launch a program to help eighth graders learn social-emotional skills during classroom time. "We did not want to screen kids for problems and pull them out of class for sessions, because this can be stigmatizing," she said. "This method can also miss students who would benefit from the skills."

Since 2017, her team has delivered a 12-session group prevention program called RAP (Relax, be Aware, and do a Personal rating) Club in at least six middle school classrooms per year. Kids learn mindfulness practices, the effect of stress and trauma on the body, and cognitive behavioral and problem-solving skills. The team also hired young adults from the Baltimore community to cofacilitate the program, which built trust and increased buy-in with students, said Mendelson.

Students who participated in the program reported significantly fewer trauma symptoms after completing the program than a control group. In a recent survey, Mendelson found that youth who were involved in the intervention maintained the same level of anxiety before and during the pandemic, while those in the control group experienced increased anxiety during the pandemic. She is also tracking substance use outcomes, and she hopes the coping skills will reduce the risk of alcohol, tobacco, and drug use.

Through her work in Baltimore schools, Mendelson has witnessed how neighborhood environments shape children, and she believes that schools are a strategic place to empower youth to overcome the societal systems that are failing them.

"The symptoms kids develop in disadvantaged neighborhoods are adaptive responses to threatening situations, but these responses can set them up to have difficulty thriving," she said. "Young people are incredibly strong, and we need to find more ways to enhance their natural resilience while we simultaneously address the systemic oppression that is harming them." ■

PSYCHOLOGISTS HELP MITIGATE BIAS IN ARMY LEADER SELECTION PROGRAM

Two decades of longitudinal research is at the heart of the new program

BY ZARA ABRAMS

For decades, the United States Army selected officers for leadership positions in a standard—if unremarkable—way: A group of senior officers reviewed personnel files and decided which candidates were best suited for command. In 2020, all of that changed thanks in part to the largest-ever gathering of psychologists in the history of the U.S. Army.

Hopefuls for battalion command, which involves leading a unit of approximately 1,000 troops, now attend an annual NFL Combine–style event at Fort Knox, an Army installation in Kentucky. Over the course of 4 days, candidates complete tests of physical and cognitive fitness, tackle a team problem-solving exercise with a group of other officers, undergo a psychological assessment, and attend a double-blind panel interview. The result is a rank-ordered list of officers who are deemed ready for command, not yet ready for command, or alternates.

The new data-driven selection process, known as the Battalion Commander Assessment Program (BCAP), launched in 2020 with the goal of reducing bias in the way officers are chosen for leadership positions. For example, officers from historically underrepresented ethnic groups achieved favorable outcomes during pilot tests of BCAP at least as often as officers from majority groups.

"We can confirm that CAP-selected commanders are more cognitively capable, better communicators, more physically fit, and less likely to display counterproductive leader behaviors than those officers who would have been selected by the previous system," said Col. Robert O'Brien, chief of staff of the Army's Command Assessment Program (CAP), which is now expanding beyond battalion command to help select leaders across the Army.

Compared with the earlier method of selection, BCAP has resulted in a 34% change in the final list of officers chosen for command. In other words, more than a third of officers selected for command by the BCAP process would not have been chosen by the earlier system of file review.

Psychologists helped create the BCAP process by working to develop, validate, and apply assessments that capture officers' strengths and developmental needs in a standardized way.

"This really looked at the whole person—your emotional side, your physical side, your mental side, and your strengths and weaknesses," said Lt. Col. Katie Slingerland, who was a candidate in the inaugural BCAP event in January 2020 and is now a battalion commander, in a video about the

ADDITIONAL RESOURCES

Army Talent Management Task Force, https://talent.army.mil

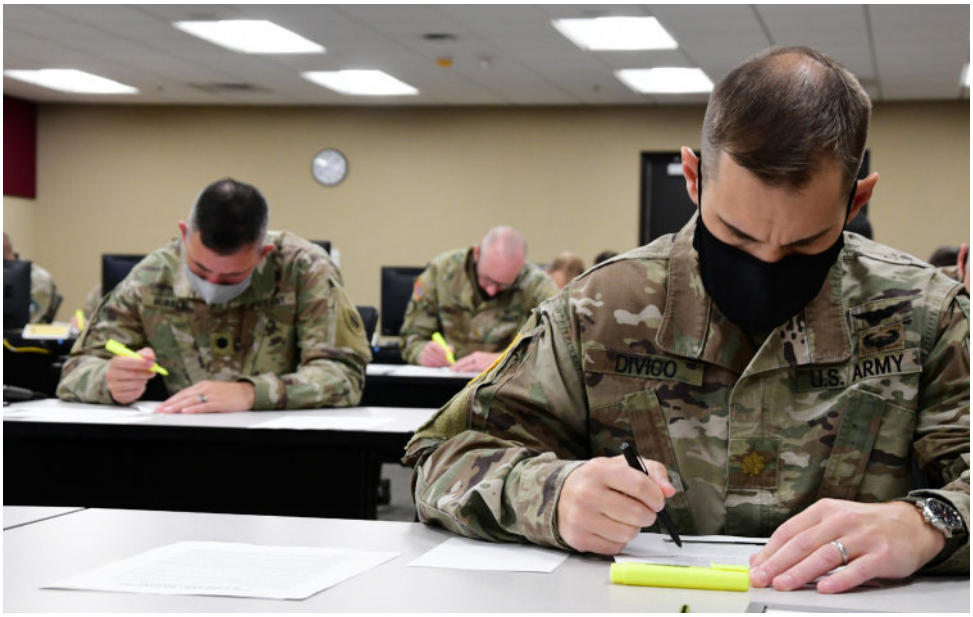
Reinventing the leader selection process: The U.S. Army's new approach to managing talent
Spain, E.
Harvard Business Review,
2020

What I learned from the Army's new Battalion Commander Assessment Program
Hamilton, M. A.
Army Times,
2020

Quick Guide to the Battalion Commander Assessment Program

Officers who participate in the 4-day event undergo the following activities and assessments.

- A series of skills tests (physical, cognitive, and noncognitive)
- Peer and subordinate feedback evaluations
- Psychological assessments (a team leadership exercise and interview with an operational psychologist)
- A double-blind panel interview



SSG DANIEL SCHROEDER, ARMY TALENT MANAGEMENT TASK FORCE

Maj. Matthew Divico, a Command Assessment Program candidate, takes the written communication assessment, one of a number of steps to help determine whether a candidate possesses the knowledge, skills, and behaviors ideal for command and key staff positions.

program. "I thought this assessment was much more in-depth, much more thorough, and more of a 360-degree approach."

DEVELOPING STANDARDIZED ASSESSMENTS

BCAP was developed by the Army Talent Management Task Force and underwent a series of pilot tests in 2019. Since its official launch the following year, more than 1,500 officers have participated in the program.

Army psychologists were instrumental in developing BCAP's standardized tests and semistructured interviews based on validated best practices from the field of industrial and organizational psychology (Highhouse, S., et al., *Essentials of Personnel Assessment & Selection* [2nd ed.], Routledge, 2015; Farr, J. L., & Tippins, N. T. [eds.], *Handbook of Employee Selection* [2nd ed.], Routledge, 2017). About 50 operational psychologists also support the program each year by interpreting cognitive tests, conducting one-on-one behavioral evaluations, and advising the final interview panel.

"A lot of what psychologists bring to the table is helping the Army avoid any potential bias or other adverse impact due to a lack of consistency," said military research psychologist Melissa Wolfe, PhD, chief of the Leadership Research Assessment and Doctrine Division at the Center for the Army Profession and Leadership at Fort Leavenworth in Kansas.

For candidates, the week begins with a series of assessments. To demonstrate their written communication skills, each officer must read a journal article about a national security–related topic and respond with a critical essay. They also complete standardized tests of physical fitness, including 2 minutes of push-ups, 2 minutes of sit-ups, and a timed 2-mile run.

Officers also undergo a series of cognitive and noncognitive tests. The first measure abilities required for strategic leadership, including intelligence and reasoning. The latter evaluate qualities like temperament and attitude.

Those assessments are based on the Army's leadership requirements model (LRM), which psychologists helped create and validate. The LRM is based on 20 years of longitudinal research on leadership effectiveness in the Army (*ADP 6-22: Army Leadership and the Profession*, 2019). It includes core competencies and attributes that define what leaders should do and the characteristics enabling those actions, such as discipline, humility, judgment, and innovation.

That model also forms the foundation for the second major stage of the evaluation process: a peer and subordinate feedback assessment developed by Wolfe and her team. For each officer, at least 10 peers and 10 subordinates complete an anonymous assessment that includes items about successful leadership behaviors as well as opportunities to note toxic or counterproductive leadership, such as abusive behaviors.

With a completion rate over 70%, the Army has already collected nearly 100,000 responses through the new multisource assessment tool. The peer and subordinate feedback provided about the candidates has been overwhelmingly positive, said

Wolfe, and helps provide more nuanced insights into officers' strengths, for example whether someone excels at personnel development or has visionary qualities.

"In the past, officer selection has always been top-down," she said. "Taking a bottom-up or lateral look at how someone is performing to help provide a more holistic picture has been pretty revolutionary for the Army."

BIAS-FREE EVALUATIONS OF COMPETENCY

BCAP's third major component is a two-part psychological assessment. BCAP candidates are divided into small groups to negotiate a set of challenging conceptual scenarios that require collaboration and teamwork. Psychologists and senior officers observe how candidates interact with their teammates throughout the exercise, including how they behave as a leader and as a follower.

Each candidate also completes an interview with an operational psychologist, which is not a mental health assessment but rather an evaluation of suitability for command. The interview includes questions about personal and professional background, military history, and how the officer interacts with various people and situations.

Army psychologists formulated the questions and designed a system that helps reduce bias during the interview. All information gathered on candidates is anonymized to mitigate biases related to areas such as gender, race, military unit affiliation, and military badges. Furthermore, the psychologist who interviews the candidate is never the psychologist who provides a summary of the candidate's performance to the voting panel.

"Psychologists offer the ability for the voting panel members to better understand an individual's cognitive, interpersonal, and behavioral attributes in relation to their readiness to lead and develop future soldiers," O'Brien said.

SSG DANIEL SCHROEDER, ARMY TALENT MANAGEMENT TASK FORCE

U.S. Army officers participating in BCAP at Fort Knox in Kentucky prepare to take psychometric assessments.

The process culminates with a double-blind panel interview where candidates are asked follow-up questions about the peer and subordinate feedback, how they performed on various assessments, and how they interacted with teammates during the group leadership exercise.

The candidate sits on one side of a partition; the panel—comprising five voting members and three nonvoting members, including a senior operational psychologist—sits on the other side. This format is designed to reduce bias in scoring candidates and to put candidates at ease when answering questions. Of course, this does not eliminate all identifying factors—for example, interviewers can still differentiate between male and female candidates.

To further reduce potential sources of bias, panel members also receive training from the CAP senior operational psychologist on best practices for conducting objective semistructured interviews. They learn about common cognitive biases that can influence ratings, such as the tendency to favorably judge candidates who seem similar to themselves or to evaluate people relative to one another rather than based on the objective requirements of the position. Each interviewer also undergoes rater accuracy training, where they practice watching sample candidate interviews and scoring them based on a behavioral rating scale. Panel members also complete a brief anti-bias refresher training session each morning before they conduct interviews.

"Overall, the system allows the entire CAP team to make data-driven, actuarial decisions regarding performance versus subjective impressions of the candidate," O'Brien said.

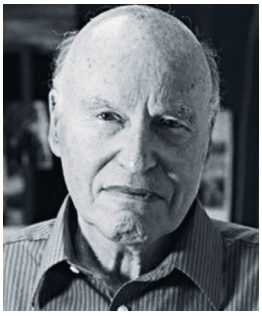
The final product of BCAP is a rank-ordered list of officers that determines who is and who is not yet ready for command, followed by a slating of officers to lead various battalions. All officers who attend BCAP receive developmental feedback, and almost all of those identified as not yet ready for command may attend BCAP the next year to compete again.

EXPANDING NEW ASSESSMENTS

Following the successful rollout of BCAP, military leaders are working to apply the program's methodology to assess and select leaders across the Army, including through the Colonels Command Assessment Program. Other military service branches, including the United States Navy and United States Air Force, have also expressed interested in adopting BCAP's framework for leadership selection.

The military is also designing further tools to support Army personnel. All BCAP participants are offered 5.5 hours of executive coaching following the program. The task force has also created the Army Talent Alignment Process, a data-rich online marketplace that helps officers find assignments that match their skills, knowledge, and preferences. Psychologists play a key role in the development and refinement of such resources, Wolfe said, and these resources are continually evaluated for accuracy and effectiveness.

"The bottom line is you want to make data-driven decisions," she said. "Psychologists know the best practices for ensuring that every decision we make is based on evidence and is consistent." ■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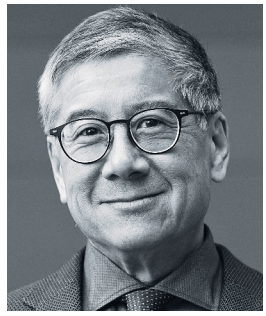
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PSYCHOLOGISTS IN THE NEWS

The Franklin Institute has presented its Bower Award and Prize for Achievement in Science to **Paul Slovic, PhD,** a psychology professor at the University of Oregon and a pioneer in the field of decision science. Slovic studies decision-making during times of risk, including the type of apathy people develop when confronted with an overwhelming crisis. He is also the co-founder and president of Decision Research, a nonprofit organization that conducts basic and applied research on decision-making.

The International Society for Traumatic Stress Studies (ISTSS) has presented its Innovation Award to Florida State University psychologist **Amy L. Ai, PhD.** The prize honors scholars who have advanced the field of traumatic stress. The society honored Ai for her interdisciplinary research, which focuses on trauma, resilience, existential crises, and positive psychology; uses mixed-methods; and covers diverse populations and events. The award also honors her seminal book, *Assessing Spirituality in a Diversified World*.

The University of Louisville has presented this year's $100,000 Grawemeyer Award in Psychology to **Terrie Moffitt, PhD,** for her insights on antisocial behavior in youth, which have changed the way courts prosecute juveniles. Moffitt is on the faculty at Duke University and King's College, London. Her research identified two distinct types of antisocial behavior in juveniles—one that persists from early childhood to adulthood, is relatively rare, and seen mostly in men, and another that occurs as a part of normal adolescent development and is seen in both men and women.

Geoffrey T. Fong, PhD, a psychology professor at the University of Waterloo and senior investigator at the Ontario Institute for Cancer Research has been appointed as an Officer of the Order of Canada, one of the country's highest honors. Fong is the founder and chief principal investigator of the International Tobacco Control Policy Evaluation Project, heading a team of more than 150 researchers across 31 countries in studying the effectiveness of the tobacco control policies of the World Health Organization Framework Convention on Tobacco Control. The global treaty calls upon 181 countries to implement measures such as smoke-free laws, anti-smoking campaigns, and limits on tobacco advertising.

Find Awards and Funding

Search for funding opportunities, scholarships, honors, and awards from APA and other psychology-related organizations on APA's website at www.apa.org/about/awards.

The University of Maryland, College Park, has named psychologist **Karen M. O'Brien, PhD,** as the faculty ombuds officer, as which she will guide faculty and administrators on resolving workplace conflict. O'Brien has been a member of the Maryland faculty for more than 25 years and has served as the associate chair for undergraduate studies in the psychology department since 2018.

The University of Pennsylvania has established the Robert A. Rescorla Undergraduate Research Fellows Endowed Fund in memory of emeritus psychology professor **Robert A. Rescorla, PhD,** who passed away in March 2020. Rescorla's wife, Shirley A. Steele, made a gift to the university to establish the fund. It will support research by undergraduates participating in Penn's MindCORE summer fellowship program, which pairs students with mentors to conduct research on the mind. ■

4 QUESTIONS FOR LINDA JAMES MYERS

The academy professor emeritus posits that the theory of optimal psychology can help move society toward eradicating inequity **BY MARYANN HAGGERTY**

For many in the psychological profession, and in American society overall, recent years have highlighted questions of equity and inequity, especially questions of racial inequity. For Linda James Myers, PhD, such questions have been at the core of her work for more than 4 decades.

