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monitor on psychology

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PLUS

NEUROSCIENCE
OF THE TEEN BRAIN

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PROGRESS IN
PALLIATIVE CARE

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CREATING A HEALTHY
LAB CULTURE

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‘Now I
am free,
free to be
myself. I
am happy!’

KYLIE PEREZ,
A TRANSGENDER
WOMAN

GENDER-AFFIRMING CARE

PSYCHOLOGY'S CRITICAL ROLE IN PUBLIC EDUCATION AND ADVOCACY

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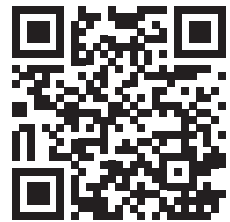
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RESOURCES, OPPORTUNITIES, AND NEWS FOR PSYCHOLOGISTS FROM APA

CULTURE SHIFT

A New Initiative to Transform the Workplace

To help address the nation's growing mental health crisis, APA has partnered with the American Public Health Association, the International City/County Management Association, the National League of Cities, and YMCA of the USA to encourage U.S. business and nonprofit leaders to make employee mental health a top priority. Research-based guidance for employers on ways to train managers to support employee mental health, create an inclusive environment, use feedback to improve workplace culture, and develop policies and programs that promote health and well-being can be found on APA's new **"Striving for Mental Health Excellence in the Workplace"** webpage at <http://apa.org/workplace-mental-health>. There, companies and organizations can also declare their commitment to supporting employee mental health and changing the culture around mental health in the workplace.

ELECTION

Learn More About the Candidates' Priorities

APA members have nominated Cynthia de las Fuentes, PhD, Diana L. Prescott, PhD, Beth N. Rom-Rymer, PhD, and Kirk J. Schneider, PhD, to run for APA's 2024 presidency. The four candidates will be responding to six questions from APA boards and committees throughout the summer at www.apa.org/about/governance/elections/president-elect-candidates. Voting begins Sept. 15.

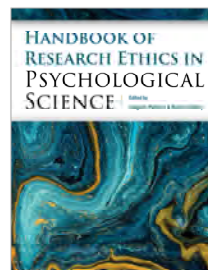
SUPPORT FOR CHILDREN

The psychologist-led **Comfort Kit Initiative** offers free mental health resources to support the emotional safety and well-being of children affected by war. Find them at <https://comfortkitsforchildren.org>.

DID YOU KNOW?

988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline. The dialing code will be available to everyone across the United States starting on July 16.

Read & Listen



1

Handbook of Research Ethics in Psychological Science

This APA guide helps new and seasoned researchers understand and navigate the ethical issues in conducting research with human participants.

Go to www.apa.org/pubs/books/handbook-research-ethics-psychological-science.

2

The Psychology of Secrets

Social psychologist Michael Slepian, PhD, of Columbia University, joins APA's *Speaking of Psychology* podcast to discuss his research on how keeping secrets can affect our lives and well-being. Listen wherever you get your podcasts.

3

Understanding the No Surprises Act

Psychologists are now required under the No Surprises Act to give uninsured and self-pay patients a good-faith estimate of costs for their services. Read APA's updated guidance and resources on when and how to provide these estimates at www.apaservices.org/practice/legal/managed/no-surprises-act.



How to Reach Us

Answers to many of your questions may be found on
APA's website: www.apa.org; for **phone service**, call (800) 374-2721;
send **story ideas or comments** to Monitor@apa.org.

APA CONVENTION

Minneapolis & Virtual, Aug. 4-6



In 2020 and 2021, APA held its first virtual conventions, and while it was impossible to replicate all the aspects of an in-person event, the response was tremendous. Tens of thousands of psychologists and students participated from around the world—many of whom were able to attend an APA convention for the first time. Therefore, even though convention will be held in person this year, APA's virtual doors remain open!

For APA 2022, there will be two simultaneous livestream channels of content from the Main and Feature Stages in Minneapolis—twice the amount of live virtual content than 2021. The virtual event will also include interactive chats during sessions, discussions at the popular Networking Cafés, and a Virtual Poster Hall. Plus, registered attendees can watch previously livestreamed sessions on-demand for 3 months starting in late August.

[Learn more and register at convention.apa.org/virtual](http://convention.apa.org/virtual).



GEORGE PETERS, MIXETTOGETTY IMAGES



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56 PALLIATIVE CARE

Psychologists are expanding their influence to enhance patient comfort and quality of life in the face of life-limiting or serious illnesses.



66 TEENAGE HASTELAND

The teenage brain has historically been seen as more of a burden than an asset. New research is turning that on its head as psychologists seek to optimize social contexts and environments for developing minds.

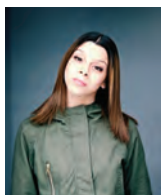
COVER STORY

GENDER-AFFIRMING TREATMENT

The United States is seeing an unprecedented rise in anti-trans legislation, and psychologists play a critical role in public education and advocacy. Psychological science is very clear that gender-affirming care helps trans kids, say experts in the field. *See page 46*



JILLIAN MCKENZIE



ON THE COVER

Kylie Perez, a transgender woman who began her transition in the summer of 2014, shared her story with photographer Robin Hammond and his nonprofit organization Witness Change as part of his project "Where Love Is Illegal." The project shares personal stories from the LGBTQI+ community around the world and aims to fight the persecution of LGBTQI+ people.

ON THE COVER: PHOTO BY ROBIN HAMMOND



**Guilt over
fast food.
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CE CORNER

DIAGNOSING AND TREATING SLEEP DISORDERS

As many as 50 to 70 million U.S. adults have a sleep disorder, and those disorders frequently go hand in hand with such problems as depression, anxiety, and post-traumatic stress disorder. Psychologists have a leading role to play in treating insomnia and other common sleep disturbances. *See page 40*



Self-care for psychologists of color. Page 28



Fetal alcohol spectrum disorders. Page 24



Ending a patient relationship. Page 80



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A HOPE FOR THE FUTURE

As APA works to improve diversity in our field, our nation experiences setbacks

BY FRANK C. WORRELL, PHD



In a few weeks, our annual convention will take place in Minneapolis. The meeting will be significant for several reasons, including its location in the city at the heart of a renewed focus on civil rights following the murder of George Floyd in 2020. It will also be the first convention since APA's Council of Representatives passed a trio of resolutions aimed at eradicating racism, including one apologizing for the role of APA in racism against people of color.

At the convention this August, council is expected to vote on strategies related to racial redress—currently in development—in relation to the apology.

In April, the task force working on the apology presented a series of actions APA can begin immediately in support of the apology. These actions include featuring one of the ethnic psychological associations in a high-profile session at the convention each year and sponsoring at least one difficult dialogue on race and racism.

These actions are reasons for optimism and hope, but those feelings are tempered by the ongoing promotion of hate in our country. On May 14, an 18-year-old White male allegedly shot 13 individuals, 11 of whom were Black, inspired by a discredited theory on racial replacement. What happened there recalls song lyrics from the 1949 musical *South Pacific* that confronted the way hate and racism are taught to children:

● **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.

“You’ve got to be taught to hate and fear. You’ve got to be taught from year to year.” Incidents like what happened in Buffalo, New York highlight the outcome

of such harmful teaching.

In my March column, I used a Langston Hughes line, “America never was America to me,” to highlight the need for liberty and justice for all. My April column spoke to a hope for a more utopian version of society like the one featured in a *Star Trek* episode set in 2364. More than 200 mass shootings have already occurred in 2022, several of which were based on racial animus, making the policies that council will pass even more urgent. That urgency brings me back to the theme of my first column: The world needs what psychology can provide more than ever. ■



Signs, balloons, and police tape are wrapped around a pole across from Tops Friendly Market on Tuesday, May 17, 2022, in Buffalo, N.Y. On May 14, 10 Black people were killed in a shooting rampage at the Buffalo grocery store.

AP PHOTO/JOSHUA BESSEK

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Corrie Ackland,
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STRENGTHENING AND ELEVATING OUR DISCIPLINE

Rethinking how APA operates has increased our meaningful impact

BY ARTHUR C. EVANS JR., PhD



Approaching APA 2022, I think back to my first convention as APA's CEO in 2017. The association was contemplating the focus of our work when APA leadership directed the development of a new strategic vision. As I reflect on the initial implementation of this vision over the past 5 years, here are some examples of the important insights we've gained:

Inclusivity. The notion of APA as the “big tent” for the profession of psychology has become a central theme in our work. We want to support the full breadth of the field and promote diversity based on things like ideological viewpoint, demographic characteristics, or where one's work sits on the continuum of knowledge production. While being a big tent organization has unique advantages, it comes with inherent tensions that must be constantly managed—like remaining nimble while still reflecting the diverse perspectives of our membership. From our journal content to our convention, we are enhancing APA and psychology by incorporating the full diversity of our field and membership to elevate new ideas and voices.

Partnerships. We now routinely establish alliances with organizations across

a broader set of arenas, such as business and industry, the media, and grassroots organizations. We are also more strategic with our partnerships—identifying the spaces in which we want psychology to be and actively pursuing new relationships to get us there. This is helping psychology reach more diverse audiences while also amplifying the voice of APA and psychology on critical issues.

Impact. There is a clear desire by our membership for APA to have a meaningful impact on society. In emphasizing impact, we have learned important lessons that are helping to ensure our science-based contributions do more than generate internal scholarly conversations among ourselves. By routinely bringing the breadth of our field to critical issues, clarifying the unique contributions of psychology, and defining the outcomes we seek, we are having greater impact on the issues valued by our members.

As the nation recovers from the pandemic, APA continues to focus on strengthening our discipline and profession and using our expertise to address important societal challenges. We will continue to evolve and build on our knowledge as we go forward. ■



APA continues to elevate psychology by focusing on impact and inclusivity.

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

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In Brief

CONSTRUCTIVE CRITICISM CRAVED



According to research in the *Journal of Personality and Social Psychology*, people consistently underestimate others' desire for constructive criticism and therefore don't provide it, even when it could improve the recipient's performance. In a pilot study in the United States, researchers found that only 4 out of 155 participants provided feedback to a survey administrator who had food or lipstick on their face. Across three studies with 1,224 participants, they found that the primary factor for this lack of feedback is that people underestimate how much others desire constructive

criticism. This underestimation was noted across 10 hypothetical scenarios (study 1), recalled feedback experiences (study 2), and real-time feedback among participants (study 3). A fourth study with 600 participants revealed that asking feedback-givers to consider receivers' perspectives improved givers' recognition of others' desire for feedback. Finally, a fifth study with 204 participants demonstrated that giving less constructive feedback resulted in less improvement in feedback-receivers' public-speaking performance.

DOI: 10.1037/pspi0000393



OZONE BOOSTS DEPRESSION RISK

Exposure to ozone from air pollution may significantly increase risk of depression for adolescents, indicates a study in *Developmental Psychology*. Researchers analyzed data from a previous study about early-life stress with 213 participants ages 9 to 13 in the San Francisco Bay Area. The researchers compared data about the participants' mental health over 4 years with air quality data for their neighborhoods. They found that adolescents exposed to higher ozone levels had significantly more depressive symptoms over time, even though ozone levels in their neighborhoods didn't exceed state or national air quality standards. The findings were not affected by the participants' sex, age, race, household income, parental education, or the socioeconomic characteristics of their neighborhoods.

DOI: 10.1037/dev0001310

FALSE UNDERSTANDING

Although people have concerns about the processes involved in algorithm-based decision-making, humans are often just as opaque in their reasoning, suggests research in the *Journal of Experimental Psychology: General*. In three initial studies, researchers presented online participants with one of three scenarios in which they were told a human expert or an algorithm had to make a decision related to health care, criminal justice, or hiring. In all scenarios, participants reported having a better understanding of the human's decision-making process than the algorithm's process. But when asked to explain how a human or algorithm would come to a decision, the gap in "understanding" scores between the human and algorithm vanished. Two more studies with 800 participants suggest that this "illusion of understanding" arises because people project their decision-making processes onto humans but not algorithms.

DOI: 10.1037/xge0001181

People apply higher COVID self-quarantine standards to others than to themselves, but only when a relatively low threat is perceived.

COVID DOUBLE STANDARDS

People apply higher COVID self-quarantine standards to others than to themselves, but only when a relatively low threat is perceived, suggests research in the *European Journal of Social Psychology*. In the first of three studies, researchers asked 535 participants in the United States how severe they thought the pandemic was in their city and then presented them with a scenario in which they or someone else had to self-quarantine at home following international travel. They found that participants were more likely to indicate that self-quarantining was necessary when the scenario involved someone else rather than themselves. This difference was absent when the participants perceived that local threat of infection was high. For the second and third studies, with 553 participants in China and 1,092 participants in the United States, the researchers experimentally manipulated the

perceived pandemic threat level, again finding a difference in self-quarantine standards under low-threat but not high-threat conditions.

DOI: 10.1002/ejsp.2834

OXYTOCIN HIGH IN HYPERSEXUAL DISORDER

Research in *The Journal of Clinical Endocrinology & Metabolism* indicates that men with hypersexual disorder, or sex addiction, may have elevated levels of oxytocin, the so-called “love hormone.” Researchers analyzed blood samples of 64 men in Sweden with hypersexual disorder and 38 age-matched healthy men and found that the men with hypersexual disorder had higher levels of oxytocin in their blood. Furthermore, oxytocin levels were positively correlated with ratings of hypersexual behavior. Thirty of the men with hypersexual disorder underwent cognitive behavioral therapy designed to reduce oxytocin and did, indeed, have a significant reduction in their oxytocin levels following treatment. The researchers suggest that oxytocin holds promise as a potential biomarker for hypersexual disorder diagnosis.

DOI: 10.1210/clinem/dgac015

AMYGDALA OVERGROWTH IN AUTISM

According to a study in *The American Journal of Psychiatry*, the amygdala—a brain structure enlarged in 2-year-old children diagnosed with autism spectrum disorder (ASD)—begins its sped-up growth between 6 and 12 months of age, suggesting

that therapies to reduce ASD symptoms may be most successful if initiated in the first year of life. Researchers conducted three MRI scans of 408 U.S. infants, including 270 who were at higher ASD risk because they had an older sibling with ASD, 109 typically developing infants, and 29 infants with fragile X syndrome. The scans were taken at 6, 12, and 24 months of age. The researchers found that the 58 infants who went on to develop ASD had a normal-size amygdala at 6 months but an enlarged amygdala at 12 months and 24 months. Furthermore, the faster the amygdala overgrowth, the more severe ASD symptoms were at 24 months. The infants with fragile X syndrome showed no amygdala

After 1 year of cash support to low-income families, 1-year-olds exhibited increased brain activity patterns associated with the development of thinking and learning.

overgrowth, but at 6 months they did show enlargement of the caudate, which was linked to increased repetitive behaviors.

DOI: 10.1176/appi.ajp.21090896

POVERTY BAD FOR BRAIN DEVELOPMENT

Research in the *Proceedings of the National Academy of Sciences* indicates that after 1 year of cash support to low-income families, 1-year-olds exhibited increased brain activity patterns associated with the development of thinking and learning. Shortly after giving birth, 1,000 mothers in the United States were randomized to receive either \$333 or \$20 per month. The mothers, most of whom identified as Black or Latina,



were free to spend the money however they chose. After 1 year, the researchers measured brain activity of children from 435 of the families. Compared with infants of mothers in the low-cash group, infants of mothers in the high-cash group had more high-frequency resting brain activity, which has previously been associated with better language, cognitive, and social-emotional scores later in life. The researchers will measure the children's cognition and behavior in subsequent waves of their study.

DOI: 10.1073/pnas.2115649119

SCIENTISTS' CREDIBILITY TRUMPS THAT OF GURUS

Most religious and nonreligious people are more likely to accept nonsensical statements from scientists than from spiritual gurus, suggests research in *Nature Human Behaviour*. Researchers presented 10,195 participants from 24 countries with two meaningless but profound-sounding statements (e.g., "We are called to explore the cosmos itself as an interface between faith and empathy..."). Participants then rated the credibility of the claims, which were randomly attributed to a scientist or a spiritual guru. Overall, if the statement was attributed to a scientist it was deemed more credible than if it was attributed to a guru. Even religious participants deemed scientists'

statements more credible, although the effect was weaker in that group. The finding was universal across countries, although Dutch participants were the most skeptical of both statements, regardless of the source. The difference in credibility between the scientist and the guru was greatest in Turkey and smallest in India, China, and Japan.

DOI: 10.1038/s41562-021-01273-8

PSILOCYBIN'S LONG-TERM DEPRESSION RELIEF

The antidepressant effects of psilocybin, alongside supportive

When people avoid fast food, it's generally not because they think it is unhealthy but because they feel guilty eating it and resisting it gives them a sense of accomplishment.

psychotherapy, may last at least a year for some patients, suggests a study in the *Journal of Psychopharmacology*. Researchers randomized 27 participants with a long-term history of moderate to severe depression into immediate or delayed (8 weeks) groups that received two doses of psilocybin with supportive psychotherapy. They noted large decreases in participants' depression-rating scores at 1, 3, 6, and 12 months. Scores for treatment response (a reduction in depression scores greater than 50% from baseline) and remission were 75% and 58%, respectively, at 12 months.

DOI: 10.1177/02698811211073759

GUILT KEEPS SOME AWAY FROM FAST FOOD

According to research in *Food Quality and Preference*, people generally avoid fast food not because they think it is unhealthy but because they feel guilty eating it and resisting it gives them a sense of accomplishment. Researchers asked 307 online participants how often and why they ate—or did not eat—fast food. They found that people who regularly consume fast food do so out of convenience and taste. Fast food's perceived unhealthiness was not a factor for either regular consumers or infrequent consumers. Also, regular and nonregular consumers of fast food were found to deviate from their normal behavior when certain conditions were present (e.g., food safety issues, time pressure, or stress).

DOI: 10.1016/j.foodqual.2022.104550



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AHA! IT'S STILL POPPYCOCK

People tend to believe statements more when comprehending them requires a special effort that results in an “aha” or “eureka” moment, suggests research in *Scientific Reports*. In the first of two studies, researchers presented 3,000 U.S. participants with 15 “worldview” statements that required them to solve a simple anagram (e.g., Nothing that happens is truly... donmra). The participants rated worldview statements as more valid when they involved solving an anagram and even more so when doing so yielded an aha moment. A second study with 1,564 participants showed that the worldview statement and the aha moment must be perceived simultaneously for the “insight misattribution” effect to occur. Solving the “donmra” anagram and reading the full statement 10 seconds later did not imbue the statement with a greater sense of truth. The researchers discuss the possible implications of these findings, including that artificially induced aha experiences may encourage belief in false central premises.

DOI: 10.1038/s41598-022-05923-3

MOST EDITORS OF ENGLISH-LANGUAGE JOURNALS ARE MALE

According to a study in *Nature Neuroscience*, most editors of top English-language psychology and neuroscience journals are male and live in the United States. Researchers noted the country of affiliation and gender of the editors at the top 50 journals in both psychology

and neuroscience. They found that men accounted for 60% of the editors of psychology journals. There were more male than female editors at each of three levels of editorial seniority, and men made up the majority of editors in more than 75% of the journals. Importantly, the proportion of female editors (40%) was significantly lower than expected based on the overall proportion of psychology researchers in the United States who are women (between 45% and 65%, depending on rank). Almost all psychology editors of English-language journals (91%) were based in either North America or Europe, with 61% coming from the United States—an unexpectedly high proportion given that only 45% of senior authors of psychology articles were based in the United States. The gender differences

were even more extreme for neuroscience journals.

DOI: 10.1038/s41593-022-01012-w

People tend to believe statements more when comprehending them requires a special effort that results in a “eureka” moment.

AMPHETAMINES AND PSYCHOSIS

Users of illicit amphetamines are more than 5 times as likely to experience psychosis as nonusers, according to research in *Evidence-Based Mental Health*. Researchers examined health data acquired between 2007 and 2016 for 74,601 users of illicit amphetamines in Taiwan and 298,404 controls matched for age and sex. Compared with nonusers, users of illicit amphetamines had poorer health in terms of depression (2% versus 0.4%), anxiety (0.9% versus 0.3%), ischemic heart disease (1.3% versus 0.8%), cardiovascular disease (0.8% versus 0.45%), and stroke (1.3% versus 0.7%). By the end of the 10-year monitoring period, users of illicit amphetamines were also 5.28 times as likely to experience psychosis as those who weren't using after accounting for age, sex, and comorbid health issues. The likelihood of experiencing psychosis was higher for women users and those with multiple arrests for amphetamine use. Likelihood was lower when users received court-ordered rehabilitation treatment.

DOI: 10.1136/ebmental-2021-300300



ILLUSORY FACES TEND TO BE MALE

People are more likely to see male faces when they experience face pareidolia, the illusion of seeing a facial structure in an everyday object, according to a study in the *Proceedings of the National Academy of Sciences*. Researchers asked 3,815 participants in the United States to indicate the emotion, age, and gender of 256 unique illusory faces captured in photos of natural and human-made objects, such as potatoes, suitcases, and pastries. The



participants perceived a broad range of emotions across the imaginary faces: happiness (34%), surprise (19%), anger (14%), sadness (9%), fear (4%), disgust (1%), and neutral (19%). Participants thought nearly 75% of the illusory faces were less than 30 years old and 91% were male as opposed to female. The researchers suggest that this strong gender bias means that the visual features that are sufficient for face detection are generally not sufficient for the perception of female faces.

DOI: 10.1073/pnas.2117413119

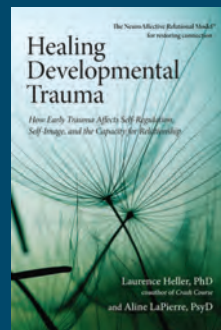
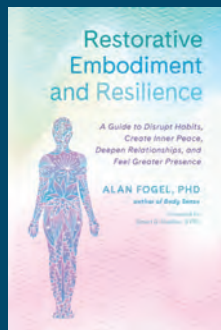
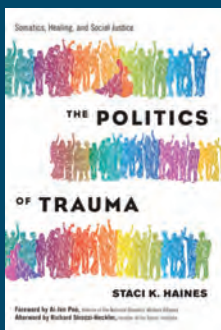
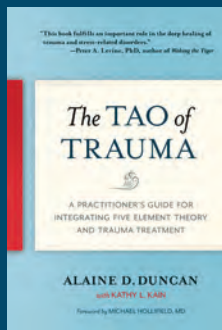
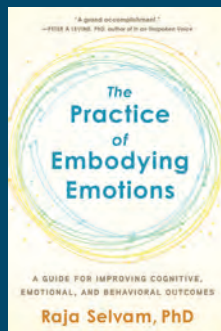
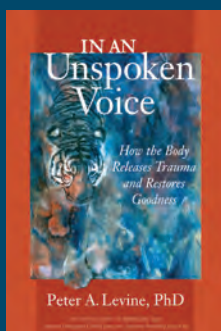
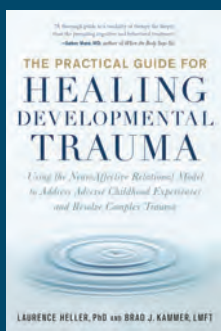
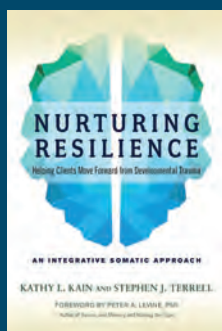
People are more likely to see male faces in inanimate objects.

