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monitor on psychology

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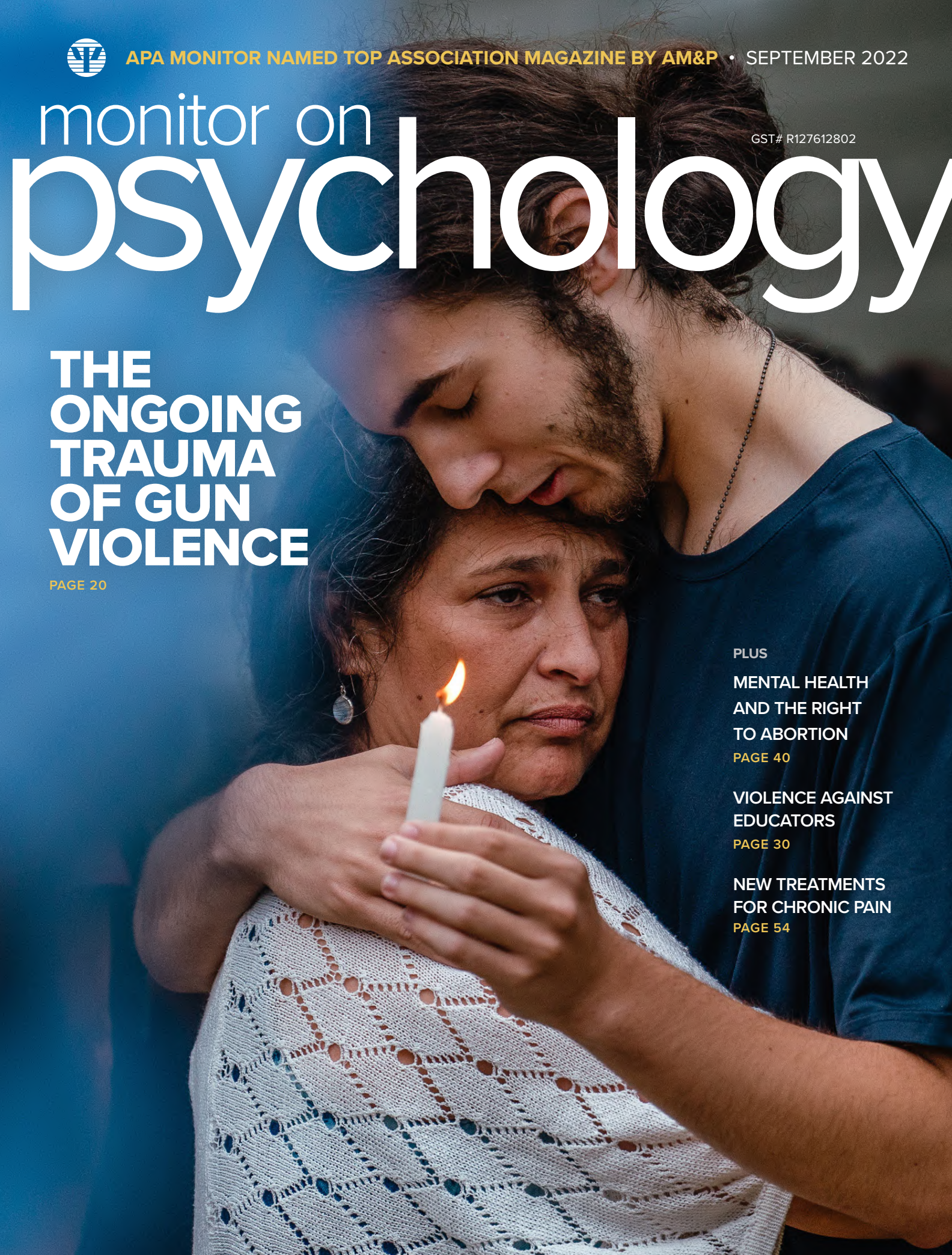

THE ONGOING TRAUMA OF GUN VIOLENCE

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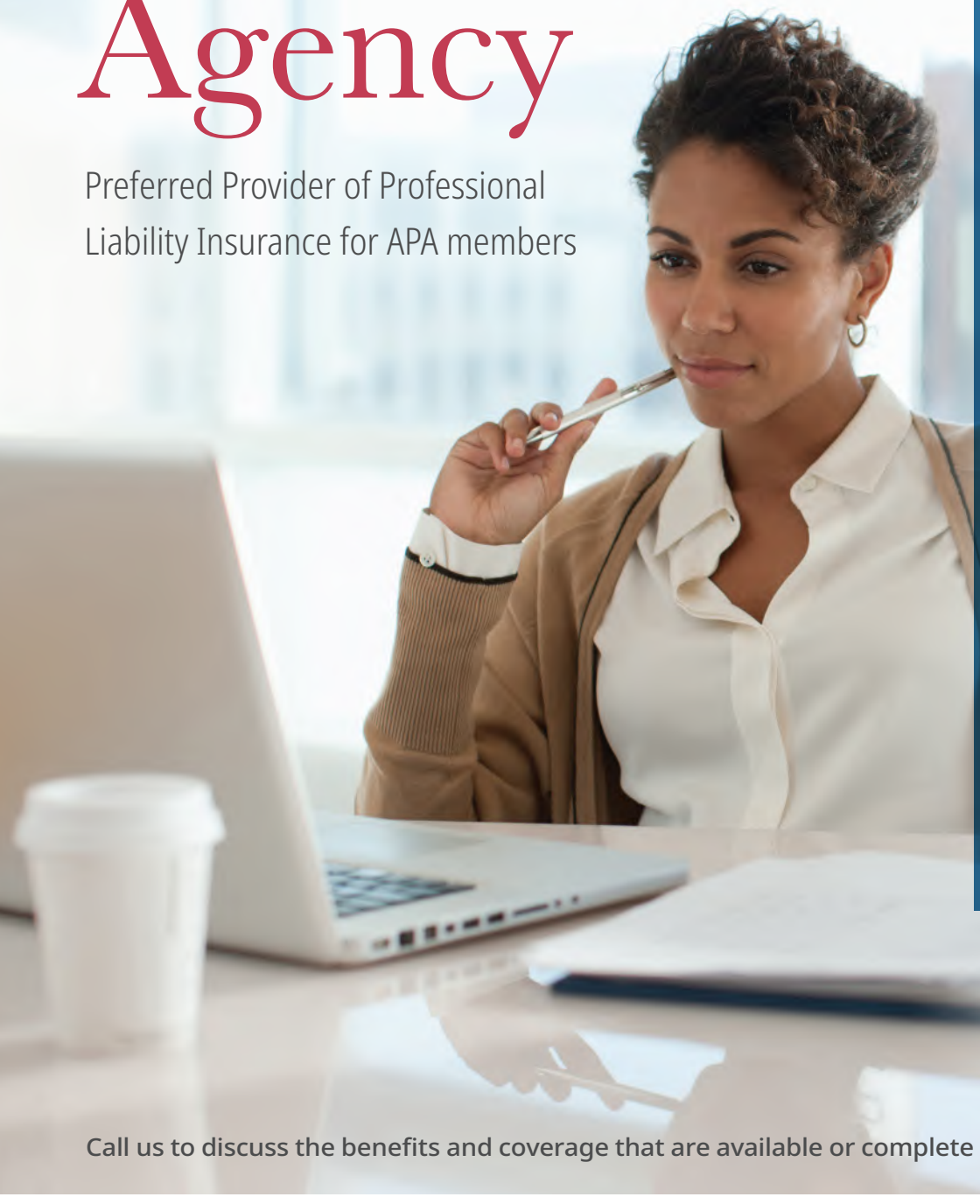

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RESOURCES, OPPORTUNITIES, AND NEWS FOR PSYCHOLOGISTS FROM APA

FIGHT CENSORSHIP

Celebrating APA's Banned Books

Banned Books Week, held each year the last week of September, celebrates the freedom to read and draws attention to how destructive and divisive censorship can be. Many of the books from APA's award-winning children's book imprint, Magination Press, are frequently challenged or banned, including one that even made the American Library Association's (ALA) Top 10 Most Challenged Books list in 2020: *Something Happened in Our Town: A Child's Story About Racial Injustice* by Marianne Celano, PhD, Marietta Collins, PhD, and Ann Hazzard, PhD, which describes a police shooting of a Black man.

Another Magination Press banned book, *This Day in June* by Gayle Pitman, PhD, APA's first children's book featuring sexual orientation and gender diversity, appeared on the ALA Top 11 Most Challenged Books list in 2018. Pitman's groundbreaking book "created a pathway for other LGBTQ+ books for kids that are positive, joyful, and celebratory," said Michael Genhart, PhD, a clinical psychologist who counts it among his favorite banned books. Genhart has published two LGBTQ+ themed picture books of his own with Magination Press that find themselves targeted, including *Rainbow: A First Book of Pride*. His hope is that this year's surge in book banning leads to something more constructive. "Controversy invites conversation," said Genhart. "So, despite being very troubled by banned lists, my hope is that when any of my books ends up on them what happens is productive dialogue, incrementally moving the needle forward toward equity and inclusion."

Find the full list of Magination Press titles at www.apa.org/pubs/magination.

ADVICE

Grow Your Practice

APA has partnered with The Practice Institute to launch the Private Practice Helpline for members seeking advice on the business aspects of running a practice, including managing a clinical staff, marketing, ethics concerns, and more. Consulting calls are by appointment only.

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ELECTION

Vote for APA's President Elect

APA members have nominated Kirk J. Schneider, PhD, Cynthia de las Fuentes, PhD, Diana L. Prescott, PhD, and Beth N. Rom-Rymer, 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. Voting begins Sept. 15. The ballot will also list two slates of candidates for APA's Board of Directors.

Send questions about the election to elections@apa.org.

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.

COURTESY OF SIIA EXCEL AWARDS

Managing Editor Susan Straight and Editor in Chief Trent Spiner accept the EXCEL Award for General Excellence on behalf of the American Psychological Association in Washington, D.C.

MONITOR NAMED #1 ASSOCIATION MAGAZINE IN THE U.S.

The Association for Media and Publishing presented its top recognition to this magazine at its EXCEL awards in June: *Monitor on Psychology* earned the EXCEL Gold Award for General Excellence for a magazine with a circulation greather than 50,000.

The *Monitor* earned three additional awards at the event: gold for feature article design for "Misinformation: Controlling the Spread" in the March 2021 issue, a silver for overall design excellence, and silver in the equity, diversity, and inclusion feature article category for "Psychology's Diversity Problem" in the October 2021 issue.

The *Monitor* staff wish to recognize and thank the hundreds of APA members who lend their time and expertise by agreeing to interviews with *Monitor* writers and editors so that we can elevate your work and help the world understand how psychological science is crucial to solving society's most pressing problems.

Thank you for your steadfast support.

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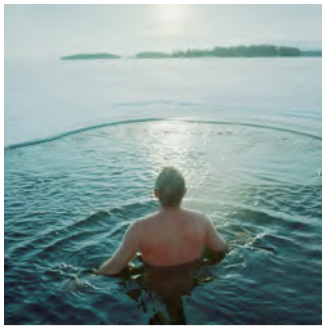
[1] Thompson, S. (2021, May 27). The U.S. has the second-largest population of Spanish speakers—how to equip your brand to serve them. *Forbes.* https://bit.ly/3yKqo8K

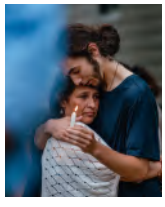
[2] U.S. Census Bureau. (n.d.). *American Community Survey S1601: Language spoken at home, 2020 ACS 5-year estimates subject tables.* https://bit.ly/3NNY2P9



COVER STORY

THE ONGOING TRAUMA OF GUN VIOLENCE

The regularity of mass shootings is razing Americans' mental health—heightening stress and dulling compassion in ways that demand broader concern, engagement, and change. The ongoing backdrop of violence is also steadily eroding a sense of well-being and safety for children and teens.
See page 20

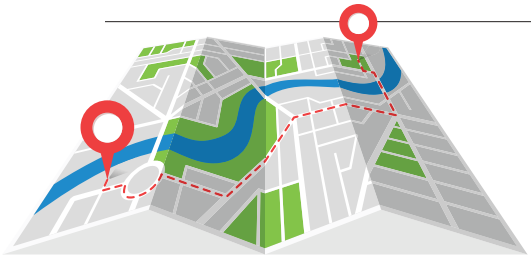


ON THE COVER

A woman and man mourn those killed when a shooter opened fire into a crowd of spectators at this year's Fourth of July parade in Highland Park, Illinois.

ON THE COVER: PHOTO BY JAMIE KELTER DAVIS/*THE NEW YORK TIMES*

Departments



Hometown predicts navigation skills. Page 16

RESTRICTING ACCESS

THE FACTS ABOUT ABORTION AND MENTAL HEALTH

Research shows that people who are denied abortions have worse physical and mental health, as well as worse economic outcomes than those who seek and receive them. The most commonly felt emotion following an abortion is relief, rather than deep regret or grief. *See page 40*

Violence against educators. Page 30

Helping new drivers. Page 34

Facing a patient suicide. Page 79

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TIME MATTERS

Lessons from the past can help us approach difficult periods with hope for the future

BY FRANK C. WORRELL, PHD

Are you looking at the world with despair or are you hopeful about your future? Are you more oriented to the past, the present, or the future? And how do you feel about the three time periods? All these questions speak to the construct of time perspective in the larger field of what is sometimes called temporal psychology. Although measured time plays an important role in the modern world, psychological time—our subjective feelings about the passage of time—is also quite important. Esteemed developmental psychologists Erik Erikson and Jean Piaget mentioned time perspective in their theoretical formulations.

Much of the research on time is focused on the future and there are studies of constructs such as expectations, future orientation, hope, optimism, perceived life chances, and possible selves. There is also a growing recognition that research needs to pay attention to both the present and the past to fully understand human functioning. Many of us fail to recognize some of the most frequently referenced psychological constructs have time components. For example, self-esteem is present-oriented and self-efficacy connects present actions with future outcomes.

Why the focus on time? In the past 2 and a half years, we have had a series of momentous events: A global pandemic, a major war in Europe, an attack on the U.S. Capitol, the confirmation of the first Black woman to the U.S. Supreme Court, and the first pictures from the Webb telescope. These are only some of the events to be memorialized in the history books.

Some of these events inspire hope; others are cause for despair. The speed with which the COVID-19 vaccines were developed was due to earlier work conducted on AIDS and other infectious diseases, reminding us of the importance of supporting science and how good work in the past can contribute to the present. Similarly, the Jan. 6 insurrection is a potent lesson that democracy cannot be taken for granted and needs ongoing work and attention. I continue to be hopeful about what we can achieve if we can work together and put the good of society and the planet at the forefront. ■

NASA/ESA/CSA/STScI VIA AP

Galaxy cluster SMACS 0723, captured by the James Webb Space Telescope on July 11.

● **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.

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HOW PSYCHOLOGY CAN PROVIDE SOLUTIONS

As the world faces problems based in human behavior, effectively communicating our science is critical for the field

BY ARTHUR C. EVANS JR., PhD

In over 30 years of being a psychologist, I have never witnessed so many pressing societal issues playing out at one time—the rapid spread of misinformation, incomprehensible rates of gun violence, rising levels of mental health challenges, and ongoing systemic racism, to name only a few. In taking on these issues, it can be easy to mistake their complexity as intractability. However, my experience as a policymaker has taught me that even the greatest challenges can be solved with the right partnerships and compilation of knowledge.

Psychology—as the science of human behavior and its underlying processes—can play a prominent role in addressing these challenges. It is, in large part, our responsibility as a field to ensure that psychological knowledge meaningfully impacts the larger issues we care about and the communities we serve. Basic research on models of learning can inform the development of socially appropriate and ethical artificial intelligence. The science of social motivation and persuasion can be infused into global collective climate change solutions. The understanding of functional brain development can shape policies around issues such as school start times and use of social media among children.

There are ways we can help to ensure that psychological expertise is translated effectively to share with those who need it. For instance, you can get involved in federal, state, and local advocacy. Policymakers typically seek data and information to guide their decisions, but their limited understanding of psychology's breadth means that our field is often overlooked in these requests and, therefore, left out of solutions. If decision-makers are aware of our research, they can use it to inform policy.

You can also enhance your ability to discuss your work with others, particularly those less comfortable with psychological or scientific vernacular. For example, science communication trainings, like those APA offers through the Alan Alda Center, not only help individual psychologists engage others in their work, but they also contribute to a broader culture of scientific literacy.

The world is seeking solutions. From wherever you sit within the field of psychology, you have the power to contribute. ■

Psychological research can guide policy that aims to help children lead healthier lives.

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

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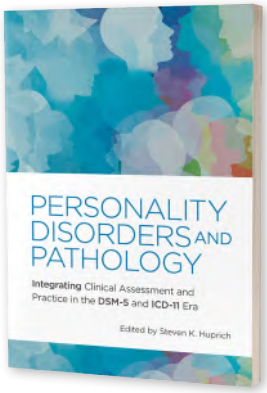

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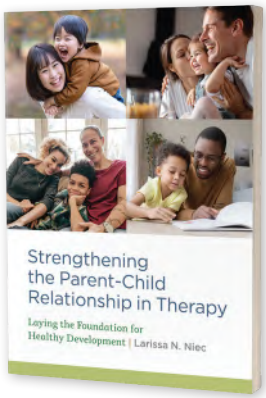

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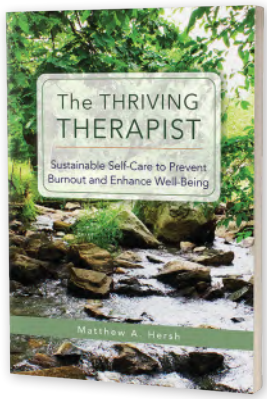

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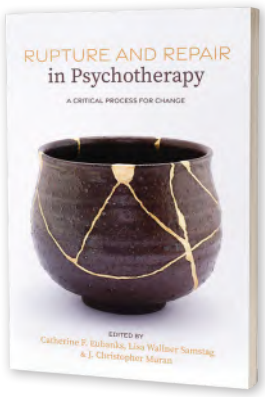

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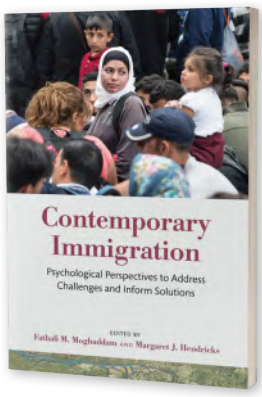

Explores topics related to immigration including gentrification, "crimmigration," and trust between immigrants and host-society authorities.

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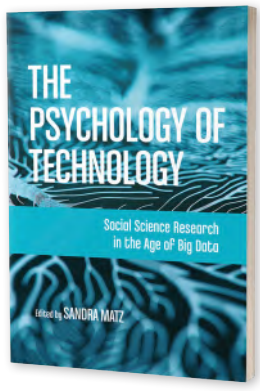

This book examines research from different subdisciplines across psychology to address the ways in which technology and Big Data provide a unique window into human cognition and behavior.

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COMPILED BY CHRIS PALMER

In Brief

College student Jennifer Estrada participates in a rally for gun control following a 2019 shooting in El Paso, Texas.

WANG YING XINHUA/EYEVINE/REDUX

MASS SHOOTINGS AND GUN LAW ATTITUDES

Mass shootings increase people's support of stricter gun laws, but only if they attribute the shootings to the availability of guns, suggests new research in *Psychology of Violence*. Following mass shootings in Orlando in 2016 and El Paso in 2019, researchers surveyed 1,756 and 910 participants, respectively, in those communities and assessed their political orientation, gun ownership, belief that gun ownership reduces crime, causal attributions about the shootings, and attitudes toward gun control. They found that across both shootings, being politically conservative and owning a gun positively predicted a belief that widespread gun ownership reduces crime, which subsequently predicted less blaming of gun availability for mass shootings and less support for stricter gun laws.

DOI: 10.1037/vio0000431

PREJUDICE AND EVOLUTION DOUBT

Low belief in human evolution is associated with greater prejudice and racism, according to research in the *Journal of Personality and Social Psychology*. Across eight studies with 60,703 participants in 45 countries, researchers assessed people's belief in evolution and their prejudices against and hostility toward out-groups. In two studies, they found that people in the United States who tend not to believe in evolution express more prejudice, racist attitudes, and militaristic attitudes toward political out-groups and support of discrimination against immigrants and LGBTQ individuals. Three additional studies with people in 19 East European countries, 25 Muslim countries, and Israel indicated that low belief in evolution was associated with higher in-group biases, prejudicial attitudes toward out-groups, and less support for conflict resolution. Three final studies conducted online showed that participants' perceived similarity to animals partially mediated the link between belief in evolution and prejudice, even when controlling for religious beliefs, political views, and other demographic variables.

DOI: 10.1037/pspi0000391

People who are organized, with high levels of self-discipline, may be less likely to develop mild cognitive impairment as they age.

ORGANIZED MINDS FEND OFF DECLINE

People who are organized, with high levels of self-discipline, may be less likely to develop mild cognitive impairment (MCI) as they age, while people who are moody or emotionally unstable are more likely to experience cognitive decline late in life, according to research in the *Journal of Personality and Social Psychology*. Researchers assessed personality and cognitive performance of 1,954 participants in a longitudinal study of older adults without a formal dementia diagnosis in the United States. They found that participants who scored high for conscientiousness

RUDZHAN NAGIEV/GETTY IMAGES

lived 2 years longer without a decline in cognitive function than those who were less conscientious. Those who scored lower for neuroticism and higher in extraversion were more likely to regain normal cognitive function following a diagnosis of MCI, reflecting the cognitive benefits of social interactions and suggesting those personality traits may protect against neural decline.

DOI: 10.1037/pspp0000418

NEUTRALITY NOT A WINNING STRATEGY

According to research in the *Journal of Experimental Psychology: General*, political neutrality is often interpreted as strategically concealed opposition, and it can harm trust and erode cooperation even compared with directly opposing someone else's viewpoint. In the first of two online studies with 731 participants, researchers showed that across a variety of hypothetical scenarios, people who opted not to take sides on an issue seemed liberal in front of a conservative audience but conservative in front of a liberal audience. Two in-person studies with 487 participants indicated that staying on the fence was interpreted as tacit disagreement, while in another three studies with 1,403 participants, not taking a side engendered distrust. An additional study with 548 online participants indicated that explaining one's reason for not picking a side can sometimes mitigate the costs of taking a neutral stance. Two final studies with 1,024 participants demonstrated that the negative effects of neutrality arise only when staying above the fray appeared strategic.

DOI: 10.1037/xge0001201

WILDFIRE SMOKE IMPAIRS DEVELOPMENT

Research in *Nature Communications* suggests that pregnant women's exposure to wildfire smoke may elicit adverse behavioral and physiological consequences in their developing fetuses. Researchers examined 52 rhesus macaque monkeys aged 3 to 4 months whose mothers were exposed to wildfire smoke from California's 2018 Camp Fire during the first third of gestation. The exposed infants had greater inflammation, blunted cortisol response to stress, more passive behavior, and memory deficits compared with 37 animals conceived just days after the smoke had dissipated. The researchers hypothesize the deficits arose from chlorinated hydrocarbons in the smoke that impaired fetal adrenal development.

DOI: 10.1038/s41467-022-29436-9

DEPRESSION FOLLOWS DISASTERS

According to a study in *PLOS Climate*, people who have experienced a natural disaster in their community are at higher risk of depression, with certain individuals being particularly susceptible. Researchers analyzed data on depression onset for a nationally representative

Pregnant women's exposure to wildfire smoke may elicit adverse behavioral and physiological consequences in their developing fetuses.

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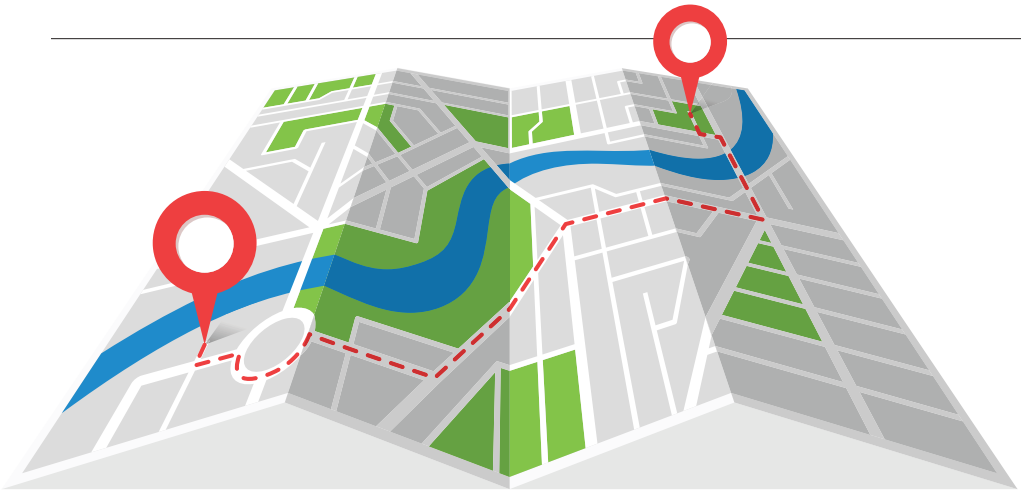


sample of 17,255 South African adults who were depression-free at the beginning of the study. They found that 2,986 participants (17%) were exposed to a natural disaster during the study, which ran from 2008 to 2017. Increased cumulative community disaster experience was linked to higher likelihood of depression onset. This link was stronger for women, Black Africans, and groups with lower education and lower income.

DOI: 10.1371/journal.pclm.0000024

CHILDHOOD CITY ENTROPY AFFECTS NAVIGATION

According to research in *Nature*, growing up in rural or suburban areas may give people a leg up in navigation skills even decades later compared with people who grew up in cities, especially cities organized in a grid layout. Researchers examined data from 397,162 adults from 38 countries who played a mobile game that involved navigating a boat in an ocean. Players were shown a map of an environment displaying several numbered checkpoints. When the map disappeared, the players were to navigate to the checkpoints in the correct order. Performance was measured by the length of the route players took. The researchers found that younger and more educated players were better at the game, and men were better than women. Where the players grew up was the largest predictor of navigational skills: Those who spent their childhood in high-entropy areas performed better than those whose childhood cities were more gridlike and orderly.

DOI: 10.1038/s41586-022-04486-7

EMPATHETIC PEOPLE DONATE LESS WHEN STRESSED

The stress hormone cortisol reduces altruism by disrupting activity in brain regions linked to social decision-making—but only in empathetic people, according to research in the *Journal of Neuroscience.* Researchers asked 35 participants in Germany to decide how much money to donate before and after completing a stressful public speaking task while their cortisol levels were measured and their brain activity was monitored with fMRI. Before the stressful task, people with self-reported higher "mentalizing" ability, or the ability to imagine others' mental states, donated more money than people with lower mentalizing ability. Within the high mentalizer group, increased cortisol corresponded to decreased donations. Cortisol had no effect on low mentalizers. Prior to the stressful public speaking task, high mentalizers' donations could be predicted by activity in the dorsolateral prefrontal cortex (DLPFC), a brain region involved in social decision-making. However, higher levels of cortisol following the stressful task disrupted this link, suggesting stress reduced the neural representation of donations in the DLPFC.

