



GST# R127612802

# monitor on psychology



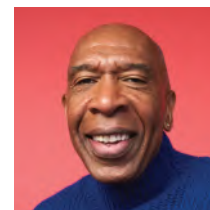
## A NEW CONCEPT OF Aging

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RESOURCES, OPPORTUNITIES, AND NEWS FOR PSYCHOLOGISTS FROM APA



## ADVANCING PSYCHOLOGY

### APA Partners With edX to Reach Global Learners

**A**PA has partnered with the global learning platform edX to launch a series of massive open online courses (MOOCs) delivered from APA's all-digital instructional resource, PsycLearn. Two courses—"Qualitative Research in Psychology" and "Positive Psychology"—are now available at [edx.org/school/apa](https://edx.org/school/apa). The partnership is part of APA's strategic goal to attract and support the next generation of psychology professionals, said Jasper Simons, chief publishing officer of APA. "APA's PsycLearn courses are designed by a team of learning science researchers and seasoned psychology instructors based on applied cognitive science and evidence-based learning strategies," he said. "edX's leading learning platform will help APA deliver important topics in psychology to everyone, everywhere."

For more information on the partnership, go to [edx.org/school/apa](https://edx.org/school/apa).

## FRESH INSIGHTS

### Don't-Miss Science Content

APA has launched a new webinar series called Science Showcase, which covers hot topics in psychological science research, presented firsthand by the authors who did the work.

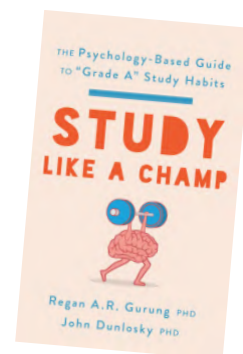
Find them at [www.apa.org/science/programs/showcase](https://www.apa.org/science/programs/showcase). In addition, every installment of APA's ongoing Essential Science Conversations webinar series about emerging topics in psychological science can be found at [www.apa.org/science/programs/essential-conversations](https://www.apa.org/science/programs/essential-conversations).

## TEACHING

### Help Students Study Smarter

APA's new book *Study Like a Champ: The Psychology-Based Guide to "Grade A" Study Habits* by Regan A. R. Gurung, PhD, and John Dunlosky, PhD, debunks major myths about studying and provides practical, science-based tips for how students can learn to study more effectively.

Find it at [www.apa.org/pubs/books](https://www.apa.org/pubs/books). Listen to an episode of APA's *Speaking of Psychology* podcast with the authors at [www.apa.org/news/podcasts/speaking-of-psychology/learn-better](https://www.apa.org/news/podcasts/speaking-of-psychology/learn-better).



## PRESIDENTIAL CITATION

### Military Psychologists Honored for Steadfast Support of Ukraine

APA has presented a presidential citation to APA's Div. 19 (Society for Military Psychology) for the "extraordinary support" the division has provided to the National Psychological Association of Ukraine (NPAU) since the Russian invasion. Division leadership swiftly brought together a range of resources for soldiers, military families, children, and health care providers and have continued to provide psychological resources to NPAU as the war has gone on, including on ways to help people who are experiencing acute stress, support military family needs, and aid hospital providers confronted with myriad needs of soldiers and families facing the physical and emotional consequences of wartime trauma.

Learn more about the division at [www.militarypsych.org](https://www.militarypsych.org).



## How to Reach Us

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

## IDEAS

# 3 Things to Do This Month

Learn something new & advance your work

### BECOME A JOURNAL REVIEWER

1 Manuscript reviewers for APA's journals are vital to the publications process and reviewers gain valuable publishing and networking experience.

Read more about the qualifications and explore the reviewer mentorship programs at APA's journals at [www.apa.org/pubs/journals/resources/call-for-reviewers](http://www.apa.org/pubs/journals/resources/call-for-reviewers).

### REVISIT APA 2022 VIA YOUTUBE

2 APA is sharing videos of all the Main Stage and Feature Stage Events from last year's convention for free on APA's YouTube channel. The most recent new releases include "The Future of Science on Decision Making," "Vaccinating Children Against the Virus of Racism" and "Reproductive Justice in the Wake

of the U.S. Supreme Court Ruling on Roe v. Wade." New offerings will be released each month leading up to the 2023 convention, to be held Aug. 3–5 in Washington, D.C.

Find them at [www.youtube.com/@TheAPAVideo/](http://www.youtube.com/@TheAPAVideo/) featured.

### INCREASE YOUR UNDERSTANDING OF NONBINARY IDENTITIES

3 APA's Div. 44 (Society for the Psychology of Sexual Orientation and Gender Diversity) has created a fact sheet for psychologists, psychology students, and others who are interested in better understanding nonbinary gender identities.

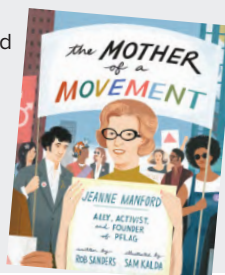
Read it at [www.apadivisions.org/division-44/resources/nonbinary-fact-sheet.pdf](http://www.apadivisions.org/division-44/resources/nonbinary-fact-sheet.pdf).

## Children's Books Honored for Excellence

APA's children's book imprint Magination Press recently earned two awards for excellence:

- **The Children's Book Council** named *Big Brain Book: How It Works* and *All Its Quirks* winner of the Best Info Meets Graphics award.
- **The National Council of Teachers of English** named *The Mother of a Movement: Jeanne Manford—Ally, Activist, and Founder of PFLAG* a 2023 Orbis Pictus Recommended Book.

Find all the Magination books at [www.apa.org/pubs/magination](http://www.apa.org/pubs/magination).



A publication of the American Psychological Association

VOLUME 54 | NUMBER 2

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Feasibility and Efficacy of an Integrative Psychosocial Program (IPP)  
—A Transdiagnostic and Culturally-competent Approach  
Yan Yuan, PhD, University of Pittsburgh

Examining the Relationship between Stigma, Victimization,  
Exclusionary Attitudes, and Poor Mental Health Experiences in  
Black and White Autistic Adults  
Desiree Jones, The University of Texas at Dallas



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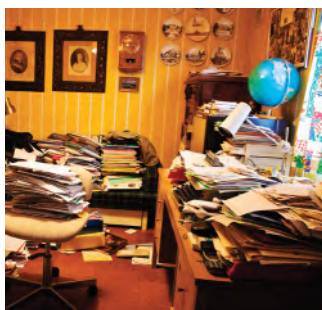
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Kids in foster care can lead healthy lives with the right help at crucial junctures. Mental health providers play a key role in that healing.



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Therapy and sometimes medication can bring relief and lead to new personal successes for those diagnosed with ADHD as adults.

### COVER STORY

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Psychologists are illuminating the age discrimination that pervades American culture and helping people to reimagine healthier relationships with their older selves. *See page 36*



**ON THE COVER:** ALL PHOTOS FROM GETTY IMAGES

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## NEWS

### SERVING PATIENTS WITH LOWER INCOMES

Almost two-thirds of psychologists rarely serve lower-income and economically marginalized patients. Here are some ways psychologists can challenge their own implicit biases around social class and poverty, increase their knowledge about economic marginalization, and serve patients who desperately need quality mental health care. *See page 22*



Ethical consulting. Page 64



Effective groups. Page 30

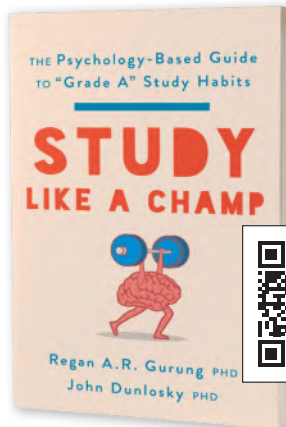


Rural communities. Page 59





## New Releases from APA LifeTools



This engaging, student-friendly book debunks major myths about studying and provides practical tips for how students can learn to study smarter, not harder.

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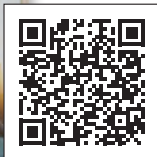
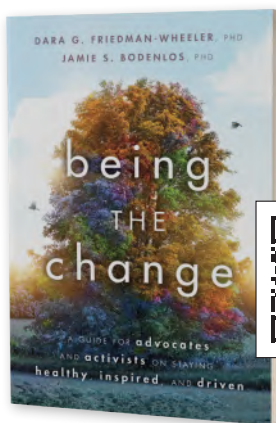
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This new edition of psychologist Abigail Levrini's bestselling book offers realistic, proven strategies to help adults with ADHD lead more fulfilling and productive lives.

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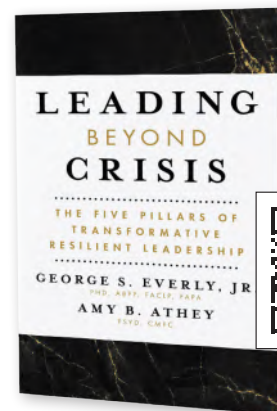
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---

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# WALKING EACH OTHER HOME

“Home is not where we live. It’s where we belong.” —Nigerian proverb

BY THEMA BRYANT, PHD



As an African American woman, I am keenly aware of the importance of attending to both solidarity and intersectionality—holding more than one marginalized identity affected by interdependent systems of oppression. Many of us hold multiple marginalized identities that shape our experiences but also provide us rich cultural resources.

Following APA’s apology for the role psychology has played in structural racism in 2021, this year begins our implementation of changes with significant new funding approved by the Council of Representatives. Alongside our efforts on racial equity, APA has been vocal in addressing maternal health disparities and reproductive rights. We have hosted national conversations on these topics, lobbied for increased federal funding, and adopted new resolutions to support these rights.

While we work toward racial and gender equity, and toward eliminating other forms of oppression such as ableism, heterosexism, and religious intolerance, we must be careful not to engage in the “oppression Olympics,”

where addressing one form of oppression is seen as a threat to addressing other forms of oppression. Oppression is an interlocking web. The path to liberation is intersectional.



**Solidarity is critical as we pursue anti-oppression in both our personal and professional lives.**

In this critical hour, our call is to stand in solidarity. We must commit ourselves to moving not only from avoidance to awareness but from awareness to active anti-oppression, professionally and personally. Our commitments cannot be only in our heart or words; they must also be in sustained action. This stance requires humility and courage.

As a teacher of multicultural psychology, I’m continuously learning to bear witness to the complexity of people’s lives. When we are not open to learning from others, we block the progression of the field. We must learn from each other, including those who hold different identities and those who have diverse professional orientations.

Along with the humility required for lifelong learning, we must have the courage to commit to anti-oppression. We must be intentional about cultivating anti-oppression and liberation-oriented approaches within our field. For those who wonder if commitments to combating oppression are unprofessional, look at the thoughtful and rigorous scholarship of feminist, African-centered, liberation, and community psychology, among many others. Also, review APA’s guidelines on the ethical mandate of acknowledging and addressing oppression.

Let’s commit to advocating for our individual communities and to actively working toward the liberation of all people. We get home, together. ■

● **Thema Bryant, PhD**, is the 2023 APA president, a professor of psychology at Pepperdine University, and an ordained minister in the African Methodist Episcopal Church. Follow her on Twitter: @drthema and Instagram: @dr.thema.

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# THE CHALLENGE OF CHANGE

We must embrace messy debates to grow as a field

BY ARTHUR C. EVANS JR., PhD



Psychologists' work matters. In my 6 years as CEO, I have seen remarkable progress in APA's ability to disseminate psychological science relevant to a wide variety of major societal issues, and ensure that the expertise of psychologists has meaningful impact.

This work has centered around the strategic priorities adopted by our Council of Representatives in

2019. The association's commitment to work on complex issues requires a sobering recognition, however; for our work to maximally benefit society, we occasionally must wrestle with messy, uncomfortable, and challenging debates. These particularly divisive—and sometimes even politicized—issues provide an opportunity for us to address an existential question for our field: do we sit out potentially contentious topics, or do we have an obligation to share what we know to the best of our ability? As an association, we have decisively chosen the latter. As we do this work, we are increasingly being recognized as the field that “brings the science of human behavior” to bear on a wide variety of issues.

However, this can be challenging for an organization like APA, which represents the ‘big tent of psychology’ and all its subdisciplines, as well as a wide range of political and social perspectives. APA's more than 145,000 members have varying perspectives on the degree to which science, truth, and social justice can or even should be pursued simultaneously. This viewpoint diversity is critical for helping our association and field to grow, for our research to generate new ideas and expand knowledge, and for the application of our science to best meet the needs of all. It can also create tensions regarding what we consider to

be within, versus beyond, the bounds of our field, driving organizational fissures that can impede our ability to hear each other. Psychologists, as it turns out, are not immune to the same politicization of issues that besets our broader society.

## **My question is, how does a “big tent” organization embrace viewpoint diversity?**

In its absence, we inadvertently constrain our thinking, creating false dichotomies between right and wrong. Is it possible that multiple perspectives might speak to the same truth? As a science-based discipline, we should welcome opportunities to elucidate our blind spots and examine the extent to which broad societal and historical biases may have influenced our field. Some see this as getting involved in social issues; others view it as imperative

**Viewpoint diversity is critical for helping our association and field to grow, for our research to generate new ideas and expand knowledge, and for the application of our science to best meet the needs of all.**

to maintaining rigor in our science.

During the development of APA's strategic plan, our members repeatedly said that they wanted psychology to be more visible in the world and for APA to have greater positive impact on our field and broader society. How do we share our science effectively when the national climate is growing increasingly distrustful of science? How is it possible for our work on equity and inclusion to succeed when these principles have become attached to a political agenda, rather than basic human values? How do we surface a range of perspectives to inform how we advance organizational priorities while remaining true to a core set of values?

At APA, we are committed to the use of psychological science to improve people's lives. This means generating, applying, translating, and teaching our science to others. This means consistently trying to improve our science to be more rigorous and generalizable and recognizing the limits of our science and other ways of knowing and understanding the world.

The work of our association can be messy, uncomfortable, and challenging, but I believe this is what we signed on to do when we became psychologists. What do you think? ■

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



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# Spring Titles from *Magination Press*

Books for Kids From the  
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**Fun story of the fleeting  
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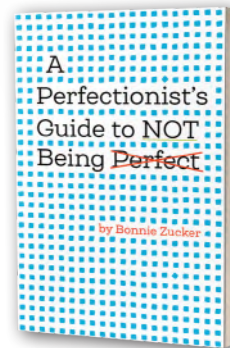
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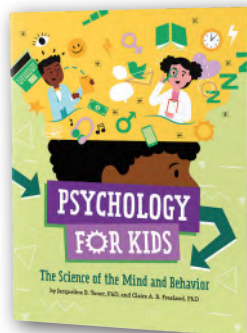
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**When beavers build a dam,  
Camilla comes to understand  
that change can be good**



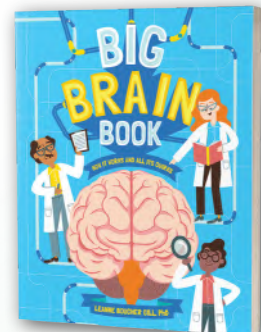
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# In Brief



Support for ideas most people oppose underlies fanaticism. Indicators of fanaticism include aggression, determined ignorance, and wanting to join extreme groups.

## ROOTS OF FANATACISM

**D**iscordant knowing, or support for ideas most people oppose, underlies fanaticism, indicates research in the *Journal of Experimental Psychology: General*. Across nine studies, researchers experimentally manipulated the views of a total of 3,277 online participants to provoke them to support fringe ideas. They found that doing so heightened indicators of fanaticism in participants, including aggression, determined ignorance, and wanting to join extreme groups in the service of the discordant view. Additional analyses found that this effect shares

mechanisms of threat response, depends on the potency of opposition presented, extends to mental representations of the self, and was shown to be different from extremism. The researchers also found that asking participants to carefully examine and reinterpret their perceptions can prevent fanaticism. The researchers then generalized their findings to real-world contexts, including examining beliefs about the 2020 U.S. presidential election, abortion, vaccines, and religion.

DOI: 10.1037/xge0001219



### LUCID DREAMS LOOSEN GRIP OF FEARS

Research in *Psychology of Consciousness: Theory, Research, and Practice* suggests that lucid dreaming may help people overcome irrational fears. Researchers asked 55 online participants about an object of fear and how afraid of it they were. They then instructed participants to confront the fear object within a lucid dream. About 70% of participants reported strong fear before lucid dreaming. Of these, 62% reported decreased fear after waking up. Of those who reported low or average fear before the dream, only 25% reported decreased fear after awakening. Participants' change in fear was not associated with their level of fear during the dream, their gender, their experience with lucid dreaming,

or their method of inducing the lucid dream.

DOI: 10.1037/cns0000331

### THOSE LACKING AUTONOMY PREFER STRICT CULTURES

Research in the *Journal of Personality and Social Psychology* indicates that people who feel a lack of autonomy in their lives are more likely to prefer cultures that impose strict order. In a study with 5,717 participants in the United States, researchers found that those reporting less perceived personal control were more likely to prefer to live in states that scored higher in societal strictness based on criteria such as strength of punishment, permissiveness, diversity, and sturdiness of institutions. In another study with 225 participants in China, the researchers

**Lucid dreaming may help people overcome irrational fears.**

found that those who felt less in control over their lives were more likely to prefer inflexible organizational structures. In another study with 96 online participants, low personal control was associated with the desire to reward prosocial behavior and punish selfish behavior. A final study showed that 98 online participants asked to imagine working for a company with an oppressive culture perceived significantly less autonomy than those asked to imagine working for a company with a more permissive culture.

DOI: 10.1037/pspa0000327

### COVID-19 ALTERED PERSONALITIES

Worldwide stressful events, such as the COVID-19 pandemic, may slightly alter the trajectory of people's personalities,

especially younger adults, suggests a study in *PLOS ONE*. Researchers longitudinally assessed the big five personality traits—neuroticism, extraversion, openness, agreeableness, and conscientiousness—of 7,109 participants in the United States during pre-pandemic (May 2014 to February 2020), early pandemic (March 2020 to December 2020), and late pandemic (2021 and 2022) times. Replicating two previous studies, they found that neuroticism declined very slightly in early pandemic times. However, comparing late pandemic with pre-pandemic levels, no changes were seen in neuroticism, but there were significant small declines in extraversion, openness, agreeableness, and conscientiousness. The changes were about one-tenth of a standard deviation—equivalent to about a decade of typical personality change. These changes depended on age, with participants under the age of 30 showing larger increases in neuroticism and decreases in agreeableness and conscientiousness. Neither race nor education impacted the results.

DOI: 10.1371/journal.pone.0274542

### DESIGNER PSYCHEDELICS, MINUS HALLUCINATIONS

According to a study in *Nature*, computationally designed compounds that activate the same brain receptor as psychedelic drugs like lysergic acid diethylamide (LSD) and magic mushrooms produced powerful antidepressant and anxiolytic effects in mice, without the

accompanying hallucinations. Researchers built a virtual library of 75 million compounds molecularly related to psychedelic substances. They then ran computational simulations of the interactions between each of the compounds and the primary brain receptor that gets activated by psychedelic drugs. This approach yielded 15 promising molecules, two of which showed antidepressant-like properties in mice without the hallucinations typically brought on by psychedelics. The researchers will now optimize the compounds for human clinical trials.

DOI: 10.1038/s41586-022-05258-z

### THE CONS OF AN ADHD DIAGNOSIS

A study in *JAMA Network*

**Getting an ADHD diagnosis in childhood does not appear to improve quality of life in adolescence and is linked to a greater risk of self-harm.**

*Open* indicates that getting an attention-deficit/hyperactivity disorder (ADHD) diagnosis in childhood did not appear to improve quality of life in adolescence and was linked with a greater risk of self-harm. For 8 years, researchers followed 393 6- and 7-year-olds in Australia diagnosed with ADHD and 393 children of the same age with similar levels of hyperactive and inattentive behaviors but no ADHD diagnosis. They found that, at the end of the study, the children with an ADHD diagnosis reported similar quality of life overall and on three subdomains (general health, happiness, and peer trust) but significantly worse on five subdomains (sense of school membership, academic self-concept, self-efficacy,





negative social behaviors, propensity for self-harm) compared with the matched adolescents without an ADHD diagnosis. The researchers noted that while a diagnosis is necessary for treatment, their assessment was that the benefits of treatment did not outweigh the negative effects of the diagnosis.

DOI: 10.1001/jamanetworkopen.2022.36364

145,702 antidepressant-exposed and 3,032,745 unexposed pregnancies in the United States from 2000 to 2015. Antidepressant exposure during pregnancy was not associated with increased incidence of autism spectrum disorder, ADHD, specific learning disorders, developmental speech or language disorders, developmental coordination

psychopathology at ages 2, 3, 4, and 5. Sixty-six of the children were exposed to 2012's Superstorm Sandy in utero, and 97 of the children were not. Children whose mothers were exposed to the natural disaster showed an increase in depression, anxiety, and attention-deficit/disruptive behavioral disorders (such as ADHD), compared with those whose mothers did not live through a major weather-related disaster. Males exposed to the natural disaster in utero had an elevated risk of ADHD, oppositional defiant disorder, and conduct disorder, while exposed females were at higher risk for depression, anxiety, and phobias.