RETINA THICKNESS AS BIOMARKER OF COGNITIVE DECLINE

Performing a simple eye test early in life may make it possible to diagnose the earliest stages of cognitive decline in older adults, according to research in *JAMA Ophthalmology*. Researchers measured the cognitive performance of 865 participants in New Zealand at ages 7, 9, 11, and 45. They also measured the thickness of participants' retinal nerve fiber layer (RNFL) and ganglion cell layer (GCL) via optical coherence tomography at age 45. They found that thinner

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Women who became mothers in the early stages of the COVID-19 pandemic experienced postpartum depression at nearly triple pre-pandemic levels.

RNFL and GCL were associated with lower IQ in childhood and at age 45. Thinner RNFL was also associated with decreases in processing speed from childhood to adulthood. Additional studies are needed to determine whether retinal thinning can predict Alzheimer's disease or just normal cognitive decline associated with older age.

DOI: 10.1001/jamaophthalmol.2021.6082

DEMENTIA MORTALITY LOWER IN LARGE HOUSEHOLDS

A study in *PLOS ONE* indicates that older adults who live with family members or in larger households are less likely to die as a result of dementia. Researchers calculated the dementia-specific mortality rates of 183 countries and matched those rates with data on the respective countries' household size, gross domestic product, urban population, and aging. They found that household size was strongly associated with reduced dementia mortality. The association held when controlling for the contribution of aging, socioeconomic status, and urban lifestyle.

The researchers recommend that health care practitioners encourage people with fewer household members to increase their positive interactions with people from their neighborhood as part of routine dementia prevention.

DOI: 10.1371/journal.pone.0263309

POSTPARTUM DEPRESSION SOARED DURING COVID

Women who became mothers in the early stages of the COVID-19 pandemic experienced postpartum depression at nearly triple pre-pandemic levels, according to research in *BMC Research Notes*. Researchers collected survey data between February and July 2020 from 670 postpartum mothers in the United States. They found that 33% experienced postpartum depression, an almost three-fold increase over the 12% rate of pre-pandemic postpartum depression. The occurrence of major depressive symptoms was greater during the early pandemic as well, with 20% of patients experiencing such symptoms compared with 6% before the pandemic. In addition, new

mothers who fed their infants formula had 92% and 73% greater odds of screening positive for postpartum depression and major depressive symptoms, respectively, compared with those who breastfed or bottle-fed with their own breast milk. Also, new mothers with infants in neonatal intensive care units and those worried about contracting COVID-19 had 74% and 71% greater odds of screening positive, respectively.

DOI: 10.1186/s13104-022-05991-8

QUICKER SCHIZOPHRENIA SCREENING

A new 5-minute screening tool can identify young people at high risk of developing schizophrenia, suggests a study in *Schizophrenia Research*. Using a group of 825 participants in Kenya ages 14 to 25, researchers compared a new 16-item questionnaire, called the Washington Early Recognition Center Affectivity and Psychosis (WERCAP) Screen, with the current gold standard for diagnosing schizophrenia, the Structured Interview for Psychosis-Risk Syndromes (SIPS), which is more than 40 pages in length and requires an interviewer with specialized training. The researchers found that the WERCAP tool could identify 78% of those at high risk for schizophrenia and 77% of those who were not—rates similar to the longer, harder-to-administer SIPS test.

DOI: 10.1016/j.schres.2022.01.031

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

WEEKEND FORECAST: SAVINGS!

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A HIDDEN EPIDEMIC OF FETAL ALCOHOL SYNDROME

New legislation could help bring awareness and resources to prevention, diagnosis, and treatment of fetal alcohol spectrum disorders

BY KIRSTEN WEIR

Stress and alcohol use often go hand in hand, a concerning pattern on the heels of the COVID-19 pandemic. Researchers have found that alcohol use increased sharply during the pandemic, and there is some evidence that those patterns were present among pregnant women as well, said Ira Chasnoff, MD, a pediatrician and fetal alcohol spectrum disorder (FASD) researcher at the University of Illinois College of Medicine in Chicago. Experts worry that the trend could result in more babies being born with damage from prenatal alcohol exposure.

Even before the pandemic, FASD was a significant problem. Experts estimate that 2% to 5% of U.S. schoolchildren—as many as 1 in 20—may be affected by prenatal alcohol exposure, which can cause complications with growth, behavior, and learning. The effects on individuals and families, as well as the economic costs, are substantial.

Yet support for FASD research and services is limited. The National Institute on Alcohol Abuse and Alcoholism funds innovative research on FASD, said Christie Petrenko, PhD, a clinical psychologist and research

associate professor at Mt. Hope Family Center, University of Rochester, and codirector of the FASD Diagnostic and Evaluation Clinic there. But a Substance Abuse and Mental Health Services Administration (SAMHSA)–funded FASD Center for Excellence program was shuttered in 2016, leaving a big gap between the research being done and practical solutions for children and families affected by FASD, she said. Now, there's a bipartisan bill before Congress, the FASD Respect Act, which would support FASD research, surveillance, and activities related to diagnosis, prevention, and treatment. (APA has endorsed this bill.)

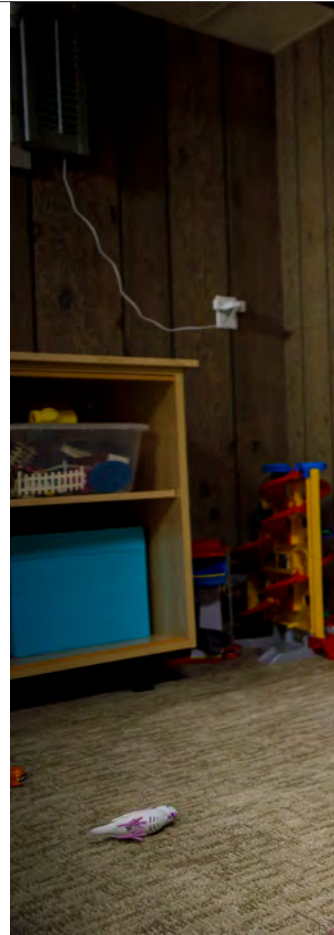
Such attention is sorely needed, and psychologists have a significant role to play in diagnosis, prevention, and treatment, Petrenko said. “Families are desperate for support.” Yet many people with FASD haven't even received an accurate diagnosis, let alone appropriate treatments.

Clinicians should be aware that FASD often overlaps with mental health symptoms. These problems begin in early childhood and exist through adulthood, as described by Mary O'Connor, PhD, ABPP, founder

of the UCLA Fetal Alcohol Spectrum Disorders Clinic (*Current Developmental Disorders Reports*, Vol. 1, No. 1, 2014). Her research has also found a higher incidence of suicidal ideation and behavior in adolescents with FASD (*Birth Defects Research*, Vol. 111, No. 12, 2019). And many adults with FASD who have mental health disorders aren't getting treatment, said Susan Stoner, PhD, a research associate professor at the University of Washington School of Medicine and director of the Washington State Parent-Child Assistance Program, a program for pregnant and parenting women with substance use disorders (*Alcoholism: Clinical and Experimental Research*, Vol. 46, No. 2, 2022). “We found those with less severe FASD tend to have worse mental health than those with more severe FASD, which might be because those with more severe FASD are more likely to have a diagnosis and more likely to get support,” she said.

UNDERSTANDING FASD

Many variables determine whether an infant will be born with FASD and how severe the disorder will be. Such factors





include how much a pregnant person drinks, the rate at which they metabolize alcohol, and the stage of fetal development during alcohol exposure. “There are too many variables at play to estimate a safe level of drinking during pregnancy,” Stoner said. “The safest amount of alcohol during pregnancy is zero.”

Prenatal alcohol exposure can result in several conditions that fall under the FASD umbrella. These include fetal alcohol syndrome (FAS) and partial FAS, both of which can cause growth problems, central nervous system problems, and characteristic facial features (including small eye openings, flattening of the ridge between

Macy, 6, of Naperville, Illinois, was adopted as a baby and was diagnosed years later with fetal alcohol spectrum disorder. Many children with FASD are misdiagnosed or treated ineffectively.

the nose and lip, and a thin upper lip), in addition to problems with learning and behavior. People with alcohol-related neurodevelopmental disorder (ARND) don’t have the characteristic facial features or growth deficiency of FAS, but they may have wide-ranging neurocognitive disabilities and problems with behavior and learning. These diagnoses overlap with a newer term—neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE)—a classification first included in the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) as a condition requiring further study (Kable, J. A., et al., *Child Psychiatry &*

Human Development, Vol. 47, No. 2, 2016).

Each of the disorders in the fetal alcohol spectrum can cause problems with self-regulation, executive functioning, social skills, and math skills. These deficits often interfere with children’s performance in school and their ability to make friends. Yet while FASD often causes learning difficulties, the symptoms can be unpredictable. “FASD is the most common preventable cause of intellectual disability in the world. But the majority of alcohol-exposed children have a normal IQ,” Chasnoff said. One notable feature of FASD is a gap between intelligence and adaptive functioning, he added. One of his teen patients, for example, has above average intelligence but is unable to read clocks or count money. “In children affected by alcohol exposure, adaptive functioning is significantly lower than IQ,” he said.

Behavioral problems associated with FASD are common, and often misunderstood, said Petrenko. “So many of the symptoms of FASD can look like intentionally willful or oppositional behavior, when really there are underlying neurodevelopmental explanations,” she said. An accurate diagnosis is the first step toward putting supports in place to address those neurodevelopmental challenges and help people with FASD thrive.

DIAGNOSIS AND TREATMENT OF FASD

The gold standard for FASD diagnosis is a multidisciplinary

evaluation looking at physical features, neurobehavioral impairments, and any known history of prenatal alcohol exposure. The assessment typically involves a variety of specialists such as physicians, speech/language pathologists, psychologists, and geneticists. But those comprehensive evaluations are hard to come by. “There are very few FASD clinics that provide full-service diagnosis,” O’Connor said. “It’s estimated that about only 1% of people with prenatal alcohol exposure can get a diagnosis in that type of situation.”

As a result, many children with FASD are falling through the cracks. Chasnoff and colleagues collected data from 547 foster and adopted children and found that within this group 86.5% of youth with FASD had never been diagnosed or had been misdiagnosed (*Pediatrics*, Vol. 135, No. 2, 2015). “The great majority of children that are affected by alcohol are misdiagnosed and taking inappropriate medications or receiving ineffective therapy,” Chasnoff said. “FASD should be in the differential diagnosis for any child who presents with behavior problems. And while no single discipline can diagnose FASD, psychologists have a major role to play in the diagnosis.”

Psychologists are also instrumental in designing treatments for children with FASD. To date, only a handful of evidence-based interventions have been developed, each targeting different aspects of FASD. Parents and Children Together (PACT), developed by Chasnoff and colleagues, is a 12-week family

intervention that works with children ages 6 to 12 years old and their parents or caregivers to improve self-regulation and executive function. PACT builds on techniques learned from treating traumatic brain injury and sensory processing disorders. The research has found that the intervention improves executive functioning and emotional problem-solving in children with FAS and ARND (Wells, A. M., et al., *American Journal of Occupational Therapy*, Vol. 66, No. 1, 2012).

The Math Interactive Learning Experience (MILE) program, developed by clinical psychologist Claire Coles, PhD, at Emory University, is a tutoring intervention designed to improve math knowledge and skills, a common area of struggle for children with FASD. A study showed that the 6-week intervention improved both math skills and behavior in alcohol-affected children ages 3 to 10 (*Journal of Developmental & Behavioral Pediatrics*, Vol. 30, No. 1, 2009).

Children with FASD often have trouble learning social skills as well. The Good Buddies program, developed by O’Connor and colleagues, is designed to teach those skills in a group format over 12 weeks to children ages 6 to 12. The program is derived from an evidence-based treatment for improving children’s friendships, adapted for the specific behavioral and cognitive deficits common in children with FASD (Laugeson, E. A., et al., *Child and Family Behavior Therapy*, Vol. 29, No. 3, 2007).

The Families Moving Forward Program, created by Heather Carmichael Olson,

PhD, and colleagues at Seattle Children’s Research Institute, provides support for families of children with FASD and significant behavioral challenges. The program targets caregivers rather than children themselves and typically lasts about 9 months, in person or by telehealth. Studies have shown the efficacy of the program (Bertrand, J., *Research in Developmental Disabilities*, Vol. 30, No. 5, 2009), which is now used in multiple states and Canada. Petrenko is collaborating with Olson and colleagues to develop a mobile app, Families Moving Forward (FMF) Connect, to help more families access resources and support (*JMIR Formative Research*, Vol. 5, No. 12, 2021). The researchers are also adapting the program for children from birth to age 3.

With the right tools, children and adults with FASD can lead successful lives. “The biggest thing we’ve learned is the idea of reframing—looking at behavioral symptoms in a new way,” Petrenko said. Instead of treating a child as oppositional, for instance, reframing helps providers and parents understand that the child may be unable to do what they’re asked because of working memory deficits or other cognitive impairments. “By reframing these interpretations, you can put supports in place to help people be more successful,” she said.

PREVENTING FASD, ATTACKING STIGMA

Efforts are also underway to prevent babies from being born with FASD. The Centers for Disease Control and Prevention promotes two strategies to reduce

ADDITIONAL RESOURCES

Updated clinical guidelines for diagnosing fetal alcohol spectrum disorders

Hoyme, H. E., et al. *Pediatrics*, 2016

Treatment improvement protocol (TIP) series 58: Addressing fetal alcohol spectrum disorders (FASD)

Substance Abuse and Mental Health Services Administration, 2013

Fetal alcohol spectrum disorders training and resources

Centers for Disease Control and Prevention, 2022

Fetal alcohol spectrum disorders national resource directory

University of Washington Fetal Alcohol and Drug Unit, 2022

FASD intervention, training & research

Families Moving Forward Program, 2022



Kevin Pohl, who has fetal alcohol syndrome, has difficulty learning from his mistakes and remembering what he's learned. His conservator took his car keys away for 6 months because he was forgetting about speed limits and stop signs.

alcohol-exposed pregnancies. CHOICES is an evidence-based program that helps women make decisions around drinking and contraception (Floyd, R. L., et al., *American Journal of Preventive Medicine*, Vol. 32, No. 1, 2007). The other strategy, alcohol screening and brief intervention (SBI), is a preventive service that involves screening questions about drinking patterns, a short conversation with patients who drink more than recommended amounts, and referral to treatment when appropriate (*Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use*, Centers for Disease Control and Prevention, 2014). "These interventions could easily be incorporated as part of a psychologist's practice," O'Connor said. (See more on brief screening interventions on page 32.)

Other efforts are underway to reduce the number of children born with FASD. Stoner directs the Washington State

Parent-Child Assistance Program (PCAP), a 3-year intensive case management program for mothers who have used alcohol or drugs during pregnancy. PCAP works with pregnant women to stop drinking and also continues to provide support after they give birth. The program connects mothers to social and health services to reduce the likelihood that their future children will be exposed to alcohol or drugs prenatally by reducing substance use or deferring pregnancy. PCAP has 15 sites in Washington covering 19 counties and 90% of the state population, Stoner said. While the program has had success, it was developed several decades ago, and its wide dissemination across the state makes it difficult to do a modern trial to evaluate its effectiveness. To develop that evidence base, Stoner and colleagues have launched a randomized controlled trial in Oklahoma, where they will compare outcomes for

women in PCAP with those who receive services as usual.

While education and awareness of FASD have increased among physicians and mental health providers, many are still reluctant to speak with pregnant women about substance use, O'Connor said. Clinical psychologists can and should raise the topic with women in their care who are or might become pregnant. "Prevention can begin in the therapy room," Stoner said. But it's important to ask a woman about pregnancy and substance use in ways that encourage honesty and reduce stigma, O'Connor added. "So, for example, instead of asking, 'Did you drink during pregnancy?', it's better to ask, 'How often did you drink before you found out you were pregnant? And how much did you drink after?'" she said.

While careful conversation can help, stigma continues to be a challenge. Discomfort around the subject often prevents medical providers from asking women about alcohol use during pregnancy at all. Stigma also prevents women from seeking help for alcohol dependence and may prevent them from pursuing a FASD diagnosis for their child. Addressing negative perceptions about alcohol use during pregnancy is an important step toward reducing rates of FASD and improving lives for people with these conditions, Petrenko said. "People with FASD and their families are capable. They can thrive if we recognize their strengths and provide appropriate services and supports." ■

FOR PSYCHOLOGISTS OF COLOR, SELF-CARE IS MUCH MORE THAN THAT

Building community, living by your values, standing up to injustices—these are more likely to top the list of self-care pursuits for psychologists of color than individualistic activities

BY TORI DEANGELIS

Bomb threats on historically Black colleges and universities, continued unwarranted police arrests of people of color, and further spates of violence against Asian Americans are unfortunate reminders that racism is alive and well. Living in a world that is not just, equitable, or safe has reinforced why many psychologists of color choose to think deeply and be more intentional about how they practice self-care.

What does it mean to nurture yourself and your community in the face of ongoing discrimination, internal and societal messages that say you must work extra hard to prove your worth, and social structures that continue to favor people who have more resources, higher social status, or a particular skin color?

“For those of us who are Black, Indigenous, and people of color, there are extra layers that exhaust us and that we don’t have any other choice but to navigate—racism, oppression, interlocking forms of dehumanization,” said Hector Y. Adames, PsyD, a professor at The Chicago School of Professional Psychology and director of its Immigration, Critical Race, and Cultural Equity Lab (IC-RACE Lab). “Because of

that, it’s so vital that we deeply think about how to take care of ourselves and each other.”

To illuminate what self-care might look like for people of color, Adames and other psychologists have amassed a rich set of ideas, pursuits, and messages related to this topic. Among them: Self-care should incorporate one’s community, values, and culture. It sometimes means challenging what’s considered normal. It includes a mandate to set boundaries. And it’s about claiming joy, pleasure, and rest despite a legacy of oppression.

“It’s really important for us not just to survive but also to thrive,” said Grace A. Chen, PhD, a counseling psychologist in the San Francisco Bay Area. “It’s not just about coping or avoiding burnout but about experiencing life more joyfully. Activism is important,” she added, “but there’s this balance of, ‘Let’s also celebrate what’s wonderful about our communities and about being connected with one another.’”

Here are ways that Chen and others are doing that.

SELF-CARE AS INTEGRITY

For Chen, it’s important to view self-care as a way of being—as something that is intimately

connected to one’s values and priorities and that informs all of life’s decisions.

“It’s a whole mindset,” said Chen. “Otherwise, we are constantly trying to put Band-Aids on wounds that will just keep resurfacing.”

Her own values, for example, include intentionally resisting the mindset that success is about doing more and making more money and instead putting a premium on work-life balance and on contributing to her community. These intertwined values mean that she takes certain actions that might differ from the professional norm: For example, she doesn’t accept more patients than she can comfortably handle, and if she can’t take on a patient, she seeks a colleague who can.

This highlights another of her values: cooperation over competition. “I am connected with colleagues who all support one another,” she said, so she’s always glad when she can send a potential patient to someone who seems like a good fit. The same is true with mentoring students: “If we can connect students with others who can be there for them when we can’t,” it helps to share the responsibility while also helping students broaden their network, she noted.

“Let’s also celebrate what’s wonderful about our communities and about being connected with one another.”

GRACE A. CHEN, PHD,
COUNSELING
PSYCHOLOGIST



SELF-CARE AS RESISTANCE

As Chen's comments suggest, self-care for people of color can also mean bucking aspects of society that don't align with your values or well-being—whether it's joining in efforts to end racism or adopting a lifestyle that allows more time for relaxation.

In fact, workaholicism is a Western value that many psychologists of color say they actively strive against.

Michigan State University professor NiCole Buchanan, PhD, for example, said it took her years to admit that her high-stress life as an academic was harming her health. It wasn't until she developed heart issues and anxiety problems that she realized she wanted and needed to do something about it.

"I am intentional now that my efforts related to self-care

Self-care includes sharing your experiences and celebrating your culture with like-minded individuals.

are about systems—that some systems have been developed to create oppression, and that often the oppression they create is invisible to both the oppressed and the oppressors," she said.

To this end, she's become increasingly bold about telling students that academia may not necessarily be the best path for them because of issues or stressors such as "publish or perish," teaching overload, and lack of time to sufficiently address commitments to students, administrators, and fellow faculty, among other concerns.

"I talk to them about priorities and about the challenges [of academia]," she said. She also normalizes the possibility of taking an alternative path, including having or adopting children if that is a value and priority.

"If you don't get tenure

somewhere, so what?" she tells students. "Go elsewhere, do something different. If you get to live those years in balance and in joy and doing something you love, it's worth it."

SELF-CARE AS COMMUNITY CONNECTION

For Adames, the concept of self-care feels pretty foreign. "It makes me think about 'me, myself, and I,' and I come from a culture where we think 'we, us, ours,'" said Adames, who is AfroLatinx. "So, I need to reorient the idea of self-care so that it's about 'How do we take care of ourselves?'"

Adames prioritizes connecting with like-minded colleagues who intentionally support one another. For example, he's part of a small group of psychologists called the Psychology of Radical Healing Collective (Chen is also a member). The group periodically checks in via text, sharing "inspiration, family photos, music, and art," Adames said. They have also created a theory and practice of radical healing that involves acknowledging and actively resisting all forms of oppression and envisioning possibilities for freedom and wellness.

"I get so much from that connection," Adames said. "It's a quick but meaningful and delightful way to nourish and support each other; it makes me feel less alone."

Similarly, as an elected board member of the Texas Psychological Association (TPA), Adriana Miu, PhD, found a supportive local and state community by joining a TPA task force dedi-

cated to social and racial justice.

