AMERICAN PSYCHOLOGICAL ASSOCIATION

JUNE 2023

monitor on psychology

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The Science of Friendship

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Yan Yuan, PhD, University of Pittsburgh

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Desiree Jones, The University of Texas at Dallas

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AMERICAN PSYCHOLOGICAL FOUNDATION

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RESOURCES, OPPORTUNITIES, AND NEWS FOR PSYCHOLOGISTS FROM APA

SKILL-BUILDING

Want Your Research to Influence Policy?

Six APA divisions have teamed up to create a series of webinars and accompanying toolkits to demystify the process of conducting policy-relevant research, with funding from the Committee on Division/APA Relations. The **Fostering Policy-Relevant Psychological Research** series is geared toward psychologists who are interested in doing policy-relevant research, already doing that research, or are mentoring and evaluating others who are doing it.

Watch the first two webinars at https://on.apa.org/3mzbsHr. Three additional webinars will be held this fall: "How Do You Make Your Research Matter to Policy Makers and Practitioners?"; "How Do You Manage Your Presence to Non-academic Audiences if Your Research Is Relevant to Policy and Practice?"; and "Creating a Policy-Relevant Psychology: Best Practices for Research and Mentoring."

APA 2023

Can't-Miss Events on the Main Stage

This August, APA 2023 will feature three Main Stage headline events spotlighting leading experts, innovators, and thought leaders doing critical work on some of the most relevant issues of our time. Attendees can look forward to sessions on how psychology is at the center of an evolving workplace, the power and pitfalls of artificial intelligence's influence on psychology and the world, and how psychologists can cultivate hope in their work, lives, and communities. Don't miss out! Register by June 30 to take advantage of the advance rate at https://convention.apa.org.

To learn more about APA 2023, see pages 16–18.

LEARNING

A New Tool for Schools

Classroom management is one of the most challenging skills teachers need to master. Disruptive behavior on the part of one or two students impedes the learning of other students and affects instructional time. APA's Center for Psychology in Schools and Education has produced a five-part series designed to provide an evidence-based framework and supporting strategies that, when planned and practiced, lead to increased student engagement and reduced disruption.

Go to www.apa.org/education-career/k12/classroom.

OUTREACH

Psychology at National PTA

Psychologists will share mental health research and expertise with parents and educators at the upcoming National Parent-Teacher Association Virtual Convention, June 15–24, as part of the long-running collaboration between the two associations. APA's Chief Science Officer Mitch Prinstein, PhD, will speak about how social media impacts youth mental health, and psychologists Riana Elyse Anderson, PhD, and Farzana Saleem, PhD, will talk about how racial identity development supports children's healthy emotional growth.

Read more about APA's partnership with the National PTA at www.apa.org/monitor/2023/01/trends-advancing-partnerships.

USCHOOLS/GETTY IMAGES

How to Reach Us

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

NOTABLE

APA Books Named Children's Favorites

Three of APA's Magination Press children's books have been named to the list of Children's Book Council Children's Favorite Awards for 2023. *Don't Hug the Quokka* and *Moody Moody Cars* are on the kindergarten to second-grade favorites list and *The Mother of a Movement* is on the third- to fifth-grade favorites list. Nationwide, thousands of students in classrooms, school libraries, public libraries, and bookstores read and voted on the books.

INSPIRE

Talking to Children About Climate Change

The new Magination Press book *Something Happened to Our Planet* aims to help parents have conversations with children about the impact of climate change and includes child-friendly definitions, sample dialogues, and guidance on how to make a difference in local schools and communities.

Go to www.apa.org/pubs/magination.

ELECTION

Meet the Candidates for APA President

Next month's *Monitor* will feature statements from each of the candidates for APA's 2025 president about their experience, vision, and priorities for the association. In addition, the presidential candidates will be answering questions on important topics throughout the summer at www.apa.org/about/governance/elections/president-elect-candidates. Voting opens Aug. 1 and runs through Sept. 15.

DID YOU KNOW?

APA Publishing training specialists offer free webinars to help APA PsycINFO users refresh their lit search skills or learn how to make maximum use of their time searching APA's research databases. Can't attend a scheduled session? You can view a recording on YouTube or schedule a customized training. Learn more at www.apa.org/pubs/databases/training/webinars.

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Features

58 NEW TRENDS IN PSYCHOPHARMACOLOGY
Legislative victories, new training opportunities, and a maturing of the field are giving prescriptive authority a new boost.

50 DANGEROUS DRINKING
Psychologists who study alcohol use disorder are aiming to topple entrenched ideas about risk and expand opportunities for prevention.