DOI: 10.1111/jcpp.13698



## SAFER THAN PREVIOUSLY THOUGHT

Antidepressant use in pregnancy does not increase the risk for neurodevelopmental disorders in children, according to a study in *JAMA Internal Medicine*. Using insurance data, researchers examined the association between antidepressant use in gestational week 19 until delivery and neurodevelopmental outcomes in children. Children were followed from birth for a maximum of 14 years. Data were included for

disorders, intellectual disabilities, and behavioral disorders.

DOI: 10.1001/jamainternmed.2022.4268

## POSTNATAL IMPACT OF NATURAL DISASTERS

A study in the *Journal of Child Psychology and Psychiatry* indicates that prenatal exposure to a natural disaster may result in the early development of psychiatric disorders in preschool-age children. Researchers evaluated 163 children in the United States for the emergence of

**Antidepressant use in pregnancy does not appear to increase the risk for neurodevelopmental disorders in children.**

## PARENTS PUSHED TO THE RIGHT

Becoming a parent may make people more likely to become conservative, according to a study in *Proceedings of the Royal Society B*. Researchers surveyed 2,610 people in 10 countries about divisive issues, including abortion, immigration, and sexual behaviors. They found that people who were already parents or who had a greater desire to care for children scored higher in social conservatism. Age was not a direct factor, as older childless participants were found to be no more conservative than younger participants. The association between parenting and conservatism was supported by a second study using archival data from 426,444 participants in 88 countries. The link held across countries with differing income levels, cultures, and dominant



religions. A final study with 376 participants in the United States revealed that participants who were asked to write about positive interactions with children subsequently reported greater social conservatism than those asked to write about other types of social interactions.

DOI: 10.1098/rspb.2022.0978

### DIFFERENT DISEASES?

According to a new study in *NPJ Parkinson's Disease*, epigenetic changes linked to Parkinson's disease (PD) may be different in men and women, suggesting PD may really be more than one disease. Researchers performed postmortem analyses of the brains of 50 people who had Parkinson's and 50 who had no sign of the disease. They found 434 genes with different epigenetic changes related to Parkinson's—in this case, methylated DNA—in diseased and healthy brains. However, in those afflicted with Parkinson's, the affected genes—which included

those involved in developmental pathways, neurotransmitter packaging and release, and axon and neuron projection guidance—were almost entirely different in men and women. This result indicates either that PD affects the genes of men and women quite differently or that PD symptoms are caused by different, but related, diseases in the two genders.

DOI: 10.1038/s41531-022-00355-2

### ARE VEGETARIANS MORE DEPRESSED?

A study in the *Journal of Affective Disorders* found that vegetarians have more than twice as many depressive episodes as meat eaters. Researchers surveyed 14,216 participants in Brazil about their diet and depressive episodes. They found that vegetarians have 2.37 times more depressive episodes than non-vegetarians, even when adjusting for sociodemographic parameters, smoking, alcohol intake, physical activity, several

**Vegetarians have more than twice as many depressive episodes as meat eaters.**

clinical variables, self-assessed health status, body mass index, micronutrient intake, protein intake, food processing level, daily calorie intake, and changes in diet in the preceding 6 months.

DOI: 10.1016/j.jad.2022.09.059

### SCARED STRAIGHT BY FUTURE SELF

A study in *Discover Mental Health* suggests that meeting one's future self in virtual reality (VR) may help people recover from substance use disorders. Researchers asked 21 adults in the United States who were in substance use disorder recovery for under a year to interact with two versions of themselves age-progressed 15 years: a substance use disorder future self and an in-recovery future self. The future selves' interactive monologues include personalized details and voice for a more realistic representation. Interviews right after the VR intervention indicated that it engaged participants emotionally, reduced cravings, and increased future self-continuity as well as delayed reward preference. Following the intervention, daily images of the in-recovery future self were sent to participants' smartphones for 30 days, after which time 18 of the participants remained abstinent. Those who abstained were higher-sensation seekers than those who relapsed, raising the possibility that the VR intervention may serve to satisfy cravings for high-intensity experiences.

DOI: 10.1007/s44192-022-00022-1

### SINGLES ENJOY ‘ME TIME’

According to research in *Evolutionary Psychological Science*, single people say the primary benefit of not being in a relationship is having more time to themselves. Researchers asked 269 participants in Greece to list the advantages of being single. Two independent researchers then analyzed these responses and identified 84 distinct benefits, which were then rated by another 612 participants, resulting in 10 broad factors. The top three factors were “more time for myself,” “focus on my goals,” and “no one dictates my actions.” Additionally, men rated the factor “freedom to flirt around” as more important than women did. Conversely, women gave higher ratings to “no tension and fights” and “focus on my goals” than did men. There were also age effects—older respondents rated “more time for myself” and

“not do things I dislike” as more important than younger respondents did. Finally, participants who reported less success in forming relationships identified the advantages of being single as more important than those with more mating success did.

DOI: 10.1007/s40806-022-00340-1

### DRUG BOOSTS BRAIN ‘STIM’ IMPACT

Administering an antibiotic boosted the effectiveness of a new form of brain stimulation to treat major depressive disorder (MDD), according to a study in *JAMA Psychiatry*. Researchers in Canada administered 20 sessions of theta-burst stimulation (TBS)—a new form of transcranial magnetic stimulation—over the course of 4 weeks to 50 participants with MDD. During the first 2 weeks of the TBS intervention, half of the participants received the

**Single people say the primary benefit of not being in a relationship is having more time to themselves, followed by focusing on their own goals and having no one dictating their actions.**

antibiotic D-cycloserine before the TBS session and the other half received a placebo. Those who had TBS after receiving the antibiotic showed greater improvements in depression and anxiety symptoms than the participants who received TBS with only a placebo. Furthermore, the improvements at 4 weeks were higher than those at 2 weeks. However, the TBS-plus-antibiotic group had a higher remission rate than the control group (39.1% versus 4.2%) suggesting that the antibiotic may be facilitating TBS's efforts at boosting synaptic plasticity, a process that is hindered in MDD.

DOI: 10.1001/jamapsychiatry.2022.3255

### STRESS ACCENTUATES PARTNER'S NEGATIVES

A study in *Social Psychological and Personality Science* suggests that when feeling stressed, a person is more likely to notice and reflect upon their partner's negative behaviors than their positive behaviors. Researchers asked 79 heterosexual newlywed couples in the United States to document both their own and their partner's behavior each night for 10 days. Before beginning this portion of the study, participants completed a questionnaire in which they shared details regarding stressful events in their life. The researchers found that recently stressed participants were especially attuned to day-to-day fluctuations in their partner's negative behaviors, but not their partner's positive behaviors.

DOI: 10.1177/19485506221125411





## BETA BLOCKER RESTORES SPOTLESS MIND

Disrupting memory reconsolidation may help people get over a romantic betrayal, according to research in the *Journal of Affective Disorders*. Researchers asked 55 participants in Canada diagnosed with adjustment disorder resulting from a romantic betrayal such as infidelity or abandonment to write first-person narratives of the most emotionally troubling aspects of the betrayal event. During treatment sessions, the participants ingested the beta blocker propranolol, known to disrupt memory consolidation, 1 hour before reading their narrative out loud. All participants completed at least one treatment session, while 48 completed five weekly sessions. The researchers observed a large drop in adjustment disorder symptoms immediately following the first treatment. The declines continued over the course of treatment. A follow-up survey indicated that 35 of the participants experienced improvements in symptoms for up to 4 months.

DOI: 10.1016/j.jad.2022.08.082

## MENTAL ILLNESS AND MASS SHOOTINGS

According to the largest-ever study of mass school shootings, published in the *Journal of Forensic Sciences*, most mass school shooters do not suffer from severe mental illness. Researchers analyzed 14,785 murders worldwide perpetrated between 1900 and 2019. They identified 82 mass murders committed at least in part at schools, colleges, and universities and categorized them by location and whether firearms were used. They found that nearly half (47.6%) of the mass murders and most of those that involved firearms (63.2%) were based in the United States. Furthermore, perpetrators of mass shootings involving academic settings were primarily White (66.7%) and male (100%) with a mean age of 28, and

nearly half (45.6%) ended the shooting by committing suicide. Finally, a diagnosis of severe mental illness (e.g., psychosis) was absent in most mass school shooters. When it was present, the means of murder was usually not a firearm.

DOI: 10.1111/1556-4029.15161

## BEAUTIFYING BEHAVIORS ARE UNIVERSAL

A study in *Evolution and Human Behavior* suggests that beauty-enhancing behaviors are universal. Researchers surveying 93,158 participants in 93 countries found that 99% spent at least 10 minutes per day engaged in behaviors such as applying makeup or other cosmetics, hair grooming, choosing clothing style, caring for body hygiene, and exercising or

dieting to improve physical attractiveness. More time was spent by women (nearly 4 hours per day, on average) than by men (3.6 hours per day), by the youngest and oldest participants, by those with history of severe infectious diseases, and by participants currently dating compared with those in established relationships. The strongest predictor of attractiveness-enhancing behaviors was social media usage, followed by adhering to traditional gender roles, residing in countries with less gender equality, considering oneself as highly attractive or highly unattractive, TV watching time, higher socioeconomic status, right-wing political beliefs, lower education levels, and personal individualistic attitudes.

DOI: 10.1016/j.evolhumbehav.2022.08.003



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# Datapoint

By Meron Assefa, Luona Lin,  
Wendy R. Williams, PhD, and Karen Stamm, PhD

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

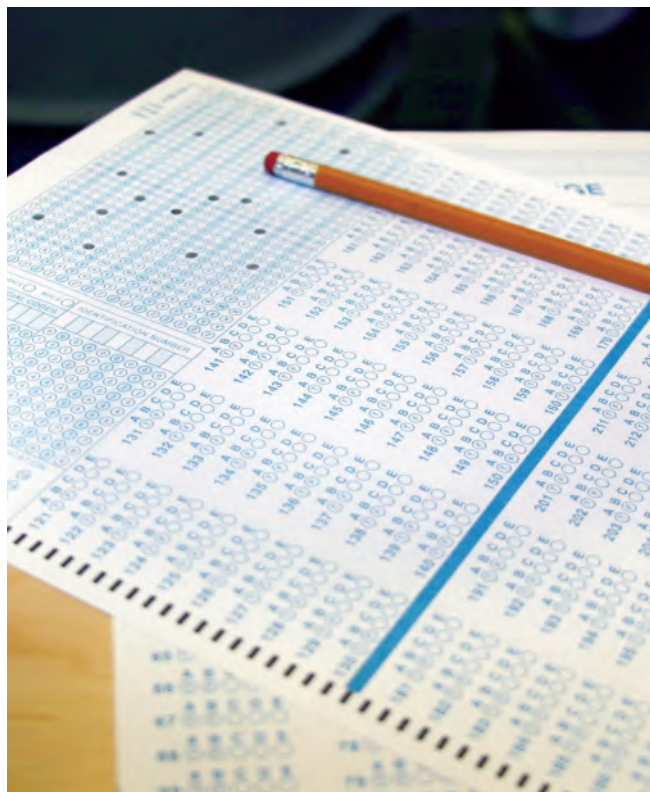
## PSYCHOLOGY GRADUATE PROGRAMS POST-PANDEMIC: FEWER PSYCHOLOGY GRADUATE PROGRAMS REQUIRE GRE SCORES

While most of the admission requirements for psychology graduate programs remain unchanged between the 2020–21 and 2021–22 academic years, the percentage of programs requiring GRE scores plunged. The percentage of psychology doctoral programs requiring GRE verbal as well as quantitative scores decreased from 45% to 26%, and those requiring GRE writing scores decreased from 40% to 23%. Psychology master's programs saw similar decreases.

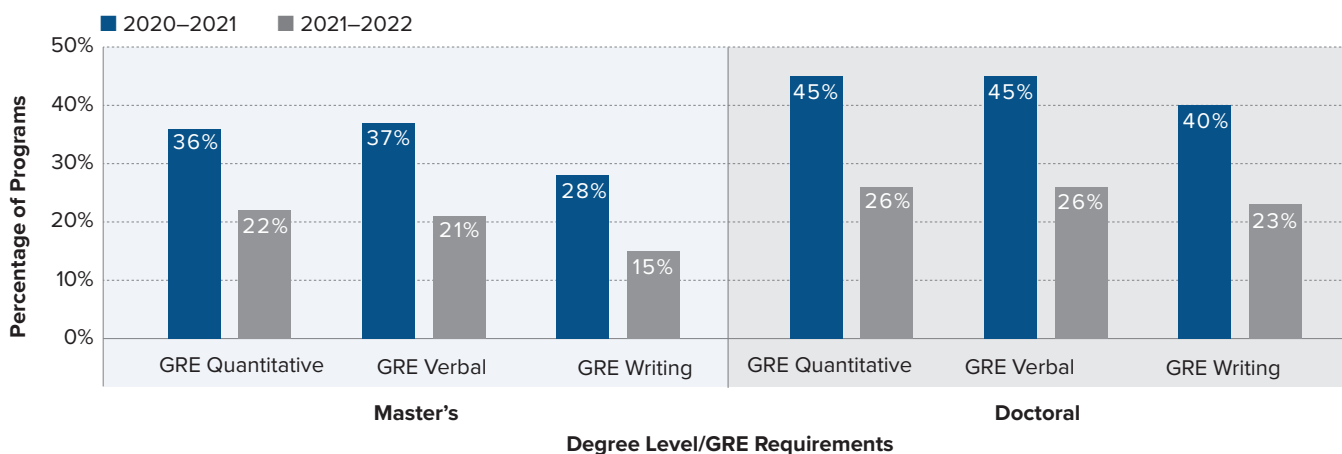
**G**raduate programs are relying less on standardized tests like the GREs to evaluate candidates and more on requirements that capture the accumulation of applicants' performance across a number of years and variety of criteria.

For the 2020 fall semester, more than a third of master's programs required GRE quantitative and verbal test scores, while 28% required a GRE writing test score. By 2021, less than a quarter required these tests. For doctoral programs, nearly half required the quantitative and verbal GREs for 2020–21; by the following year, only about a quarter did.

Programs' top admission requirements were letters of recommendation (required by 99% of all doctoral programs and 92% of all master's programs), a research personal statement (93% and 90%, respectively), and undergraduate GPA (88% and 81%, respectively).

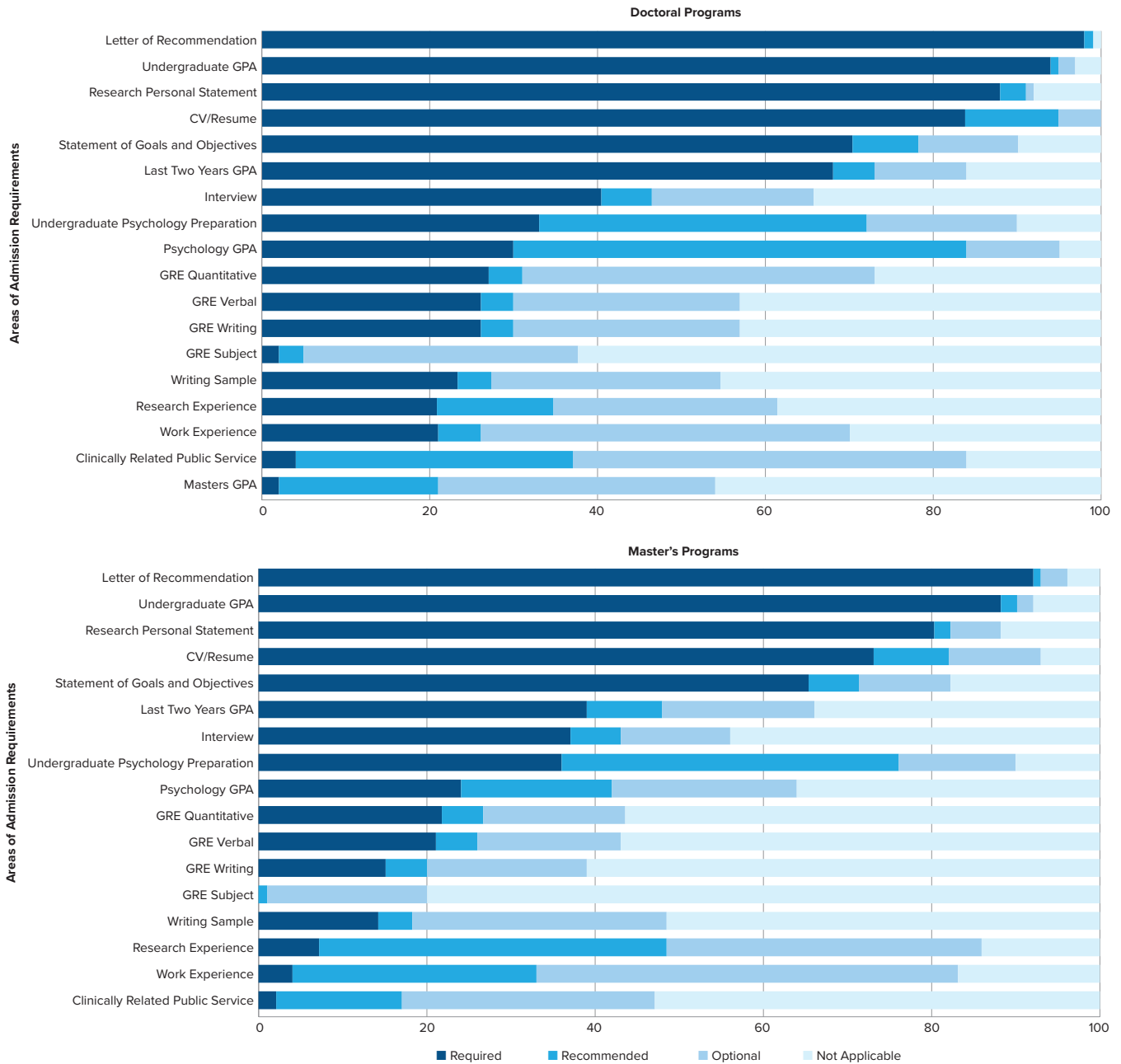


GRE Requirements for Psychology Doctoral and Master's Degree Programs



DORGRUNDS/GETTY IMAGES

## Admission Requirements for Psychology Doctoral and Master's Degree Programs, 2021–22 Academic Year



Data is from *Graduate Study in Psychology*, an annual survey conducted by APA's Office of Graduate and Postgraduate Education and Training. For the 2020–21 cycle, a total of 296 departments and schools in the United States and Canada provided responses on 973 graduate programs in psychology. For the 2021–22 cycle, a total of 300 departments and schools in the United States and Canada provided responses on 967 graduate programs in psychology. Master's GPA is shown only for admission requirements for doctoral programs. Totals may not sum to 100% due to rounding. Want more information? See CWS's interactive data tools at [www.apa.org/workforce/data-tools/index](http://www.apa.org/workforce/data-tools/index) or contact [cws@apa.org](mailto:cws@apa.org).

GRAPHICS: SELENA ROBLETO PHOTO: JEFF BERGEN/GETTY IMAGES



# SERVING PATIENTS WITH LOWER INCOMES

Everyone should be able to access quality mental health care. Here are some ways psychologists are reaching lower-income and economically marginalized patients.

BY SHALINA CHATLANI

**P**eople in lower income brackets have suffered disproportionately throughout the COVID-19 pandemic, reporting higher numbers of mental health challenges due to stress (Benton, A., et al., Health and Human Services, 2021).

Yet too few psychologists tend to work with lower-income and economically marginalized (LIEM) patients; many psychologists come from affluent backgrounds and do not consider expanding their services outside their own socioeconomic level, says Bettina Spencer, PhD, a professor of psychology at Saint Mary's College in Notre Dame, Indiana, and the current chair of APA's Committee on Socioeconomic Status.

Almost two thirds of psychologists rarely serve those earning the lowest incomes, and most have never worked with people facing housing instability, according to APA's 2018 *A Summary of Psychologist Workforce Projections* report.

"If you look at who goes to graduate school and then who completes [a degree], it is not a very diverse pathway. A big problem, not just in psychology but in other medical fields, is that the people who become the practitioners haven't interacted

with people with lower incomes," said Spencer.

As a result, psychologists often treat people who already have insurance or can pay out of pocket, whose problems they understand, and at hours and locations that are compatible with moderate- and higher-income lifestyles.

The demand for psychologists has risen during the COVID-19 pandemic, including for LIEM patients (APA, COVID-19 Practitioner Impact Survey, 2021). There is a shortage of psychologists available to meet demand, and it may be difficult for providers to accommodate patients who might need pro bono or sliding-fee scale options due to financial strain. Generally, there are fewer psychologists who choose to carve out a specific number of slots for LIEM patients, especially those without any insurance options. Overall, psychologists need more specialized training and guidance on ways to set up their practices to serve these populations, said Spencer.

Most important, psychological services must be considered something that can be available to everyone, not just to people who have resources to pay for it, said Cindy Juntunen, PhD, a psychol-

ogist and dean at the University of North Dakota and a task force member of the APA's Committee on Socioeconomic Status, which helped create the 2019 guidelines on serving patients with LIEM backgrounds.