DOI: 10.1523/JNEUROSCI.1870-21.2022

Growing up in rural or suburban areas may give people a leg up in navigation skills even decades later compared with people who grew up in cities.

PERSON EQUALS MAN

According to reporting in *Science Advances*, a linguistic analysis of billions of webpages found that the collective concept of "person" is not gender-neutral, but rather prioritizes men over women. Researchers deployed artificial intelligence algorithms that learn the meaning of words based on how they are used on a language repository that included more than 630 billion English-language words on 3 billion webpages. In the first of three studies, they compared similarity in meaning (inferred via linguistic context) between words for people (e.g., "individual") and words for men (e.g., "he") as well as women (e.g., "she"). They found that the collective concept of "people" overlapped more with the concept of "men" than with the concept of "women." In the second and third studies, the collective concept of "women"

AZATVALEEV/GETTY IMAGES

was specifically associated with the characteristics (e.g., "quiet" or "shallow") and actions (e.g., "dance" and "cook") stereotypical of women, whereas the concept of "men" was associated with a broader range of person-descriptive traits and actions.

DOI: 10.1126/sciadv.abm2463

COMPARABLE MORAL INJURY IN VETS AND HEALTH CARE WORKERS

COVID-19 health care workers experienced potential "moral injury" (witnessing behavior or acting in a way that violated their morals or values) at rates comparable to those experienced by military veterans, according to a study in the *Journal of General Internal Medicine*. Researchers asked 618 post-9/11 combat veterans about experiences during their military service and 2,099 health care workers in the United States about their experiences during the pandemic. They found similar response patterns across both groups: 46% of veterans and 51% of health care workers indicated being disturbed by others' behavior that was in conflict with their own morals, such as the public's disregard for preventing virus transmission, whereas 24% of veterans and 18% of health care workers indicated being concerned with violating their own morals and values, such as triaging patients or rationing dwindling medical supplies. Additionally, morally injured veterans and health care workers reported more depression and lower quality of life. Among health care workers, those who suffered moral injury also reported higher levels of burnout.

DOI: 10.1007/s11606-022-07487-4

ORGASM GAP

A study in *Sex Roles* builds on research on the orgasm gap and suggests that men and women who orgasm more frequently in their relationships want and expect more orgasms. The opposite is true for partners who climax less often. Researchers surveyed 104 sexually active mixed-sex couples in the United States about their sexual satisfaction, orgasm frequency, desired orgasm frequency, expectation for how often people should orgasm, and perceptions of their partner's orgasm frequency. They found several differences between sexes, with men climaxing more often than their female partners. They also found that men significantly underreported the size of this gap, and that men's and women's own orgasm frequency predicted their desire and expectation for orgasm. Additionally, women's orgasm frequency was correlated with men's expectation for how often people should orgasm. The relationship between orgasm frequencies and expectations may partially explain women's lower reported orgasm importance compared with men. Relationship length had no impact on the orgasm gap.

DOI: 10.1007/s11199-022-01280-7

Research suggests that men and women who orgasm more frequently in their relationships want and expect more orgasms.

DO ANTIDEPRESSANTS IMPROVE HEALTH?

In the long run, maybe not. People with depression who take antidepressants do not have a higher health-related quality of life than people with depression who do not take such medications, according to a study in *PLOS ONE*. Researchers examined data from a longitudinal study with millions of adults in the United States diagnosed

ANDRANIK HAKOBYAN/GETTY IMAGES

with depression. During the study, which spanned 2005 to 2016, there were, on average, 17.5 million patients diagnosed with depression each year with 2 years of follow-up. Nearly 60% of these patients received antidepressant medications. Across the lifetime of the study, those taking antidepressants did report small improvements in health-related quality of life measures. However, none of the improvements, whether related to physical or mental health, were significantly larger than the improvements in health reported by patients who did not take antidepressants.

DOI: 10.1371/journal.pone.0265928

RESEARCH GENDER GAP CLOSING, BUT NOT OPTIMALLY

According to a study in *Nature Communications*, more neuroscience and psychiatry studies are including participants of both sexes than two decades ago, but few are designed well enough to distinguish possible sex differences. Researchers analyzed 3,193 papers published in three top-tier neuroscience and three top-tier psychiatry journals in 2009 and in 2019. They found a 30% increase in the percentage of papers reporting studies that included both sexes in 2019 (68% of papers) compared with 2009 (38% of papers). However, in 2019 only 19% of the papers used an "optimal design" (i.e., a balanced ratio of male to female subjects) to discover possible sex differences, and only 5% used an "optimal analysis" to report such differences.

DOI: 10.1038/s41467-022-29903-3

AI PREDICTS FIRST IMPRESSIONS

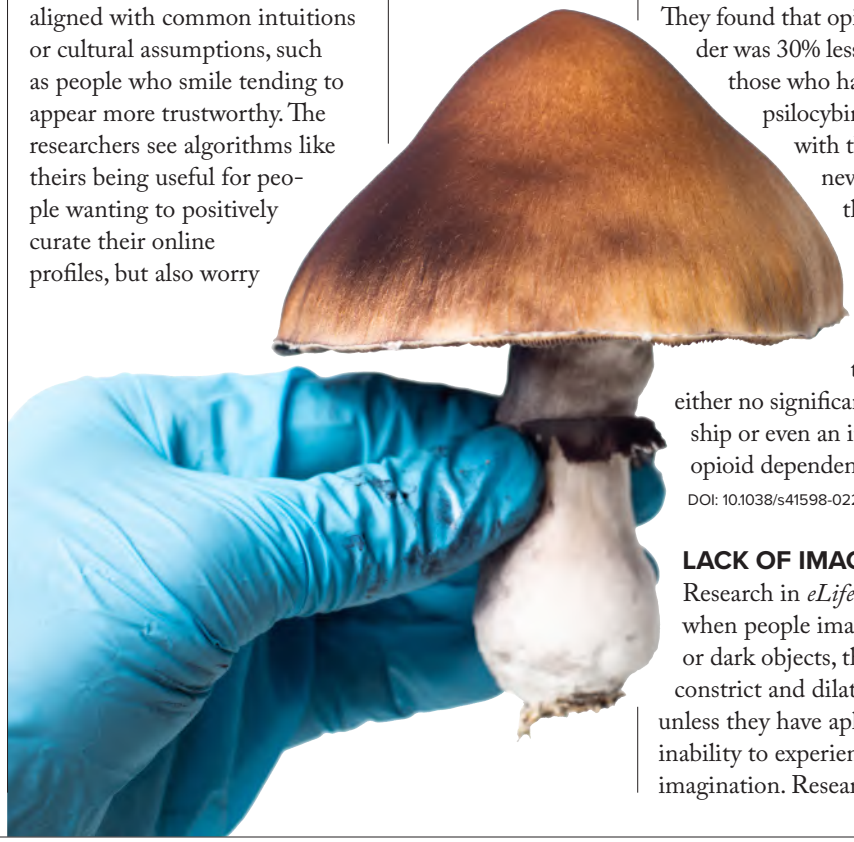
Though often inaccurate, first impressions and snap judgments can themselves be accurately predicted by an artificial intelligence (AI) algorithm, according to a study in the *Proceedings of the National Academy of Sciences*. Researchers asked 4,157 online participants to glance at 1,004 computer-generated photos of faces for just a few seconds each and rank them using 10 criteria, such as how intelligent, electable, or religious they were. The researchers then used the participants' responses to train a neural network to make similar snap judgments about people based on photographs of their faces. They found the neural network's assessments closely aligned with common intuitions or cultural assumptions, such as people who smile tending to appear more trustworthy. The researchers see algorithms like theirs being useful for people wanting to positively curate their online profiles, but also worry that such algorithms can be used to manipulate photos to imbue subjects with undesirable characteristics, such as making political candidates appear menacing or unintelligent.

DOI: 10.1073/pnas.2115228119

LESS OPIOID MISUSE FOR PSILOCYBIN USERS

A study in *Scientific Reports* replicated earlier findings indicating that people who have used psilocybin—a psychedelic substance found in some types of mushrooms—at least once are less likely to have opioid use disorder. Researchers examined the incidence of opioid use disorder and the prevalence of psychedelic use among 214,505 adults in the United States using survey data collected between 2015 and 2019. They found that opioid use disorder was 30% less likely among those who had used psilocybin compared with those who had never used it. For those who had used peyote, mescaline, or LSD at least once, there was either no significant relationship or even an increase in opioid dependence.

DOI: 10.1038/s41598-022-08085-4



People who have used psilocybin—a psychedelic substance found in some types of mushrooms—at least once are less likely to have opioid use disorder.

YARYGIN/GETTY IMAGES

LACK OF IMAGINATION

Research in *eLife* suggests that when people imagine light or dark objects, their pupils constrict and dilate accordingly, unless they have aphantasia, an inability to experience visual imagination. Researchers

outfitted 42 participants in Australia who self-reported as having vivid visual imaginations with glasses to track their pupils while they viewed, or just imagined, objects of different brightness. They found that even in response to imagined bright and dark shapes, the participants' pupils constricted and dilated accordingly, with a pupillary response that was larger in those reporting greater imagery vividness. In comparison, 18 participants who self-reported as lacking in visual imagination had normal pupillary responses to actual, but not imagined, objects of varying brightness. The researchers say their finding is the first physiological validation of aphantasia and evidence that the pupillary light response can quantify the strength of visual imagery.

DOI: 10.7554/eLife.72484

TUNING OUT MOM

A study in the *Journal of Neuroscience* indicates that at around age 13, children begin tuning out their mothers' voices and instead begin homing in on nonfamilial voices. Researchers used fMRI to record brain activity of teens ages 13 to 16 in the United States in response to household sounds and nonsense words spoken by the teens' mothers or one of two unfamiliar women. They found that all voices elicited greater activation than other household sounds in several brain regions compared with younger children (ages 7 to 12), whose brain activity was measured in a previous study. Additionally, in teenagers, the unfamiliar voices elicited greater activity than their mothers' voices in the nucleus accumbens of the reward-processing system and in the ventromedial prefrontal cortex, a region involved in assigning value to social information. The switch toward unfamiliar voices occurred in these brain regions between 13 and 14 years of age. No difference was observed between boys and girls. The researchers did not look at teenagers' reactions to their fathers' voices.

DOI: 10.1523/JNEUROSCI.2018-21.2022

FATCAMERA/GETTY IMAGES

Around age 13, children begin tuning out their mothers' voices and instead begin homing in on nonfamilial voices.

COGNTIVE DECLINE ACCELERATED IN SCHIZOPHRENIA

People diagnosed with schizophrenia may show early signs of cognitive decline at a young age as well as rapid declines later in life, according to a study in *JAMA Psychiatry*. Researchers analyzed longitudinal data for 428 individuals admitted to inpatient psychiatric hospitals in the United States (212 with schizophrenia and 216 with other psychotic disorders). Patients were tracked starting when they were first admitted for psychotic symptoms, through follow-up assessments at 6 months, 2 years, 20 years, and 25 years post-admittance. Researchers also had access to patients' previous cognitive scores extracted from medical and school records. They found that in the 14 years leading up to psychosis onset (mean age: 27 years) and for 22 years afterward, patients with schizophrenia experienced declines in IQ averaging more than 1 point every 3 years, while those with other psychotic disorders saw declines of roughly 1 point every 7 years. Beyond 22 years post-psychosis onset, cognitive decline dipped at a faster rate for both groups—over 1 IQ point every 2 years.

DOI: 10.1001/jamapsychiatry.2022.1142

THE ONGOING TRAUMA OF GUN VIOLENCE

The regularity of mass shootings is razing Americans' mental health—heightening stress and dulling compassion in ways that demand broader concern, engagement, and change

BY ZARA ABRAMS

As mass shootings repeatedly erupt in schools, grocery stores, and other establishments we visit every week, Americans are living in fear. For children and teens, whose mental health is already in crisis, the ongoing backdrop of violence is steadily eroding the sense of well-being, safety, and efficacy known to be essential for healthy development.

On top of recent surges in depression, anxiety, and suicides, a majority of teens now say they worry about a shooting happening at their school (Pew Research Center, 2018). Those concerns have been linked with elevated anxiety levels and fear among students (O'Brien, C., & Taku, K., *Personality and Individual Differences*, Vol. 186, 2022). Meanwhile, clinical psychologists, including Erika Felix, PhD, of the University of California, Santa Barbara, say the young people they treat are on high alert, constantly planning their escape route if violence breaks out in public.

"These tragedies are happening far too often, and the result is that many young people are feeling this constant back-of-the-mind stress," Felix said.

That stress is, of course, embedded within the context of the pandemic, economic challenges, political polarization, climate-related disasters, and other factors, which combine to create what psychologist Roxane Cohen Silver, PhD, of the University of California, Irvine, calls a "cascade of collective traumas" that the nation is facing together.

"We're not starting at a place where everybody is healthy and thriving," said Rinad Beidas, PhD, a professor of psychiatry, medical ethics and health policy, and medicine at the University of Pennsylvania's Perelman School of Medicine. "Our reserves are depleted as a nation and our young people are suffering."

Fear of mass shootings has left a large majority of Americans feeling stressed, including a third of adults who say they now avoid certain places and events as a result (*Stress in America: Fear of Mass Shootings*, APA, 2019). Experts say the frequency of mass shootings, amplified by our near-constant access to media coverage of such events, amounts to an accumulation of exposure that is harming everyone's mental health.

"The more catastrophic events we're exposed to as a nation, the more impacted we're going to be on a psychological level," said Jonathan S. Comer, PhD, a professor of psychology and psychiatry at Florida International University.

While some people report panic and distress, others feel numb. Psychological reactions to a crisis vary from one person to the next, based on factors such as age, trauma history, and proximity to an incident. But research has started to reveal who is most likely to be affected, what the long-term mental health problems will be, and what role media exposure plays. Psychology offers guidance about how to channel concern into action amid these atrocities.

"We're at a really important inflection point as a country where we all understand that what's currently happening with regard to mass shootings cannot continue," said Beidas, who also directs the Penn Medicine Nudge Unit and Penn Implementation Science Center. "I come to this with a lot of hope that we're all recognizing that it's time to do things differently."

Chicago Cubs player Nelson Velazquez bows his head for a moment of silence following the July 4 Highland Park, Illinois, shooting.

LARRY RADLOFF/ICON SPORTSWIRE/GETTY

WU XIAOLING XINHUA/EYEVINE/REDUX

Mourners gather following the school shooting in Uvalde, Texas, in which 19 elementary school children and two adults were killed.

A CYCLE OF DISTRESS

Mass shootings account for about 1% of annual firearm deaths in the United States, but they occupy an outsize space in the public consciousness.

"These events are still relatively rare, but it doesn't feel that way," said school psychologist Franci Crepeau-Hobson, PhD, an associate professor and director of clinical training at the University of Colorado Denver's School of Education and Human Development. "I think that everybody's sense of security has been threatened."

For survivors and witnesses of mass shootings, suffering tends to be particularly severe. Studies have documented increases in post-traumatic stress disorder (PTSD), major depression, anxiety disorders, substance use disorder, and other conditions among people who have survived a mass shooting.

"A common theme is that more exposure tends to be associated with more severe symptoms," said clinical psychologist Sarah Lowe, PhD, an assistant professor of social and behavioral sciences at Yale School of Public Health, who led a 2015 literature review on the mental health consequences of mass shootings (*Trauma, Violence, & Abuse*, Vol. 18, No. 1, 2015).

But the research is still very limited. In Lowe's review, PTSD prevalence ranged from 3% to 91%, depending on the study, and methodological questions remain, such as what even constitutes a mass shooting.

Though relatively few people will witness or survive mass shootings, many more will experience them through news reports and social media.

"There's a great deal of evidence that individuals who are far away from mass shootings can face anxiety and impairments, and this is often correlated with the amount of media exposure they have," Comer said.

Such findings are highly concerning given how intertwined people's lives are with media, researchers say. Silver and her colleagues have studied that link for more than 20 years, showing how high levels of exposure to media coverage of 9/11 and the Boston Marathon bombings predicted symptoms of acute stress and post-traumatic stress (*Psychological Science*, Vol. 24, No. 9, 2013; *PNAS*, Vol. 111, No. 1, 2014).

Over time, media exposure to mass violence can even fuel a cycle of distress, where persistent worry about future violence predicts more media consumption and more stress, the researchers found (Thompson, R. R., et al., *Science Advances*, Vol. 5, No. 4, 2019). That constant worry, known as "perseverative cognition," has been linked to declines

in physical health, including cardiovascular problems (Ottaviani, C., et al., *Psychological Bulletin*, Vol. 142, No. 3, 2016; *JAMA Psychiatry*, Vol. 65, No. 1, 2008).

In addition to the risks of media exposure, people with a history of trauma are more likely to experience post-traumatic stress (PTS) symptoms following a new exposure, such as a terrorist attack or mass shooting (Garfin, D. R., et al., *Psychological Science*, Vol. 26, No. 6, 2015). Physical proximity to an incident also carries a higher risk of mental health problems. One study of 44 school shootings found that antidepressant use increased more than 20% among young people who lived within 5 miles of a shooting, versus those who lived 10 to 15 miles away (Rossin-Slater, M., et al., *PNAS*, Vol. 117, No. 38, 2020).

Psychological proximity—the degree to which we relate to another person or an event—also increases the risk for PTS symptoms (Thoresen, S., et al., *European Journal of Psychotraumatology*, Vol. 3, No. 1, 2012).

"Oftentimes, the more one identifies with the victims, the more difficulty they have in the aftermath of an event like this," Comer said.

GOING NUMB

While some people worry regularly about mass shootings, many are fatigued by the seemingly endless cycle of violence that moves rapidly through the media and public discourse.

"There's not one single way people are experiencing these tragedies, and there's no one-size-fits-all response," Silver said. "One person might be very impacted by an event, and another may not be concerned about it at all."

Research by cognitive psychologists helps explains how we perceive mass violence and why it can leave some people feeling numb. Paul Slovic, PhD, a professor of psychology at the University of Oregon, and his colleagues have shown that in many cases, the more people who die in an incident of mass violence, the less we care. They call this phenomenon the "deadly arithmetic of compassion."

Their research shows that people's intuitive feelings of concern for victims of violence don't respond well to statistics and don't scale up. In other words, the horror people felt when 19 children and two adults were shot and killed at Robb Elementary School in Uvalde, Texas, isn't 21 times greater than what people feel when one child is murdered. Slovic and other psychologists call this dampening of the emotional response "psychic numbing."

Zeneta Everhart, the mother of a man who was injured in the Buffalo, New York, grocery store shooting, and Dr. Roy Guerrero, a pediatrician who treated victims of the Uvalde, Texas, school shooting, testify before the House Committee on Oversight and Reform. Guerrero described the horrifying details of seeing the child victims in the emergency room.

JASON ANDREW/THE NEW YORK TIMES/REDUX

At the same time, people often have a false sense of inefficacy in the face of very large problems, which can lead to inaction and disengagement. In one study, participants who saw statistics about the magnitude of the hunger crisis in Africa donated about half as much money as those who saw a photo of a single child in need (*PLOS ONE*, Vol. 9, No. 6, 2014).

"If we believe there's a problem that we can't do anything about, it makes sense that we don't attend to it, because it's very distressing to dwell on things you can't fix," Slovic said.

Finally, research on what's known as the "prominence effect" shows how people often struggle to make decisions when they require weighing complex trade-offs (*University of Illinois Law Review Slip Opinions*, 2015). In the case of gun legislation, this helps explain why the complex calculus of lives saved versus freedoms sacrificed has largely resulted in inaction at the policy level.

And on top of this deadly arithmetic, our attention is a scarce resource. Time passes, memories fade, and we're inclined to shift our attention elsewhere if we don't see progress. National surveys have shown that support for gun legislation spikes in the immediate aftermath of a mass shooting but fades within a few weeks (Jose, R., et al., *Psychology of Violence,* Vol. 11, No. 4, 2021; Filindra, A., et al., *Social Science Quarterly*, Vol. 101, No. 5, 2020).

"Our mind deceives us into underreacting to the most important problems in the world, including mass violence," Slovic said. "But when one of these events occurs, we do have a win-

dow of opportunity when people are awake, emotionally engaged, and motivated for action."

YOUTH ON HIGH ALERT

The stress of mass shootings may weigh particularly heavily on children and teens, whose mental health is already in turmoil. In 2021, three leading pediatric organizations declared a national emergency, while the U.S. Surgeon General issued a special advisory on youth mental health, citing a 57% increase in suicides between 2007 and 2018 (Curtin, S. C., *National Vital Statistics Reports*, Vol. 69, No. 11, 2020).

Research shows that at least some of that distress can be attributed to mass violence. One study of more than 2,000 teens found that greater concern about school shootings and violence predicted increases in anxiety and panic 6 months later (Riehm, K. E., et al., *JAMA Network Open*, Vol. 4, No. 11, 2021).

"When I talk to kids about this, I am shocked by how inured and accepting they are," said Don Grant, PhD, the executive director of outpatient services for Newport Academy in Santa Monica, California, and president of APA's Div. 46 (Society for Media Psychology and Technology). "They don't know a world where there's not an active shooter drill at school."

In the educational context, that constant vigilance can be particularly problematic, and research on threat perception suggests that prolonged heightened anxiety may interfere with learning, said Crepeau-Hobson. Students who are constantly worried about a toxic stressor, such as gun violence, devote more mental resources to emotions and fewer to executive functions, including learning, memory, and sustaining attention (Dettmer, A. M., & Hughes, T. L., *Education Week*, 2022).

"When threat perceptions are escalated and stress responses are activated, we can't access the higher parts of our brain," Crepeau-Hobson said.

Data suggest those effects could be far-reaching. A 2020 report from the National Bureau of Economic Research found that school shootings increased absenteeism, reduced high school and college graduation rates, and decreased retention of teachers. Those effects persisted into the mid-20s of young adults who attended schools where a shooting occurred; they had lower employment rates and earnings than their peers (Cabral, M., et al., NBER Working Paper 28311, 2022).

"It's not just that individual young people experience these really deleterious effects, but there is also a societal effect," Beidas said.

Because mass shootings impact children and teens at the individual, institutional, and societal levels, experts say a tiered approach is needed to minimize harm.

In the family context, it's important to initiate conversations with children and teens after an incident, even if they aren't part of the affected community, said Comer.

"When kids hear about these events from their parents, they tend to do better than when they hear about it from their friends or the media first," he said.

If a child or teen becomes

"When I talk to kids about this, I am shocked by how inured and accepting they are. They don't know a world where there's not an active shooter drill at school."

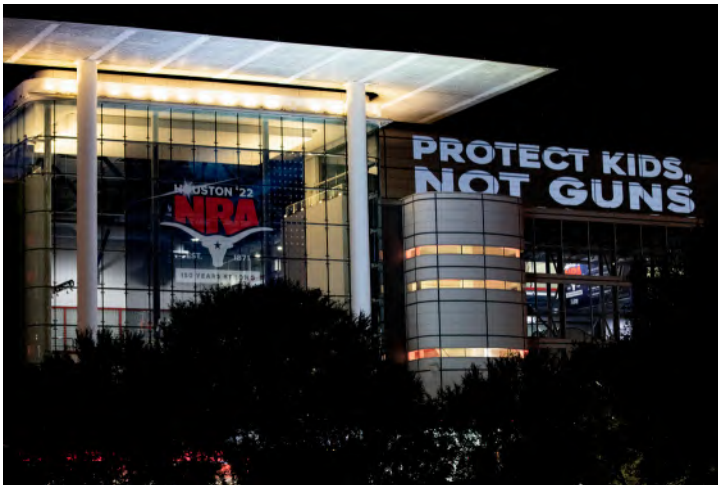
DON GRANT PHD, NEWPORT ACADEMY, SANTA MONICA, CA

Uvalde, Texas, was set to host the Little League All-Star Championship in June. Six of the 19 children killed were on the hometown team. The town considered canceling the games but ultimately decided to play on while honoring the victims.

CALLAGHAN O'HARE/THE NEW YORK TIMES/REDUX

hypervigilant or starts to avoid certain places or activities, that may indicate a need for professional support, said Grant.

Educators and policymakers also need empirical data on what makes schools safe—both physically and psychologically, said Crepeau-Hobson, a member of the APA's Div. 16 (School Psychology) executive committee.



A projection on the NRA Convention in Houston on May 27, 2022, calls for action.

"A number of schools are wasting their resources on strategies that aren't particularly helpful, without thinking about their psychological impact on children who are coming to school to learn," she said.

School districts across the nation are spending billions of dollars to enhance security, installing emergency alert systems and hiring additional personnel. But many of the new approaches lack evidence and could even cause harm. For example, a law enforcement presence may make some students feel safer but may undermine a sense of safety in others, such as students of color. Early studies of active shooter drills—which are now nearly ubiquitous—suggest they may increase anxiety, stress, and depression symptoms in children and adolescents (*The Impact of Active Shooter Drills in Schools*, Everytown Research and Policy, 2020).

Communities also need to be prepared to support children in the immediate aftermath of a mass shooting. Last year, Comer launched the Network for Enhancing Wellness and Disaster-Affected Youth (NEW DAY), which delivers large-scale professional training on disaster mental health across the country. NEW DAY teaches psychological first aid and other skills to teachers, coaches, nurses, and others who work with children and teens.

SUSTAINING ENGAGEMENT

More research is also needed on how mental health services can best support survivors, families, and affected communities in the aftermath of a mass shooting, experts say. Richer firearm-injury and mortality data sets can also help researchers better understand the conditions surrounding these crises.

But many feel change is urgently needed, and that partnering with the firearm community—to promote more secure storage of firearms, for example—is one way to start reducing firearm injuries and deaths right away, Beidas said.

More than 7 million Americans bought firearms for the first time between January 2019 and April 2021, mostly for self-protection (Miller, M., et al., *Annals of Internal Medicine*, Vol. 175, No. 2, 2022). That suggests many people need education on secure storage (see "Talking to Patients About Firearm Safety," April *Monitor*), and that the recommended method of storing a gun unloaded and locked, with ammunition locked separately, might not be acceptable to all firearm owners.

"We need to establish a shared mission with the firearm community," Beidas said, "and keep in mind that a harm reduction approach is the most effective way to change behavior."

At the policy level, a majority of Americans support stricter gun laws, but progress in that domain may be incremental (Jose, R., et al., *Psychology of Violence*, Vol. 11, No. 4, 2021). Slovic said it's important to stay engaged and not to let a false sense of inefficacy prevent us from taking steps in the right direction.

"Just because we can't fix a problem in its entirety doesn't mean that we shouldn't do what we can do to make a difference," he said. "We cannot afford to let our minds deceive us into underreacting." ■

FURTHER READING

Empowering communities to prevent mass shootings
Stringer, H. *Monitor on Psychology*, January 2022

When the shooting stops: The impact of gun violence on survivors in America
Everytown Research & Policy, 2022

Coping with cascading collective traumas in the United States
Silver, R. C., et al. *Nature Human Behavior*, 2020

An introduction to the special issue: Firearms homicide and perceptions of safety in American schools post-Columbine
Hong, J. S., & Espelage, D. *Journal of School Violence*, 2020

BOB LEVEY/GETTY IMAGES FOR MOVEON

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TREATING FAMILY AND COMMUNITY TRAUMA IN UVALDE

School shootings last for minutes and hours, but the results ripple on for months, years, and decades. How are psychologists helping Uvalde's citizens live with the various stages of trauma?