BENHUR AYETTEY

Myers, an academy professor emeritus at The Ohio State University, is known internationally for her development of the theory of optimal psychology, also called optimal conceptual theory. Optimal psychology posits that there is an optimal worldview that emphasizes the interrelatedness of all living people and things. It provides a framework for shifting consciousness to experience a healthy, holistic, integrative reality that is sustainable. Myers holds that an unhealthy, fractured, suboptimal worldview is dominant in much of Western society and underlies racism and other inequities. In contrast, there is a healthy, unitary, optimal worldview that emerges from the wisdom tradition of African deep thought, which promotes healing and sustainable well-being. Myers says her theory emerged from the need to understand, among other things, how humans could build a social structure rationalizing the enslavement of other human beings as chattel—and also how African people endured centuries of such unprecedented enslavement to emerge as the moral and spiritual leaders of this nation toward equity for all.

The *Monitor* spoke with Myers about how her theory can apply to current discussions about equity.

In what ways does your theory of optimal psychology allow us to understand how history led to the current social and political climate?

Race is a social construct created to serve as the elusive justification for assigning value and allocating opportunity based on phenotypic differences such as skin color, privileging Whites, and disenfranchising Blacks. With the suboptimal mindset support for materialism, self-indulgence and systems of dehumanization are seldom overridden by values for equity, justice, or human decency. The suboptimal mindset sanctioned the kidnapping, capturing, and trafficking of millions of Africans to America to build the material wealth of the captors, this nation, and most of the Western world. It also failed to provide the mechanisms for honest self-correction of blatant contradictions. For example, claiming to build a democracy with freedom and justice for all but excluding the humans held captive, enslaved as property without any human rights. Our current social and political climate is still grounded in the fractured, suboptimal view that prevents adherents from being fully in touch with their own humanity and the capacity to recognize and honor that of others.

And that's why Black Lives Matter still exists in the 21st century to proclaim and insist on the acknowledgment of the humanity of Black people. Until people begin to penetrate to the core roots of racism and other societal isms, which optimal psychology posits is a faulty worldview, mindset, or conceptual system, overcoming those societal isms will remain an impossibility.

Last fall, APA issued an apology for the ways in which it has contributed to and upheld racism. What are your thoughts on this apology and whether it has the potential to affect the field and society?

Optimal psychology helps explain why it has taken APA 130 years (and the field of psychology about a century and three quarters) to come to this realization, as professionals assumedly trained and devoted in their careers to exploring and improving mental health. The apology can become an important first step toward affecting the field and society if it encourages honest acknowledgment of systemic racism and deep understanding of the field's negative impact on its targets and perpetrators of the injustice and inhumanity. Openness to building the capacity to make needed changes within the profession, and society at large, will require accessing the knowledge, wisdom, and understanding existing beyond the current mainstream. The good news is that those equipped to assist are ready to help, having done so successfully for many others over the decades.

You recently retired from decades as a full-time tenured professor. With so many faculty leaving universities now, what advice would you give to current and would-be tenured professors?

My advice for people seeking tenure is to look for universities and environments committed to true diversity, not just the superficial appearance of diversity. We really need educators who realize that what we've been doing has gotten us to where we are now and to go forward transformative change is required.

What's next in your work?

I will continue to teach, train, and write about how to live and sustain optimal psychology, individually and collectively, through the process of shifting your consciousness from suboptimal to optimal levels of human development. This is especially exciting work right now because in the turmoil of the pandemic, people are searching for substantial change in their lives and there is real possibility of a shift.

Those wanting to live their optimal psychology can encourage the creation of their best self, think critically and deeply, learn to stand for what they know in their heart is right and illuminates their soul. That's what we need today to bring harmony and balance capable of creating a just, sacred, sustainable world where peace is possible. ■

EXPANDING ACCESS TO THE INSANITY DEFENSE

A case before the Supreme Court of Georgia may allow more youth to invoke the insanity defense and highlights a need for research on how judges view juvenile mental illness

BY JONATHAN P. VALLANO, PHD, UNIVERSITY OF PITTSBURGH AT GREENSBURG

In 2019, a potentially groundbreaking delinquency case entered a Georgia juvenile court. A juvenile ("T.B.") refused to leave a storage closet at a Savannah hotel, and the incident resulted in criminal charges against the youth, including aggravated assault of an officer. The child's attorneys stated that shortly after the incident, his delusional mental state necessitated involuntary hospitalization. During the adjudication process, the youth's attorneys submitted a motion for a forensic psychologist to evaluate him in their effort to use an insanity defense. However, Georgia does not permit a juvenile insanity defense. The judge denied the motion, prohibiting the defense's use of the insanity defense and concurrent introduction of psychological testimony. The defense appealed the decision, and now the Supreme Court of Georgia will consider whether insanity is a viable defense for youth in Georgia.

This case illuminates myriad issues surrounding juveniles' use of the insanity defense, including whether juveniles should have access to it. Only a few states permit a juvenile insanity defense, which is likely driven by differences between juveniles and adults and often negative public perceptions of the defense, including that people who are not severely mentally ill use it to avoid punishment. In the Georgia case, it appears that at present, both the prosecution and defense believe the juvenile insanity defense should be permitted. This opinion is shared by some experts, including adolescent psychiatrists Jamison Rogers, MD, and Wade Myers, MD, of Rhode Island, who lay out several arguments in support of the juvenile insanity defense. Among them is that "this added vulnerability [relative to adults] further underscores the notion that youths with mental illness deserve equal access to the insanity defense."

AT ISSUE

What legal and psychological issues arise in cases involving juvenile defendants who invoke the insanity defense?

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

If the juvenile insanity defense is permitted in Georgia, legal officials' perceptions of insanity—along with forensic psychological testimony—would likely play a pivotal role in these insanity determinations. Up until now, little research has ostensibly examined these issues within the context of juvenile courts and juvenile defendants. Yet empirical data reveal that misperceptions of mental illness are prevalent among the public, and some legal officials likewise have misperceptions about the insanity defense, including that it is frequently used and often successful. Perhaps the mental health experts routinely used in insanity cases can disabuse judges and jurors of such erroneous assumptions, but little is known about what impact this expert testimony may have on final juvenile case dispositions.

A recent study by Daniel Krauss, JD, PhD, of Claremont McKenna College, and colleagues shed some light on this question within the context of adult insanity judgments. These researchers manipulated whether aspects of an expert's testimony (among other things, whether they were court-appointed or paid by the prosecution or defense) affected mock jurors' judgments in a case invoking the insanity defense. Although the manipulations did not affect mock jurors' legal decisions, jurors' perceptions of the expert's credibility did affect their verdicts. Also noteworthy is that jurors' preexisting attitudes toward the insanity defense significantly predicted their judgments.

Such findings should not downplay the importance of expert testimony within insanity cases—especially since this testimony may play a larger role in juvenile cases. Instead, they illuminate the importance of understanding decision-makers' preexisting attitudes about mental illness and the insanity defense, as well as perceptions of expert testimony. ■

CE

CONTINUING EDUCATION A BROADER VIEW OF PSYCHOPATHY

BY TORI DEANGELIS

Psychopath. It is a term that tends to conjure images of violent criminals or public figures capable of heinous or egregiously selfish acts on a broader scale. ¶ Yet the reality of this condition is far more nuanced than these stereotypes hold. While it is true that people with the condition display a range of disconcerting tendencies—including low empathy and remorse, grandiosity, impulsivity, and sometimes aggressive or violent behavior—new findings show not only that people with psychopathy have varying degrees and types of this condition but that the condition and its precursors can be treated. ¶ "Psychopathy is a condition that causes people to do things that reduce our compassion for them, and so there's a resistance to funding and treating it," said Georgetown University psychologist and neuroscientist Abigail Marsh, PhD, who studies psychopathy and is cofounder of Psychopathyls, an organization that promotes awareness of the condition and provides support and resources for affected families. "But as a scientific community, we have to recognize that psychopathy has all the hallmarks of a true disorder and that all of us will be better—the people who are affected, their families, and the broader community—if we take it seriously."

In fact, it is common to have some degree of psychopathic tendencies, if not the condition itself: According to Psychopathyls, as much as 30% of the population displays some degree of reduced empathy, risk-taking, and overly high self-regard, though the percentage of people with high degrees of these traits is much smaller. In this sense, Marsh believes that autism holds a useful parallel, because there are greater and lesser degrees of autistic traits and because early intervention can make a big difference in later outcomes. (Not everyone in the mental health community agrees that psychopathy is a spectrum-based disorder.)

"My hope," said Marsh, "is that the development of interventions and therapy for people with psychopathy will follow the same ultimate trajectory that is taking place for people with other spectrum-based disorders like autism."

WHAT IS PSYCHOPATHY?

About 1.2% of U.S. adult men and 0.3% to 0.7% of U.S. adult women are considered to have clinically significant levels of psychopathic traits. Those numbers rise exponentially in prison, where 15% to 25% of inmates show these characteristics (Burton, B., & Saleh, F. M., *Psychiatric Times*, Vol. 37, No. 10, 2020). That said, psychopathy spans socioeconomic status, race, gender, and culture, and those who score high on psychopathy scales range from high-functioning executives to prison inmates to people whose psychopathic symptoms may reflect difficult life circumstances more than anything else.

"In any culture you visit, you can describe the key personality features of someone with psychopathy and ask, 'Are there people like this in your society?'" Marsh said. "And they will say, 'Oh, yeah.' But the way that these traits are interpreted by people and the way that they manifest in behavior—that can be extremely variable."

For these and other reasons, the mental health community has not had an easy time homing in on a uniform definition of psychopathy. For decades, its symptoms were examined in two very different populations: people in criminal or forensic settings and people in inpatient or community mental health settings. These groups had somewhat different characteristics, which led to different ways of conceptualizing and assessing psychopathy, said Florida State University psychologist Chris Patrick, PhD, who studies and has written extensively on the condition.

CE credits: 1

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

1. Describe traits of psychopathy and understand how psychopathy differs from antisocial personality disorder.

2. Discuss the precursors to psychopathy and what researchers do not yet know about the condition.

3. Describe the state of treatment for adults, youth, and children.

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

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New findings show that people with psychopathy have varying degrees and types of the condition.

To add to the complexity, psychopathy is not a diagnostic category in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V)—one reason the area tends to be both underfunded and undertreated, Marsh added. In part, that is due to earlier disagreements in the field: Some of those studying the disorder worried that a psychopathy diagnosis would stigmatize people too much, while others were concerned that clinicians would have difficulty in accurately assessing traits like callousness or cruel or indifferent disregard of others. So, although psychopathy was included in the first two editions of the DSM, it was replaced in the third edition by antisocial personality disorder (ASPD), which focuses mainly on the behavioral aspects of psychopathy, such as aggression, impulsivity, and violations of others' rights, but only minimally on personality characteristics like callousness, remorselessness, and narcissism. As a result, only about a third of those diagnosed with ASPD also meet the criteria for psychopathy, according to research using validated scales, which often leads to confusion over how and if the two conditions are related, Marsh noted.

At present, the closest DSM-V diagnosis to psychopathy is a youth diagnosis of conduct disorder with the addition of so-called "callous unemotional" (CU) traits, which manifest as a lack of guilt and remorse, a callous lack of empathy, a lack of concern about one's performance on important activities, and a general lack of emotional expression, said Louisiana State University psychologist Paul Frick, PhD, a member of the DSM-V work group that developed those criteria. In the DSM-V, this diagnosis is known as "conduct disorder with a 'limited prosocial emotion' specifier."

Given these varying factors, researchers are working to further clarify the nature of psychopathy by analyzing commonalities and differences between and among individuals in different settings, between assessment instruments, and across studies, and they are studying if and how children with the DSM-V specifier are at risk for psychopathy. Again, this newer line of thinking views psychopathy on a spectrum—as a set of traits that varies continuously throughout the population.

One effort to coordinate thinking in the field is Patrick's "triarchic model," which posits three separable trait constructs underlying psychopathic symptoms: "disinhibition," which includes tendencies toward impulsiveness, irresponsibility, difficulty regulating one's emotions and behavior, and mistrust of others; "meanness," which involves deficits in empathy, contempt toward and inability to bond with others, and predatory exploitativeness; and "boldness," which includes dominance, social assurance, emotional resilience, and adventurousness. Each of these traits has unique developmental features and neurobiological correlates. Patrick developed the Triarchic Psychopathy Measure to assess these trait constructs (*Development and Psychopathology,* Vol. 21, No. 3, 2009; *Journal of Personality*, Vol. 83, No. 6, 2015).

Because boldness, meanness, and disinhibition are separable, the triarchic model opens the door to understanding psychopathic symptoms in more flexible and nuanced ways and to a framework for integrating research that employs different theories and assessment instruments, Patrick said. In addition, the model suggests the possibility of identifying and studying subtypes of psychopathy involving different configurations of traits—for example people who display a "bold-disinhibited" style versus a "mean-disinhibited" one—and identifying neurobiological processes that relate to each subtype.

"If we can connect findings from different studies through reference to a common set of psychological dimensions, we can be more effective in identifying neurophysiological and behavioral factors that contribute to different expressions of psychopathy," said Patrick. "And that synergy, that harmonization of efforts, can lead to new ways of thinking and to assessment methods that are more precise and less crude and redundant."

WHAT DRIVES PSYCHOPATHY?

Increasingly, researchers are learning more about factors that may spur on psychopathy neurobiologically, genetically, environmentally, and behaviorally.

That work suggests that the warning signs for psychopathy are often present early. Frick, for example, has studied thousands of preschoolers, school-age kids, and juvenile offenders in the United States and abroad. He and colleagues have demonstrated that compared with youngsters who have conduct disorder alone, those with added CU traits—the

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Research indicates that "callous unemotional" traits may be heritable.

JUANMONINO/GETTY IMAGES

"limited prosocial specifier" in the DSM-V—are more likely to demonstrate deficient emotional responding to fear and distress in others as well as more severe and planned aggression. These youngsters are also more likely to continue showing aggressive and antisocial behavior as adults, including psychopathic traits (*Psychological Bulletin*, No. 140, No. 1, 2014).

However, "these kids are not destined to be psychopaths—in fact, the vast majority will not be," said Frick. "However, if you have a public health problem like psychopathy, and you have early indicators for risk, it is critical to implement early interventions designed to prevent this outcome."

A range of studies show that brain and neurological abnormalities may help to explain some of these symptoms. Among the findings are that the amygdala—an important emotion-processing structure in the brain—is smaller in people with psychopathy than it is in typically developing individuals and that it has deformities in various regions. Those with psychopathy or its precursors also show reduced activity in the amygdala and related regions of the brain and greater neural responsiveness in regions associated with reward-processing and cognitive control when performing tasks involving moral-processing, decision-making, and reward, suggesting that the neural processes that support moral evaluations in people with psychopathy somehow differ from those of typically developing individuals.

Recent studies with twins and adopted children indicate that there may be a strong genetic component to the condition as well. University College London (UCL) psychologist Essi Viding, PhD, and colleagues have found that disruptive behavior plus CU traits in children are moderately to highly heritable. But these studies also capture the important potential effects of the environment on antisocial behavior, according to a review article by Viding and E. J. McCrory, PhD, also of UCL, in *Psychological Medicine* (Vol. 48, No. 4, 2018).

A study in the *American Journal of Psychiatry* (Vol. 173, No. 9, 2016) underscores just how influential the environment can be. University of Michigan psychologist Luke W. Hyde, PhD, and colleagues tracked 561 children adopted during early infancy. Children whose biological mothers reported a greater history of severe antisocial behavior were much more likely than those whose biological moms did not report such a history to exhibit CU traits at 27 months—evidence for the heritability of CU traits.

However, the more that children's adoptive mothers used positive reinforcement at 18 months, the less likely the children were to develop CU behaviors at 27 months. Moreover, highly positive adoptive parents were able to buffer genetic risk in their children almost entirely.

"So even if a kid has a very antisocial parent and was at a very high genetic risk, they can knock out that risk if their adoptive parent is very high on positive reinforcement," Hyde explained. The findings "provide strong evidence that nature and nurture matter," he added, "and that the right parenting-focused interventions may significantly reduce the risk of early warning signs of future antisocial behavior."