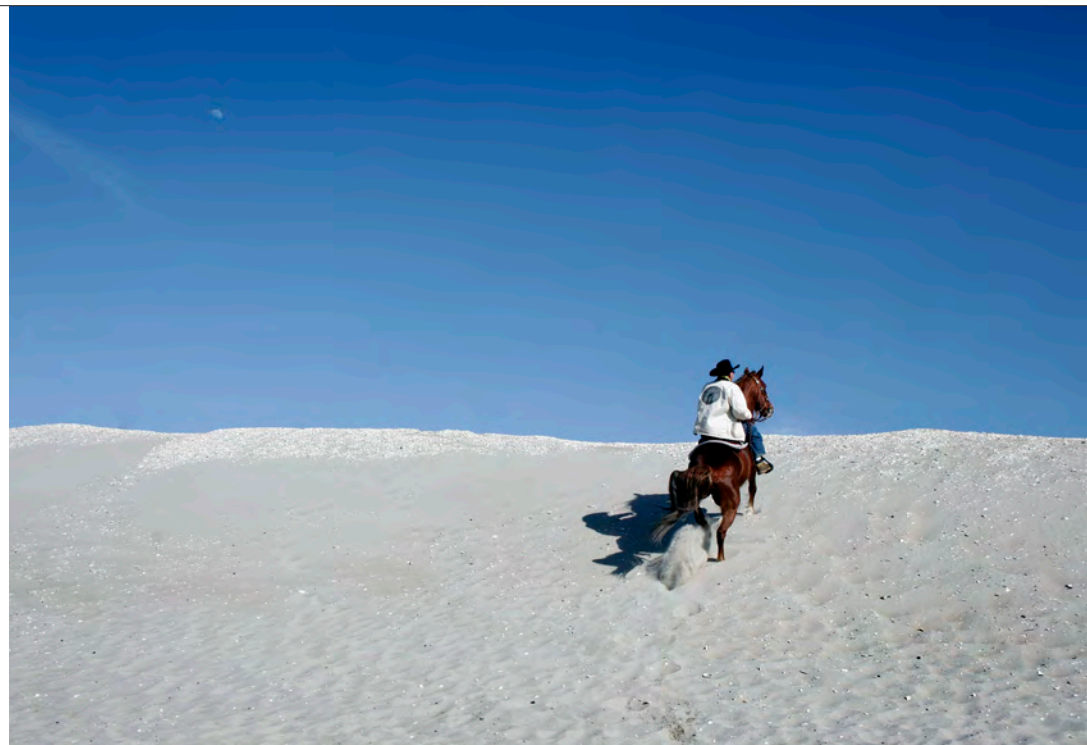
“To know that there are people on this broader scale who have the shared value of racial justice has been really helpful,” said Miu, an assistant professor at UT Southwestern Medical Center. “The more exposure you have to like-minded people, the more it can help to insulate you from racism or racial microaggressions.”

SELF-CARE AS BOUNDARY MANAGEMENT

Many psychologists of color say they are regularly tapped to go beyond what’s expected of White peers because they’re one of the few people of color in their professional settings—what Miu and others refer to as a “diversity tax.” That’s not always a bad thing: For example, Miu is happy to take on diversity-related projects that she’s passionate about. “But at the same time, I have very little protected time, and I’m doing a lot of this outside of my regular responsibilities,” she said.

Addressing this situation requires good time-management skills, Miu said. To this end, she sometimes says no to projects. She also thinks about how she can maximize the utility of different aspects of her work. For instance, when she gives workshops on developing multicultural skills in mental health care, “I’m also thinking, ‘Can I collect some data so I can publish the outcomes of these workshops?’” she said. “So I’m not just serving people in a particular educational setting; I’m also sharing these ideas with a wider audience and helping my career.”

As her thinking on self-care



has evolved, Buchanan now teaches all of her patients assertiveness skills—how to articulate their needs and wants while simultaneously honoring others’ rights and preferences. These techniques are particularly salient for professionals of color who are taking on too much, she said.

“When people really come to understand assertiveness and practice it in a lot of different contexts—when they get to the point where it’s natural for them to be assertive—then self-care starts to happen automatically,” she said.

SELF-CARE AS A CULTURAL FIT

Embracing cultural traditions and realities is another important aspect of self-care for people of color, said clinical psychologist Robyn L. Gobin, PhD, an assistant professor at the University of Illinois at

A member of the Federation of Black Cowboys rides a horse along the shoreline in Queens, New York, where the group dedicated the legacies of Black cowboys is based. The organization encourages its members to embrace and find joy in Black traditions.

Urbana-Champaign. In a virtual continuing-education workshop on self-care for people of color that she hosted in 2021, participants shared the cultural healing methods they practice, including taking part in healing circles, enjoying African or other forms of Indigenous dance, gardening, and reclaiming old family recipes.

“It’s not that we don’t know what we need,” Gobin said, “it’s that sometimes we get disconnected from those things because of the oppression we face.”

During the 2022 Lunar New Year, Miu, who is Chinese American, took to wrapping dumplings, something she enjoyed doing with her mom when she was a kid. “Connecting to my roots and culture helps me embrace my cultural identity when other people might be putting it down,” she said.

Self-care for psychologists

of color can also mean navigating family expectations that differ from those of the White mainstream culture. Jenjee Sengkhammee, PhD, a counseling psychologist in Portland, Oregon, who is Hmong American, said that because of the interdependent nature of her culture, “the idea of going out to get my hair or nails done is not necessarily experienced as self-care but as ‘I’m doing something away from my family or away from people I love.’”

She’s learning to set compassionate boundaries with family members who seek her help in navigating various life challenges by letting them know she is there for them but that she also encourages them to work on maintaining their own wellness. “I kind of lean in and lean out,” she said. She also makes time for her own forms of self-care, which include exercising regularly, enjoying time in nature, and going to therapy, which helps her work on any issues she is struggling with.

SELF-CARE AS CREATIVE EXPRESSION, BALANCE, AND JOY

Creative self-expression is another great way to recharge batteries that may be run down from overwork or issues involving racism, psychologists of color noted. To take a break from the stresses of training students to be school psychologists in the understaffed, overly challenged public schools of Miami-Dade County, Florida International University associate professor Andy Pham, PhD, pulls out his easel and paints. “Creating

through art helps me de-stress, problem-solve, and manage any negativity that’s going on in my life or work,” he said.

For Portland, Oregon-based psychologist Eleanor Gil-Kashiwabara, PsyD, acting became an integral part of her self-care when she observed how participating in theater stoked her young daughters’ creativity and self-expression. She began taking acting classes, and that led to lead roles in community theater productions with social justice themes, including *Living Out*, by LatinX playwright Lisa Loomer, where she played a Salvadoran nanny who works for an Anglo lawyer. This spring, she co-starred in *In the Name of Forgotten Women*, by Cindy Williams Gutiérrez, playing one of several main female characters who represent a range of cultures and countries. The play addresses atrocities that have been leveled against women over the past 4 centuries, including forced sterilization, female genital mutilation, and forced child marriage.

This creative work is very much in her wheelhouse as a psychologist who also has a deep interest in fostering equity and justice. “I love the idea of bringing humanity to stories that people would not otherwise be connected to,” Gil-Kashiwabara said. “I think the intersection of art and psychology is so critical, and it’s also good for us as professionals.”

Self-care for psychologists of color is also about allowing room for joy, Buchanan emphasized.

Coming to that realization was a long process for her, she

admitted. A main obstacle was internalized messages about the importance of not letting her ancestors down and about being a strong Black woman. Whenever she noticed herself getting tired from efforts to fight for social justice, for example, she would “automatically hear these internal narratives of ‘How can you give up? You have it so much better than your ancestors had it,’” she said. A related narrative: “How can you give up on this position when your grandmother worked for decades in a factory so that you could go to school?”

A breakthrough came when she realized that her ancestors underwent such hardships so that she and future generations could live in ways that allow for joy, happiness, and love. She also believes that over time, living in these expanded ways can have powerful effects on the body. She cited research suggesting that intergenerational trauma can be passed on in the body—for example, in altered immune functioning—but the same research also suggests that such genetic patterning can be changed for the better (Huber-Lang, M., et al., *Nature Immunology*, Vol. 19, 2018).

“I realized that transformation begins by healing that damaged piece of me and actively teaching my children how to work on those inherited parts of themselves as well,” Buchanan said.

“By leading a life that embraces joy and other forms of self-care,” she added, “I’m passing on reparative DNA; I’m passing on a mechanism for wellness.” ■

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The politics of feeling good

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NEW WAYS TO SCREEN FOR ALCOHOL AND DRUG MISUSE

Psychologists and other mental health providers can help reduce the likelihood of substance use disorders with screenings and short interventions—and existing codes allow them to get reimbursed for that work

BY AMY NOVOTNEY

As the COVID-19 pandemic ebbs in the United States, the nation is facing a worsening substance use crisis that has led to a rise in overdose deaths. Using a special set of health care billing codes reserved for screenings and short interventions, practicing psychologists can help patients who use alcohol or other substances before a severe outcome occurs.

In the first year of the pandemic, more than 1 in 10 adults reported starting or increasing their use of alcohol or drugs to cope with the pandemic. In addition, deaths caused by drug overdose have spiked during this public health emergency, primarily driven by opioid use. More Americans died from overdoses in 2020 than in any previous year, and recent data from the Centers for Disease Control and Prevention show overdose deaths rose again during the first half of 2021.

“Data suggest that alcohol use and other substance use have increased amid the COVID-19 pandemic in many areas and for many populations,” said Dolores Cimini, PhD, senior research scientist and director of the Center for Behavioral Health Promotion and Applied Research at the University at Albany. “What

this means is that it is especially important now for clinicians to be paying attention to the role of substance use in presenting issues that they encounter with patients.”

APA has been taking steps toward addressing opioid and other substance use from a population health approach by advocating that health care payers reimburse psychologists and other mental health providers for screening, brief intervention, and referral to treatment (SBIRT) services. SBIRT services represent a comprehensive and integrated public health approach to the delivery of early intervention and treatment services. These services can be provided in a variety of settings to help identify people with substance use disorders and those whose usage puts them at a higher risk for severe outcomes, noted Aaron Weiner, PhD, ABPP, president-elect of APA's Div. 50 (Society of Addiction Psychology).

“People are misusing substances far more now than in recent memory, and a lot of independent practitioners may not have a structured clinical interview system in place, so these sorts of things may very

well be slipping by,” Weiner said. “Simply asking the question and then knowing what to do if someone said yes could help connect someone to help for a problem that, if you can get to it early, doesn't have to grow into something that becomes a chemical dependency or an overdose.”

Weiner also noted that being aware of the reimbursement codes used to bill insurers for SBIRT services can help many psychologists get paid for work they're often already doing.

“Right now, psychologists are leaving a lot of money on the table if they're only billing for clinical hours,” he said. “Physicians are using these codes, and not only does it provide you with reimbursement for the actual work you're doing, but it promotes an evidence-based best practice that will hook people into care.”

MOVING AWAY FROM THE TRADITIONAL SUBSTANCE USE MODEL

SBIRT services include three core components, noted Stephen Gillaspie, PhD, senior director of APA's Office of Health Care Financing: screening, brief intervention, and/or referral to treatment. The screening phase is

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& Martin, J. L. (Eds.)
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a quick way for psychologists to identify patients with risky substance use behaviors using a brief one- to three-question screen such as the National Institute on Alcohol Abuse and Alcoholism's single-question screen or the quick screen developed by the National Institute on Drug Abuse (NIDA).

If a person screens positive on one of these instruments, practitioners can follow up with a longer alcohol or drug use evaluation using a standardized risk assessment tool such as

Adults reported increasing their drug and alcohol use as a way to cope with living in a pandemic.

the World Health Organization's Alcohol Use Disorders Identification Test (AUDIT), Drug Abuse Screening Test (DAST), or the Tobacco, Alcohol, Prescription Medication, and Other Substance Use (TAPS) Tool, developed by NIDA.

"SBIRT moves away from the traditional model of substance use where individuals were designated either as having an addiction or no addiction," said Cimini, who recently coedited the APA book *Screening, Brief Intervention, and Referral to Treatment*

for Substance Use: A Practitioner's Guide with Jessica Martin, PhD, an associate professor of counseling psychology at the University at Albany. "SBIRT looks across the spectrum. Patients could be engaging in risky use but may not have an addiction. It's a broad, all-encompassing view of substance use in all its forms and degrees."

These screenings can be part of a self-report measure the practitioner gives at the beginning of treatment, or just asked as part of the initial interview at

a patient's first visit, Weiner said.

"The first and most important thing is to ask the questions, because if you don't ask, you can't do anything about it," he said.

If a patient does acknowledge or indicate that they're using a significant amount of a substance or it seems like they have

of their substance use to other aspects of their lives."

For example, if the psychologist is working with a college student who admitted they were using an excessive amount of alcohol, the provider could examine how that behavior may be impacting the student's per-



an addiction-related problem, the next step is to conduct a brief intervention that focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.

"The patient needs to be ready to engage in some kind of behavior change; however, we can't force that change process to happen faster, so the psychologist needs to assess where the patient is in terms of their readiness for change," Cimini said. "Then the psychologist can use motivational interviewing to help the patient explore the relationship

formance in school, their grades, and ultimately their graduation and career progression.

"What motivational interviewing does is, it helps create a discrepancy between the substance use and the goals that the individual has, and it will hopefully help them think about changing their behavior," Cimini said.

During this process, it's also important for the practitioner to listen for what Cimini calls "change talk," or anything a patient may say to indicate that they're ready for change. At that point, you can help them identify specific

Screenings and brief interventions can help prevent more severe outcomes.

steps to reduce their substance use. In the example of the college student, for instance, the psychologist could suggest alternating between alcoholic and nonalcoholic drinks in social situations.

"These types of interventions can occur within a time span of a few minutes, while more intensive interventions can take place over a number of sessions," Cimini said. "That's really the beauty of SBIRT—it can be adjusted to the needs of the practitioner and their practice."

The third step of SBIRT is treatment referral, which may be warranted in cases where a higher level of care, such as a specialized addiction program, is needed.

This goes beyond simply sending people to the Alcoholics Anonymous website, Weiner noted. It's important for psychologists to know, for example, of high-quality intensive outpatient, partial hospitalization, and residential programs in the area, and ideally which programs are covered by different payers.

"If you work with a number of different insurances, make sure you know where to send people so you're not having to make something up on the fly or you don't know what to do," he said.

USING SBIRT FOR PAIN MANAGEMENT

SBIRT has increasingly been used by mental health providers to help patients dealing with chronic pain. While not all patients with pain develop substance use disorders, and not all patients with substance use disorders have pain, there is a

subset of individuals who present with both conditions concurrently, said Ravi Prasad, PhD, a pain psychologist at the University of California Davis School of Medicine.

“Psychologists who are providing SBIRT services should therefore assess for the presence of untreated or undertreated pain, as this is a risk factor that can leave a patient vulnerable for relapse despite participation in substance abuse treatment,” Prasad said. “If pain is identified as an existing comorbidity, it will be important to help the patient learn and apply nonpharmacologic approaches to pain management or to refer them to a psychologist with expertise working with pain who can address this aspect of treatment.”

In the instance of chronic pain patients, however, it’s important that practitioners not stigmatize this population or inaccurately conclude that they are all at high risk for developing substance use disorders. “Of course, there is a subset of these individuals who are at risk for developing substance use disorders, and psychologists working in this field should regularly assess for this as part of the evaluation process. SBIRT services can be an efficient and effective way to accomplish this,” Prasad noted.

MINDSET SHIFT

Even though psychologists have the skills and training necessary to effectively deliver SBIRT services, the reality is that most of them do not know about SBIRT, nor the availability of reimbursement from insurers to support this work, Martin said.

Being willing to provide these services may require a mindset shift for many in the field, Gilaspy said.

“Too often, psychologists and other mental health providers just think about traditional treatment for an individual patient who is coming to see them—for anxiety, or depression, or post-traumatic stress disorder—in a bit of a bubble,” he said. “I don’t think it’s as widely thought of to take this opportunity to ensure they screen and provide brief interventions for other issues the patient might have. Or to think that, even if you’re not a specialist in a particular area, you can still determine if it’s an issue, have a brief intervention with them, and then, if they need additional help, refer them to appropriate substance use services.”

Screening and providing brief interventions to every patient is more of a public health approach to address population health, he added.

Weiner agrees, adding that by not asking about substance use, gambling, pornography use, or issues such as gaming and internet-related disorders, practitioners may be missing an incredibly important piece of the coping puzzle, making it difficult for any mental health interventions to be effective.

“The bottom line about SBIRT is that it’s a technique that almost always, when done in an evidence-based way, leads to a greater proportion of people being helped who otherwise wouldn’t,” he said. “And given that it can be done in a very short period of time, it’s something that is simply worth doing.” ■

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Student Thriving in Diverse
Schools: Exploring the Causal
Effect of Ethnic Studies Education
through a Natural Experiment*



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Sonoma State University
*Socioeconomic Status, Racial
Discrimination, and the Well-being
of Low-Income, Latinx Families*

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 Racial Equity** and all funds raised are dedicated to new racial equity 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 APF at foundation@apa.org.

4 QUESTIONS FOR MATT CLARK

Col. Matt Clark, PhD, is using his psychology and behavioral neuroscience training and military experience to improve vaccine delivery and ultimately help stop the emergency phase of the pandemic **BY AMY NOVOTNEY**

As the senior policy adviser for global COVID-19 response operations on the White House's COVID Response Team, Col. Matt Clark, PhD, has worked tirelessly over the past year to help coordinate the donation of more than half a billion COVID-19 vaccines from the United States to 115 countries.

In this role, Clark has been responsible for shipping and delivering COVID-19 vaccines from the U.S. government bilaterally through the COVID-19 Vaccines Global Access (COVAX) initiative and via the African Vaccine Acquisition Trust (AVAT). COVAX is a worldwide effort to expand access to COVID-19 vaccines that is directed by the international vaccine alliance organization Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI), and the World Health Organization (WHO), and is aided by UNICEF. Previously, Clark served as the vaccine team program manager for Operation Warp Speed, the federal program initiated early in the pandemic that was responsible for developing, manufacturing, and distributing COVID-19 vaccines and therapeutics within the United States.

The *Monitor* spoke with Clark about leading a global vaccination distribution operation and how psychologists can continue to aid COVID-19 recovery efforts.

Take us through the logistics of the vaccine donation effort. What were you and your team responsible for?

Ultimately, the success of the donation program depends on multiple partners. My job is to make sure the operations

run smoothly across all organizations. This involves coordination and collaboration between governmental, non-governmental, intergovernmental, and commercial entities in a way that promotes trust and transparency while building teams, managing risk, and solving problems through teams of teams. My role is to keep partners moving with the urgency that the pandemic has required across various activities involving allocation, legal, readiness,



regulatory, and shipping logistics processes, each of which is product specific.

One example of an activity is providing targeted input on regulatory matters. Success in shipping medical products globally requires alignment between the company, the distributor, supporting organizations, the government organization that contracted for the product, and the respective regulatory agencies. One of my roles has been to ensure coordination between all the parties was completed successfully so that the operation could effectively and quickly distribute vaccines for use globally.

More broadly, my teammates and I work the allocation, legal, readiness, regulatory, and shipping logistics processes for each product to press for predictable shipments of fresh vaccines with long shelf life through a process that maintains the product's quality. To date, we have delivered more than 530 million doses in 10 months and have set the conditions for the rest.

Tell me about some of the challenges your team experienced.

What skills did you draw on to work through the difficulties?

Part of the challenge with delivering vaccines globally is that we do not own all aspects of the COVID-19 vaccination program or processes

locally. In the global effort, our role is to facilitate rather than own, operate, and monitor the entire process. The U.S. federal government, COVAX, and AVAT efforts are all structured to deliver vaccines through recipients' national health systems with no strings attached, which includes national deployment and local vaccination plans. Unlike the domestic program, the global effort had to rely on local experts and contacts to optimize success in delivering the vaccines we donated.

The partnerships we fostered were the key to success. Whether it was working on procuring ultra-cold chain assets to help keep the vaccines cold as they are transported and stored and needles and syringes through UNICEF or working on securing regulatory authorizations and approval via the WHO, we had to engage, challenge, and trust our partners to get the job done. Even when working with companies such as Pfizer, Moderna, and Johnson & Johnson, we had to challenge them and the entire logistics and operations system to do more on a faster timeline. The teams we built weathered each challenge through group problem-solving while owning their respective actions and being held accountable daily. The daily calls help the partnership work and allow each partner to use the full extent of their respective capabilities.

How can behavioral scientists continue to help lead COVID-19 recovery efforts?

We need to continue to move aggressively to understand more about what motivates people to get vaccinated. Vaccination rates around the world provide this opportunity. For example, if we compare vaccination rates between countries, it would be important to know what variables are key for improving vaccination, particularly during a global pandemic. We have much to do to continue to encourage people around the world to get vaccinated to stop the emergency phase of the pandemic. We need to understand the conditions and factors that promote vaccine uptake across disparate national immunization programs and health systems.

Behavioral scientists can play a critical role in identifying the behavioral motivators and barriers to vaccination so that programs can be developed to maximize vaccine uptake. Likewise, behavioral scientists can identify the environmental variables that affect behavior in positive and negative ways so that personal and public health can be the focus of global vaccination efforts.

Industrial and organizational scientists can further work to clarify actions and structures that facilitate matrixed and coordinated leadership in diverse organizations during an all-consuming crisis. This pandemic makes it clear that leadership considerations for public-private partnerships, nongovernmental organizations, and across governmental structures in a complex environment is an area ripe for further exploration before, during, and after a global pandemic.

What's next in your work as we enter the endemic phase of COVID-19?

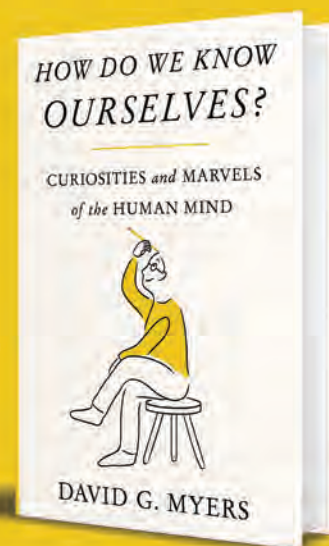
I am returning to the Department of Defense as the joint project manager for medical products under the Joint Program Executive Office for Chemical, Biological, Radiological, and Nuclear Defense (JPED-CBRND). I will be responsible for the development and life cycle management of medical drugs, devices, and vaccines, supporting military forces and civilians involved with biodefense and biosecurity.