BY TORI DEANGELLIS

Psychologists have been helping the community of Uvalde, Texas, try to cope and heal after the horrific May 24 shooting at Robb Elementary School that left 19 children and 2 teachers dead.

That includes both acute and longer-term interventions. In the immediate aftermath of the shooting, psychologists from the University of Texas at Austin were among those volunteering on-site to help. The team worked at a walk-in clinic located within a mental health center two blocks from the school, where two mental health professionals were based every day. These included at least one bilingual Spanish-English speaker, said pediatric psychologist Jeffrey Shahidullah, PhD, an assistant professor at UT Austin's Dell Medical School, who staffed the weekend walk-in clinic hours.

In the days following the shooting, children, parents, and first responders came in to unload emotionally and get support, Shahidullah said. Children displayed a range of reactions including acting disoriented, confused, frantic, and panicky, while others seemed emotionally shut down—not surprising, since "sometimes trauma symptoms don't really hit until 3 to 6 months later," he said.

The main approach the team used was psychological first aid, an evidence-based intervention developed by the National Child Traumatic Stress Network, or NCTSN. It aims to ascertain child and family needs and provide immediate practical assistance, support, and resources in the wake of disasters. The team also assessed children holistically for factors that could exacerbate or mitigate their coping abilities, Shahidullah said.

"We're trying to do a whole-person assessment—to determine risk factors for each individual child," he said. That includes factors related to the trauma itself—whether the child was actually on-site or heard about the incident secondhand, for example—and other factors like family environment and previous levels of trauma.

The team is also identifying child and family resiliency factors—personal and community-level strengths that families can tap into, Shahidullah said. That could be actions as diverse as connecting with faith-based communities, spending time with friends, or engaging in other pleasurable activities—"things that are routine-based and provide a sense of worth and enjoyment," he said. While the work is by its nature short term, the aim is "to help provide families with as much stability in the next weeks and months as possible," he said.

Beyond the immediate months following the shooting, the team also plans to assess what they can do to help strengthen the community over the long term, Shahidullah added. "We don't just want to put a Band-Aid over it and leave," he said. "We need to create a trauma-informed community, because the situation doesn't end once the traumatic event is over."

TRAINING THOSE ON THE GROUND

Others are providing training to help the Uvalde community develop those longer-term tools and resources. A main force in this work is clinical psychologist Julie Kaplow, PhD, ABPP, who, with colleagues at the Trauma and Grief Center at the Hackett Center for Mental Health in Houston, began working on a number of fronts to help build and reinforce Uvalde's community resilience.

FURTHER RESOURCES

How to help children after the Uvalde school shooting
Meadows Mental Health Policy Institute
https://mmhpi.org/wp-content/uploads/2022/05/Helping-Children-After-Uvalde-School-Shooting_TAGCenter_May2022.pdf

Bounce back: An elementary school intervention for childhood trauma
National Child Traumatic Stress Network
https://www.nctsn.org/interventions/bounce-back-elementary-school-intervention-childhood-trauma

Trauma and grief component therapy for adolescents
National Child Traumatic Stress Network
https://www.nctsn.org/interventions/trauma-and-grief-component-therapy-adolescents

The hallway in Robb Elementary where scores of law enforcement officers made the "terrible tragic mistake" to delay entry to the classroom with the active shooter and injured students, according to the Texas House of Representatives Investigative Committee Report.

IVAN PIERRE AGUIRRE/THE NEW YORK TIMES/REDUX

Kaplow's team was heavily involved in establishing the Santa Fe Resiliency Center after the high school shooting in Santa Fe, Texas, in May 2018. Using lessons learned from that work, the team coordinated trainings for all school counselors in the Uvalde school district in two evidence-based group treatments for trauma and traumatic loss: Bounce Back, for children K-5, and Trauma and Grief Component Therapy (TGCT-A), for older children and teens. (Bounce Back is a 10-session cognitive behavioral skills-based group intervention to teach elementary school children how to cope with and help recover from their traumatic experiences. TGCT-A is a manualized group or individual treatment program for older

"Sometimes trauma symptoms don't really hit until 3 to 6 months later."

—JEFFREY SHAHIDULLAH, PHD, ASSISTANT PROFESSOR, UT AUSTIN'S DELL MEDICAL SCHOOL

kids and teens who have been exposed to trauma or are traumatically bereaved that can be implemented in a variety of service settings, including schools, community mental health centers, and clinics.)

"Many of the school counselors felt ill equipped to handle the trauma and grief that they were going to be seeing and had not necessarily been trained in evidence-based practices for treating that," Kaplow said. The training should help to fill those gaps, she said.

In addition, her team is helping to train all school staff in Uvalde on how to identify trauma and grief in students. "Often, school is the primary place where children experiencing high levels of post-traumatic stress are discovered," she said. "We're trying to teach those who are likely to encounter these children about what trauma can look like so they can make appropriate referrals," she said.

Through an affiliated group practice managed by Kaplow called the Lucine Center, her team is also offering no-cost trauma- and grief-informed teletherapy to any Uvalde-area children and teens in need of this form of intervention. While in-person meetings are optimal following a tragedy like this, "we've heard from a number of providers that many children impacted by the shooting have been too terrified to leave their homes," she said. "So we are hoping that this is an effective way of reaching them."

Another plan is to host educational town hall–style meetings for parents and caregivers to help them understand their children's potential reactions and behaviors over the coming months and how to help these students integrate back into school, Kaplow said. Training volunteer clinicians is also on the docket, because many have not worked in such intense settings before, she said. Besides making sure these clinicians understand trauma- and grief-informed best practices, the training will include information on how to prevent secondary traumatic stress and compassion fatigue among mental health providers. "We want to build in those supports ahead of time," Kaplow said.

In response to the Uvalde tragedy, Kaplow's team has also developed a handout for caregivers in general about how to talk with their children about school shootings. "The ripple effects of this tragedy extend well beyond Uvalde," Kaplow said. "We have received many questions and concerns from parents and caregivers across the country whose children are now scared to return to school." ■

Congregants of Sacred Heart Catholic Church in Uvalde, Texas, find strength in community following the shooting at Robb Elementary School.

CHRISTOPHER LEE/THE NEW YORK TIMES/REDUX

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AFRAID TO WORK AT SCHOOL

Psychologists highlight the urgent need to reduce violence and abuse against educators

BY HEATHER STRINGER

Second-grade teacher Vicki Kreidel considered resigning this spring because interactions with parents each week left her feeling increasingly demoralized and inadequate. For 21 years, the southern Nevada teacher had enjoyed productive conversations with parents when she alerted them to academic or behavioral issues with their children, but in the wake of the pandemic, many of her students and their parents seemed to disregard civility norms. Children were yelling at one another and name-calling; parents accused her of biases against their children and anonymously reported her to the principal. Kreidel sometimes suffered from panic attacks after work, and the stress intensified her symptoms of rheumatoid arthritis.

"These families have experienced trauma from long periods of isolation, the deaths of loved ones, and economic insecurity as a result of COVID, and I have empathy for them," said Kreidel, who is also president of the National Education Association of Southern Nevada. "But I started to question whether the job was worth it."

Kreidel's struggle reflects an alarming trend among teachers and other school personnel throughout the nation: Violence against educators is common. Psychologists are working to understand both the causes of the problem and the solutions that will increase safety in schools. But they agree that there is an urgent need for more research and resources to protect and retain the country's education workforce, especially as school shootings pose another constant stressor for educators.

Two of Kreidel's second-grade colleagues at Lomie G. Heard Elementary School recently quit, and teachers throughout the district have been resigning at twice the pre-pandemic rate, Kreidel said. In Los Angeles County, school superintendents are reporting unprecedented threatening behaviors in classrooms, at school board meetings, and sometimes at the homes of school leaders, said Debra Duardo, who oversees the county's 80 school districts. More than 30% of the superintendents in the county's districts resigned during the last two school years—6 times the typical turnover rate. Nationwide, the current gap between public education job openings and hirings is the largest since the U.S. Bureau of Labor Statistics started tracking this data in 2000.

The stories from Kreidel and Duardo were mirrored in a recent APA national survey of nearly 15,000 pre-K through 12th-grade teachers, staff, psychologists, social workers, and administrators: 54% of all respondents were threatened on the job between July 2020 and June 2021. Administrators and teachers were the most likely to experience verbal abuse from parents. About 1 in 5 school psychologists, social workers, and staff—such as janitors, cafeteria workers, and bus drivers—had been physically attacked, sexually assaulted, or threatened with a weapon by students (*Violence Against Educators and School Personnel: Crisis During COVID*, APA, 2022).

"One of the most alarming findings was the discovery that nearly half of teachers and one third of administrators desired or planned to quit or transfer," said Susan Dvorak McMahon, PhD, who is leading APA's Task Force on Violence Against Educators and School Personnel, a group of seven psychologists who conducted the survey. McMahon, a professor of clinical and community psychology at DePaul University, and other task force members are afraid that the learning loss experienced during COVID will expand if there is an exodus of teachers.

"And for those who stay, it will be difficult to promote emotional and academic growth in students if school workers are feeling victimized and burned out," said Dorothy Espelage, PhD, who is on the task force

FURTHER READING

Addressing violence against teachers: A social-ecological analysis of teachers' perspectives
McMahon, S. D., et al.
Psychology in the Schools, 2020

Mapping and monitoring bullying and violence: Building a safe school climate
Astor R. A., & Benbenishty, R., Oxford University Press, 2017

Are cyberbullying intervention and prevention programs effective? A systematic and meta-analytical review
Gaffney, H., et al.
Aggression and Violent Behavior, 2019

SATOSHI-K/GETTY

Berkeley High School math teacher Dan Plonsy packs up after the end of the school year in Berkeley, California. Plonsy canceled his final exams and called in sick after a student was arrested in what the authorities described as a plot to attack the school.

and is a professor in the school of education at the University of North Carolina at Chapel Hill.

Data from the new survey will allow psychologists to study not only how factors such as access to resources, school climate, and local laws influence rates of violence against educators, but also which interventions are more likely to be effective in different settings. This work will also help policymakers as they look to pass legislation at the federal and state levels that supports improving school climate and educator recruitment and retention efforts. "There may be one school that is very demoralized and another one three blocks down the road that is not, so the programs must be adapted to fit the context of each school," said Ron Astor, PhD, a new member of the task force and a professor in the Luskin School of Public Affairs at the University of California, Los Angeles. "We also saw the need to explore the context in which this was happening rather than blaming the kids for the problem."

PROMOTING SAFETY AND CIVILITY

Astor believes that psychologists are essential to the effort to reduce violence in schools because they can help students, teachers, parents, and administrators listen to one another and home in on safety interventions tailored to the needs and resources in their schools. He found that many evidence-based school safety programs fizzled after researchers implemented them, prompting him to explore a new grassroots approach in Southern California. He recruited graduate-level social work and psychology interns to share school-specific data from the California Healthy Kids Survey at parent-teacher association meetings, staff meetings, and student gatherings (*Research on Social Work Practice*, Vol. 31, No. 5, 2021).

"The state has been collecting data for decades about school safety and student wellness, but this information rarely comes back to the classroom," Astor said. The team visited 145 schools between 2009 and 2013, and the researchers avoided using the term "data" because the word seemed to distance people from the results. Instead, they explained that the survey reflected students' feelings. Sometimes parents and teachers were surprised by how many students were worried about being beaten up or being the subject of mean rumors. Through these discussions, a group of motivated people within a school would usually work together to tackle a problem, and the strategies each group used varied.

The youth in one district, for example, were concerned about the high rates of bullying in their local schools, and they suspected the issue stemmed from a lack of awareness in the community about the prevalence and effects of bullying. The students met with members of the local chamber of commerce, who agreed to fund a "Because Nice Matters" campaign. Bus murals and banners in stores advertised the importance of kindness, and the students helped to launch social-emotional learning (SEL) programs in the schools. Their efforts not only decreased bullying but also improved relationships between students and the school staff.

All manifestations of school victimization—such as being in a fight, being threatened or injured with a weapon, or being the subject of rumors or sexual jokes—in the 145 schools dropped during the 3-year study, and the rates remained low at least 3 years after the study. Although the research did not focus specifically on reducing violence against educators, Astor is optimistic that a similar method could improve safety for this workforce. Schools could use the APA survey to launch discussions that allow teachers, janitors, administrators, and others to share their experiences and explore possibilities to increase safety at their school.

APA's survey also included 7,000 qualitative responses, and more than 50% of the respondents wanted more training in SEL skills, trauma-informed practices, and de-escalation strategies. "When more than half are saying they need more training, it is clear that we are not doing a good enough job equipping educators with skills that will help them be more effective," McMahon said. Psychologists can help by conducting school- or district-wide trainings on how to apply these skills to real-world situations and by consulting with educators about individual and classroom-level challenges, she said.

Another theme in these responses was the important role of school principals after an incident of verbal or physical aggression. Some teachers felt that lack of support from school leaders after the teachers reported a problem significantly intensified their distress. School psychologists can leverage their position within a school system to address issues like this, said Byron McClure, PhD, a school psychologist in Washington, D.C., who spoke at the congressional briefing when the report was released in March.

"For a long time, school psychologists have been relegated to the role of assessing students who are having problems, but I made it a priority to listen to teachers, students, and principals to find out how I could support them," said McClure, who was recently part of a team working to redesign DC Public Schools. "They are eager to share the barriers they face and their ideas to overcome the barriers." While working at Anacostia High School, McClure helped students and staff organize a rally to advocate for more resources to prevent violence. The event led to a meeting with the chancellor of DC Public Schools, who agreed to provide funding for mental health first aid training at the high school.

MEASURING TEACHER SAFETY

Although there is increasing awareness about the importance of safe working conditions for educators, psychology researchers agree that teacher and staff victimization is rarely included in measures to assess school interventions. "For the most part, people doing school safety research test programs that focus on students, and we don't know if those programs are benefiting teachers," said Andrew Martinez, PhD, a member of the task force and a principal research associate at the Center for Court Innovation in New York, a nonprofit focused on improving the justice system.

His team recently completed a 3-year restorative justice

ERIN SIEGAL/REDUX

Demonstrators argue during a protest against teaching critical race theory before a school board meeting for the Jefferson County Public Schools district in Louisville, Kentucky, July 27, 2021.

study across 19 high schools in New York City. The qualitative findings suggested the Restorative Justice in Schools Project created stronger relationships between teachers and students while also helping to reduce fights but did not decrease the number of suspensions (Ayoub, L. H., et al., *Restorative Justice in NYC High Schools: Perceived Impact and Mixed Findings from a Randomized Controlled Trial*, Center for Court Innovation, 2022). The schools in the study aimed to prevent violence by building relationships rather than resorting to punishments for misbehavior. The students participated in "restorative circles," in which groups of staff and students talked about challenges and supported one another. If students were involved in a violent incident, both parties invited supportive friends and adults to a conversation mediated by a restorative justice coordinator. "This is an example of an intervention that has been widely used to increase school safety, but it has not been rigorously tested under experimental methods, and teacher safety has not been measured," Martinez said. "Maybe examining school suspension rates after only 2 years of implementing the program is not the best measure to determine the effectiveness of this intervention."

Including parents in more school safety studies and interventions would be valuable, said Espelage. "Many psychologists get frustrated because parents may not be responsive to these programs, but we need to go to them rather than expecting parents to come to the school," she said. "Make it easy for them to participate." She encourages psychologists to offer SEL programs at churches, at community events, and through youth sports organizations. To make a training event at a school more inviting for parents, include dinner and provide childcare, she said.

SATOSHI-K/GETTY

SWIFT ACTION NEEDED

Even though research on teacher victimization has grown in the last decade, the field is still in its infancy, McMahon said. The task force distributed a second survey this spring and will repeat the process in a year to track rates of violence over time. The data will be analyzed in future years to study a variety of factors influencing rates of victimization, school climate, and recommendations. Members of the task force also recognized that teachers and school personnel need help now, and this urgency prompted them to create a policy brief and technical report highlighting a slice of the APA survey findings rather than wait to publish studies based on the data. "We made this decision because data loses its policy relevance over time, and the mental health of our schools and country is at risk," Astor said.

"You should feel protected in a place where you spend 75% of your day. You can't be your best self if you feel on edge. If you're not your best self … you're not able to teach at your highest potential."

LATEEFAH MOSLEY, FOURTH-GRADE TEACHER, DECATUR, GEORGIA

They shared these findings at the congressional briefing in March and advocated for legislation that would increase education jobs, mental health services in schools, and training programs for educators. Tonya Shonkwiler, a special education teacher in Montana who spoke at the briefing, hopes these efforts will help teachers avoid the difficult decision she made to leave her dream job. For years she loved teaching students with special needs, but over time she encountered more violence from students as funding declined and resources disappeared. Her class sizes expanded, yet she had fewer and fewer teaching aides, and administrators lacked the training to help her deal with unsafe situations.

For Astor, the evidence is clear that educators are in crisis and that their safety must be a higher priority for legislators, researchers, parents, and community leaders. "It will be impossible to help kids thrive unless we consider the teachers and school personnel who are supporting the students," he said. "Too many educators feel afraid, disrespected, and exhausted, and their mental health can no longer be an afterthought." ■

A BETTER START FOR TEEN DRIVERS

New drivers are at a high risk of crashes. Can psychology-informed interventions help?

BY STEPHANIE PAPPAS

When the COVID-19 pandemic triggered shutdowns in 2020, many states waived on-road testing for new drivers. Generally, pre-pandemic standards have now returned, but in some places, COVID wrought a permanent change. In Wisconsin and Mississippi, for example, teen drivers with a learner's permit can now have their parents submit an affidavit of practice in lieu of an on-road test. North Carolina also allows road test waivers for some new drivers over the age of 18. Meanwhile, some states' licensing offices have now outsourced road tests to third-party driving schools.

It is unclear what effect, if any, these changes will have on teen driving safety. Most teens do pass their road tests, which cover only very basic driving skills. But the pandemic's echoes highlight the push and pull of licensing these young, vulnerable drivers. Novice drivers have crash rates 2 to 3 times higher than experienced drivers, and they're overrepresented in fatal crash statistics. Deciding how to license teen drivers is often a balancing act between mobility, equity, and safety.

"They are learning to do something that is really quite complex that they've never done before," said Robert Foss, PhD, a social psychologist at the University of North Carolina Highway Safety Research Center. "And the way that we have traditionally licensed in the United States is basically to say, 'If you can pass a written test, go for it, good luck.'"

Researchers in psychology have already changed the way teens get their licenses by championing the graduated driver licensing (GDL) system, which built in protections for young drivers and made them safer over the past 2 decades. Now, they are seeking new ways to hasten the learning process and save lives in the first critical months of independence on the road.

LEARNING THE ROAD

Deaths from vehicle crashes climbed in 2020, the last year for which full data is available, and teen drivers were no exception. According to the National Highway Traffic Safety Administration, fatal crashes involving drivers 15 to 20 years old rose from 3,863 in 2019 to 4,405 in 2020, an increase of 14%.

This uptick is a reversal in a long-term trend toward fewer fatal crashes for teens since the late 1970s, in part because of improved safety standards in cars and in part because of the graduated driver licensing systems instituted by most states in the late 1990s. Under a GDL system, teens must first get months of practice while supervised by experienced adults. Newly licensed teen drivers have limits on the number of passengers in their vehicles, and sometimes on the times of day when they can drive. These limitations reduce distractions and challenges during a sensitive period of learning for teens.

"They are learning to do something that is really quite complex that they've never done before."

ROBERT FOSS, PHD, UNIVERSITY OF NORTH CAROLINA HIGHWAY SAFETY RESEARCH CENTER

"It's just meant to use the driver's licensing system to ensure that young beginning drivers get a lot of practice driving, while at the same time protecting them from the consequences of the mistakes that they're likely to make," Foss said. He and his colleagues found that in North Carolina, fatal crashes among 16-year-olds declined 57% after the GDL system started, and minor- or no-injury crashes decreased 23% (*JAMA*, Vol. 286, No. 13, 2001). Drivers licensed under the GDL system had a 10% lower crash rate in the first 5 years of driving compared with those licensed before the GDL system was put into place (*Accident Analysis & Prevention*, Vol. 42, No. 6, 2010).

Teen drivers are often considered foolish, reckless, and irresponsible, Foss said, an extension of the notion that teens are

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developmentally unformed and unready for adult responsibilities. But while it is true that the United States licenses drivers during a time of great neurodevelopmental change, brain development (or lack thereof) isn't the main culprit behind teen car crashes. "What we now know very well and should have known long ago, had there been more expert academic inquiry into the issue, is that the main problem is that they are inexperienced," Foss said.

Bearing out this fact is the crash rate for new drivers. Across countries (including nations that license at 18 instead of 16), the highest rate of crashes occurs when drivers first start piloting the car alone (McCartt, A. T., et al., *Traffic Injury Prevention*, Vol. 10, No. 3, 2009). The learner's period, during which an experienced supervisor is always in the car, is remarkably safe. But the first 6 to 12 months after getting fully licensed are the most dangerous, on average, said Neale Kinnear, PhD, a lead behavioral psychologist at Humn in the United Kingdom (*Accident Analysis & Prevention*, Vol. 50, 2013). "This is the crucial time that a new driver learns by themselves to become safer," Kinnear said. "What's happening in that time frame, we don't really know."

Research shows that the first 6 to 12 months of driving after getting a new license are usually the most dangerous.

HAZARD PERCEPTION

There are hints as to what the first months of independent driving teach. One likely skill is hazard perception, or the ability to detect and respond to developing situations—a car that might pull out on a blind curve, a pedestrian hovering near a busy corner. This skill is likely both cognitive and visual; research going back decades finds both that novice drivers struggle to anticipate other drivers' actions and that they have a more restricted visual focus as they scan the roadway (McKnight, A. J., & McKnight, A. S., *Accident Analysis & Prevention*, Vol. 35, No. 6, 2003).

In the United Kingdom, a hazard perception test has been part of the process of getting licensed since 2002. Applicants must watch short videos and press a button when they see a hazard, such as a pedestrian stepping into the road.

"Estimates put [the impact of the test] at reducing more than 1,000 injury-based collisions in the U.K. annually," said David

Novice drivers have a more restricted visual focus as they scan the roadway.

Crundall, PhD, a professor of psychology at Nottingham Trent University who studies hazard perception testing and training. U.K. Department for Transport research pegs the impact at an 11% reduction in collisions each year (*Cohort II: A Study of Learner and New Drivers*, 2008). The testing has spurred a training industry around hazard perception, he said. There are free practice tests online, and driving instructors incorporate practice into their courses. "We're still keeping the worst drivers off the road, but we've also upped the game of the majority of the drivers," Crundall said.

But how new drivers best learn hazard perception isn't yet clear. Part of the learning process may involve linking experience to emotions. "We don't make continuous conscious decisions when driving, because we don't have time," said Kinnear. Anticipating hazards, then, may develop as drivers practice in real-world situations and acquire a "gut feeling" about what is and is not safe. A brand-new driver attempting a double left turn next to a semitruck might start that turn without any emotion about the experience, but after a firsthand brush with being cramped and close to colliding, they might get an anticipatory tingle the next time and decide to hang back or speed up to avoid the truck's swinging back end. "Ultimately, by translating complex scenarios into feelings, we learn to anticipate risk and speed up decision-making," Kinnear says.

This is called the somatic marker hypothesis, and Kinnear and his colleagues have some evidence that it might play a role in hazard perception for new drivers. In a laboratory study, the researchers asked learner drivers, inexperienced drivers, and drivers with more than 3 years of experience to watch video clips containing road hazards while having their skin conductance measured (*Accident Analysis & Prevention,* Vol. 50, 2013). They found that experienced drivers had a greater skin conductance reaction at the moment of the hazard than inexperienced drivers, and that inexperienced

OLASER/ISTOCK/GETTY

drivers, in turn, reacted more strongly than learners. Interestingly, the same was true of the skin conductance reaction in the moments leading up to the hazard, when a situation was developing but was not yet dangerous—for example, a biker riding on a road parallel to the driver's road, well prior to the two roads merging. These findings suggest that newer drivers don't experience as strong a gut feeling about developing dangers as more seasoned drivers.

"This can start to tell us what it is that new drivers don't have that they need to learn to have," Kinnear said.

It can also help explain why teen drivers don't pick up on these skills as quickly as would be ideal during the supervised learning process. Often, parents teaching their children to drive take on much of the cognitive load of the task themselves, said Jessica Hafetz Mirman, PhD, a lecturer in applied psychology at the University of Edinburgh. They will instruct teens on when to start a turn and when to brake, for example, and will scan the road for hazards themselves. "It's hard to pass that baton over to your kid, I think for fair reasons," Mirman said. "It's scary."

The result, though, is that teens are often the "CEO of the car" for the first time when driving solo, Mirman said. Qualitative interviews with parents also suggest that they sometimes don't understand why their children are ignoring hazards that seem obvious to the adults as experienced drivers (*Journal of Adolescent Research*, Vol. 27, No. 3, 2012). "They tend to interpret that as a maturity issue, that [the teens are] not taking driving seriously, for example, but it's really a skill issue," Mirman said.

Those same interviews indicated that while parents were highly motivated to help their learning drivers and understood the importance of practice, they didn't often highlight specific skills for teens to learn. They more often brought up big-picture concepts like preparedness or awareness. This could indicate a need to give parents and guardians—typically the main supervisors for teens' driving practice—more research-based information on how to support their children.

One possibility is that teens could practice hazard-spotting from the passenger seat. This strategy has not been subjected to many studies, though one experiment by Crundall and colleagues using a driving simulator did suggest that it could improve reaction time and reduce virtual crashes compared with no training, at least in the short term (*Accident Analysis & Prevention*, Vol. 42, No. 6, 2010). (Teens shouldn't be asked to comment on hazards while they drive, Crundall warned—that task can too easily overwhelm them.)

Parents and guardians may also need to keep a keen eye out for distractions, especially smartphones, says Charlie Klauer, PhD, an industrial and systems engineer with a master's degree in psychology at the Virginia Tech Transportation Institute. Using on-the-road monitoring systems for new teen drivers, Klauer and her colleagues have found that distractions are particularly dangerous for young drivers (*The New England Journal of Medicine*, Vol. 370, 2014; *International Journal of Epidemiology*, Vol. 46, No. 1, 2017). "Not only do they engage in those activities more frequently than adults do, but they're at more risk than adults are when they do it," Klauer said.

"Ultimately, by translating complex scenarios into feelings, we learn to anticipate risk and speed up decision-making."

NEAL KINNEAR, PHD, HUMN, UNITED KINGDOM

Part of the problem seems to be that teen drivers don't adjust their approach to adjusting the music or answering a phone call based on road conditions. They tend to give in to the distraction regardless of how challenging the driving environment. Apps that prevent the phone from being used while in motion are one way to combat this tendency, Klauer said. Parents can also sign driving contracts with their teens, laying out expectations and consequences for falling short. Phone use should be part of that conversation, she said.

There may also be opportunities to encourage more effective practice during the learner's permit period. Teens don't often get enough experience with driving in difficult conditions such as bad weather or with night driving during the learning phase, Mirman said, "They're just not getting the quality, quantity, and diversity of practice that they should."

How to develop and effectively implement a program to support better parent instruction and practice is a bigger question. It's a hard place to make headway, Foss said, because it requires targeting parents in hopes of changing teen behavior.