In recent years, researchers have also identified a second

KEY POINTS

1. Psychopathy is a serious condition with public health implications, yet it is not currently listed in the DSM-V.

2. Children with conduct disorder and callous unemotional traits are at much higher risk for psychopathy than children with conduct disorder alone.

3. Research implicates brain, genetic, neurobiological, parenting, and environmental risk factors in the development of psychopathy.

4. Treatments that take into account research findings, such as those that address brain, neurological, and parenting practices specific to those with or at risk for psychopathy, are most effective.

FURTHER READING

Parent-Child Interaction Therapy adapted for preschoolers with callous-unemotional traits: An open trial pilot study
Kimonis, E. R., et al.
Journal of Clinical Child and Adolescent Psychology, 2018

Understanding the development of psychopathy: Progress and challenges
Viding, E., & McCrory, E. J.
Psychological Medicine, 2018

group of youth with traits that look like precursors to psychopathy—those who display anger, hostility, and emotional volatility after experiencing serious traumas. That condition is sometimes called "secondary psychopathy."

"The idea is that they were not born at particularly high risk for psychopathy," Marsh explained, "but that truly terrible life experiences caused their development to go awry. You tend not to see the fearless temperament in those kids but rather a lot of emotional dysregulation and anxiety."

While more research is needed on this group, it appears to be an important area for further study, added James Blair, PhD, a prominent researcher of psychopathy and director of the Center for Neurobehavioral Research at Boys Town in Nebraska. Blair says he was initially unconvinced that there could be such a group but that a brain-imaging study he and colleagues conducted convinced him otherwise (*Social Cognitive and Affective Neuroscience,* Vol. 16, No. 10, 2021).

"We showed that there were some kids who had been traumatized and were presenting with CU traits but who had a high response to threat," as opposed to the blunted affect of nontraumatized peers with CU tendencies, Blair said. The findings speak to the importance of tailored approaches: He would like to see treatments that "differentiate clinically between kids with conduct disorder who have high threat-responsiveness and decision-making impairments, for example, from others who have low threat-responsiveness but maybe also decision-making impairments," he said.

REAL-WORLD EFFECTS

Other psychology researchers are studying how these brain and neurological problems might influence behavior in adults, particularly disinhibited or criminal behavior. They, too, are showing that tailored approaches hold significant promise.

Yale University psychologist Arielle Baskin-Sommers, PhD, and members of her Mechanisms of Disinhibition Lab, for instance, are running brain and behavioral studies looking at how adults with psychopathy and ASPD process information in ways that can lead them into trouble.

Their research shows that both groups process information in problematic ways, but that faulty processing is different for each group. For people with ASPD, information-processing difficulties emanate from problems in executive functioning—which involves inhibition, planning, abstract reasoning, and working memory—especially when these individuals are responding to situations that involve rewards or emotional information. "So, they might commit antisocial acts because they have difficulty planning ahead—they have difficulty stopping once they get going with something," Baskin-Sommers explained.

For people with psychopathy, however, difficulties begin earlier in the information-processing stream. They display what Baskin-Sommers calls an "exaggerated attention bottleneck," or difficulty filtering information when it first comes in. In essence, "people with psychopathy become so myopically focused on one small part [of their attentional field] that their brain processes the rest of the information too slowly to inform the next step," she said.

An example is Robert Durst, the real-estate heir who was convicted of murder in 2021 and died in custody in January. At one point, he was on the run from police for killing his landlord with $30,000 in his car and $900 in his pocket. But impulsively, he decided he was hungry, so he parked his car, entered a Wegmans supermarket, stole a hoagie, and, predictably, got caught.

"In that moment, his goal—for whatever reason—was to get that hoagie," said Baskin-Sommers. In the meantime, he completely ignored all the other cues, including the large amount of money he was carrying, the security cameras throughout the Wegmans, and his high risk of getting caught. "Because of this kind of attentional abnormality," she said, "it was likely much harder for him to integrate all of these other pieces that most of us naturally would integrate pretty quickly."

To help people who exhibit attentional abnormalities related to psychopathy and ASPD, Baskin-Sommers and her team are designing video games that target the problematic information-processing issues within each group. For people with psychopathy, the games help them integrate the information they need to succeed at the game, for example by encouraging them to focus on the goal but at the same time notice details on the face of a person or on background cues that tell them how to respond or not at a given moment. For individuals with ASPD, the aim is to help them engage their executive functioning and not become overwhelmed by motivational or emotional cues, for example by encouraging them to pause before pursuing a reward. (The games are currently for research purposes only.)

Those who received the correctly matched training improved not only on the games themselves but on related experimental tasks as well (*Clinical Psychological Science*, Vol. 3, No. 1, 2015). Baskin-Sommers also has preliminary data showing that inmates with psychopathy who received the training had fewer disciplinary problems afterward, and that people with ASPD in community samples had fewer days of substance use and higher rates of outpatient treatment use than those who did not take the training.

The games could serve as a primer for other therapies shown to be effective for people with self-regulation difficulties, Baskin-Sommers added. "We need to correct the lens through which they are seeing the world before they can engage in more traditional therapies," she said.

PROMISING TREATMENTS

Treatment for adult offenders with psychopathy has not been easy or very successful—perhaps because interventions

have not targeted the right problems, as Baskin-Sommers' research suggests. However, a few investigators are showing positive results with adult offenders with psychopathy. For example, in a randomized controlled trial of 103 violent inmates with personality disorders including psychopathy, psychologist David P. Bernstein, PhD, of Maastricht University in the Netherlands, and colleagues found that patients who took part in 3 years of either treatment as usual or a treatment called schema therapy—which focuses on addressing patients' unmet emotional needs, such as attachment issues, and on helping them moderate extreme emotional states—all showed significant improvements in symptoms and moved quickly through rehabilitation compared with baseline measures. But those who received schema therapy did particularly well, the team found (*Psychological Medicine*, online first publication, 2021).

Interventions for children have been more promising, but they, too, have shown limitations. A main type of intervention is behavioral parent training, targeted to children with conduct disorder in general. While children with conduct disorder and CU improve somewhat in these programs, they still end up worse than those with conduct disorder alone, studies show.

Research by University of Sydney psychologists David J. Hawes, PhD, and Mark R. Dadds, PhD, and colleagues suggests why this might be the case. While children with CU traits seemed to improve in relation to program aspects that teach parents to reinforce and reward positive prosocial behavior, they did not respond as well to the treatment aspects that teach parents how to consistently punish their children with strategies like timeouts. That finding is in line with Hawes and Dadds' research showing that these youngsters are less influenced by threats of punishment (*Journal of Consulting and Clinical Psychology,* Vol. 73, No. 3, 2005).

Frick and Eva Kimonis, PhD, of the University of New South Wales in Australia, have drawn on these insights to tailor a widely used type of behavioral parenting training called Parent-Child Interaction Therapy (PCIT) to better address the needs of young children with elevated CU traits. This 21-session modified version, called PCIT-CU, teaches parents how to emphasize positive reinforcement to change a child's behavior, how to be warmer and more responsive in their parenting, and how to coach their children to pay attention to other children's emotions. "It emphasizes a lot of in-session coaching that allows the parents to practice the skills with the child in session," Frick explained.

"People with psychopathy become so myopically focused on one small part [of their attentional field] that their brain processes the rest of the information too slowly to inform the next step."

ARIELLE BASKIN-SOMMERS, PhD, YALE UNIVERSITY

In an open clinical trial of 23 parents and their children ages 3 to 9, the team found highly significant reductions in CU traits and conduct problems and highly significant increases in empathy across five assessment points, starting before treatment, following children through different phases of treatment, and ending at 3 months after treatment completion. Next, they hope to conduct a larger randomized controlled trial comparing children who receive the standard treatment with those who receive the modified version.

For teens, group treatments tend to be the standard approach. A successful example is Boys Town, a residential campus near Omaha, Nebraska, with satellite programs in nine other sites across the country. There, children and teens with a variety of behavioral, psychological, emotional, and family-based problems live in homes with trained married couples known as Family-Teachers. While Boys Town is not focused exclusively on youth at risk for psychopathy, the program shows significant reductions in CU traits, said Blair.

Another successful program is the Mendota Juvenile Treatment Center, a residential facility in Madison, Wisconsin, that provides mental health treatment to juvenile offenders deemed by the state to be too unruly or aggressive to be housed in traditional correctional centers. The center's philosophy is that treatment should promote healthy emotional development and socialization—not just needed skills. Youth in this program showed less than half the recidivism rates of a comparison group, and the program produced benefits of $7.18 for every dollar of cost, according to an evaluation by psychologist Michael F. Caldwell, PsyD, and colleagues (*Journal of Research in Crime and Delinquency,* Vol. 43, No. 2, 2006).

Collectively, these findings suggest that those with or at risk for psychopathy need more than single-dose therapy. Rather, therapy needs to be both correctly tailored to the problems the person is facing and of sufficiently long duration to ensure that changes stick, Viding said. For children, "we almost need to think of it in terms of an inoculation and booster shots," she said.

She added that this work is important not just for public health reasons but for humanistic ones as well. "We know that early-onset antisocial behavior and psychopathic features are associated with a host of poor mental and physical health outcomes," including difficulty forming relationships, poor educational outcomes, poor health, and early death, she said. "So, an integral part of addressing this picture is changing people's attitudes and concern for these children so that they are allocated the attention and the help that they deserve." ■

THE BURDEN *OF* WEIGHT STIGMA

WEIGHT GAIN IS ON THE RISE, BUT SHAMING PEOPLE WON'T REVERSE THE TREND

BY ZARA ABRAMS

JUAN SILVA/GETTY IMAGES

Stigmatizing extra pounds does not help people succeed in losing weight. Instead, it has a negative effect on mental health, leads to a decrease in health-seeking behaviors, and increases the risk of mortality.

ALONG WITH ALL THE OTHER CHANGES it has wrought, the COVID-19 pandemic has now been linked to weight gain among children, adolescents, and adults (Woolford, S. J., et al., *JAMA*, Vol. 326, No. 14, 2021; Lin, A. L., et al., *JAMA Network Open*, Vol. 4, No. 3, 2021). Those physical changes are taking a psychological toll, because weight stigma—bias against individuals because of their body size—is also on the rise (Lessard, L. M., & Puhl, R. M., *Journal of Pediatric Psychology*, Vol. 46, No. 8, 2021). ¶ More than 40% of U.S. adults, across a range of body sizes—and even greater numbers abroad—report experiencing weight stigma at some point in their life (Lee, K. M., et al., *International Journal of Obesity*, Vol. 45, 2021; Puhl, R. M., et al., *PLOS ONE*, Vol. 16, No. 6, 2021). Like other forms of bias and discrimination, weight stigma, also called sizeism, leads to suffering and psychological distress. Sizeism increases a person's risk for mental health problems such as substance use and suicidality (Hatzenbuehler, M. L., et al., *Obesity*, Vol. 17, No. 11, 2009; Brochu, P. M., *International Journal of Obesity*, Vol. 44, 2020).

Weight stigma also undermines health behaviors and preventive care, causing disordered eating, decreased physical activity, health care avoidance, and weight gain (Tomiyama, A. J., *Appetite*, Vol. 82, 2014). Over the long term, it even increases the

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risk of mortality (Sutin, A. R., et al., *Psychological Science*, Vol. 26, No. 11, 2015).

"There's a perception that weight stigma might feel bad but [that] it's tough love and it's going to motivate people," said Sarah Novak, PhD, an associate professor of psychology at Hofstra University in Hempstead, New York. "But research shows that this isn't true."

Adults face sizeism at work, at the doctor's office, and in romantic relationships; at school, it tops the list of reasons why children are bullied. And unlike many other forms of bias that pervade American culture—including racism, sexism, and ageism—discrimination based

on body size is legal in almost every state.

"Simply put, weight stigma is damaging to both emotional and physical health, and it decreases quality of life," said psychologist Rebecca Puhl, PhD, a professor at the University of Connecticut and deputy director of the university's Rudd Center for Food Policy and Health. "This tells us that we need to address weight stigma not only as a social justice issue but also as a public health issue."

EFFECTS OF SIZEISM

Sizeism is one of the most deeply entrenched stigmas in today's society, partly because of sociocultural ideals tying thinness to core American values such as hard work and individualism, said Puhl. The implication is that people in larger bodies lack willpower and discipline.

Cultural values of hard work and individualism plus the idea that weight issues are a personal failure lead many doctors, coworkers, and others to demean people because of their size.

"People can't change the color of their skin, but there's this perception that people can diet their way out of obesity—that if somebody has a larger body, it's 100% their fault," said Janet Tomiyama, PhD, a professor of health and social psychology at the University of California, Los Angeles.

Forty-two percent of U.S. adults say they have faced some form of weight stigma, such as being teased about their weight or treated unfairly because of it, with physicians and coworkers listed as some of the most common sources (Lee, K. M., et al., *International Journal of Obesity*, Vol. 45, 2021; Puhl, R. M., et al., *International Journal of Obesity*, Vol. 45, 2021). Among children, weight-based bullying is more common than bullying based on race, sexual orientation, or disability status (Bucchianeri, M. M., et al., *Journal of Adolescence*, Vol. 51, 2016). And unlike many other types of stigma, family members and romantic partners are high on the list of perpetrators.

"This is a unique thing about weight stigma: The people who are closest to you and should be the sources of social support are often the ones who are most stigmatizing," Tomiyama said.

Sizeism is more frequently directed at women (Spahlholz, J., et al., *Obesity Reviews*, Vol.

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17, No. 1, 2016) and individuals living with multiple stigmatized identities, such as gay or transgender people (Puhl, R. M., et al., *Health Psychology*, Vol. 38, No. 8, 2019).

Perhaps ironically, weight stigma actually leads to a decrease in health-seeking behaviors—and an increase in weight—over time. Regardless of their body mass index (BMI), people who face weight stigma are more likely to engage in disordered eating or unhealthy eating behaviors, such as binge eating (Vartanian, L. R., & Porter, A. M., *Appetite*, Vol. 102, 2016). They are also more likely to avoid exercising and to report feeling uncomfortable exercising in public (Vartanian, L. R., & Novak, S. A., *Obesity*, Vol. 19, No. 4, 2012).

These behavioral changes may explain why both adults and children who are victims of sizeism tend to gain weight (Jackson, S. E., et al., *Obesity*, Vol. 22, No. 12, 2014; Hunger, J. M., & Tomiyama, A. J., *JAMA Pediatrics*, Vol. 168, No. 6, 2014). Weight stigma leads to higher cortisol levels, a condition linked to fat deposition and numerous chronic health problems (Tomiyama, A. J., *Appetite*, Vol. 82, 2014). It also increases risk for psychological problems including depression, anxiety, substance use, and suicidality, particularly when people internalize sizeist attitudes and begin to self-stigmatize (Pearl, R. L., & Puhl, R. M., *Obesity Reviews*, Vol. 19, No. 8, 2018).

Such health issues are compounded by the fact that many people who have faced weight stigma from health care providers avoid seeking further treatment (Phelan, S. M., et al., *Obesity Reviews*, Vol. 16, No. 4, 2015). For example, patients commonly report that physicians attribute all health problems to excess weight and make assumptions about patients' health behaviors, such as assuming that they overeat. Experiencing bias in health care settings can cause patients to trust their providers less, practice "doctor shopping," and delay or avoid seeking treatment for various health issues (Alberga, A. S., et al., *Primary Health Care Research & Development*, Vol. 20, 2019).

"Every bit of weight stigma a person encounters from their doctor makes it less likely that they're going to go back, and that is a bad outcome," said Traci Mann, PhD, a professor of psychology at the University of Minnesota.

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Though body size is one of the main reasons children are bullied, only a handful of states and districts include language about weight in their anti-bullying policies.

Research has shown that weight stigma is so toxic that even anticipating it can lead to decreased cognitive functioning and increased anxiety.