COVER STORY

THE SCIENCE OF FRIENDSHIP

American culture prioritizes romance, but psychological science is exploring the ways in which robust platonic relationships bolster well-being. *See page 42*

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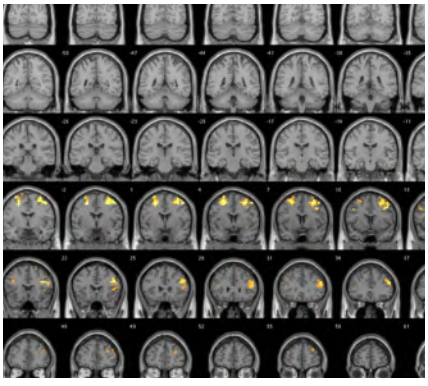
HEALTH EQUITY

HOW ABORTION BANS HARM PEOPLE OF COLOR

At the 1-year anniversary of the overturn of *Roe v. Wade*, increasing restrictions to reproductive care inflict a significant physical and mental burden that ripples across generations—especially for people of color.
See page 24



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AMERICAN PSYCHOLOGICAL ASSOCIATION

SEVEN MEDICINES FOR HEALING

"Come unto me, all ye that labor and are heavy laden, and I will give you rest."
—Scripture, Matthew 11:28

BY THEMA BRYANT, PHD

We all have days when it feels like we are barely surviving the wounds of collective trauma. But psychology and Indigenous healers have found multiple medicines to heal the collective wounds we struggle with:

■ **The first medicine is truth.** We must face the reality of our wounds to heal. Denial will not save us.

■ **The second medicine for collective liberation is to free your heart.** We must reject the socialization that taught us to disconnect from ourselves, that taught us that our communities are not worthy of our tears, that we are not justified in our outrage, that we cannot afford the luxury of depression even as we carry the heavy weight of despair.

■ **The third medicine is community care.** The truth is, we heal together. Oppression and colonization teach competition, close-mindedness, distrust, individualism, and the goal of obtaining power over others. Rewrite that script. Recite the love language of your ancestors.

■ **The fourth medicine is self-care.** Oppression teaches us our measures of worthiness are in our labor, our busyness, our erasing of ourselves to build up corporations, institutions, plantations, and governments. Break the generational chain. Go lie down. Laugh loudly. Dream. Journal. Imagine. You're enough.

Self-care is one way to heal our collective wounds.

■ **The fifth medicine is creativity.** We transform in the process of making art. Tap the mental health benefits of artistry. Reduce your stress. Reconnect with your soul. Dance. Write. Speak. Design.

■ **The sixth medicine is resistance.** Liberation psychology is not just about coping with stress and oppression but also about serving as an agent of change. We shift the tide by organizing, protesting, marching, leading, making policy, advocating, running for office, parenting with purpose, allyship, being a co-conspirator, moving forward, dismantling, rebuilding, innovating, laughing, loving, shifting, overcoming. We liberate ourselves as we resist insecurity, intimidation, and internalized oppression.

■ **The final medicine is our culture.** Oppression tries to erase culture, language, tradition, strength, source, and roots. To liberate ourselves we must reclaim our cultural wisdom. Culture is wealth. Take back your spirituality and cultural wisdom. Stretch into seeing your beauty and ease into the reflection of your ancestors' dreams.

Healing and liberation do not reach their fullness in isolation. Together we are a radiant masterpiece. I'm so glad we're still here and awakening to the truth that our liberation is interwoven and interconnected. Let's "break every chain."

● **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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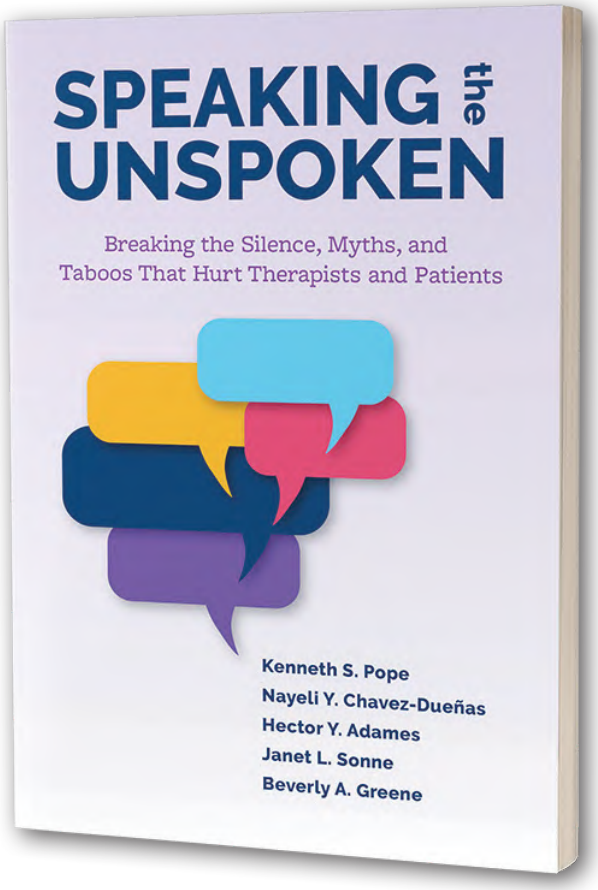

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KENNETH S. POPE, NAYELI Y. CHAVEZ-DUEÑAS, HECTOR Y. ADAMES, JANET L. SONNE, AND BEVERLY A. GREENE

This book discusses how silence around taboo topics can undermine the teaching, practice, and profession of psychotherapy, and aims to help readers overcome barriers to speaking up. It seeks to create a dialogue, encouraging the active involvement of the reader throughout the book to deepen their understanding of these underexamined topics and improve their ability to help clients and strengthen the profession.