APA's guidelines explain the need for psychologists and trainees to increase their knowledge and training on economic marginalization and look for ways to serve patients that challenge their own implicit biases around social class and poverty.

"Income disparities continue to be a real potential area where stigma can develop. And mental health providers, just like almost any other provider, unfortunately, tend to have negative perceptions of people with low incomes," Juntunen said. "Now, I think that's changing, thankfully. A lot of psychologists actually are very concerned about economic disparities and are really actively trying to become more accessible."

## EXPANDING PAYMENT OPTIONS

Payment is one of the biggest barriers to treating patients with LIEM backgrounds. In 2020, there were more than 31 million people living in the United States with no health insurance (Cha, A., et al., *National Health Statistics Reports*, No. 169,

Almost **two thirds** of **psychologists** rarely serve those earning the lowest incomes, and most have never worked with people facing housing instability.



2022). In 2022, that number had decreased 16%, to more than 26 million people across the United States who were uninsured (Cohen, R., et al., National Center for Health Statistics, 2022).

However, that is still a sizable gap in coverage and does not account for the challenges of people who are underinsured. People with lower incomes might be insured through their jobs, for example, but struggle with such high deductibles that the cost of a therapy visit may still be unaffordable. Nevertheless, reports show that it is common for people with LIEM backgrounds to spend thousands of dollars on appointments if they are dealing with mental health crises.

A 2019 report from the Mental Health Treatment and Research Institute found there is also a significant number of people, especially children, who are not using insurance to seek behavioral health care, and those out-of-pocket expenses can lead to high medical debt. The report

**Reports show that it is common for people with LIEM backgrounds to spend thousands of dollars on appointments if they are dealing with mental health crises.**

found that by 2017, a behavioral health care office visit for a child was about 10 times more likely to be out of network—twice the likelihood as those for adults.

Rachael Soule, JD, director of business regulations and independent practice in APA's Practice Directorate, said APA has been pushing for policymakers to increase health care reimbursement rates to expand care.

"The biggest issue for why there is lack of access to care and why [many] practitioners aren't in Medicaid networks is because reimbursement rates are so low," Soule said.

According to the American Hospital Association, hospitals received payment of only 88 cents for every dollar spent caring for Medicaid patients in 2020, resulting in billions of dollars of underpayment (*Fact Sheet: Underpayment by Medicare and Medicaid*, 2022).

Soule said increasing reimbursement rates for services offered under Medicaid, Medicare, or any insurance would

likely lead to more behavioral health care providers accepting insurance from their patients.

To accomplish this, Soule urges psychologists to get involved with APA's advocacy efforts to increase reimbursement as well as with their state associations. She also advises psychologists to find out if their state offers incentives for serving patients with LIEM backgrounds. For example, Oregon has a behavioral health loan repayment program that offers providers a tax-free award of funds to help them repay qualifying undergraduate or postgraduate loan debt in exchange for 2 years of service within underserved communities and for people who are underinsured or on Medicaid or Medicare.

### ONE FEE, LIFETIME ACCESS

One success story is Open Path Psychotherapy Collective, founded by therapist Paul Fugelsang, MA, LMHC, of Asheville, North Carolina, in 2012. The North Carolina-based nonprofit connects mental health professionals, including psychologists, all over the United States and Canada to people who need help affording mental health services.

The collective aims to help patients who are underinsured and uninsured whose incomes are not low enough to qualify for community mental health services. "There's this wide group of people in between . . . and there's really not a whole lot out there for them," said Fugelsang.

Open Path includes more than 19,000 providers throughout the United States and Canada who are willing to offer underinsured

or uninsured people therapy at a low cost. Individuals pay one \$65 fee to have lifetime access to the directory of providers willing to take on LIEM patients. Therapists take home the entire cost of the appointment.

There is no fee for a psychologist to sign up with Open Path. To participate, therapists need to be a licensed or provisionally licensed mental health clinician with a graduate degree in psychotherapy, counseling, or a related field from an accredited institution. And they must pass a peer-reviewed online application. Open Path sets the sliding scale rates to be \$40 to \$70 for individuals and \$40 to \$80 for couples and family for a standard 50-minute session.

Fugelsang started Open Path because he realized he could not serve as many LIEM patients as he wanted and keep his practice afloat. He had opened a few slots in his private practice for patients who needed to pay a lower price, but demand was higher than what he could afford to offer. And he found it difficult to refer patients to other psychologists because there was no directory that showed which providers also offered low-fee slots or a sliding scale for fees.

“Once you join up with the collective, there’s a sense of a larger mission,” he said.

One psychologist who works with the collective, Negar Nazari, PhD, based in San Diego, treats several patients she connected with via the platform. Before she begins therapy, she talks to patients with LIEM backgrounds about what they can afford to pay.

“I don’t set a rigid price because I want to make it accessible. So, if at the end of the day, they’re going to pay a little bit less but are going to be able to commit, that’s what matters,” Nazari said. “We’ll adjust it as we need to and account for the gas if they were seeing me in office or if they’re needing to see me more frequently.”

### EARLY ENCOURAGEMENT

Juntunen said it can be hard to convince recent graduates to serve LIEM patients when they are faced with the need to pay off graduate school debt. For example, Shilpa Trivedi, PsyD, a licensed psychologist in Houston who serves mostly patients with LIEM backgrounds in her practice, says the no-show rate for LIEM patients can be high. And when a patient does not show up, the provider ends up eating the cost because Medicaid does not reimburse for missed appointments.

“You can never rely on just one income source because it can dry up very quickly,” she said.

To help meet the need, Juntunen said more training programs should teach students how to sustainably work with this population and how to set up a practice that can serve them.

“In our program, one of the things we tell students is that part of our admission and training process is a commitment to social justice, and that it’s a key aspect of being successful in our training model,” she said. “The desire is often there because these are folks who want to get psychology out to the world.”

Mindi Thompson, PhD, is a counseling psychology



Psychologists who want to serve LIEM patients can be proactive by finding office space that is centrally located and on a bus line.

## APA GUIDELINES FOR WORKING WITH PATIENTS WITH LOW-INCOME AND ECONOMIC MARGINALIZATION

APA recently published guidelines (Juntunen, C. L., et al., *American Psychologist*, Vol. 77, No. 2, 2022) around issues like health disparities and training for working with patients with low-income and economic marginalization (LIEM). Some psychologists have already been implementing these strategies in their practices and have created models of care for others to get started serving LIEM patients. Two of the major factors impacting those with LIEM are the intersectionality of their economic status and other identities and the biases and stigma of living with LIEM. The guidelines cover four major categories: education and training, health disparities, treatment considerations, and career concerns and unemployment.





professor at the University of Wisconsin–Madison and a member of APA’s Committee on Socioeconomic Status. Within her research program, she and her students focus on examining the role of social class in psychotherapy and how psychotherapists’ perceptions of patients change based on their social class.

“There are a number of biases that many of us hold, especially growing up in the United States. The myth of meritocracy certainly is inherently embedded in all sorts of places,” Thompson said. “I’ve worked with many individuals in the past who don’t realize

that bias exists or hadn’t ever thought about it in that way.”

#### PRACTICAL CHANGES

Another way psychologists can better serve people with lower incomes is to make appointments easier for them to attend. Psychologists are now reimbursed for audio-only and videoconferencing visits by many insurers (U.S. Department of Health and Human Services, 2021), Medicaid, and Medicare (Centers for Medicare and Medicaid Services). Telehealth can often be easier to schedule for patients who may not have reliable access to transportation. It is also a way to

serve people who may not be able to leave home because of lack of childcare options or disabilities.

Trivedi said psychologists who want to serve LIEM patients can be proactive by finding office space that is centrally located and on a bus line.

She said it is also important for psychologists working with LIEM patients to secure multiple streams of income. One way is to diversify one’s practice—make marketing a priority, accept several different types of insurance, and develop multiple referral sources.

Trivedi also works closely with social service agencies that have a behavioral health component, like



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those focused on children in the foster care system. “I did a lot of cold-calling agencies and introducing myself,” to let them know she has expertise in working with LIEM patients, she said.

Another challenge of working with LIEM patients can be the intensity of the work. Psychologist Pratyusha Tummala-Narra, PhD, a research professor in the Department of Psychological and Brain Sciences at Boston University, works with people with lower incomes, as well as with members of immigrant and diverse communities, and finds that many people with lower incomes often do not see a mental health professional until their needs become urgent; the delay is often due to lack of access to resources, stigma, or concerns about receiving adequate treatment. Some immigrant patients, she said, may also not seek help because of fears over documentation.

“Emotional stress is often not identified until it reaches crisis level. So sometimes what we see is people seeking out help because they see a primary-care doctor, or they go to the emergency room. These are some of the internal cultural barriers that we see in communities,” she said.

Tummala-Narra is working on developing a community mental health education program at the Albert and Jessie Daniels Institute at Boston University so that she can disseminate much-needed information

to the various communities, including immigrant communities, that might need to seek ways of coping. The hope is that this tool may increase public knowledge about identifying mental health concerns and resources that can help in coping with emotional distress.

Tummala-Narra says serving patients from lower-income backgrounds is rewarding and at times challenging.

“I also grew up in an Indian American community where issues of mental health and trauma were highly stigmatized,” she said, noting that many of her patients struggling to access therapy really need someone to reach out to them and understand their lived experience.

“Clients are struggling with longer-term issues like trauma and difficult relationships, depression, anxiety [and] I think longer-term therapies really need to be made more accessible to people who have fewer resources.” ■

### FURTHER READING

Guidelines for psychological practice for people with low-income and economic marginalization: Executive summary  
Juntunen, C. L., et al.  
*American Psychologist*, 2022

Serving patients in poverty  
Clay, R. A.  
*Good Practice*, 2020

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2:00 PM ET

#### Social Determinants of Mental Health Among Communities of Color

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## 4 QUESTIONS FOR APRYL ALEXANDER

Thinking big picture is all in a day's work for this forensic psychologist, who parlays psychological research and expertise into advocacy **BY STEPHANIE PAPPAS**

**A**pryl Alexander, PsyD, came to advocacy via her work in the juvenile justice system. In her first faculty role, she was working with adolescents who had committed sexual offenses, and few had ever had any sort of education around affirmative consent or healthy relationships. Though recidivism rates with treatment are low in this population, the youth were put on sex offender registries, sometimes for offenses such as possessing nude pictures of a boyfriend or girlfriend. Alexander realized then that there was more she wanted to do to prevent this problem. What if these young people were given the education and tools they needed to learn about healthy relationships and avoid offending in the first place? What if the laws around the sex offender registry were more in line with science on recidivism?

Fast-forward a few years, and Alexander delivered a TED Talk to 5,000 attendees at the 2018 TEDxMileHigh conference that focused on the importance of comprehensive sex ed as a means of violence prevention. Multiple attendees who were part of community organizations contacted her afterward because they wanted to introduce a revamped bill to include consent and healthy relationships education in K–12 schools—everything she had highlighted in the talk.

“They wanted to make sure to insert that into law,” said Alexander. “And that passed into law a few months later after my talk.”

That type of progress drives Alexander to push for change in any way she can, from doing media interviews

to testifying at state capitols. Now an associate professor at the University of North Carolina at Charlotte, Alexander also trains students and other psychologists to expand into advocacy and service. She is also chair-elect of the Board for the Advancement of Psychology in the Public Interest (BAPPI) and on the board of several nonprofits, including Breaking Code Silence, an



organization dedicated to ending abuse in privately owned, poorly regulated residential treatment centers and camps for troubled teens.

The *Monitor* spoke with Alexander about the critical importance of using psychological expertise for the greater good.

**Many psychologists have an interest in social justice. What paths can they follow to get involved in advocacy?**

Counseling psychology and community psychology have long talked about advocacy and social justice as part of their competencies, but in some spaces this hasn't been the norm for psychology training.

[Advocacy] could mean thinking about dissemination of your research. We often publish in peer-reviewed journal articles that are behind paywalls. But we can engage in other forms of dissemination, like writing op-eds, writing blogs, and developing podcasts. As a clinician, if you're noticing problems in your clinical environment, like societal barriers, such as lack of sufficient mental health insurance coverage for your patients, are you showing up at the state capitol? Are you talking with your legislators about those barriers?

Not everybody is going to be marching in the streets. Not everybody is going to be on the news. Think about what is comfortable for you and what is in your wheelhouse.

**You talk to the media regularly. What do you see as the value of doing those interviews?**

For me, it's another way to get the message out. In this era of misinformation



## Conversation

or disinformation, we need experts bringing psychological science to the table.

In 2018, the University of Denver, my prior institution, developed a program called the Public Impact Fellows program. They took 20 professors from across campus and trained us on public impact scholarship. We learned how to do media interviews and how to articulate ourselves without using a lot of jargon, knowing you're only going to get maybe 20 seconds on the news. I've done over 100 media interviews and appearances in the last 3 years, so I appreciated training for that. It's something we don't do in graduate education in psychology.

It also showed the value that institutions of higher education are now placing on public outreach. When we're talking about promotion and tenure, we're always counting journal articles and their impact. Well, some of my colleagues have TED Talks that have millions of views. How are we counting that as dissemination and reach?

### Are students asking for this kind of training?

Yes, they are watching the current iteration of the women's rights movement, they've watched the Black Lives Matter movement, the anti-Asian hate movement, and they're wanting to step in to do more. They are asking us to integrate social justice into their training, and we need to keep up with that.

When I'm talking to universities about this, they often say there isn't time and space to create another course. That's fine and valid, but how do we integrate this in all our coursework? How can we talk about social justice in psychological assessment, anti-racism in assessment? We're seeing people think about ways to integrate these competencies of advocacy, social justice, and policy in coursework, so we don't have to create new courses.

### What other changes are you proud of?

I was able to testify at the state legislature in Colorado to end the practice of licensed mental health practitioners using conversion therapy (the practice of trying to change the sexual orientation of gay or lesbian individuals) with minors. That bill was introduced 4 years in a row in Colorado. It failed the first 3 years and passed that final year, so being able to show up time and time again to offer psychology's perspective on this issue was meaningful for helping young people not face this kind of abuse.

I want current psychologists as well as the next generation of psychologists to think about this whole pathway. It's taking our research and clinical work a step further and thinking about how we can use what we know to change our society, change the systems that we work in, and change our world. ■

*Learn how to get more involved with APA's advocacy efforts at [www.apaservices.org/advocacy/get-involved](http://www.apaservices.org/advocacy/get-involved).*

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# LEGALLY REASONABLE SUSPICION RESTS ON UNREASONABLE ASSUMPTIONS

Stereotypes about people and communities of color may be limiting Fourth Amendment protections in “high crime areas”

BY MELISSA ANDERSON, MS, AND CYNTHIA J. NAJDOWSKI, PHD, UNIVERSITY AT ALBANY, STATE UNIVERSITY OF NEW YORK

**T**he Fourth Amendment requires police officers to meet the standard of “reasonable suspicion” to justify any stops, searches, and seizures of civilians. The U.S. Supreme Court decided in *Illinois v. Wardlow* in 2000 that a suspect’s location in a “high crime area” is relevant to determining the “reasonableness” of an officer’s suspicion. However, more than 20 years later, what constitutes a high crime area is still unclear. Recent cases in state appellate courts have called into question the use of this vague construct in justifying reasonable suspicion and police conduct in relation to potential Fourth Amendment violations (e.g., *Washington v. State of Maryland*, 2021), but the U.S. Supreme Court has so far rejected the opportunity to provide clarification (e.g., *Johnson v. Texas*, 2021).

The need for objective criteria for assessing “high crime” is underscored by police records demonstrating how loosely the construct is applied in practice, particularly in cases involving people of color. In 2019, Ben Grunwald, JD, PhD, and Jeffrey Fagan, PhD, showed that officers described most neighborhoods in New York City as high crime areas, but their descriptions did not correlate with actual crime rates (*California Law Review*, Vol. 107, No. 2, 2019). Moreover, officers’ invocation of the “high crime area” justification was influenced by the race and ethnicity of the people stopped and was less related to actual prevalence of crime than to the racial and ethnic composition of neighborhoods. Thus, officers’ reports of crime prevalence are not merely inaccurate; they are also—knowingly or unknowingly—biased by the racial and ethnic identity of civilians and communities.

Recent theorizing on bias points to the influence of contexts, explaining that individual bias is merely a reflection of systemic issues. As such, psychologists interested in addressing police officer bias should look beyond changing individual officers’ attitudes and instead consider how legal policy and police

practice related to high crime areas set the stage for Fourth Amendment violations. Unfortunately, policy and practice associating crime with Black spaces is deeply rooted in U.S. history. For example, in 1965, President Lyndon B. Johnson’s “war on crime” specifically targeted Black neighborhoods for policing. Negative stereotypes linking Black people and neighborhoods to crime still exist, and these race- and place-based stereotypes interact to impact policing. Indeed, a 2022 analysis of arrest report data by Shytierra Gaston, PhD, and colleagues revealed a lower threshold for policing Black people in “high crime areas” than similarly situated Hispanic or White people: Black people were investigated not because of suspicious behavior but instead because of their presence in suspicious locations (*Criminology & Public Policy*, 2022).

Although local crime rates might be relevant to judgments of suspicion, real-world data show that police officers broadly and inaccurately apply the “high crime area” label. Empirical research connecting officers’ misuse of this label to the race of the people in the area is even more concerning. In conjunction with research demonstrating environmental influences on bias, the research suggests the label provides cover for racist policing, however unintended it may be.

Psychologists should advocate to ensure courts seize the next opportunity to objectively define “high crime” with the goal of limiting misapplication of the label and curbing racial and ethnic disparities in policing. They should also partner with policing agencies to discover methods that will reduce the risk that the stigma of high crime neighborhoods will spill over to contaminate judgments of the people who live there. Until then, people of color will continue to be less protected by the Fourth Amendment and more vulnerable to policing than others, further perpetuating harmful stereotypes about marginalized racial and ethnic groups and their communities. ■



## AT ISSUE

**Does the “high crime area” designation that is used to justify suspicion allow bias to unjustly perpetuate policing disparities?**



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

Group therapy is as effective as individual therapy for a wide range of symptoms and conditions. Practitioners can help meet the need for mental health services by growing their skills and comfort levels with groups.





# CE

## CONTINUING EDUCATION EFFECTIVE GROUP THERAPY

BY STEPHANIE PAPPAS

Group therapy is as effective as individual therapy, and more efficient. But it requires special skills.

**G**roup therapy sometimes gets short shrift. Viewed by some patients as second best to individual therapy and by some mental health professionals as intimidating to run, groups are mostly found in outpatient agencies and hospitals, where they are used to treat people with severe or acute conditions. In private practice, group therapy makes up at most 5% of treatment, with 95% of resources going into individual therapy.

### CE credits: 1

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

1. Describe the benefits of group therapy and conditions and situations for which group therapy might be preferable to individual.
2. Discuss strategies for building cohesion and managing conflict in groups.
3. Describe the additional considerations that may come up when conducting a group virtually.

**For more information on earning CE credit for this article, go to [www.apa.org/ed/ce/resources/ce-corner](http://www.apa.org/ed/ce/resources/ce-corner).**

But group therapy is as effective as individual therapy for a wide range of symptoms and conditions, and it is more efficient, allowing a single therapist to reach many people at once. In many cases, groups can be even more effective than individual therapy, thanks to the stigma reduction and solidarity that people experience in the presence of their peers.

The benefits are substantial enough that some psychologists are now calling for every private practice to offer at least one group. Meeting the unmet psychological need in the United States with group therapy would save more than \$5.6 billion and require 34,473 fewer new therapists than individual therapy, according to research to be published in February in *American Psychologist*. If just 10% of this need was met by group instead of individual therapy, 3.5 million more people could be seen. The demand for therapy is high and rising, with 79% of psychologists reporting an increase in patients with anxiety disorders in 2022 and 64% reporting increases in patients seeking help for trauma- and stressor-related disorders, according to APA's 2022 COVID-19 Practitioner Impact Survey. Two thirds report seeing patients with an increasing severity of symptoms compared with previous years.

"Given that group therapy is a triple-E treatment, which means it's effective, it's equivalent to individual therapy for most conditions, and it's efficient, offering at least one extra group or beginning to run a group, particularly in private practice, would create enormous efficiencies in the

system," said Martyn Whittingham, PhD, a licensed psychologist in Ohio and the developer of Focused Brief Group Therapy, who led the work.

There are barriers to launching new groups, not least poor reimbursement rates for group versus individual therapy. But another key barrier is training. Group therapy was only recognized as a specialty by APA in 2018, and many psychology graduate programs offer limited instruction on group therapy skills. Psychologists can expand their skills with resources from the American Group Psychotherapy Association (AGPA) or from APA's Div. 49 (Society of Group Psychology and Group Psychotherapy).

While the details will depend on the group's goal, putting together a successful group involves thinking not only about the structure of the group but about the interactions between group members and how those interactions can support the therapeutic process.

### CANDIDATES FOR A GROUP

Group therapy is as effective as individual therapy for an array of symptoms and conditions. In a recent series of 11 meta-analyses encompassing 329 studies comparing group with individual therapy, group therapy was found effective for depression and bipolar disorders, schizophrenia, anxiety disorders, social anxiety disorder, panic disorders, obsessive-compulsive disorder, post-traumatic stress disorder, eating disorders, borderline personality disorder, substance use disorders, and chronic pain (Rosendahl, J., et al., *The*

Groups can be particularly fruitful for marginalized individuals, offering support and solidarity from others with similar experiences.