In mental health care settings, early data suggest that eating disorders such as anorexia and bulimia are underdiagnosed among higher-weight patients (Sonneville, K. R., & Lipson, S. K., *International Journal of Eating Disorders*, Vol. 51, No. 6, 2018; Spotts-De Lazzer, A., & Muhlheim, L., *Journal of Health Service Psychology*, Vol. 45, 2019). Patients with higher BMIs who report restrictive eating behaviors to their therapists often go undiagnosed for years, and they may even be encouraged to diet, said Catharine Devlin, PsyD, a Chicago-based clinical psychologist and owner of Birch Tree Psychotherapy, an outpatient practice focused on eating disorder treatment. They can also face difficulties with insurance reimbursement if they seek treatment for an eating disorder that is perceived to be inconsistent with their body size.

"If people with anorexia recover into larger bodies, they are often shamed by providers, which makes recovery so much harder," said clinical psychologist Lauren Muhlheim, PsyD, who owns Eating Disorder Therapy LA, an outpatient practice in Los Angeles.

Sizeism is so harmful that even anticipating it is linked to psychological problems. Jeffrey Hunger, PhD, an assistant professor of psychology at Miami University in Oxford, Ohio, tests this experimentally by manipulating whether participants' body sizes are visible in

fictional dating profiles that they believe potential partners will see. Hunger and his colleagues have documented increases in anxiety symptoms and decreases in cognitive performance among participants who anticipate facing weight stigma (*Body Image*, Vol. 27, 2018; *Journal of Experimental Social Psychology*, Vol. 63, 2016).

DISRUPTING STIGMA

Psychologists have tested a range of interventions for sizeism that have proven effective with other types of stigma: encouraging empathy for people with overweight, delivering education about the many factors that determine body weight, and even inviting participants to don a body suit and "walk a mile" in the shoes of a heavier person (Incollingo Rodriguez, A. C., *Obesity*, Vol. 24, No. 9, 2016). Most have only a small effect, if any, on anti-fat attitudes and beliefs (Lee, M., et al., *Body Image*, Vol. 11, No. 3, 2014).

"The types of interventions that tend to work for decreasing racism and sexism don't seem to work here," Tomiyama said.

Part of the reason for that, experts say, is that it remains legal to discriminate against people because of their weight. Only Michigan, Washington state, and a handful of cities—including San Francisco and Washington, D.C.—ban weight-based discrimination in the workplace. As a result, individuals with overweight are less likely to be hired and promoted than their thinner counterparts (Rudolph, C. W., et al., *Journal of Vocational Behavior*, Vol. 74, No. 1, 2009), and they often make less money (Judge, T. A. & Cable, D. M., *Journal of Applied Psychology*, Vol. 96, No. 1, 2011).

FURTHER READING

Joint international consensus statement for ending stigma of obesity
Rubino, F., et al.
Nature Medicine, 2020

Weight stigma as a psychosocial contributor to obesity
Puhl, R. M., et al.
American Psychologist, 2020

An evidence-based rationale for adopting weight-inclusive health policy
Hunger, J. M., et al.
Social Issues and Policy Review, 2020

How and why weight stigma drives the obesity 'epidemic' and harms health
Tomiyama, A. J., et al.
BMC Medicine, 2018

"Legal protections have been passed to reduce disadvantages for various stigmatized groups, but we don't see the same thing happening for weight," Puhl said. "That essentially sends a message that this is a tolerable form of unfair treatment."

At school, children face a similar landscape. Though body size is one of the main reasons children are bullied, only a handful of states and districts include language about weight in their anti-bullying policies.

Protective laws and policies may be scarce, but public support for them is not. Puhl and her colleagues have found that about three quarters of U.S. adults support expanding anti-sizeism protections in the workplace (*International Journal of Obesity*, Vol. 40, 2016) and that 81% of U.S. parents support addressing weight-based bullying at the state and federal levels (*Pediatric Obesity*, Vol. 12, No. 2, 2017).

"We know the public support is there, but the policy change is not happening fast enough," Puhl said.

Health care providers can also help shift attitudes about body weight and improve physical and mental health outcomes. Clinicians, including psychologists, should start by exploring stigmatizing views they may hold, including whether they make different recommendations for patients based on body size, Devlin said. The Implicit Associations Test offers one of several self-assessments on weight stigma. Early evidence also suggests that psychologists can help clients identify and address their own internalized weight stigma using cognitive behavioral therapy or acceptance and commitment therapy (Pearl, R. L., et al., *Eating and Weight Disorders—Studies on Anorexia, Bulimia and Obesity*, Vol. 23, 2018; Levin, M. E., et al, *Cognitive and Behavioral Practice*, Vol. 25, No. 1, 2018).

Research indicates that patients who engage in supportive conversations with their physicians, rather than stigmatizing ones, are more motivated to comply with subsequent recommendations (Hayward, L. E., et al., *Stigma and Health*, Vol. 5, No. 1, 2020). Physicians can also help people of all body sizes improve their health without making recommendations based on weight.

The same goes for public health messaging. Puhl and her colleagues found that when messages focus on health behaviors—such as replacing sugary drinks with water or improving fruit and vegetable consumption—without mentioning weight or obesity, participants report higher motivation and intent to change their behavior (*International Journal of Obesity*, Vol. 37, 2013).

"Weight doesn't need to be part of the message in order to motivate and encourage people to engage in health behavior change," she said. "Rather than blaming and shaming people for their larger body size, we need to instead support and empower people to be healthy, regardless of what body size they have." ■

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Improving Sibling Relationships

Psychologists' research shows that these long-lasting relationships are more critical than many people think and offers insights on how to improve them

BY KIRSTEN WEIR

Eight in 10 children in the United States are growing up with a sibling—more than the number of kids living with a father. Yet sibling relationships earn a fraction of the attention that family studies researchers have cast on other close relationships. But ignoring the role of brothers and sisters in children's growth and well-being is a mistake, said Susan McHale, PhD, a professor of human development and family studies at Penn State University. Over the course of childhood, she and her colleagues have found, children spend more out-of-school time with their siblings than with anyone else, including parents and friends. And over a lifetime, siblings are often the people with whom an individual will ultimately share the most years. "Siblings are most people's longest-lasting relationships—from early in childhood through old age. This means they can understand you in ways other people can't," she said.

In the process, brothers and sisters affect each other directly and indirectly, said Shawn Whiteman, PhD, a professor of human development and family studies at Utah State University. On one hand, siblings support and learn from one another. On the other, they compete for parental attention and can introduce one another to risky behaviors, including substance use and sex. "The sibling relationship has the ability to uniquely shape a child's behavior, adjustment, and well-being, for better and worse," Whiteman said.

Well into adulthood, siblings keep influencing one another's mental health and well-being. Warm sibling relationships—those with more affection and intimacy and less conflict—are a source of material and emotional support, with the power to protect against loneliness and depression. But research shows that fraught sibling relations are associated with a host of negative outcomes in adulthood, including depressive symptoms and substance use.

DANIEL NEVINS/THE ISPOT

Add to that, sibling relationships are rarely clear-cut, which can make them especially tricky to navigate. "We often find that siblings who have intense conflict are also intensely loyal and loving to one another," McHale said.

Despite the complexity of sibling relationships, psychologists are fleshing out the ways in which they matter. In childhood, these relationships have significant influence on development, in some cases greater than the influence of parents or peers. Sibling conflict, however, can be stressful for entire families—and may contribute to depression and loneliness among adults. Fortunately, the research is also pointing toward ways to help siblings get along.

SIBLING RELATIONSHIPS IN CHILDHOOD

Though research on siblings has lagged, these relationships are gaining more attention as psychologists find increasing evidence of their importance for development and well-being, said Laurie Kramer, PhD, a clinical psychologist at Northeastern University who studies the mechanisms by which young children can develop positive relationships with their siblings. "We're learning more and more about their significance and how siblings help one another—and create conflict—across the life span."

From early childhood, siblings are important teachers. They model how to behave at home and in the world and can offer practical advice on everything from math homework to asking a crush on a date. "Siblings often have a better sense of what you're experiencing with peers or with parts of your world that parents don't have access to or don't see in the same way. That shared perspective is one of the facets that makes sibling relationships so valuable for child development," Kramer said. And that shared experience continues to be important far into the future. "No one else will know what it was like growing up with your parents in your household, and that sense of being understood by another person can be incredibly powerful," she added.

Sibling warmth and support in childhood has been linked to a number of positive outcomes, including peer acceptance and social competence, academic engagement and educational attainment, and intimate relationships in adolescence and young adulthood, as McHale and colleagues described in a review of sibling dynamics in childhood. Warm sibling relationships can also help buffer against the negative effects of stressful life events such as bullying or parental hostility, they found (*Clinical Child and Family Psychology Review*, Vol. 15, No. 1, 2012).

Children can also learn bad habits from their brothers and sisters. "Siblings can shape risky behaviors during adolescence," said Whiteman, who is studying how siblings influence substance use in adolescence. He's found, for instance, that older siblings often introduce younger siblings to alcohol directly by providing it or by drinking with them. But older siblings also influence younger siblings' alcohol use indirectly by shaping their expectations about drinking (*Addictive Behaviors*, Vol. 53, 2016). "Having an older brother or sister who uses substances makes you more likely to use them. And if you look up to them, you're much more likely to engage in substance use," he said.

Siblings often understand each other better than anyone else, with an inside sense of what each is experiencing both with peers and at home.

Sibling conflict can also lead

CATHERINE FALLS COMMERCIAL/GETTY IMAGES

to negative consequences. While minor squabbles can help children learn to solve problems and navigate conflict, high levels of conflict and aggression between siblings can have lasting effects on a child's mental health.

In a longitudinal study of U.S. adolescents, McHale and colleagues studied sibling relational aggression—nonphysical aggression such as excluding or belittling a sibling. They found sibling relational aggression was associated with depression, low self-worth, and participation in risky behaviors. But those negative outcomes differ somewhat in boys versus girls, older versus younger siblings, and siblings in mixed-gender versus same-gender pairs. In other words, there's more work to be done to fully understand

the complex ways siblings can harm one another through mean behavior, McHale said (*Journal of Youth and Adolescence*, Vol. 47, No. 10, 2018).

All told, sibling interactions and relationships deserve much more attention from parents, educators, mental health professionals, and researchers, said Whiteman. "Sibling relationships predict youth outcomes above and beyond the influence of parents and peers."

HEALTHY ADULT RELATIONSHIPS

Sibling relationships remain important well into the adult years. Though siblings may interact less frequently as they get older, some research suggests that they may start getting along better in young adulthood. Whiteman found that siblings report less conflict over the course of young adulthood (*Journal of Family Psychology*, Vol. 32, No. 3, 2018). He also found that while young adults reported communicating less frequently with siblings after leaving home, they considered those talks more meaningful and felt they better understood their siblings in emerging adulthood (*Journal of Social and Personal Relationships*, Vol. 36, No. 8, 2019). Sibling support also has tangible benefits in early adulthood. A longitudinal study of university students found that when pursuing personal goals, sibling support is as advantageous as support from parents and peers (Audet, É. C., et al., *Family Relations*, Vol. 70, No. 5, 2021).

Having close sibling relationships in childhood continues to impact well-being well into middle age. Harvard University psychiatrist Robert Waldinger, MD, and colleagues explored the influence of siblings using data from the Harvard Study of Adult Development, which has followed male subjects since 1938. They found participants who reported poorer relationships with siblings at age 18 or 19 had a greater likelihood of major depression and use of mood-altering drugs by age 50. That pattern held even after adjusting for the quality of the participants' relationship with parents (*The American Journal of Psychiatry*, Vol. 164, No. 6, 2007).

Sibling relationships remain important well into the adult years, with relationships having effects on personal goals, depression, loneliness, and more.

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Siblings keep influencing one another as they age, said Megan Gilligan, PhD, an associate professor of human development and family studies at Iowa State University who researches sibling relationships in older adults. And the quality of those relationships continues to have implications for well-being. In a study of older adult siblings, Gilligan found participants generally reported high levels of warmth and low levels of conflict. Sister-sister pairs were especially likely to report warm relationships. Warm sibling relationships, in turn, seemed to protect against loneliness. However, older adults who reported more sibling conflict and parental favoritism in adulthood were more likely to experience symptoms of depression, anxiety, hostility, and loneliness (*Journal of Family Psychology*, Vol. 34, No. 2, 2020). "Siblings are really influential in mental health, well beyond childhood and adolescence," she said.

HOW TO BUILD STRONG RELATIONSHIPS

Parents can help improve these critical relationships from the beginning. According to family researchers, one of the most

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important things parents can do early on is to avoid behavior that can be seen as favoring one child over another. "Children are keen observers of how they are treated differently from their brothers or sisters," Whiteman said. "The perception that you're not the favored one is linked to poor adjustment and impacts the quality of relationships with your parents and your siblings."

"Differential parental treatment," as researchers describe the phenomenon, can affect every child in the family and can continue to drive a wedge well into adulthood, Gilligan said. "The presence of favoritism, even if you're the favored one, can cause competition and conflict. Perceptions of favoritism also exacerbate conflict during times of stress, such as when caring for parents later in life," she said.

To avoid this major source of conflict, parents should regularly consider if they are creating a fair environment, Whiteman said. Parents should avoid comparing siblings or setting them up to compete with one another. And hard as it may be, they should try not to take sides when siblings argue. Parents do sometimes need to treat kids differently. "But it has to be fair. Justice is very important for children," he said. If parents tell their daughter she can't stay out as late as her brother but don't give an explanation, she might see it as favoritism. Instead, they should explain that she has an earlier curfew because she's younger, and she'll probably recognize the argument as just.

When siblings are left to sort out problems on their own, they're likely to continue fighting—and that unresolved conflict can intensify, potentially leading to sibling bullying or aggression.

Parents can also foster close sibling relationships by promoting healthy relationships with other friends and family members. Kramer followed sibling pairs for 13 years, beginning before the birth of the second child, and looked at a number of different factors to predict which siblings would have the most positive relationships. She found that preschoolers who had a positive relationship with a best friend before their sibling was born were more likely to have a good relationship with their

brother or sister. "Best friendships were the most predictive thing—even more important than the quality of the older child's relationship with their mother," she said.

Parents should also proactively coach young children on how to get along, according to psychologists. When siblings are left to sort out problems on their own, they're likely to continue fighting—and that unresolved conflict can intensify, potentially leading to sibling bullying or aggression. Kramer's research indicates that parents can help their children develop skills to manage sibling conflict by teaching them to express their points of view in a disagreement and actively solving problems with their kids to help them find solutions to their arguments (Kramer, L., et al., in Fiese, B. H., et al. [Eds.], *APA Handbook of Contemporary Family Psychology: Foundations, Methods, and Contemporary Issues Across the Lifespan*, 2019). Once they're sure the kids have the skills to manage conflict, then parents can begin to step back to let them solve problems on their own.

"It's important to put intentional strategies into place. When children lacking these skills are left to their own devices, they flounder," Kramer said. "Every day, parents have so many opportunities to help children develop a more positive relationship with one another."

To help with that goal, Kramer and colleagues created the More Fun with Sisters and Brothers program, a free online intervention for families with two children between the ages of 4 and 8. The intervention teaches parents strategies to help their children develop social and emotional competencies, such as accepting or appropriately declining invitations to play, regulating emotions, and managing conflict. A study of the intervention found children whose families participated had greater emotional regulation and better sibling relationship quality at the end of the monthlong intervention than those in a wait list control group (*Journal of Family Psychology*, Vol. 29, No. 3, 2015). What's more, the study found the intervention also relieved mothers' stress and depression by improving family harmony.

McHale and her colleagues—Penn State psychologist Mark Feinberg, PhD; Arizona State researcher Kimberly Updegraff, PhD; and Harvard University researcher Adriana Umaña-Taylor PhD—have created and tested the Siblings Are Special program, a 12-session after-school intervention for siblings in elementary school. One randomized controlled trial found the program enhanced positive sibling relationships and improved children's self-control, social competence, and even academic performance (*Journal of Adolescent Health*, Vol. 53, No. 2, 2013). A second trial involving low-income Latino families also found positive effects, including improvements in sibling relationships, parent-child relationships, and older siblings' emotional efficacy (*Journal of Family Psychology*, Vol. 30, No. 5, 2016). In both cases, the intervention also reduced depressive symptoms in mothers. "That's not surprising when you consider that sibling conflict is one of parents' largest everyday stressors," McHale said.