June 2023 | 190 pages | Paperback | ISBN 978-1-4338-4159-0 | List $44.99 | APA Member $33.75

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PARTNERSHIPS: TACKLING THE BIGGEST ISSUES

Psychological science can play a key role in solving intractable issues if we can scale our impact

BY ARTHUR C. EVANS JR., PhD

"How is APA really going to make a difference on big societal issues?" someone recently asked me. I understood the skepticism. Given the complexity of so many seemingly intractable issues facing our nation, how is it possible for one organization, or even the field of psychology, to have meaningful impact?

As we have focused more intently on applying psychological knowledge to some of society's most challenging issues, we have gained valuable insights into how best to leverage APA's considerable brain trust, particularly working through partnerships.

Here are three strategies that APA is using in our partnerships to accomplish this.

■ **Providing the scientific foundation for key policy positions that other groups take.** Increasingly, organizations are turning to APA for science to support their work on critical societal issues. For example, through a presidential task force, member experts have developed science-based recommendations around youth and social media that support concerned teachers and parents, inform pediatricians, help to hold technology companies accountable, and can be shared with our partners who are seeking the science underlying this issue.

■ Another insight we have gained **is the enhanced power of working within coalitions to advance our priorities.** While this seemingly slows us down, it actually enables psychology to have greater influence. For instance, within many mental health coalitions, APA is promoting the need to reframe behavioral health around a population health paradigm, consistent with recently adopted APA policy. By getting others to use our science in their work, psychology's voice is amplified.

■ APA also **supplies influential partners with information they can use to address major issues and share with their extensive networks.** For example, last year many of APA's organizational psychologists worked with U.S. Surgeon General Dr. Vivek H. Murthy to inform his workplace mental health framework, which is being used and disseminated nationwide. Using the latest psychological science, APA continues to help Murthy guide diverse workforces around the country on implementing the framework's principles. From audiences in governmental agencies to Fortune 500 companies, psychology's reach is being escalated because of these critical partnerships.

How are we going to make a real difference? By elevating the work of the field and building partnerships that enable greater reach and impact. ■

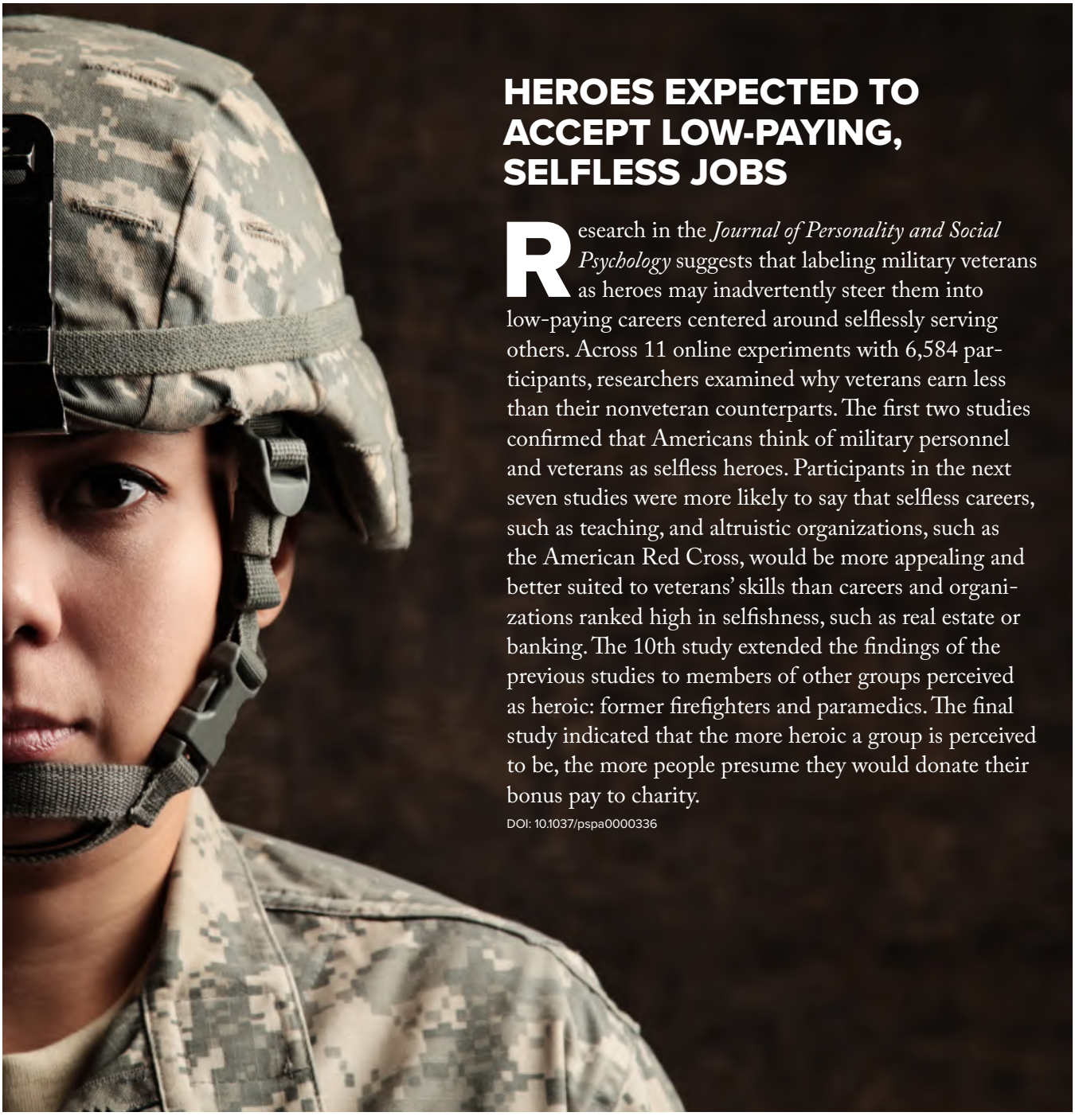
U.S. Surgeon General Dr. Vivek H. Murthy met with Dr. Evans and past presidents Dr. Frank C. Worrell and Dr. Jennifer F. Kelly following a Main Stage presentation at APA 2022 in Minneapolis.