*American Journal of Psychotherapy*, Vol. 74, No. 2, 2021).

Groups can be particularly fruitful for people of marginalized identities, offering support and solidarity from others with similar experiences. For instance, a meta-analysis of group interventions for trauma and depression in refugee adults and children led by Maryam Rafieifar, PhD, a social worker now at Montclair State University in New Jersey, found reduced symptoms of post-traumatic stress and depression (*Research on Social Work Practice*, Vol. 32, No. 1, 2022). Research has also found that group therapy can help LGBTQ+ patients cope with universal stressors and stressors stemming from coping with bias as well as other challenges related to their minority status (Craig, S. L., et al.,

*BMC Psychology*, online, 2021).

Any issues involving shame, stigma, or feelings of isolation can often be better addressed in group therapy than individual, said Amy Nitza, PhD, a counseling psychologist and director of the Institute for Disaster Mental Health at the State University of New York at New Paltz. Nitza, a past president of Div. 49, and her partners in Haiti do group therapy sessions for youth sold into domestic servitude, known as *restaveks*. There is a great deal of shame involved in being a *restavek*, Nitza said, and the mental health professionals in Haiti first saw this as reason to do only individual therapy with the children. She urged them to start group treatment in 2014, and demand for the groups has outstripped supply. “It’s the healing

## ADDITIONAL RESOURCES

**APA Div. 49 Diversity, Equity, Inclusion, and Belonging Committee presentations on DEIB in group**

<https://on.apa.org/3W5kG9l>

**American Group Psychotherapy Association**

<https://agpa.org/home>

**APA Div. 49**

<https://www.apadivisions.org/division-49>

**Special issue: Ruptures and repairs in group psychotherapy**

Marmarosh, C. L. (Ed.)  
*Group Dynamics: Theory, Research, and Practice*, 2021

power of finding out that other people feel the same way you feel,” Nitza said.

Groups can be either homogeneous or heterogeneous, manual or model based. These considerations can help guide who might be a good candidate for group therapy, but one of the key parameters, said Haim Weinberg, PhD, a clinical psychologist licensed in California and Israel, is the patient’s own motivation. The Group Readiness Questionnaire can help assess how receptive a patient may be to group therapy. Patients who are not ready for groups can still benefit, but may need preparation and pre-orientation, said Noelle Lefforge, PhD, a clinical associate professor in the graduate school of professional psychology at the University of Denver.

FATCAMEBA/GETTY IMAGES

Therapists need to be prepared to address common misperceptions patients may have around group therapy, such as fear that they will be asked to disclose personal information they do not want to share or worries that they will have to “fix” other group members when they are overwhelmed themselves. Lefforge walks prospective group members through how the group leaders keep participants from taking on that responsibility while explaining that practicing altruism with other group members can actually improve symptoms of disorders like depression. “You really want to work with patients on getting buy-in, a collaborative appreciation for how group is going to be beneficial,” she said.

## SAFETY AND CONFLICT

In the beginning stages of group therapy, the group leader must work to establish ground rules and foster group cohesion. Cohesion is one of the most important predictors of outcomes in group therapy (Burlingame, G. M., et al., *Psychotherapy*, Vol. 55, No. 4, 2018). Conflict within the group can lead to alliance ruptures, including disagreements on the tasks and goals of therapy, or a strain in the relational bond, Lefforge said. Clear rules can help establish the psychological safety that makes cohesion possible.

“Common group guidelines set the stage for how group members treat one another, how confidentiality is handled in the group setting, particularly among patients within the group, how needs might get met, how terminations are handled, how contact among group members outside of

group should or should not occur or be talked about in group,” Lefforge said.

Part of this cohesion step starts with learning about and acknowledging group members’ various intersecting identities and the accompanying privilege or marginalization or both, said Eric C. Chen, PhD, a counseling psychologist at Fordham University and chair of Div. 49’s Diversity, Equity, Inclusion, and Belonging Committee. Chen recommends using educator Sylvia Duckworth’s “Wheel of Power and Privilege” in pre-group interviews and during the group process to get patients thinking about the ways in which they both have privilege and are marginalized. This exercise provides a foundation for talking about individual differences that eventually surface in group discussions and for group cohesion to be built on human diversity (in Pope-Davis, D. B., et al. [Eds.], *Handbook of Multicultural Competencies*, Sage Publications, 2003). “I aim to utilize every group member’s past experiences of being included and excluded as a vehicle for us to empathize and connect with each other on that universal human level first,” Chen said.

Icebreakers can be useful for building cohesion, Whittingham said, and they should be tailored to the group’s needs. For instance, for patients dealing with social anxiety, he might split the group into pairs and have the pairs share personal information about each other, which is less intimidating than sharing with the whole group. But icebreakers should remain relatively brief, he warned, because participants may start feeling impatient to delve

into the group’s therapeutic work.

During this introductory phase, it is often beneficial to manage ruptures carefully, Whittingham said; groups need to form a basis of trust before dealing with conflict. But gradually, conflict becomes a learning opportunity in groups. One of the most powerful aspects of group therapy is that it allows members to navigate conflict in a semi-sheltered social environment, Whittingham said. “The fear of conflict, for a good amount of the population, can be a very profound fear and that can really interfere with them feeling satisfied in relationships,” he said.

For someone who avoids conflict, standing up for themselves for the first time in group therapy can be a life-altering moment, he said. Likewise, someone who comes into conflicts too aggressively can get feedback on how to handle conflict more productively. Enabling this learning, though, requires the group to trust the group leader not to let conflict spiral out of control. Like cohesion, establishing a therapeutic alliance with the group will increase the likelihood of clients experiencing a safe environment necessary for a good outcome (Lo Coco, G., et al., *Journal of Consulting and Clinical Psychology*, Vol. 90, No. 6, 2022).

Managing conflict in groups is a delicate skill that requires the group leader to model a positive, nondefensive approach, Lefforge said. It is also about bringing conflict into the open, Nitza said. “It’s always about saying it out loud and working through it,” she said.

This is true of interactions related to race and culture in a group as well, said Aziza Platt, PhD, a counseling psychologist

## KEY POINTS

1

Group therapy is as effective as individual therapy for a wide range of conditions and can be more efficient than individual treatment.

2

Therapists should strive to build cohesion and a sense of belonging in group, including safety for group members with marginalized identities.

3

Virtual group therapy is becoming more common and appears to be effective, though more research is needed on the best ways to build cohesion and maximize therapeutic efficacy online.



in Georgia who has studied microaggressions and other interactions in group therapy that may be alienating to people with marginalized identities. If someone says something in the group that might be disparaging to another group member's identity or otherwise hurtful, Platt makes a point of stepping in—without stomping on other group members' agency.

"What I'll say is, 'Hey, I just heard something that made me a little uncomfortable and I want us to explore it,'" she said. "And I'll turn to the person who was targeted and say, 'My sense is that was directed to you. I want to give you a chance to respond, but I'm also going to respond.'"

This strategy lets the harmed group member know that Platt will address the issue whether or not they are comfortable sharing their feelings, but it also gives them the chance to advocate for themselves, she said.

"I do a lot of work to help my groups understand the difference between conflict as generative versus destructive," Platt said.

It is possible for groups to discuss sensitive, complex topics without arguing, she added. Indeed, Chen said, group therapy can be a place to learn how to do so, acquiring skills that will ideally help group members navigate such conversations with friends and family. "I tend to focus much less on the topics per se," Chen said, "but more about appropriate group norms and communication processes that should be established first in order for each group member to feel psychologically safe enough for those challenging kinds of conversations to take place."

**Practitioners can help groups manage ruptures carefully and see conflicts as a learning opportunity to navigate in a semi-sheltered social environment.**

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Platt frames potential responses to racial-cultural events in group using three categories. "Anti-therapeutic" responses by the group leader are reactions like, "You're overreacting" or "That wasn't a big deal," directed to those hurt by a comment. "Non-therapeutic" responses are in the middle, attempting to smooth over the moment without repairing it: "I'm sorry, but let's just move on."

Group leaders should aim for the third option, "therapeutic responding." This involves curiosity, empathy, a focus on the victim, and a restorative justice approach to talking through the interaction, said Platt, who recently published a practice review with clinical examples on how to address microaggressions in groups (Miles, J. R., et al., *Group Dynamics: Theory, Research, and Practice*, Vol. 25, No. 1, 2021).

Finally, it is important to think about how a group will end,

even as it is beginning. Groups may have a time limit, with all members wrapping up together, or may have rolling attendance. Either way, it is important for leaders to think about closure for group members as therapy ends or as individuals move on. Reflection activities can be helpful, Lefforge said. A 2011 column from the *Group Psychologist* newsletter sums up different exercises, such as the "hope and appreciation list" activity in which each member writes down something they appreciated about each other member and a hope for each member's future, or the "web activity" for in-person groups, in which each member passes around a skein of yarn, linking themselves to other members as they express a way in which those people impacted them. By the end of the activity, the group is linked by a web of connections.



FG TRADE/GETTY IMAGES

## ADDRESSING PATIENTS' HESITATIONS

- Ask questions to ensure you understand what the patient is concerned about.
- Share what you know about the efficacy of group therapy.
- Normalize apprehension.
- Connect the patient's treatment goals to what they will be doing in group therapy.
- Offer opportunities for familiarization. Connect the patient to the group facilitator prior to the first session. Or offer a three- to four-session trial period, with an opportunity to reassess.

*Suggestions courtesy of Noelle Lefforge, PhD*

## MAKING GROUP VIRTUAL

Connection is a key concern for groups that meet online, an increasing trend thanks to a general move toward telehealth as well as the COVID-19 pandemic.

Prior to the pandemic, online groups were often considered second best to in-person, said Weinberg, who has long conducted virtual group therapy. The pandemic changed that perception, though virtual groups are still less well studied than in-person groups.

A pre-pandemic meta-analysis by Mayo Clinic psychiatrist Melanie Gentry, MD, and colleagues found similar outcomes between video teleconference group therapy and in-person group therapy (*Journal of Telemedicine and Telecare*, Vol. 25, No. 6, 2019), though most of the studies included were not designed for head-to-head comparisons. More work is needed, Weinberg wrote in a paper spurred by the pandemic, especially on questions around group cohesion, therapist presence and empathy, and

whether some patients are better served online versus face-to-face (*Group Dynamics: Theory, Research, and Practice*, Vol. 24, No. 3, 2020). Nevertheless, said Gary Burlingame, PhD, chair of the psychology department at Brigham Young University in Utah, the evidence that has accrued is promising. A recent survey indicated that group therapists perceive online groups to be effective even if they experience challenges to managing group relationships online (Gullo, S., et al., *Group Dynamics: Theory, Research, and Practice*, Vol. 26, No. 2, 2022). The AGPA now includes online-specific information in its training.

Online groups are more prone to ruptures than in-person groups, simply for reasons of logistics, Weinberg said: Internet connections cut out, computers crash, cameras freeze. Weinberg said that addressing these moments head-on can become part of the process.

"Some people might feel, for example, that they are

## FURTHER READING

**Cultural diversity, groups and psychotherapy around the world**  
Honig, M., & Martinez-Taboada, C. (Eds.)  
International Association for Group Psychotherapy and Group Processes, 2022

**Examining social identities and diversity issues in group therapy: Knocking at the boundaries**  
Ribeiro, M. (Ed.)  
Routledge, 2020

**Theory and practice of online therapy: Internet-delivered interventions for individuals, groups, families, and organizations**  
Weinberg, H., & Rolnick, A. (Eds.)  
Routledge, 2020

**Problematic systems: Applying a multicultural orientation framework to understand "problematic members"**  
Rigg, T., et al.  
*Professional Psychology: Research and Practice*, 2020

abandoned if the therapist disconnects for internet problems, or some people might feel rejected because they are not accepted back [into the virtual meeting]," Weinberg said. "There are a lot of psychological dynamics that are connected with online group therapy. . . . That's why I say learn how to relate to anything that happens online as something that has a dynamic meaning and explore its impact."

Because people may log in to virtual group therapy from anywhere, group leaders need to set ground rules around privacy and distraction, Weinberg said. There are also interpersonal adjustments to be made. Some people, particularly those with social phobia or a dismissive-avoidant attachment style, tend to connect better with others virtually, Weinberg said, perhaps because the screen feels protective. But therapists running online groups must adjust to the lack of physical cues such as eye contact, which can be hard to direct to a single participant via computer screen. With the increasing shift to virtual, more and more therapists are sharing strategies for working around these issues. Weinberg is coediting a book in which group therapists discuss ways they have moved their work virtual, including methods like art therapy and psychodrama, or acting out events in order to work through problems.

"One thing that is clear, from my experience," Weinberg said, "is that the group therapist needs to be more active, more flexible, and more creative than when we are talking about in-person groups." ■

*A NEW CONCEPT OF*

# Aging

Ageism is one of the last socially acceptable prejudices. Psychologists are working to change that.

**BY KIRSTEN WEIR**







From “antiaging” face creams to wisecracking birthday cards about getting older to “OK, boomer” memes, the message is clear: Being old is something to avoid. Never mind that, if we have the good fortune to live a long life, inaccurate stereotypes about aging will harm all of us.



Ageism is so ingrained in our culture that it often goes unnoticed. Changing these harmful attitudes is important for optimal physical and mental health as we age.

Ageism is defined as discrimination against older people because of negative and inaccurate stereotypes—and it’s so ingrained in our culture that we often don’t even notice. Most organizations now have diversity, equity, and inclusion (DEI) departments to tackle issues such as racism and gender bias. Even in those departments, age bias is seldom on the radar. “Ageism is this odd ‘-ism’ in that it’s still socially acceptable in many ways,” said Joann Montepare, PhD, director of the RoseMary B. Fuss Center for Research on Aging and Intergenerational Studies at Lasell University in Newton, Massachusetts, and past president of APA’s Div. 20 (Adult Development and Aging).

It is clear, however, that ageism has a host of negative effects, for people’s physical and mental well-being and society as a whole. What’s more, the negative stereotypes that fuel ageism often get aging all wrong. “When we say aging isn’t all negative, it’s not that we are putting on rose-colored lenses. This is based on rigorous science,” said Manfred Diehl, PhD, a professor of human development and family studies at Colorado State University who studies healthy aging.

Researchers and activists, including many psychologists, are drawing on that science to reframe attitudes toward aging. In 2020, APA adopted a new Resolution on Ageism that recognizes age as a risk factor for discrimination, encourages more emphasis on aging in psychology training, and advances a more

productive public narrative about the benefits of longer life spans. “The question is, what can we do as individuals and also as a society to promote more positive aging?” Diehl said.

### AGING STEREOTYPES, BUSTED

Ageism is a stubborn prejudice. People of all ages show bias against older adults, though the way they express it changes over the life span. Among younger people, the preference for other young adults is more explicit. In older adults, that preference becomes more implicit (Chopik, W. J., & Giasson, H. L., *Gerontologist*, Vol. 57, Suppl. 2, 2017).

Either way, the attitudes that underlie age bias are often rooted in falsehoods. While it is true that the risk of some chronic diseases and dementia increases with age, most older adults maintain quite good health and cognitive functioning. “Aging is a very diverse process, and there are great differences between individuals,” Diehl added. “Things usually aren’t as bleak as most people expect.”

Becca Levy, PhD, a professor of epidemiology at Yale School of Public Health and of psychology at Yale University, works to chip away at age stereotypes with a fact-checking approach for public awareness. In her recent book, *Breaking the Age Code: How Your Beliefs About Aging Determine How Long and Well You Live*, she took aim at more than a dozen beliefs about getting older. “In every case, I found information that not only contradicted the negative stereotype but also highlighted a strength





Science has disproven many stereotypes about aging. For example, some cognitive functions improve and creativity can expand later in life.

“When we say aging isn’t all negative, it’s not that we are putting on rose-colored lenses. This is based on rigorous science.”

MANFRED DIEHL, PHD, PROFESSOR OF HUMAN DEVELOPMENT AND FAMILY STUDIES AT COLORADO STATE UNIVERSITY

that comes with aging,” she said. Take the stereotype that people become less creative as they get older. Researching her book, Levy found a host of examples of artists and musicians who became more creative and more generative later in life.

Levy also upends the stereotype that all types of cognitive abilities inevitably worsen with age. It’s true that some cognitive skills, such as reaction times, tend to slow a bit over time. But other functions remain robust and even improve. One study of older adults, for instance, showed they were better than middle-age adults at orienting their attention and ignoring distractions (Verisimo, J., et al., *Nature Human Behaviour*, Vol. 6, No. 1, 2022).

Getting older affords other benefits. As people age, they tend to become more agreeable and more conscientious. Older adults also tend to be better at regulating their emotions. “These are positive changes that can lead to overall greater social maturity,” Diehl said. “These changes often mean we get along better with others, and we may pay better attention to health or put ourselves in fewer risky situations.”

Such changes may be partly responsible for another observed phenomenon, known as the paradox of aging, said Karl Pillemer, PhD, a sociologist and professor of psychology and gerontology at Cornell University. “Older people tend to report greater happiness and life satisfaction



compared to younger people,” he said.

Some researchers have debated the evidence for this so-called happiness curve, a U-shaped trend in which happiness levels are lowest at midlife. But in a recent analysis, economist David Blanchflower took a comprehensive look at data from 145 countries and concluded that, in fact, happiness sinks to a low-water mark in middle age before increasing again through later adulthood (*Journal of Population Economics*, Vol. 34, No. 2, 2021). Other research suggests that, contrary to popular belief, mental health also improves across the life span (Thomas, M. L., et al., *Journal of Clinical Psychiatry*, Vol. 77, No. 8, 2016). “This view that old age is all negative decline just doesn’t seem to be the case,” Pillemer said.

### HOW AGEISM HARMS

The negative view of late life isn’t just false. It’s also dangerous. “The narrative that age is decline, age is burden, hurts everyone: individuals, families, communities, and society,” said Nancy Morrow-Howell, PhD, a professor of social policy and expert in gerontology at Washington University in St. Louis. “Some older adults do need support, but mostly they’re giving it,” she added. “They

make important contributions to the workforce, including paid work as well as volunteering and caregiving. Those contributions to society are a resource, not a luxury.”

Ageism in the workplace affects hiring and promotion decisions. In medical settings, stereotypes associated with aging may influence treatment decisions. People may incorrectly assume older adults are too frail for more aggressive cancer therapies, for instance. In the mental health field, most psychotherapists don’t receive adequate education in geropsychology, and age bias and stereotypes can influence their attitudes and practices. In a chapter on ageism and mental health, evidence revealed that many psychotherapists exhibit a preference against working with older patients, assume less favorable prognoses for older patients, and believe that depression is a natural consequence of older age (Bodner, E., et al., in *Contemporary Perspectives on Ageism*, Springer, 2018).

Internalized messages about aging also influence a person’s health and well-being—a connection Levy has documented in numerous studies. As a graduate student, she took a research trip to Japan to explore why the Japanese had the longest life spans in the world. “One of the

first things I noticed was how differently older people there were treated,” said Levy. “They were celebrated in families, on TV shows, in comic books.”

Today, Levy’s research explores how societal messages about aging impact a person’s health and well-being. Experimental research, longitudinal studies, and cross-cultural comparisons of age-related beliefs all point to one conclusion: “People who take in more negative age beliefs tend to show worse physical, cognitive, and mental health. But the good news is that those who are exposed to or develop more positive age beliefs tend to show benefits in physical, cognitive, and mental health,” she said.

Age-related beliefs affect health in multiple ways, Levy has found. Those who have more negative feelings about getting older are more likely to experience higher levels of stress, which has been linked to many diseases of aging. Also, people who feel fatalistic about getting older may be less likely to engage in healthy behaviors such as staying active or taking prescribed medications.

Together, those mechanisms can have significant impacts on health. In one study, for instance, Levy and her colleagues showed that positive beliefs about aging protect against dementia, even among those with a high-risk gene (*PLOS One*, Vol. 13, No. 2, 2018). But the effects extend beyond dementia. She has also found that negative self-perceptions of aging are associated with a higher

### APA RESOURCES ON AGING

**APA Office on Aging**  
<https://www.apa.org/pi/aging>

**APA Div. 20 (Adult Development and Aging)**  
<https://www.apadivisions.org/division-20>

**FAPA Div. 12-II (Society of Clinical Geropsychology)**  
<https://geropsychology.org/>

**Psychologists Against Ageism webinar series**  
<https://www.apa.org/pi/aging/cona/psychologists-against-ageism>

“Some older adults do need support,  
but mostly they’re giving it.”

NANCY MORROW-HOWELL, PHD, PROFESSOR OF SOCIAL POLICY  
AND EXPERT IN GERONTOLOGY AT WASHINGTON UNIVERSITY IN ST. LOUIS

prevalence for all of the eight most expensive health conditions among Americans, which include heart disease, lung disease, diabetes, musculoskeletal disorders, and injuries. She calculated that the cost of ageism in the United States was \$63 billion per year—one of every seven dollars spent for those eight conditions (*The Gerontologist*, Vol. 60, No. 1, 2020).