"You're taking an indirect route," he said, "which greatly

Psychologists are studying ways to improve driver safety among teens with attention-deficit/hyperactivity disorder, who have twice the crash rates as other teen drivers.

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FURTHER READING

Changes in driving behaviors after concussion in adolescents
McDonald, C. C., et al., *Journal of Adolescent Health,* 2021

Advancing our understanding of cognitive development and motor vehicle crash risk: A multiverse representation analysis
Mirman, J. H., et al., *Cortex,* 2021

A novel health-transportation partnership paves the road for young driver safety through virtual assessment
Walshe, E. A., et al., *Health Affairs,* 2020

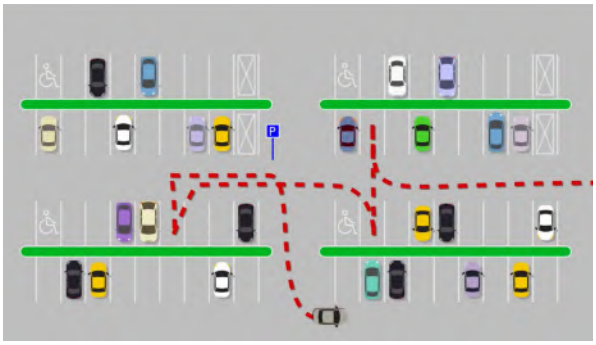
complicates and greatly reduces the chances that you're going to be successful."

Mirman and her colleagues at the University of Pennsylvania are currently recruiting 1,200 parent-teen dyads for an NIH-funded randomized controlled trial to evaluate the Drivingly Program (drivingly.org), which aims to test whether a comprehensive program of hazard awareness training, on-road driver assessment and feedback, 1:1 parent sessions with a trained health coach, and online logbook and psychoeducational modules for families might reduce the crash rate for new drivers. "How can we accelerate the learning that happens during the first few months of licensure and bring it back earlier during the learner's permit phase?" Mirman asked. This study is the first to target multiple risk and protective factors at once and use police-reported crashes as the main outcome, she said.

Despina Stavrinos, PhD, a psychologist at the University of Alabama at Birmingham, is currently running an NIH-funded study to examine how teens respond to hazards—especially under distracted conditions—as an outcome of age and experience. The study should help untangle how much of teens' struggles on the road are due to developmental effects versus experience, Stavrinos said. Research on new teen drivers skews toward 16-year-olds, since that is when many get their licenses, but some teens delay licensure to older ages. Stavrinos's study is testing both 16- and 18-year-old new drivers. "We don't know much about how older novices navigate," she said.

At Johns Hopkins, Johnathon Ehsani, PhD, MPH, a public health researcher who works closely with psychologists on transportation safety, is currently studying the impact of a simple practice-tracking app for learner drivers. Most states have requirements for how many hours teens should drive with supervision before full licensure, but very few require any sort of verification. Ehsani and his team wanted to create something that would give novice drivers feedback on the type of practice they had done. The researchers created The Driving App, which allows drivers to track their practice drives and then manually enter information about the driving conditions and roadways taken.

Ideally, Ehsani said, the app could be expanded to automatically detect some of this information and to provide suggested routes for more challenging practice. Right now, though, the research is in its



A promo for The Driving App, a practice-tracking app for drivers created by researchers at the Ehsani Lab at The Johns Hopkins School of Public Health.

EHSANI LAB AT THE JOHN HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH

early stages and the app has been tested with only 150 families in Maryland.

Ehsani and Kinnear are also collaborating on an ongoing study to use fMRI to explore how new and experienced drivers in their late teens and early 20s assess risk when watching videos of gradually unfolding driving hazards. The goal is to understand how brain activation might change as people gain expertise, perhaps providing targets for training and practice. "We're just at the very beginning of interpreting that information and seeing if there are differences in the groups and how those differences might be reflected in brain activation," Ehsani said.

TARGETING HIGH-RISK LEARNERS

Graduated driver licensing was a psychology and public health coup: a relatively easily implemented, population-based program that had a widespread impact on crash rates. It will be hard for psychology to clinch another win like it, Foss said.

But researchers might be able to make big gains in smaller populations. Teens with attention-deficit/hyperactivity disorder (ADHD) have twice the crash rates as other teen drivers, said Annie Garner, PhD, a clinical psychologist at Saint Louis University. Driving safety in this population is understudied, Garner said, but she and her colleagues have found basic differences in safety behaviors. For example, teens with ADHD are more likely than teens without to make extended glances (of more than 2 seconds) away from the roadway when distracted by hands-free phone calls or voice-to-text tasks, leading to problems maintaining lane position in a driving simulator (*Journal of Abnormal Child Psychology*, Vol. 43, No. 6, 2015). Self-report studies also indicate that teen drivers with ADHD make more traffic infractions than teens without ADHD, resulting in more fines and remedial driving courses (*Journal of Attention Disorders*, Vol. 22, No. 12, 2018).

The question is whether these teens need specialized driving instruction or whether the focus should be on managing their ADHD more globally, Mirman said. Garner and her colleagues are now running a randomized control trial funded by the National Institute of Child Health and Human Development to see if an intervention designed to reduce extended eye glances away from the road can help teens with ADHD drive more safely. The intervention is based on a program called FOrward Concentration and Attention Learning (FOCAL), developed at the University of Massachusetts Amherst, which has been shown to reduce extended eye glances in neurotypical teens (Pradhan, A. K., et al., *Ergonomics*, Vol. 54, No. 10, 2011). Garner and her multidisciplinary team made up of pediatric psychologists, engineers, and experts in eye tracking and biofeedback have modified the original FOCAL intervention to include more parent-oriented material in the hopes that targeting both parents and their new drivers will help this vulnerable group of teens. The researchers are currently in the data analysis phase of the study.

Stavrinos is also conducting research on driving in teens with mild traumatic brain injury. There are protocols for teens to return to sports and school after a concussion, Stavrinos said, but nothing about when they should get back behind the wheel. She and her colleagues are recruiting teens within 72 hours of head injury to take driving tests in a simulator under periods of distraction and no distraction. "Clinicians are very interested in this study in particular, because they're not sure what recommendations to make," Stavrinos said.

The field also needs to grapple with the same rigor and reproducibility issues that the rest of psychology has had to face over the past decade, Mirman said. These range from lack of data sharing and preregistration to underpowered studies and misuse of statistical analysis. Chasing small effect sizes from lab studies could waste funds that might go to more effective interventions, she said.

"These are young people's lives," Mirman said. "We owe it to them to do it the right way, even if it takes longer." ■

THE FACTS ABOUT ABORTION AND MENTAL HEALTH

Scientific research from around the world shows having an abortion is not linked to mental health issues but restricting access is

BY ZARA ABRAMS

More than 50 years of international psychological research show that having an abortion is not linked to mental health problems, but restricting access to safe, legal abortions does cause harm. Research shows that people who are denied abortions have worse physical and mental health, as well as worse economic outcomes than those who seek and receive them.

Meanwhile, the same research shows that getting a wanted abortion does not cause significant psychological problems, despite beliefs to the contrary. A landmark study of more than 1,000 women across 21 states showed that those who were allowed to obtain an abortion were no more likely to report negative emotions, mental health symptoms, or suicidal thoughts than women who were denied an abortion.

Large longitudinal and international studies have found that obtaining a wanted abortion does not increase risk for depression, anxiety, or suicidal thoughts (Advancing New Standards in Reproductive Health, 2018).

"It's important for folks to know that abortion does not cause mental health problems," said Debra Mollen, PhD, a professor of counseling psychology at Texas Woman's University, who studies abortion and reproductive rights. "What's harmful are the stigma surrounding abortion, the lack of knowledge about it, and the lack of access."

Misconceptions about abortion are also linked to lower support for it—and people deserve to have accurate information so they can make informed decisions, Mollen said (Wiebe, E. R., et al., *Gynecology & Obstetrics*, Vol. 5, No. 9, 2015).

HOW ABORTION IMPACTS MENTAL HEALTH

The Turnaway Study, a landmark analysis of abortion from Advancing New Standards in Reproductive Health (ANSIRH) at the University of California, San Francisco, served to debunk the belief that people who get abortions experience deep regret, grief, or even posttraumatic stress disorder. Instead, the most commonly felt emotion is relief (Rocca, C. H., et al., *Social Science & Medicine*, Vol. 248, 2020).

In the study, researchers followed nearly 1,000 women across 21 states for five years to examine the similarities and differences between those who wanted and received an abortion versus those who wanted but were denied an abortion. Five years after the procedure, women who had an abortion were no more likely to report negative emotions or suicidal thoughts than women who were denied an abortion, and more than 97% of those studied said that having the abortion was the right decision (Rocca, C. H., et al., *Social Science & Medicine*, Vol. 248, 2020).

In a review of the scientific literature on abortion published 10 years earlier, an APA task force reached a similar conclusion, especially in the case of unplanned pregnancy. The task force reported that women who had an abortion in the first trimester did not face a higher risk of mental health problems than women who continued with an unplanned pregnancy (*Report of the APA Task Force on Mental Health and Abortion*, 2008).

"In fact, the best predictor of a woman's mental health after an abortion is her mental health before the abortion," said Nancy Felipe Russo, PhD, an emeritus professor of psychology and women's studies at Arizona State University who has spearheaded research on unwanted pregnancy, mental health, and abortion.

Another group of women—

"What's harmful are the stigma surrounding abortion, the lack of knowledge about it, and the lack of access."

DEBRA MOLLEN, PHD, TEXAS WOMAN'S UNIVERSITY

KATARZYNABIALASIEWICZ/ISTOCK/GETTY

those who planned and wanted a pregnancy but terminated it during the second or third trimester because of a life-threatening birth defect—faced some psychological problems after the procedure. But those were comparable to mental health problems among women who miscarried or lost a newborn baby, and less severe than the distress among women who delivered babies with severe birth defects.

"The bottom line is that abortion in and of itself does not cause mental health issues," said M. Antonia Biggs, PhD, an associate professor and social psychologist at ANSIRH and one of the leaders of the Turnaway Study.

Multiple studies have shown that abortion does not lead to mental health problems. Not having access, or the legal option to terminate a dangerous or unwanted pregnancy does, however.

WHEN ABORTIONS ARE DENIED

The women in the Turnaway Study who were denied an abortion reported more anxiety symptoms and stress, lower self-esteem, and lower life satisfaction than those who received one (*JAMA Psychiatry*, Vol. 74, No. 2, 2017). Women who proceeded with an unwanted pregnancy also subsequently had more physical health problems, including two who died from childbirth complications (Ralph, L. J., et al., *Annals of Internal Medicine*, Vol. 171, No. 4, 2019).

They faced more economic hardships, including worse credit scores, more frequent bankruptcies and evictions, and a higher chance of living in poverty. After being denied an abortion, women were also more likely to stay linked to a violent partner or to raise children alone (ANSIRH, 2020).

And people seeking abor-

GINA FERAZZI/LOS ANGELES TIMES/GETTY

"This is a perfect storm of perpetuating continued inequities for people who are already marginalized."

JULIE BINDEMAN, PSYD, INTEGRATIVE THERAPY OF GREATER WASHINGTON

tions aren't the only ones harmed when the procedure is banned.

"The children born as a result of abortion denial were not only more likely to live in poverty, but they were also more likely to experience poor bonding with their mothers," Biggs said.

Other studies show that children born in such circumstances face a range of social, emotional, and mental health problems that continue into adulthood, including more psychiatric hospitalizations than their siblings or other children of planned pregnancies (David, H. P., *Reproductive Health Matters*, Vol. 14, No. 27, 2006; Dagg, P. K., *The American Journal of Psychiatry*, Vol. 148, No. 5, 1991).

"Negative outcomes are not limited to minor problems that occur over a short span of time," Russo said. "They can be severe outcomes of real concern."

The need to travel to other states for abortion care exacts a heavy physical, financial, and emotional toll on the pregnant woman and her family, and further exacerbates existing social inequities.

MORE STIGMA, BARRIERS, AND INEQUITIES

Given that the mental health impacts of denying abortion extend far beyond the procedure itself, it's important to consider the issue in the larger context of society.

"Most people assume that if we're talking about psychological ramifications, that's about their feelings around having an abortion," said Julie Bindeman, PsyD, a reproductive psychologist who cofounded and codirects Integrative Therapy of Greater Washington, a private practice outside Washington, D.C. "But we really need to think about the compounding costs involved with even getting to that point."

If a state bans abortions, a resident seeking one faces a new and significant set of barriers. They might incur additional costs for out-of-state travel, lodging, and childcare during the trip—all while missing wages at work. They might feel compelled to disclose the pregnancy to friends, family members, or coworkers from whom they've solicited help. They might be forced to wait longer for an appointment. All these challenges add up to more psychological stress.

Those new barriers could hinder anyone seeking an abortion, not just people in states restricting the procedure.

"Many people will be traveling to states with greater access to care, and that surge in demand for a limited number of appointments has the potential to impact everyone," Biggs said.

Research has shown that people who face logistical barriers to

accessing abortion care, including increased travel time or difficulty scheduling appointments, have more symptoms of stress, anxiety, and depression. A loss of autonomy—such as being forced to wait for an appointment or disclose a pregnancy—has the same effect (Biggs, M. A. et al., *Contraception*, Vol. 101, No. 5, 2020).

Banning the procedure also stigmatizes it, and stigma harms mental health, according to findings from the Turnaway Study. Women in the study who felt they would be looked down on by friends, family, and community members if they had an abortion were much more likely to report psychological distress years later (*PLOS ONE*, Vol. 15, No. 1, 2020).

Experts say the growing costs of obtaining an abortion will weigh much more heavily on those people with fewer economic resources.

"What we're likely to see is an increased stratification, where those who have means and can travel will be able to obtain their abortions, and those who do not will face barriers upon barriers," Bindeman said.

People who already struggle to pay for and access abortions—those living in poverty, people of color, people in rural areas, sexual and gender minorities, and young people, who are often bound by state-level parental consent and notification laws—are likely to be hardest hit by abortion bans.

"For all those reasons, this is a perfect storm of perpetuating continued inequities for people who are already marginalized," said Bindeman. ■

PROSTOCK STUDIO/ISTOCK/GETTY

ABORTION

RESOURCES AND SUPPORT

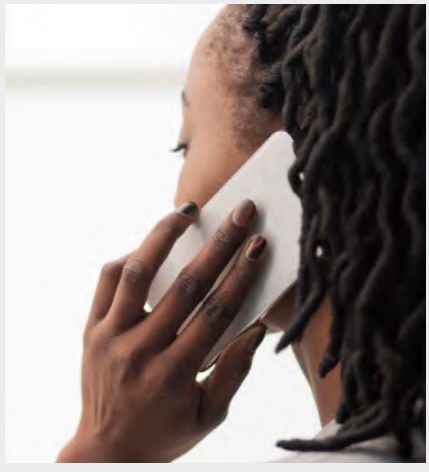
While abortion isn't linked to mental health problems, the challenges in obtaining one can be distressing. The following programs and organizations aid people who are seeking an abortion or want to talk about their experience.

Finding a credible health care provider

- Planned Parenthood partners with more than 600 sexual and reproductive health care centers nationwide. www.plannedparenthood.org
- Abortion Finder offers a directory of verified abortion providers across the United States. www.abortionfinder.org
- The National Abortion Federation offers an online "Find a Provider" tool (https://prochoice.org/patients/find-a-provider) and a referral line (https://prochoice.org/patients/naf-hotline) to help patients locate abortion providers in their region.
- Avoid "crisis pregnancy centers," which promote misinformation intended to dissuade people from obtaining abortions. One study found that 80% of crisis pregnancy center websites contained false or misleading information (Bryant, A. G., et al., *Contraception*, Vol. 90, No. 6, 2014).

Social and emotional support

- Exhale Pro-Voice is a textline that offers peer counseling for people who have had abortions and their loved ones, as well as trainings on how to provide support after an abortion. https://exhaleprovoice.org
- Planned Parenthood's local, state, and regional centers offer various programming and activities for patients. www.plannedparenthood.org/about-us/contact-us
- Sister Song (www.sistersong.net), the National Black Women's Reproductive Justice Agenda (https://blackrj.org), and other organizations focus on supporting people of color.



Financial support

- The National Network of Abortion Funds works with more than 80 organizations to provide funding for abortion, transportation, childcare, and other services. https://abortionfunds.org
- The National Abortion Federation provides referrals, case management, and financial assistance for people seeking abortions. https://prochoice.org
- Funding is also available from numerous regional, state, and local grassroots organizations, such as Jane's Due Process (https://janesdueprocess.org), the Texas Equal Access Fund (https://teafund.org), and the Mississippi Reproductive Freedom Fund (www.msreprofreedomfund.org).

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5 QUESTIONS FOR RAVI PRASAD

The pain psychologist explains where we stand with the opioid epidemic and the culture shift required to help end it **BY ZARA ABRAMS**

A record number of Americans—more than 80,000—died from opioid overdoses in 2021. Despite a 60% decrease in opioid prescriptions since 2011, deaths continue to rise, increasingly owing to synthetic drugs such as fentanyl ("U.S. Overdose Deaths in 2021 Increased Half as Much as in 2020—But Are Still Up 15%," U.S. Centers for Disease Control and Prevention, 2022; *Prescription Opioid Trends in the United States,* IQVIA, 2020).

"We can't state with 100% certainty all of the factors that are driving this record high number of overdose deaths, but one thing that has become clearer over time is that the initial opioid crisis was driven in part by a crisis in the management of pain," said pain psychologist Ravi Prasad, PhD, director of behavioral health in the Division of Pain Medicine at the University of California Davis Medical Center (UC Davis Health).

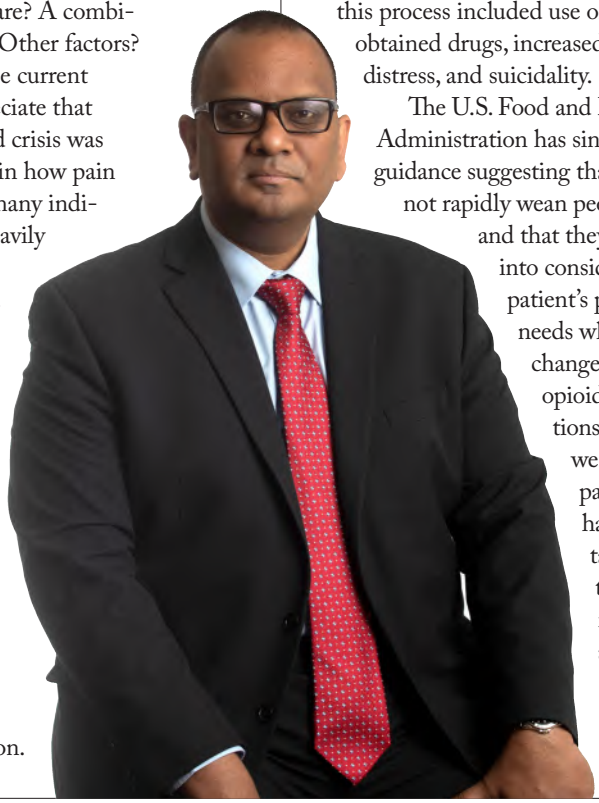
That's where psychologists come in. A range of nonpharmacological approaches—including cognitive behavioral therapy, acceptance and commitment therapy, and biofeedback—can reduce physical pain and may even change the way the brain processes pain signals (Driscoll, M. A., et al., *Psychological Science in the Public Interest,* Vol. 22, No. 2, 2021). (Learn more on page 54).

Prasad is delivering some of those interventions to patients at UC Davis Health's Pain Management Clinic. He is also advancing training efforts for the vast number of psychologists—more than 50% of those surveyed in one study—who say they are unequipped to help people who are in pain (Darnall, B. D., *Pain Medicine*, Vol. 17, No. 2, 2016).

The *Monitor* asked Prasad what it will take to end the opioid crisis and how psychologists can help.

Where do we stand now?

Opioid deaths are at a record high, but we lack precise data about who these individuals are. Were these people living with chronic pain who couldn't get their conditions appropriately managed, and then went on to use illicit substances? Or is this a phenomenon that emerged during the pandemic, when people who were dealing with high levels of emotional distress, loneliness, and other pandemic-related strain couldn't access mental health care? A combination of both? Other factors? Regardless of the current trends, we appreciate that the initial opioid crisis was partially rooted in how pain was treated, as many individuals relied heavily on a biomedical approach—opioid medications—as the primary mechanism to manage their pain. The problem is that for most forms of chronic pain, there's no single medication or intervention that's going to "fix" the condition.



CARL COSTAS

Just as with other substances, chronic use of medications can lead to tolerance, physical dependence, and psychological dependence. With opioids, people have an added risk of developing hyperalgesia, where the medications that they're taking to treat their pain can cause hypersensitivity to pain itself.

In response to the opioid crisis, there was a strong push to get people off their medications. A large number of patients—including many who had been on stable doses—were rapidly taken off their medications without any sort of additional support, which created a secondary crisis of patients with high levels of pain that weren't being appropriately managed. Unintended consequences of this process included use of illicitly obtained drugs, increased affective distress, and suicidality.

The U.S. Food and Drug Administration has since released guidance suggesting that clinicians not rapidly wean people off, and that they also take into consideration a patient's psychosocial needs when making changes to their opioid medications. So now we have many patients who have been taken off their opiate medications and still have pain but lack tools to

manage it. There's a strong need to provide them with nonpharmacologic strategies to help them address their very real pain. That's where psychology can play a significant role.

What nonpharmacological approaches are you using at UC Davis Health?

We've created an 8-week pain management group intervention that provides education and coping skills to help patients as they make changes in their opioid medications and manage their pain. For example, patients learn cognitive strategies to reframe their experience of pain as well as behavioral techniques such as breathing and relaxation exercises.

Primary-care physicians across our network often inherit new patients who are taking high doses of opiate medication but have low levels of functioning. As those physicians make changes to these patients' regimens—that could be reducing the dose, transitioning to a different medication, or stopping altogether—they refer patients to our group-based intervention, so they're simultaneously learning new approaches for managing their pain. We also have a pharmacy team that helps patients transition from their current medications to options like buprenorphine, and we work in tandem with that program as well. It's a joint effort where patients collaborate with multiple specialists to help make the shift as successful as possible.

How effective are these psychological strategies for managing pain and are they embraced by medical providers?

This approach isn't new—it's actually been around for many years. Studies show that patients can successfully wean off or make significant changes in their opiate medications with use of these nonpharmacologic tools. They often report improvements in pain-related outcomes, such as better overall functioning and lower affective distress. There's growing recognition of this within the medical community, but the challenge is that there is a limited number of psychologists familiar with pain who can help this burgeoning population. The dearth of clinicians creates access problems, thereby further limiting a patient's ability to receive much-needed care.

What can be done to improve education and training around pain management?

I created a pain management fellowship program at my prior institution; however, with approximately one fifth of the U.S. population living with chronic pain, a program that graduates a handful of people each year is not going to be enough. We need all psychologists to have a foundational understanding of pain psychology and recognize when a case might require a higher level of specialization. With this in mind, Drs. Jennifer Kelly, Dan Bruns, and I developed a curriculum that provides training on pain psychology. This initiative was sponsored by APA to help educate the psychology workforce on the essential components of pain psychology. We delivered workshops to live audiences before the pandemic, and APA has now professionally recorded it to allow for broad dissemination.

What else is needed to end the opioid crisis and what role could psychologists play?

Moving from a biomedical model of treatment to a biopsychosocial framework that addresses the biological, psychological, and social aspects of pain is a major step in addressing the factors that contributed to the evolution of the opioid crisis, and psychologists will play an essential role in this process. This will require a culture shift. We fundamentally need to change how pain is addressed in this country, and discussions about the role of psychology need to be incorporated into pain care much earlier in the treatment pathway. This by itself is not sufficient but is a great starting point to pave the way for change. ■

COUNTERING BIAS IN FORENSIC MENTAL HEALTH

What types of cognitive biases weaken objectivity, and what is the best way to mitigate them?

BY KATHRYN LAFORTUNE, JD, PHD, UNIVERSITY OF TULSA COLLEGE OF LAW

Mental health professionals' opinions can be extremely influential in legal proceedings. Yet, current research is inconclusive about the effects of various cognitive biases on experts' objectivity when making forensic mental health judgments and which biases most influence these decisions, according to a 2022 study in *Law and Human Behavior* by psychologists Tess Neal, Pascal Lienert, Emily Denne, and Jay Singh (Vol. 46, No. 2, 2022). The study also pointed to the need for more research on which debiasing strategies effectively counter bias in forensic mental health decisions and whether there should be specific policies and procedures to address these unique aspects of forensic work in mental health.

In the study, researchers conducted a systematic review of the relevant literature in forensic mental health decision-making. "Bias" was not generally defined in most of the available studies reviewed in the context of researching forensic mental health judgments. Their study noted that only a few forms of bias have been explored as they pertain specifically to forensic mental health professionals' opinions. Adversarial allegiance, confirmation bias, hindsight bias, and bias blind spot have not been rigorously studied for potential negative effects on forensic mental health expert opinions across different contexts.

The importance of addressing these concerns is heightened when considering APA's Ethics Code provisions that require psychologists to decline a professional role if bias may diminish their objectivity (See, *Ethical Principles of Psychologists and Code of Conduct*, Section 3.06). Similarly, the *Specialty Guidelines for Forensic Psychologists* advises forensic practitioners to decline participation in cases when potential biases may impact their impartiality or to take steps to correct or limit the effects of the bias (Section 2.07). That said, unlike in other professions where tasks are often repetitive, decision-making in the field of forensic psychology is impacted by the unique nature of the various referrals that forensic psychologists receive, making it even more difficult to expect them to consider and correct how their culture, attitudes, values, beliefs, and biases might affect their work. They engage in greater subjectivity in selecting assessment tools from a large array of available tests, none of which are uniformly adopted in cases, in part because of the wide range of questions experts often must answer to assist the court and the current lack of standardized methods. Neither do experts typically receive immediate feedback on their opinions. This study also noted that the only debiasing strategy shown to be effective for forensic psychologists was to "consider the opposite," in which experts ask themselves why their opinions might be wrong and what alternatives they may have considered.

There are a variety of scenarios where this lack of bias awareness may impair the judicial process. Should a forensic psychologist, participate in a "competency for execution" evaluation when they themselves favor or oppose the death penalty with unwavering conviction? Another example: Should a state evaluator who has worked with child trafficking victims refer an adjudicative competency case to a colleague when the defendant is charged with child trafficking? These are questions that bring increased attention to conscious and implicit biases that negatively impact objectivity. For now, forensic psychologists should adhere to the few strategies that hold promise when attempting to limit the negative effects of bias. These include considering alternative hypotheses, using the most valid assessment tools available, seeking immediate feedback when possible, and resisting the false belief that engaging in personal introspection can operate as a debiasing technique. Experts should also be ready to tell the court how they countered potential biases. ■

AT ISSUE

How can forensic psychologists effectively limit the impact of bias in their work?

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

CE

CONTINUING EDUCATION HELPING PATIENTS WHO HAVE EXPERIENCED SEXUAL ASSAULT

Safety, trust, and stigma are key issues for those who have been through the trauma of sexual assault

BY STEPHANIE PAPPAS

Sexual assault can be a life-rupturing event, shattering feelings of trust for survivors and triggering struggles within relationships. Because sexual assault remains stigmatized, those who have experienced it may not feel able to reach out for social support in the same way as survivors of other types of traumas.