LAUREN B. PHOTOGRAPHY

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

COMPILED BY CHRIS PALMER

In Brief



DANIELBENDJY/GETTY IMAGES

HEROES EXPECTED TO ACCEPT LOW-PAYING, SELFLESS JOBS

Research in the *Journal of Personality and Social Psychology* suggests that labeling military veterans as heroes may inadvertently steer them into low-paying careers centered around selflessly serving others. Across 11 online experiments with 6,584 participants, researchers examined why veterans earn less than their nonveteran counterparts. The first two studies confirmed that Americans think of military personnel and veterans as selfless heroes. Participants in the next seven studies were more likely to say that selfless careers, such as teaching, and altruistic organizations, such as the American Red Cross, would be more appealing and better suited to veterans' skills than careers and organizations ranked high in selfishness, such as real estate or banking. The 10th study extended the findings of the previous studies to members of other groups perceived as heroic: former firefighters and paramedics. The final study indicated that the more heroic a group is perceived to be, the more people presume they would donate their bonus pay to charity.

DOI: 10.1037/pspa0000336

PEOPLEIMAGES/GETTY IMAGES

WORKPLACE STRESS CROSSES OVER TO SPOUSES

Spouses of workers exposed to traumatic stress in the workplace may also suffer significant distress, suggests research in the *Journal of Applied Psychology*. Researchers' meta-analysis of 276 studies of post-traumatic stress disorder (PTSD) associated with the workplace indicated that workers' trauma may extend to their partners, despite the latter's lack of firsthand experience with the traumatic events (which include death, physical danger, severe illness, aggression, and harassment). While people with military occupations suffered more PTSD than workers in other jobs involving traumatic stress, the extent to which distress crossed over to spouses did not depend on occupation or the particular type of stressors the workers encountered. This suggests it's not the workers' specific traumatic experience per se that puts these partners at risk but instead other factors such as unmet emotional needs, lack of reciprocity in the relationship, and helplessness felt by the partner. Also, while partners' knowledge of the workers' stress put them in danger of secondary PTSD, partners' empathy was protective for the worker by creating a sense of social connectedness and by bolstering the couple's relationship.

DOI: 10.1037/apl0001069

BULLIED ARE PRONE TO CONSPIRACIES

According to research in *Social Psychology*, individuals who are bullied in the workplace become more vulnerable to conspiracy theories. Researchers asked 273 online participants to complete two questionnaires: one to gauge their experience with workplace bullying and the other to measure their level of paranoia, anxiety, and hypervigilance and their attitudes toward conspiracy theories. They found that bullying experiences were associated with increased paranoia, which in turn was associated with a higher endorsement of conspiracy beliefs. In a second study, 206 participants in the United Kingdom were asked to imagine they had started a new job and to read several scenarios about what to expect. Half of the participants read a scenario describing harassment and bullying. Those exposed to the bullying scenario then scored higher on belief in conspiracy theories than those not exposed to the scenario, though paranoia did not play a role in increased openness to conspiracies.

DOI: 10.1027/1864-9335/a000492

Spouses of workers exposed to traumatic stress in the workplace may also suffer significant distress, despite their lack of firsthand experience with the traumatic events.