JPED-CBRND is also the organization that executes most of the contracts employed throughout the COVID response, as well as other biodefense emergencies. Through this work we will continue to prepare for future biodefense and biosecurity threats and have the structure to respond when the nation has a similar need to that experienced in this pandemic. ■

FROM DAVID G. MYERS, THE AWARD-WINNING PROFESSOR AND AUTHOR OF PSYCHOLOGY'S BESTSELLING TEXTBOOK

"How Do We Know Ourselves?" is a treasure. Each chapter is a gem of insight into the human experience, cut and polished to perfection."

—ANGELA DUCKWORTH, author of *Grit*



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BEHAVIORAL ETHICS AND CORPORATE CULTURE

How can psychological research help companies make more ethical decisions?

BY NICOLA SHARPE, JD, MBA, AND JENNIFER K. ROBBENNOLT, JD, PHD, UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

In 2021, the Toyota Motor Company agreed to pay a \$180 million fine to settle a U.S. Environmental Protection Agency (EPA) enforcement action against the company. The action stemmed from Toyota's decade-long failure to file emission-related defect reports with the EPA as required by the Clean Air Act. Toyota knew of the reporting violations yet did not act to alter or reveal the company's compliance failures. According to Audrey Strauss, acting U.S. attorney for the Southern District of New York, "Toyota shut its eyes to the noncompliance, failing to provide proper training, attention, and oversight" and "undermined EPA's self-disclosure system." Thus, in addition to the \$180 million fine, the largest civil penalty ever imposed for violations of the emission-reporting obligations, Toyota must follow additional compliance and reporting practices as well as meet several conditions focused on improved training, communication, and oversight.

Toyota's consent decree is the latest instance in a string of emission-related scandals, including both Volkswagen's and Daimler's efforts to engineer their vehicles to circumvent emissions tests. It is just one example of a lack of corporate compliance with regulatory rules or ethical standards. The psychology of behavioral ethics provides insight into how such ethical failures can occur. Decision-makers who have ethical blind spots borne from unconscious biases, external or social pressures, diffusion of responsibility, and other factors they may not perceive may act unethically without realizing it. As those decisions are made, other aspects of the decision gradually take center stage, while the decision's ethical implications fade into the background.

One explanation for why decision-makers may choose to engage in, willfully ignore, or remain ignorant of unethical conduct is that many corporate cultures do not promote ethical and compliant behavior. A corporate culture that values ethics and

compliance is critical for optimal organizational functioning, employee engagement, individual commitment to ethical behavior, and whistleblowing in the face of violations. Corporate culture is so integral to an ethics and compliance program that the Federal Sentencing Guidelines for Organizations do not consider a program fully effective unless the organization has a culture that promotes ethical behavior and commitment to the law.

How, then, are ethical cultures built or destroyed? Trust or mistrust in the organization is one significant factor. Indeed, trust has been called "the glue that binds corporate culture," with ethical behavior playing a disproportionately large role in maintaining trust and unethical behavior destroying it. Research on behavioral ethics suggests that employees are more likely to speak up when they have a high level of trust in their organization. Conversely, employees with little trust in their company typically lack a sense of personal accountability and, as a result, generally don't identify and call out their peers' ethical lapses. Volkswagen's corporate culture, for example, "hamper[ed] internal communication and may [have] discourage[d] midlevel managers from delivering bad news," according to a 2015 article in *The New York Times*.

Psychological research is essential to understanding and fostering healthy corporate cultures. Existing research has explored the building blocks of an ethical and compliant culture, such as training, communication, and oversight—the very aspects of Toyota's culture that were deemed inadequate. In addition, the pandemic's effects on efforts to build healthy workplace cultures, particularly with the shift to remote work, offer a host of new research opportunities. Psychological research has shown that remote workers face greater social and professional isolation and have fewer opportunities for information sharing. Companies will need to rethink how they foster an ethical remote work environment. ■



AT ISSUE

How can corporate culture be changed to promote ethical and compliant behavior?

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

The most common sleep disorder is insomnia, which is characterized by a difficulty falling or staying asleep.



CE

CONTINUING EDUCATION DIAGNOSING AND TREATING SLEEP DISORDERS

BY KIRSTEN WEIR

P sychologists have a leading role to play in treating insomnia and other common sleep disturbances.

Sleep is a biological necessity. But for all its importance, it can be surprisingly hard to get enough. As many as 50 to 70 million U.S. adults have a sleep disorder, according to the American Sleep Association. Those disorders frequently go hand in hand with problems such as depression, anxiety, and post-traumatic stress disorder (PTSD). “Sleep disorders are very common and are often comorbid with mental health conditions. But psychologists get very little training in sleep,” said Jennifer Mundt, PhD, director of the Northwestern University Behavioral Sleep Medicine Training Program, who presented the continuing-education session “Sleep and Its Disorders: A Primer for Mental Health Professionals” for APA in 2021.

CE credits: 1

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

1. Describe symptoms of common sleep disorders.
2. Understand and access tools available for screening clients for sleep disorders.
3. Describe evidence-based behavioral treatments for insomnia and other sleep disorders.
4. Know when to refer clients to sleep specialists.

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

In a recent survey of clinical psychologists in the United States and Canada, practitioners reported a median of just 10 hours of sleep training across their education and career, and 95% reported no clinical sleep training during graduate school, internship, or fellowship (Zhou, E. S., et al., *Behavioral Sleep Medicine*, Vol. 19, No. 6, 2021). “In medicine, psychology, and society as a whole, we’ve paid so little attention to sleep for so long,” Mundt said.

It is time to start paying attention, Mundt and other sleep experts say. “Sleep is critical to physical and emotional health, and when it’s disrupted, it cuts across both,” said Susan Rubman, PhD, a behavioral sleep medicine specialist and assistant professor of psychiatry at the Yale School of Medicine. “As a basic part of psychological assessment, it’s important to know what normal sleep is and what disordered sleep is so you can treat all aspects of an individual’s concerns appropriately.”

SLEEP FACTS AND FICTIONS

Sleep disorders come in all shapes and sizes. The most common is insomnia, which is characterized by difficulty falling or staying asleep. About 30% of adults in the United States have symptoms of insomnia, and about 10% have insomnia that is severe enough to cause daytime consequences, according to the American Academy of

Sleep Medicine (AASM). And insomnia comes with a host of complications, including increased risk of accidents, poor performance at work or school, and elevated risk of conditions including high blood pressure, heart disease, depression, and substance use disorders. It is also associated with an increased risk of suicide as well as death from other causes.

Insomnia and other sleep disorders often coexist with other psychological complaints. Up to 90% of people with depression have sleep complaints, and two thirds of people undergoing a major depressive episode experience insomnia, according to a review by University of Pittsburgh researchers Peter Franzen, PhD, and Daniel Buysse, MD. Sleep disturbances often precede depressive symptoms, they found, and are associated with worse clinical and treatment outcomes among people with depression (*Dialogues in Clinical Neuroscience*, Vol. 10, No. 4, 2008).

All that is to say that clinical psychologists are certain to treat patients who have trouble sleeping whether they know it or not. And there are three good reasons to address sleep in practice, said Michael Grandner, PhD, MTR, director of the Sleep and Health Research Program at the University of Arizona. “First, we know that sleep affects health and functioning. Second, sleep is often a way into mental health issues. Asking how

someone is sleeping is a great way to start talking about mental health,” he said. “And the third reason is that sleep problems are highly fixable, without medications. And psychologists are in a prime position to fix them.”

Yet there are some common misconceptions about sleep—among the public as well as health care professionals—that prevent people from getting the treatment they need for insomnia and other sleep disorders. One is the belief that good sleep hygiene can cure disordered sleep, Grandner said. Sleep hygiene includes practices like going to bed and waking up at a consistent time, removing electronic devices from the bedroom, and avoiding caffeine, alcohol, and heavy meals near bedtime. While these efforts can improve sleep, they are not a treatment for disordered sleep. “A lot of people confuse sleep hygiene with behavioral sleep therapies. This is a huge misconception,” Grandner said. Hygiene, by nature, is preventive. “Washing your hands can prevent you from getting sick, but it won’t cure an infection. And sleep hygiene can remove some barriers to good sleep, but it’s mostly useless for fixing insomnia,” he added.

Another fallacy is that insomnia is a symptom of mental health disorders. While the two often coexist, they are best thought of as comorbid conditions, said Michael Perlis, PhD, director of the Behavioral Sleep Medicine Program at the University of Pennsylvania Perelman School of Medicine. “When sleep disorders are viewed as a symptom of an illness, people believe there’s no

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2016



need for targeted action. They believe that by treating the PTSD, anxiety, or depression, insomnia will abate. The past 10 years of research shows us that doesn’t happen,” he said.

While treating mental health conditions does not guarantee improvement of comorbid insomnia, the reverse is more likely: Treating insomnia can make mental health disorders more manageable. A meta-analysis of randomized controlled trials showed that poor sleep is causally related to mental health difficulties and that greater improvements in sleep quality lead to greater improvements in mental health (Scott, A. J., et al., *Sleep Medicine Reviews*, Vol. 60, 2021). For that reason, some sleep experts argue that insomnia

should be treated even before other mental health problems, if the patient is not in crisis. “When insomnia is left alive, it complicates the treatment of everything else,” said Donn Posner, PhD, adjunct clinical associate professor at Stanford University School of Medicine and founder of Sleepwell Consultants, which offers sleep interventions for patients and workshops for providers. “Every time you see chronic insomnia, you need to treat it.”

CBT-I: FRONT-LINE INSOMNIA TREATMENT

Almost anything can trigger a night of tossing and turning, from stress to pain to stormy weather. “There are a million causes of short-term insomnia. But there is one main culprit behind chronic



insomnia—conditioned arousal,” said Grandner. “When sleep becomes problematic, the bed becomes the war zone. And then the expectation that sleep will be stressful creates the very activation that makes sleep difficult.”

The best treatment to address that conditioned arousal is cognitive behavioral therapy for insomnia (CBT-I), a targeted intervention that typically lasts four to eight sessions. In fact, CBT-I is one of psychology’s best success stories. The treatment is so effective that it is recommended as a front-line treatment for insomnia by a variety of professional groups, including the Department of Veterans Affairs/Department of Defense Health Affairs, the American College of Physicians, and the AASM.

Even in cases of short-term insomnia, CBT-I is about as effective as sleeping pills. In a meta-analysis that included 21 studies, researchers concluded that behavioral therapy produces similar outcomes as pharmacotherapy for the acute treatment of primary insomnia (Smith, M. T., et al., *The American Journal of Psychiatry*, Vol. 159, No. 1, 2002). But for chronic insomnia, CBT-I is at a distinct advantage. A meta-analysis concluded that the intervention is an effective treatment for adults with chronic insomnia, with clinically meaningful effect sizes (Trauer, J. M., et al., *Annals of Internal Medicine*, Vol. 163, No. 3, 2015). “In the long term, there’s an advantage for CBT-I because it actually addresses the underlying

Nightmares are a common sleep complaint, especially among those who have been exposed to trauma.

behavioral and thought patterns that perpetuate the insomnia,” Mundt said. “And it has a high rate of success.”

CBT-I is also a successful option for patients with insomnia and depression. In a study of internet-delivered CBT-I, Kerstin Blom, PhD, at the Karolinska Institutet in Sweden, and colleagues found that in patients with both diagnoses, CBT-I was more effective than CBT for depression when treating insomnia. More surprising, the two were equally effective for reducing depression severity. At a 3-year follow-up, both the CBT-I and CBT for depression groups continued to experience similar reductions in depression severity, but the insomnia treatment continued to have superior effects on sleep (*Sleep*, Vol. 38, No. 2, 2015; *Sleep*, Vol. 40, No. 8, 2017).

Other research also supports the idea that CBT-I can improve depression. A systematic review of 18 studies concluded that CBT-I is a promising treatment for depression in people who also have insomnia and produces effects of roughly the same magnitude as antidepressant medications. In-person therapy had the most evidence supporting its efficacy, while evidence for telehealth CBT-I was mixed. However, the authors concluded there is promise for a stepped-care approach in which telehealth progresses to in-person therapy for patients as needed (Cunningham, J. E. A., & Shapiro, C. M., *Journal of Psychosomatic Research*, Vol. 106, 2018).

There’s further evidence that treating insomnia might even prevent depression from developing

in the first place. In a study by researchers at Henry Ford Health and the University of Oxford, participants with insomnia were randomized to receive either digital CBT-I or sleep education. In those with minimal to no depression at baseline, the incidence of moderate-to-severe depression 1 year later was reduced by half in the CBT-I group compared with the sleep education control condition (Cheng, P., et al., *Sleep*, Vol. 42, No. 10, 2019).

Research also supports the use of CBT-I in patients with insomnia and other mental health conditions. One randomized trial by Lisa Talbot, PhD, at the San Francisco VA Medical Center, and colleagues found that an eight-session CBT-I intervention improved sleep and overall psychosocial functioning in people with PTSD compared with participants in a waiting list control group. There was also some evidence that CBT-I may reduce the frequency of nightmares in people with PTSD (*Sleep*, Vol. 37, No. 2, 2014).

Meanwhile, Grandner and colleagues explored the connection between COVID-19 pandemic-related stress and anxiety, suicidal ideation, and sleep. They found that COVID anxiety was correlated with suicidal ideation—but that association was fully accounted for by insomnia severity. Treating the insomnia, in other words, may help to reduce suicide risk in people with high stress or anxiety (*Psychiatry Research*, Vol. 290, No. 113124, 2020).

RECOGNIZING OTHER SLEEP DISORDERS

Insomnia, while common, is hardly the only sleep disorder

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that psychologists are likely to encounter in their practice. About 25 million adults in the United States—more than a quarter of adults ages 30 to 70—have obstructive sleep apnea, according to the AASM. This disorder occurs when muscles in the throat relax, blocking the airway. People with obstructive sleep apnea repeatedly stop breathing for short periods during sleep, disrupting sleep continuity and causing daytime fatigue. Untreated, sleep apnea can increase the risk of serious conditions, including diabetes, heart disease, and mood and psychiatric disorders.

The front-line treatment for obstructive sleep apnea is positive airway pressure (PAP), a face mask device that pushes air into the airway to keep it open during sleep. While PAP treatment is effective, adherence can be an issue. Psychologists can help patients learn to tolerate the device. “People who specialize in behavioral sleep medicine can help with adherence and anxiety for PAP. When patients are struggling to wear the mask or have anxiety or claustrophobia, we can use exposure treatments to help them get comfortable using the device,” Mundt said.

Nightmares are another common complaint, especially in people who have been exposed to trauma. Counter to popular belief, nightmares are treatable.

Imagery rehearsal therapy (IRT) is one of the most used and well-supported interventions for nightmares in people with PTSD, and several protocols are available. A meta-analysis of these cognitive behavioral interventions found IRT had large effects on the frequency of nightmares, sleep quality, and PTSD symptoms. Further, the combination of IRT and CBT-I resulted in even greater improvements in sleep quality (Casement, M. D., & Swanson, L. M., *Clinical Psychology Review*, Vol. 32, No. 6, 2012). “It’s helpful to ask patients about nightmares because they are so common, especially with trauma,” Mundt said. “And patients aren’t necessarily going to bring them up, because they don’t even know that treatments are out there.”

Another challenging condition is hypersomnia, which causes excessive sleepiness even after a full night’s sleep. Examples of central disorders with hypersomnolence include conditions such as narcolepsy and Kleine-Levin syndrome, a rare disorder that causes excessive sleep, hunger, and behavioral changes. Hypersomnia can also be idiopathic, meaning it has no known cause. Secondary hypersomnia can be associated with certain medical disorders (such as epilepsy, hypothyroidism, or nervous system disorders), mood disorders such as depression and bipolar disorder, or other causes, such as side

“When sleep becomes problematic, the bed becomes the war zone. And then the expectation that sleep will be stressful creates the very activation that makes sleep difficult.”

MICHAEL GRANDNER, PHD, MTR, UNIVERSITY OF ARIZONA



Another sleep condition many patients struggle with is hypersomnia, which causes excessive sleepiness even after a full night's sleep.

effects from medications. “These disorders are less common, but they frequently go undiagnosed or misdiagnosed for years,” Mundt said.

She and her colleagues are developing a cognitive behavioral therapy for hypersomnia (CBT-H). An initial pilot study suggested the treatment may reduce depressive symptoms and improve self-efficacy in people with hypersomnia and coexisting depression (Ong, J. C., et al., *Journal of Clinical Sleep Medicine*, Vol. 16, No. 12, 2020). “The main treatment for hypersomnia is medication to help with alertness. This is an adjunctive treatment to address the psychosocial impacts of hypersomnia,” Mundt said.

“There’s often comorbid depression and anxiety and issues with stigma and navigating work and relationships. CBT-H is designed to help people deal with those challenges.”

SLEEP TRAINING FOR PSYCHOLOGISTS

Given the frequency of sleep disruption in the general

population—and among people with mental health disorders in particular—it is important for clinicians to recognize the signs. Clinical psychologists should make a point to inquire about their patients’ sleep habits, Grandner said. “Sleep problems are part of practically every diagnosis in the DSM,” he said.

Yet it is also important to recognize that treating insomnia and other sleep disorders requires specialized training. For psychologists who are trained in CBT, learning CBT-I is not especially difficult, Grandner said. “The treatment is highly manualized, and you don’t need to be board certified in behavioral sleep medicine to become competent in CBT-I.” However, being competent in CBT-I does require training in principles of sleep medicine that go beyond the traditional behavioral and cognitive tools, and various training options are available online and in person at institutions such as the University of Pennsylvania, University of Oxford, University of Arizona, and others. (See Screening Tools and Other Resources.)

SCREENING TOOLS AND OTHER RESOURCES

Epworth sleepiness scale

(Johns, M. W., *Sleep*, Vol. 14, No. 6, 1991)

Insomnia Severity Index

(Morin, C. M., et al., *Sleep*, Vol. 34, No. 5, 2011)

Sleep Disorders Symptom Checklist-25

(Klingman, K. J., et al., *Sleep Medicine Research*, Vol. 8, No. 1, 2017)

STOP-Bang questionnaire for sleep apnea

(Tan, A., et al., *Sleep Medicine*, Vol. 27–28, 2016)

Society of Behavioral Sleep Medicine (resources, education, and provider directory)

<https://behavioralsleep.org>

International Directory of CBT-I Providers

<https://cbti.directory>

Web-based course in CBT-I

<https://cbtiweb.org>

Perlis and Posner, who lead training courses in CBT-I and are coauthors of a treatment manual on the intervention, argue that many more psychologists would benefit from these trainings—and so would their patients. Currently, most of the participants in Perlis’s training courses come from allied fields such as social work and occupational therapy, he said. “We clinical psychologists designed CBT-I. We produced the evidence base. Why are we not the ones delivering it?” he asked. “We need more people in clinical psychology to come aboard and start seeking training.”

Addressing sleep hygiene is something all clinicians can do with their patients. But sleep hygiene alone is not sufficient for treating clinically significant insomnia, Rubman said. If sleep problems persist for more than a few weeks, it is important to refer patients to a physician or psychologist who is certified in behavioral sleep medicine or has training in CBT-I. Too often, patients receive sleep education but do not improve, and then they mistakenly conclude that behavioral interventions didn’t work for them and may turn to sleeping pills instead. That is a missed opportunity, since their insomnia is likely to improve or resolve if they are treated with CBT-I. “Clinicians need a good understanding of variations in normal sleep and the limits of sleep hygiene, and they need to recognize when to refer someone to a specialist,” she said. “The goal is to intervene to prevent an acute problem from becoming a chronic problem.” ■





JILLIAN MCKENZIE

ADVOCATING FOR TRANSGENDER AND NONBINARY YOUTHS

In a time of ongoing legislative efforts to ban gender-affirming care, psychologists play a critical role in public education and advocacy

BY HELEN SANTORO

Dallas-area parents Amber Briggie and Dr. Adam Briggie learned in late February that they were under investigation by the Texas Department of Family and Protective Services for seeking gender-affirming health care for one of their two children.

THE UNITED STATES IS SEEING AN UNPRECEDENTED RISE IN ANTI-TRANS LEGISLATION.

In 2021, more than 100 bills across 33 states aimed to prohibit gender-affirming care or restrict access to sports for transgender youth, according to the American Civil Liberties Union. Numerous other legislative efforts attempted to ban trans people from using the bathroom that corresponds with their gender; others aimed to restrict them from changing their sex on their birth certificate.

More than 17 of these bills were enacted, surpassing 2015 as the worst year for anti-trans legislation in history.

Unfortunately, 2022 is yet another shocking year for sexual and gender minorities. The first week of January saw state lawmakers in at least seven states propose laws that further hinder the rights of transgender and nonbinary children and adolescents. This was followed swiftly by Texas Gov. Greg Abbott directing state officials to investigate health care providers or parents who help trans youth receive gender-affirming care, labeling it as “child abuse.” In March, a statewide injunction blocked the state from conducting these investigations; however, two months later, the Texas Supreme Court issued a ruling striking down this injunction.

“Trans people and nonbinary people for a long time have been used as political footballs,” said Anneliese Singh, PhD,

a professor of social work at Tulane University who studies racial justice and the resilience of sexual and gender minorities and trans people of color.

Trans and nonbinary people already suffer disproportionately from suicidality and other mental health issues. According to a survey by the Trevor Project of over 40,000 LGBTQ+ youth ages 13 to 24, over 60% of trans and nonbinary youth reported engaging in self-harm and 52% had seriously considered suicide in the past year. This is compared with 48% of cisgender lesbian, gay, and bisexual youth who reported engaging in self-harm, and 34% who had considered suicide—all of which are far above national averages.

As the stakes for the well-being of transgender and nonbinary kids continue to rise, Singh and other psychologists are pushing for more public education on gender-affirming care, including the use of puberty

blockers, which delay the onset of puberty, and hormones such as estrogen or testosterone that help trans individuals acquire the secondary sex characteristics more aligned with their gender identity. Psychologists must also continue to advocate for this community and combat the fearmongering used by anti-trans groups and lawmakers that aim to strip sexual and gender minorities of their rights and safety, Singh noted.

“I think for psychologists and other mental health professionals, it is imperative for us to prioritize advocacy in our work,” she said. “Now is the time we need all hands on deck.”

CONTROVERSY WITHIN THE FIELD

Some topics surrounding trans and nonbinary youth, particularly the assessments and treatments involved in gender-affirming care, still cause a lot of controversy among psychologists.

When treating a child who identifies as trans or nonbinary, some psychologists push for thorough mental health assessments that investigate how other issues or changes in the child’s life may contribute to their feelings surrounding their gender identity prior to any medical treatments.