Providers who treat people who have been sexually assaulted need to be aware of these impacts and well versed in understanding sexual violence and trauma, said Carlos Cuevas, PhD, a clinical psychologist and professor at Northeastern University in Boston. There are many barriers to seeking help for people who have been victimized, and it's important for those who do make that leap to be believed and supported.

CE credits: 1

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

1. Identify the common consequences of sexual assault for survivors.
2. Discuss the role of stigma and the challenges that survivors may face around disclosing their sexual assault to friends and family.
3. Describe options for treating patients post–sexual assault who have symptoms of post-traumatic stress disorder, anxiety, and depression that include community-based and culturally relevant practices.

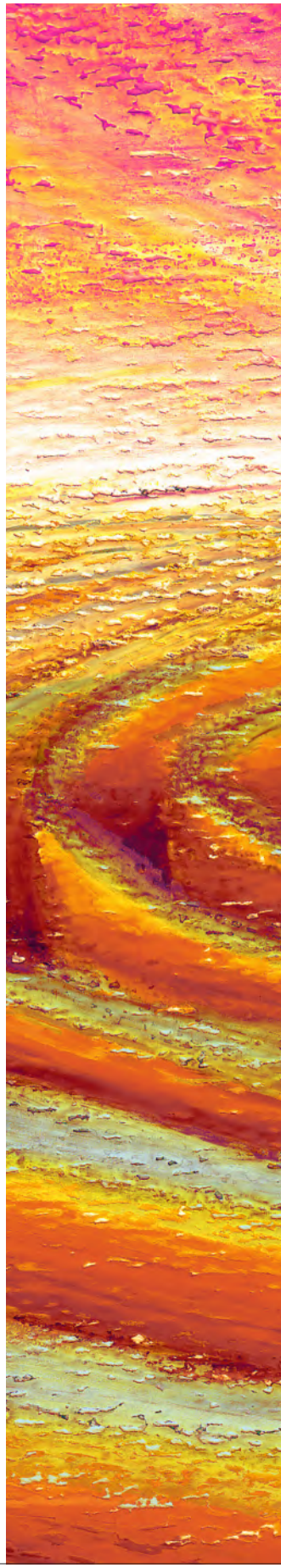
For more information on earning CE credit for this article, go to www.apa.org/ed/ce/resources/ce-corner.

"By the time somebody shows up to your office they have had to jump over a whole lot of hurdles to come tell you something that is one of the most difficult things to have to tell another person," Cuevas said. "I always tell my clients when they come in that I'm impressed they're showing up at a therapist's office."

A WIDESPREAD PROBLEM

Quantifying sexual assault is perennially challenging because sexual violence is underreported to law enforcement. The National Crime Victimization Survey, a self-report survey that asks participants to report crimes against them that occurred in the 6 months preceding their participation in the survey, found a rate of 1.2 sexual assaults or rapes per 1,000 people in the United States over the age of 12 in 2020 (Bureau of Justice Statistics Bulletin, October 2021). A review of studies outside the United States and Canada on global sexual victimization of adolescents and adults found past-year prevalence between zero and 59.2% for women, 0.3% to 55.5% for men, and 1.5% to 18.2% for lesbian, gay, bisexual, and transgender individuals (Dworkin, E. R., et al., *Psychology of Violence*, Vol. 11, No. 5, 2021).

Though differing definitions and methodologies clearly return a range of prevalence numbers for sexual assault, the bottom line is that the experience is common, and clinicians are likely to treat individuals who have been assaulted even if it is not the primary reason for treatment. Research has shown that sexual victimization often has mental



LORENZO DONATI/GETTY IMAGES

Psychologists can help their patients navigate the complex contexts that survivors often face while attempting to cope with their assault.

health consequences, particularly post-traumatic stress disorder (PTSD), depression, and anxiety. Findings have been consistent on this front going back at least four decades, according to a review led by community psychologist Rebecca Campbell, PhD, of Michigan State University: Studies dating back to the 1980s find that between 17% and 65% of women who have experienced sexual assault develop PTSD, 13% to 51% develop depression, and up to 40% experience generalized anxiety (*Trauma, Violence, & Abuse*, Vol. 10, No. 3, 2009). Alcohol dependence and substance misuse are also common.

Though these impacts are well-known in the psychology community, the #MeToo movement and high-profile cases such as that of financier Jeffrey Epstein have pushed sexual assault into the public spotlight in recent years. The psychology community, too, is increasingly attuned to the impacts of complex trauma, says Shavonne Moore-Lobban, PhD, a counseling psychologist who specializes in trauma and an assistant professor at The Chicago School of Professional Psychology's Washington, D.C., campus. Complex trauma can spring from experiences such as sexual assault as well as the cumulative impact of factors such as racism and other forms of violence.

"Our acceptance of sexual assault and sexual abuse as something that is traumatic has really expanded," said Moore-Lobban, who also coauthored the book *The Black Woman's Guide to Overcoming Domestic Violence* (New Harbinger Publications, 2022).

FURTHER READING

Post-traumatic growth in women with histories of addiction and victimization residing in a sober living home
Edwards, K. M., et al. *Journal of Interpersonal Violence*, 2022

Sexual assault survivors' experiences with mental health professionals: A qualitative study
Starzynski, L. L., et al. *Women & Therapy*, 2017

Trauma symptoms and deliberate self-harm among sexual violence survivors: Examining state emotion regulation and reactivity as dual mechanisms
Brockdorf, A. N., et al. *Psychology of Violence,* advance online publication, 2022

Minority stress and sexual partner violence victimization and perpetration among LGBQ+ college students: The moderating roles of hazardous drinking and social support
Edwards, K. M., et al. *Psychology of Violence,* 2021

Dear sister: Letters from survivors of sexual violence
Factora-Borchers, L. (Ed.)
A.K. Press, 2014

Research has also shown connections between identity and coping after sexual assault. Men and boys may be more reluctant to disclose sexual abuse due to stigma and beliefs around masculinity. LGBTQ+ individuals may also face unique stigma and lack social support to cope with an assault. A study by Cuevas and his colleagues found that among Latinx youth, 12- to 18-year-olds who identified as gay, lesbian, or bisexual experienced higher rates of sexual victimization compared with heterosexual teens (*Journal of Interpersonal Violence*, online first publication, 2022). Sexual minority teens reported less social support from significant others and family than heterosexual teens, a factor that was associated with multiple subsequent victimizations as well as higher levels of psychological distress.

Race and racism can also play important roles in the type of support people who have been assaulted receive. People of color often find themselves being disbelieved or blamed if they experience microaggressions or blatant racism, Moore-Lobban said. This can be compounded for sexual assault survivors of color, who may find that victim-blaming after sexual assault mirrors the kind of downplaying and blame-shifting that occurs when a victim draws attention to racism.

Ultimately, Cuevas said, the context around a sexual assault and the victim's social milieu really matters.

"If you have an adult woman who was sexually assaulted when she was out for a jog, and it was the first time it happened, it is potentially going to look very different from a gay or lesbian youth who was assaulted by somebody they knew and was shunned by their family because of the fact that they are gay or lesbian," Cuevas said. "Those are two cases where you're working with a survivor of sexual assault, but the context around their experiences is going to make it a very different therapeutic process."

In addition to other difficulties around disclosure, male survivors face a slew of rape myths that make disclosing more complex.

COMPLEX CONTEXTS

Psychologists may have to help their patients navigate many complex issues, including unsupportive reactions from friends and family; situations in which the perpetrator remains in the person's life; decisions about how and whether to disclose a past assault to new people; and national conversations about assault and abuse that take place on social media, exposing survivors to ugly thoughts and opinions [See sidebar].

Because of the stigma surrounding sexual assault and limited access to mental health services—the latter having only worsened since the coronavirus pandemic—survivors of assault often do not come forward until

FL PHOTOGRAPHY/ISTOCKPHOTO

they've been victimized multiple times, Cuevas said. "It's important to help the client dictate where they want to start and where they want to go, but also be aware that as you are entering that process with them, there are going to be other things that are going to come up," he said.

Often, sexual assault survivors face struggles in relationships, particularly around issues of victim-blaming or denial that an assault even occurred.

When abuse occurs within families, it's not unusual for family members to support an abuser rather than the person who was abused, which can put the individual who experienced the abuse in a position of having to choose between attending family gatherings and avoiding their abuser. Part of therapy might be working through the feelings of anger and betrayal this can cause. "You're having to take yourself away from things that matter to you, and it's unfair," said Tyffani Dent, PhD, an Ohio-based clinical psychologist who provides mental health consultations, trainings, and assessments through Monford Dent Consulting & Psychological Services, LLC.

Survivors of sexual trauma are also likely to encounter mixed responses when they tell others about their experiences, said Sarah Ullman, PhD, a social psychologist and professor at the University of Illinois Chicago, and author of *Talking About Sexual Assault: Society's Response to Survivors* (APA, 2010), which she is updating for a likely 2023 release. Ullman's recent research has looked at the kind of responses that survivors face when they talk about their assaults. While there is a deep history of quantitative work on these questions, Ullman explained that the qualitative work is still in the exploratory stages. So far, the data suggest that survivors often receive mixed reactions in their informal support networks. For example, a qualitative study queried a diverse set of 45 survivors and their key support people, and found that friends, family, and significant others were often well-intentioned in supporting survivors, but they often struggled personally with how to do so (O'Callaghan, E., et al., *Traumatology,* advance online publication, 2022). Family and significant others were particularly likely to issue ultimatums to the survivor about getting formal help and to get frustrated if the survivor did not, while friends were less likely to get frustrated, perhaps because their relationships were less interdependent.

Ullman has also found that survivors delay telling others because they fear being blamed for the assault and because they don't want to burden others (*Journal of Family Violence*, Vol. 35, No. 8, 2020). Some worry that if they tell family members, they might react violently against the offender. "I didn't want to put my brothers in a position where they would hurt this guy or kill him," one survivor said, which kept her from telling her brothers about the assault to avoid a potential reaction.

Male survivors also face a slew of rape myths that make disclosure difficult, said Louis Rivera, PhD, a clinical psychologist at the Corporal Michael J. Crescenz Veterans Affairs Medical Center and a military sexual trauma (MST) coordinator. "Stigma is huge," Rivera said. "That goes back to male rape myths that men do not get raped, and if men get raped, then they must be gay."

The decision to disclose is a sensitive one, because the accumulated evidence shows that negative reactions are associated with worse outcomes, such as an increase in PTSD symptoms (Ullman, S. E., & Peter-Hagene, L. C., *Journal of Interpersonal Violence*, Vol. 31, No. 6, 2016). In quantitative studies, positive reactions are correlated with outcomes like post-traumatic growth, Ullman

TRAINING RESOURCES

Black Women's Blueprint resources and toolkits
www.blackwomensblueprint.org/toolkits

The National Sexual Violence Resource Center (NSVRC) resources for advocates and educators
www.nsvrc.org/advocates-educators

Reclaiming me: Beginning my journey to overcoming human trafficking, a resource for therapists working with adolescent survivors of trafficking. For a free workbook download, email Tyffani@MonfordDentConsulting.com

Sisters of Tamar Support Circle, a faith-based healing curriculum for African American women designed by Tyffani Dent

SEXUAL ASSAULT AND SOCIAL MEDIA

Hashtags such as #NotOkay, #MeToo, #BelieveSurvivors, #UsToo, and #WhyIDidn'tReport have become places for people who have experienced sexual assault to share, connect, and try to spark change. But what are the mental health consequences of participating in these online social media movements? No one really knows, says Katherine Bogen, a doctoral student in the clinical psychology training program at the University of Nebraska–Lincoln.

Bogen's work focuses on why people choose to disclose their assault experiences online and what kind of reactions they receive when they do. What's clear so far is that women are at least twice as likely to disclose assault online compared with men, according to a commentary by Bogen and colleagues (*Women & Therapy,* Vol. 44, 2021). The hashtags can provide solidarity and consciousness raising, Bogen says, but disclosing online is also potentially risky: People who choose to do so may face mixed responses, including nasty trolling, or might find that support is elusive. "One of the risks is disclosing, essentially, into the void, and hearing silence," Bogen said.

Hashtags are also vulnerable to hijacking and infighting, which could create new stressors for survivors. For example, Bogen said, the hashtag #UsToo was originally created by women of color to spotlight their experiences but later morphed into a place for male athletes, most of whom were White, to discuss sexual abuse experiences in sports—also an important issue but not representative of the hashtag's original intent (*Journal of Interpersonal Violence,* Vol. 37, No. 9–10, 2020).

"The infighting becomes so distracting that the folks with intersectional marginalized identifies—those who are most likely to turn to the internet because they lack access to formal support—get pushed out of the movement that they're fighting to create," Bogen said.

Longitudinal research is needed to link the decision to disclose sexual assault online, the responses that people receive, their exposure to other people's stories, and subsequent mental health symptoms, Bogen said. In the meantime, she said, mental health professionals who work with survivors should keep up an awareness of circulating hashtags and be prepared to discuss online disclosure. It's worth talking through a patient's hopes for what they want to get out of talking about their experience online, Bogen said.

"These disclosure waves are so new and people are really optimistic and idealistic about what they'll be able to garner," she said. "Sometimes it really works and is beautiful, and sometimes they are greeted with radio silence, and that can be really harmful and upsetting."

ABOUT CE

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said, but positive reactions aren't protective against symptoms of anxiety and depression (Dworkin, E. R., et al., *Clinical Psychology Review*, Vol. 72, 2019). "Unfortunately, at least in the quantitative work, it seems to show the negative responses carry the day for mental health," Ullman said. However, she added, qualitative research shows that patients do report that positive reactions were helpful, even if they didn't necessarily reduce mental health symptoms.

"That's an important thing, because recovery is not just about symptoms," Ullman said. "You can have a lot of growth and still have a lot of trauma and distress."

SAFETY AND CONTROL

Sexual assault often takes away a person's sense of control over themselves and their safety, so centering survivors' agency is important. For example, it's important to use a person's own language to describe their experience, said Dent. Some people prefer the term "survivor," while others might describe themselves as victims. "However they define themselves in that moment, I think we need to honor that," Dent said.

It's also important, Dent said, to find out what healing and accountability for the assault would look like to that individual.

"When we push automatically toward reporting it to law enforcement and seeking justice, with some communities that is not the route they want to go, and we have to accept that," Dent said.

For male survivors, therapy also involves a careful consideration of language. Men tend to report more externalizing

symptoms and may describe anger or irritability rather than using words such as "depression," Rivera said. Working with male victims also involves challenging rape myths and working through gender-role socialization that tells men to push pain down and repress emotion. Rivera's research has found that male military veterans with restrictive emotionality have greater symptoms of PTSD, insomnia, and depression than men who don't restrict their emotions (*Psychological Trauma: Theory, Research, Practice, and Policy*, Vol. 14, No. 3, 2022). Rivera often incorporates an exploration of this masculine socialization in his work, combining, for example, evidence-based PTSD treatments such as cognitive processing therapy (CPT) with relearning new ways of thinking about masculinity. For example, a patient doing CPT might get "stuck" on the notion that because he was assaulted, he is weak or no longer a man.

"We really have to pay particular attention to that," Rivera said. "We have to use our cognitive tools and flexibility to help our male survivors really get into the weeds about not just their stuck points, but about where these beliefs even came from."

Exploring ways for individuals to gain back a sense of power and control over their own bodies and lives can also be helpful, Moore-Lobban said. Regaining that sense might look like CPT, trauma-focused cognitive behavioral therapy, or eye movement desensitization and reprocessing, to name a few therapeutic strategies that have been shown to reduce symptoms of PTSD. It might involve helping a patient explore advocacy work or reset the mind-body connection. Trauma-informed yoga, which requires specific training to lead, is one emerging way to rebuild a sense of comfort in the body, Moore-Lobban and Dent said. A report on such "somatic interventions" with girls in the juvenile justice system (who have a disproportionately high rate of experiencing sexual assault both within and outside the system) found improved self-regulation, improved self-esteem, and decreases in perceived stress (Epstein, R. & González, T., *Somatic Interventions for Girls in Juvenile Justice: Implications for Policy and Practice*, Georgetown Law Center on Poverty and Inequality Initiative on Gender Justice & Opportunity, April 2017).

There are also many culturally specific healing practices that center movement, said Dent. For example, Dent is the senior director of learning and program strengthening at Black Women's Blueprint, a survivor's organization based in New York, which incorporates drumming, dance, and other artistic expression in its work.

"One of the things about sexual assault is that it's a violation of not just your body but of your spirit, so some of these practices are incorporating both of those pieces, allowing you to be okay with trust, allowing you to be comfortable in your own body," Dent said. "I'm finding those to be really exciting to see." ■

KEY POINTS

1. **Sexual violence is a common experience. Survivors may be reluctant to disclose, even to mental health professionals.**
2. **Post-traumatic stress disorder, depression, and anxiety are common consequences of sexual assault and abuse.**
3. **Survivors may face challenges with how to reduce or eliminate contact with their abuser or may struggle with stigma and denial from their support networks.**
4. **Social media campaigns around sexual assault can offer solidarity but may also bring their own risks.**

Chanel Miller, formerly identified as "Emily Doe" during the trial of Stanford University student Brock Turner, experienced many of the complexities of reporting assault.

F.G TRADE/REDUX PICTURE

As the public health crises of chronic pain and opioid dependence loom large, psychologists are using new treatments and interventions to help patients

BY ASHLEY ABRAMSON

CHRONIC PAIN, defined by the U.S. Centers for Disease Control and Prevention (CDC) as pain that lasts longer than 3 months, is the leading cause of disability in the United States, affecting about 1 in 5 adults. One in 14 adults experience high-impact pain that limits their daily activities (NCHS Data Brief, No. 390, 2020).

Many people with chronic pain depend on opioids, which temporarily relieve symptoms but also come with side effects and a well-established risk of addiction and overdose. "Opioids are alluring because they act both physiologically and psychologically, basically numbing away the pain," said Aaron Weiner, PhD, a counseling psychologist in Chicago who specializes in addiction and president of APA's Div. 50 (Society of Addiction Psychology). "However, the right combination of treatments for chronic pain, which can certainly include behavioral health interventions, can often control pain just as well as opioids."

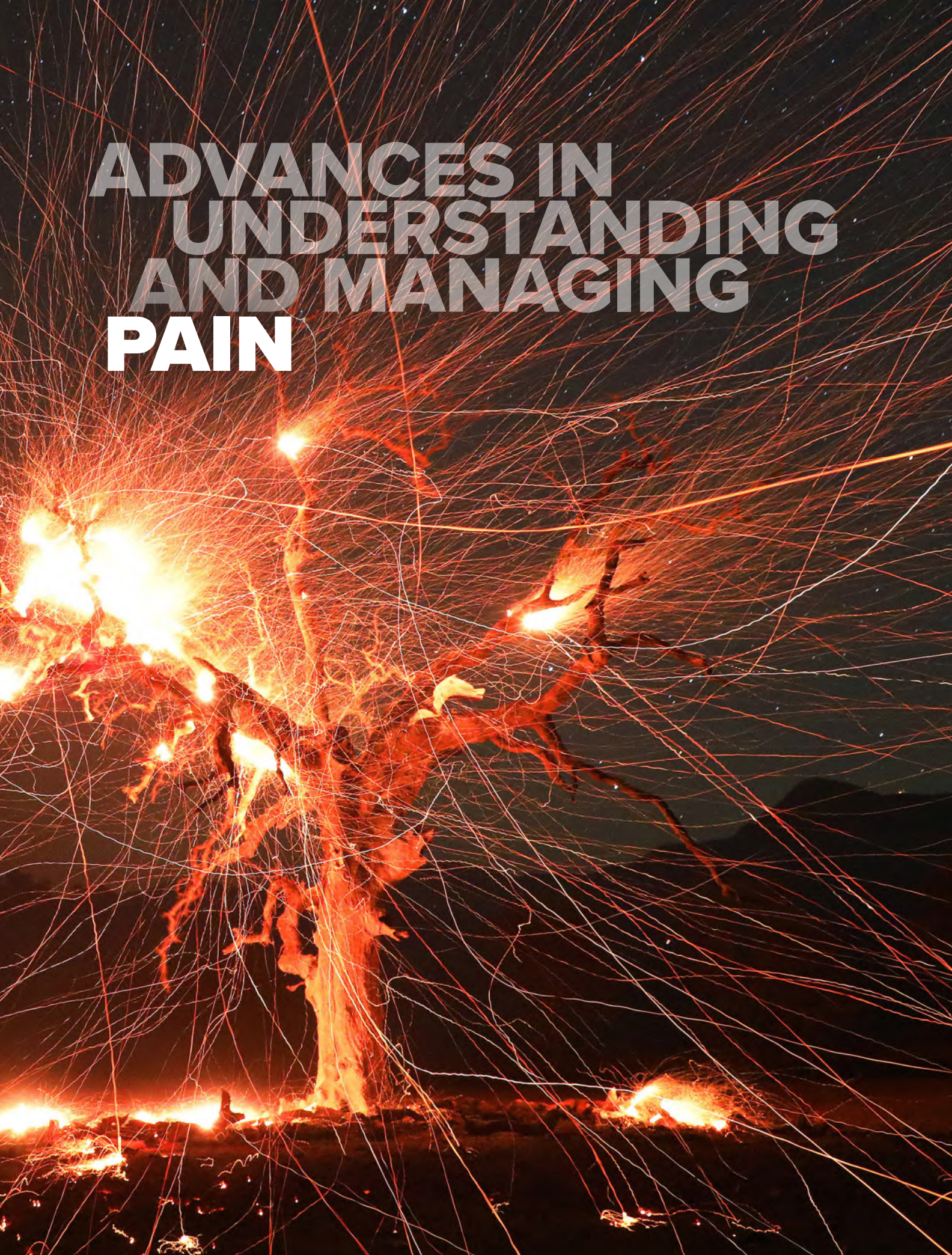
While many view pain as a physical experience, psychological research suggests it's much more complex, also stemming from psychological and social factors. This understanding lays the groundwork for the biopsychosocial model, which identifies the many aspects that can contribute to pain. As a result, effective treatments involve a variety of tools, such as medication, physical therapy, and psychology.

The need for new chronic pain strategies is more urgent than ever due to the COVID-19 pandemic. Pandemic-related stress can worsen symptoms, and long COVID has brought on many new chronic pain cases, said Ravi Prasad, PhD, professor of anesthesiology and pain medicine at the University of California, Davis School of Medicine (read more on page 45).

"Stress is known to exacerbate pain, and the COVID-19 pandemic is fraught with tensions that can tax even the most resilient among us," he said. "The ambiguity associated with the virus, the rich discussions about science and politics that ensue during this period of our lives, and the social

"Pain psychologists can help patients change how their brain is firing in response to pain signals and retrain them how to respond appropriately," said Dr. Amy Wachholtz, director of the Clinical Health Psychology program at the University of Colorado Denver.

ADVANCES IN UNDERSTANDING AND MANAGING PAIN



isolation and financial impacts linked with stay-at-home orders are just a few of the many pandemic-related stressors that can directly worsen pain."

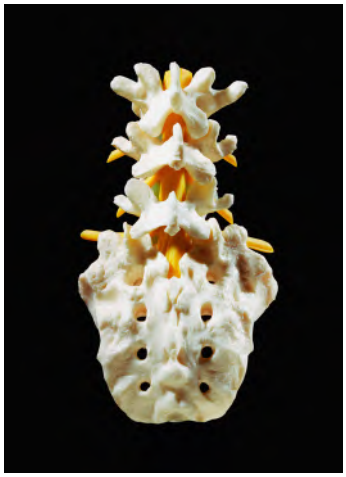
The nation's opioid epidemic has also fueled interest in non-pharmacological options for managing pain. The CDC and U.S. Department of Health and Human Services are now recommending non-pharmacological approaches to chronic pain whenever possible. From creating new treatments to more inroads to access them, an increasing number of psychologists are committed to improving patient outcomes by introducing the right type of care early on.

"Although efficacious, psychology is offered as a last resort for patients who are struggling, but it's important to be able to offer it sooner rather than later," said Stacey B. Sandusky, PhD, a clinical psychologist at James A. Haley Veterans' Hospital in Tampa, Florida.

TRAINING MEDICAL PROFESSIONALS

Primary-care providers are often the first to treat patients' pain, yet many report feeling underprepared to address it, said Alison M. Vargovich, PhD, a clinical assistant professor of psychology at the University at Buffalo Jacobs School of Medicine and Biomedical Sciences in New York.

The average U.S. medical school has 9 hours devoted to pain in the curricula, compared with 19.5 hours in Canadian medical schools and 45 hours in the average veterinarian program (*Journal of Pain*, Vol. 12, No. 12, 2011). New physicians express a lack of preparedness in assessing and managing pain (*BMC Medical Education*, Vol. 17, No. 33, 2017).



Many current studies involve patients experiencing back pain, such as studies looking at pain reprocessing therapy and virtual reality to help patients manage their pain.

Medical providers typically search for a physiological source—but in many people who report pain, there's no objective evidence of pathology. "You can't do a scan and find pain in the brain," said Robert Kerns, PhD, a professor of psychiatry, neurology, and psychology at Yale University. "We rely on what people tell us about their experience."

Plus, many patients prefer medicine for its immediate effects. "Psychological treatments by their nature take time and effort, which is hard when you are in pain," said Michael Robinson, PhD, a professor of psychology at the University of Florida and director of UF's Center for Pain Research and Behavioral Health.

Psychologists play a critical role in helping medical professionals understand how pain works and how to treat it. Rachel V. Aaron, PhD, an assistant professor of physical medicine and rehabilitation at Johns Hopkins University School of Medicine, teaches medical students about the biopsychosocial model, along with internal biases that can impact how they interact with people in pain; research shows Black people, women, and people with obesity, for example, are often subject to providers' doubts about the validity of their pain. She also teaches about the importance of active listening and empathy.

"ALTHOUGH EFFICACIOUS, PSYCHOLOGY IS OFFERED AS A LAST RESORT FOR PATIENTS WHO ARE STRUGGLING, BUT IT'S IMPORTANT TO BE ABLE TO OFFER IT SOONER RATHER THAN LATER."

STACEY B. SANDUSKY, PHD, JAMES A. HALEY VETERANS' HOSPITAL

"If providers believe pathology and pain are perfectly correlated, when they don't find pathology, they may attribute the pain to factors like the patient's personality or mental health," said Aaron. "That can make the patient feel like the doctor's not taking them seriously, and they may be less open to recommendations that could help them."

Sarah Buday, PhD, an assistant professor of anesthesiology and pain psychologist at Washington University School of Medicine in St. Louis, teaches physicians about motivational interviewing so they can validate patients even when tests do not indicate etiology of painful sensations.

Along with explaining how statements like "Everything looks good" can feel belittling, Buday encourages physicians to respond to patients with reflective statements rather than potentially invalidating questions.

To promote awareness of treatment options, Vargovich and her colleagues teach medical students about non-opioid options for managing pain. Their workshop at West Virginia University covered the latest developments in pain science, evidence-based

PREVIOUS PAGES: JIM WILSON/THE NEW YORK TIMES/REDUX. ABOVE: SILVIA OTTE/REDUX

SILVIA OTTE/REDUX

While many view pain as a physical experience, psychological research has long suggested it's much more complex, stemming from psychological and social factors.

treatments that employ a biopsychosocial approach to pain management, and how to talk to patients who may be resistant to non-opioid treatments or unfamiliar with pain science. Afterward, students reported better knowledge and increased confidence in treating chronic pain (*Academic Psychiatry*, Vol. 43, No. 5, 2019).