Resolving conflicts isn't the only way parents can foster a close relationship between siblings. They can set up opportunities for kids to spend time together by doing shared family activities such as playing sports or board games and by making sure today's overscheduled children actually have time to engage with family. And it helps to let siblings know that parents value their relationship with one another. "Simple messages of praise—such as, 'It warms my heart when I see you two playing together'—can give children the message that sustaining a positive sibling relationship is important and valued by parents," Kramer said.

REWRITING FAMILY HISTORY

Sibling relationships naturally change over the course of a lifetime. Transition points such as leaving home, getting married, having kids, and dealing with parents' divorce or death offer natural opportunities for siblings to reevaluate and reinvest in these relationships, Whiteman said—whether by coming together or drifting apart. "Whenever there is a transition, it offers an opportunity for change," he said.

Psychotherapists should help patients explore how these influential relationships affect them in ways both positive and negative. "In practice, we tend to focus on individuals' relationships with their parents. We

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YASSER CHALID/GETTY IMAGES

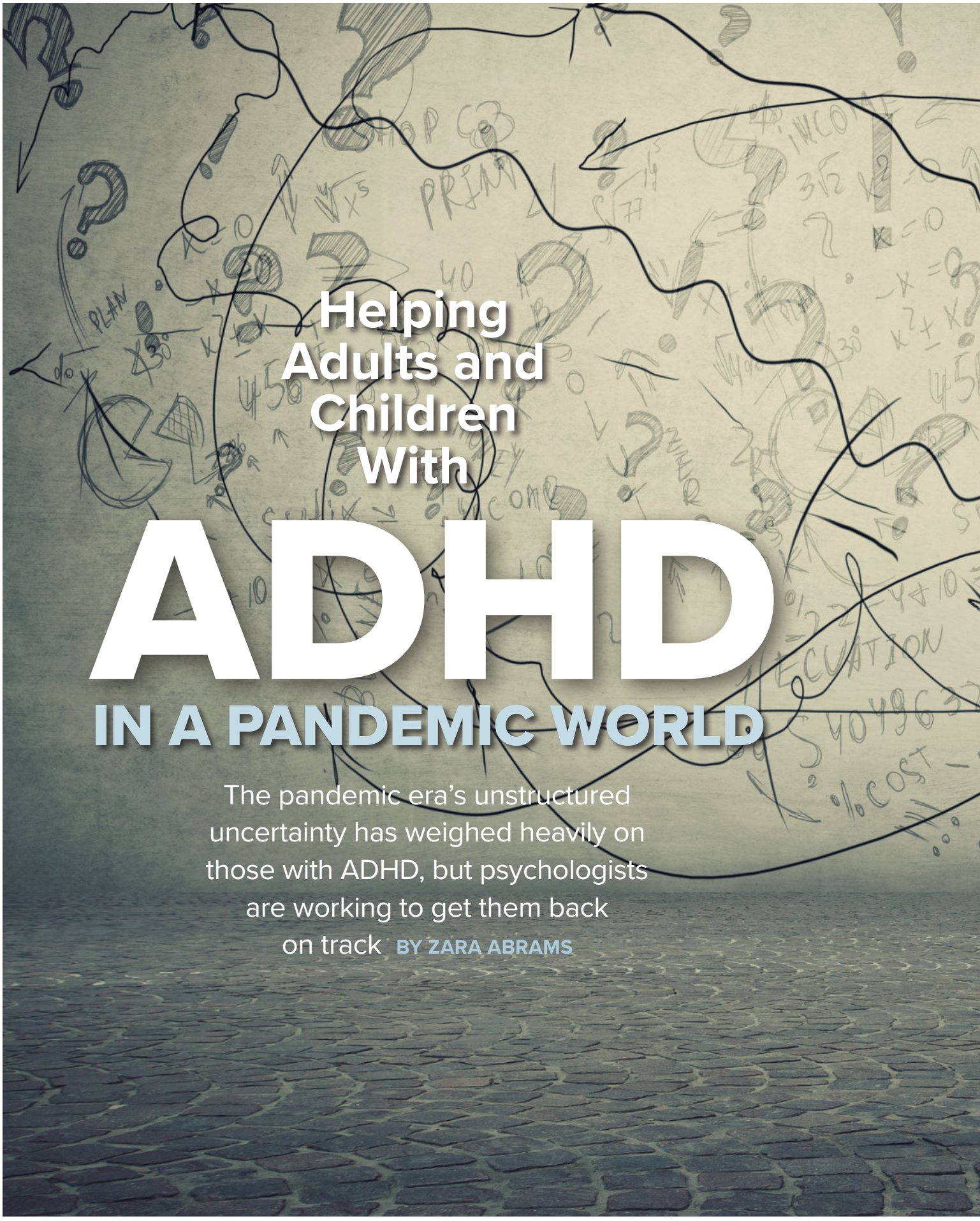
Sister-sister pairs have been shown to be more likely to report warm relationships as they age.

often overlook the very formative contributions that siblings have on our well-being and growth," Kramer said. But there are important reasons not to overlook the influence of brothers and sisters.

When spending time with siblings, "we tend to fall back into the well-worn grooves of our family roles," said Eileen Kennedy-Moore, PhD, a clinical psychologist in Princeton, New Jersey, and author of *Kid Confidence: Help Your Child Make Friends, Build Resilience, and Develop Real Self-Esteem* (New Harbinger Publications, 2019). Even as adults, siblings often tease one another and push each other's buttons. At the same time, they can become frustrated by patterns that seem to play out again and again—such as older siblings feeling like their younger siblings don't pitch in to help as often as they should, and younger siblings bristling at unsolicited advice from their big brother or sister. Clinicians can help patients recognize and change these patterns.

To reset the dynamic, Kennedy-Moore recommends helping patients to recognize the role they play in these patterns and consider their siblings' behavior through a new lens. "Our image of our siblings can be out of date. Just as we want our siblings to recognize we've changed [since childhood], we also have to watch our own assumptions about what they're like," she said. As with any relationship, sibling relationships benefit from clear communication and good boundaries—skills that psychotherapists can help patients develop.

And though sibling relationships may not be top of mind in a typical therapy session, they are worth asking about and addressing, Kennedy-Moore added. "Sibling relationships are often the longest relationships of our lives, and are at least as important as the parent-child relationship," she said. "We can't redo the past, but we can choose to move forward with our siblings in different ways." ■



Helping Adults and Children With ADHD IN A PANDEMIC WORLD

The pandemic era's unstructured uncertainty has weighed heavily on those with ADHD, but psychologists are working to get them back on track **BY ZARA ABRAMS**

BULAT SILVIA/GETTY IMAGES

The COVID-19 pandemic has presented challenges for almost everyone, but one group has been uniquely affected by shifting circumstances: children and adults with attention-deficit/hyperactivity disorder (ADHD). ¶ "People with ADHD rely on structure. When that structure was removed, symptoms that were under control became much more impairing," said Jeffrey S. Katz, PhD, a clinical psychologist based in Virginia Beach, Virginia, and a member of the board of directors of the national nonprofit Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD).

The drastic shift in routines has been especially difficult for those whose ADHD requires them to carefully control their environments to successfully manage symptoms.

Surveys, research studies, and practitioner reports have documented an uptick in referrals for ADHD assessment as well as a worsening of symptoms and trouble adapting to preventive measures around COVID-19 among those with ADHD (*ADDitude*, March 31, 2021; Zhang, J., et al., *Asian Journal of Psychiatry*, Vol. 51, 2020; Pollak, Y., et al., *Journal of Attention Disorders*, online first publication, 2021). Phone-based and online queries to CHADD increased in 2020 by 62% and 77%, respectively, compared with 2019.

The dramatic, immediate change in environment that occurred in March 2020 forced nearly everyone to create a new routine, but that task was particularly difficult for people who already struggle with planning, motivation, and attention, said clinical psychologist Margaret Sibley, PhD, an associate professor of psychiatry and behavioral medicine at the University of Washington and Seattle Children's Hospital. Other pandemic-related factors—such as more distractions at home, fewer opportunities to exercise, and a nationwide increase in substance use—made it even harder to function well.

In response to the pandemic, psychologists were tasked with differentiating cases of ADHD from more situational ADHD-like symptoms. They also found new ways to help adults and children who needed support to work and learn effectively from home. When some patients benefited from the flexibility of remote conditions, including remote mental health care, psychologists took note. Now, clinicians and others are working to apply these insights to deliver much-needed ongoing support.

"We're in this for the long haul," said Thomas Power, PhD, ABPP, a professor of school psychology in pediatrics, psychiatry, and education and director of the Center for Management of ADHD at the Children's Hospital of Philadelphia (CHOP). "This is not just a crisis that's going to last for another year or so. There will be downstream effects for years that we need to address."

THE IMPERATIVE FOR EARLY INTERVENTION

In the United States, about 8% of children and 4% of adults have ADHD ("General Prevalence of ADHD," CHADD). People with ADHD face problems with inattention, such as trouble listening or staying organized, and/or hyperactivity and impulsivity, such as restlessness or interrupting others. To receive a diagnosis, these symptoms must impair functioning in at least two areas of life—for example, at home, at school, at work, or in relationships—and must affect an individual before age 12, according to the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition).

Dopamine dysregulation, which influences motivation, is at the root of many of these issues, Sibley said. People with ADHD may find some tasks, like reading a novel for school, less rewarding than others do—while other activities, like playing video games, feel hyper-rewarding and hard to stop.

If left untreated, these problems with motivation set the stage for significant hardship down the line. Follow-up studies of children with ADHD have documented more unemployment, less educational attainment, and more problems with depression, anxiety, and substance use than in those without the condition ("ADHD and Long-Term Outcomes," CHADD; Schiavone, N., et al., *Psychiatry Research*, Vol. 281, 2019). Research suggests that early intervention can mitigate some of these outcomes, so experts say timely and ongoing treatment is crucial for long-term success (Katzman, M. A., et al., *BMC Psychiatry*, Vol. 17, 2017).

REMOTE WORK AND LEARNING

Early intervention has become an imperative amid the COVID-19 pandemic, when remote work and school conditions

JGI/TOM GRILL/GETTY IMAGES

have upended the lives of so many. Children with ADHD are disproportionately affected by the academic disruption, Power said, because it can be difficult for them to learn using virtual systems.

"With the return to in-person school, students with ADHD, generally speaking, have required more support with instruction, organization, time management, and planning," he said, because of both shifts in routines and setbacks related to remote learning.

The loss of structure and limited opportunities to socialize with peers have also caused social and behavioral setbacks for kids and teens, said Katz, including social anxiety and trouble sustaining healthy peer relationships. Several studies have documented increased emotional dysregulation among children and adolescents with ADHD during the pandemic (Breaux, R., et al., *The Journal of Child Psychology and Psychiatry*, Vol. 62, No. 9, 2021; Korpa, T., et al., *Children*, Vol. 8, No. 11, 2021).

Working from home has also presented challenges for adults with ADHD, including dealing with the loss of boundaries—such as a dedicated workspace or an on-site supervisor—that help them avoid distractions and provide cues about when to stop and start tasks.

"You've also got one of the most addictive things in the world, your cell phone, and there's less external pressure to put it down," said Allyson G. Harrison, PhD, an associate professor of clinical psychology and clinical director of the Regional Assessment and Resource Centre at Queen's University in Ontario, Canada.

On the other hand, some people with ADHD have reported upsides of working and learning from home, said Danielle M. Politi, PsyD, who manages a team of clinical and educational assessment consultants at Multi-Health Systems, Inc., a Toronto-based company that develops psychological and other scientific assessments. For example, the increased flexibility allowed people to take frequent breaks and work at their own pace, while recorded lectures enabled college and graduate students to review class materials without time pressure.

"Some individuals with ADHD actually seem to function better at home, so how do we continue to create that type of environment as people return to school and work?" Politi said.

Among the downsides for those with ADHD who are studying and working at home are the lack of boundaries, support, socialization, and routines. But there are upsides as well, including flexibility in pacing and schedules and the ability to review recorded materials previously taught live.

FAT CAMERA/GETTY IMAGES

DIAGNOSING ADHD DURING THE PANDEMIC

With the pandemic-driven uptick in referrals for ADHD, many providers face a conundrum. Are people feeling bored, restless, and distractable purely due to circumstance—or are they living with an underlying condition?

"One thing we know about ADHD is that its severity is environmentally dependent to some degree," said Sibley. A loss of structure, in other words, could lead to a worsening of symptoms among individuals with milder, undiagnosed ADHD. For that reason, clinicians should focus primarily on impairment when making a diagnosis, she said.

Is the patient experiencing meaningful difficulties in their life? If so, environmental modifications can make a big difference, and providers have used a mix of old and new

JLCO-JULIA AMARAL/GETTY IMAGES

strategies to help people with ADHD function well during the pandemic, many of which are still being applied as work and school conditions continue to shift. For adults working from home, a clear workspace that contains only work-related items helps to limit distractions, Politi said. She also recommends scheduling frequent breaks and using the last 15 to 30 minutes of each workday to reset: Clear your inbox and office space and make a plan for the following day.

Standard pre-pandemic advice is also more important now than ever, said Harrison. People with ADHD can improve their functioning by seeking out optimal work times and settings, for example during the late morning in a quiet area without internet access. They can also build in rewards for completing onerous tasks, such as 10 minutes of browsing social media after 50 minutes of studying. Setting external limits on electronic device use, for example through apps that block access to certain websites, can also help.

Experts recommend that individuals with ADHD set limits on electronic devices, take frequent breaks, and schedule tasks during high-energy periods.

SUPPORTING STUDENTS WITH ADHD

Supporting children and adolescents with ADHD has been somewhat trickier (Rosenthal, E., et al., *Journal of Attention Disorders*, online first publication, 2021).

"It's tough because at a time when these students need the most support, the people we rely on to provide that support—teachers and parents—are very stressed, fatigued, and burdened," Power said.

Teachers can make accommodations for students with

ADHD, for instance by providing extra time to complete assignments or by allowing them to deliver a presentation in a different format. Katz also recommends that teachers meet one-on-one with these students each week to monitor their progress and performance. For classes that meet remotely, a teacher might schedule a short weekly video meeting to help students get a head start on assignments that feel daunting.

But teachers are concurrently attempting to accommodate students with special needs, address gaps in learning, obey and enforce rules related to masking, monitor potential symptoms of COVID-19, and make up for increased absenteeism.

In light of those competing demands, Power and his colleagues at CHOP, who design school-based interventions for children with ADHD, are working to simplify programs as much as possible to ease the burden on the teachers who deliver them. For example, many teachers use daily report cards to evaluate students several times throughout the day on various behaviors, such as working on assigned tasks or raising their hand to ask for help, and then they inform parents of the results. Power's team works to streamline these reports by having teachers track just one behavior per child and evaluate them just twice each day.

CHOP also holds parent training sessions where groups of five to six families learn strategies for supporting their children and teens with ADHD. During the pandemic, the meetings have been adapted to include coping tools for overwhelmed parents, such as tips for staying organized, regulating their own emotions, engaging in self-care, and strengthening their support networks with other caregivers. Power has also worked with parents on how best to communicate with teachers about a child's needs during this stressful period.

On the legal side, CHADD advocates for policies that address the needs of kids and adults with ADHD. For example, the United States Department of Education announced in 2020 that school districts must continue to provide special accommodations for students with ADHD and learning disabilities. Katz works with parents and helps create public messaging campaigns that spread awareness about such policies.

Other insights from the past 2 years include reaching new patient communities in new ways. "If there's a silver lining to the pandemic, it's that people got creative in connecting with others," said Ellen Littman, PhD, a clinical psychologist based in Mount Kisco, New York, who studies women and girls with ADHD. "YouTube, Twitter, and TikTok are helping us cross an abyss and talk about ADHD with groups we haven't been able to reach before."

Sources like Jessica McCabe's *How to ADHD* YouTube series provide evidence-based explanations and advice to hundreds of thousands of viewers—including women of color, transgender people, and other underrepresented groups—and have become a crucial support network for many, Littman said.