“Anyone who comes to see me with an identity of any sort, it’s my job as a psychologist to say, ‘Wow, that’s interesting, tell me more about that,’” said Antonia Caretto, PhD, a clinical psychologist in Farmington Hills, Michigan, who works with trans and gender-diverse kids. “The process may go very quickly, or it may not.”



Kyla (see main photo, opposite) was born in the body of a boy but knew at the age of 2 that she is a girl.

In November 2021, two clinical psychologists who work with trans and gender-diverse patients wrote an opinion essay for *The Washington Post* asserting that many medical providers are giving “sloppy, dangerous care” to trans youth that lacks proper psychological assessments. They noted that the standards of care provided by the World Professional Association for Transgender Health recommends a comprehensive, typically months-long evaluation for all kids suffering from gender dysphoria (feelings of discomfort or distress when one’s gender identity differs from their sex

Transgender child Kyla (center), photographed in 2009 in Idaho at age 8. Kyla was diagnosed with gender dysphoria the previous year; Kyla’s parents have been supportive of Kyla living as a female.

assigned at birth) before starting puberty blockers or hormones.

Without this, the authors wrote, there is a fear of some youth detransitioning, or no longer identifying as transgender. In a survey of 100 individuals who detransitioned, 55% felt they did not receive an adequate evaluation from a doctor or mental health professional before starting their transition (Littman, L., *Archives of Sexual Behavior*, Vol. 50, 2021).

“There are more and more people who are detransitioning, which I think is often happening because clinics are cutting corners with assessment and

mental health involvement,” said Laura Edwards-Leeper, PhD, who helped found the first pediatric gender clinic in the United States in 2007 and co-authored the article in *The Washington Post* with her colleague, Erica Anderson, PhD—herself a transgender woman and expert in the field.

For Caretto, the big question is how psychologists can help individuals discover whether their gender dysphoria will persist or desist. “I don’t think the desistance rate is 100%, and I don’t think it’s 0%,” she said. “It’s foolish of us in the community to be reactionary and say that it doesn’t exist at all.”





Transgender youth Logan Henderson, photographed in 2013 at the Gay Lesbian, Bisexual, Transgender Historical Society in San Francisco.

Marci Bowers, MD, a trans woman and celebrated pelvic and gynecologic surgeon who has performed 2,000 vaginoplasties—a procedure to construct a vagina—has also expressed concern with the current state of conversation surrounding gender-affirming care. “There are definitely people who are trying to keep out anyone who doesn’t absolutely buy the party line that everything should be affirming and that there’s no room for

dissent,” Bowers said for *Common Sense*, a newsletter by former *New York Times* writer Bari Weiss. “I think that’s a mistake.”

Other professionals in the field see the concerns about detransitioning as unfounded, as many studies have shown that the majority of trans individuals do not go on to detransition (Dhejne C., et al., *Archives of Sexual Behavior*, Vol. 43, 2014; James, S. E., et al., *The Report of the 2015 U.S. Transgender*

Survey, National Center for Transgender Equality, 2016; Wiepjes C. M., et al., *The Journal of Sexual Medicine*, Vol. 15, No. 4, 2018). A 2021 study, for example, showed that 13.1% of people who identify as transgender have detransitioned at some point in their lives. However, 82.5% of those who did so attribute their decision to at least one external factor, such as pressure from family, nonaffirming school environments, and

increased vulnerability to violence, including sexual assault (Turban, J. L., et al., *LGBT Health*, Vol. 8, No. 4, 2021).

In a Facebook discussion on Edwards-Leeper and Anderson's article, Colt St. Amand, PhD, MD, a licensed psychologist and physician in Houston who is transgender and works with trans patients, wrote that psychologists should affirm a patient's gender identity. "My approach with anyone who tells me that they are trans is to accept that at face value," he wrote. "After all, it is an identity, and identities develop over time."

People outside of the field of psychology have also raised issues about the article. "They pointed to a single study of an extremely small number of people who have detransitioned to support their argument in favor of delaying or even denying gender-affirming medical care to gender-diverse youths," two parents of transgender kids wrote.

Theo, a transgender youth photographed in 2016 at age 14, speaks with counselor Martha Vega (right) in Homestead, Florida.

CLEAR SCIENCE

Regardless of the controversy on how and when to administer treatments, psychological science is very clear that gender-affirming care helps trans kids, said Singh. "It is unconscionable that politicians would label it as child abuse," said Edwards-Leeper.

A University of Washington study found that among 104 trans and nonbinary youths ages 13 to 20, gender-affirming care lowered the odds of moderate to severe depression by 60% and suicidality by 73% (Tordoff, D. M., et al., *JAMA Network Open*, Vol. 5, No. 2, 2022). Another study, which used data from more than

27,000 people collected by the National Center for Transgender Equality's 2015 U.S. Transgender Survey, showed that transgender individuals who began hormone treatment in adolescence had fewer thoughts of suicide, were less likely to experience major mental health disorders, and had fewer problems with substance misuse than those who started hormones in adulthood (Turban, J. L., et al., *PLOS ONE*, Vol. 17, No. 1, 2022).

"One of my guiding principles is, it doesn't hurt any of us to treat and honor people with respect as they see and experience themselves," said clinical psychologist Winley K, PsyD, who is genderqueer and founded the WaterYourFire Wellness Collective, which provides psychotherapy to people of color and queer people.

Society sees transgender individuals as people who are breaking a societal norm, said Winley. However, transgender folks "exist all throughout history. It's just someone decided, mostly through colonization, that this is how things are supposed to be and anything outside of [cisgender people] is not normal."

Furthermore, the fact that transgender people make up a minority of the U.S. population doesn't take away from their humanity, said Winley. "Transgender folks may not be what you deem the norm, but they are still valuable, they still matter, they still exist."

A TIME FOR ADVOCACY

In response to the recent onslaught of anti-LGBTQ+ legislation, APA President Frank C.

"ONE OF MY GUIDING PRINCIPLES IS IT DOESN'T HURT ANY OF US TO TREAT AND HONOR PEOPLE WITH RESPECT AS THEY SEE AND EXPERIENCE THEMSELVES."

WINLEY K, PSYD, CLINICAL PSYCHOLOGIST



RESOURCES:

**10 considerations
for finding a gender
competent therapist
for your child**
APA, 2020

**Resources for
grassroots and
state-level advocacy
on LGBTQ+ issues**
APA, 2022

**Katherine Boone
(right) talks with
her surgeon, Dr.
Christine McGinn,
who is also a trans-
gender woman, in
New Hope, Penn-
sylvania, in 2015.
Boone underwent
gender reassign-
ment surgery to
become female at
age 18.**

Worrell, PhD, released a statement condemning the directive by Abbott to report parents and transgender minors. Worrell also published a response against Florida's "Don't Say Gay" bill.

APA's Div. 54 (Society of Pediatric Psychology) also made known their support of access to gender-affirming care. "The proposed bills do not align with international standards of care, research, or clinical expertise. Thus, we strongly oppose these bills and call upon lawmakers to introduce legislation to promote the health, well-being, and safety of transgender and gender-diverse youth," the society wrote.

Four more APA divisions, including Div. 44 (Society for the Psychology of Sexual Orientation and Gender Diversity), also plan to issue a statement this year. "The working group hopes to summarize relevant evidence and empirical literature and then make recommendations based upon that," said Richard Sprott, PhD, a developmental psychologist at California State University, East Bay, and president of Div. 44. "They'll focus on evidence-based medicine and mental health care, along with the ethical issues of gatekeeping care."

Additionally, APA has put together a task force of 12 psychologists—including Anderson—who will revise the organization's Guidelines for Psychological Practice With Transgender and Gender Nonconforming People. The group, which started meeting last September, has come up with 40 potential guidelines, which are now being reviewed and





ANDREW SPEAR/THE NEW YORK TIMES/REDUX

trimmed down, said Ron Schlittler, assistant director of APA's Sexual Orientation and Gender Diversity Portfolio and the task force's staff liaison.

The goal is to educate psychologists on how to provide sensitive and informed care for transgender and gender-nonconforming people, which is particularly relevant with the harmful anti-trans rhetoric that is circulating, said Schlittler.

Yet more immediate action is also required to help sexual- and gender-minority kids. For example, psychologists can create a safe office space where their patients feel welcomed, use inclusive intake paperwork (such as forms that recognize diverse gender identities), and educate themselves on gender identity and expression to affirm the experiences of trans and non-binary folks, Singh noted.

"Outside of our offices, I think that legislative advocacy is always important, but especially crucial right now because we are starting to see the rollback of some of the gains of trans and nonbinary liberation movements," Singh said. "One of the most helpful things we can do on a local, state, and national level is connect with other psychologists who are doing the work, with other community members who have already been doing this work, and follow their lead."

This includes youth activists who are taking charge in the fight against anti-trans bills and people like Ricardo Martinez, CEO of Equality Texas, a non-profit dedicated to securing full equality for LGBTQ+ Texans.

Megan Mooney, PhD, a

FURTHER READING

"I am afraid for those kids who might find death preferable": Parental figures' reactions and coping strategies to bans on gender affirming care for transgender and gender diverse youth

Abreu, R. L., et al.
Psychology of Sexual Orientation and Gender Diversity, 2021

Well-being and suicidality among transgender youth after gender-affirming hormones

Allen, L. R., et al.
Clinical Practice in Pediatric Psychology, 2019

Gender identity 5 years after social transition

Olson, K. R., et al.
Pediatrics, 2022

licensed psychologist in Texas who works with LGBTQ+ youth, is pushing for psychologists to provide coordinated legislative testimony, publish articles in peer-reviewed journals on the importance of gender-affirming care, give interviews to media outlets, and promote relevant information on social media.

"We have to recognize that the political is professional. Our jobs as psychologists can and should include more than just providing individual therapy, teaching in a lecture hall, or conducting research in a lab," said Mooney. "We are part of a profession that is rooted in science, and we have a duty to share that science with others, not just inform our own work with it."

Advocacy like this is particularly vital as the field of mental health has historically fallen short when it comes to helping the LGBTQ+ community. For more than 20 years, homosexuality was listed in the Diagnostic and Statistical Manual of Mental Health as a sexual deviation. It wasn't until 1973 that the American Psychiatric Association board of trustees voted to declassify homosexuality as a mental disorder. The DSM also diagnosed transgender individuals with "gender identity disorder" for many years, thus increasing stigma against the population.

In addition, the increasing number of kids who are now comfortable enough to come out as gender diverse need psychologists to speak up. One study found that 9.2% of students from 13 public schools in Pittsburgh reported incongruities between

ALLYSHIP

ADVOCATING FOR TRANS HEALTH

If you've never thought about being an advocate for, or an ally of, trans health, start with these five simple steps:

■ **Create a space** that is welcoming to trans people: for example, hang a clearly posted nondiscrimination policy and include a trans-friendly magazine in the waiting room.

■ **Update** your intake paperwork to be more trans inclusive.

■ **Educate** yourself on gender identity and expression.

■ **Connect** with other psychologists who are advocating for trans health.

■ **Speak up** when you see misinformation on gender-affirming care.

their sex assigned at birth and their gender identity (Kidd, K. M., et al., *Pediatrics*, Vol. 147, No. 6, 2021). Another study sampled 81,000 Minnesota high school students in grades 9 and 11 and discovered that nearly 3% identified as transgender or gender nonconforming (Rider, G. N., et al., *Pediatrics*, Vol. 141, No. 3, 2018). Both numbers are significantly higher than the 1.8% commonly cited in scientific literature and the media.

"I'm seeing an increase in

parents seeking out affirming spaces,” said Winley. For Black and Brown trans kids, this is particularly important as there is a stigma in these communities against LGBTQ+ individuals, Winley noted. “I’ve seen a wave of Black and Brown parents saying, ‘I support my kid, I’m proud of my kid, I just want to find some support for my kid.’”

Singh recognizes that this type of advocacy may feel daunting, as many psychologists are not taught how to engage with the public in this manner. “I think sometimes we lose sight of the fact that our very profession exists because of advocacy,” she said.

PUSHING THE CONVERSATION FORWARD

Even with the record-breaking number of anti-trans laws, many psychologists still have hope for the future of gender- and sexual-minority health.

“I’ve seen the strength of the response that has come from a number of different sectors of our society,” said Sprott. “It’s come from the health care side, the legal side, the statements made by the APA president, statements from other professional organizations.”

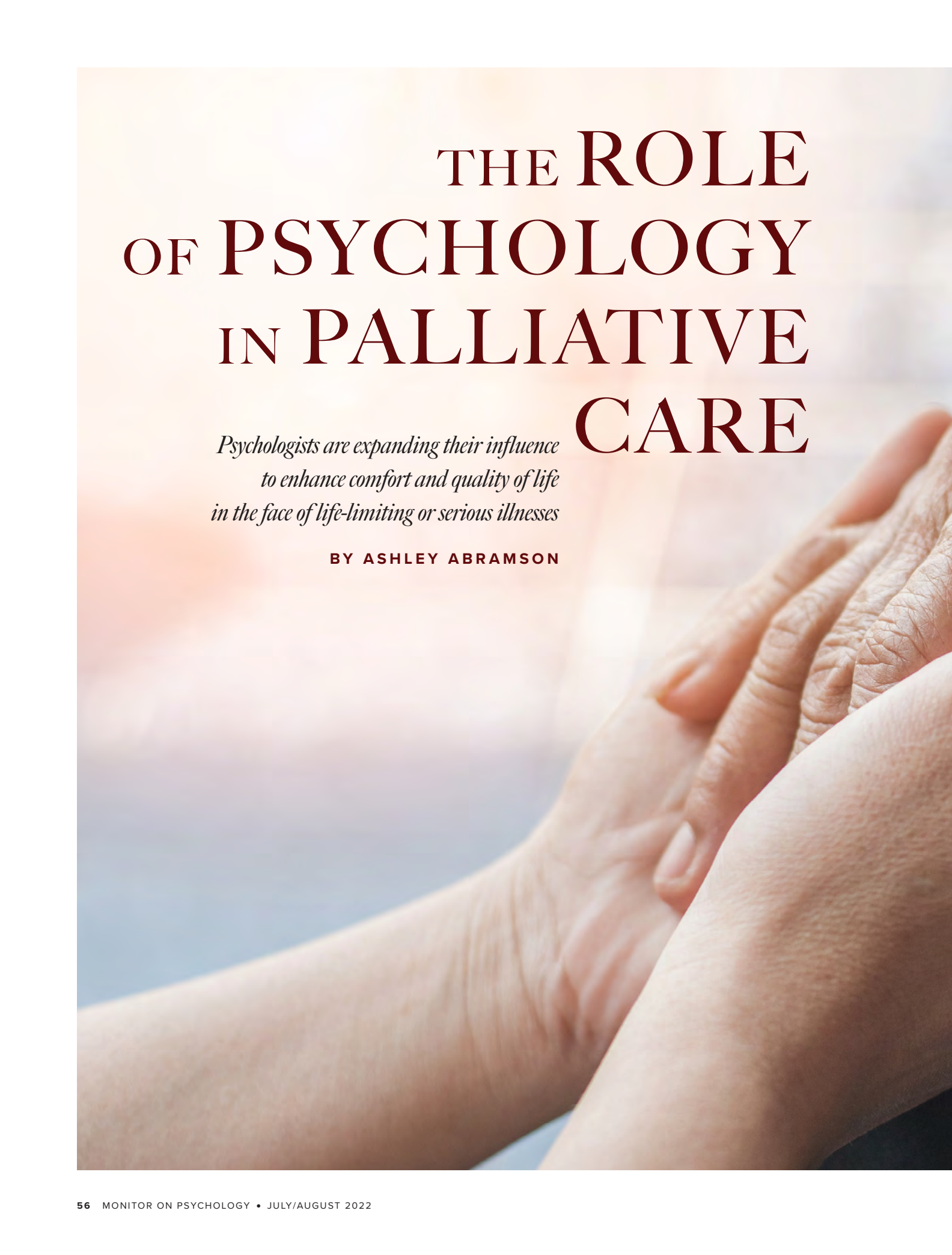
Winley is also optimistic about the conversations surrounding transgender individuals

In June 2013, the Colorado Civil Rights Division ruled in favor of then 6-year-old Coy, whose elementary school had barred her from using the girls bathroom because she is transgender.

moving forward, stating that although the legislation is harmful and horrific, it’s forcing people to talk about these issues with friends and family much more often.

For Singh, she sees this fight as benefiting all people—be they cisgender, transgender, or nonbinary. “I think gender liberation is really valuable to bring into psychology, and it would help us right the way our ship is going with trans and nonbinary mental health,” said Singh. “We should be fighting and working for freedom for all genders. At the end of the day, this helps all of us.” ■





THE ROLE OF PSYCHOLOGY IN PALLIATIVE CARE

*Psychologists are expanding their influence
to enhance comfort and quality of life
in the face of life-limiting or serious illnesses*

BY ASHLEY ABRAMSON



PPsychologists' work focuses on equipping individuals to live healthy, meaningful lives throughout the life span. While much of psychology seeks to prevent and address physical and mental health issues with the hope of a long life ahead, the work of psychologists is just as important when it's possible—or even likely—that a person won't recover from illness.

Unlike psychology, the field of palliative care is relatively new. The World Health Organization officially recognized it as a specialty in 1990, and since then, palliative care programs have emerged in hospitals and outpatient settings. While physicians and other health care providers play an important role in alleviating patients' symptoms, psychologists are uniquely positioned to address the gamut of cognitive, mental, and emotional needs that arise during life-limiting illness.

"The end of life is a lot more than a medical event," said Dale Larson, PhD, a professor of counseling psychology at Santa Clara University and an end-of-life researcher. "Psychologists are vital in these care settings because it's our job to help people cope with stress, loss, and changes in identity, all of which apply in illness and end of life."

Psychologists are often embedded into multidisciplinary care teams in the Veterans Affairs (VA) health care system and some academic hospitals and pediatric palliative care programs. But because of systemic constraints, psychologists aren't always directly involved in palliative care.

Underfunded health care systems may not be able to afford psychologists, said Kate Hinrichs, PhD, a palliative care psychologist at VA Boston Healthcare System. Further, there is a shortage of psychologists trained in palliative care. "While there's a significant

demand in needing help for distress at the end of life, there aren't many specialized training opportunities for psychologists," said Katherine Ramos, PhD, a geropsychologist and palliative care psychology researcher and assistant professor of psychiatry at Duke University.



Palliative care teams often include master's-level clinicians, such as social workers, who are often overloaded with care coordination, case management, and advanced care planning or not trained in addressing certain mental and behavioral health issues. Palliative care clinicians

may consult with psychologists or refer patients to them as needed, but not as frequently as may be beneficial. One study found psychologists provided services to just 24% of palliative care inpatients and 19% of outpatients in a major comprehensive cancer center between

2013 and 2016 (Ann-Yi, S., et al., *Journal of Pain and Symptom Management*, Vol. 56, No. 3, 2018).

Recognizing their unique expertise, many psychologists are finding ways to help more people in need, from developing end-of-life psychotherapies and assessment tools to providing psychology-informed support to front-line providers. "Psychologists on the ground are valuable, but if the system is set up in a way where they aren't there, we have to think of alternative ways to influence these processes," said Kelly M. Trevino, PhD, director of the Psycho-Oncology in Aging and Cancer Laboratory at the Memorial Sloan Kettering Cancer Center in New York City.

"We can use therapy to help with the anxiety so they can move forward approaching what the end of their life will look like in a more manageable way."

RACHEL KENTOR, PHD, PEDIATRIC
PALLIATIVE CARE PSYCHOLOGIST,
TEXAS CHILDREN'S HOSPITAL

WHY PSYCHOLOGISTS?

Life-limiting conditions are mentally taxing, potentially exacerbating or inciting symptoms of anxiety, depression, and trauma. "This time is the nexus of so many important psychological issues," said Brian Carpenter, PhD, a professor of psychological and brain sciences and aging researcher at Washington University in St. Louis. "It's the climax of a person's being and life span, and we should be paying more attention to it."

Serious illness can also include complex presentations of cognitive decline. Psychologists can help differentiate between trauma symptoms, mental illness, or medical decline, said Rachel Weiskittle, PhD, an assistant professor of geropsychology at the University of Colorado, Colorado Springs.

Psychotherapy is an import-

ARTHUR NICHOLAS ORCHARD/HANS LUCAS/REDFUX



ant part of improving palliative care patients' quality of life. Reducing mental health symptoms can help patients engage more meaningfully in their lives, including participating in decisions about their care. "If we have someone so anxious about dying that they can't engage in goals about end-of-life decisions, supportive listening from another provider may not be enough," said Rachel Kentor, PhD, a pediatric palliative care psychologist at Texas Children's Hospital. "We can use therapy to

Psychologists' training gives them the ideal skills to facilitate discussions with patients, families, and medical providers about the transitions in a patient's care and end-of-life decisions.

help with the anxiety so they can move forward approaching what the end of their life will look like in a more manageable way."

Psychological principles can also help ease physical suffering. Veronica Shead, PhD, a palliative care psychologist at VA St. Louis, said she often uses pain management interventions such as relaxation techniques and psychoeducation about the body-mind connection to help improve patients' pain. "I also teach people how to advocate for themselves as a patient and improve communi-

cation surrounding their health care," she said.

Given their experience in goal-setting, conflict management, and motivational interviewing, psychologists are also well-suited to liaise among patients, families, and medical providers during stressful treatment decision-making and transition of care discussions. When patients are dealing with complex cases, psychology experts can help them navigate grief and existential issues.

Kimberly Hiroto, PhD, a

clinical geropsychologist at VA Palo Alto, said she frequently counsels patients through guilt about their lives or the way their decisions may have contributed to their illness. “A veteran may have used alcohol to cope with war trauma, but he may not have had resources to cope with PTSD [post-traumatic stress disorder], and we can help him understand the complex systemic factors involved,” she said.

In addition, psychologists can bring to end-of-life care their expertise in life span developmental psychology to better understand people in light of

their life journey, not just based on the latest chapter of that journey. According to Silvia Sara Canetto, PhD, a professor of applied social and health psychology and counseling psychology at Colorado State University, psychologists can also contribute to end-of-life care insights from psychological research about bias, discrimination, and intersectionalities. “Gender and racial biases and discrimination throughout the life span contribute to inequalities in end-of-life resources and options” said Canetto (Slater, L., et al. [Eds.], *The Complete Guide*

to *Mental Health for Women*, Beacon Press, 2003).

“In the United States, a prevailing belief is that women do not contribute economically to their family and society as much as men do,” Canetto said. “This belief is a factor in women being offered less quality of medical care at the end of life as well as before.” Further, Canetto said, it influences women’s own diminished entitlement, as documented in studies that find women are less likely to express a preference for life-extending care (*Professional Psychology: Research and Practice*, Vol. 50, No. 1, 2019).