PSYCHOPHYSIOLOGY STUDIES LACK DIVERSITY

A lack of diversity among participants in psychophysiology studies may make their results less applicable across different communities and cultures, suggests research in *Clinical Psychological Science*. Researchers analyzed 1,489 articles in three leading psychophysiology journals across three time periods between 1997 and 2020. They found that only 282 of these articles (19%) included demographic information, and among these, fewer than 14% of participants were identified as Black, while Hispanic, Asian, and Indigenous participants accounted for no more than 5% each. To help remedy this disparity, the researchers suggested the development of electroencephalogram (EEG) and other equipment designed specifically for people with Black skin and hair types.

DOI: 10.1177/21677026221112117

HABITUAL SOCIAL MEDIA USE ALTERS BRAIN DEVELOPMENT

Adolescents' habitual checking of social media may alter brain development, making them more sensitive to reward and punishment, according to research in *JAMA Pediatrics*. Researchers tracked 169 12- and 13-year-olds in the United States over 3 years. At the beginning of the study, participants reported how often they checked Facebook, Instagram, and Snapchat. Their answers ranged from less than once a day to more than 20 times a day. Participants underwent yearly fMRI brain imaging sessions, which measured brain activity while participants actively anticipated social feedback from peers. Brain activity in participants who engaged in habitual checking behaviors—checking 15 times or more daily—became more sensitive to social feedback over time. Habitual checkers also showed distinct decreases in the volumes of brain regions, including the amygdala and prefrontal cortex, comprising motivational and cognitive control networks in response to anticipating social rewards and punishments, compared with nonhabitual checkers.

DOI: 10.1001/jamapediatrics.2022.4924

FOOD AND DRUG CRAVING NEUROMARKER

A study in *Nature Neuroscience* suggests that food and drug cravings are associated with a particular brain activity pattern, or neuromarker, that may facilitate diagnosis. Researchers used fMRI to study the brain activity of 99 U.S. participants—who identified as drug users or non-drug users—while they viewed images of drugs and highly palatable food. The participants then rated how strongly they craved the items they saw. The researchers used the craving assessments and fMRI data to train a machine-learning algorithm to predict drug and food craving intensity from fMRI images alone. The pattern the algorithm identified—dubbed the Neurobiological Craving Signature—included activity in several brain areas previously linked to substance use and craving as well as a new level of detail explaining the link between cravings, and brain activity in particular subregions. The researchers hope the neuromarker may one day be used to identify those at risk of substance use disorders and weight gain and to predict treatment response.

DOI: 10.1038/s41593-022-01228-w

SAME-SEX ATTRACTION AND INCOME

A study in *Evolutionary Psychology* indicates that the highest levels of same-sex attraction are found in the adult offspring of parents in the lowest and highest income groups. Researchers analyzed data from an online survey of 255,116 adult participants primarily in the United States and United Kingdom who all answered roughly 200 questions regarding demographics, personality, sexual behavior, and physical characteristics. Among the physical characteristics measured was the 2D:4D ratio, which compares the lengths of the index and ring fingers, which is considered a proxy for prenatal sex hormones. Both low and high levels of parental income were associated with elevated levels of same-sex attraction. Furthermore, index finger to ring finger ratios indicative of high fetal estrogen, which may be associated with submissive sexual roles, were linked to same-sex attraction in children of low-income parents. Conversely, index finger to ring finger ratios indicative of high fetal testosterone, which may be associated with assertive sexual roles, were linked to same-sex attraction in children of high-income parents.

DOI: 10.1177/14747049221142858

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Food and drug cravings may be associated with a particular brain activity pattern, or neuromarker, which may facilitate diagnosis and predict treatment response.

JOKER REDEEMABLE, BATMAN INFALLIBLE

Adults and children are both more likely to believe that fictional villains are inwardly good than that heroes are secretly bad, suggests research in *Cognition*. Researchers conducted three studies with 434 children (ages 4 to 12) and 277 adults to determine how individuals make sense of antisocial acts committed by fictional villains in movies and books. The first study established that children viewed villains' actions and emotions as overwhelmingly negative. The second and third studies

assessed children's and adults' beliefs regarding heroes' and villains' moral character and true selves. Both children and adults consistently perceived villains' true selves to be overwhelmingly evil and much more negative than those of the heroes. At the same time, researchers also detected an asymmetry in the judgments, wherein villains were perceived as a little less evil than they outwardly seem while heroes were seen as good guys inside and out.

DOI: 10.1016/j.cognition.2022.105357

VITAMIN D MAY PROTECT AGAINST DEMENTIA

Vitamin D may stave off cognitive decline in older adults, though traces of the molecule were not associated with postmortem neuropathology, indicates research in *Alzheimer's & Dementia*. Researchers analyzed irregularities in brain tissue samples from 290 participants in the United States who had been enrolled in a memory and aging study beginning in 1997. The participants had no signs of cognitive impairment at study onset. Researchers looked for vitamin D in four brain regions—two associated with changes linked to Alzheimer's disease (AD), one associated with forms of dementia linked to blood flow, and one region not related to cognitive decline or vascular disease. They found high vitamin D levels in all four regions of the brain were correlated with better cognitive function. However, postmortem analysis showed that vitamin D levels were not related to any physiological markers typically associated with AD, including amyloid plaque buildup, Lewy body dementia, and evidence of chronic or microscopic strokes.