### CHALLENGING AGEIST STEREOTYPES

Given the stakes, there are good reasons to challenge age-related stereotypes and age bias. Such efforts are beginning to bear fruit. In a systematic review, Pillemer and colleagues found that interventions to reduce ageist stereotypes and prejudice are often effective (Burnes, D., et al., *American Journal of Public Health*, Vol. 109, No. 8, 2019).

The most effective interventions combine education about aging with efforts to increase intergenerational contact, Pillemer found. “One of the biggest threats to reframing attitudes toward aging lies in the increasing age segregation of American society. We’re in the midst of a dangerous experiment where young people have almost no contact with older people outside of intermittent contacts in their own families,” he said.

Yet contact alone is not always enough to challenge false ideas about late life. “You often see events that bring young people into nursing homes to give concerts or do activities with older adults, for example. But if young people aren’t prepared for interpreting that experience,



**Positive, meaningful interactions between older and younger people help educate younger people about their own aging process as well as reduce the deleterious effects of age segregation in American society.**

they can actually leave with more negative views of aging,” Pillemer added. “It’s important for younger people to interact with older adults who are active and engaged, and also to educate younger people about the aging process.”

To that end, he designed an intergenerational intervention that pairs high school students and older adults for intergenerational wisdom sharing. In a randomized trial, he found that youth who participated showed improvements in their attitudes toward older people and in their sense of life purpose (*International Journal of Environmental Research and Public Health*, Vol. 19, No. 7, 2022).

Diehl, too, is developing an

intervention to change attitudes toward aging. His approach targets middle-age adults in hopes of improving their outlook toward their own aging process. “We want to show people that we have opportunities to shape that process, by choosing what we eat and drink, how physically active we are, and how we manage stress,” he said. His four-week health education program addresses beliefs about self-efficacy in aging and encourages participants to be more physically active—a factor strongly associated with health across the life span. Diehl is still analyzing the results, so he can’t yet say whether the intervention led to measurable changes in physical activity. But



**Clinical psychologists can address ageism by recognizing their own internalized biases about aging that may affect their interactions with patients as well as helping patients to examine their beliefs about getting older.**

in a preliminary analysis, he said, “our data clearly show that the intervention is effective in changing people’s negative attitudes toward their own aging.”

Interventions don’t just improve attitudes for youth and younger adults. In a randomized controlled trial with older adults, Levy found that strengthening positive age beliefs led to more positive self-perceptions of aging, which in turn led to significantly improved physical function (*Psychological Science*, Vol. 25, No. 12, 2014).

### REFRAMING AGEIST SYSTEMS

Looking beyond individual-level interventions, researchers and advocates are also turning their attention to the cultures and systems that perpetuate ageism. Morrow-Howell, for instance, is in talks with

her institution’s DEI office to include age as a diversity issue. “Once people start talking about it, they start seeing it. Awareness within organizations is so important,” she said.

She and Montepare are also active with the Age-Friendly University (AFU) program, an initiative to change the culture of higher education to expand opportunities for older adults. (Read more about the AFU program in “Embracing Learners of All Ages,” in the June 2022 *Monitor*.)

Moving forward, there’s a need to continue studying the factors that support productive aging. “In an increasingly aging society, people have to be willing to do this work,” Pillemer said. “We really need a translational science in aging: We need psychologists to engage in this flow between research and implementation of these

ideas in real-world settings,” he added.

Clinical psychologists, too, can do more to address ageism in their own practices. For one thing, they can help patients address their own internalized beliefs about getting older, said Gregory Hinrichsen, PhD, a clinical psychologist and professor in the department of geriatrics at the Icahn School of Medicine at Mount Sinai in New York. “People highly overestimate the problems of later life and underestimate the resilience of later life. We can integrate notions about ageism into clinical practice with older adults,” he said.

Hinrichsen uses cognitive behavioral therapy and interpersonal therapy to help clients challenge the underlying assumptions they have about aging, and to begin to think of aging as a role transition. People

### FURTHER READING

#### Optimizing aging: A call for a new narrative

Diehl, M., et al.  
*American Psychologist*,  
2020

#### Reframing Aging Initiative

<https://www.reframingaging.org/>

#### Foundational Competencies in Older Adult Mental Health Certificate Program, Center of Excellence for Behavioral Health Disparities in Aging

<https://e4center.org/training-and-technical-assistance/foundational-competencies-in-older-adult-mental-health-certificate-program/>



often discover they're treated differently in older age, he said. They might be dismissed or assumed to be incompetent. Often, older adults are addressed in "elderspeak," a demeaning manner of speech that typically includes a high-pitched voice, speaking more slowly, or using overly familiar terms of endearment like "sweetheart" or "dear." Clinicians can help people navigate the feelings that come along with being treated differently because they are perceived as "old," Hinrichsen says. "It's helpful for people to understand how to handle those challenges."

In collaboration with Erin Emery-Tiburcio, PhD, ABPP, at Rush University in Chicago and colleagues, Hinrichsen helped develop a continuing-education certification program to teach foundational competencies in adult mental health, offered through the E4 Center of Excellence for Behavioral Health Disparities in Aging. The program helps clinicians better understand the unique presentations of mental health problems in older adults—and, importantly, helps them identify and challenge their own personal and systemic stereotypes of aging.

Though misconceptions and negative beliefs about aging are often deeply entrenched, they are not immutable. Levy, for one, is optimistic that anti-ageism efforts are gaining ground. "We're on the verge," she said, "of a social movement to bring about a more age-just society." ■

## "We're on the verge of a social movement to bring about a more age-just society."

BECCA LEVY, PHD, PROFESSOR OF PSYCHOLOGY AT YALE UNIVERSITY

### REFRAMING AGING INITIATIVE

Psychologists and other aging experts are collaborating with the Gerontological Society of America's Reframing Aging Initiative, a long-term social change effort designed to improve the public's understanding of aging. The project started with research to understand communication strategies and tools to reframe messages around aging. Instead of talking about the "elderly" or "seniors," for instance, a reframed message uses neutral language such as "older people" or "we" and "us" terms. Instead of talking about a catastrophic "tidal wave" of aging baby boomers, communicators can use affirming language such as "as Americans live longer, healthier lives."

Research shows these strategies work. In a trial of the Reframing Aging intervention, participants read one of three "framed" messages about aging—messages that emphasize the contributions of older adults to society, aging as a process of accumulating wisdom and energy, or mechanisms through which prejudice against older adults operates. An unframed message might give statistics about the growing number of Americans over age 65, while a framed message puts the statistics in context, for example by saying, "Getting older is a dynamic process, and older people gather momentum through the buildup of unique experiences and insights." Compared with people who read unframed aging messages, those in each of the three framed message conditions scored lower on tests of implicit age bias (Busso, D. S., et al., *The Journals of Gerontology: Series B*, Vol. 74, No. 4, 2019).

Since 2019, the Reframing Aging Initiative has trained facilitators across the country to use those research-backed strategies to change the narrative around getting older. Still, breaking down long-standing cultural beliefs about aging will take time. In the research community, "there's still a tendency toward a deficit mentality—a view that older people have problems that need to be solved," said Cornell University sociologist Karl Pillemer, PhD. "However, I think there's movement in the other direction as the field of successful aging is growing."

# Help and **HOPE** for kids in foster care

Psychologists are part of an interdisciplinary push to support children and parents in the child welfare system, but more support is needed

**BY ZARA ABRAMS**





PIXELIMAGE/GETTY IMAGES



Nearly 400,000 children and teens are living in limbo within the U.S. child welfare system—waiting to be adopted, return to their family of origin, or find some other permanent home (*The AFCARS Report*, No. 29, U.S. Department of Health and Human Services, Administration for Children and Families, 2022).

By definition, they have virtually all experienced some form of trauma or neglect, with up to 80% meeting criteria for a significant mental health issue (Rosen, D. S., et al., *Pediatrics*, Vol. 136, No. 4, 2015). Many kids also face trauma within the system, including separation from caregivers, court involvement, moving from one foster home to the next, and even further abuse or neglect.

Despite these extraordinary challenges, kids in foster care can thrive and lead healthy lives with the right help at crucial junctures—and mental health providers play a key role in that healing. Though services vary by state and county, many focus on repairing attachment and relationships, often with the goal of reuniting children with their biological parents or getting them settled with an adoptive family.

“All children need protective, supportive, and emotionally responsive relationships in order to thrive. That seems simple, but those relational components should be at the center of the help we provide to children in foster care,” said Michael Lawler, PhD, president of Pacific Northwest University of Health Sciences in Yakima, Washing-

ton, who has worked in the child welfare system as a service provider, researcher, and policy developer.

Mental health professionals also support other crucial players in children’s lives: biological parents, many of whom are coping with addiction or mental health issues of their own, and foster parents, who may struggle to manage the behaviors and needs of the kids they take in. The interdisciplinary field includes everyone from psychologists, social workers, and educators to occupational therapists and pediatricians.

“These kids are among the most vulnerable in our society,” said psychologist Audra Langley, PhD, a professor of psychiatry and biobehavioral sciences at the University of California, Los Angeles (UCLA) and the

**School and community supports for families raising children and youth in foster care can boost academic and social emotional outcomes.**



PHOTO COURTESY OF FORMED FAMILIES FORWARD. PREVIOUS PAGES: PEXELIMAGE/GETTY IMAGES

director of UCLA Treatment, Intervention, Education, and Services (TIES) for Families, an interdisciplinary program that serves children in foster care in Los Angeles and their families. “Giving them access to psychologists who really understand trauma, development, identity, and culture is critical.”

### MEASURING SUCCESS IN FOSTER CARE

Most children enter foster care because they have faced severe abuse or neglect by a parent or guardian, with a large number removed from homes because of parental drug use (Meinhofer, A., & Angleró-Díaz, Y., *JAMA Pediatrics*, Vol. 173, No. 9, 2019). About 80% move into a foster family home with either a relative (“kinship care”) or a non-relative (“foster parenting” or “resource parenting”). Others live in a group home or, for some older adolescents, in supervised independent housing. In the majority of cases, the aim is to reunify with one or more biological parents or primary caregivers. For about one third of cases, adoption is the ultimate goal (*The AFCARS Report*, No. 29, U.S. Department of Health and Human Services, Administration for Children and Families, 2022).

A lot is at stake for kids in foster care. Young children who miss out on early social interaction often have cognitive delays, impulse control issues, and trouble communicating. Those developmental setbacks can eventually multiply and hinder learning and achievement at school. Neglect and abuse also disrupt the stress response



and may lead to chronic stress, which can cause mental health problems such as anxiety and depression and increase risk for long-term cardiovascular, metabolic, and other physical health issues (Mental and Behavioral Needs of Children in Foster Care, American Academy of Pediatrics, 2021).

Some services focus on the prevention end of the spectrum, aiming to support positive development in foster kids before significant emotional, behavioral, or developmental problems arise. In Colorado, Fostering Healthy Futures (FHF) provides weekly skills training, led by psychologists and social workers, and one-on-one mentorship to children, ages 9 to 14.

The 30-week intervention, directed and developed by Heather Taussig, PhD, helps kids work through the challenges

of foster care while forming a close bond with an adult mentor. For example, one week’s skills training might teach kids about coping with change and loss, while their mentor helps them explore how grief shows up at school and practice applying their new skills. Mentors also plan fun activities—a game of basketball, a trip to the movies—and help their mentees create a “life book” that chronicles their past and hopes for the future.

“For many of these children, it’s the first time somebody has asked them to tell their story in a way that’s not diagnostic,” said Lindsey Weiler, PhD, LMFT, an associate professor in the Department of Family and Social Science at the University of Minnesota who has conducted research on FHF. Two randomized controlled trials have shown that participation in the program

**Nearly all kids in the foster system have experienced trauma or neglect, so forming a bond with an adult mentor is crucial to their well-being.**



Typically a decrease in service use is a sign of the effectiveness of mental health services. Foster children, however, may seek help only after they have achieved some stability.

## Despite these extraordinary challenges, kids in foster care can thrive and lead healthy lives with the right help at crucial junctures—and mental health providers play a key role in that healing.

reduces both trauma symptoms and juvenile justice involvement (Taussig, H. N., et al., *American Journal of Community Psychology*, Vol. 64, No. 3–4, 2019; *Prevention Science*, Vol. 22, 2021).

While in foster care, most kids are required to attend therapy, but those services are not always sufficient to meet their needs, said Saralyn Ruff, PhD, LMFT, an associate professor

and director of the Foster Care Research Group at the University of San Francisco.

“When they were 16, therapy was mandated. Now that they’re 21, they may want it but don’t know how to access it or no services are available,” she said.

Ruff is a research consultant for A Home Within, a nationwide organization that offers free weekly one-on-one

psychotherapy to current and former foster youth “for as long as it takes” to heal. She and her colleague Deanna Linville, PhD, LMFT, are conducting a community-based needs assessment on the effectiveness of therapy in child welfare settings, which has been submitted for publication in 2023. They interviewed current and former foster youth, foster parents, case managers,



therapists, and clinical directors (*Children and Youth Services*, Vol. 143, 2022).

One major takeaway: Current outcome measures used to evaluate the effectiveness of mental health services—typically a decrease in service use—may not fully capture kids' experiences. In contrast, increased help-seeking may be a better indicator of progress, said Ruff. Maintaining healthy relationships (with family members, friends, partners, and therapists) is another important measure of success in this population.

Foster youth also reported that when they first entered therapy, they often weren't ready to open up about trauma. Many were still navigating the foster care system and major daily challenges such as food and housing insecurity.

"When you're on the streets and you're trying to figure out where you're going to sleep that night, therapy is not what's most important," said Linville, the executive and clinical research director at the Center for Transformative Healing in Eugene, Oregon.

In contrast to often rigid state-mandated therapy, foster youth also want more of a say in setting goals that matter to them and access to therapeutic approaches that feel relevant, including somatic therapies such as eye movement desensitization and reprocessing and brainspotting. Foster youth also want the opportunity to choose or match with a therapist who has a shared identity or lived experience with the child welfare system, the researchers found.



### REPAIRING RELATIONSHIPS

The need to heal attachment and relationships leads many service providers to deliver therapies that treat both foster children and parents, biological or otherwise (Lawler, M. J., et al., *Children and Youth Services Review*, Vol. 33, No. 3, 2011).

In Dallas, the Rees-Jones Center for Foster Care Excellence at Children's Health uses an integrated care model to weave trauma-informed psychoeducation, parenting skills training, and other mental health care supports into primary-care visits. They also offer specialized care, including psychological assessment and trauma-informed treatments (Lamminen, L. M., et al., *Practice Innovations*, Vol. 5, No. 1, 2020).

For foster kids and teens, adjusting to a new home with different rules and routines is nearly always difficult. Meanwhile, situations and behaviors that can be common in a chaotic household—staying up late, lack

of structure, hoarding food—can present challenges for foster parents. They may need help understanding such behaviors as adaptive and learning how to respond.

To support this transition, the Rees-Jones Center uses a variety of interventions, including parent-child interaction therapy (PCIT), a pair-based intervention for parents and children, ages 2 to 6, which aims to decrease challenging behaviors and improve attachment and bonding. While the parent and child interact, a therapist coaches the parent on how to respond to various behaviors.

"When you're in the thick of it, acclimating to this new setting, you're going to see more behavioral outbursts. It's exhausting for our caregivers, so an intervention like this can really help," said Laura Lamminen, PhD, ABPP, a pediatric psychologist and associate professor who leads behavioral health program development at

**Families formed through foster care, adoption, and kinship care benefit from peer supports at one of Formed Families Forward's family events.**

All members of foster families may require support. For teens, adjusting to the rules and personalities of a new household is nearly always difficult. For foster parents, the chaotic habits foster kids may bring can create challenges.

### FURTHER READING

**Recruiting foster families of color: Stories and strategies from leaders of color in child welfare**  
AdoptUSKids  
2022

**Resilience factors in youth transitioning out of foster care: A systematic review**  
Nuñez, M., et al.  
*Psychological Trauma: Theory, Research Practice, and Policy*  
2022

**More kids in foster care**  
APA  
2019

**Young children in foster care**  
National Child Traumatic Stress Network  
2012

**Home for Awhile**  
Kerstein, L.  
Magination Press  
2021



the Rees-Jones Center.

PCIT, as well as other dyadic treatments such as child-parent psychotherapy, can also help reestablish a secure bond between children and their biological parents. In some cases, those treatments are required by child welfare agencies as part of the family reunification process.

“Parents of children in foster care often themselves come from disrupted attachment relationships,” Lawler said. “Working with a child and parent together allows us to help both generations heal.”

Psychologists not only deliver trauma-informed treatments, they also help train parents to see children’s behavior as adaptive strengths rather than simply problematic, Langley said. At UCLA TIES for Families, the Preplacement Education and Preparation (PREP) program

trains prospective foster parents from a culturally competent, trauma- and healing-informed perspective. PREP covers topics such as understanding trauma and addiction as a way to build empathy for birth parents, answering children’s difficult questions in a developmentally appropriate way, temperament and attachment, common medical issues, and grief and loss.

“When a child joins a family’s care, it can be a time of vulnerability,” Langley said. “We also see it as a time of opportunity to understand children’s behaviors and reactions in the context of their experiences.”

For children who cannot reunify with their families of origin, UCLA TIES for Families partners with the Los Angeles Department of Children and Family Services to offer a pre-placement multidisciplinary

consultation that can help inform child welfare placement decisions. The assessment includes a thorough review of psychological health, medical records, developmental history, and educational outcomes, creating a comprehensive picture of a child’s strengths, challenges, and needs.

Because of the unique challenges of foster parenting, family-to-family support also holds tremendous power. Most of the staff and board of Formed Families Forward (FFF), a Virginia nonprofit that supports foster, kinship, and adoptive families raising children with special needs, have lived experience in foster care and other public systems.

FFF offers a combination of peer support, parenting classes, family events, and educational consultations to families of chil-

dren with mental health issues and other disabilities. Last year, more than 1,000 parents and professionals attended training sessions led by clinical psychologists and other experts. Topics include navigating special education services at school, helping students with disabilities transition from high school to higher education, how to care for children with fetal alcohol spectrum disorders, and more. FFF also offers a peer support group for parents and caregivers—one of their most popular offerings.

“Every foster care, adoptive, or kinship situation is different, but all cope with the impact of loss, grief, and broken family connections,” said Kelly Henderson, PhD, FFF’s executive director.

### SYSTEMIC BIAS IN FOSTER CARE

Among foster kids, children who are Black or Native American are significantly overrepresented, leading growing numbers of researchers, practitioners, and activists to regard the child welfare system as racially biased and overly punitive. For that reason, some experts are shifting their focus to the structural factors—including poverty—fueling the cycle.

“A lot of kids are caught in this system, not necessarily because their parents have abused them, but because their parents were deemed by the system as too poor [to care for them],” said Abigail Williams-Butler, PhD, an assistant professor in the School of Social Work at Rutgers University in New Jersey. Williams-Butler, a

developmental psychologist and social worker, studies how the intersection of race, gender, and class affects Black children and families involved with the child welfare system. “If we provide better support to biological parents, maybe we don’t need to take so many kids away.”

Some community leaders aim to abolish the child welfare system and reinvest its economic resources in biological families. In New York, Just Making a Change for Families is campaigning to end the system in its current form. Others are pushing for change within the existing model, including by recruiting and supporting foster families of color. To bolster those efforts, AdoptUSKids, part of the Adoption Exchange Association, recommends hiring diverse foster parent recruiters, improving communication with prospective foster families, and connecting with foster parents through social media.

“Much like nearly every institution, we don’t properly represent the communities we serve,” Lawler said. “We need more psychologists, social workers, and foster parents who look like the children in foster care.”

Psychologists, social workers, and other helping professionals can help reduce inequities in foster care by documenting and calling attention to the system’s inherent bias, Williams-Butler said. There’s also plenty of room for psychologists with varied expertise—clinical, community, developmental—to create and adapt assessments and interventions, evaluate outcomes, and aid in the prevention and treatment




of mental health issues among children in foster care, said Langley. High-quality training programs that allow psychologists and other professionals to specialize in child welfare are an important piece of the puzzle, Lamminen said.

A greater investment in this population would be a boon to the field, helping psychologists fulfill their professional commitment to aid those in society with the greatest need.

“It’s important for us to think about how we can develop future psychologists who are part of child welfare prevention and intervention,” Langley said, “both because we have something to add, but also because we have something to gain.” ■

**Rather than relocating children to foster homes simply for financial reasons, experts recommend more financial assistance for hard-working parents in the lowest income brackets.**



A woman with dark hair, wearing a dark grey quilted puffer jacket with a fur-lined hood and a bright orange scarf, is leaning her arms on a weathered wooden railing. She is looking off to the side with a thoughtful expression. The background is a blurred outdoor setting with trees and a body of water.

Former clinical social worker Terry Matlen was diagnosed with ADHD as an adult. Now a successful author with a sizeable social media following, she advocates for more effective diagnosis and treatment for ADHD in girls and women.