SUPPORT

PALLIATIVE CARE 101

According to the Center to Advance Palliative Care, palliative care focuses on providing symptom relief and reducing stress for people with serious illnesses. While some may think of health care—including mental health services—as a dichotomy between curative and palliative care, professionals avoid this delineation. “Palliative care is a treatment philosophy that says, ‘Let’s try to increase a person’s comfort, well-being, and quality of life while decreasing pain and suffering,’” said David Feldman, PhD, a professor of counseling psychology at Santa Clara University who researches end-of-life issues.

The focus of palliative care is to improve quality of life so that patients can participate more meaningfully in the relationships and activities that matter to them. Because palliative care addresses an array of needs, care teams often involve a variety of clinicians, such as physicians, nurses, chaplains, social workers, and pharmacists. Some care teams also include psychologists, or consult with psychologists as needed.

While some people may opt in to palliative care at the end of their lives, palliative care isn’t always synonymous with end-of-life care, said Julia Kasl-Godley, PhD, faculty at the Wright Institute in the Doctor of Psychology (PsyD)

Program and a clinical supervisor at the Berkeley Cognitive Behavioral Therapy clinic. Some palliative care patients choose to incorporate curative measures, such as chemotherapy or dialysis, in their care plans. The goal, either way, is to give patients more control of their care and reduce stress, both of which are important for improving symptoms. One randomized trial found lung cancer patients receiving palliative care lived longer than those who didn’t receive it (Temel, J. S., et al., *The New England Journal of Medicine*, Vol. 363, No. 8, 2010).

Typically, patients enter hospice care when health care providers determine that treatment can no longer cure or control a serious illness and patients have 6 months or less to live, but many people outlive their prognosis. While palliative care and hospice may involve different timelines, both include important questions about end-of-life decisions and how individuals can continue meeting their life goals and find meaning during a period of stress and suffering. This change requires a paradigm shift for all providers involved, including psychologists. “Psychologists are often trained to diagnose disorders and provide treatment that reduces symptoms or even cures the disorder,” said Feldman. “But a focus on decreasing distress and increasing quality of life in a more general sense should shift the way clinical psychologists think in these settings.”

Just as important, addressing death-adjacent issues can also inform psychologists' work and lives in broader ways. "We learn to embrace living fully until we die when we are doing this work, and we can focus on our own lives and what matters to us so we can do the same for our patients and their families," said Julia Kasl-Godley, PhD, of the Wright Institute.

DEVELOPING PALLIATIVE THERAPIES

Traditional application of evidence-based therapies may not be effective or appropriate for people with serious illness, so therapists often need ways to adapt interventions to meet the unique needs of a patient with different care goals. For example, a patient with chronic pain or fatigue may not be able to withstand a 50-minute therapy session, while a hospice patient may not be able to participate in 12 weeks of ongoing treatment. "We have to ask ourselves, how do we triage people's needs and flex our interventions from there?" said Hinrichs.

In response, many psychology researchers are developing interventions specific to palliative care and hospice settings, either adapting existing treatments or creating entirely new ones that can be delivered by psychologists, master's-level clinicians, or even via mobile apps.

Joseph Greer, PhD, a clinical psychologist in the Center for Psychiatric Oncology and Behavioral Sciences and codirector of the Cancer Outcomes Research and Education Program at Massachusetts General

Hospital, researched the most clinically meaningful elements of cognitive behavioral therapy (CBT) to create an anxiety intervention more useful for people with life-limiting illnesses (*Journal of Cognitive Psychotherapy*, Vol. 24, No. 4, 2010).

"A lot of the interventions in CBT help people identify and evaluate their worried, irrational thoughts, but for someone with life-limiting illness, these worries are realistic," Greer said. To better address people's appropriate concerns during times of suffering, Greer incorporated elements of acceptance and commitment therapy (ACT) and dialectical behavior therapy (DBT). He's in the process of testing multiple mobile app interventions that allow patients with advanced cancer to self-treat mental and physical concerns with evidence-based symptom management and acceptance techniques (*Oncologist*, Vol. 24, No. 8, 2019).

In addition to anxiety and depression, life-limiting illness can also cause trauma or trigger past trauma. Palliative care patients may not have the mental or physical capacity to undergo traditional trauma therapy, which often lasts 8 to 16 sessions—and these modalities may result in greater temporary stress before resulting in ongoing change.

To help ease trauma symptoms in patients, David Feldman, PhD, a professor of counseling psychology at Santa Clara University who researches end-of-life issues, developed Stepwise Psychosocial Palliative Care (SPPC), which rolls out evidence-based trauma tech-

Dignity therapy can help relieve patients' distress by helping them document their legacy.

niques in a way that hopefully provides some kind of relief with each session. The goal is to ease trauma-related distress and increase general quality of life rather than necessarily curing PTSD when a therapist doesn't know how long they'll have with a patient (*Palliative & Supportive Care*, Vol. 9, No. 4, 2011).

For example, a clinician might help a patient remove trauma triggers from the environment rather than gradually exposing them, as in traditional trauma therapy. "In the end of life, the goal becomes to raise a person's quality of life as quickly and completely as possible," said Feldman.

GRAPPLING WITH EXISTENTIAL QUESTIONS

Some end-of-life therapies don't address psychopathology at all. "Some people experience frank depression or anxiety disorders during end of life, but for many, the distress is existential," said Wendy Lichtenthal, PhD, a clinical psychologist and director of the bereavement clinic at the Memorial Sloan Kettering Cancer Center.

Dignity therapy can help relieve patients' distress by helping them document their legacy (Chochinov, H. M., et al., *Social Science & Medicine*, Vol. 54, No. 3, 2002). Building on this evidence-based therapy, Rebecca S. Allen, PhD, ABPP, a professor of psychology and geropsychology researcher at the University of Alabama, helped develop the Legacy Intervention.

This family-based intervention includes three home visits during which an interventionist works with a family

Creating a legacy, through a scrapbook, photo album, or audio recordings can help create a sense of meaning as well as reduce physical discomfort.

to create a personal legacy, such as a scrapbook with photos or audio-recorded stories. Intervention participants reported not only increased meaning but decreased breathing difficulty (*Journal of Palliative Medicine*, Vol. 11, No. 7, 2008). Allen said laypeople, such as college students or older adult volunteers, can also support palliative care patients using psychologist-developed interventions. For example, she developed and studied two additional interventions that train volunteers as palliative care mentors who lead reminiscence and art therapy

activities to improve patients' quality of life (*The Gerontologist*, Vol. 56, No. 2, 2016; *Clinical Gerontologist*, Vol. 45, No. 2, 2022).

Along with improving family communication and individual stress, existential interventions such as meaning-centered psychotherapy can help people explore and access sources of meaning in their lives to help buoy them as they face a poor prognosis (Lichtenthal, W. G., et al., *Psychiatric Times*, Vol. 37, No. 8, 2020).

"In spite of life-limiting illness, people can connect with things they enjoy in different

ways," said Kristen Dillon, PsyD, ABPP, a clinical geropsychologist in hospice and palliative care at VA Bedford in Massachusetts. "For instance, if someone loves baseball, maybe they can't play it, but they can still watch it and engage with it in a meaningful way."

Meaning-centered psychotherapy can also decrease patient distress by highlighting where they have choices in situations that feel beyond their control. This can empower them to make health care decisions guided by the values they have identified. For example, a cancer patient



who decides to go through chemotherapy may feel stress about side effects. Reflecting on the “why” behind that decision—such as extending their life to spend more time with their children—could empower them in the process. Similarly, someone struggling with the decision not to receive treatment may be reminded that quality of life is most important to them. “Part of our work is to highlight how individuals are making choices despite the limitations they face, invite reflection, and amplify why these choices matter to the individual,” said Lichtenthal, who has worked with meaning-centered psychotherapy developer William Breitbart, MD, on evaluating, adapting, and disseminating the intervention.

SUPPORTING PROVIDERS

Psychologists play an integral role in supporting those working directly with palliative care patients. The initial conversations about beginning palliative care or transitioning to hospice can be gut-wrenching, and because psychologists are not always available or called on for these discussions, many are developing broadly sharable resources. Trevino, for example, is currently developing an intervention that will train social workers to help patients and their loved ones communicate about end-of-life care.

To offer emotional support to palliative care providers, Carpenter led a support group when he worked in an inpatient palliative care setting. Every other week, the full palliative team gathered for psychological support, which included stress management

skills and tools for improving the team dynamic. “Often, teams experience difficulties navigating the boundaries of professional competency, or who does what work, which can lead to tension,” said Carpenter.

Psychologists can also create assessment tools that enable

Meaning-centered psychotherapy (right) emphasizes the choices patients can still make for themselves even when their lives are limited by serious illness.

ive Care Screening to screen patients for social, psychological, emotional, or cognitive symptoms. It is now recommended by the American Academy of Hospice and Palliative Medicine, the American Cancer Society, and the American Psychosocial Oncology Society for compre-



health care providers to identify psychological concerns and call on them as needed. Sharla Wells-Di Gregorio, PhD, an assistant professor of internal medicine and clinical psychologist specializing in outpatient psychosocial oncology and palliative medicine at The Ohio State University Wexner Medical Center and James Cancer Hospital, developed a screening tool called the James Support-

Clinicians (above) may need to adapt traditional therapies to serve the needs of patients in hospice care.

hensive supportive care screening and referral (Wells-Di Gregorio, S., et al., *Psycho-Oncology*, Vol. 22, No. 9, 2013; *Disability and Rehabilitation*, Vol. 42, No. 15, 2020).

Many psychologists supervise physicians in palliative care fellowship, which allows for education on psychological principles and best practices. Along with reviewing psychiatric cases and working together to develop plans of care, Wells-Di Gregorio has developed

a psychosocial communications curriculum for palliative care fellows that uses simulated patient encounters to teach skills such as diagnosing depression and anxiety, treating opioid use disorder, and how to work with patients who have personality disorders using simulated patient encounters.

care workers—even if their work doesn't apply directly to palliative care—provide critical insights about skills necessary for end-of-life settings.

Educators, too, have a unique opportunity to equip the next generation of psychologists, from familiarizing them with the field

regulation, and improving communication skills, to name a few. Psychologists can explore end-of-life decision-making with patients, or even talk about the possibility of death and dying to normalize the experience.

It may seem premature to address the topic of dying with



ROOM FOR GROWTH

While geropsychologists, health psychologists, and palliative care psychologists may work more directly with terminally ill patients, Kasl-Godley emphasized that everyone in the profession plays a role in preparing people for end-of-life stressors and decisions. For example, researchers who study topics like resilience and preventing burnout among health

of palliative care psychology to teaching therapies that apply to individuals facing life-limiting illness. Recruiting more diverse psychologists, said Kasl-Godley, can also help ensure a more diverse workforce.

Clinical psychologists counseling patients about everyday difficulties have an opportunity to instill invaluable tools for coping with the stress of terminal illness: managing uncertainty, emotion

a young, healthy person, but discussing this universally applicable experience can powerfully inform a patient's relationships with friends and relatives and their daily decisions in the here and now. "The interesting thing about talking to people about death is that you really aren't talking about dying; you're talking about how they want to live the remainder of their lives," Shead said. ■

FURTHER READING

Decision making near the end of life

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Routledge, 2016

An examination and proposed definitions of family members' grief prior to the death of individuals with a life-limiting illness: A systematic review

Singer, J., et al.
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Opportunities for psychologists in palliative care: Working with patients and families across the disease continuum

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Psychotherapy targeting depression and anxiety for use in palliative care: A meta-analysis

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Journal of Palliative Medicine, 2018

TEEN AGE HASTE LAND

New research now turns an old assumption on its head, as psychologists seek to optimize social contexts and environments for developing minds

BY ZARA ABRAMS

For years, the teenage brain was seen by researchers, policymakers, and the public as more of a burden than an asset. Adolescents were risk machines who lacked the decision-making powers of a fully developed prefrontal cortex—and liable to harm themselves and others as a result. That narrative is beginning to change.

There is growing recognition

that what was previously seen as immaturity is actually a cognitive, behavioral, and neurological flexibility that allows teens to explore and adapt to their shifting inner and outer worlds.

Developmental cognitive neuroscientists are at the frontier of this new outlook, using updated methodology, larger and more diverse samples, and experimental tasks with real-world

Teenagers embrace new pursuits, like these cyclists on the Robert F. Kennedy Bridge in New York.







relevance to answer questions about adolescents in the context of society. They're also supporting developmentally informed policy and practice on everything from mental health care to juvenile justice. "The adolescent brain was long portrayed as broken, immature, or contributing to problematic behaviors," said Eva Telzer, PhD, an associate professor of psychology and director of the Developmental Social Neuroscience Lab at the University of North Carolina, Chapel Hill. "But in the last 5 years, there's been a huge shift toward seeing

Previously maligned, teenage brains are now getting more positive attention for their healthy developmental activity.

the developing brain as malleable, flexible, and promoting many positive aspects of development in adolescence."

Heightened sensitivity to rewards, for example, which is partly driven by increased activity in a part of the brain called the ventral striatum, has been implicated in behaviors such as substance use and unprotected sex among teens. But research now shows that in different settings, that same neural circuitry can also promote positive peer influence and behaviors, Telzer said, such as wearing a seat belt

or joining a peaceful protest.

As the field of developmental neuroscience matures, so too do the questions researchers ask. Studies are increasingly considering the influence not just of peers but also of parents. Researchers are also looking closely at how social media use may affect young brains, as concerns mount about teens' online activity. As a result, research on the teenage brain is finally starting to catch up with studies of other age groups, complete with the level of detail it deserves.

"The shift from childhood

to adulthood is not a linear one. Adolescence is a time of wonderfully dynamic change in the brain,” said BJ Casey, PhD, a professor of psychology who directs the Fundamentals of the Adolescent Brain Lab at Yale University. “Too often, we’ve superimposed an adult model onto a developing brain, but now we’re starting to see more nuanced findings.”

EMBRACING NEW APPROACHES

Adolescence—spanning from puberty until the mid-20s—describes the transitional period between childhood and adulthood, according to the National Academies of Sciences, Engineering, and Medicine. During this period, the brain grows and changes in a number of ways.

“TOO OFTEN, WE’VE SUPERIMPOSED AN ADULT MODEL ONTO A DEVELOPING BRAIN, BUT NOW WE’RE STARTING TO SEE MORE NUANCED FINDINGS.”

BJ CASEY, PHD, PROFESSOR OF PSYCHOLOGY, YALE UNIVERSITY

Gray matter in the cerebral cortex tends to thin, while white matter that connects various regions of the brain generally increases in volume. Functional connections between regions, which researchers measure with brain scans that track oxygen usage in blood, also undergo widespread changes during adolescence.

Beyond that, things get a little more complicated—and recent replication efforts indicate that some findings considered fundamental to the field may not

hold up in larger samples. For example, early research suggested that brain volume increases peaked earlier in adolescent girls (Lenroot, R. K., & Giedd, J. N., *Brain and Cognition*, Vol. 72, No. 1, 2010), but more recent studies of large, international samples have shown it’s not that simple. Instead, boys’ brains tend to change at similar rates regardless of variability in other brain metrics, while changes in girls’ brains can be predicted based on certain measurements, such as the thickness of the cortex (Mills, K. L., et al., *NeuroImage*, Vol. 242, 2021).

“This kind of finding is emblematic of a bigger shift in the field as to how we’re approaching our science, what techniques we use, and what information we consider valuable,” said Jennifer Pfeifer, PhD, a professor of psychology and director of the University of Oregon’s Developmental Social Neuroscience Lab. “It’s become clear that if we want to understand developmental processes within individuals, we need to use some different tactics.”

More sophisticated methodology is a big part of that shift, she added. Instead of merely comparing brain structure or activity between two age groups (12- and 18-year-olds, for instance), researchers are increasingly relying on a variety of experimental approaches that follow the same youth over time.

“Many people may not realize that our early insights about adolescent brain development were based on cross-sectional approaches, which can sometimes lead to the wrong

conclusions,” said Pfeifer, who also codirects the National Scientific Council on Adolescence.

Now, researchers use other techniques, such as accelerated longitudinal designs, where participants are sampled a handful of times at a range of ages (starting at ages 12 to 15, for instance, and then annually for 3 years), which can paint a more comprehensive picture of neurodevelopment.

Large collaborative consortia, in particular the Adolescent Brain Cognitive Development (ABCD) Study, a decade-long effort that follows a nationally representative sample of nearly 12,000 teens, are also providing richer data that can power more rigorous studies of the developing brain. The ABCD Study shares its brain scans measuring neurological development, clinical tests of mental and physical health, and behavioral data on substance use, academic achievement, and more with researchers around the world; of about 250 papers published using the survey’s data so far, half were from investigators outside the consortium. Fittingly, one of the study’s early insights is that very large samples—with thousands of individual brain scans—are needed to detect reproducible differences between individuals at the whole-brain level (Marek, S., et al., *Nature*, Vol. 603, 2022).

“On the other hand, there is still a need for innovative, smaller-scale studies,” said Eveline Crone, PhD, a professor of neurocognitive developmental psychology and director of the Society, Youth and Neuroscience Connected (SYNC) Lab at

Teenager Hibiki Kono invented a device that allows him to climb the outside of buildings—earning him the nickname “Spiderboy.”

Erasmus University Rotterdam in the Netherlands. “If we only ran the big consortia, we would miss out on a lot of novelty in terms of our methods and research questions.”

Some questions—for instance, how adolescents’ brains respond, on average, to winning money for themselves, a family member, or a stranger—can be examined effectively in much smaller samples, pointing to the importance of a balance between large and small efforts (*Developmental Cognitive Neuroscience*, Vol. 51, 2021). (Crone and her colleagues who conducted this research have found that teen brains show activation in the nucleus accumbens, part of the brain’s reward system, when achieving gains for themselves or their parents but not for strangers. Those findings point to the development of ingroup-outgroup distinctions during adolescence.) Like others in the field, Crone employs a mixed-methods approach, combining brain imaging with behavioral measures, youth panels, and large-scale surveys to contextualize development alongside behavior, relationships, and society.

Another major advance is the creation and use of “ecologically valid” experimental tasks, or those that more accurately mimic teens’ experiences outside the lab.

“If we really want to understand how the adolescent brain works, we need to use stimuli—things like social media and video games—that they actually care about,” said Jennifer Silk, PhD, a professor of psychology at the University of

Pittsburgh who runs the Families, Emotions, Neuroscience & Development Lab.

Silk and her colleagues have developed one such activity, called the Chatroom Interact Task, which simulates acceptance and rejection from peers. Teenage girls participating in the task are either “chosen” or “rejected” by other girls their age while undergoing an fMRI scan, which maps brain activity by measuring changes in blood flow and oxygen levels. Other tasks monitor

teens while they use platforms similar to Instagram and Facebook, including how their brains respond to receiving “likes.”

Researchers are even collecting data that may redefine the meaning of “adolescence,” with an eye on the juvenile justice system.

“We’re expanding the age ranges we’re looking at because the field is recognizing that significant neurocognitive changes continue into the 20s,” said Casey. “Those changes have consequences with regard to



decision-making,” and research in this area may ultimately inform more scientifically aligned approaches to reward, punishment, justice reform, and other areas.

OPTIMIZING MENTAL HEALTH

Teens are famous for their heightened emotional sensitivity, especially in social interactions. Researchers are starting to pin down brain circuitry linked to that sensitivity—and differentiate between cases where it’s an asset that helps teens reach emotional maturity versus a risk factor that may predict mental health problems (Casey, B. J., et al., *Neuroscience Letters*, Vol. 693, 2019).

Research by Silk, Telzer, Casey, and others has identified several areas of the brain that underlie emotional responses in teens, including the subgenual cingulate cortex, anterior insula, and amygdala. For example, teens who had more activity in those regions during the rejection phase of Silk’s Chatroom Interact Task, compared with the acceptance phase, were more likely to experience depression and suicidality down the line (*Journal of Clinical Child & Adolescent Psychology*, online first publication, 2022; *Child Psychiatry & Human Development*, Vol. 51, 2020). “There seems to be some sensitivity to rejection in this brain network that’s related to the development of internalizing disorders,” Silk said.

Because mental health problems increase sharply during adolescence—affecting an estimated 1 in 4 teens—there’s an urgent need to determine who is



“IF WE REALLY WANT TO UNDERSTAND HOW THE ADOLESCENT BRAIN WORKS, WE NEED TO USE STIMULI—THINGS LIKE SOCIAL MEDIA AND VIDEO GAMES—THAT THEY ACTUALLY CARE ABOUT.”

JENNIFER SILK, PHD, PROFESSOR OF PSYCHOLOGY,
UNIVERSITY OF PITTSBURGH

at risk and what treatments may be most effective (Silva, S. A., et al., *PLOS ONE*, Vol. 15, No. 4, 2020).

In animal models, stressful experiences during adolescence appear to alter the development of emotion-focused regions such as the amygdala and hippocampus, as well as the prefrontal cortex (Eiland, L., & Romeo, R. D., *Neuroscience*, Vol. 249, 2013). Early findings from the ABCD Study have found different patterns of activation in the

amygdala, anterior cingulate cortex, and other reward-associated brain regions among preteens with disruptive behavior disorders, as well as brain differences that may underlie attention-deficit/hyperactivity disorder (ADHD) (Hawes, S. W., et al., *The American Journal of Psychiatry*, Vol. 178, No. 4, 2021; Bernanke, J., et al., *The Lancet Psychiatry*, Vol. 9, No. 3, 2022).

Rather than searching for a drug or mechanism that can address the entirety of depression, anxiety, or ADHD, researchers are increasingly studying specific symptoms—anhedonia or inattention, for instance—as well as subtypes of various disorders and seeking solutions for each.

“We are now looking at specific behaviors for which we can identify a neural circuit, mechanisms, and sometimes even genes,” said Pradeep Bhidé, PhD, a professor of developmental neuroscience and director of the Center for Brain Repair at the Florida State University College of Medicine. “That is a newer, better, and likely more successful approach to treating complex human psychiatric and developmental disorders.”

For example, adolescents tend to benefit less from fear extinction efforts than adults (Pattwell, S. S., et al., *PNAS*, Vol. 109, No. 40, 2012). According to Casey, this suggests that they may respond poorly to exposure therapy, a key component of cognitive behavioral therapy (CBT) for anxiety, which recruits the prefrontal cortex to reprogram fear memories. It may therefore be possible to optimize CBT to

work better for adolescents by using strategies that bypass the prefrontal cortex, instead working to alter memories using other circuitry, including emotion- and memory-focused regions such as the hippocampus and amygdala (*Scientific Reports*, Vol. 5, No. 8863, 2015; *Nature Communications*, Vol. 7, No. 11475, 2016). This process is often referred to as “memory reconsolidation” or “reconsolidation update.”