DOI: 10.1002/alz.12836

MANIA SKEWS SENSE OF SMELL

According to a study in the *Journal of Psychiatric Research*, people experiencing a manic episode may have difficulty identifying some odors. Researchers split 96 participants in France into three groups: active bipolar mania, bipolar in remission for at least 3 months, and healthy controls. They then evaluated participants' abilities to detect and identify odors and had them rate the pleasantness and intensity of several odors. Compared with those in remission and healthy controls, manic participants were less able to identify positive smells and rated the emotions associated with positive smells as weaker. Conversely, manic participants rated negative smells as stronger. All three groups were equally adept at identifying negative smells. Healthy controls had better overall odor identification than both bipolar groups. The researchers suggest the disturbed sense of smell among those experiencing mania may be related to bipolar's disruption of the amygdala, which also happens to play a role in odor processing. They also indicate that odor assessments may help predict the onset of manic episodes.

DOI: 10.1016/j.jpsychires.2022.10.038

People experiencing a manic episode may have difficulty identifying some odors.

DIMA BERLIN/GETTY IMAGES

I AM BEAUTIFUL, SO MY LIFE HAS MEANING

The more attractive you believe yourself to be, the more likely you are to feel your life has meaning, suggests research in *The Journal of Positive Psychology*. In the first of three studies, researchers asked 320 undergraduate students in the United States to rate their own attractiveness as well as how meaningful they find their lives. Participants who rated themselves as attractive were more likely to find meaning in their lives. This result was replicated in an online study with 598 older adults (with an average age of 37). In addition, these participants rated people in a series of eight photographs in terms of their attractiveness and how meaningful they likely find their lives. Individuals in the photos rated as attractive were also rated as more likely to have meaningful lives. A third study with

97 participants replicated the findings of the first two studies and additionally indicated that self-reported attractiveness has a much stronger relationship with well-being than observer-rated attractiveness.

DOI: 10.1080/17439760.2022.2155222

ANTIDEPRESSANT BLUNTS EMOTIONS

According to a study in *Neuropsychopharmacology*, widely used antidepressants can cause emotional blunting—being less responsive to both positive and negative feedback. Researchers randomly assigned 66 healthy participants in Denmark to take either the selective serotonin reuptake inhibitor (SSRI) drug escitalopram or a placebo for at least 21 days. Participants also completed a comprehensive set of self-report questionnaires and were given a series of tests to assess cognitive functions, such as learning, inhibition, executive function, reinforcement behavior, and decision-making. The researchers found no differences between the groups when it came to cognition functions involving attention and memory and, for the most part, emotions. However, they did find that participants taking escitalopram were less likely to use the positive and negative feedback to guide their learning in reward-based tasks compared with participants in the placebo group, suggesting that the drug affects sensitivity to reward. Participants taking escitalopram also reported having more trouble reaching orgasm when having sex.

DOI: 10.1038/s41386-022-01523-x

MALERAPASO/GETTY IMAGES

CAFFEINE WITHDRAWAL? HAVE SOME DECAF

A study in the *Journal of Psychopharmacology* indicates that decaffeinated coffee reduces symptoms of caffeine withdrawal even when people know it's decaf. Researchers asked 61 heavy coffee drinkers (defined as having three cups per day, on average) in Australia who had undergone a 24-hour-long abstinence to rate their caffeine withdrawal symptoms. They then split the participants into three groups: given decaf but told it was caffeinated; given decaf and told it was decaf; and given water. After 45 minutes, the researchers measured caffeine withdrawal again. As expected, the water drinkers experienced similar levels of withdrawal before and after drinking. Those who thought they had caffeinated coffee, however, reported less severe withdrawal symptoms. Most surprisingly, participants who knew they had drunk decaf coffee still experienced a decrease in withdrawal symptoms, though the effect was not as strong as in the group led to believe they received caffeine. Expectations could not explain the extent of withdrawal symptom reduction. Instead, the researchers suggest the effect is the result of conditioning tied to the experience of drinking coffee—the smell of the beans, the warmth of the cup, etc.—soon being followed by the physiological effects from ingesting caffeine, including a reduction in withdrawal symptoms.