# The Challenges and Benefits of an ADHD Diagnosis in Adulthood

Adults whose attention-deficit/hyperactivity disorder (ADHD) symptoms were overlooked during childhood can benefit greatly from diagnosis and treatment. Besides confronting the roots of their chronic stress, anxiety, and low self-esteem, therapy and sometimes medication can bring relief and lead to new personal successes.

**BY RACHEL FAIRBANK**



When Terry Matlen, a clinical social worker, was in her 40s, she was diagnosed with ADHD. “My entire life, there was something off,” Matlen said. This included significant anxiety as well as academic and behavioral issues, all of which started at a young age. Although Matlen was initially quite skeptical of her diagnosis, going so far as to seek out a second and third opinion, she eventually came to accept that she had ADHD.

“This makes sense now. I can’t concentrate; I can’t finish projects; my house is a disaster; I can’t get dinner on the table,” Matlen said. “Anxiety doesn’t explain the extent of my disorganization.”

Matlen was diagnosed in the mid-1990s, when many specialists still didn’t understand what ADHD looked like in either girls or adults. Matlen didn’t look like the stereotypical little boy who couldn’t sit still. Although she struggled a lot with her symptoms, which included being unable to pay attention in class or stay organized, no one recognized that the underlying issue was undiagnosed ADHD.

ADHD has three subtypes, which include hyperactive-impulsive, primarily inattentive, and combined. With inattentive type, the restlessness is internal. “A lot of kids with inattentive ADHD get overlooked,” said Peter Jaksa, PhD, a psychologist who specializes in treating ADHD. “The behavioral problems get more attention.” For many with inattentive ADHD, they are the ones daydreaming in class rather than paying attention. However, since they aren’t being disruptive, their symptoms can easily go unnoticed.

This is especially true with women and girls, as ADHD is more often diagnosed and treated in males than females, due to differences in how symptoms look (Skogli, E. W., et al., *BMC Psychiatry*, Vol. 13, 2013). As a number of studies show, untreated ADHD leads to adverse effects on long-term academic performance (Arnold, L. E., et al., *Journal of Attention Disorders*, Vol. 24, No. 1, 2015). In addition, a number of studies show that those with untreated ADHD fare worse than those

with treated ADHD or no ADHD (Harpin, V., et al., *Journal of Attention Disorders*, Vol. 20, No. 4, 2013).

### THE PROCESS OF DIAGNOSING ADULTS

For symptoms to be considered ADHD, they must have started before the age of 12. This makes diagnosing adults more complicated, as the process requires creating a timeline of when symptoms first appeared. In addition to talking with his patient, Jaksa finds that it can be helpful to look at old report cards, where comments such as “Struggles to pay attention during class,” “Often forgets homework at home,” or “Isn’t living up to potential” can help give him a sense of when symptoms started appearing.

“We have a much longer history to look at,” he said. “The best diagnostic indicator for ADHD is not test scores; it’s history.” For the diagnostic process, Jaksa conducts a very structured interview—one that delves into their social, emotional, and academic history. If possible, he interviews a family member who can provide perspective on childhood behaviors.

Jaksa said adults often have comorbidities, such as anxiety and depression. With these comorbidities, untreated ADHD can either cause them or make them worse. “When ADHD is not diagnosed—when it’s not treated effectively—over time, chronic stress and frustration lead to anxiety,” Jaksa said. “This has a very negative impact on self-esteem. It’s very common to see adults with ADHD grow up with a strong sense of underachievement.” Continually hearing messages like “try harder” or “you should be



doing better,” can get internalized and lead to anxiety and/or depression, Jaksa said.

In some patients, providers may recognize signs right away, such as tardiness, forgetting valuable personal items, or fidgeting while in the waiting room. Although no one symptom can be definitive, all of this added up can paint a picture of what the symptoms look like, how long they have been going on, and the degree of functional impairment. “My mind is shifting constantly,” said Lisa Green, an oncology nurse who was diagnosed with ADHD in her 40s.

It also helps the diagnosis if there is a family history of ADHD, as it is a highly heritable disorder. For Matlen, the process of seeking a diagnosis for her younger daughter was when she realized that she also had the disorder. “It’s pretty well established that ADHD is about 70% to 80% heritable,” said Eugene Arnold, a professor emeritus at The Ohio State University whose research focuses on ADHD.

## DIFFICULTIES WITH DIAGNOSING

One of the challenging aspects of diagnosing an adult is the presence of other comorbidities, some of which can mimic ADHD symptoms. These comorbidities can either be due to a separate disorder or be caused by the ADHD. For many people with ADHD, Matlen included, the lack of early treatment, combined with symptoms of ADHD, can lead to developing mood disorders such as anxiety and depression. If their underlying ADHD is not diagnosed and

treated, treatment for their other comorbidities is often ineffective. (Ginsberg, Y., et al., *Primary Care Companion for CNS Disorders*, Vol. 16, No. 3, 2014). “My anxiety is triggered a lot by being disorganized, by not being prepared, by being constantly overwhelmed,” Matlen said.

There’s also an overlap between ADHD and autism spectrum disorder (ASD). “About half of people with autism also have ADHD,” Arnold said. With ADHD being more common than ASD, the reverse is not true—with a lower proportion of people with ADHD also having ASD.

Jon Stevens, MD, a psychiatrist based in Houston, compares the onset of symptoms as being like layers of an onion: The deepest layer is developmental disorders, such as autism; the second deepest layer is ADHD, for which the symptoms can be observed quite early, followed by mood disorders such as anxiety and depression, which can develop as early as middle or high school. Finally, the outermost layer is schizophrenia and bipolar disorder, which tend to emerge during college years or a little later.

“These conditions, in my experience, develop inside out,” Stevens said. Symptoms of developmental disorders such as autism show up the earliest, while ADHD symptoms will show up a little later. Some of the more noticeable symptoms, such as hyperactivity, parents will start noticing early on, while other symptoms, such as inattentiveness, will start becoming more noticeable once children start school.



For adults, undiagnosed ADHD symptoms manifesting as chaos and clutter can lead to chronic stress and low self-esteem.

Another major difference is the persistence of symptoms. “If you think about anxiety and depression, those disorders and the symptoms that flow from them, tend to be more situational and more cyclic,” said Will Canu, PhD, a professor of psychology at Appalachian State University. With a disorder like ADHD, the symptoms are always there, with the caveat that they can be exacerbated under certain conditions, such as during times of stress or from anxiety or depression.

### THE EFFECT OF COVID-19 ON ADULTS WITH ADHD

The COVID-19 pandemic was particularly hard on those with ADHD because of the disruption in routine. Routines are important for people with ADHD, as they can help with executive functioning issues, such as staying organized and staying on track. However, developing and maintaining these routines is harder, which means that major changes in working and home life have been particularly hard to navigate. In Stevens’ clinical practice, he has seen patients cope with stress from the pandemic in a number of ways. For adults who were actively receiving treatment, the shift to working from home offered some benefits. “Provided they kept taking their medication, they generally fared well,” he said. “A lot of my patients found [working from home] more helpful, because there were fewer distractions of the water cooler chatter or someone coming to your cubicle.” The big exception was if patients started self-medicating with alcohol or other substances.

### FURTHER READING

#### **Meta-analysis of cognitive-behavioral treatments for adult ADHD**

Knouse, L. E., et al.  
*Journal of Consulting and Clinical Psychology*, 2017

#### **Association between psychiatric symptoms and executive function in adults with attention deficit hyperactivity disorder**

Arellano-Virto, P. T., et al.  
*Psychology & Neuroscience*, 2021

#### **The ADHD Symptom Infrequency Scale (ASIS): A novel measure designed to detect adult ADHD simulators**

Courrègé, S. C., et al.  
*Psychological Assessment*, 2019

#### **A randomized controlled trial examining CBT for college students with ADHD**

Anastopoulos, A. D., et al.  
*Journal of Consulting and Clinical Psychology*, 2021

#### **Succeeding with adult ADHD: Daily strategies to help you achieve your goals and manage your life**

Levrini, A.  
APA LifeTools Series, 2023

Constant upheaval, combined with childcare disruptions, created extremely difficult conditions for women with undiagnosed ADHD and young children, Canu said. In addition to major disruptions in routines, the unpredictability of school and daycare closures has been particularly challenging for parents with young children.

### THE ADVANTAGE OF DIAGNOSIS AND TREATMENT

For many patients whose symptoms were overlooked during their early years, diagnosis can be both life changing, and bitter-sweet. In a 2020 study, researchers compared 444 adults with diagnosed ADHD with 1,055 adults who exhibited symptoms but had no formal diagnosis. After matching for age and gender, those with a diagnosis reported a higher quality of life, which included metrics for work productivity, self-esteem, and functional performance (Pawaskar, M., et al., *Journal of Attention Disorders*, Vol. 24, No. 1, 2020).

Canu said being diagnosed helps people understand themselves better, which includes gaining perspective on the reasons for some of their struggles. “That can change the way they feel about themselves, which can cascade into a lot of positive things,” Canu said.

Treatments include behavioral strategies for managing their symptoms, for which working with an expert, such as a psychologist who is experienced in treating patients with ADHD, can be invaluable. This includes cognitive behavioral therapy

for ADHD, which focuses on managing executive functioning difficulties such as time management, organizational skills, impulse control, and emotional self-regulation.

When necessary, medication can also help manage symptoms. For psychologists who do not have prescribing privileges, this can mean working in concert with integrated care teams, primary-care providers, or psychiatrists. For many patients, their most effective treatment regimen is a combination of behavioral strategies and medication. “With that in place, if it’s effective, they’re able to function better,” Canu said.

In a 2014 study, 250 previously nonmedicated adults who received the ADHD medication methylphenidate for the first time were followed for a full year, with those patients who either couldn’t tolerate or didn’t experience relief in symptoms switched to either an alternate stimulant medication or the nonstimulant medication atomoxetine. Compared with their peers who discontinued medication, those who were still on medication had reduced severity of symptoms (Fredriksen, M., et al., *European Neuropsychopharmacology*, Vol. 24, No. 12, 2014). “Medication slows me down enough to breathe and to think,” Green said.

### DEALING WITH A LATE-LIFE DIAGNOSIS

Receiving a diagnosis as an adult can often bring up some complicated emotions, whether it’s grief over lost opportunities, relief at finally understanding certain struggles, or anger over



symptoms having been overlooked for so long. For Matlen, she felt an overwhelming sense of relief. “There was a concrete explanation,” she said.

For others, receiving a diagnosis later in life can lead to regrets about lost opportunities, whether it was failing out of school, struggling to establish a career, or experiencing relationship issues because of their ADHD symptoms going overlooked and untreated. “There is a lot of grief work that needs to be done to help work through the many years of struggling and not knowing why,” Matlen said. However, in her experience, “Once all those parts and pieces are looked at with this new understanding,

people really take off, in a good way,” she said. Often, therapy is an important component of thriving after a diagnosis.

For Matlen, in addition to gaining a better understanding of why she was struggling so much, receiving a diagnosis and treatment changed her entire life. It ended up being the missing piece that helped ease her anxiety. Once she had a diagnosis and started treatment, her issues with anxiety started improving in a way that years of therapy and antianxiety medication had never been able to accomplish.

Given how life-changing her diagnosis was, combined with the lack of information and resources available, especially for

women, Matlen ultimately made a career switch, combining her own experience of growing up with undiagnosed ADHD with her background as a clinical social worker. She went on to write the books *The Queen of Distraction* and *Survival Tips for Women With AD/HD*. She also founded a Facebook group for women with ADHD, which now has over 36,000 members, and she often consults with specialists on the realities of living with ADHD.

Now, almost 30 years after her initial diagnosis, Matlen still hasn’t seen nearly as much progress in the field as she had hoped, especially for girls and women. “I see the same stories even now,” she said. ■



Matlen, thriving after her adult diagnosis of ADHD, pauses in her well-organized art studio.



**Pickett****Jackson****Swanson****Dunning****Ng**

## PSYCHOLOGISTS IN THE NEWS

**Cynthia Pickett, PhD**, has been appointed the Presidential Associate for Inclusion and Chief Diversity Officer at Cal Poly Pomona (CPP) where she will lead in its efforts to advance equity, diversity, and inclusion on campus. Pickett will also be responsible for “collaborating with partners across the campus to foster a meaningful sense of belonging for all members of the Cal Poly Pomona community,” according to a statement from CPP President Soraya M. Coley. Previously, Pickett was an associate professor of psychology and associate provost for diversity, equity and inclusion at DePaul University.

**Stacey Jackson, PhD**, an assistant professor in psychology, was the University of Wisconsin–Eau Claire honoree for the 2022 UW System Women of Color in Education Award. Jackson was selected for creating a student of color support group, founding the Marginalized Identity Status and Trauma Research Lab, and aiding in the creation of a workshop to help university employees identify and support students’ mental health needs.

The Southern Illinois Chapter of the United Nations Association has presented **Jane Swanson, PhD**, with the 2022 Human Rights Day Award. Swanson

is a professor emerita in counseling psychology at Southern Illinois University Carbondale and was recognized for founding Carbondale’s Free Laundry Project and Diaper Bank. The laundry project provides people with clean clothes and helps them prepare for work, while the Diaper Bank distributes free diapers to low-income parents and families.

The University of Louisville has presented the 2023 Grawemeyer Award in Psychology to social psychologists **David Dunning, PhD**, and **Justin Kruger, PhD**, for identifying a cognitive bias that causes people to overrate their competence. Their idea “Unskilled and Unaware of It,” also known as the Dunning-Kruger effect, shows that people tend to have overly flattering opinions of their ability to perform tasks compared with what objective evidence shows. Their finding has been cited in more than 8,500 scholarly publications and mentioned regularly in popular media discussions of issues ranging from national politics to education policy.

The International Society for Traumatic Stress Studies has presented the Traumatic Stress Studies Award for Excellence in Trauma Services for the Underserved to **Lauren Ng, PhD**, an assistant professor in the psychology

department at the University of California, Los Angeles (UCLA). This is the society’s highest honor. Ng directs the Treatment and Research for the Underserved with Stress and Trauma Lab at UCLA; her research focuses on post-traumatic stress disorder interventions for underserved minority communities in the United States and low- and middle-income countries.

The Board of Governors of Pennsylvania’s State System of Higher Education has named **Karen Riley, PhD**, as the next president of Slippery Rock University. Her term begins July 1. Riley previously served as provost and chief academic officer at Regis University in Denver since 2021 and, before that, as dean of the College of Education at the University of Denver from 2014 to 2021.

APA has presented presidential citations to **Kari Sassu, PhD**, of Southern Connecticut State University, and **Sandra M. Chafouleas, PhD**, of the University of Connecticut. Sassu’s citation recognizes her work in facilitating interactions between people with autism spectrum disorder and the community. Chafouleas’s citation honors her contributions to supporting the mental health of students in schools in the wake of the COVID-19 pandemic. ■

News You Can Use

# Career

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

The demand for mental health clinicians to practice in rural areas has never been more acute, but supervisors must prepare trainees for what they should expect in rural practice.



## PREPARING FOR PRACTICE IN RURAL COMMUNITIES

Supervisors and trainees can hone specific skills to deliver more ethical and effective practice in rural communities

BY CHARLOTTE HUFF

Several years ago, a psychology practicum trainee in North Dakota met with an adolescent who was clearly at risk for suicide. The local hospital didn't have anyone with the expertise to assist, the nearest emergency room was more than an hour away from the local community, and no one was available to transport the vulnerable patient. "[The trainee] did not have the training necessary to manage that complex set of circumstances," said Cindy Juntunen, PhD, dean of

education and human development at the University of North Dakota in Grand Forks. "And they did not have a psychologist on-site, so they called their supervisor," she said, which led to a three-way phone consultation that got the adolescent to another site where care was available.

That experience inspired the psychology faculty, supervisors, and students at the University of North Dakota to work with the local hospital to create a new suicide response



protocol for future situations, Juntunen said. “But in that moment, the student called and said ‘OK, this is more than I can manage,’” she recalled. “And they were correct.” A critical part of supervision is both being readily available, Juntunen said, as well as regularly reinforcing with trainees that they will not be competent to handle all situations.

The demand for mental health clinicians to practice in rural areas has never been more acute. Nearly two thirds of U.S. counties with fewer than 10,000 residents lack any psychologists, according to an analysis of 2015 data (Andrilla, C. H. A., et al., *American Journal of Preventive Medicine*, Vol. 54, No. 6, 2018). Federal officials have identified 3,426 mental health professional shortage areas in rural regions of the country as of fall 2021, a gap they estimate would require nearly 1,600 practitioners to fill. Psychologists who supervise interns and advanced practicum students in rural areas describe such training experiences as vital to helping future clinicians determine if working in a smaller community is a good fit for them.

To be successful, they say, trainees must be prepped on what they should expect as part of their rural practice, including navigating ethics, confidentiality, and the limits of competence. Given the more limited resources in rural communities, including places to refer patients, supervisors must be easily accessible to trainees, particularly as some communities may be coping with higher suicide and drug overdose

rates, said Jason Malousek, PsyD, an assistant professor of clinical psychology at the Kansas City University of Medicine and Biosciences in Missouri, and former chair of the APA Committee on Rural Health.

Moreover, supervisors provide a crucial role in professional mentorship, walking trainees through funding resources such as the National Health Service Corps Loan Repayment Program that may enable psychology trainees to practice longer term in a rural area, Malousek said.

“You are preparing your supervisees for that next step,” he said. “It’s about, ‘What are your next 5 years, and how can I help you to have the best next 5 years possible?’”

## JOINING THE COMMUNITY

Even within the context of rural regions, there can be substantial variation regarding community size and geographic accessibility, said Iva GreyWolf, PhD, a cultural consultant for the Alaska Psychology Internship Consortium, which places trainees in Alaskan communities that can have as few as several hundred residents.

“One of the things that is really important is for [trainees] to explore the reality of what they might be stepping into,” said GreyWolf, who also is a former president of the Society of Indian Psychologists. Given the often limited local entertainment options, she said, “You have to be very comfortable with yourself. It’s a struggle especially for a younger person, who is at



that time in their life where the socializing is very important.”

It is not uncommon for trainees providing care in Alaskan communities to be snowed in for weeks at a time, and supervisors must help them hone a wilderness mindset, stocking up on food and other emergency supplies, GreyWolf said.

“Safety is first for the trainee,” she said. A stranded car can be a potentially deadly situation. “Always make sure that they understand how to protect themselves. When they go out, they need to know how to survive

GEORGE BURBA/GETTY IMAGES





when they get stranded.”

Before moving to the community, trainees should be strongly encouraged to read about the region, its customs, and its cultural history—to be familiar with everything from historical leaders to prior epidemics and other traumatic events, GreyWolf said. Once on-site, they should identify one or more local elders with whom they can consult on local customs and protocols, she said.

It’s also important to volunteer at the senior center and attend local activities and events

to build trust, GreyWolf said. “People are more likely to be open with you.”

Trainees accustomed to working in a traditional office setting may be surprised to learn how many therapeutic interactions occur elsewhere in remote and Indigenous communities, said Susan S. Woodhouse, PhD, director of the counseling psychology program at Lehigh University in Bethlehem, Pennsylvania. She has collaborated with GreyWolf and other colleagues on a series of qualitative interviews to learn more about

**Supervisors should provide guidance on respecting local cultural norms, adequately preparing for safety, addressing situations outside of trainee competence, and more.**

effective therapist approaches when working with Indigenous communities in Alaska.

“It’s important to be ready to do psychological work with people while they are involved with berry picking or at fishing camp or in the laundromat,” Woodhouse said. “It’s a new way of thinking about integrated care.”

As trainees develop therapy goals, they should exert care to keep the client’s cultural framework in mind, Woodhouse said. While in some cultures an effort to achieve more independence may include taking steps to move out and get an apartment, that arc may be different in Indigenous cultures, she said.

“In this context, an equivalent treatment plan would be about helping a person begin to contribute to their family’s subsistence fishing,” she said. “That would be the equivalent of an independence plan, so that they can be more productive contributors.”

Supervisors should caution trainees not to layer their own cultural assumptions onto a therapeutic situation, particularly when potential child protection issues are involved, Woodhouse said. For instance, she said, trainees can benefit from consulting with someone in the community to gain insights into local customs related to parenting.

“So you really understand the context, so that you’re not needlessly disrupting families because of your bias about what’s good parenting,” Woodhouse said. That community contact can explain cultural parenting norms so trainees can provide effective therapy while

working within the patient's culture.

With time, though, trainees can benefit significantly from being exposed to and learning about a culture that might be different from their own, Woodhouse said. For example, "the humility they learn from encountering a community that's different from what they're familiar with and making that connection," she said. "There is a huge need for mental health care in rural and remote communities," she said. "So it's an opportunity to really make a difference while you're also growing and changing yourself."

## CONFIDENTIALITY AND COMPETENCE

Emily Heavner, a PhD student at the University of North Dakota's counseling psychology program, is accustomed to rural areas as she grew up in a small Missouri community. A few days every week, she drives an hour from Grand Forks to see clients at a community health clinic and critical access hospital in Park River, a town of about 1,400 residents.

Heavner describes the region served as "a little more like a frontier, a remote-type area." For instance, some local schools may enroll only a couple of students in a grade, she said, noting that those tight community bonds can create ethical challenges.