Like many other patients, people with ADHD have also enjoyed opportunities for remote care. In particular, weekly check-ins with a health care provider can help those with ADHD keep up with time management and organization goals. These appointments are well suited to telehealth, which enables patients to more easily access specialized care regardless of their location.

"The real winners in this, patient-wise, are people who benefited from telehealth being an option and accessed care more because of it," Sibley said.

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BMC Psychiatry, 2021

Is it adult ADHD? COVID-19 has people feeling restless, lacking focus and seeking diagnosis
Harrison, A. G.
The Conversation, 2021

ONGOING CHALLENGES

Though many schools and workplaces have resumed meeting in-person, the pandemic is not over. Many adults and children who contract or are exposed to COVID-19 may still be required to quarantine and intermittently return to remote work or learning, said Michael Suess, a licensed school psychologist and an assessment consultant at Multi-Health Systems, Inc. Even for children who do not get sick, periodic at-home learning may be common whenever classmates test positive. People with ADHD may require additional supports for navigating these changing circumstances for an extended period of time, even once life has largely returned to "normal."

"We're all still functioning in an uncertain environment," said Politi. "That's scary for everyone, but especially for kids and adults with ADHD." ■

News You Can Use

Career

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

LEAVING ACADEMIA

Psychologists who have made the jump from working in academia to industry or practice share their tips for how to use your PhD in other fields **BY AMY NOVOTNEY**

JAMES STEINBERG/THE ISPOT

A prolific digital health researcher for more than 20 years, social psychologist Chandra Osborn, PhD, MPH, thought she'd spend her entire career in academia.

"I was pumping out papers and grants and growing a research team I adored," Osborn recalled. Then, in 2016, on the verge of earning tenure at Vanderbilt University Medical Center, Osborn decided to take her skill set in a different direction, joining One Drop, a diabetes digital care company, as hire number 12. One of her cousins had recently passed away at a young age from diabetes-related complications, and as a health disparities researcher, she felt called to find a way to use her training to reach more minority and underserved patients around the globe, a big focus at One Drop.

"I was sitting in my office at Vanderbilt when I got the call that she had died. I realized then that everything I was working on was years away from helping

her—at the time it would only have helped the people in my research studies," Osborn said. "So, when I received the opportunity to join One Drop, I felt like I had a moral and professional responsibility to lean into the opportunity and the value it provided in bringing behavioral science to a wider population."

Osborn spent nearly 3 years at One Drop before accepting a behavioral science executive positon at Lirio, a tech company that uses behavioral science and advanced machine learning for health behavior change, and she isn't alone in her decision to change tracks midcareer.

While academic jobs are typically the most coveted and popular roles among those with a doctorate in psychology, more are exploring alternative careers, particularly in the private sector. In fact, the number of psychologists earning doctorates and entering academia has dropped by 7% over the past 10 years, according to new data from the National Science Foundation's 2020 Survey of Earned Doctorates, released in November 2021. The report also found that the share of graduates entering the industry or business sectors has increased by nearly 10%.

Additionally, new APA data furthers the idea that career paths in psychology are not always linear—1 in 4 psychology graduates moved across educational, government, and private settings when they last changed jobs (Lin, L., et al., "Non-linear Career Pathways in Psychology," APA, 2021).

Part of the impetus for leaving academia is that, even pre-pandemic, college and university employment statistics looked bleak, with the proportion of tenured and tenure-track positions in the academic psychology workforce continuing to decrease, even as the number of graduating PhDs increases. Access to tenured positions is unequal in nearly all fields of study, not just psychology, with White men disproportionately serving in these roles, according to data from the National Center for Education Statistics.

Dr. Chandra Osborn was on the verge of earning tenure when she switched gears and joined a digital health care company.

> "You almost have to be a better scientist in the commercial setting than you were in an academic setting because of the scrutiny that scientists receive when they're associated with a for-profit entity."
>
> CHANDRA OSBORN, PhD, MPH

The versatility of psychology training gives graduates the ability to explore a variety of career paths, noted Cynthia Castro-Sweet, PhD, a health psychologist who spent 16 years as a staff scientist at Stanford University before leaving academia. She is now the senior director of clinical research at behavioral health support firm Modern Health.

"There's so much more opportunity now for psychologists to transition into roles like this in industry," said Castro-Sweet, who spent 5 years designing and managing research studies at the private virtual chronic care firm Omada Health before joining Modern Health in May 2021.

Despite the increase in the availability of roles for psychologists outside of academia, making the move can be daunting in terms of how it may affect an individual's professional identity, the stereotypes of entering what some have deemed "the dark side," and navigating a new world outside the ivory tower.

"It was exciting and risky, and there were a lot of unknowns about where Omada was going and where this work would lead, but I really felt like it was right for me, and it ultimately changed the course of my career," Castro-Sweet said. "Now that I'm in industry, there's no going back because I see so much opportunity here to revolutionize how we deliver clinical practice in a way that still retains the best of what clinical research has learned about how to help people change, while reaching more people more efficiently."

Psychologists who decided to leave academia explored their decision-making process and shared their advice on overcoming the barriers of a transition into industry and how to market yourself in the business world.

MANDY WHITELY

CONSIDER THE IMPACT YOU'RE LOOKING TO MAKE

Many psychologists like Osborn say they transitioned out of academia into industry or other sectors because they wanted to see their work have a greater impact on several different populations.

Gary Foster, PhD, said he was tenured and enjoying every aspect of academia, but after more than 18 years at two different universities researching obesity, he felt drawn to a job where he could potentially help more people.

"I was getting NIH grants, publishing papers in high-profile journals, and giving talks, but the research always tended to have a pretty short cycle," Foster said. "It may have had some influence on a small number of people in the field, but it didn't really have a wide impact on the broader population." When he received a call from WW, formerly Weight Watchers, in 2013 asking if he knew anyone who might be a good fit for the company's chief science officer job, he threw his own hat into the ring and was offered the job. He's still there nearly 9 years later, helping WW's customers build healthy habits rooted in science. "I was captivated by the thought of leading a team that scaled science to impact literally millions of people."

CHANGE YOUR NETWORKING STRATEGY

Reaching out to psychologists who work in the sector you're considering can help determine if you should also make that move, said Matt Scult, PhD, client content lead at Modern Health, who made the transition to industry just a few years into his postgraduate career after serving in a faculty position at Weill Cornell Medicine in New York.

When Scult was considering his move, he did informational interviews with people working in industry and asked them about their projects and what they enjoyed about their work.

Organizational psychologist Amy Bucher, PhD, who transitioned to industry shortly after completing her graduate training at the University of Michigan, joined several groups of applied behavioral scientists on the business communication platform Slack to meet people and see examples of potential behavioral science jobs outside of academia.

"There are also more conferences now that focus on applied behavioral science, and I've gotten a lot of mileage out of networking with people there," said Bucher, chief behavioral officer at Lirio.

For those still in graduate school earning their PhD, pursuing an internship in industry might also be a great way to determine whether the sector is a good fit, said Janet Ahn, PhD,

SHANE CORCORAN

Dr. Amy Bucher left academia and is now chief behavioral officer at Lirio, a Knoxville-based software company.

"There are also more conferences now that focus on applied behavioral science, and I've gotten a lot of mileage out of networking with people there."

AMY BUCHER, PHD

who left her tenure-track assistant professor job at William Paterson University in New Jersey in January 2021 to become the chief behavioral science officer at MindGym, a behavior change firm that uses academic and empirical research to solve organizational problems.

"It's so important to go out and find exposure to these alternative options because this really isn't a mental exercise—you have to try it," Ahn said.

LEARN THE LINGO

You shouldn't use your 10-page academic curriculum vitae to apply for an industry position, Castro-Sweet said. Instead, learn about the company's business model and who their target audience is. Then, condense your vitae down to a one-page résumé that quantifies your productivity, versatility, and impact.

When you're condensing, use active language and be brief, Castro-Sweet noted.

"Academics tend to use passive verbs and lots of filler words," she said. "Instead of writing something like 'I was fortunate to have the opportunity to receive a grant,' say 'I secured X in external funding in Y months/years.'"

Scult and Bucher also recommend learning business- and industry-related terms—getting accustomed to saying "cross-functional" instead of "multidisciplinary" and referring to "all-hands" or "town hall" meetings instead of "departmental" or "grand rounds" meetings.

"I use the phrase 'insights' a lot in my professional life when talking about research findings. That word would have made me cringe when I was training for my PhD, but it has a lot of weight in industry settings," Bucher said.

UNDERSTAND WHAT SKILLS THE POSITION REQUIRES

Some firms will be looking to hire you specifically because of your knowledge and expertise as a psychologist. In these cases, lean into that experience during the interview process, Scult said. Other employers will be more focused on transferable skills. In these instances, he recommends learning the language of that industry and thinking about how your skills can be valuable in these settings.

For example, he noted, describe how your experience running randomized controlled trials has prepared you to do A/B testing, a popular form of user experience research in industry.

"At a startup, things move quickly, and often you are in uncharted territory, so recall times when you have had to think and adapt quickly, and be prepared to give concrete examples," Scult said.

MAKE SURE THE COMPANY'S GOALS ALIGN WITH YOUR SCIENTIFIC VALUES

Before moving into an industry position, Foster

recommends making sure the potential employer's business goals are consistent and align with science.

"You want to look for synergies where science isn't some outlier, but that its core to the mission of the company," he said. If you're a researcher, ask those you're interviewing with about whether they see value in you continuing to publish in peer-reviewed journals.

"I didn't think I'd be able to publish as much if I left academia, but we do a lot of research at WW, and I've been able to publish at nearly the same rate as I had been before," he said.

EXPECT AN EXTRA LAYER OF SCIENTIFIC SCRUTINY

When publishing your research outside academia, you may have to work harder to prove your credibility, Osborn noted, adding that journal reviews of her manuscripts in industry have been significantly more critical than the reviews of her manuscripts in academia.

"The reviews I received on the papers I published at One Drop were significantly harder than the reviews I received from my more than 100 publications at Vanderbilt," she said. "You almost have to be a better scientist in the commercial setting than you were in an academic setting because of the scrutiny that scientists receive when they're associated with a for-profit entity."

Ahn agreed, adding that she felt as though there was an assumption in academia that scientists who work in industry aren't as precise, as engaged, or as critical in their thinking.

Gary Foster, PhD, left a tenured position as an obesity researcher to become the chief science officer at WW, formerly Weight Watchers.

"The truth is that the right job in industry forces you to stay more intellectually curious because the pace is so fast you have to stay on top of what's coming down the pike," Ahn said.

TRUST YOURSELF

One of the biggest barriers to abandoning the ivory tower is fear, said Muniya Khanna, PhD, a clinical psychologist who spent nearly 9 years in a faculty position at the University of Pennsylvania before leaving academia to start her own obsessive-compulsive disorder and anxiety clinic.

"When you've gone through graduate school, you're trained to see and learn about two paths—academia and research or clinical practice, or some combination of those," Khanna said. "Anytime you're doing something off course or outside of those traditional paths, it feels like you're taking a risk or going somewhere uncharted, and for someone who is starting a family or simply starting their life as an adult, it's really hard to decide to do something that looks riskier and doesn't have clear benchmarks like academia." But that line of thinking is more fear than fact, she noted.

In addition, psychologists, as behavior change experts, are in great demand and can be incredibly valuable in industry, Foster said. Not only do they know the literature and what will resonate with clients or customers, psychologists are also good collaborators, he said.

"As academics, we're trained to have intellectual discussions and encourage discourse, all while maintaining our composure, clearly articulating our point of view, and listening to other people," he said. "Being able to entertain productive discomfort in the spirit of a good outcome is a sign of being a good scientist, and it translates really well into industry."

And finally, Osborn noted, you can always change your plans if needed, and even return to academia.

"There are so many options now, and you can really write your own path, which can be challenging for PsyD- and PhD-trained individuals who are used to seeing their path already well defined," she said. "It can be a mindset stretch, but you have to trust that you can carve your own path and that any path you take does not have to be forever." ■

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WW

NAVIGATING THORNY TOPICS IN THERAPY

Clinicians and ethics experts share guidance on maneuvering disclosures about politics, religion, and other hot-button topics that can affect the therapeutic relationship **BY ZARA ABRAMS**

SDI PRODUCTIONS/GETTY IMAGES

What do you say to a patient who endorses a racist or extreme view during a therapy session? What about someone who is determined to learn your political or religious affiliation, or someone who figures out who you voted for and sees that as a problem?

"Politics, especially in the past 5 years, has been so polarizing and so emotionally triggering for people," said Nili Solomonov, PhD, an assistant professor of psychology in psychiatry at Weill Cornell Medicine in New York who has studied political disclosures in therapy. "It's a really tricky and controversial topic."

When politics, religion, cultural differences, or other sensitive topics come up during a session, it can be tough to know how to respond. Therapists may have an emotional reaction to beliefs they consider extreme. They may unintentionally disclose their views to a patient who disagrees, harming the therapeutic alliance. Or they may be caught off guard by a direct question and wonder how to respond.

APA's Ethics Code does not include specific guidance for these types of issues, nor have most therapists received training on how to handle them. Fortunately, ethical standards on self-disclosure, cultural competence, and conflicts of interest can help.

"The population is pretty evenly split politically, so there are many people who may need our services that will disagree with their psychologist's political beliefs," said Scott Fischer, PhD, ABPP, a clinical psychologist who owns Acumen Psychology in St. Paul, Minnesota, and is a member of the APA Ethics Committee. "To be aware of that, and to not be dismissive of that group, is extremely important."

Many therapists believe that self-disclosure—especially around tricky topics like politics and religion—is generally something to avoid. If a patient asks a question deemed too personal, it's often standard to decline to answer, remind them that their welfare is the priority, and refocus the conversation on their needs. In some cases, a therapist may also choose to further explore why the question was asked.

But political self-disclosures may be more common than people think. In a pair of surveys of 268 therapists and 604 patients conducted after the 2016 election, about two thirds of each group reported political discussions and self-disclosures. When political views were aligned, those disclosures were linked to a stronger therapeutic alliance (*Journal of Clinical Psychology*, Vol. 74, No. 5, 2018; *Journal of Clinical Psychology*, Vol. 75, No. 9, 2019).

"Our data also showed that almost 50% of patients were worried about the political climate and would have liked to speak about politics more," said Solomonov, who coauthored the study with Jacques P. Barber, PhD, ABPP, dean of the Gordon F. Derner School of Psychology at Adelphi University in Garden City, New York.

FURTHER READING

The ethical lives of clients: Transcending self-interest in psychotherapy
Doherty, W. J.
APA,
2021

Navigating the minefield of politics in the therapy session
Spangler, P. T., et al.
Psychotherapy Bulletin, 2017

Spiritual and religious competencies in psychology
Vieten, C., & Lukoff, D.
American Psychologist, 2021

Swimming against the tide: Therapists' accounts of the relationship between p/Politics and therapy
Winter, L. A.
Counseling & Psychotherapy Research,
2021

That presents a dilemma for providers: Should they engage in such conversations, and if so, to what extent? If a patient endorses views that are hateful or discriminatory, is it more ethical to stay silent or speak up?

"While there isn't any standard in our Ethics Code that directly addresses this, good clinical skills and judgment about the case at hand can guide practitioners to make ethical decisions in this area," said Lindsay Childress-Beatty, JD, PhD, APA's interim ethics director.

Here's advice from experts on how to navigate these sensitive topics in therapy.

Therapists can have a tough time determining how best to respond to a patient who shares a racist or extreme view in therapy.

REFLECT ON YOUR VIEWS

Either on your own or in supervision, reflect on where you stand on the current events that might creep into therapy, Solomonov suggests. Is there a specific issue, such as immigration or criminal justice, that you feel particularly strongly about? Do you have fears around interacting with someone whose political or religious beliefs differ from your own? Consider that your patients may be experiencing similar fears and may even worry about facing judgment if they speak up.

AVOID UNINTENTIONAL DISCLOSURES

While most therapists are trained to avoid explicitly disclosing their political beliefs, some may inadvertently signal their stance on a certain issue by using what some experts call "colorized language"—terms that hint at a red- or blue-leaning political perspective.