BUILDING INTERDISCIPLINARY TEAMS

For many, seeing a psychologist is a last resort when other interventions fail. "That makes it harder for people to be receptive to pain psychology, because they come with the mindset that nothing's going to help," said Aaron. In response, many psychologists are helping build teams in which clinicians working with pain patients can integrate psychology into their treatment and refer patients to psychologists when appropriate.

Jennifer L. Murphy, PhD, director of pain management for the Veterans Health Administration (VA), has worked within the administration's Pain Management, Opioid Safety, and Prescription Drug Monitoring Program to enhance and expand pain care and staffing. Her program has funded the implementation of pain management teams at all VA facilities as mandated by the Comprehensive Addiction and Recovery Act—teams that include a physician and rehabilitation therapist with pain expertise, a behavioral provider with expertise in evidence-based pain treatment, and an addiction medicine expert. Her office has also disseminated funding for various VA initiatives, including the hiring and embedding of 60 physical therapist and psychologist duos in pain clinics to deliver integrated, group-based, nonpharmacological pain care grounded in behavioral principles and pain neuroscience education.

Murphy has also led the VA's Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) Program, which has trained more than 1,000 VA social workers and psychologists in the evidence-based intervention. She assisted other VA clinicians in developing an abbreviated CBT-CP manual for mental health providers embedded in primary-care clinics. "We're trying to move toward adopting a shared pain language across clinics and settings, so that everyone from your nurse and physician to your physical therapist and psychologist talk the same talk and provide consistent foundational messages," she said.

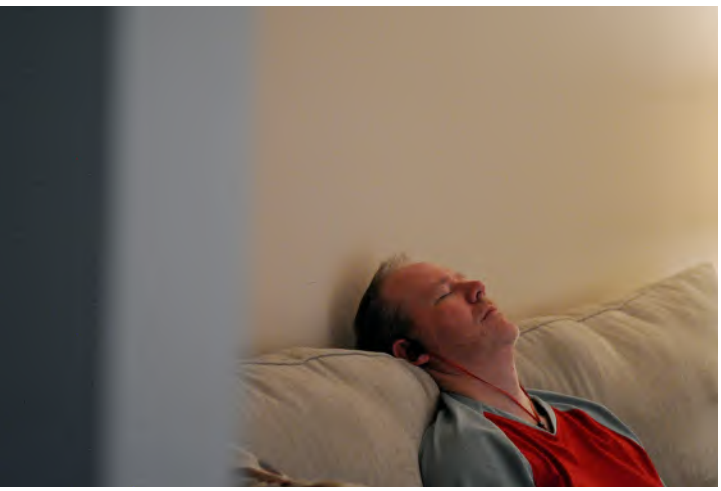
Kirti Thummala, PhD, an assistant professor of psychology at the Medical College of Wisconsin, is part of the Froedtert and MCW health network clinical neurology team that educates physicians, physical therapists, and behavioral health providers in other departments about chronic pain and the importance of resilience in pain management. "In order for patients to really believe changing their behavior can help them feel better, that message needs to be reinforced

by everyone," Thummala said. By the time patients come to her for therapy, they're much more open to comprehensive approaches that include psychology.

BETTER ACCESS TO CARE

Patients with chronic pain often have a difficult time getting to and from appointments due to their pain or socioeconomic factors common in those with chronic pain, and psychologists are finding new ways to help.

Beth Darnall, PhD, a professor of pain medicine at Stanford University School of Medicine and director of the Stanford Pain Relief Innovations Lab, created a single-session intervention called Empowered Relief, which includes psychoeducation, mindfulness principles, and cognitive behavioral therapy (CBT) pain management skills to help people manage pain at home with a virtual, 2-hour intervention. "I can make recommendations in a pain clinic about what a patient can receive in their community a hundred miles away, but there's often no one to provide that service," said Darnall. "We're equipping people with a basic skill set so they can help themselves on a daily basis."



Doug Scott, a Jacksonville, Florida, resident, listens to a meditation playlist as part of his opioid-free pain management routine.

SARAH BETH GLICKSTEEN/THE NEW YORK TIMES/REDUX

So far, the intervention has been delivered to patients in national and international clinic and hospital settings. A 2021 study found the intervention to be comparably effective to eight sessions of CBT; the intervention reduced pain-related distress, intensity, and interference, along with decreasing depression, anxiety, and sleep disturbance. All the positive outcomes persisted to 3 months post-intervention (*JAMA Network Open*, Vol. 4, No. 8, 2021). Darnall is leading two new national pragmatic trials of online Empowered Relief, one for people with general chronic pain and another for people with chronic pain and prescription opioid misuse. Combined, the trials will study 1,600 individuals and longer-course online CBT for chronic pain.

A digital, on-demand version of Empowered Relief that has been tailored to patients undergoing surgery was shown to decrease opioid use in women undergoing breast cancer surgery, and to reduce pain immediately after orthopedic trauma surgery and up to 3 months later (*Anesthesia & Analgesia*, Vol. 134, No. 2, 2022).

During the pandemic, the Tampa VA also created a virtual, interdisciplinary pain rehabilitation program called the Pain Empowerment Anywhere (PEAK) Program for people with high-impact chronic pain. The 5-week program is rooted in the same evidence-based, active rehabilitation principles as Tampa's inpatient Chronic Pain Rehabilitation Program but is delivered synchronously. "The intervention casts a wider net, so people who may not be appropriate for, ready [for], or able to participate in traditional, in-person care can access treatment," said Sandusky.

PEAK is a blend of individual, group, and team-based modalities focused on functional restoration through exercises, skills, and techniques. Because PEAK is conducted on a rolling basis, patients engage with others who are at various time points within the program. "Seeing someone espouse the benefits and reinforce active coping can help people in the earlier weeks buy in," said Sandusky. Murphy's office has provided support for the PEAK staffing and expansion.

Psychologists can also train master's-level clinicians to deliver pain treatment psychotherapies. Risa B. Weisberg, PhD, a professor of psychiatry at Boston University School of Medicine, helped develop three NIH-funded, phone-based interventions for patients with comorbid depression and chronic pain, chronic pain and opioid use disorder, and HIV-related pain and depression. Social workers, mental health counselors, and doctoral students deliver the trials to patients referred by addiction or primary-care providers, focusing on acceptance and commitment therapy and cognitive behavioral therapy principles and incorporating psychoeducation, values clarification, and goal setting, along with lessons on how to talk to providers about pain.

Trials are still in progress, but Weisberg said the primary goal is to increase patients' functioning and engagement in everyday life, with a secondary goal of decreasing pain severity.

PSYCHOLOGY-INFORMED TECHNOLOGY

Cutting-edge virtual reality (VR) treatments aim to make learning to practice mindfulness easier by immersing patients in digital worlds where they can practice skills in real time. "It's even easier to learn mindfulness in VR than in person with a therapist because rather than sitting with your eyes closed imagining yourself on the banks of a river, you go there," said Weisberg, chief clinical officer for the VR startup BehaVR, which is developing digital pain interventions and provides virtual reality pain neuroscience education. The company is creating more content for chronic pain, including one experience that combines pain neuroscience education with mindfulness and gentle movement. BehaVR also has a grant with Eric Garland, PhD, of the University of Utah, to create an intervention to combine mindfulness and craving cue exposure to reduce opioid cravings. The in-person version of this intervention has been shown to reduce patients' chronic pain (*JAMA Internal Medicine*, Vol. 182, No. 4, 2022).

Darnall helped create an FDA-authorized VR product for low back pain for the company AppliedVR. Virtual reality headsets are prescribed and shipped to patients, who can use the device daily at home as needed. The device incorporates evidence-based psychological treatment for low back pain—primarily mindfulness, meditation, deep breathing, and CBT—to help patients manage their pain at home, said Todd Maddox, PhD, vice president of research and development at AppliedVR. The intervention can be prescribed by a doctor and includes 8 weeks of daily VR experiences about 7 minutes long. "Being transported somewhere else through VR activates the brain's learning systems, which helps you build new habits and change the way your brain deals with pain," Maddox said.

ILANA PANICH-LINSMAN/REDUX

Vincent McCain participated a pain study for his sarcoidosis. McCain prefers to take as little medicine as possible.

"WE'RE TRYING TO MOVE TOWARD A SHARED LANGUAGE AND MESSAGING ON PAIN IN CLINICS AND HOSPITAL SETTINGS."

JENNIFER L. MURPHY, PHD, VETERANS HEALTH ADMINISTRATION

One randomized controlled trial showed VR-delivered content yielded superior reduction in pain intensity and interference compared with the same clinical content in audio-only format (*JMIR Formative Research*, Vol. 4, No. 7, 2020). A follow-up showed that an 8-week, VR-delivered pain intervention offered extended and clinically meaningful analgesia and reduced pain interference compared with a placebo VR treatment (*Journal of Medical Internet Research*, Vol. 23, No. 2, 2021). A 3-month follow-up also showed sustained benefits across all indices measured (*Journal of Pain*, Vol. 23, No. 5, 2022) and another follow-up was planned at 6 months post-treatment.

RESTRUCTURING THE BRAIN

Neuroscience research lays the groundwork for new evidence-based treatments. Studies suggest negative emotion and thought about pain can increase the pain signal, leading people to report higher pain intensity and interference. "Pain psychologists can help patients change how their

brain is firing in response to pain signals and retrain them how to respond appropriately," said Amy Wachholtz, PhD, director of the clinical health psychology program at the University of Colorado Denver.

Wachholtz uses a combination of evidence-based psychoeducation and biofeedback strategies. "You start by teaching patients how pain works, and then you give them strategies for controlling sensations in their bodies with tools like meditation and deep breathing," she said. Over time, this increased sense of autonomy can turn down pain signals in the brain.

Tor Wager, PhD, director of the Brain Imaging Center at Dartmouth College, studies how beliefs about pain treatment can impact how the brain constructs pain. One treatment Wager has studied is pain reprocessing therapy (PRT), a system of psychological techniques aimed at retraining the brain to respond to signals from the body to help break the cycle of chronic pain.

PRT integrates cognitive behavioral therapy, mindfulness, and exposure therapy, along with new elements meant to turn down signals in the brain exacerbated by problematic thoughts and emotions about pain. "The belief that pain is dangerous makes the brain hypervigilant to bodily sensations, creating a feedback cycle of mutually reinforcing threat and pain," Wager said. "But once pain has become chronic, it is no longer a signal of damage to the body. PRT helps people form new beliefs about pain, which can create large, durable reductions in pain and increase functionality."

In a randomized controlled trial of 150 chronic back pain patients, 66% of those randomized to PRT were pain free or nearly pain free by the end of treatment—in spite of the fact that they had been in pain for an average of 10 years before the study—and gains were maintained through a 1-year follow-up (*JAMA Psychiatry*, Vol. 79, No. 1, 2022).

TRAINING

NEW CONTINUING EDUCATION ON PAIN MANAGEMENT

APA has created a series of training videos for psychologists on nonpharmacological pain management and is partnering with the State, Provincial, and Territorial Psychological Associations (SPTAs) to disseminate the training. APA is distributing the five-part series, *The Role of Psychology in Addressing Pain and Related Opioid Dependence*, at no cost to participating SPTAs. Nationally recognized experts on pain management explain the biopsychosocial model along with behavioral approaches to address chronic pain. Participants are eligible for 6.5 continuing education credits. Learn more at www.apa.org/health/pain-opioid-dependence-video-workshop.

FURTHER READING

Core competencies for the emerging specialty of pain psychology
Wandner, L. D., et al.
American Psychologist, 2019

New generation psychological treatments in chronic pain
McCracken, L. M., et al.
British Medical Journal, 2022

Psychological interventions for the treatment of chronic pain in adults
Driscoll, M. A., et al.
Psychological Science in the Public Interest, 2021

The pain management workbook
Zoffness, R., & Schumacher, M. A.
New Harbinger Publications, 2020

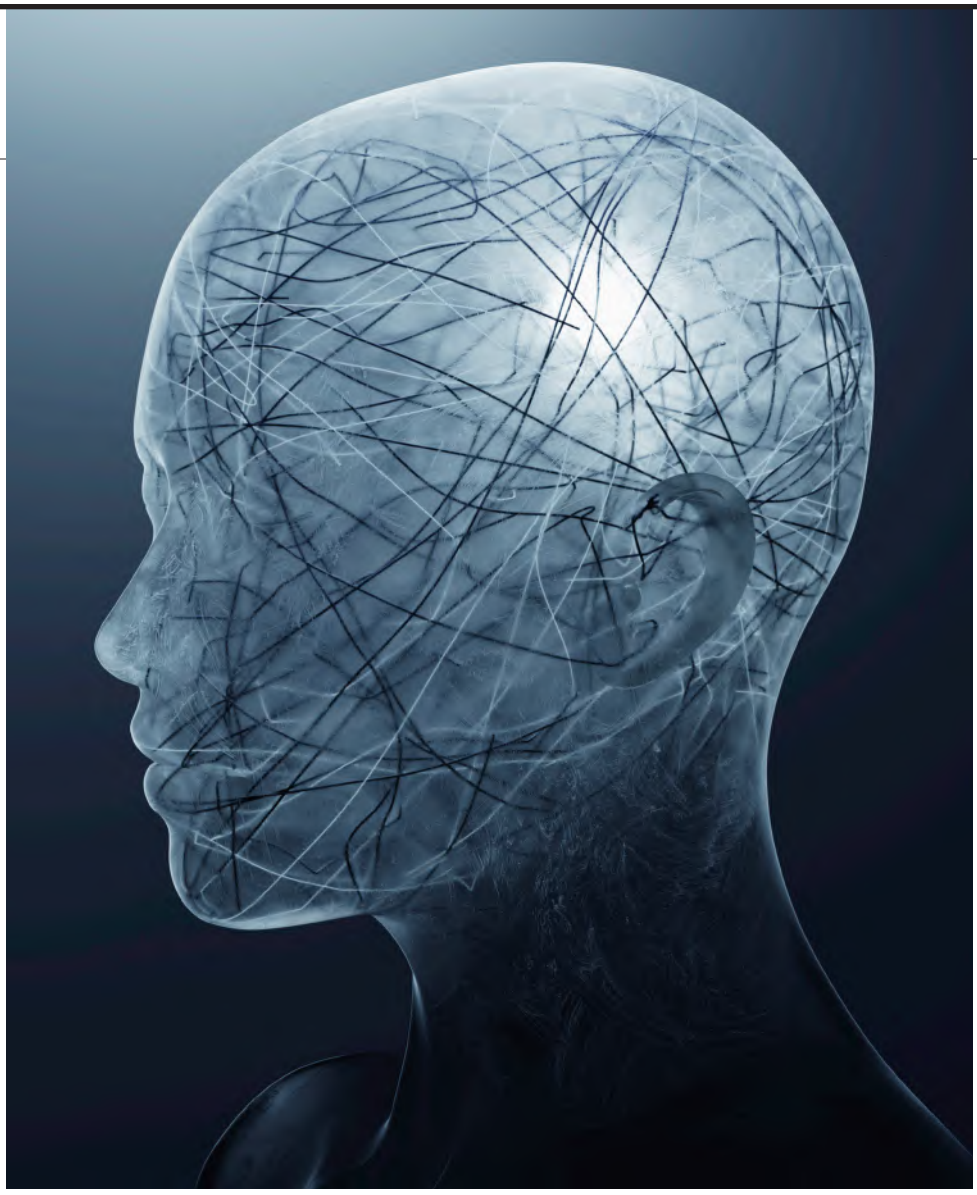
PAIN RISK FACTORS

Psychological research on factors that contribute to a person's experience with pain is an important part of developing new evidence-based treatments and informing provider-patient interactions. Shin Ye Kim, PhD, an assistant professor of counseling psychology at University of Wisconsin–Madison, studies how cultural factors like language barriers can impact people's pain experiences.

If a patient is only fluent in a language a provider doesn't speak, providers report difficulty with diagnosis and assessment. Conversely, when patients don't feel understood by their providers, they may not share as openly about their pain, decreasing their quality of life. Ongoing research about the relationship between culture and pain, Kim said, should continue to shape provider-patient interactions. "When providers understand cultural differences and the importance of communication, they can advocate for better resources for the patient," she said.

Annmarie Caño, PhD, a professor of psychology at Gonzaga University in Spokane, Washington, studies how people's response to someone's chronic pain affects pain intensity and distress. Her research consistently shows that when a partner minimizes or catastrophizes pain, the person in pain experiences poorer outcomes (*Journal of Pain*, Vol. 18, No. 8, 2017).

Emotional validation, on the other hand, can improve people's mood and emotion regulation,



MAGICTORCH/IKON IMAGES

Research about the neuroscience of pain lays the groundwork for new evidence-based treatments.

enhancing functionality amid chronic pain and even affecting pain sensation. Caño's findings suggest that while behavioral activation is important, so is empathy. She developed an intervention that teaches couples in which one or both people have chronic pain how to be emotionally validating and find shared meaningful activities (*Cognitive and Behavioral Practice*, Vol. 25, No. 1, 2018).

NEXT STEPS

To continue promoting psychology as a first-line treatment will require several systemic changes to the health care training infrastructure. Kerns recommends all psychology educators integrate pain education into their curricula. To inform more psychologists, APA will provide video training in the biopsychosocial model and evidence-based psychological approaches any clinician can use to help patients with chronic pain (see sidebar).

Advocacy is also important because psychological pain treatments often aren't adequately reimbursed by insurance, which has resulted in fewer psychologists providing these services. Kerns stressed the importance of the Centers for Medicare and Medicaid Services, which is examining new policy options for the reimbursement and treatment of chronic pain. APA has been actively engaging with the Centers for Medicare & Medicaid Services (CMS) on pain management services and reimbursement issues and is responding to a new chronic pain management and treatment service proposal released as part of the CMS Physician Fee Schedule Proposed Rule on July 7.

In the process, psychologists should help shape patients' expectations about their pain. "The most successful providers of care to people with chronic pain conditions have to spend time helping patients broaden their focus of treatment success beyond a sole focus on pain relief," said Robinson.

Clinicians can also advocate for patients. Weiner said when patients who take opioids disclose they may be struggling with an addiction, doctors are often overly aggressive in discontinuation, increasing both pain and the likelihood patients will turn to illegal or street sources. When a patient of Weiner's wants to taper off opioids, he contacts the person's physician.

"I'll say, 'We have a mutual patient who's interested in making a change, and I want to partner with you in this,'" Weiner said. "The doctor feels reassured because I'm seeing the patient on a regular basis, and as such patients can go through the taper process much more gently and successfully." ■

Life *of the* Mind

MAKING COMMUNITY COLLEGE WORK FOR PSYCHOLOGY MAJORS

BY HEATHER STRINGER

Diego Dulanto's plans to pursue a doctoral degree in community psychology were nearly thwarted when his psychology credits from community college didn't transfer to the University of South Florida.

With increasing numbers of undergraduates starting at two-year colleges—many for economic reasons—it is even more important for universities to examine their transfer policies to make sure capable psychology students aren't inadvertently derailed. Irvine Valley College in California offers rigorous psychology coursework, but some 4-year institutions still make Irvine students repeat core classes when transferring.

When Diego Dulanto, 23, evaluated his post–high school education options, community college was the only affordable choice.

His parents, both janitors, had moved from Peru to the United States when he was 4 in hopes of giving their children a better life, but Dulanto had been uninspired by his high school classes and his future seemed unclear. He enrolled in Hillsborough Community College in Tampa, Florida, and after taking a couple of psychology courses, he felt excited about learning for the first time in years. He transferred to the University of South Florida as a junior majoring in psychology, but stress eroded his enthusiasm when Dulanto discovered that most of his peers had already taken research methods and statistics—courses that were not offered at the community college in his major. These classes were needed to secure lab positions on campus, and many of the "native" university students were already working in labs.

"I felt intimidated and anxious, and I wanted to do everything possible to catch up," he said. "I couldn't sleep at night and ran myself ragged trying to find research opportunities." Then one of his community college professors spoke to a colleague at the university and vouched for his excellence as a student—a conversation that helped Dulanto secure a lab position while he took the required research methods classes. Dulanto plans to pursue a doctoral degree in community psychology with a focus on underrepresented populations, but many of his community college peers at the university have not been as fortunate. "I am a special case," he said. "I have friends who are still having trouble getting into a lab or staying in a lab," he said.

Stories like this are far too common in psychology departments across the nation, according to community college professors. "I've seen many students with great potential who were stymied by the transfer process," said Todd Joseph, a psychology professor at Hillsborough and president of Psi Beta, the national honor society for psychology students at 2-year colleges. "They fall behind when they cannot take these courses earlier because the classes are often prerequisites for upper level classes and working in a lab."

According to the National Student Clearinghouse, more than a quarter of the country's undergraduates—4.2 million students—were enrolled in public community colleges in the spring of 2022. Psychology students who transfer from these schools sometimes feel like they won't be able to compete with other graduate school applicants, and they may opt out of the process of pursuing advanced degrees, Joseph said.

In Florida, most community colleges do not offer research methods and statistics to psychology students because the courses are considered upper division classes, but policies vary by state. In California, these courses will transfer for credit at some 4-year schools but not others, said Jerry Rudmann, PhD, a psychology professor emeritus at Irvine Valley College in California and executive director of Psi Beta. Paying for the same class twice can also be a financial burden for transfer students who are covering their own expenses, he said. About 40% of community college psychology departments

PHOTO CREDIT: PERKINS EASTMAN RMA PHOTOGRAPHY. PREVIOUS PAGES: EDWARD LINSMIER

offer research methods and 50% offer statistics (*American Psychologist*, Vol. 71, No. 2, 2016).

Psychologists like Rudmann are concerned that these transfer hurdles are disproportionately affecting students of color: In 2020, 21% of community college students were Latinx and 14% were Black, according to the National Student Clearinghouse. By comparison, 13% of psychology doctoral degrees were awarded to Latinx students and 8% to Black students (APA Center for Workforce Studies, Data Tool: Degrees in Psychology). Nearly a third of community college students are the first generation in their families to attend college.

"One of the discipline's objectives is to increase equity in the educational and career pipeline, and this looks like a critical place to remove barriers," Rudmann said. Offering research methods and statistics classes earlier in the psychology curriculum will not only ease the transfer process but also boost the field's standing as a science, technology, engineering, and mathematics (STEM) discipline. In research methods courses, students learn how to review literature, design a study, submit it to the Institutional Review Board, collect and analyze data, and write about the findings. "Research experiences should be woven throughout the early coursework, starting with the introductory class," said Rudmann. "Otherwise, students will leave lower division courses without a clear understanding that psychology is a scientific discipline."

Psychology has fallen behind other STEM fields when it comes to partnering with community colleges to diversify the field and recruit students, and it's time to catch up, said Sue Orsillo, PhD, senior director of psychology education and training at APA. "Educators in engineering, computer science, and basic science thought about this issue earlier because there was an interest in increasing the number of graduates with these degrees, but psychology is a popular major and has not felt the squeeze," she said. "But I'm optimistic that we can increase awareness about the barriers and learn from programs that are pioneering efforts to smooth the pathway for transfer students."

"I'VE SEEN MANY STUDENTS WITH GREAT POTENTIAL WHO WERE STYMIED BY THE TRANSFER PROCESS."

—TODD JOSEPH, PSYCHOLOGY PROFESSOR AND PRESIDENT OF PSI BETA, THE NATIONAL HONOR SOCIETY FOR PSYCHOLOGY STUDENTS AT 2-YEAR COLLEGES

REMARKABLE MENTORS IN COMMUNITY COLLEGE

California is one state where statistics and research methods courses are offered to psychology students at more than 100 community colleges, and in fact the California State University system requires transfer students to complete these courses before enrolling in undergraduate psychology programs. But the transition is not as straightforward within the University of California system, where some schools require transfer students to retake the courses.

Mako Tanaka, who transferred from Irvine Valley College

NEIL WEBB/THEISTOCK

to the University of California, Los Angeles, was frustrated when she had to retake research methods at UCLA, especially because the community college version of the class was highly rigorous. "The university class was very large, and it was nothing like the personalized training I received at community college," she said. Rudmann, who taught the course at Irvine, encouraged Tanaka to present her research at the Western Psychological Association Convention and the Stanford Undergraduate Research Conference.

These opportunities helped Tanaka land a position in an educational psychology lab focused on diversity during her first semester at UCLA as a junior, and now she's earning a

KLAUS VEDFELT/GETTY

doctoral degree at the school. For Tanaka, the research experience and support during community college significantly influenced her career path. "I've been in school a long time, and experience at community college was the best part of my education," she said. "I've never felt more excited, empowered, engaged, and supported by mentors."

LEADING THE WAY IN THE SOUTHWEST

Arizona is another state where community colleges are offering rigorous research methods and statistics classes to psychology students, and these courses transfer seamlessly to the state's three public universities. Articulation task forces—including faculty from the universities and community colleges—for more than 40 majors gather each fall to ensure that the transfer process remains smooth in each discipline. For the past 4 years, Ladonna Lewis, PhD, a psychology professor at Glendale Community College in Arizona, has been the psychology representative for her community college district on the task force.

Arizona's three public universities cooperate with a number of 2-year colleges to make sure courses meet the requirements of the 4-year institutions so the credits for core psychology courses will transfer.

During the meetings, university professors discuss any changes they are making in the curriculum, such as new writing or math requirements. This information allows the community colleges to modify their courses so the classes will transfer. "Everybody wants the same thing: student success," Lewis said. "The people in these meetings are collaborative, and the university professors want our input to make sure the changes will not negatively impact transfer students."

The amicable partnership between 2- and 4-year colleges

benefited student Eric Bandin, who had the opportunity as a sophomore to study the effects of nurturing touch on stress responses in the animal research lab at Glendale Community College. "I enjoyed being exposed to things that put me outside of my comfort zone, and the professor running the lab became my mentor," he said. When Bandin transferred to Arizona State University, his mentor's connections there helped him secure a lab position. He recently graduated with his bachelor's degree in psychology and is now a student in the university's behavioral neuroscience doctoral program, where he'll continue to study the effects of stress on behavior.

FACING BARRIERS IN FLORIDA

In other areas, efforts to pave a path to undergraduate psychology have met opposition. Joseph has heard concerns from university faculty throughout the nation about who is qualified to teach research methods courses. "Many feel like there is a bias against community college faculty," he said. "I was allowed to teach research methods as a graduate student in a PhD program, and now with over 15 years of additional experience, I am not permitted to teach the class at my community college."

At Miami Dade College in Florida, several faculty members in the social sciences department were interested in creating discipline-specific research methods courses for associate's degree students, but some in the department were concerned that there would not be enough students to fill such classes and that students might not be able to handle the courses. Supporters felt that students were missing an important chance to ask their own research questions and create hypotheses. "We believed that the class could help students to be critical thinkers and more savvy consumers of information," said Kimberly Coffman, PhD, a psychology professor in social sciences at Miami Dade College who was one of the advocates for the new course.

After numerous meetings, the faculty decided to seek approval from college administrators for a social sciences research methods course that would be open to any student at the college. Offering the course to students of many disciplines was a way to increase enrollment. Although students are still required to take a discipline-specific research methods course when they transfer to a 4-year college, the course at Miami Dade is a "step in the right direction," said Coffman.