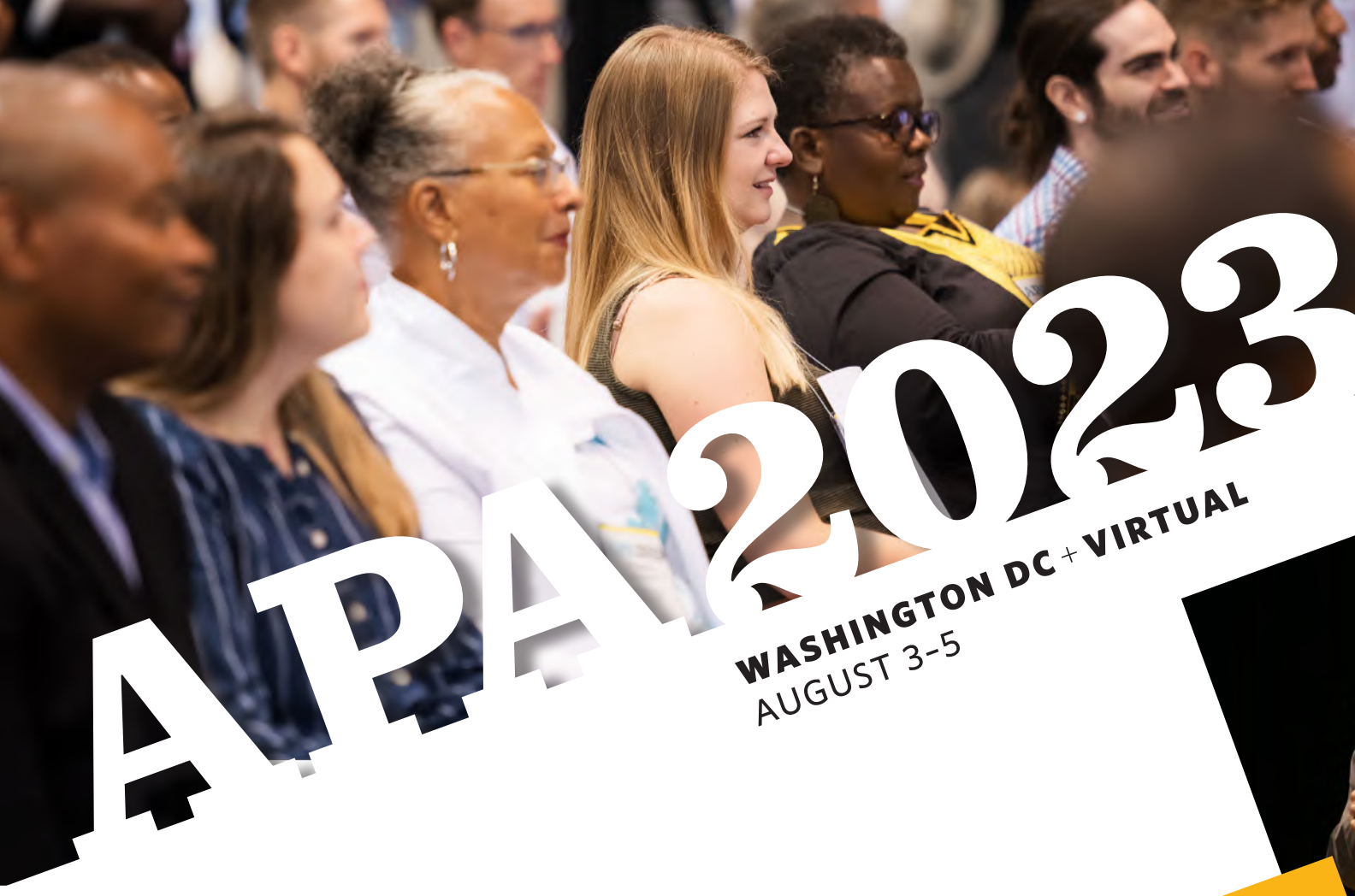
Decaffeinated coffee reduces symptoms of caffeine withdrawal even when people know it's decaf.

DOI: 10.1177/0269881221147152

CATFISHER PROFILE

According to research in *Computers in Human Behavior,* people with higher levels of psychopathy, sadism, and narcissism were more likely to perpetrate catfishing, a form of online deception where someone tricks another into forming an online relationship, often with the goal of financial exploitation. Researchers used an online survey to assess socially desirable responses, psychopathy, sadism, narcissism, Machiavellianism, and catfishing behavior in 664 English speakers, mostly in Australia, Canada, and the United States. They found that men scored somewhat higher than women on sadism, Machiavellianism, narcissism, and catfishing, but there were no differences between genders in psychopathy or socially desirable responding. Self-reported catfishing behavior had strong positive associations with psychopathy, sadism, and narcissism, with the association with sadism being by far the strongest.