For example, the terms "illegal immigrants" and "undocumented immigrants" suggest different views on immigration policy, which may lead to assumptions about political party affiliation. Other terms, including "systemic racism," "reproductive freedom," and "cancel culture," may also provide hints to patients about a practitioner's political and sociocultural orientation, said Fischer.

"Therapists should be aware of colorized language and take steps to avoid using it," Fischer said. "In the event that you do inadvertently communicate your beliefs and the client picks up on that, there fortunately are some things you can do." A clinician who detects a problem with the therapeutic alliance might ask a pointed question, for example: "How did you feel when I used the term 'racial justice' during our last session?"

RESPOND TO QUESTIONS FROM PATIENTS

Patients are naturally curious about their therapists. Early in therapy, questions may come up as a patient seeks acceptance and reassurance that you can help with their problems, said Innocent Okozi, PhD, a clinician

at the Southdown Institute in Ontario, Canada, who holds a doctoral degree in counseling psychology. In the same way that a patient may ask if you are married when describing a conflict with their spouse, they may ask about your religious faith, political affiliation, or beliefs on an issue that is important to them.

"The underlying concern for the client at that point is: Can you really help me?" said Okozi, who is also the president of APA's Div. 36 (Society for the Psychology of Religion and Spirituality).

In such cases, he recommends reassuring the patient and refocusing the conversation on their needs, for example by saying: "I'm wondering if you're trying to find out if I can actually understand your struggles." Then, reiterate their presenting concern and tell them you'll do your best to help. You might further explore whether the patient worries about your judgment and reassure them that their views about firearms or abortion, for instance, don't diminish your concern for their welfare or your desire to help them.

When the therapeutic relationship is more established, a patient with similar views may have guessed your political orientation. Self-disclosure, which in this case would likely strengthen the therapeutic bond, may be appropriate, said William Doherty, PhD, a professor of family social science at the University of Minnesota Twin Cities who cofounded the political depolarization initiative Braver Angels.

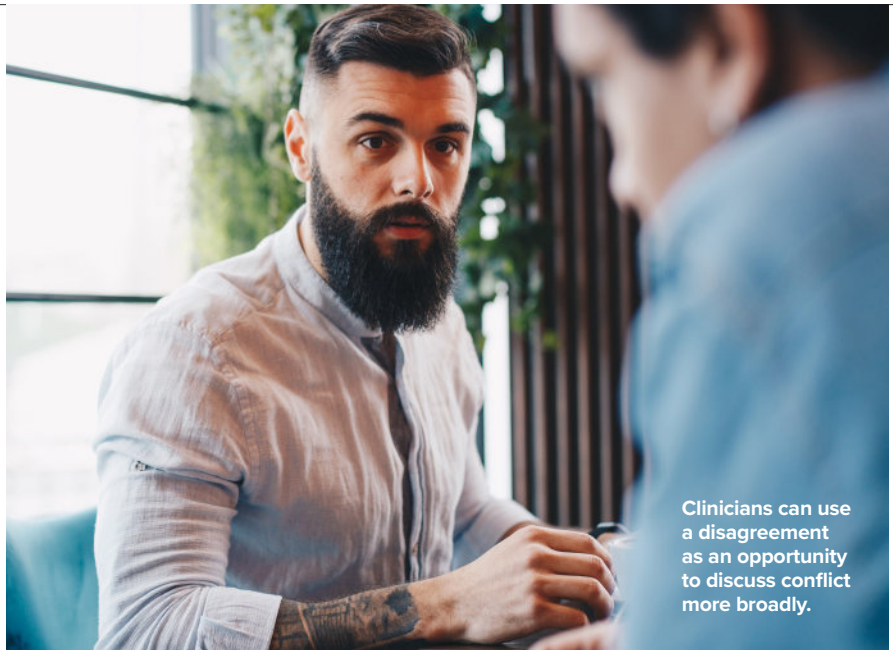
"If they're bringing it up because they feel a sense of kinship with you, the norm would be that you could feel free to briefly comment," he said, rather than drawing a hard line against discussing the issue in therapy.

On the other hand, a patient who detects a lack of alignment may be asking pointed questions ("Who did you vote for in 2020?" "Do you believe in God?" or "Are you divorced?") because their views on a given topic are a key part of their identity.

"If you have somebody for whom this is a big deal, chances are that's part of why they're in therapy," Doherty said. "They may see the world in black-and-white terms. They may have alienated friends and family members who feel different from them."

HANDLE A DISAGREEMENT THERAPEUTICALLY

If a patient has learned or guessed your views and sees them as a problem, Solomonov recommends using that as an



Clinicians can use a disagreement as an opportunity to discuss conflict more broadly.

SANJA RADIN/GETTY IMAGES

opportunity to help the patient learn to cope with disagreement in the context of other relationships they value. It's likely they are facing similar challenges in other interpersonal relationships, she said.

Doherty suggests exploring how the way the patient feels toward you may relate to the way they feel toward other people in their life—family members, friends, colleagues—whose beliefs differ from their own.

"Try your best to hang in there with them, always giving them the right to withdraw from therapy," he said. "But I would really take this as grist for therapy, as almost a call for help."

QUESTION HATE SPEECH

Opposing views are one thing, but what if a patient veers into rhetoric that is hateful or prejudiced toward others, such as using a racial slur?

"I have an important responsibility not to condone or appear to agree with comments like that, so silence doesn't seem like the right approach to me," said Laura Anne Winter, CPsychol, a senior lecturer at the University of Manchester in England who studies the intersection of politics and therapy. "But a direct challenge might not always be the most productive."

Doherty recommends responding with a question. For example, when a father made a disparaging comment about Black women during a family therapy session, Doherty circled back to the comment and said, "That was pretty strong language. How do you feel about saying that in front of your son?"

In individual therapy, he suggests prompting the patient with: "When you used that expression, how were you thinking I might respond to it?"

AVOID PUSHING BACK ON MISINFORMATION AND CONSPIRACY THEORIES

In a society rife with misinformation about COVID-19, elections, and other issues, it's no surprise that extreme theories can crop up in therapy. Though practitioners may feel a strong pull to correct misinformation, Fischer warns that patients may already be entrenched in their beliefs, and any pushback is more likely to alienate than aid them.

"It's never a good idea to enter a fact-checking match in a therapeutic session. Ask yourself: Is addressing this going to be therapeutic for the client?" said Solomonov.

Some patients may express distress about extreme views held by friends or family members. In that event, Fischer suggests reminding the patient that others' beliefs are typically outside of our control and helping them come to terms with that.

PROVIDE A REFERRAL

In rare cases, a therapist may conclude that they are not competent to treat a patient because of an extreme conflict or difference of opinion. For example, a Jewish practitioner may elect not to move forward with a patient who expresses anti-Semitic views and denies that the Holocaust occurred.

APA's Ethics Code standard on personal interest (3.06), which was written to address traditional conflicts of interest, could prove useful in such circumstances, said Childress-Beatty. If a practitioner determines that the conflict is great enough to "impair their objectivity, competence, or effectiveness" or to risk "harm or exploitation" they should terminate the relationship, she said.

On such occasions, "our Ethics Code is very clear that you provide clients with good referrals to practitioners who are competent to treat them," she said.

SEEK SUPPORT

With tricky topics like these, mistakes can happen. If you feel out of your depth, Okozi suggests consulting with a colleague who can help you explore how to respond to a patient, repair a breach of the therapeutic alliance, or determine whether a referral is necessary.

"Humility is always good with these kinds of situations, to be aware that we can blunder because of our strong feelings and we can have blind spots," said Fischer. "Hopefully therapists get good at identifying their blind spots, but nobody is perfect." ■

FLORIDA

LICENSED PSYCHOLOGIST BEHAVIORAL MEDICINE SPECIALIST: Licensed Psychologist Behavioral Medicine Specialist with hospital training (bilingual English/Spanish) to work with Cartaya Medical Psychology Group, a busy, thriving group practice. Responsibilities to include office outpatients, and consulting in multiple settings outside of office, such as nursing homes, assisted living facilities, and hospitals. Neuropsychology training a plus. Email curriculum vitae to agent.cart@gmail.com.

ILLINOIS

CLINICAL PSYCHOLOGIST AND POST-DOCTORAL POSITIONS IN PREMIER CHICAGO GROUP PRACTICE - UP TO $100,000: Gersten Center for Behavioral Health, a premier group practice in the Chicagoland area, currently has eight amazing psychology opportunities available: three Licensed Psychologist positions and five Postdoctoral positions. Interested candidates should have a broad range of experience. Specialization with children, adolescents, and families is a plus. 1) Licensed Psychologist Positions: Salary: $90,000 - $100,000 (eligible for an increase over time). Start Date: Immediate openings. Outpatient individual, child, adolescent, couples, and family therapy; opportunities to work with patients of all ages and clinical needs, and to provide psychological testing if interested; weekly individual and group consultation; additional training opportunities. 2) Postdoctoral Positions: Salary: $40,000. Start Date: five positions to start September 2020. Outpatient individual, child, adolescent, couples, and family therapy; opportunities to work with patients of all ages and clinical needs, and to provide psychological testing if interested; weekly individual and group supervision; additional training opportunities; time will be allocated to study for licensure exam. Benefits: For full-time eligible candidates, the position offers excellent benefits such as: W-2 employment status; medical, dental, and vision coverage; flexible spending account (FSA); 401(k) retirement plan with a company match [only available for full-time licensed psychologists]; short-term disability (STD) including a maternity benefit; life insurance; liability/malpractice insurance coverage; sick pay; in-house continuing education; highest reimbursement rates and pay in the industry; over 300 practice referrals per month, allowing for quickly developing and easily maintaining a stable practice; outstanding billing and administrative support; a warm, supportive, and collegial environment with a beautiful work space; flexible work hours conducive to work-life balance; no weekends required; four weeks of vacation for postdoctoral positions; unlimited vacation [only available for full-time licensed psychologists]; 24/7 emergency call back up. Gersten Center for Behavioral Health is a thriving and well-established group practice with six locations in: Chicago, Evanston, Skokie, Melrose Park, and Northfield. Gersten Center for Behavioral Health is proud to be a setting that promotes workplace longevity and long-term stability. We encourage you to visit us at www.gerstencenter.

com to learn more about our practice and the reasons for our success. If interested, submit your curriculum vitae to Dr. Deborah Liebling at dliebling@gerstencenter.com.

MASSACHUSETTS

LICENSED PSYCHOLOGIST: The Department of Psychiatry/Behavioral Sciences at Boston Children's Hospital is seeking a licensed psychologist to join the Adolescent Outpatient Eating Disorder program. You will join a multidisciplinary assessment and treatment team in the Division of Adolescent Medicine. Responsibilities include: initial clinical assessments and ongoing treatment services to patients with eating disorders and their families and additional consultation to general Adolescent practice. Applicants from diverse backgrounds and/or with Spanish fluency encouraged to apply. Position involves telemedicine and in-person patient care in Boston and Waltham locations. Position ideal for psychologist interested in an academic and clinical career in eating disorder treatment. Successful candidates will have experience using evidence-based treatments and working with patients with eating disorders and their families. We prefer a candidate trained/certified in family-based treatment. Additional training in CBT and DBT a plus. A wide variety of education opportunities is provided. A Massachusetts health service provider license in psychology is required prior to assuming the position. Academic appointment at Harvard Medical School anticipated at Instructor or Assistant Professor level. Graduates of APA/CPA-accredited doctoral programs and internships preferred. Submit cover letter detailing relevant experience and curriculum vitae to Cleo Hereford, Department of Psychiatry/Behavioral Sciences, Boston Children's Hospital, 300 Longwood Avenue, Boston, MA 02115 (cleo.hereford@childrens.harvard.edu). We are an Equal Opportunity Employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, gender identity, sexual orientation, pregnancy and pregnancy-related conditions or any other characteristic protected by law.

MISSOURI

PSYCHOLOGIST: The Washington University School of Medicine's Division of Gastroenterology is searching for a full-time clinician track faculty member of any rank. The appointee will provide assessments and evidence-based interventions for patients in gastroenterology as part of a collaborative multidisciplinary team of professionals providing integrated outpatient services to gastroenterology (GI) patients. Typical patients have GI disorders such as irritable bowel syndrome, functional pain, GI motility disorders, inflammatory bowel diseases, celiac disease, and others. Opportunities for program development, teaching, and research are available depending on interest. We especially welcome applicants with training and experience in psychogastroenterology, behavioral medicine, biofeedback, and evidence-based treatment for medical and psychiatric conditions. Academic rank and compensation will be commensurate with experience. Qualified applicants must 1) have a PhD in Clinical, Counseling or Clinical Health Psychology from an APA-accredited doctoral program, 2) hold or be eligible for a Missouri license in Psychology, and 3) have completed an internship at an APA-accredited site. Submit the application to https://facultyopportunities.wustl.edu, Department of Medicine - GI Health Psychologist) including a cover letter, curriculum vitae, and three letters of recommendation. Washington University in St. Louis is committed to the principles and practices of Equal Employment Opportunity and Affirmative Action. It is the university's policy to recruit, hire, train, and promote persons in all job titles without regard to race, color, age, religion, gender, sexual orientation, gender identity or expression, national origin, veteran status, disability, or genetic information.

NEW YORK

TENURE TRACK PROFESSOR – COUNSELING PSYCHOLOGY AT TEACHERS COLLEGE, COLUMBIA UNIVERSITY: The Counseling Psychology Program is recruiting to fill an open rank tenure-track position. In particular, we are seeking candidates with interest and/or expertise in the area of African American psychology, who can provide leadership in multicultural education, training, practice and research. A successful applicant for this position will have a desire to engage in productive research that complements and extends the scholarly diversity of the program, as well as a demonstrated ability to teach and advise effectively at the graduate level. Top priority, however, will be given to those with training, experience, and/or interest in mental health, counseling/therapy, racial identity, racism, and antiracism related to African Americans. Responsibilities: Develop a program of research in race, racism and multiculturalism; teach graduate-level courses; advise doctoral and masters students; and supervise research and clinical placement of doctoral and masters students. Minimum Qualifications: Earned doctorate in counseling psychology; professionally licensed or license-eligible in the state of New York; evidence of research productivity and potential for extramural funding; and commitment to teaching excellence. To apply for the position visit: https://employment.tc.columbia.edu/en-us/job/509011/tenure-track-professorcounseling-psychology. In order to be considered for this position applicants must submit the following: A curriculum vitae, a letter of intent, a statement of research and teaching interests, three letters of reference sent independently, and up to three representative publications to the following through the application portal. The three (3) letters of reference should be sent by recommenders by email or mail directly to: Derald Wing Sue, Search Committee Chair. dw2020@tc.columbia.edu. Counseling Program Search, Box 102, Teachers College, Columbia University. 525 West 120th Street, New York, NY 10027.

RESILIENCY PROGRAM LEADER: Health Research, Inc. Roswell Park Division is seeking a full-time Resiliency Program Leader who develops, manages, directs, and delivers Resiliency programs designed to meet the needs of all staff and other individuals as necessary. The Resiliency Program Leader develops and manages programs in collaboration with the Wellness program and other elements of the Psychosocial Oncology team; serves as a resource for organization staff; develops and manages educational and training functions of the department. The Resiliency Program Leader supervises the Wellness Program Coordinator for activities and educational programs in the staff resiliency and wellness programs at Roswell Park Comprehensive Cancer Center. Implements a comprehensive program that supports these activities for staff; collaborates with community partners to create a network of Resiliency, Stress & Burnout Reduction, and Wellness programming available to staff of Roswell Park; collaborates with academic investigators to develop an initial and long-term research agenda involving resiliency, stress and burnout reduction and wellness for healthcare workers and staff. This position will be responsible for identifying and pursuing grant opportunities and other sources of funding to support research and educational initiatives; managing Resiliency programming budget and supports maintaining accreditations for the program. Applicants must be licensed or license eligible to practice as a psychologist in the State of New York. In addition, applicants must have a PhD in psychology with graduation from a clinical or counseling psychology, health psychology, or related psychosocial area with completion of one (1) year of internship. Interested applicants can apply by referencing posting #R-11993 to https://roswellpark.wd5.myworkdayjobs.com/ExternalCareers.