"Your clients know each other," she said. "They might even talk about each other at times. You have to be prepared to see a client anywhere, at any time."

When Heavner first meets with her patients, she emphasizes the absolute nature of



confidentiality. She suggests that they consider how they would prefer to interact, or not, if they cross paths outside of the office.

"Different clients are more comfortable with different things," Heavner said. "That's why it's important to have that conversation: 'We might see each other. How do you want to handle that?'"

Heavner reaches out to her supervisor in Grand Forks if she encounters a situation that bumps up against the edges of her competence. In one such case, she sought help after an emergency room referred to her an adolescent girl with suicidal ideation and complex custody-related issues. Her supervisor

**Trainees may often see their patients outside of their normal therapeutic setting. Discussing what patients want to do in those types of interactions will provide guidance.**

advised Heavner to contact the hospital social worker, who assisted her in reaching the appropriate family members and getting them connected with resources for the girl.

While trainees always must remain aware of the limits of their competence, it is particularly important for supervisors to watch out when trainees are practicing in rural areas, Juntunen said. Frequently trainees are acutely aware that referring a patient elsewhere could entail a lengthy drive and other complicated logistics, she said.

"Most people go into this because they really want to help," said Juntunen. "The pressure to help and the recognition that you



can't help everyone are sometimes very difficult."

Amid the overlapping and close-knit ties common in rural communities, trainees will find it difficult to entirely avoid dual relationships, Malousek said. "They are not inherently unhealthy unless there's a chance for harm or exploitation," he said.

If there is only one car mechanic in town, and that individual also is a client, that dual relationship likely can be managed, Malousek said. Other situations can be more challenging to finesse, and a supervisor may need to help the trainee think them through, he said.

Take a scenario in which a trainee serves in the parent-teacher association (PTA) with the parent of a child they are treating, Malousek said. While serving together in the association likely does not present an issue, the trainee should probably not work on a specific PTA project with that parent, and politely decline any offers to get coffee after the meetings, he said.

"That can be hard to do if you're in a small town and friends are limited and you're isolated," Malousek said. "You limit your social circle as a psychologist working in a rural area."

To offset that potential isolation, supervisors can play a significant role by assisting trainees in building ties elsewhere, such as by introducing them and their expertise to the local courts, nearby schools, and other entities, Malousek said.

"It also brings about leadership development," he said. "With that leadership development, they're seen as leaders in

the community. They still are a member of the community. And they are engaging in their community in a very appropriate and professional way."

## SUPERVISION AT A DISTANCE

Given the dearth of psychologists in some rural regions of the country, programs are increasingly incorporating telesupervision, Juntunen said. "They're doing that because there are no psychologists available in the areas where people are trying to provide services."

Along with meeting the Commission on Accreditation requirements for the use of telesupervision, there may be other logistics that academic programs have to work through in advance, Juntunen said. As one example, she described how a few psychology trainees from the University of North Dakota see clients at a rural hospital, which does not have a psychologist on-site.

The trainees are supervised by a psychologist practicing elsewhere. But the University of North Dakota first had to work out an agreement with the hospital, Juntunen said. That enabled the psychologist supervisor to access the hospital's electronic health records to review the trainees' clinical notes, among other elements of supervision, she said.

Heavner, at her North Dakota advanced practicum site, estimates she meets with only about half of her patients in person. She provides some teletherapy only by phone, because the patient either is not comfortable with video technology or

does not have access to a reliable internet connection.

Providing therapy by phone lacks the visual interactions, Heavner said. "And it's already still a little bit tricky reading those cues over something like Zoom or another video platform," she said. "I definitely think not having those social cues or emotional cues can be difficult—you are listening extra hard to see if you can figure out what's going on." A supervisor can help trainees develop this skill, Juntunen said, by modeling how to focus on affective cues in language and by role-playing interactions on telephone or video to prepare them for the remote platform.

Even if trainees later decide that a rural practice is not the best fit, the breadth of experience they gain can burnish their skills for the next stage of their career, Juntunen said. "They are able to say, 'Here I had to be able to really triage and think on my feet and think about how to have the most impact in a community where there's some dramatic evidence of lack of services and vulnerability.'"

Heavner, who hopes to work long term in a rural community, feels like her practice site has broadened her exposure to ethics and other challenging situations. Plus, she's found it profoundly rewarding.

"Because there is such a lack of access to care, there are so many people who want and need your help," she said. "There can be a homeyness about it, too. I like hearing people's stories. And rural culture is definitely a storytelling culture." ■

## FURTHER READING

### Challenges and opportunities associated with rural mental health practice

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### On the frontier: Exploring rural psychologist practice in integrated behavioral health care

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*The American Journal of Psychiatry*, 2021

### The efficacy of synchronous teletherapy versus in-person therapy: A meta-analysis of randomized clinical trials

Lin, T., et al.  
*Clinical Psychology: Science and Practice*, 2022



# STEERING CLEAR OF ETHICAL PITFALLS IN CONSULTING

Consulting psychologists share strategies to maintain integrity while working in complex organizational systems

BY HEATHER STRINGER

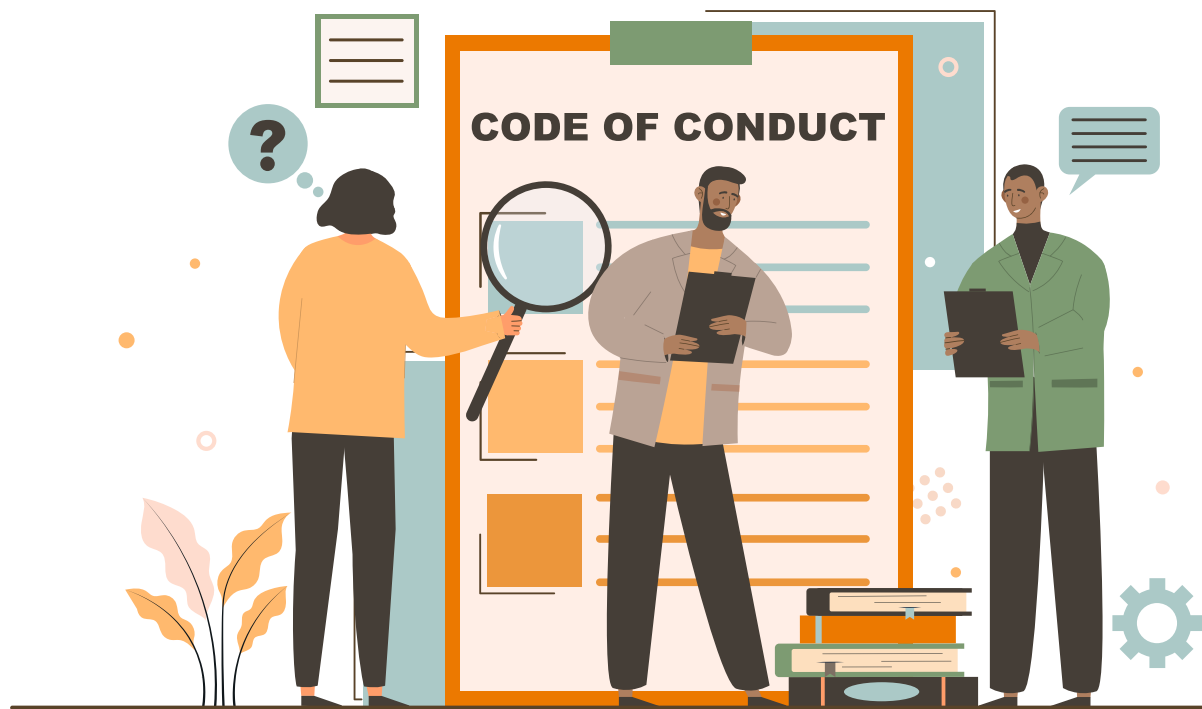
**S**andra Shullman, PhD, a consulting psychologist who specializes in leadership development, was excited when a potential client approached her with a lucrative engagement. A health care executive was eager for her to work with his team, but it soon became clear that the group was struggling, and the executive wanted access to Shullman's confidential assessment data to help him decide who to keep on the

team. "I explained that we could share summary information about the group, but not specific details or scores of individuals," said Shullman, a partner at Executive Development Group's Ohio office. "He was quite upset, and we had to walk away from the engagement."

Moments like this can reveal a consulting psychologist's level of commitment to ethical practices in a field that is largely unaddressed in APA's Ethics

**The numerous ethical risks in consulting are not often addressed by the code of conduct. Most pitfalls can be avoided by proactively clarifying the goals of the job and how they will be accomplished.**

Code. Much of the code speaks to situations in clinical psychology that involve individual or group therapy, but consulting psychologists are often working with multiple people simultaneously within an organization, company, or nonprofit, said Rodney Lowman, PhD, president of Lowman & Richardson/Consulting Psychologists, PC, in San Diego and a member of APA's Ethics Code Task Force. The clients, for example, might simultaneously include a CEO receiving coaching, the executive team reporting to the CEO, and the board of directors that hired the psychologist. "We are working in a much more fluid environment that often involves multiple relationships, so there are significant ethical



RUZZHAN NAGIEV/GETTY IMAGES

challenges,” said Lowman, who is also a professor emeritus at the California School of Professional Psychology at Alliant International University.

Although the ethical risks are numerous, experienced consulting psychologists agree that most pitfalls can be avoided by clarifying the goals of the job up front and how the goals will be accomplished. “If this is not clear, psychologists may unintentionally harm the reputation of an individual or an organization, which can have significant psychological, social, and financial implications,” said Shullman.

Ethical missteps can also compromise a psychologist’s credibility. “When you are delivering a service, your reputation and brand are paramount, especially in psychology because our work depends on building and maintaining trust with clients,” said Liz Sweigart, PhD, a consulting psychologist in Houston who experienced the consequences of broken trust early in her career. She was working at the Arthur Andersen accounting firm in 2001 when news broke that that the company had been involved in the Enron scandal. “I saw how thousands of people who had no involvement in the breach were horribly impacted, and that set me on a path to help consultants identify and mitigate ethical risks,” she said.

## CONSENT IS CRITICAL

One vital strategy for maintaining trust in consulting relationships is taking time to

understand the expectations of the different stakeholders, said Sweigart, who honed her expertise in risk mitigation while working in investment banking and as a partner at a global public accounting firm. By obtaining informed consent from the parties involved in an engagement, psychologists can protect themselves, the people they coach, and the hiring organization. This consent can detail the terms of confidentiality—such as who will be privy to data or other information from assessments, interviews, and coaching sessions—the scope of work, the timing, deliverables, and fees. Consultants can refer to the terms of the agreement when confronted with situations that raise ethical questions.

“What if I am working with an executive on issues related to developing the senior team, and during a coaching session he or she says, ‘This information is confidential, right?’” said Lowman. The executive proceeds to share plans to leave the company and asks for coaching to prepare for a job change. Clearly stated terms in an informed consent agreement will dictate whether this request is within the scope of the consultant’s job. Clients should also understand that confidentiality may not apply when psychologists hear about situations involving sexual, physical, child, or elder abuse, he said.

Explaining the terms of confidentiality may require extra time and caution in countries with different cultural norms, but patience during

these negotiations can prevent misunderstandings and conflictual interactions once the job begins. Shullman has worked in countries where businesses and governments assume that they own information about people, and the notion of privacy is unwelcome. Employees may have different rights in these countries than in the United States. “We have to be respectful of cultural norms while also honoring the ethical boundaries of our work,” said Shullman. “Most of the time these conversations are very collaborative, but once in a while I encounter bad actors who are not interested in honoring confidentiality.” In those cases, she is prepared to decline the engagement.

## MAKING JUDGMENT CALLS

While consent agreements can cover many eventualities, there are some situations in which industrial and organizational psychologists must rely on their own moral code to decide how to respond. Doug Riddle, PhD, president of APA’s Div. 13 (Society of Consulting Psychology), was working with an organization when he learned that a senior leader was misusing corporate funds. The activity was self-serving but not illegal. “Some consultants would not say anything, but I felt I had a moral obligation to the organization,” said Riddle, who honed his expertise in consulting at the Center for Creative Leadership in San Diego. “I explained to leaders at the

## FURTHER READING

### The ethical practice of consulting psychology

Lowman, R. L., & Cooper, S. E. APA, 2018

### Forms of ethical dilemmas in industrial-organizational psychology

Lefkowitz, J. *Industrial and Organizational Psychology*, 2021

### Consulting to technical leaders, teams, and organizations

Connell, J. B. APA, 2022

company that I could not give details, but I thought that their financial records would be worth investigating.”

Shullman voices concerns if she learns that she has been hired under false pretenses. Once, a large manufacturing company asked her to coach an executive who was struggling as a leader, but she discovered that the organization intended to fire the executive regardless of the outcome. “They had hired me to check a box so they could let him go without repercussions,” she said. She approached a company leader about her discovery, and she explained that this information changed the goals and conditions of the coaching. They were willing to modify the terms of the agreement and allowed her to use the coaching sessions to help the executive prepare to find a new job.

In other cases, ethical misgivings may lead psychologists to turn away new business because a company is involved in an industry that is legal yet controversial. “As a mother of young daughters, I would not feel comfortable consulting with a company that encourages youth smoking,” said Sweigart. “Consultants need to consider whether they want their brands associated with industries that are not always viewed favorably by society, such as cannabis, alcohol, or gambling,” among others.

Joanie Connell, PhD, president of Flexible Work Solutions in San Diego, frequently consults with technology companies, and her ethical alarm bells sounded when she began working with

leaders at a startup that was developing algorithms for hiring tools. These artificial intelligence techniques often use candidate information in résumés, interview transcripts, or other electronic data to predict job performance, and she was concerned about privacy and fairness issues related to the tool. “As psychologists, are we complicit by not speaking up in these situations?” she said. Connell started asking general questions during coaching sessions to help the client understand the ethical risks, and she asked if they had considered hiring an industrial and organizational psychologist to test the validity of the tool.

### KNOWING THE LIMITS

Consultants should also be willing to examine the fairness of their own assessment tools.

**By obtaining informed consent on details including terms of confidentiality, scope of work, timing, deliverables, and fees, psychologists can protect themselves, the people they coach, and the hiring organization.**

Randy White, PhD, a partner at Executive Development Group based in North Carolina, noticed that scores for certain aspects of emotional intelligence were consistently low for employees in some foreign countries. “The assessment data was at odds with the cultural norm, which valued being reserved and contained,” he said. He realized the instrument was not serving the client, so he stopped using it in that context.

Lowman also started to question the fairness of Western leadership coaching tools when he was working in developing countries. In assessing clients who were commuting several hours each day on multiple forms of transportation to get to and from work, the “Western expectations of work until you drop were not appropriate,” he said. “The value of family is very





high in some of these countries, so I adapted my coaching tools to take this into account.”

Psychologists who are willing to question their assessments will not only protect the integrity of their businesses but also allow them to recognize when they may not be qualified to work with a client. If an organization is seeking leadership coaching for an executive or team dealing with substance use or equity, diversity, and inclusion issues, White refers them to colleagues who specialize in these areas. “If a leader is openly racist or involved in gender discrimination, then I explain that I have not been trained in those areas,” White said. “Good consulting psychologists are constantly up against their limits, and they need self-awareness of their capabilities.”

## CAREFUL COLLABORATION

The risk of an ethical conundrum can also increase when consultants rely on a team of people—which could include a project manager or other consultants with specialized expertise—to tackle a job. Sweigart urges any lead psychologist to create an agreement describing each party’s role and responsibilities, how people will be paid, and how a dispute between team members will be resolved. These agreements can be as informal as an email or as formal as a contract drafted by an attorney. “You need this framework to address issues when things do not go as planned,” she said.

For Riddle, things did not go as planned when someone on his team included information on a report that allowed one of the employees who shared negative feedback about a leader to be identified. “I talked to all of the parties involved with the client and I took the heat for the mistake,” he said. Now he carefully trains each member of his team on how to report information and maintain ethical boundaries.

## PAYMENT CONSIDERATIONS

Sweigart also encourages consulting psychologists to protect themselves from tax liability by learning the rules in the states where they are working. Regulations in each state dictate how many hours of work are allowed before consultants must pay income taxes. If a consultant will be required to pay income taxes in a nonresidence state, consider negotiating to reduce the amount of time on-site or structure the payment to compensate for the additional taxes, she said. Also, invest in professional liability insurance to cover the cost of potential litigation. In recent years, clients have started asking consulting psychologists to present proof of cybersecurity liability insurance because of the sensitive employee and company data they receive and store during an engagement.

To avoid conflicts of interest, Sweigart will not consult in organizations that employ anyone she knows personally or that are direct competitors of

## ETHICAL RISKS CHECKLIST

- Are there any conflicts of interest for the engagement?
- Are the consultants clear about all the key client relationship issues, and have they clarified these issues with the client organization?
- Do the clients understand what they will get (and, more important, will not get) from the engagement in terms of scope, timing, fees, and deliverables?
- Do the consulting psychologists have the expertise, time, and personnel to successfully complete the engagement?
- Is there agreement on how disputes will be addressed?
- What insurance is needed to protect the consultants?

current or former clients. For the same reason, White never invests in client companies, and he will not accept equity as part of his payment.

Although it takes time to learn about the potential ethical pitfalls of consulting psychology and how to steer clear of them, Lowman has seen the consequences of poor risk management. He’s heard several stories over the years about executives who were terminated after receiving negative feedback during a coaching engagement. They sued both the company and the psychology consultants.

“In most cases, the plain-tiffs did not prevail, but the time, trouble, and anxiety created by the situations were considerable,” Lowman said. “By addressing the what-ifs in advance, most of these difficult situations can be avoided.” ■

# WHAT PSYCHOLOGISTS NEED TO KNOW ABOUT ONLINE THERAPY SERVICES

Psychologists should examine the ethical, legal, and business practices of companies offering to connect patients with providers

BY ASHLEY ABRAMSON

**T**echnology use has become an integral part of psychologists' routines. In APA's 2021 COVID-19 Practitioner Impact Survey, 96% of psychologists reported treating patients remotely. As demand for mental health clinicians continues to grow—and as technology advances—we have seen the creation of numerous platforms that offer to connect patients with providers who take their insurance.

Though concerns remain about some aspects of companies providing online therapy services, many psychologists feel

that the advantages of reaching patients desperate for care outweigh some of the rough edges. And with increasing numbers of experienced clinicians cautiously joining the ranks of these companies and sharing good and bad experiences, the more they can help influence the fledgling industry, boost their own careers, and connect with the patients whom they are best suited to help.

Online therapy services that pair people with clinicians for therapy, often practiced through live video, have grown astronomically over the past few years. A

**Many clinicians feel that the benefits of working with online therapy companies—such as making it easier for patients to find them—outweigh the negatives.**

2021 market analysis valued the online therapy market at more than \$2.6 billion. In an APA survey from the same year, only 9% of surveyed psychologists reported seeing patients through a digital platform or app. This suggests that there is tremendous opportunity to expand mental health services via digital means while addressing the challenges that in-person care may present, such as burnout and provider shortages.

Online therapy services—Headspace Health, Uplift, and Headway, to name a few—aim to provide a “one-stop shop” for people seeking mental health support. For a monthly or per-session fee, or using a member's health insurance, these services connect members with clinicians ranging from wellness coaches and therapists with master's degrees to psychiatrists and psychologists. Some of these companies (Lyra and Headspace Health, for example) employ psychologists on staff, while others hire psychologists as contractors. Some online services also hire psychologists to oversee clinical operations and develop evidence-based content for members.

## PROS AND CONS OF ONLINE THERAPY SERVICES

Amid a clinician shortage, these services can help people access therapists who match their needs and are in-network providers with their health insurance. Online therapy services can also make it easier for people to connect with therapists of similar identities.

“It's important that we hire



## **“I’M BEHIND THE IDEA THAT EVIDENCE-INFORMED, RESPONSIBLY AND ETHICALLY DESIGNED ONLINE SERVICES ARE ONE OF THE BIGGEST LEVERS WE CAN PULL TO INCREASE ACCESS.”**

—SARAH ADLER, PSYD, CLINICAL ASSOCIATE PROFESSOR OF PSYCHIATRY, STANFORD UNIVERSITY, EQUITY ADVISER AT UPLIFT ONLINE COUNSELING, AND CEO AND FOUNDER OF WAVE LIFE

and retain diverse clinicians so our members can ask to be matched with someone from a similar identity, which can improve outcomes,” said Dana Udall, PhD, Headspace Health’s chief clinical officer. Headspace Health, which was formed as a result of the 2021 merger between Headspace, a global leader in mindfulness and meditation, and Ginger, a leader in on-demand mental health care, helps its clinicians pursue (and pays for) licensure in other states so that they are able to help people in underserved areas. Further, more than 40% of its clinicians identify as people of color.

For busy psychologists at risk of burnout, online services may reduce the administrative burden as they grow their practices. For example, Headway, based in New York but whose therapists are located throughout the United States, handles benefits verification, claim submission, and payment collection, along with simplifying the insurance panel credentialing process for providers.