OPEN TO EXPERIMENTATION

As psychologists in academia attempt to reduce barriers for community college students, they may encounter people who are resistant to change. Pioneers in this effort will likely have more success if they pitch ideas as an experiment rather than a permanent decision, said psychology professor Lee Dixon, PhD, of the University of Dayton in Ohio. "Instead of assuming the changes are etched in stone, suggest trying out a partnership with a local community college," he said. "You can always go back and make modifications."

Historically, most students in Dixon's classes have been recent high school graduates from middle- to upper-class families. "I realized that the way we had done things for decades was restricting a large subset of students," he said. The university developed a partnership with nearby Sinclair Community College in multiple disciplines, and the schools worked together to ensure that classes would transfer for credit. Dixon started advising the Sinclair psychology majors as first-year students to help them prepare for the transition to the university. "These students have so much initiative," he said. "They come to meetings with thoughtful questions and a list of courses they want to take."

Stark State College educational psychology professor Bryan Gerber, PsyD, PhD, is also convinced that community college students deserve better access to research courses and mentors who can connect them to opportunities for further study. He developed an associate degree psychology program at the community college in North Canton, Ohio, that concluded with a challenging research methods course. Although students often express fear about taking the difficult class, Gerber reminds them that they are capable and ready. "It is such a rush to see people who never dreamed that they could conduct research doing poster presentations in front of the college," Gerber said. "They end up being more prepared for research than many of their classmates at the university." ■

FURTHER READING

Advising from community college to university: What it takes for underrepresented transfer students in STEM to succeed
Harper, R., & Thiry, H., *Community College Journal of Research and Practice*, 2022

Career assistance from psychology programs and career services: Who is preparing psychology students?
Conroy, J. C., et al. *Teaching of Psychology*, 2020

Takes two to tango: Essential practices of highly effective transfer partnerships
Fink, J., & Jenkins, D., *Community College Review*, 2017

Psychologists have long offered insights into jury selection and juror participation, and they are now involved in assessing the effectiveness and fairness of COVID-prompted online court trials

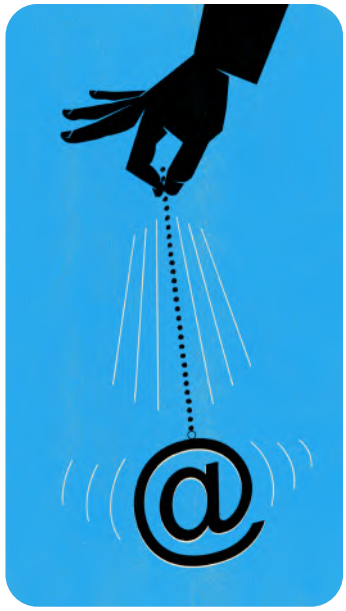
BY ZARA ABRAMS

CAN JUSTICE BE SERVED ONLINE?

Online hearings can sometimes deliver greater justice. Psychologists are working to preserve the boon to equity, even after the pandemic is over.

In what may seem like an unremarkable legal case, a Texas-based information technology company sought a multimillion-dollar settlement from its insurer for hail and wind damage during a storm. The plaintiff testified and the insurer's attorneys called engineers as expert witnesses and displayed insurance damage photographs as exhibits.

But unlike most trials, jurors called in via Zoom from their couches, dining rooms, and home offices. Part of the event, which appears to have been the first virtual summary jury trial held in the United States, was even streamed live on YouTube.



DANBEJAR/ISPOT; PREVIOUS PAGES: BAONA/ISTOCK/GETTY

America's legal system is resistant to change, but the pandemic led to widespread shifts from physical courtroom trials to virtual ones.

The rapid shift to online hearings has several upsides, including increased convenience and attendance, as well as some drawbacks. It has also exposed a number of unanswered questions such as witness credibility. But perhaps the most noticeable impact of trials moving online was jury selection and juror participation. Psychologists sprang into action and are now helping to comb through existing literature and collect new evidence that can help maximize the benefits and minimize the downsides of online trials.

"Suddenly we had to engage people over a device that they use to watch Netflix and Hulu," said Amy Stewart, JD, founding partner at Stewart Law Group, which represented the insurer in the groundbreaking Texas summary trial. "A lot of thought went into: How can we produce this television show that's actually a jury trial?"

That question—and many others—became urgent when the nationwide lockdown forced judicial proceedings to either stop completely or move online. While some jurisdictions waited for restrictions to lift or opted for masked, socially distanced in-person proceedings, many courts embraced virtual trials. Even the U.S. Supreme Court held oral arguments using conference calls.

"This is a big deal, because the law by nature is pretty conservative," said Ken Broda-Bahm, PhD, a senior litigation consultant at ThemeVision, a trial consulting service of Barnes & Thornburg LLP, a business law firm based in Los Angeles, and an expert in legal communication. "It follows tradition, so it required something like a pandemic to get people to consider a substantial departure from that."

"One thing research tells us is that things have not been business as usual," said Amy-May Leach, PhD, a professor of forensic psychology at Ontario Tech University who led a review of psychological research related to COVID-19 and the courtroom. "Under these protective measures, justice is being served differently than it was prior to COVID-19."

TRADING BENEFITS AND BARRIERS

When it became clear that the COVID-19 pandemic would last more than a few months, courts across the country did what many other industries did: They looked for ways to move their work online. For some legal business—such as motion hearings and status conferences that only involve a judge, attorneys, and clients—that process was fairly straightforward.

For hearings that involve witnesses, things are a little trickier, but these, too, were held virtually during the pandemic with relative success. The real question was whether full-blown

JUSTIN TALLIS/EYEVINE/REDUX

Psychologists are trying to answer questions central to fairness, such as: Do online trials satisfy defendants' constitutional rights?

jury trials would translate effectively to the online space. Could attorneys be sufficiently persuasive through a computer screen? Would members of the jury tuning in from home be easily distracted by roommates, pets, or social media? And most important, would justice ultimately be served?

Though adoption varied widely, courts have held hundreds of civil jury trials remotely since the pandemic began. With the consent of both parties, some criminal trials also took place online. But a serious concern in such cases is whether virtual hearings satisfy defendants' constitutional rights, said Dennis Stolle, JD, PhD, APA's senior director of applied psychology and former legal consultant of more than 20 years. The Sixth Amendment's Confrontation Clause protects the right to confront witnesses during a criminal trial, but does video adequately cover that right?

Courtrooms also tend to feel grand and formal, bedecked with wood paneling, an American flag, and security guards. In a more familiar setting—the living room or the break room at work, for instance—might behavior and decision-making differ?

"Many times, when people come into the courthouse, they're acting nonchalant," said Judge Richard Young of the U.S. District Court for the Southern District of Indiana. "But once they see the courtroom, the jury chairs, the bench, and the judge wearing a black robe, they can detect that this is a serious setting and they need to act accordingly."

Despite the unanswered questions, virtual trials have offered valuable benefits, which is why they are still in use and are—at least in some capacity—here to stay, Stolle said. Perhaps obvious but not to be understated are the convenience and cost savings of tuning into a trial remotely. Jurors, witnesses, counsel, and clients can all join a proceeding with less time and money spent on transportation, childcare, or missed work. Courts also need

DON FARRALL/GETTY

Psychologists are conducting lab experiments, mock trials, and literature reviews to determine such things as which aspects of online trials should be incorporated into the legal process.

fewer staff and less space to conduct the same amount of business. Reports from Texas and Arizona indicate that virtual trials had better attendance rates, suggesting that they can improve access to justice (COVID-19 Continuity of Court Operations During a Public Health Emergency Workgroup, *Post-Pandemic Recommendations*, Arizona Supreme Court, 2021; *The Use of Remote Hearings in Texas State Courts: The Impact on Judicial Workload*, National Center for State Courts, 2021).

On the other hand, participants need a working computer and reliable internet access to attend. Other challenges courts have faced include technological training and security concerns. Some have attempted to address such barriers, while maintaining safety protocols, by setting up individual kiosks for jurors at the courthouse—but that requires significant resources and staffing.

"In some ways, you're trading one set of potential barriers for another," said Jennifer Robbennolt, JD, PhD, a professor of law and psychology at the University of Illinois at Urbana-Champaign and codirector of the Illinois College of Law program on law, behavior, and social science.

TRANSLATING TRIALS TO THE ONLINE SPACE

Psychological science has long offered insight into the dynamics of court trials, but new research on online trials will take time. Lab experiments and mock virtual trials are now underway, but much of the work done by psychologists since the pandemic began has involved reviewing and interpreting relevant literature on attention, memory, persuasion, human-computer interaction, and more.

One question of particular interest to law firms is whether different strategies are required for influencing a jury in a virtual setting. Research on impression formation suggests that likeability and perceived intelligence decrease in an online setting and that it can be harder to establish rapport because there are

fewer nonverbal cues (Fullwood, C., *Applied Ergonomics*, Vol. 38, No. 3, 2007; Basch, J. M., et al., *Journal of Business and Psychology*, Vol. 36, 2021). As a result, optimizing things such as lighting, framing, and camera angles is crucial, said Broda-Bahm, who is also on the advisory board of the Online Courtroom Project.

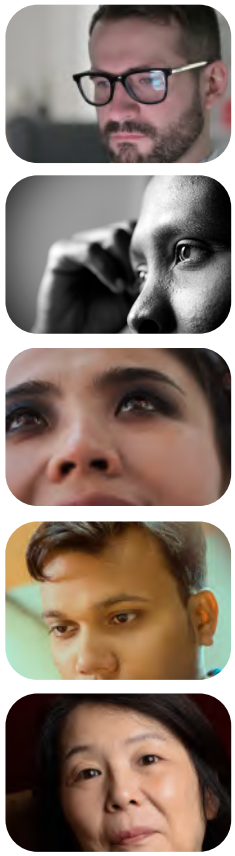
"It's no longer just a matter of standing up and relying on your voice and body language," he said. "Professional communicators like lawyers need to devote some thought to how they and their witnesses are coming across, which requires a 'studio' sort of attitude."

People are seen as more trustworthy when filmed at eye level, for example, compared with when filmed from above or below (Baranowski, A. M., & Hecht, H., *Empirical Studies of the Arts*, Vol. 36, No. 1, 2017). Direct lighting in front of the speaker, as well as chest-up framing, can also help ensure that jurors can see and hear testimony and oral arguments, said Broda-Bahm.

Seeing is not necessarily believing, though, and lawyers are particularly worried about credibility judgments during online trials, said Robbennolt, who conducted a review of psychological literature relevant to online trials. With fewer nonverbal cues available, can attorneys, judges, and juries still distinguish lies from the truth?

Psychological research suggests there isn't much cause for concern—that people are at least as good at detecting deception in an online or audio-only environment as they are in face-to-face communication. In fact, people may overly rely on nonverbal cues when the cues are available to make assessments, said Leach (Vrij, A., & Hartwig, M., *Journal of Applied Research in Memory and Cognition*, Vol. 10, No. 3, 2021; Bond, C. F., & DePaulo, B. M., *Personality and Social Psychology Review*, Vol. 10, No. 3, 2006). Those findings held up in a study that tested mock jurors' credibility judgments of expert witnesses' testimony in person, on video, and audio only. The researchers found no difference between perceptions of expert witness credibility or efficacy across settings (Jones, A. C. T., et al., *Criminal Justice and Behavior*, 2022).

It has been found, however, that observers may perceive witness testimony differently in person than they would in virtual settings. General research on telecommunication suggests that people are worse at recognizing emotions through



PEOPLE ARE SEEN AS MORE TRUSTWORTHY WHEN FILMED AT EYE LEVEL, FOR EXAMPLE, COMPARED WITH WHEN FILMED FROM ABOVE OR BELOW.

TOP TO BOTTOM, ALL IMAGES ISTOCK/GETTY: YOURSTOCKBANK; OKEYPHOTOS; XIXINXING; GAWRAV; STEVE LUKER

COVID-19 PROTOCOLS

PROTECTIVE MEASURES IN THE COURTROOM

As courts have wrestled with questions about virtual proceedings, they've also faced the impacts of protective measures inside the courtroom. Do masks, social distancing, and other public health protocols affect how participants feel during a trial—or how they perceive one another?

Despite a dearth of directly applicable findings, existing psychological research offered some clues about the effects of wearing a mask. In one study, patients perceived mask-wearing doctors as less empathetic than those without masks (Wong, C. K. M., et al., *BMC Family Practice*, Vol. 14, No. 200, 2013). In other research, witnesses who wore a garment such as a niqab that covered their face in court were not judged to be less credible than those without such a garment (Fahmy, W., et al., *Canadian Journal of Behavioural Science*, Vol. 51, No. 1, 2019).

The larger context of a global pandemic may have also influenced psychological processes among those in the courtroom, according to a review of psychological literature conducted by Amy-May Leach, PhD, of Ontario Tech University and her colleagues.

For example, worries about contracting COVID-19 may have distracted jurors or other participants, which could hinder their cognitive performance. Feelings of anxiety or anger around safety protocols could also alter information processing and memory recall (*Psychology, Crime & Law*, 2021).

"These findings are helpful, but many of the studies draw on a particular phenomenon in isolation and it's difficult to know how all that comes together in a courtroom," said Leach.

video calls, especially if the feed lags or freezes (Schirmer, A., & Adolphs, R., *Trends in Cognitive Science*, Vol. 21, No. 3, 2017; Bruce, V., *Interacting with Computers*, Vol. 8, No. 2, 1996). Studies of witnesses that appeared remotely for asylum hearings also suggest that they are less successful at pleading their cases than those who appeared in person, possibly because they receive less empathy (Bandes, S. A., & Feigenson, N., *51 Southwestern Law Review 20*, 2021). Those findings don't hold up in all settings, Broda-Bahm noted, so it's possible that empathy levels and emotion detection are factors that differ based on the context of the trial.

In virtual settings, sustaining attention is also a concern, Robbennolt said. Many people who worked remotely during the pandemic are familiar with the feeling of "Zoom fatigue" after a long day of video meetings.

"Early on, we heard horror stories about jurors sleeping, cooking, exercising, and doing other things during trials that they wouldn't be doing in a courtroom," said psychologist Dan Wolfe, JD, PhD, a senior director of jury consulting at Magna Legal Services who studies virtual judicial proceedings through mock trials and other methods.

While more data is needed on virtual trials specifically, research suggests that recall of witness testimony is no worse online than in person (Landström, S., et al., *Applied Cognitive Psychology*, Vol. 19, No. 7, 2005), though memory could be worse among those who are unfamiliar with the technology they are using, said Leach.

"For the people making the decisions, they're able to remember the witness's testimony just as well whether it's in person or online," said Leach. Another plus for recall: Remote trials can often begin sooner than in-person ones, which may reduce problems related to the degradation of memories over time among witnesses (Lacy, J. W., & Stark, C. E. L., *Nature Reviews Neuroscience*, Vol. 14, No. 9, 2013).

Possibly the most complex part of an online trial is the deliberation of the jury. Some nuances of group interaction—the tilt of a head, the rolling back of a chair—are certainly lost in the virtual space, Stolle noted. But in a series of mock virtual jury trials conducted by Broda-Bahm and his firm, online deliberations looked surprisingly similar to in-person ones. A possible upside: It was rare for any one juror to monopolize the conversation and people tended to be more purposeful about turn-taking, which led to more thoughtful and coherent deliberations, Broda-Bahm said.

A qualitative study of virtual juries conducted during the pandemic by psychologist Valerie Hans, PhD, a professor at Cornell Law School, suggests that virtual juries are at least as diverse as traditional ones. A mock trial with 25 jurors that Hans surveyed also largely reported no significant difference between virtual and in-person jury deliberations (*DePaul Law Review*, Vol. 71, 2021).

Though there is no difference in the diversity of jurors in virtual trials, equal participation is still a question. Some findings cast doubt on whether online meetings are truly egalitarian, with reports that participation among women and people of color declines—so the jury is still out, so to speak.

"Whether women and people of color participate more or less during online deliberations is an unanswered question," Stolle said. "We can theorize about it, but what we really need is more direct psychological research on the question."

WHAT'S NEXT?

As protective restrictions lift, court responses continue to vary by jurisdiction. In Texas, for example, Travis County still regularly holds virtual trials in small matters when all parties agree, Dallas and Harris Counties operate completely in person, and Collin County uses a mix, Stewart reported. Hybrid trials, where some portions of the trial occur online and others happen in person, are also gaining in popularity. For instance, jury selection—which could require convening more than 100 people for several days and pose a significant public health risk—is still happening remotely in several states.

But many questions remain unanswered. Nearly everything being asked about virtual judicial proceedings has an implicit question behind it: Could moving a trial online affect its outcome?

It's something that's hard to study, partly because random assignment isn't possible

FURTHER READING

COVID-19 and the courtroom: How social and cognitive psychological processes might affect trials during a pandemic
Leach, A.-M., et al. *Psychology, Crime & Law,* 2021

In-person or via technology?: Drawing on psychology to choose and design dispute resolution processes
Sternlight, J. R., & Robbennolt, J. K. *DePaul Law Review,* 2022

The online courtroom and the future of jury trials
Gabriel, R. The Online Courtroom Project, 2021

IT WAS RARE FOR ANY ONE JUROR TO MONOPOLIZE THE CONVERSATION AND PEOPLE TENDED TO BE MORE PURPOSEFUL ABOUT TURN-TAKING.

outside mock trials and laboratories. Some data, however, suggest that outcomes could be impacted. One study suggests that bail tends to be higher when defendants appear remotely (Diamond, S. S., et al., *Journal of Criminal Law and Criminology*, Vol. 100, No. 3, 2010). Attorneys who relied solely on videoconferencing to advise clients during the pandemic also reported challenges in the plea-bargaining process (Daftary-Kapur, T., et al., *Law and Human Behavior*, Vol. 45, No. 2, 2021).

"Moving forward, psychologists can play a critically important role in assessing not only whether outcomes differ across in-person versus online proceedings, but also how parties view them in terms of fair process," said psychologist Donna Shestowsky, JD, PhD, a professor of law at the University of California, Davis, who is working with the Pew Charitable Trusts to evaluate online platforms for mediations and negotiations, including exploring questions about procedural justice.

Other psychologists are further exploring the diversity of jury pools in virtual trials; how expert witnesses, fact witnesses, and victims of crimes are perceived online; and whether there are psychological implications of various participants tuning in to a trial in different ways (in person, on video, or audio only). Answering these questions, and others, is critical for ensuring that virtual legal proceedings are as fair as traditional ones.

"There are so many positives, and I can understand why there's an impetus to continue, but the research still needs to catch up," said Leach. "It can be very difficult to claw back some of these procedures once they're in place for an extended period of time, so I would urge people to be measured in their decisions to move forward." ■

Learn more about psychology and law issues with APA's Div. 41 (American Psychology-Law Society).

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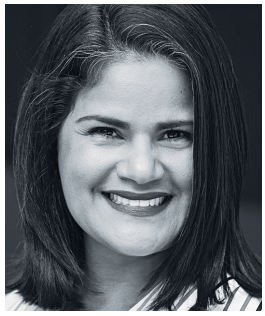
Craig-Henderson


Waytz


Massa-Carroll


Barry


Rivera

PSYCHOLOGISTS IN THE NEWS

The National Science Foundation (NSF) has selected **Kellina Craig-Henderson, PhD,** to serve as assistant director of its Social, Behavioral and Economic Sciences (SBE) Directorate. Craig-Henderson had been serving as acting assistant director since January. She also previously served in other leadership roles at NSF, including the deputy assistant director for the SBE Directorate and the deputy division director of the directorate's Social and Economic Sciences Division.

Northwestern University has presented the Martin E. and Gertrude G. Walder Award for Research Excellence to **Adam Waytz, PhD**. Waytz is a professor of management and organizations at the Kellogg School of Management at Northwestern. The award recognizes his pivotal work studying how people engage with others' humanity and how best to address societal challenges such as loneliness and polarization.

The American Medical Association (AMA) has chosen **Idalia Massa-Carroll, PhD,** to serve on its AMA Guides Editorial Panel to the Evaluation of Permanent Impairment, which provides guidance for treating patients who have suffered an injury or illness resulting in long-term loss of a body part or reduction of body function. She is the first psychologist to serve on the panel and will bring important equity, inclusion, and diversity perspectives as a bilingual psychologist of color. Massa-Carroll is the owner of Colorado Psychological Services, a private practice specializing in rehabilitative care.

Washington State University (WSU) has named **Tammy Barry, PhD,** as its vice provost for graduate and professional education. Barry has served on the WSU faculty for 7 years. She also serves as the director of WSU's clinical psychology doctoral program and has been associate dean of the graduate school since 2019.

The University of Maryland, College Park, has named **Susan Rivera, PhD,** as dean of the College of Behavioral and Social Sciences. Rivera was previously a professor and chair of the psychology department chair at the University of California, Davis.

Sharen Barboza, PhD, has joined the National Commission on Correctional Health Care Board of Representatives as APA's liaison. The commission works to support and improve the quality of health care in jails, prisons, and juvenile facilities. Previously, Barboza was vice president of mental health at Centurion Health, one of the nation's largest providers of correctional health and mental health care services.

The Department of Veterans Affairs has chosen **Gayle Y. Iwamasa, PhD,** to lead its Suicide Prevention and Response Independent Review Committee. Iwamasa leads a multidisciplinary team that is conducting a comprehensive review of the department's efforts to address and prevent suicide among service members and veterans. Iwamasa was previously the National Director of Inpatient Mental Health Service in the Office of Mental Health and Suicide Prevention at the Department of Veterans Affairs.

Professor **Steven Hayes, PhD,** of the University of Nevada, Reno, has won the 2022 Regents' Career Distinguished Researcher Award from the Nevada System of Higher Education Board of Regents. Hayes is a founder of the Association for Contextual Behavioral Science and is known internationally for the development of acceptance and commitment therapy, an evidence-based form of psychotherapy. ■

News You Can Use

Career

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

ALLANSWART/GETTY IMAGES

COPING WITH A PATIENT'S SUICIDE

Here's how to overcome the loss, support the family, and protect your practice

BY REBECCA A. CLAY

Almost 3 decades after a young patient's death by suicide, psychologist John Sommers-Flanagan, PhD, still wonders if he could have done something differently.

At their last appointment, the teenager told Sommers-Flanagan how excited he was about his future. But at the end of their session, he did two things that he had never done before: look Sommers-Flanagan in the eye and shake his hand. Three days later, the boy was dead.

"People talk about how you need to know the warning signs, but there's no guarantee that knowing the warning signs will actually help you save a life," said Sommers-Flanagan, a professor of counseling at the University of Montana and coauthor of *Suicide Assessment and Treatment Planning: A Strengths-Based Approach* (American Counseling Association, 2021). "We aren't infallible."

For Sommers-Flanagan, the guilt, shame, and doubts about his own competence still linger. And his experience isn't unique. In the United States, one person dies by suicide every 11 minutes, according to the U.S. Centers for Disease Control and Prevention (CDC). Even more are thinking about suicide. In 2020, the CDC estimates, 12.2 million American adults seriously considered suicide, 3.2 million planned an attempt, and 1.2 million made an attempt.

"There are two kinds of psychologists: those who have had patients die of suicide and those who will if they practice long enough," said Samuel Knapp, EdD, ABPP, author of *Suicide Prevention: An Ethically and Scientifically Informed Approach*

(APA, 2020). "It can happen to anyone."

On the personal front, a patient's death is a traumatic loss that prompts even more intense feelings when caused by suicide, said Nina J. Gutin, PhD, a private practitioner in Pasadena, California, who cochairs the Coalition of Clinician Survivors. The coalition provides education, resources, and support to mental health professionals who have suffered either professional or personal losses related to suicide.

On the professional side, a patient's suicide can lead to feelings of guilt, fears about potential legal repercussions from the patient's family, and a profound loss of confidence that can lead some psychologists to consider leaving the field.

Experts in suicide prevention and psychologists who have experienced loss offer strategies for how to cope with a patient's death and move forward in practice.

GRIEVING THE LOSS OF A PATIENT

While a patient's death can be devastating on a personal level, losing a patient to suicide can also affect a psychologist's clinical work and professional identity, Gutin said.

"In the early stages of loss, you're reeling," she said. "To focus on subsequent cases, you have to compartmentalize, but normative reactions can still compromise your ability to attend to clients." Practitioners also describe either becoming hypervigilant and seeing warning signs where there are none or becoming so averse to suicide that they become unable to acknowledge signs that are present.

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Psychologists may find themselves compartmentalizing their emotions to continue working after a patient's death.

Plus, said Gutin, supervisors and colleagues don't always provide the support that grieving psychologists need; some may even blame them for what happened. "People describe feeling not only battered by loss but battered by the people and profession they thought would support them," she said.

Several strategies can help ensure that psychologists process the loss of a patient in a way that promotes personal and professional growth, said Elsa Ronningstam, PhD, who lost a patient to suicide during her internship (*Practice Innovations*, Vol. 6, No. 2, 2021).

"First is the acceptance that suicide happens and is quite common," said Ronningstam, a clinical psychologist at McLean Hospital and associate professor of psychology in the department of psychiatry at Harvard Medical School. "Things happen that are unforeseen."

Next, she said, the psychologist should evaluate what they

did with the patient and what they might have done differently. "They should especially attend to and accept what they could not have done or did not know about the patient's life situation and state of mind," said Ronningstam. The psychologist might write a case report in which they offer a detailed account of what they did and how they made the decision to intervene—or not. (See sidebar for tips on managing high-risk patients.) In group practice settings, a psychological autopsy in which a clinical team collaborates on creating a shared understanding of what happened can also be helpful, said Ronningstam.

Avoiding isolation in the aftermath of a client's suicide is key, said Sommers-Flanagan.

Although some colleagues may feel uncomfortable addressing the topic of suicide, he said, peers can be an important source of support. Sommers-Flanagan's own peer supervision group asked questions about how he handled the case, then offered empathy and support. "They were not just supportive in the sense of 'Oh, you went through a hard thing,' but very affirming of my competence during a time when I felt inadequate," he said. About 6 months after his patient's death, Sommers-Flanagan also checked in with the psychiatrist who had been involved in the teen's care. "It was just a way of having compassion with each other," said Sommers-Flanagan, adding that the two providers had medical releases that allowed them to communicate with each other in the patient's care.

FURTHER READING

How to assess and intervene with patients at risk of suicide
Clay, R. A.
Monitor, June 2022

Losing a patient to suicide: What we know
Gutin, N. J.
Current Psychiatry, 2019

Losing a patient to suicide: Navigating the aftermath
Gutin, N. J.
Current Psychiatry, 2019

Rethinking suicide: Why prevention fails, and how we can do better
Bryan, C. J.
Oxford, 2021

The myth of infallibility: A therapist comes to terms with a client's suicide
Sommers-Flanagan, J.
Psychotherapy Networker, 2021

Therapists' reactions to the suicide of a patient: Traumatic loss impairing bereavement and growth
Goldblatt, M. J., et al.
The Scandinavian Psychoanalytic Review, 2020

Specialized groups, such as the Coalition of Clinician Survivors, can also be helpful. The coalition offers a listserv, a comprehensive bibliography of articles on clinicians' surviving both personal and professional losses to suicide, and other clinician resources. Gutin and cochair Vanessa McGann, PhD, have developed trainings on clinical work with those bereaved by suicide and another on clinicians and suicide loss for both individual clinicians and groups. (For more information, check out www.cliniciansurvivor.org or contact them at ngutin@earthlink.com or vlmcgann@gmail.com.) And social worker Paula Marchese, LCSW-R, offers ongoing biweekly support group meetings for coalition members, plus 10-session support groups throughout the year.