OHIO

PSYCHOLOGIST: The Center for Behavioral Health at Cleveland Clinic is currently recruiting Psychologists for outpatient primary care operations in Northeast Ohio. Applicants must have completed a doctoral degree from an APA- or CPA-accredited psychology program, completed an internship with experience in health psychology and have completed a postdoctoral fellowship. Eligibility for licensure in Ohio is essential. Strong candidates will possess expertise in the provision of evidence-based treatments. This dynamic position commands a competitive salary enhanced by an attractive benefits package including excellent medical, dental, and vision coverage; life and disability insurance, malpractice insurance; generous time away coverage for vacation, sick time, holidays, and CME time; and highly competitive retirement savings plans with matching employer contributions. For more information and to apply, email your current curriculum vitae and cover letter to: Nate Elting, Senior Physician Recruiter at eltingn@ccf.org.

PENNSYLVANIA

PSYCHOLOGIST OPPORTUNITY IN DANVILLE, PENNSYLVANIA: Geisinger is seeking a Psychologist to lead Professionalism and Provider Support programming across the enterprise. As part of our Center for Professionalism and Well-Being, you will: Lead programs within the Center, serving as the clinical subject matter expert with program support resources; use design strategies to co-create future

programming in partnership with caregivers, leaders, and colleagues; actively work with teams to enhance teamwork and develop environments of psychological safety; engage with employees who are experiencing emotional exhaustion, trauma, burnout, grief, loss, etc.; discuss information confidentially, including medical history and social determinants of health; make referrals to additional behavioral health services that would best fit the employee's situation; be a crucial member of a multi-disciplinary team committed to supporting the personal and professional needs of our caregivers. Preferred Qualifications: 3+ years of clinical patient care, with a preference for those who have worked in a healthcare setting; experience in coaching peers and leaders in professional behavior and positive interactions; knowledge of preventative measures and reduction strategies for caregiver emotional exhaustion. We take pride in the support we provide: Our Center for Professionalism and Well-Being promotes the well-being of employees through cultural enhancement programs, targeted team interventions, individual support, and advocacy efforts; the Center partners with executives and leaders across the system to create a culture of psychological safety, respect, well-being, and efficiency. If you would like to discuss these positions further, contact Karen Rubbe, Senior Provider Recruiter, at klrubbe@geisinger.edu. An Affirmative Action/Equal Opportunity/ADA/Veterans Employer.

PEDIATRIC PSYCHOLOGIST OPPORTUNITIES IN DANVILLE, PENNSYLVANIA: Geisinger is seeking licensed or license-eligible in Pennsylvania child and pediatric psychologists to work in general outpatient and integrated specialty settings. As part of our Behavioral Health and Psychiatry team, you will: Work full-time in our primary care behavioral health program; Join a team of behavioral health providers, 30 pediatric psychologists, social workers, psychiatrists, and learners (interns, postdocs, social work trainees) who work collaboratively with interdisciplinary medical specialty teams and other behavioral health disciplines in a high-quality academic healthcare system; Deliver evidence-based treatment, conduct consultations to medical providers, and educate and train medical professionals on behavioral health topics. We take pride in the support we provide: Competitive salary and benefits, including continuing education funding and time; no nights, weekends, or on-call service is required; hybrid schedules of in-clinic and work-from-home via telehealth are supported; our doctoral internship in clinical psychology has been accredited by APA for 35 years; core faculty members of our training programs receive protected time for supervision and teaching; opportunities for program development include both clinical services within the Department of Psychiatry and Behavioral Health and initiating/expanding specialty health integration; we offer several postdoctoral fellowship programs in psychology specialties; we are committed to the expansion of behavioral health, with sites located in State College, Danville, and the Wilkes-Barre/Scranton areas of Pennsylvania. If you would like to discuss these positions further, contact Karen Rubbe, Senior Provider Recruiter, at klrubbe@geisinger.edu or visit https://jobs.geisinger.org/psychiatry-behavioral-health. An Affirmative Action/Equal Opportunity/ADA/Veterans Employer.

RHODE ISLAND

POSTDOCTORAL FELLOW IN PSYCHOLOGY: Position is full-time calendar year, limited to January 30, 2023 with anticipated renewal. Engage in scholarly activities (e.g., publications); receive mentorship (e.g., grant-writing); and direct projects in health services, clinical outcome studies and implementation science with focus on substance use, mental health and health broadly defined in high-risk social service, forensic and intensive outpatient settings serving adults and youth. For complete details, including required and preferred qualifications, and the application process itself, visit the URI jobs website at https://jobs.uri.edu to apply and view complete details for job posting (SF01158). **Applications will close June 30, 2022.** Applications must be submitted online only. The University of Rhode Island is an Affirmative Action/Equal Opportunity/ADA Employer. Women, persons of color, protected veterans, individuals with disabilities, and members of other protected groups are encouraged to apply.

TENNESSEE

ADDICTION PSYCHOLOGIST: Vanderbilt University Medical Center's Department of Psychiatry and Behavioral Sciences is seeking a full-time clinical psychologist to serve as both a researcher and a clinician-educator within its expanding Vanderbilt Integrated Services for Treatment of Addiction (VISTA) program. VISTA is the premier center of excellence for integrated addiction and behavioral health care in the region, and we are building a dynamic team for our rapidly growing program. This position will include a mix of leading research trials, clinical work, supervision of trainees, and development of educational materials in collaboration with the Division Director of Psychology, the Division Director of Addiction Psychiatry and other department leadership. An entrepreneurial drive is strongly encouraged. The position is full-time with a primary appointment in the Division of Psychology. The Division of Psychology is comprised of a large, diverse and productive group of psychologists engaged in active research programs and offering a broad range of clinical expertise. Vanderbilt University Medical Center offers an attractive benefits package and competitive salaries. Nashville is a fast growing and diverse city with a beautiful, temperate climate. Applicants should be licensed or license-eligible as a psychologist in Tennessee. The Department of Psychiatry and Behavioral Sciences is committed to building a diverse community and encourages applications from members of underrepresented groups. Review https://www.vumc.org/psychiatry/ for further information about the Department of Psychiatry and Behavioral Sciences. Applicants should submit a curriculum vitae and letter of interest to either Blythe.Corbett@vumc.org or David.Marcovitz@vumc.org.

TEXAS

TENURE OR NON-TENURE TRACK FACULTY PSYCHOLOGIST: The Department of Psychiatry at Texas Tech University Health Sciences Center is seeking tenure or non-tenure track faculty psychologist to join our team and help expand the mental and behavioral health services of children, adolescents, and families in West Texas. This position will provide a unique opportunity for involvement in an innovative, stepped-care model that includes outpatient, day treatment, intensive outpatient, and crisis stabilization services, all of which will be housed in one newly developed, state-of-the-art location within Covenant Children's Hospital in Lubbock, Texas. This position will also include involvement in programs recently developed by the Texas Child Mental Health Care Consortium, which utilizes telehealth to provide services to youth in school districts and primary care offices across the state. Application: https://sjobs.brassring.com/TGnewUI/Search/Home/Home?partnerid=25898&siteid=5281#home.

INSTRUCTOR I – RESEARCH METHODS AND/OR STATISTICS: This full-time faculty position is on-campus and in-person. The Department of Psychology at Texas Christian University (TCU) invites applications for a full-time Instructor/Advisor, beginning in August 2022. Instructor I is the first step in a promotional ladder that runs parallel to the tenure track and can lead to more advanced ranks, such as Instructor II and Senior Instructor. Primary consideration will be given to candidates who have completed a PhD in Psychology at the time of employment and have a strong record of teaching undergraduate courses in research methods and/or statistics, with special interest in other topics (e.g., organizational, forensic, or clinical psychology). The successful candidate will be expected to teach three undergraduate courses in psychology per semester and serve as an advisor for psychology students. Administrative duties include one-on-one and small group advising, tracking student academic progress, advising prospective students, and participating in TCU's efforts to recruit new students. Interested individuals should submit (a) a cover letter with expressed teaching interests, (b) curriculum vitae, (c) evidence of teaching effectiveness, and (d) a statement indicating experiences with, and contributions to, diversity, equity, and inclusion. Three confidential letters of recommendation should be sent by recommenders or dossier service to hrtalentacquisition@tcu.edu. Additional information available at https://jobs.tcu.edu/en-us/job/497478/instructor-i-psychology.

INSTRUCTOR I – DEVELOPMENTAL PSYCHOLOGY OR RELATED FIELD: This full-time faculty position is on-campus and in-person. The Department of Psychology and the Karen Purvis Institute of Child Development (KPICD) at Texas Christian University (TCU) invite applications for the position of Instructor I, beginning in August 2022. Instructor I is the first step in a promotional ladder that runs parallel to the tenure track and can lead to more advanced ranks, such as

Instructor II and Senior Instructor. Primary consideration will be given to candidates who have completed a PhD in Developmental Psychology or a related field, such as Human Development and Family Studies, at the time of and have a strong record of teaching undergraduate courses in development, child psychology, developmental trauma, and intervention. Experience with Trust-Based Relational Intervention (TBRI) is preferred. The successful candidate will be expected to teach four undergraduate courses per semester that contribute to the child development major and minor (two courses) and the psychology major and minor (two courses). Service duties include being a member of the KPICD Education Team which is responsible for advising students, hosting the Hope Connection 2.0 Camp and training, and other student interests and activities. Additional information available at https://jobs.tcu.edu/en-us/job/497492/instructor-of-psychology.

PRACTICE FOR SALE

PHOENIX, ARIZONA: A unique opportunity. 30-year practice of assessing professionals, OMPE and IME. Physicians, attorneys, aviators, others. Income potential $150,000 to $300,000. Will assist with transfer. ppaaz@outlook.com or (602) 852-0911.

INVERNESS, FLORIDA: Opportunity for full-time general practice for PhD psychologist in beautiful Nature Coast location. Practice includes all ages with testing and psychotherapy in a very underserved area. Income potential $200,000 plus. Retiring, will assist with referral introductions and transitioning client base. Opportunity to buy the beautiful building with additional rental opportunities for individual space and a separate suite (built in 2004). Easy drive to Tampa, Orlando, Ocala and the Villages with access to Florida turnpike and Veterans Expressway. Small town living with year-round outdoor recreation, good schools, family friendly, low cost of living, no state income tax. Sreeder1@embarqmail.com or (352) 563-9528.

STATISTICS

FREE ONE-HOUR CONSULTATION: No obligation. Statistical Sanity Consulting offers statistical analysis and interpretation, manuscript development, editing, defense coaching, and strategizing customized to meet your unique needs. Call (570) 881-0439. www.statisticalsanityconsulting.com.

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General advertising policy as well as guidelines for use in composing and responding to classified advertisements to be placed in the *Monitor on Psychology*® and APA psycCareers can be found online at bit.ly/APA_ad_policy.

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Further information may be obtained at www.aaup.org/our-programs/academic-freedom/censure-list.

To purchase a recruitment ad or to view pricing and a complete list of upcoming deadlines, visit www.psyccareers.com/employer-offers.

For information regarding placing a nonrecruitment line ad email Amelia Dodson at adodson@apa.org.

▶ CONTACT INFO

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ADVERTISING INDEX

BY TORI DEANGELIS

MOST WOMEN ARE UNHAPPY WITH HOW SOCIETY TREATS THEM

U.S. women's satisfaction with society's general treatment of women is at the lowest rate since Gallup began polling the question in 2001.

44% Percentage of U.S. women who are satisfied with women's treatment in society. In comparison, **61%** of U.S. men are satisfied with how women are treated. Women's satisfaction started to plummet between 2016 and 2018, with the emergence of the #MeToo movement and the election of Donald Trump. During this time, their satisfaction levels dropped 15 points. The latest reading for women is the lowest on record.

33% Percentage of women who think men and women have equal job opportunities, compared with **61%** of men. The latest gender gap is the largest since Gallup first asked this question in 1987. The percentage of women who think their gender has job opportunities equal to those of men is the lowest since 2001.

72% Percentage of women who support affirmative action for women, compared with **61%** of men. While Americans, both men and women, have favored affirmative action programs for women since 2001, current numbers for women are the highest on record. Current numbers among men match their high in 2018.

Source: Gallup's Minority Rights and Relations survey, conducted June 1–July 5, 2021. Available at https://news.gallup.com/poll/355958/gender-disparities-views-women-equality-persist.aspx.

RYAN MCVAY/GETTY IMAGES

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[1] https://www.apa.org/workforce/publications/15-health-service-career/table-2.pdf

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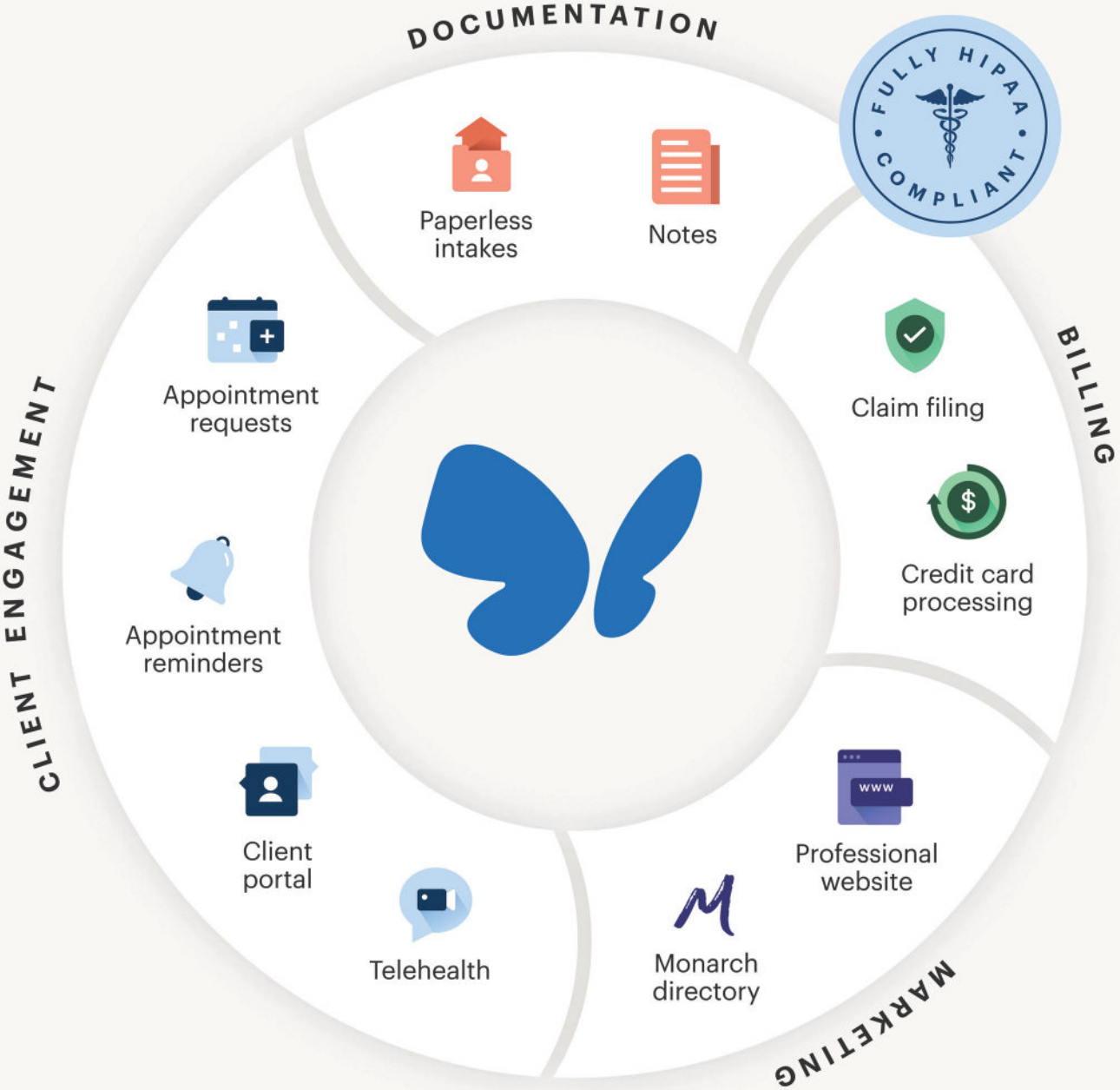

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