While the field continues to grow, clinicians may have concerns about these services’ implications on their business practices and, more important,

ethical standards. If a company isn’t led by psychologists, the leaders may not be on the same page about ethical duties. “Psychologists are responsible for their own ethical obligations in any environment,” said Lindsay Childress-Beatty, PhD, APA’s interim ethics director. “It could be a higher risk to work for someone who doesn’t have the same ethical lens you do.”

APA has not taken an official stance regarding online therapy services, and with the sheer number of options, navigating them can prove challenging. Sarah Adler, PsyD, a clinical associate professor of psychiatry at Stanford University, equity adviser at UpLift, and CEO and founder of Wave Life, suggests looking for the same things you’d look for when building your own private practice or joining a group practice. “There’s a high variance of companies out there, so make sure you understand the policies and procedures, and that they are in line with your values and standards of practice.”

Here’s advice from fellow psychologists, legal and ethical experts, and psychologists in leadership positions at these services, about what to consider before getting involved.

## **RESOURCES**

### **Therapists in Tech**

A 2,000-person Slack channel for clinicians led by C-level industry experts, including psychologists, to discuss and answer questions about working in the technology field

### **APA Guidelines for the practice of telepsychology**

## **UNDERSTAND LEGAL RISKS**

Just as you would carefully review a contract before signing on with a group practice, be sure to understand your rights and risks as an employee or contractor of an online therapy platform.

Connie Galietti, JD, APA’s director of state advocacy and leadership, suggests hiring an attorney to review the fine print to ensure you understand what you are agreeing to.

For example, because online therapy services often connect patients with out-of-state providers, be sure you won’t be matched with someone in a state where you’re not licensed if you’re not part of PSYPACT, a program that allows clinicians to practice telehealth in other states without licensure in those places. Be clear about your performance expectations, how you will be compensated, and whether you are able to negotiate your fee.

Look for restrictive covenants that may affect your ability to continue seeing a patient if you leave the organization. Understand, too, the notice requirements for resignation, who takes over with a patient when you leave, and whether you can access records if you’re subpoenaed for a court case.

Additionally, not all companies require employees to maintain their own malpractice insurance, so consider maintaining yours as an added layer of protection.

While hiring your own lawyer can help protect you, you may be part of a member organization that can offer guidance. Rebecca Resnik, PhD, president



of the Maryland Psychological Association, said many state psychology associations have consulting attorneys to advise on contract matters.

## UNDERSTAND PRIVACY AND SECURITY PRACTICES

Patient confidentiality is one of a psychologist's most critical obligations. Online therapy services should have clear privacy and security practices that allow you to adhere to state and national privacy laws.

Adler suggests creating a compliance checklist with the same items you'd implement as a private practitioner. Ensure that the technology is HIPAA compliant, for example, and understand who has access to patients' electronic health records within the company and how the company handles the release of information. You should also feel confident about measures the company takes to prevent data breaches.

Ideally, Adler said, you shouldn't have to go searching for this information; services that value privacy should provide this information up front. "Maintaining your responsibilities as a psychologist protects your license," she said. "A company that is not forthcoming with this information is not protecting your license, which would ultimately hurt their business."

## LOOK FOR PSYCHOLOGISTS IN LEADERSHIP

Look for a platform with psychologists in leadership roles, particularly at the executive level,

if you're considering joining a company as a clinician. "That's important because it means psychologists are helping to drive company-level decisions about how an organization operates and evolves, and a focus on ethical principles and best practice will be part of every decision," said Udall.

Psychologists can serve in different roles that help spread their expertise across online therapy services, including heading up content, driving the clinical model, advising on business and operating decisions, and ensuring clinical and product quality assurance. Some organizations, including Headspace Health, hire psychologists to train other clinicians on everything from measurement-based care to ensuring care is culturally responsive and affirming.

## BE ON BOARD WITH THE TRIAGE MODEL

If an online platform offers multiple levels of care, you may be concerned about where you fit in.

**Practitioners should avoid online therapy platforms on which it's hard to locate such privacy information as HIPAA compliance and data breach prevention.**

Look for an organization with a clear stepped-care model you feel good about. "Know who's providing care for patients and how they get through the different layers," said Nicole Owings-Fonner, MA, PMP, former director of operations and innovation at APA's Office of Health Care Innovation.

At Headspace Health, Udall said the opportunity for a patient to initially meet with a mental health coach can buffer any stigma the patient may feel about seeking mental health support. When necessary, coaches perform motivational interviewing that prepares the patient to meet with a licensed therapist, which can help make therapy sessions more effective. Headspace Health also trains its practitioners to recognize the need to escalate a member to a higher level of care, and clinical leadership regularly reviews cases to ensure members are receiving the appropriate level of care. "Psychologists should always be part of that process," said Udall.

Private and group practices typically have clear protocols for handling patient crises. When you're researching online therapy services, look for organizations with similarly clear guidelines. "You want to make sure you know who is ultimately responsible for the patient," said Galietti. For example, would you, as a therapist for an individual with suicidal ideation, be expected to be on call for that person between appointments, and would you have resources to help a patient in crisis get immediate treatment? It's also important, Galietti said, to understand



whether the company has a plan for continuity of care when therapists leave the company.

## UNDERSTAND YOUR AUTONOMY AS A CLINICIAN

If you're concerned about clinical quality and outcome measurement, Udall also suggests looking for an organization that has published research in peer-reviewed journals.

June Feder, PhD, a clinical psychologist in New York, chair of the NYSPA insurance committee, and chair of APA's Div. 42 (Psychologists in Independent Practice) Advocacy Committee, said it's important to understand whether the clinical model allows psychologists to follow evidence-based therapy approaches. Some services may prioritize expediency in treating symptoms, which may not allow patients to fully benefit from the therapeutic relationship.

"Certain approaches to treatment are fast, and while there may be some studies to indicate their efficacy, many patients benefit from more in-depth, ongoing treatment," Feder said. "We need to be sure the therapy model is set up so psychologists can meaningfully apply the full range of their skills and the array of research-based interventions in which they are trained."

Also, ensure you'll have the same work-life boundaries that allow you to do your job well without succumbing to burn-out. "Some services advertise therapists on tap, available to communicate all the time, so understand what the expectations are for you," said Resnik.



## CONSIDER THE BUSINESS MODEL

Before joining any practice, including a virtual one, psychologists should understand the business model—starting with the salary or pay rate and terms under which you'll be paid. Will you be paid by how quickly patients are being treated? According to Adler, some companies have quotas for clinicians to meet financial goals.

If you know other practitioners who work for a certain platform, ask about their work-life balance. Get a sense of whether you'll be expected to do more work than you're comfortable with, which could compromise your standards of practice. "Be sure to understand what kind of control you'll have over your own schedule and the progression of treatment," said Owings-Fonner.

To learn more about the work environment, Feder suggests turning to your APA division or your state association to find out what other members are experiencing. Adler said it's also a good idea to look at sites like Glassdoor, which review work environments.

**Clinicians should be wary of an online therapy company with a "one size fits all" approach that prioritizes short-term interventions.**

## BE WARY BUT FLEXIBLE

No matter where you work, it's vital to prioritize your ethical and legal obligations and to maintain your minimum standards of practice. Part of that means ensuring psychological science is factored into an employer's clinical model. "That being said, we need to remember that creating more avenues for access is also important, especially for marginalized communities," said Adler.

While it's appropriate to be wary—especially if psychologists aren't leading the charge—bear in mind that many evidence-based practices and protocols have been tested on people with very different identities from the ones that these services serve. As a result, some services may adapt evidence-based tools to better connect with people of diverse backgrounds—perhaps with shorter or fewer sessions than you're used to, or meeting with coaches as a way into or instead of therapy, depending on the symptoms.

For Adler, the ideal balance is one that's informed by psychological science while remaining open to adaptations that increase people's ability to get the support they need. "If we wait until someone does a trial on a specific population, one that may not even get funded, we won't get care to the people who need it," Adler said. "I'm behind the idea that evidence-informed, responsibly and ethically designed online services are one of the biggest levers we can pull to increase access." ■

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Boston Medical Center (BMC) is seeking Psychologists for its 82-bed, inpatient behavioral health hospital, located in Brockton, MA. Brockton hospital operates as a behavioral health accountable care organization that providing cutting-edge, inpatient treatment and stabilization for individuals experiencing complex mental health and substance use needs. Inpatient psychologists are a critical part of a multi-disciplinary/multi-cultural team that possess unique expertise and focus on providing quality behavioral health care to acute populations. BMC is a network of support and care that touches the lives of hundreds of thousands of people in need each year. It is the largest and busiest provider of trauma and emergency services in New England. BMC is committed to providing consistently excellent and accessible health services to all and is the largest safety-net hospital in New England. The hospital is also the primary teaching affiliate of the nationally ranked Boston University School of Medicine (BUSM). The Psychologist works collaboratively with a multidisciplinary team to take care of the mental, emotional or behavioral disorders for those patients engaged in services. This search is open to candidates at all levels of career experience. Strongly encourage clinicians of multicultural backgrounds and multi-language capacities to apply. Research opportunities may also be available. Salary and academic appointment at Boston University School of Medicine will be commensurate with experience, qualifications, and academic experience. Interested applicants should send their letter of interest and

curriculum vitae to Dr. Cara Fuchs, Vice Chair, Chief of Psychology, Department of Psychiatry, at BMC: [cara.fuchs@bmc.org](mailto:cara.fuchs@bmc.org).

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**CLINICAL FACULTY POSITION IN ITS PSYCHOLOGICAL SERVICES CLINIC:** The Department of Psychological Sciences at the University of Missouri invites applications for a 12-month clinical faculty position in its Psychological Services Clinic (PSC) beginning about August 1, 2023. The PSC serves as the primary training clinic for doctoral students in the department's dually-accredited (APA, PCSAS) Clinical Psychology Program. We are seeking applicants who can contribute to the PSC's mission to provide and train students in high-quality, affordable, culturally responsive, evidence-based services; consistent with a clinical-scientist training model. We are especially interested in candidates who will contribute to our mission to foster a diverse and inclusive environment. We are specifically seeking applicants with interest and expertise in providing clinical supervision and providing direct services in the areas of: Learning Disability/Attention Deficit Hyperactivity Disorder assessment across the lifespan. We offer competitive salary and benefits, an active doctoral program, interactive faculty, flexible scheduling, and outstanding core facilities. The PSC provides a wide range of affordable evidence-based individual, family, and group services to youth and adults from Columbia and surrounding communities, and training to doctoral students from our rigorous clinical psychology program and other MU health service psychology programs. The PSC is staffed by a cohesive group of licensed clinical-track and tenure-track faculty, a licensed social worker, approximately 15-20 doctoral students, and office/clinical research staff. Columbia, Missouri, is ranked among the top-ten college towns in the U.S. Apply online:

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## TEXAS

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services occur in the outpatient clinic with some inpatient consultations. Patients include children from infancy through adolescence with multi-domain problems like Autism Spectrum Disorders, ADHD with delays, language or specific learning problems, sleep, behavior problems and other neurodevelopmental disorders. Additional presenting problems include mood, anxiety disorders, coping with chronic medical conditions. Supervision of master's level psychological associate, teaching practicum students are additional responsibilities. Employment will be with Children's Physicians Services of South Texas, (CPSST) a group affiliated with Driscoll Children's Hospital (DCH). DCH is a teaching hospital affiliated with Texas A&M University College of Medicine and operates a pediatric residency program with a total of 48 residents each year. The hospital is located on the sunny and beautiful Texas Gulf Coast, just four blocks from Corpus Christi Bay. The city offers a rich blend of culture, amenities, and conveniences in a relaxed atmosphere. Enjoy year-round outdoor recreation fishing, tennis, sailing, golf, kite and windsurfing. Contact: Laura Zamora, (361) 694-4104 or [laura.zamora@dchctx.org](mailto:laura.zamora@dchctx.org).

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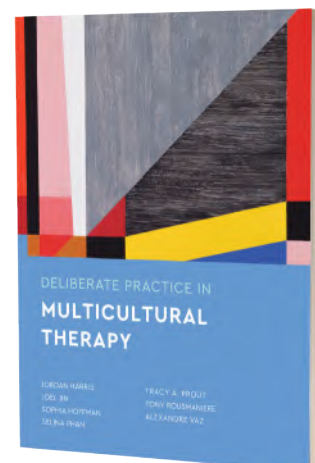
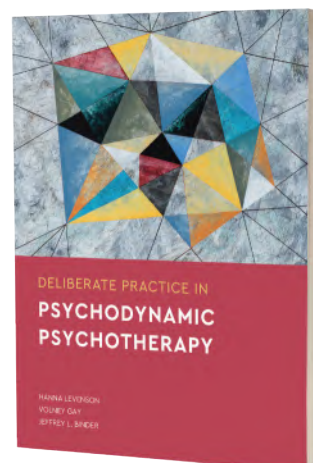
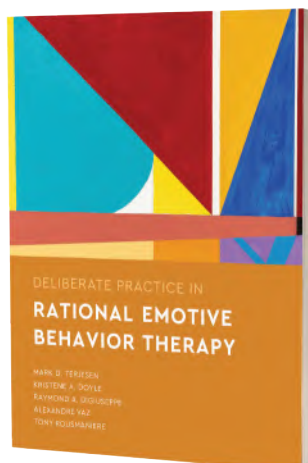
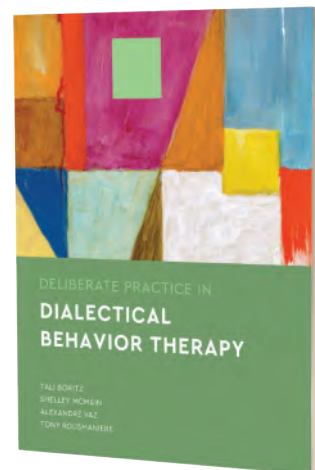
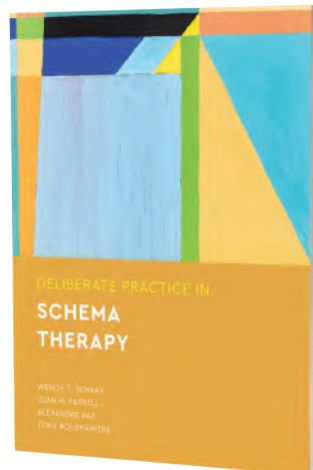
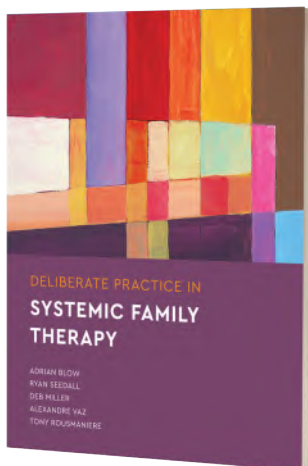
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## PARENTS ARE WORRIED ABOUT SCHOOL SHOOTINGS

Parents are divided along political affiliation and gender when asked how to prevent these tragedies, with mothers, Hispanic parents, and low-income parents the most concerned

32%

Percentage of U.S. parents of children in K–12 schools who say they are very or extremely worried about a shooting ever happening at their child's school. Overall, mothers (39%) are more likely to say they are very or extremely worried than fathers (24%).

50%

Percentage of U.S. Hispanic parents who say they are very or extremely worried about the possibility of a shooting at their child's school, compared with 40% of Black parents, 35% of Asian parents, and 22% of White parents. Meanwhile, 49% of low-income parents say they are very or extremely worried that such an event might happen at their child's school, compared with 26% of middle-income parents and 19% of upper-income parents.

63%

Percentage of American parents who say that improving mental health screening and treatment would be very or extremely effective in preventing school shootings—70% of Democratic parents and 55% of Republican parents. Meanwhile, 61% of Republican parents said that having armed security personnel stationed in schools would be very or extremely effective, compared with 38% of Democratic parents.

67%

Percentage of Republican parents who say that banning assault-style weapons would do little or nothing to prevent school shootings, compared with 67% of Democratic parents who think it would be very or extremely effective. However, Republican mothers (25%) are more likely than Republican fathers (12%) to agree that banning these weapons would be very or extremely effective.

**Source:** Pew Research Center. (Oct. 18, 2022). About a third of K–12 parents are very or extremely worried a shooting could happen at their children's school. Pew Research Center survey of 3,757 U.S. parents with at least one child younger than 18, conducted Sept. 20–Oct. 2, 2022. Available at <https://pewsr.ch/3COsNjl>.



# Reward yourself with special offers just for APA members.

APA members get a **0.25% rate discount<sup>1</sup>** when refinancing their student loans.

Also receive a **0.25% rate discount<sup>2</sup>** on mortgage lending products.

To learn more and access these offers online, visit **[LaurelRoad.com/APA](https://LaurelRoad.com/APA)**

## LAUREL ROAD LINKED CHECKING<sup>SM</sup>

Lower your refi rate when you add a new Linked Checking account by **up to 0.55%<sup>3</sup>**

## LAUREL ROAD LOYALTY CHECKING<sup>SM</sup>

Earn a **\$20 cash reward<sup>4</sup>** for every month you make direct deposits during the first 12 months.

Notice: This is not a commitment to lend or extend credit. Conditions and restrictions may apply. All credit products are subject to credit approval. Mortgage products are also subject to collateral approval. Mortgage products are available in all 50 U.S. states and Washington, D.C. Hazard insurance and, if applicable, flood insurance are required on collateral property. Actual rates, fees, and terms are based on those offered as of the date of application and are subject to change without notice.

**IMPORTANT INFORMATION:** The U.S. Department of Education recently announced a student loan debt relief plan which includes forgiveness of up to \$10,000 for qualifying federal student loans and up to \$20,000 for qualifying Pell Grant recipients. For more information, please visit [www.studentaid.gov/debt-relief-announcement](https://www.studentaid.gov/debt-relief-announcement). Please note that if you refinance qualifying federal student loans with Laurel Road, you may no longer be eligible for certain benefits or programs and waive your right to future benefits or programs offered on those loans. Please carefully consider your options when refinancing federal student loans and consult [www.studentaid.gov](https://www.studentaid.gov) for the most current information.

1. The 0.25% APA member interest rate discount is offered on new student loan refinance applications from active APA members. The APA discount is applied to your monthly payment and will be reflected in your billing statement. The APA member discount is only available at loan origination and at no other time and will go into effect on the date the loan funds are disbursed. This offer cannot be combined with any other discounts from Laurel Road affiliated partners or employers.
2. The interest rate discount of 0.25% is offered to borrowers that are an active APA member at the time of closing. This 0.25% interest rate discount cannot be combined with other offers, except the Rewards Program. For Fixed-rate mortgages, the 0.25% rate discount is a permanent interest rate reduction that will be reflected in the Promissory Note interest rate. For adjustable-rate mortgages, the 0.25% rate discount will apply to the initial Fixed interest rate period and will be reflected in the maximum amount the interest rate can increase over the term of the loan, subject to the minimum interest rate that may be charged per the terms of the Promissory Note.
3. The Laurel Road Linked Checking discount is available to borrowers who open a Laurel Road Linked Checking account simultaneously while refinancing their student loans with Laurel Road. You may also be able to utilize a checking account opened simultaneously with a prior Laurel Road student loan refinance to obtain a discount on your new Laurel Road student loan refinance. Borrowers will receive a 0.25% rate discount for their first three monthly billing cycles. Starting with the fourth billing cycle and continuing with each billing cycle thereafter, the rate discount applied to each billing cycle will be based on the amount deposited via qualifying Automated Clearing House (ACH) transactions into the Laurel Road Linked Checking account during the preceding calendar month; 0.25% for deposits between \$2,500 and \$7,499 per month and 0.55% for deposits \$7,500 or greater per month. Qualifying ACH direct deposit transactions include most payroll, Social Security, pension and government benefits deposits. To continue to receive the discount for the fourth billing cycle, you must begin making qualifying ACH deposits to your Laurel Road Linked Checking account during the second month after your loan funds. Note that the discount is only available to the primary checking account owner and is not available to a joint checking account owner. If the primary account owner is no longer an owner on the checking account or the account is closed, the discount on their student loan will cease. Discounts subject to change without notice and cannot be combined with the Laurel Road Linked Savings discount. For more information on the Laurel Road Checking Account visit [www.laurelroad.com/refinance-student-loans/checking/#rates-fees-jump](https://www.laurelroad.com/refinance-student-loans/checking/#rates-fees-jump).
4. Primary account holder is eligible to earn monthly rewards of \$20/month from the second through thirteenth statement periods, which is considered your "first year." From the fourteenth statement period onward, the eligible reward will be \$10/month for as long as the Laurel Road Loyalty Checking account ("Account") is open. To earn monthly rewards, you must make qualifying Automated Clearing House (ACH) direct deposits into the Account totaling at least \$2,500 during the statement period. Qualifying ACH direct deposit transactions include most payroll, Social Security, pension and government benefits deposits. Rewards will be deposited into your Account in the statement period after they are earned. Only one Loyalty Checking account per primary account holder. Cannot be combined with other checking bonus, reward, or rate discount offers, excluding any promotional offer for opening the Account. The value of the monthly rewards will be reported to the IRS on Form 1099-INT. Accounts closed within first 180 days will be charged a \$25 early closure fee. Accounts closed at the time of monthly rewards payment are not eligible. Offer is subject to change without notice.

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