The Pennsylvania Psychological Association also sponsors a peer support group that meets monthly via Zoom. Led by Gregory Milbourne, PsyD, the group came together following the suicide of one of Milbourne's patients but supports psychologists who are grieving all kinds of loss, such as the death of a loved one. The association's colleague assistance committee also offers support to providers who are grieving a personal or professional loss.

"Part of our goal is to help prepare younger clinicians and let them know that a patient's suicide doesn't mean you have failed," said Molly Cowan, PsyD, director of professional affairs at the association. "We want them to recognize that just like with cancer or heart disease, there is a mortality rate associated with mental illness."

One caveat to seeking support: Psychologists should understand that what they share with colleagues can be discoverable in the event there is a malpractice claim or board complaint following a patient's suicide, said Cara H. Staus, assistant vice president for the risk management group at AWAC Services Company, a member company of Allied World. (Allied World provides risk management services for American Professional Agency, the malpractice insurance program APA endorses.) If you talk to peers, talk about how you feel instead of discussing specific details about the case, which may be a violation of confidentiality, said Staus. "If you must share, it is best to consult with an attorney or a risk management professional."

Protecting yourself from situations that trigger intense emotions in the aftermath of a patient's suicide is another important part of self-care, said Sommers-Flanagan. Clinicians may want to temporarily trim their patient load, for example, especially when it comes to high-risk groups. "For the first 6 months after my patient's death, I wanted nothing to do with depressed teenaged boys," he admitted. "I would get referrals and say no." A year later, he was ready to treat patients with a similar profile.

More traditional forms of self-care, whether it's therapy, exercise, or some other approach, are also important.

"Everyone copes differently," said Margaret Clausen, PsyD, a

private practitioner in Berkeley, California, who has lost family members and a patient to suicide. For Clausen, what helped the most after her patient's death was simply taking time to grieve. She kept the patient's appointment slot unfilled for a year, using the time to meditate, walk in nature, write to the patient, or read poetry that evoked the patient. Ritual was also important. Because the patient had no memorial service, Clausen created her own, visiting the place where the patient died to share flowers, poetry, and prayer along with a colleague.

SUPPORTING THOSE CONNECTED TO THE PATIENT

Along with the psychologist, there may be an entire social network around a patient that may be suffering following a suicide, said Paul Quinnett, PhD, executive chairman of the QPR Institute, which aims to make a suicide prevention intervention called QPR—question, persuade, and refer—as common as CPR (cardiopulmonary resuscitation).

One often-overlooked group is fellow patients, said Quinnett, who has developed guidelines for what to do if a patient dies by suicide. Group therapy participants, patients in residential settings or day treatment programs, even patients who have shared clinic waiting rooms can be affected by another patient's death.

"They need a chance to talk about the impact on them and how it is affecting their sense of balance and well-being," said Quinnett. To avoid suicidal "contagion," in which exposure to suicide prompts suicidality or suicide in others he said, psychologists should quash rumors by having a single source, such as a supervisor, share information; set aside time in scheduled sessions or add extra sessions to address the death; and increase risk assessment efforts for patients who have previously expressed suicidal ideation.

The patient's family and loved ones may also be reeling. However, the threat of malpractice litigation can be so anxiety-provoking that psychologists often feel inclined to avoid any contact with them. "Ignoring emails and calls from family is not something we'd recommend," said Staus. "Doing so may upset the patient's loved ones or give them the impression that the psychologist has something to hide."

Of course, Staus added, it's OK to ask for a little time before you respond. "Say, 'I want to make sure I give you all the information I can,' and ask, 'Is it OK if I call you back?'" she advised. "Take a pause and contact a risk management

Managing high-risk patients

Faced with a patient who is suicidal, many psychologists' first instinct is to send the person to the emergency room. But that "better safe than sorry" default is often the wrong approach, said psychology professor David A. Jobes, PhD, ABPP, who directs the Suicide Prevention Lab at The Catholic University of America in Washington, D.C.

While many psychologists assume that referring people to higher levels of care is always the safest thing to do, said Jobes, in some circumstances doing so can be a trust-damaging and even traumatizing experience for the patient. "It's like a primary-care doctor suggesting heart surgery before assessing chest pain," he said. "You don't crack the patient's chest open to find out what's wrong." For the majority of patients expressing suicidal thoughts, he said, outpatient treatment is effective. When managing these high-risk patients, clinicians should be sure to:

- **Assess suicidality at every session.** "Suicidal ideation fluctuates," said Craig Bryan, PsyD, ABPP, who directs the Suicide Prevention Program at The Ohio State University College of Medicine. Ask about ideation at every session as well as other factors that suggest heightened risk, such as depression, anxiety, insomnia, and the patient's behavior.
- **Use proven practices.** Some psychologists are still using approaches to assess and manage suicidality that aren't backed by research, such as contracts patients sign promising not to kill themselves, said Samuel Knapp, EdD, ABPP, author of *Suicide Prevention: An Ethically and Scientifically Informed Approach* (APA, 2020). "The numbers say such contracts don't save lives and they alienate patients," he said. Instead, he emphasized, use evidence-based practices that not only are proven effective but will hold up in court if a patient dies. (See "How to Assess and Intervene with Patients at Risk of Suicide" in the June *Monitor*.)
- **Document everything.** When you have a patient at high risk of suicide, such as those diagnosed with borderline personality disorder, shift into serious risk-management mode, recommends Eric Harris, EdD, JD, who offers risk management consultation to members of the Trust, an independent trust program that offers insurance, financial security, and risk management consultations for psychologists. Don't just note what you did; outline how you decided to do or not do something. "If you didn't call for a safety check, for example, say why you didn't—that it can be upsetting, damage the relationship, and lead to increasing rather than lowering risk, for example" he said. "Think out loud for the record."

If one of your patients dies by suicide, talking about it with supportive colleagues is a crucial aspect of self-care.

LA FLOR/GETTY IMAGES

professional or your malpractice insurer to help you go through this difficult situation."

Once you have verified that you have consent and you're ready to talk to the family, said Staus, be human. Be sympathetic and helpful. While it's important to remember to avoid potential conflicts with dual relationships and not serve as therapist for the family, said Staus, it is acceptable to acknowledge your shared pain, offer condolences, and refer them to colleagues, bereavement groups, or other resources to get the support they need.

Families may want answers about what happened, said Staus. In such cases, she said, remember that Health Insurance Portability and Accountability Act (HIPAA) privacy protections continue after the patient is gone. "Privacy continues even in death," said Staus. If families press for details about the patient's diagnosis or treatment, she said, express condolences but note that you are still bound by confidentiality.

There are a few exceptions, said Staus. If a spouse or parent was involved in sessions with the patient or the patient signed releases allowing the psychologist to communicate with others about their care, the psychologist may be permitted to speak with them or share records after the patient's death. Similarly, if a psychologist has signed releases to discuss the patient's care with a psychiatrist, primary-care physician, or other provider, that collaboration can continue after the patient's death. Check your state statutes as well as consult with a risk management professional before discussing the patient's care with third parties, said Staus.

Medical examiners and law enforcement personnel may also require records. And although HIPAA allows disclosure, such disclosure is limited to the minimum information necessary to fulfill their objectives. If a medical examiner or law enforcement personnel contacts you, call your malpractice carrier or APA's Office of Legal and State Advocacy for guidance.

Estate executors are also allowed to request patient records, although psychologists should always request written proof that the court has appointed this individual as estate administrator. Psychologists may want to offer to provide treatment summaries instead of full records.

Attending the memorial service for the patient can be tricky, added Staus. In some cases, the family may be angry and not want the psychologist to be there. In other cases, the family may have a long relationship with the psychologist and would welcome their presence. Check with the family first, Staus recommends. The difficult part, said Staus, is to be mindful of HIPAA and protect the patient's privacy. If a psychologist does decide to attend a service, express sympathy but do not discuss treatment and care, Staus said.

Supporting the survivors—and other psychologists who have been through this experience—can help promote growth after this traumatic experience, added Gutin.

"What I have seen over and over again," she said, "is that once people have reached a certain level of healing, they think, 'OK, now how can I give back and make this experience meaningful?'" ■

CALIFORNIA

ASSISTANT PROFESSOR, TENURE TRACK CLINICAL PSYCHOLOGY PSYD PROGRAM: The University of San Francisco Clinical Psychology PsyD Program invites applications for a tenure track faculty position (Assistant Professor) with a start date of August 2023. The position carries an expectation for excellence in teaching, scholarly productivity, and academic and professional service. Candidates with expertise in African Centered/Black Psychology and/or psychological assessment (i.e., administration and integrated reports) and whose area of scholarship adds to the breadth of the existing faculty's research areas are strongly encouraged to apply. The mission of the PsyD Program is to offer a rigorous program of study that emphasizes clinical and scholarly work with underserved populations and focuses on training culturally-responsive health service psychologists to work in interprofessional, integrated behavioral health settings. The PsyD program is committed to recruiting and retaining diverse faculty, staff, and students. Faculty retention efforts include mentoring, scholarship focus, clinical opportunities, networking and professional development, and university-level initiatives. **For full consideration, applications must be received by October 1, 2022. The full description is available on https://www.usfca.edu/hr.**

GEORGIA

PSYCHOLOGIST OPENINGS THROUGHOUT THE STATE OF GEORGIA: To formally apply, visit https://careers.georgia.gov/jobs/psychologist-throughout-the-sate-of-georgia-23196.

ILLINOIS

FACULTY INSTRUCTOR - CERTIFIED RECOVERY SUPPORT SPECIALIST (CRSS): Applicants must apply online at USF's career site: https://stfrancis.peopleadmin.com/postings/4555.

IOWA

PEDIATRIC PSYCHOLOGY POSITIONS: The University of Iowa Stead Family Department of Pediatrics is seeking up to four Pediatric Psychologists to join our team. Pediatric Psychology has an established history of scholarship and clinical service for health-related adjustment for a wide range of chronic health conditions, applied behavior analysis and treatment, and neuropsychological assessment. **1) Two Pediatric Health Psychologists:** Participate in the interdisciplinary and multidisciplinary evaluation and treatment of children and adolescents with chronic health issues, with opportunities to expand clinical services across divisions including in Pediatric Gastroenterology, Cardiology, Transplant, Hematology, Nephrology, Neurology, and/or Allergy and Immunology, depending on the selected individual's experience and interest. **2) One Pediatric Pain Psychologist:** Work collaboratively with interdisciplinary and multidisciplinary teams providing evaluation and treatment of children and adolescents with a wide array of pain concerns served through the Pediatric Comprehensive Pain, Multidisciplinary Headache, and Abdominal Pain Clinics. **3) One Adolescent Medicine Psychologist:** Focus is within General Pediatrics and Adolescent Medicine to provide patient care, teaching, and consultative services as a psychologist specializing in adolescent medicine psychology. Experience in the evaluation and treatment of Eating Disorders is preferred. All positions include opportunities for supervision of practicum students and postdoctoral fellows, program development, research, and teaching. Required of all positions is a demonstrated commitment to diversity, equity and inclusion in the work environment. The University of Iowa is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment free from discrimination on the basis of race, creed, color, national origin, age, sex, pregnancy, sexual orientation, gender identity, genetic information, religion, associational preference, status as a qualified individual with a disability, or status as a protected veteran. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. Women and Minorities are encouraged to apply for all employment vacancies. To apply please visit The University of Iowa website at http://jobs.uiowa.edu with the requisition provided above or contact Dr. Linda Cooper-Brown at linda-cooper@uiowa.edu.

MASSACHUSETTS

NEUROPSYCHOLOGIST: Beth Israel Deaconess Medical Center in Boston, a 650+ bed tertiary care teaching hospital of Harvard Medical School, is recruiting for a neuropsychologist position to work in the Department of Psychiatry. Part- or full-time opportunities are available. This position will be devoted to the clinical neuropsychology service. In this capacity, responsibilities involve provision of comprehensive neuropsychological evaluations in a primarily outpatient setting, though with occasional inpatient consultations, with an emphasis on the education of consumers with detailed recommendations and treatment plans. As a key member of the neuropsychology team, the staff neuropsychologist will enjoy the opportunity to work with trainees in neuropsychology at multiple levels (practicum students, interns, postdoctoral fellows). Other teaching opportunities in Harvard-affiliated programs may also be available. The applicant will be expected to support the development of the clinical service and training programs and will communicate with referral sources as needed. The staff neuropsychologist is eligible for full and generous

benefits. A Harvard Medical School appointment at the rank of instructor, assistant, or associate professor would be commensurate with the record of accomplishments. Applicant Requirements: 1) Doctoral degree from an APA-accredited PhD, PsyD, or EdD program in clinical psychology. 2) Completion of a 2-year postdoctoral fellowship in clinical neuropsychology; 3) eligibility for board certification by ABPP in the specialty of Clinical Neuropsychology; 4) Experience and interest in working with culturally diverse individuals and commitment to anti-racism, diversity, equity and inclusion. Applications are made online at www.hmfphysicians.org/careers. We are an Equal Opportunity Employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, gender identity, sexual orientation, pregnancy and pregnancy-related conditions or any other characteristic protected by law.

MISSOURI

PSYCHOLOGIST: The Washington University School of Medicine's Division of Gastroenterology is searching for a full-time clinician track faculty member of any rank. The appointee will provide assessments and evidence-based interventions for patients in gastroenterology as part of a collaborative 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

Geisinger

Geisinger is seeking licensed psychologists to work in the following areas of specialization:

- **Primary Care Behavioral Health (PCBH)** settings throughout Pennsylvania (Adult & Pediatrics) – Danville, Lewistown, Hazleton, Muncy, Buckhorn/Bloomsburg, Pottsville, Scranton, State College & Wilkes Barre.
- **Psycho-Oncology (Adult)** – Geisinger Medical Center, Danville
- **Training Director, APA-Accredited Clinical Psychology Internship** (any clinical specialty within Psychology, including but not limited to the advertised positions, will be considered)
- **Women's Behavioral Health** – Geisinger Medical Center, Danville

INTEGRATED CLINICAL POSITIONS

We are seeking full-time psychologists who are licensed or license-eligible in Pennsylvania and have experience working in primary care or medical settings. Geisinger is committed to significant, system-wide expansion of integrated behavioral health in primary care and specialty medical settings and to its educational mission of developing the next generation of integrated clinical psychologists in our region.

At Geisinger, embedded PCBH and integrated specialty care psychologists are leaders within interdisciplinary care teams working to improve population health within fast-paced clinical settings. They provide evidence-based, patient-centered and consultative patient care and support maintenance of patients in their clinics and programs. Integrated psychologists fulfill the following services and roles:

- Provide evaluation and consultation appropriate to the primary care or specialty medical setting
- Develop and implement treatment plans and monitor care components
- Deliver brief, evidence-based behavioral health interventions
- Facilitate patient and family education on presenting concerns
- Consult with physicians and allied health providers to support decision making, build on medical interventions, and improve provider-patient relationships
- Offer supervision and training to psychology, social work, and medical residents, physicians, and other members of the care team
- Assist in design, development, and implementation of clinical programs
- Participate in program development/evaluation and quality improvement

TRAINING DIRECTOR POSITION

In addition to the above integrated psychology programs, Geisinger also has a growing general outpatient behavioral health division, numerous multidisciplinary but co-located specialty medical teams (eg, Bariatric Surgery, Gender Health, Interventional Pain, Neurology), several integrated pediatric clinics (Cystic Fibrosis, Gastroenterology, Rheumatology), an Inpatient Consultation-Liaison Service (Adult and Pediatrics), and Neuropsychology.

Applicants interested in the Internship training director position may practice in any of these areas and would spend half of their time within their clinical specialty area. The other half of their time would be spent in their educational leadership role. Geisinger's clinical psychology internship has maintained continuous accreditation by the American Psychological Association for over 30 years and is currently comprised of 3 tracks: Adult Clinical and Health Psychology (includes Adult PCBH rotation), Neuropsychology, and Pediatric PCBH. We plan to restart our Pediatric Hospital-Based Track within the next two years as well.

Responsibilities of the Training Director include:

- Working closely with internship track coordinators to ensure a unified training program that meets APA accreditation standards
- Maintain APA accreditation through the collection of proximal and distal data, overseeing all required documentation and reporting to the APA Commission on Accreditation
- Participating in Graduate Medical Education (GME) Committee meetings and working closely with GME leadership to align with Geisinger residency policies and procedures
- Fostering faculty development through mentorship, training, and modeling
- Collaborate with faculty and educational leaders in the development of interdisciplinary curricula and didactic training
- Facilitating psychology internship faculty meetings and retreats
- Participate in educational leadership meetings to promote the educational mission of the Department of Psychiatry and Behavioral Health and coordinate with the department's other educational programs, including psychology and neuropsychology postdoctoral fellowships, addiction medicine fellowship, social work fellowship, and psychiatry medical school rotations.

Geisinger is committed to making better health easier for the more than 1 million people it serves. Founded more than 100 years ago by Abigail Geisinger, the system now includes 9 hospital campuses, a 550,000-member health plan, 2 research centers and the Geisinger Commonwealth School of Medicine. With nearly 24,000 employees and more than 1,600 employed physicians, Geisinger boosts its hometown economies in Pennsylvania by billions of dollars annually. We offer healthcare benefits for FT & PT positions from day one, including vision, dental and benefits for domestic partners. Geisinger offers flexible time off policy with CME days and generous financial support in addition to relocation support. Perhaps just as important, we encourage an atmosphere of collaboration, cooperation and collegiality.

Check out our Landing Page at https://www.geisingerjobs.org

To learn more about these opportunities, contact: Karen Rubbe at klrubbe@geisinger.edu

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.

MONTANA

CLINICAL PSYCHOLOGISTS: Benefis Health System is recruiting for several Clinical Psychologists to join our Behavioral Health team in Great Falls, Montana. Positions to provide psychological services in the following areas are available: Outpatient Psychology, Outpatient Neuropsychology, Health Psychology, Rehab Psychology, Program Coordinator, and Pediatric Psychology. Compensation and Benefits: This is a hospital employed opportunity at a large, financially stable health system. We offer nationally competitive guaranteed salary with opportunity for bonuses. Our comprehensive benefits include 8 weeks of paid vacation/CME, $6,000 CME, large sign on/relocation bonus, retirement match, paid malpractice, health insurance benefits and more. Benefis Health System: This is your opportunity to be part of an exceptional health system in a state well known for four beautiful seasons and outdoor lifestyle. While enjoying the last best place, you'll have the added benefit of working for Benefis Health System, one of the state's most modern and progressive healthcare facilities with 500+ beds and over 300 members on medical staff representing 40 specialties. Our positive provider/administration relationships make Benefis an exceptional working environment and one of the Best Places To Work in Healthcare 2014, 5 years in a row. Qualifications: Candidates must have completed a PhD or PsyD in Psychology including an APA-accredited clinical psychology internship and one- or two-year post-doctoral fellowship (informal or formal). Candidates must hold a Montana psychology license or be eligible for Montana licensure. Candidates at all levels of experience are encouraged to apply. Contact us today for details: Physician Recruiter EricaMartin@benefis.org.

NEW MEXICO

CLINICAL AND HEALTH PSYCHOLOGISTS: The University of New Mexico Hospital's Behavioral Heath Team integrated in Primary Care continues to grow and is looking to fill Clinical and Health Psychologist positions. We are looking for Psychologists who are highly collaborative, value compassion, provide excellent care, and can join our interdisciplinary team to help care for patients in our community. The practice focuses on providing behavioral support within a primary care community/medical setting and involves working together with multi-disciplinary teams consisting of MDs, Residents, PAs, NPs, other Psychologists, Clinical Pharmacists, Interpreters, Care managers, and Social workers. We aim to provide an overall comprehensive care approach. This is an exciting career prospect, which offers many opportunities for development of new skills, growth, collaborative teamwork, learning, and teaching while contributing to our commitment of providing quality care for patients and the community. Benefits include a generous sign-on bonus, relocation reimbursement, employer paid health and dental insurance for full-time employees, tuition reimbursement for both full- and part-time employees, a dependent education scholarship, up to 6% employer retirement contributions, 9 paid holidays, and more. The University of New Mexico Hospital is located in Albuquerque, New Mexico and is the only Level 1 Trauma Center and academic medical center in the state. Learn more and apply today at UNMHJobs.com.

NEW YORK

(*) PROFESSOR OR ASSOCIATE PROFESSOR, PSYCHOLOGY: The Department of Psychology at the University at Buffalo (UB), The State University of New York, is recruiting for a faculty hire at the rank of late Associate or Full Professor in the area of mental health and mental health disparities, from a developmental/lifespan perspective. This is the first of three anticipated hires that are part of a disciplinary excellence investment with the goal of building on departmental expertise in mental health equity. The expectation is that the incumbent will help to build the cluster. The specific area within Psychology is open, as is the particular lifespan period of research focus, and which could include early childhood or late-life development. The focus on mental health disparities could pertain to mental health care utilization or access, etiology, treatment development, or basic biological or neurological processes. The COVID-19 pandemic has brought forward how structural inequities may undermine mental and physical health, creating stark disparities among different communities. Psychology can play a key role in creating innovative solutions to address these disparities. The goal of the cluster hires in the area of mental health equity across the lifespan is to bring together scholars focused on addressing the ways in which the field of Psychology can seek to understand and ultimately to ameliorate inequality. University at Buffalo is an Affirmative Action/Equal Opportunity Employer and, in keeping with our commitment, welcomes all to apply including veterans and individuals with disabilities. Inquiries can be directed to Dr. Sandra Murray, Chair of the Search Committee (smurray@buffalo.edu). Use this posting link to learn more and to apply: https://www.ubjobs.buffalo.edu/postings/36169.

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.

TENNESSEE

DIVISION CHIEF OF PSYCHOLOGY AND BEHAVIORAL HEALTH: The Department of Pediatrics, University of Tennessee Health Science Center, Le Bonheur Children's Hospital, is seeking a Division Chief of Psychology and Behavioral Health. You are invited to consider an opportunity to serve as the Chief of the newly created and well-supported Division of Psychology and Behavioral Health which will promote excellence through patient care, practice innovation, education, and research. The Division will impact care for children by incorporating psychology and behavioral health into multiple aspects of pediatric health care. It will play a critical role in addressing the health inequities that affect children and families in the Midsouth region and the successful candidate is expected to foster an inclusive environment that values diverse identities. There are numerous opportunities to collaborate with established community and institutional partnerships. This tenure/non-tenure track position with academic rank commensurate with experience offers competitive compensation and benefits. PhD or PsyD, board-eligible/board-certified, Tennessee licensure as health service provider, and experience leading psychology and/or behavioral health services are required. A background in pediatric, clinical, counseling, clinical child/adolescent, or school psychology in a pediatric health and academic setting is preferred. The University of Tennessee Health Science Center fosters integrated, collaborative, and inclusive education; research and scientific discovery; clinical care and public service. Le Bonheur Children's Hospital is a 255-bed tertiary care facility which has been named a Best Children's Hospital by U.S. News and World Report for the 12th consecutive

year. Contact Dr. Toni Whitaker, Search Committee Chair, at twhitak1@uthsc.edu. Provide a curriculum vitae and letter of interest.

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.psyccareers.com/company/the-ludden-group-p.c.-99958 for details or to apply. Locations: Rockwall, Dallas, Round Rock, Ennis, Terrell, Greenville, and Athens, Texas.

MAT DRUG ABUSE COORDINATOR: Positively changing lives is what being a psychologist is all about and there is nowhere more exciting to do that than at the Federal Bureau of Prisons. As the Medication-Assisted Treatment (MAT) Drug Abuse Program Coordinator (DAPC) you would be joining a nationally recognized drug treatment program at FCI La Tuna. The case diversity and complexity are unmatched! In your role as the MAT DAPC, you will work with our Health Services staff and determine what inmates are appropriate for MAT services. You will also be responsible for screening inmates for the agency's 500 Hour Residential Drug Abuse Program as well as provide group and individual treatment for inmates involved in MAT and First Step Act programming; and you will serve as the institution's advocate for drug programming with all staff. Take a chance, make a change, and make a difference…Apply at: https://www.usajobs.gov.

WASHINGTON

PSYCHOLOGIST 4: Salary: $115,200.00 - $151,188.00 annually. Bargaining Unit: Teamsters 117. Washington State Locations: Shelton, Forks, Belfair, Aberdeen, Gig Harbor, Monroe, Spokane, Connell and Walla Walla. The Washington State Department of Corrections (DOC) is seeking highly motivated and qualified individuals for the position of Psychologist 4 in multiple locations statewide. The Psychologist 4 works collaboratively with their fellow colleagues to administratively plan, develop, and direct psychological assessments, clinical interventions, psychotherapeutic, psychosocial education and incarcerated individual change services for individuals assigned to their facility. The Psychologist 4 directly supervises a group of dynamic mental health professionals in providing ethical and humane services to individuals. This leadership role establishes and maintains the standards for mental health services set forth by the Department of Corrections (DOC) so as to carry out its mission, "to improve public safety," by influencing front line staff in promoting mental health stability and increased functioning for mentally ill patients. What We Offer: Washington State employees are offered one of the most inclusive and competitive benefits packages in the nation. Besides comprehensive family insurance for medical, dental, and vision, these perks also may include: remote/telework/flexible schedules (depending on position), up to 25 paid vacations days a year, 8 hours of paid sick leave per month, 12 paid holidays a year, generous retirement plan, flex spending accounts, dependent care assistance, deferred compensation and so much more. Contact Ann Giersdorf at amgiersdorf@doc1.wa.gov to apply.

PRACTICE FOR SALE

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BY TORI DEANGELIS

OLDER ADULTS REPORT HIGH LEVELS OF AGEISM, ESPECIALLY RELATED TO HEALTH CONCERNS

Ageism abounds in all areas of life, including media messaging, personal encounters, and internalized ageism—one's own acceptance of negative notions about aging (for example, that feeling lonely, sad, or depressed is an inevitable part of getting older).

93%

Percentage of older adults who say they regularly experience **at least one of 10 forms of ageism,** which include the assumption that older people **have difficulty with cell phones and computers** and **that they don't do anything important or valuable.** These data were drawn from the University of Michigan National Poll on Healthy Aging, with a representative sample of 2,035 U.S. adults ages 50 to 80.

80%

Percentage of older adults who agreed with the statement that "having health concerns is part of getting older"—even though 83% said their health was **good or very good.** However, the higher a person's score on reported ageism, the more likely they were to report **poor physical or mental health.**

65%

Percentage of older adults who say they regularly see, hear, or read jokes or other messages suggesting that older adults are **unattractive or undesirable.** Those who reported spending **4 or more hours a day** watching television, browsing the internet, or reading magazines scored higher in this domain than those who reported spending less time with these media.

45%

Percentage of older adults who reported incidents of **interpersonal ageism—**experiences where the respondent felt that another person **assumed that they were having trouble** using technology, seeing, hearing, understanding, remembering, or doing something independently.

Source: Ober Allen, J., et al. (2020). Experiences of everyday ageism and the health of older U.S. adults. *JAMA Network Open*, *5*(6), Article e2217240. DOI: 10.1001/jamanetworkopen.2022.17240.

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