“Thus, there appear to be developmental windows in which we can optimize treatments in specific ways,” Casey said.

PARENTS AND PEERS

When it comes to teens’ relationships, both the scientific community and the lay public have long embraced the assumption that adolescence triggers a shift away from parents and toward peers, particularly when it comes to risk-taking.

New findings are challenging that assumption, which was pervasive but difficult to test directly, Pfeifer said (Nelson, E. E., et al., *Psychological Medicine*, Vol. 35, No. 2, 2005). Early data from Project NeuroTeen, Telzer’s 5-year longitudinal study of how parent and peer relationships influence adolescent decision-making and development, show that teens shift their behavior to align with the risky choices of parents more than the risky choices of peers. This shift is supported by increased activation in regions of the brain related to reward, including the ventral striatum and ventromedial prefrontal cortex (*Journal of Research on Adolescence*, Vol. 31, No. 1, 2021).

Silk, Amanda Morris, PhD, of Oklahoma State University, and their colleagues have started to document the synchrony between teens and their parents in real time, using a new simultaneous scanning technique to measure how one brain responds to another during an interaction. They have found that adolescent brain activity tends to mirror parent brain activity, especially in emotion-processing regions such as the amygdala and anterior insula (*Child Development*, Vol. 92, No. 6, 2021).

“I think a lot of parents believe that it’s too late, that by adolescence, peers have all the power,” Silk said. “But this research is showing that parents shouldn’t give up, that they still do have the power to help their adolescents learn how to process and regulate their emotions.”

Pfeifer’s lab also recently explored the claim that changes in the brain during adolescence make teens more sensitive to social information related to acceptance by peers, but their findings did not clearly support that idea. Instead, they found that activity in regions such as the ventromedial prefrontal cortex—a brain area related to evaluation of the self—tended to peak during mid-adolescence, especially for information related to status (Cosme, D., et al., *Developmental Cognitive Neuroscience*, Vol. 54, 2022). These findings may suggest that “identity is an important source of value to adolescents, and this could be leveraged to promote healthy decision-making,” she said (*Child Development Perspectives*, Vol. 12, No. 3, 2018).

FURTHER READING

Why young brains are especially vulnerable to social media

Abrams, Z.
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A deep dive into adolescent development

Weir, K.
Monitor on Psychology, June 2019

Justice for teens

Stringer, H.
Monitor on Psychology, Oct. 2017

Teens aren’t just risk machines—there’s a method to their madness

Flannery, J., et al.
The Conversation, Feb 6, 2018

Peer interactions are still important, of course, and they’re increasingly happening online. Parents, researchers, and policymakers have plenty of unanswered questions about how social media use may affect the developing brain. For example, do certain neural profiles among teens predict riskier online behavior, such as the tendency to compare one’s appearance and social status to others?

Silk and Cecile Ladouceur, PhD, of the University of Pittsburgh, have launched new research to bring more nuance to that conversation. They are collecting information about social media use from teens’ phones, along with fMRI data on their neurological responses to acceptance and rejection, for instance during the Chatroom Interact Task. Telzer has also launched a new effort, with Mitch Prinstein, PhD, APA’s chief science officer, to study whether brain development in regions responsible for reward, emotion, and cognitive control relates to how frequently teens check their social media apps.

“Undoubtedly there’s a link between teens’ social experiences online and the way their brains respond to the environment, but it’s something we’re slowly working to unpack,” Telzer said.

CHALLENGING ASSUMPTIONS ABOUT TEENS

The malleability of the adolescent brain may make it vulnerable at times, but teen brains are also highly capable of prosocial growth under the right circumstances, Pfeifer said. Teens’ biological need for social



connection, combined with their heightened sensitivity to rewards, likely underlies teen-led activism, for instance on climate change, racial justice, and gun control.

Research by Crone and others shows that the ventral striatum is linked to prosocial behavior, responding to rewards not just for oneself but also for others (*Nature Communications*, Vol. 12, No. 313, 2021). Among teens serving time in youth detention centers, both the ability to spontaneously take the perspective of others and activity in the temporoparietal junction—an associated region of the brain—differed significantly from a control group. The temporoparietal

Teens march at Greta Thunberg's Youth4Climate gathering in Paris. Teen activism is often driven by a strong desire to feel connected.

junction is more malleable by environmental influence than other social brain regions, according to studies by Crone among twin populations. This suggests that interventions in perspective-taking, which target this area, may be helpful for justice-involved teens (*Social Cognitive and Affective Neuroscience*, Vol. 9, No. 12, 2014).

Based on ongoing research by Casey and others about the trajectory of development in regions related to cognitive control, including the prefrontal cortex, APA has launched a task force to review new findings that may inform extending *Roper v. Simmons*, a Supreme Court decision that abolished the use

of the death penalty for those under 18, to cover individuals into their early 20s.

Looking forward, researchers in the field emphasize the importance of continuing to challenge assumptions about adolescence—around risk-taking, emotionality, and more—to ensure that the science remains robust and can ultimately support interventions for healthy development.

“We’re not going to change adolescents’ brains, nor should we want to,” Telzer said. “What we can do is optimize what we know to create social contexts and environments that provide the most enriching experiences for them.” ■



Kazanjian



Carlson



Barch



Eberhardt



Liu

PSYCHOLOGISTS IN THE NEWS

The University of Texas at Austin has presented this year's Rather Prize to **Christopher Kazanjian, PhD**, a professor of educational psychology at El Paso Community College. The Rather Prize is named for journalist Dan Rather and recognizes the best ideas to improve education in Texas. Kazanjian won \$10,000 to further his work leading the local Kidz n' Coaches after-school program, which engages Latinx youth in educational and recreational activities to support their social and emotional development.

The University of Delaware has named **Laura A. Carlson, PhD**, as its next provost. Carlson has been a member of the University of Notre Dame's psychology faculty since 1994, and she has served as vice president, associate provost, and dean of the university's graduate school since 2013.

The Society for Research in Psychopathology has presented its Joseph Zubin Lifetime Achievement Award to **Deanna Barch, PhD**, chair and professor of the Department of Psychological & Brain Sciences at Washington University in St. Louis (WUSTL), and professor of radiology and the Gregory B. Couch Professor of Psychiatry in the School of Medicine. Barch has been a member of

the WUSTL faculty since 1998, and her research focuses on understanding the deficits in behavior and cognition found in people with illnesses such as schizophrenia and depression.

The Rockefeller University has presented the 2022 Lewis Thomas Prize for Writing About Science to **Jennifer L. Eberhardt, PhD**, of Stanford University. Eberhardt won for her accomplished record in applying rigorous scientific methods to the behavioral study of race and her exceptional storytelling in her 2019 book *Biased: Uncovering the Hidden Prejudice That Shapes What We See, Think, and Do*.

The 39th Annual Winter Roundtable of Teachers College, Columbia University presented this year's Janet E. Helms Award for Mentoring and Scholarship to **William Ming Liu, PhD**. Liu is professor of counseling psychology and chair of the University of Maryland's Department of Counseling, Higher Education, and Special Education, and studies social class and classism, men, and White supremacy and privilege.

Dylan Gee, PhD, has won this year's Graduate Mentor Award from Yale University, where she is an assistant professor

of psychology and psychiatry. Gee is also this year's winner of the Early-Career in Affective Science Award from the Society of Affective Science for her research on how early adversity in childhood contributes to the development of mental health disorders.

The American Academy of Arts and Sciences has elected seven new psychologists to its membership. They are: **Avshalom Caspi, PhD**, of Duke University; **Jonathan D. Cohen, PhD**, of Princeton University; **Naomi Ellemers, PhD**, of Utrecht University; **James Gross, PhD**, of Stanford University; **Vonnie McLoyd, PhD**, of the University of Michigan; **Terrie E. Moffitt, PhD**, of Duke University; and **Rebecca R. Saxe, PhD**, of the Massachusetts Institute of Technology.

Five psychologists have been elected to the National Academies of Sciences, Engineering, and Medicine. They are: **Robert A. Bjork, PhD**, of the University of California, Los Angeles; **Alice H. Eagly, PhD**, of Northwestern University; **Megan R. Gunnar, PhD**, of the University of Minnesota; **Roberta L. Klatzky, PhD**, of Carnegie Mellon University; and **Isabelle Peretz, PhD**, of the University of Montreal. ■

News You Can Use

Career

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



ELENABSU/SHUTTERSTOCK

GROWING A HEALTHY LAB

Positive workplace culture leads to happier researchers—and better science

BY KIRSTEN WEIR

Work is getting a rethink post-pandemic, as a wave of people have quit in the so-called Great Resignation. And workplace culture is coming under the microscope. Analysts at workforce analytics firm Revelio Labs crunched 2021 data from a sample of large U.S. companies. They found a toxic corporate culture was the biggest factor pushing people to resign, and it was 10 times more likely to contribute to attrition than compensation rates (Sull, D., et al., *MIT Sloan Management Review*, 2022). And a study of Australian workers found long hours and a poor psychosocial safety climate were associated with increased depression (Zadow, A. J., et al., *BMJ Open*, Vol. 11, No. 6, 2021).

Think your lab is humming along fine? You might want to take a closer look. A 2018 *Nature* survey of 3,200 scientists found lab heads have more positive views than lab members about their involvement in checking data, reviewing experimental designs, and understanding lab members' projects. For instance, 97% of principal investigators (PIs) reported

that they were almost always available to discuss experiments or career development, but just 69% of lab members said their PIs made time for such discussions (Van Noorden, R., *Nature*, Vol. 557, 2018).

Some labs are operating near their peak; others are toxic. Most lie somewhere in between, said Alison Antes, PhD, an organizational psychologist at Washington University in St. Louis who has an NIH grant to develop leadership and management skills training for scientists. "It's often the really unhealthy, disastrous labs we hear about. But it's the ones in the middle that are most interesting, because there's the most room for growth," she said. "With some awareness and intentionality, you can get close to the ideal."

Yet there's often a misconception that spending time on interpersonal dynamics is a distraction from the real work, Antes said. "Leaders often think being too caring is a weakness, that it means sacrificing high standards. But you can have a healthy, caring lab culture and do awesome science,"



“My advice for creating healthy lab culture is for the PI to prioritize and dedicate time to listen and ask questions. One tool to encourage a culture of communication is individual development plans (IDPs)... to clarify the mentor’s commitment to supporting the mentee’s development and the specific roles this will include. Sharing this information will help find the mentor-mentee sweet spot.”

—Jennifer Manly, PhD, Columbia University

she said. “Research is hard, and it comes with setbacks and failures. To have thriving research, you need thriving people who are doing it.”

WHY LAB CULTURE MATTERS

Healthy culture matters for several reasons. Most obviously, a harmonious lab leads to happier lab members. “One of the biggest predictors of student burnout is how supported they feel by their mentor,” said Jay Van Bavel, PhD, who directs the Social Identity and Morality Lab at New York University. Research has found high rates of clinically significant anxiety and depression among psychology graduate students, with 49% reporting anxiety and 39% reporting depression. Many of those students reported a lack of support from supervisors and faculty (Rummell, C. M., *Professional Psychology: Research and Practice*, Vol. 46, No. 6, 2015). Other

work has found that faculty support is significantly related to program satisfaction and overall life satisfaction among psychology graduate students (Tompkins, K. A., et al., *Training and Education in Professional Psychology*, Vol. 10, No. 2, 2016).

When lab members aren’t supported, they’re less likely to speak up and take risks that could result in stronger, more creative research, Van Bavel added. “When people become disengaged, they tune out, do the minimal amount of work, stop showing up,” he said. And they’re more likely to cut corners—or even behave unethically. “Mistakes happen to everyone. In a healthy culture, you’re more likely to report them and learn from them. In a toxic culture, you’re more likely to hide them,” he said.

Interpersonal dynamics are a huge part of a PI’s job, but few researchers ever receive formal training in mentorship or

management. “We have these high-stakes learning experiences in labs and research environments, and everybody’s taking an armchair quarterback approach,” said Angela Byars-Winston, PhD, a counseling psychologist and professor of medicine and faculty lead in the Center for the Improvement of Mentored Experiences in Research at the University of Wisconsin–Madison.

But these skills don’t have to be elusive. Researchers can take advantage of trainings and dig into the rich literature in management from industrial/organizational psychology, Van Bavel said. “Approach the job with a growth mindset and assume you can always improve.”

Here’s some advice on how to start.

SET THE STANDARD

Good workplace cultures don’t happen by accident. “All healthy labs don’t look the same. But you have to put it on your radar and be intentional about what kind of environment you want to create,” Antes said. “Your behavior sets the tone. Your communication style, the way you interact with people, the standards of expectations and behavior. It sounds cliché to say ‘lead by example,’ but it’s so true.”

Many experts recommend establishing a set of formalized practices to guide life and work inside the lab. Byars-Winston suggests researchers develop a mentoring compact with students. Many scientists create individual development plans (IDPs) with students and mentees. “The IDP is the ‘what’ part

FURTHER READING

National Research Mentoring Network
<https://nrmnet.net/>

Center for the Improvement of Mentored Experiences in Research
<https://cimerproject.org/>

The science of effective mentorship in STEM
Byars-Winston, A., & Lund Dahlberg, M. (Eds.)
National Academies Press, 2019

The lab management practices of “Research Exemplars” that foster research rigor and regulatory compliance: A qualitative study of successful principal investigators
Antes, A. L., et al.
PLOS ONE, 2019

of establishing goals. A mentoring compact is the ‘how’ part,” she said. “It can describe how you’ll work together and resolve conflicts, expectations and metrics for measuring productivity, what happens if you reach an impasse, and even how you’ll wrap up the relationship.”

Those plans should recognize mentees’ goals—which may not be the same as the goals a PI would choose, said Cynthia Willis-Esqueda, PhD, who leads the Race and Ethnic Psychology Lab at the University of Nebraska–Lincoln. “It’s important to be supportive of students’ learning journeys,” said Willis-Esqueda, whose lab is made up almost entirely of first-generation students and students of color. “We discuss how they will achieve their ultimate goal—whether that goal is academic or non-academic employment after graduation.”

WEAR MULTIPLE HATS

Being an effective PI means being both a mentor and a manager—and those two roles

require different sets of skills, as Antes and colleagues have written. Management involves practices such as holding effective meetings, establishing rigorous research habits, addressing mistakes, and establishing operational and training procedures. Being a strong leader and mentor involves abilities such as building relationships, encouraging lab member engagement, creating a team atmosphere, addressing conflict, and providing routine feedback (McIntosh, T., et al., *Translational Issues in Psychological Science*, Vol. 6, No. 3, 2020). “Management is the nuts and bolts, the day-to-day. Leading is having a vision and a plan and being conscious of the type of environment you want to create,” Antes said.

June Gruber, PhD, at the University of Colorado Boulder, and colleagues drew from research to describe best practices in research mentoring in clinical science (*Journal of Abnormal Psychology*, Vol. 129, No. 1, 2020). They found that effective mentoring provides multiple

types of career and psychosocial support, including advising, sponsoring, coaching, counseling, and promoting visibility and exposure. Among the strengths that mentees most value in mentors are role modeling, effective communication, and honest and constructive feedback.

Gruber and colleagues also found evidence that multiple-mentor models benefit both mentor and mentee. Christine Dunkel Schetter, PhD, a distinguished professor of psychology and psychiatry and associate vice chancellor for faculty development at the University of California, Los Angeles, oversees a health psychology training program in which predoctoral and postdoctoral students work with and learn from two mentors. Trainees work to varying degrees with each mentor, and they all communicate as a group to help the trainee grow. “It adds richness to their training, and trainees benefit from seeing the style of multiple faculty members,” said Dunkel Schetter, who received a 2022 Excellence in Health Psychology Mentoring Award from APA’s Div. 38 (Society for Health Psychology). That richness often results in better science—and more satisfied mentors.

NURTURE RELATIONSHIPS AND DISCOURAGE COMPETITION

“When you don’t spend much time getting to know lab members as people, it makes it harder to connect about the science itself,” Antes said. Effective lab

“The pandemic created unique challenges for the cultures of research labs, to say the least. Building and maintaining a sense of community requires intentionality and continual tending. The lab head has an important effect on lab climate, but it really is a collective effort, and trainees play an essential role in building the kind of climate that promotes good science and healthy scientists.”

—Andrew Fuligni, PhD,
University of California, Los Angeles



leaders establish positive relationships with lab members and encourage members to develop good relationships with one another. Ivan Hernandez, PhD, who graduated from Northwestern University in 2022, praised his adviser Mesmin Destin, PhD, for “being very intentional about creating a supportive and positive environment.” Hernandez said, “He cares about you as a person and asks about your family, your health. He works hard to create a warm home for his students, fostering a sense of community with constant kindness and humor.”

Of course, in labs with many personalities, not everyone will always get along. “But effective PIs are conscious of helping lab members navigate conflicts in healthy ways,” Antes said. One way to reduce conflict is to make sure lab members are working toward a common goal and that you’re clear about everyone’s roles and your expectations for getting there. Minimizing conflict doesn’t mean that everyone just smiles and nods. On the contrary, creating a safe space allows for good-faith disagreements to be discussed in a productive way.

Indeed, a common feature in many respected labs is a culture

of cooperation and collaboration. Creating such a culture can involve a range of efforts, such as encouraging the team to brainstorm together, delegating based on individuals’ strengths, determining authorship up front to avoid disagreements, communicating often, and celebrating all types of contributions (not just publications). “There’s no reason in today’s science to compete. Competition undermines our goals,” Dunkel Schetter said. “When the climate is collaborative, everyone benefits.”

CREATE A SAFE ENVIRONMENT

Safe environments are free of harms such as harassment, bullying, and sexual misconduct, and PIs have a responsibility to maintain awareness and intervene when such events are taking place. Some lab heads create specific policies around alcohol use or other activities that may result in uncomfortable or unsafe situations.

But safety extends beyond the obvious. Establishing a safe space also means making people in the lab feel supported in speaking up. When Van Bavel is workshoping a paper or proposing a new experiment in lab meetings, he almost never speaks

first. “Research on groupthink finds that if a more powerful person shares their opinion first, it’s hard for others to disagree,” he said. “By getting others to share their opinions first, I hear better ideas and criticisms of my original belief, which leads to better ideas and insights.”

A safe space is one in which PIs are open to accepting feedback from lab members, said Diego Reinero, PhD, a former graduate student in Van Bavel’s lab who is now a postdoctoral research fellow at Princeton University and has written about the importance of good mentorship (*Behavioural and Social Sciences at Nature Portfolio*, 2019). Van Bavel, for example, experimented with the idea of using lab meetings to set “sprint” goals and check in with team members on progress toward those goals. “But it wasn’t really working. People felt like they had to say they’d accomplished a lot in front of him,” Reinero said. The idea didn’t really take off until Reinero and the other students decided to do it without the lab head—a move that Van Bavel was fine with. “It worked so well in that format that it continues to this day, and I’ve carried the practice to my new lab at Princeton, where it’s been well received,” Reinero said.

“Many PIs don’t solicit feedback on how they’re doing, and [if people do raise concerns], there are fears of backlash from the PI. That creates an unhealthy culture of silence,” Reinero added. “I think lab heads should build in systematic ways to receive feedback on what’s working well and what’s not—and

“I believe that the lab must be focused on productivity *and* student success. For my lab, that means that graduate and undergraduate students can feel free to provide comments on theory, methodological techniques, and ways of analyzing data.”

—Cynthia Willis-Esqueda, PhD, University of Nebraska–Lincoln



“We strive to apply lessons that we learn in our research to our everyday practice. We find time and time again that people’s unique and intersecting identities and social positions shape their experiences, motivation, and well-being. By creating space to explore our dynamic identities in relation to our work, we can all show up in healthier and more productive ways.”

—Mesmin Destin, PhD, Northwestern University

be receptive to that constructive criticism.”

Antes agrees that creating a healthy lab doesn’t mean only focusing on the positive. Sharing the failures and setbacks is valuable for students’ learning too. “Research is like a roller coaster a lot of the time. It invokes stress and anxiety,” she said. “Part of a leader’s job is helping students understand what the research journey is like.”

EMBRACE DIVERSITY AND INCLUSION

Over the last few years, equity, diversity, and inclusion efforts have gained much greater attention. But such efforts are more than just a trend. “The data show that diverse perspectives foster innovation and creativity,” Antes said. “Diversity is good for science and for society.”

Higher education settings often are hosts to people from a variety of backgrounds, and some lab leaders assume that having diversity is enough. In reality, creating a welcoming and inclusive culture takes thought and effort. And doing it right may improve lab members’ success. Research found that when White people treated non-White people in a “colorblind” fashion,

the non-White individuals had decreased cognitive performance compared with those who were treated in ways informed by multiculturalism (Holoien, D. S., & Shelton, J. N., *Journal of Experimental Social Psychology*, Vol. 48, No. 2, 2012). “Diversity doesn’t improve success unless it comes with inclusion,” Van Bavel said.

Some scientists still operate under the belief that science is “a-cultural,” said Byars-Winston. “But the doing of science is completely contextual and is affected by the culture of the people doing it,” she said. As chair of a National Academy of Sciences’ report on mentoring in the sciences, she and her colleagues described the science of mentorship and its role in supporting students from underrepresented and marginalized groups (*The Science of Effective Mentorship in STEMM*, National Academies Press, 2019).

They found data that show student satisfaction with mentorship is increased when mentors show interest in students’ cultural perspective, help students’ make links between what they’re studying and their own lived experiences, and directly address cultural variables, especially around race, ethnicity,



and gender. “Culturally aware mentoring contributes significantly to effective mentorship,” she said.

Byars-Winston is also a PI in the NIH-funded National Research Mentoring Network, which provides evidence-based mentorship and professional development programming that addresses diversity, inclusivity, and culture. She and other mentoring experts encourage researchers to avail themselves of those and other resources. “There is a science of effective mentorship that can help us optimize lab cultures and lab experiences,” she said.

Mentoring and management skills don’t always come naturally, and there’s no shame in seeking out research and resources (see Further Reading) to help you improve the culture and climate of your lab. Indeed, making the effort tends to be a win-win for everyone in a research group, and for their science. “People usually get hired as a professor because of their research skills, but few are actually trained in building cultures,” Van Bavel said. “In a healthy culture, people have a shared mission and a shared purpose, and they become creative to help the group succeed. That’s the highest level of engagement you can have.” ■

“Graduate students and postdocs should be treated like developing colleagues, not subordinates. Their confidence cannot grow if they do not feel able to express their ideas and have a voice.”

—Christine Dunkel Schetter, PhD,
University of California, Los Angeles

WHEN THERAPY COMES TO AN END

How can clinicians bolster growth at the conclusion of a therapeutic relationship?

BY ASHLEY ABRAMSON



The ending phase of treatment can have a distinctly different result from the rest of the therapeutic process, when given the appropriate time and attention. Some patients may choose to terminate prematurely, but ideally, a smooth transition following best practices can lead to optimal overall effectiveness.

In a recent study, when asked to describe a course of therapy versus the termination portion of the therapy, therapists described seeing different processes between overall treatment and

the termination portion. “That creates more of a case for why this particular time in treatment is important, and why we need to focus on that time,” said Avantika Bhatia, PhD, assistant professor of psychology at Ashoka University in India and co-author of the study.

Effective psychotherapy hinges on a number of evidence-based factors, from a patient’s motivation and a therapist’s relational skills to the pair’s therapeutic alliance. The termination phase—a patient’s

Discuss the concept of termination when you first start working with someone so that they know what to expect and aren’t surprised when it happens.

transition out of therapy—is a crucial factor and can play an important role in future growth.

Although the termination phase may only constitute a short portion of overall treatment, those final sessions offer a unique opportunity for psychologists to fulfill their ethical obligation to patients. Appropriately terminating psychotherapy can preserve patients’ well-being and encourage ongoing growth even after therapy ends.

On the other hand, abandonment, or ending therapy without fully addressing patient needs or without making arrangements for other treatment, can cause unnecessary distress and even worsen patients’ symptoms (*Professional Psychology: Research & Practice*, Vol. 39, No. 5, 2008). “Whenever possible, there’s a need to have a termination phase of treatment, consolidating gains and preparing the client to continue independently,” said Jeffrey E. Barnett, PsyD, a professor of psychology at Loyola University Maryland. Before you and your patient part ways, understand when it’s appropriate—or necessary—to do so. Ethically, psychologists must terminate treatment if they can’t address a patient’s needs, if the patient isn’t benefiting from treatment over time, or in the event of an inappropriate multiple relationship that may impair objectivity or judgment or harm the patient. If a patient threatens or assaults the therapist, clinicians can terminate treatment immediately without a termination phase.

Even in a healthy, beneficial therapeutic relationship, many agencies (such as college

campuses) or insurance plans only offer a limited number of sessions. Therapists with certain theoretical orientations may choose to end therapy when a manual ends, and therapists in training may need to end therapy when their rotations end.

Other times, therapy ends when patients plateau, which often happens after accomplishing initial treatment goals. In any of these scenarios, you and the patient may decide together that your time has come to an end. “The ultimate goal is for treatment to end because all treatment goals have been achieved and the client agrees,” said Barnett. “That’s ideal, but that doesn’t always happen.”

No matter the reason you’re terminating, ensuring a smooth transition can help your patient continue to grow after the last session. Here are expert-recommended methods for ending therapy.

■ Discuss termination early on.

To prepare patients for termination—even if you don’t anticipate that it will happen soon—discuss how and when therapy will end as part of your informed consent agreement when you begin seeing someone. “The concept and process of termination shouldn’t come as a surprise,” said Barnett.

Along with introducing the process of ending treatment, discuss how you’ll review progress on treatment goals. Eva Feindler, PhD, professor of psychology at Long Island University, suggests collecting data about baseline symptoms before implementing your treatment strategy, then reassessing the symptoms at

various points and discussing the possibility of termination based on change scores.

■ Avoid abrupt termination.

Along with causing patients to feel abandoned, ending treatment too abruptly—whether you decide your patient has met their goals or they decide they are ready to be done themselves—misses a crucial opportunity to cement therapeutic gains. For that reason, Barnett suggests implementing a termination phase that allows ample time to discuss past gains and future goals. “Pick a date and discuss how to use that time effectively,” he said.

There’s no hard-and-fast timeline. If a patient attends weekly therapy, consider tapering frequency over time—for example, shifting to biweekly, then monthly sessions, until termination. Research suggests that psychotherapists tend to spend about 12% of the total treatment length dealing with termination issues (Tryon, G. S. [Ed.], *Counseling Based on Process Research: Applying What We Know*, Allyn and Bacon, 2002).

“The amount of time spent talking about termination should be relative to the amount of time the therapy has been,” said Susan Woodhouse, PhD, associate professor of counseling psychology at Lehigh University in Pennsylvania.

■ **Know when to refer.** In the event that your patient needs ongoing therapy but you can’t provide it, tell your patient as soon as possible. It may be difficult to recognize that a patient’s needs are outside your scope of

FURTHER READING

A legal and ethical review of patient responsibilities and psychotherapist duties

Younggren, J. N., et al. *Professional Psychology: Research and Practice*, 2011

How we say goodbye

Hardy, J. A., & Woodhouse, S. S. Society for the Advancement of Psychotherapy, 2008

“Progression,” an alternative conception to “termination” to denote the ending of successful analytic treatment

Schachter, J., et al. *Psychoanalytic Psychology*, 2018

Termination in cognitive-behavioral therapy with children, adolescents, and parents

Vidair, H. B., et al. *Psychotherapy*, 2017

expertise, but appropriate referrals are part of a psychologist’s ethical duty.

“If you see a family doctor who diagnoses you with cancer, they will refer you to an oncologist or surgeon who can appropriately treat [you],” said Jeffrey N. Younggren, PhD, professor of psychology at the University of New Mexico. “Psychologists have the same obligation for psychological interventions.”

Even if the patient’s symptoms aren’t beyond your professional scope, you may find that they are not making progress toward their goals. In that case, determine a limited number of sessions for a termination phase and work with the patient to find a better fit. “My responsibility is to do some research to find a clinician or ask the patient if they’d like assistance finding someone else, because they trust me and I know their needs,” said Barnett.

■ **Create a professional will.** It’s also important to create a plan for your patients in the event of your death or illness, especially if you work in private practice. A professional will—a document that serves as a backup plan for your patients if you’re unavailable—may include information such as how to access your patient records, your meeting schedules, and where you keep the keys to your office. It also designates a colleague your loved ones can contact in case of emergency. Typically, Barnett said, designated colleagues don’t take patients on themselves but instead meet with them to



process the situation and refer to other clinicians. “It may seem morbid to think about, but it’s a way of fulfilling our ethical obligation to our clients,” said Barnett.

■ **Consult with experts.** Many theoretical orientations provide guidelines for consolidating patient gains, but focusing on your preferred theory alone may not yield the most effective treatment outcome. For example, in the cognitive behavioral therapy tradition, a therapist may be more likely to discuss behavioral goals, whereas a psychodynamic therapist might focus on the therapeutic relationship. Both aspects are important.

To avoid restricting patient growth during the termination phase, John Norcross, PhD, professor and chair of psychology

at the University of Scranton in Pennsylvania, suggests modeling your practice on a pantheoretical consensus of psychologists.

In 2017, Norcross studied termination behaviors of 65 psychologists across a variety of theoretical orientations to determine best practices for ending therapy. Of 80 tasks, half received moderate to strong consensus (*Psychotherapy*, Vol. 54, No. 1, 2017). For example, the majority of psychologists reported seeking ways to support the patient’s progress in the future, discussing what went well in therapy, and attributing gains to the patient’s efforts.

As you consider your own termination process, consider consulting best practices across a variety of theoretical orientations or speaking with colleagues about their own processes. “There

Create a professional will that can serve as a backup plan for your patients in the event of your death or in case you’re unavailable.

may not be a lot of research on termination, but there is robust integrative consensus on how to terminate,” Norcross said.

■ **Leverage the patient’s response.** Even if you and your patient agree it’s time to finish treatment, your patient may express disappointment, grief, or even feelings of abandonment. It can be common for termination to feel like a replay of overall treatment, said Charles Gelso, PhD, emeritus professor of psychology at the University of Maryland. For example, your patient may have progressed in their anxiety about not feeling good enough, but termination could bring those feelings up again.

“Rather than viewing your patient’s response as a regression or a sign you made the wrong decision, see it as an opportunity to consolidate gains made in therapy,” said Gelso. If your patient surfaces old feelings of abandonment, for instance, explore that feeling and remind them of the coping tools they’ve gained in your work together.

■ **Look back on positive growth.** One vital aspect of consolidating patient gains is reminding them of their success, which can instill a sense of pride and confidence for the future. “Looking back can be helpful in consolidating gains and crystallizing what the patient got from therapy so they can take it with them and remember what they accomplished,” said Woodhouse.

Along with taking time to recall examples of meeting goals, reflect on the positive

components of the therapeutic relationship and how it grew or developed over time. Feindler suggests thanking the patient for working with you and giving you a meaningful experience, which can consolidate the idea that the patient mattered to you. “They walk out of the last session with a little bit of a taller stance because they know they made a difference for you, too,” she said.

■ **Look forward to potential challenges.** Use the last several sessions as an opportunity to anticipate potential challenges in the future and how patients can apply lessons they’ve learned to continue in their growth. This may involve forecasting potential issues or symptom remission and assuring the patient that

they can handle these issues with their newly strengthened skills or sense of self. “Add a few reminders of the way someone has dealt with something in the past so they can be attentive to it in the future,” said Gelso.

Make a plan, too, for what the patient should do if they need support in the future. For example, you may offer the opportunity for the occasional booster session or ongoing treatment in the future. If you may not be available, tell the patient up front and provide other suggestions, whether support groups or other therapists.

■ **Plan the goodbye.** Before the final session, make a plan for how you’ll part ways. “People can be different in their individual

Make a plan with your patient for the last session, such as exchanging letters.

and cultural factors in what it means to say goodbye, so it’s good to have a plan in advance,” said Woodhouse.

Ask the patient what they envision for the last session, and determine a plan you both feel comfortable with. For example, you may write a note to one another, exchange a symbolic object that reflects the patient’s work, or decide to hug or shake hands during the last session. In any case, Woodhouse says the exchange should be planned so the patient isn’t surprised.

■ **Cope with your own emotions.** You may find yourself feeling a gamut of emotions as you terminate with a patient, including a sense of pride for all your patient has accomplished, grief about the relationship ending, or even shame if you feel that you couldn’t help that person the way you wanted to. “Therapists are human and have their own experiences, so be aware of tending to and working through your experience,” said Bhatia. “If it’s affecting your therapeutic relationship, you should know what to do and how to manage that.”

To ensure your own feelings don’t impact the patient, Feindler suggests processing them with your supervisor, a colleague, or your own therapist. It may also help to reframe how you view the termination. You should feel a sense of pride in your patient, and in yourself for helping them. “If you can think about the end as a celebration or graduation, that fits more with the research on how clients actually feel about it,” said Woodhouse. ■



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FACULTY POSITION: Pacifica Graduate Institute is seeking a depth psychologically oriented faculty to contribute to the Clinical Psychology PhD program.

Our approach to doctoral education integrates psychoanalytic, Jungian, humanistic-existential, and phenomenological approaches. Requirements: Doctoral Degree in Clinical Psychology, Psychology, or related field; teaching experience; credentials that qualify for California certification as a Licensed Clinical Psychologist. For further information: <https://www.pacifica.edu/about-pacifica/employment/>.

CONNECTICUT

INSTRUCTOR: The Yale School of Medicine, Department of Psychiatry

CLINICAL PSYCHOLOGIST OPPORTUNITIES IN CALIFORNIA

\$98,580 - \$129,888 per year



Porterville Developmental Center

***Perks:** adjusted or non-standard work schedules, SPE for pre-licensed postdocs, on-campus housing, time for CE's, paid vacation/sick/holidays, retirement, medical, and more*

Are you interested in practicing a fuller scope of psychology?

Clinical Psychologists at Porterville Developmental Center (PDC) enjoy opportunities such as:

- Psychological, behavioral, and forensic evaluations including trial competency, malingering, and dangerousness evaluations
- Crisis, individual, and group interventions with a diverse population
- Developing and implementing behavioral interventions and behavior support plans
- Participating as an integral member of an Interdisciplinary Team
- Supervising predoctoral trainees at an APA-accredited internship site
- Training staff on behavioral health topics and interventions
- Oversight of behavioral management strategies and highly restrictive interventions such as restraints and psychotropic medications
- Working w/ the Legal Team on forensic issues and expert testimony
- Promoting a trauma-informed organizational culture and providing emotional support to staff
- Program development and policy review

Minimum Qualifications:

- **Education:** completion of all requirements for a doctoral degree in psychology with specialization in clinical psychology
- **License:** possession of a valid license as a Psychologist by the California Board of Psychology. **Pre-licensed** individuals, including postdocs needing SPE, may be considered but must be license-eligible and license must be obtained within 4 years of appointment

About Porterville Developmental Center:

PDC is one of two State-operated facility within the Department of Developmental Services serving individuals with developmental disabilities. PDC provides 24-hour residential services for individuals 18+ years who have serious medical and/or behavioral problems for which appropriate services are not currently available through community resources. The individuals served at PDC are also either incompetent to stand trial or determined to be a danger to self/others and have been determined by the Court to require treatment in a secured setting.

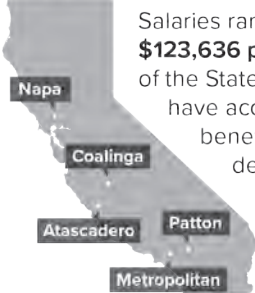
(559) 782-2087 dds.ca.gov/general/careers/

Diana Herva, PhD, Psychology Services Director | diana.herva@pdc.dds.ca.gov | (559) 782-2171

We're hiring Clinical Psychologists!

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

Clinical Psychologists working in DSH facilities enjoy a diverse and fascinating workload. You'll have the opportunity to apply psychological knowledge and techniques to the assessment and treatment of forensic patients, conduct psychological assessments, facilitate psychotherapy groups and individual therapy, and so much more!



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California Department of
State Hospitals

invites applications for a clinical psychologist to fill a full-time faculty position as an Instructor on the Young Adult Service of the Connecticut Mental Health Center, an urban, academically affiliated community mental health center that serves an ethnically diverse population of individuals in Greater New Haven experiencing serious psychiatric and substance abuse problems. The Young Adult Service provides comprehensive, developmentally oriented, trauma-informed programs of care to clients ages 18 to 25 with complex psychiatric presentations. Many of the clients served are leaving the child welfare system with emotional, behavioral, interpersonal, and social challenges associated with exposure to complex trauma. The individual selected for this position will work within an interprofessional team to (a) consult with clinical and residential providers concerning the management of high-risk behavior in young adult clients, (b) coordinate the development and implementation of comprehensive, developmentally oriented, trauma-informed behavior plans, (c) provide clinical and case management services, (d) assist with psychological testing, (e) assist with program development and program evaluation, (f) develop and deliver programs of in-service education for staff, and (g) supervise psychology trainees, interns, and postdoctoral fellows. Applicants should send a cover letter, curriculum vitae, and contact information for three professional references to Adrienne Allen, PsyD, Assistant Professor of Psychiatry, at adrienne.allen@yale.edu. Yale values diversity in its faculty, staff and students and especially encourages applications from individuals from underrepresented racial and ethnic groups, persons with disabilities, women, and protected veterans. Yale is an Affirmative Action/Equal Opportunity Employer.

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 multi-disciplinary 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.

NORTH CAROLINA

LICENSED PSYCHOLOGISTS: Located in the idyllic mountain town of Asheville North Carolina, the Grandis Evaluation Center (GEC) provides quality Psychological Assessment Services for Western North Carolina. Current positions, both full-time and part-time, are available for NC Licensed Psychologists to provide cognitive, psychosocial, developmental and personality assessments. Established in 2005, the GEC is a recognized mainstay in Asheville and extended communities servicing Behavioral Health/Social Service agencies and individual healthcare practitioners. We are housed in a professional setting maintaining several Psychologists and full-time administrative staff. As independent contractors, our psychologists enjoy a supportive and friendly environment and the flexibility to create a schedule to meet your particular needs. We understand the importance of your professional time and development. Part-time work can allow time to maintain or explore other positions if desired. We provide access

to up-to-date assessment tools and the opportunity to consult with other professional staff. We are Medicaid and Medicare Providers, accept most insurances and are contracted with community and government services. Psychologists are provided with office space, referrals, scheduling services, billing services and full-time, on-location administrative support staff and access to testing equipment. Annual compensation for full-time work (2-3 evals/week) is \$115,000+. We'd love to speak to you and answer your questions and give you a feel for our agency. Whether you live in Western North Carolina or are looking to relocate and establish your career in Asheville, this is a great opportunity that provides independence, flexibility and competitive compensation. Contact our office at: info@gectesting.com or call (828) 299-7451.

TEXAS

PRIVATE PRACTICE IMMEDIATE OPPORTUNITIES:

Neuropsychologist, Psychologist, (Formal Internships, Post Doc/PLP, LCSW, LPCs, LPC Associates, LPA, Psychiatrist, Nurse Practitioner positions available at The Ludden Group P.C. for Outpatient working with clients ranging from childhood to adulthood and nursing homes. Visit <https://www.psychcareers.com/company/the-ludden-group-p.c.-99958> for details or to apply. Locations: Rockwall, Dallas, Round Rock, Ennis, Terrell, Greenville, and Athens, Texas.

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.

IVERNESS, 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.

GREATER HUDSON VALLEY, NY: Turnkey opportunity. Well established psychotherapy practice with great exposure to potential clientele with wonderful earning potential in a very desirable area. Several well established therapists working as employees, and wonderful and good office staff. Send inquiries to Nomadetoo@aol.com or text at (845) 635-0935.

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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TEACHERS COLLEGE COLUMBIA UNIVERSITY

A Graduate School of Education, Health & Psychology

Tenure Track Professor-Counseling Psychology

Job No.: 509011

Position Type: Faculty

Location: New York

Categories: Education/Instructional

Posting Summary:

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.

Job Summary/Basic Function:

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 psychology or related field; 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.

In order to be considered for this position applicants must submit the following:

- A CV.
- A letter of intent.
- A statement of research and teaching interests.
- Up to three representative publications to the following through the application portal
- In addition, please send three letters of reference independently to the Counseling Program academic secretary: Jacob Holober jsh2239@tc.columbia.edu.

Questions regarding the search can be directed to:

Derald Wing Sue (before September 1, 2022) at dw2020@tc.columbia.edu or Brandon Velez, Search Committee Chair (after September 1, 2022) at blv2106@tc.columbia.edu

Application review begins September 15, 2022 and is open until filled. The appointment begins September 2023.

Teachers College is committed to fostering a diverse and inclusive academic community and to providing equal opportunity in employment. All qualified applicants will receive consideration regardless of race, color, sex (including pregnancy, gender identity or gender expression), religion, creed, national origin, age, citizenship, disability, marital status, sexual orientation, veteran status, or any other legally protected status.

To Apply, Please Visit: <https://apptrkr.com/3108631>



PANDEMIC SEES INCREASE IN ALCOHOL-RELATED DEATHS

One year into the COVID-19 pandemic, alcohol-related deaths accounted for a full 3% of all U.S. deaths, compared with 2.8% in 2019. That's in a context where alcohol-related deaths had already doubled between 1999 and 2017.

25%

Increase in all alcohol-related deaths between 2019 and 2020—from 78,927 people to 99,017 people. That compares with an **18.8%** rise in deaths from all causes during the same time period.

39.7%

Increase in deaths with an underlying cause of alcohol-related **mental and behavioral disorders** between 2019 and 2020. Meanwhile, deaths from **alcohol-related liver diseases** rose **22.4%**.

35.1%

Increase in alcohol-related deaths between 2019 and 2020 for people ages **35–44**. That's the largest increase among all age groups, followed by **37%** for those ages **25–34**.

40.8%

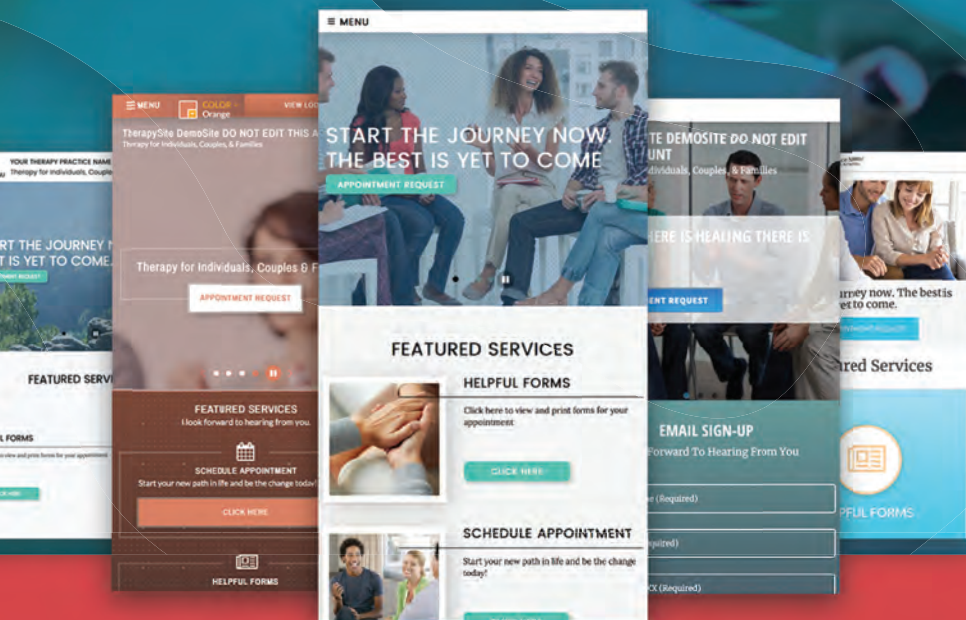
Increase in **opioid overdose deaths** between 2019 and 2020 that involved alcohol as a contributing cause. That percentage rose to **59.2%** for overdose deaths specifically related to **synthetic opioids** other than methadone.

Source: White, A. M., et al. (2022). Alcohol-related deaths during the COVID-19 pandemic. *JAMA*, 327(17), 1704–06. doi:10.1001/jama.2022.4308. (Data were drawn from the National Center for Health Statistics and the Centers for Disease Control and Prevention.)



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An illustration of a woman with dark hair and rosy cheeks, wearing a dark green shirt with teal polka dots and a white skirt, holding an open map. She stands in a green field with several red flowers. A wooden signpost with a large arrow pointing right is in the background. The arrow contains the text "Your all-in-one EHR solution". A blue butterfly is flying near the signpost, leaving a dotted trail. The sky is light blue.

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