DOI: 10.1016/j.chb.2022.107599



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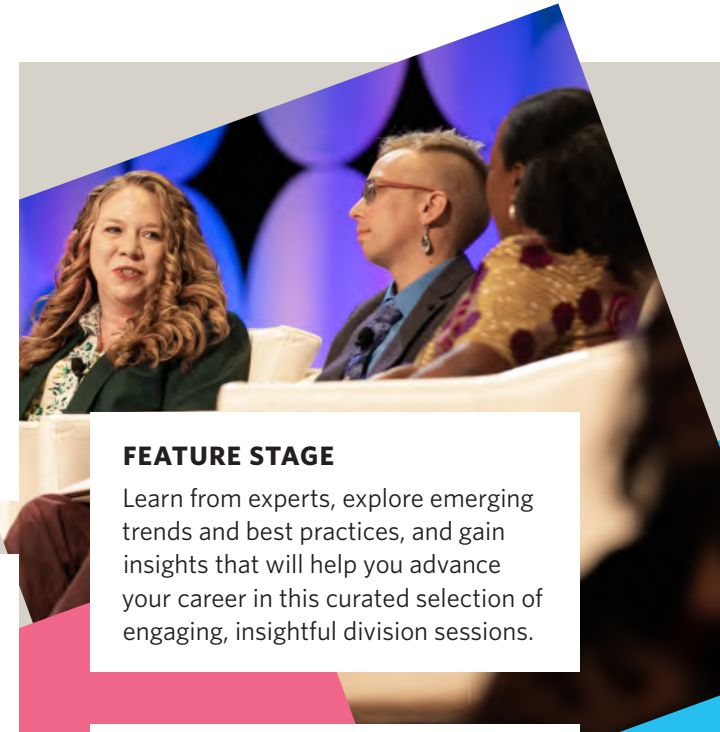

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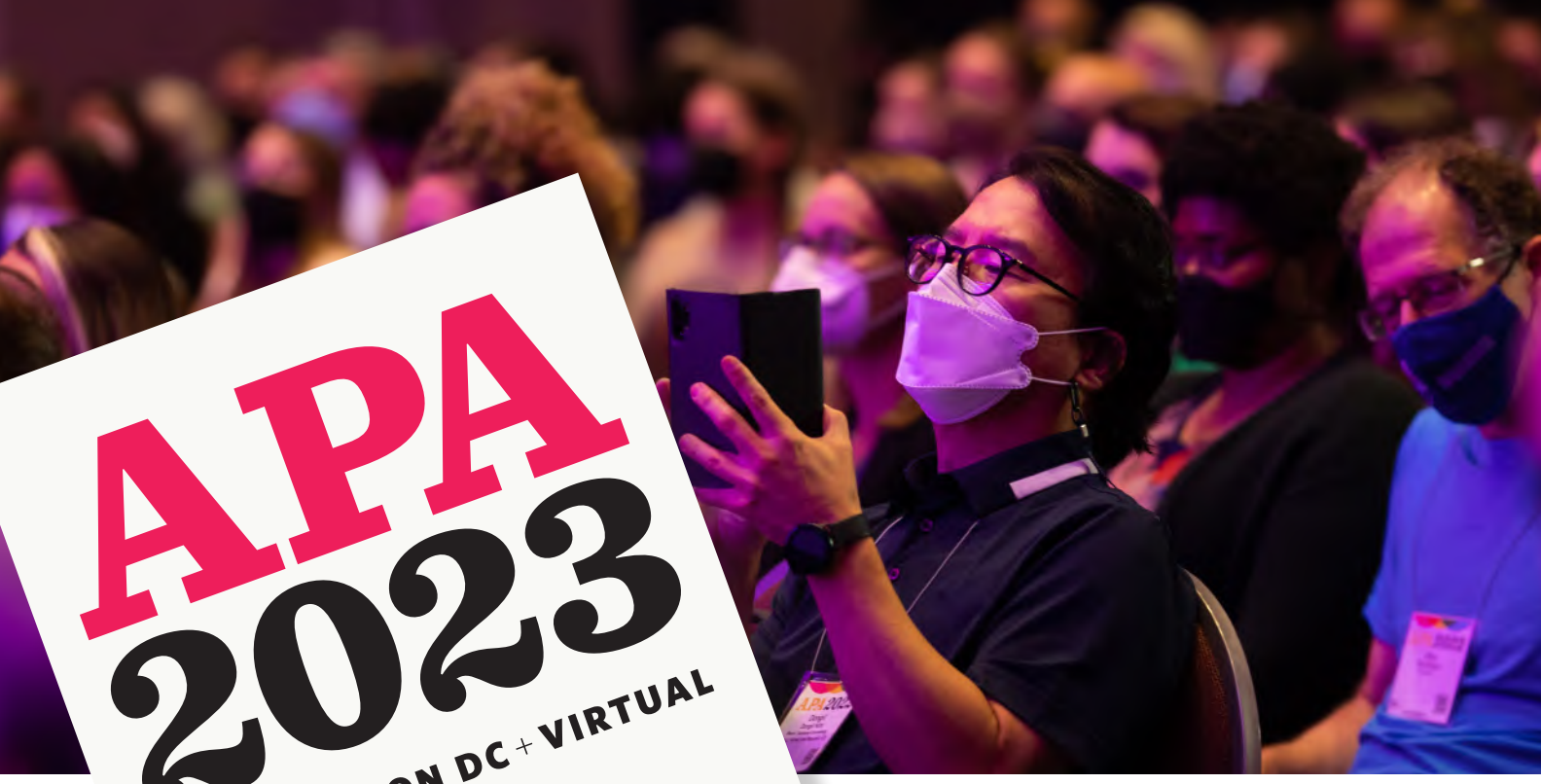

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Datapoint

By Karen Stamm, PhD,
Luona Lin, and Meron Assefa

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

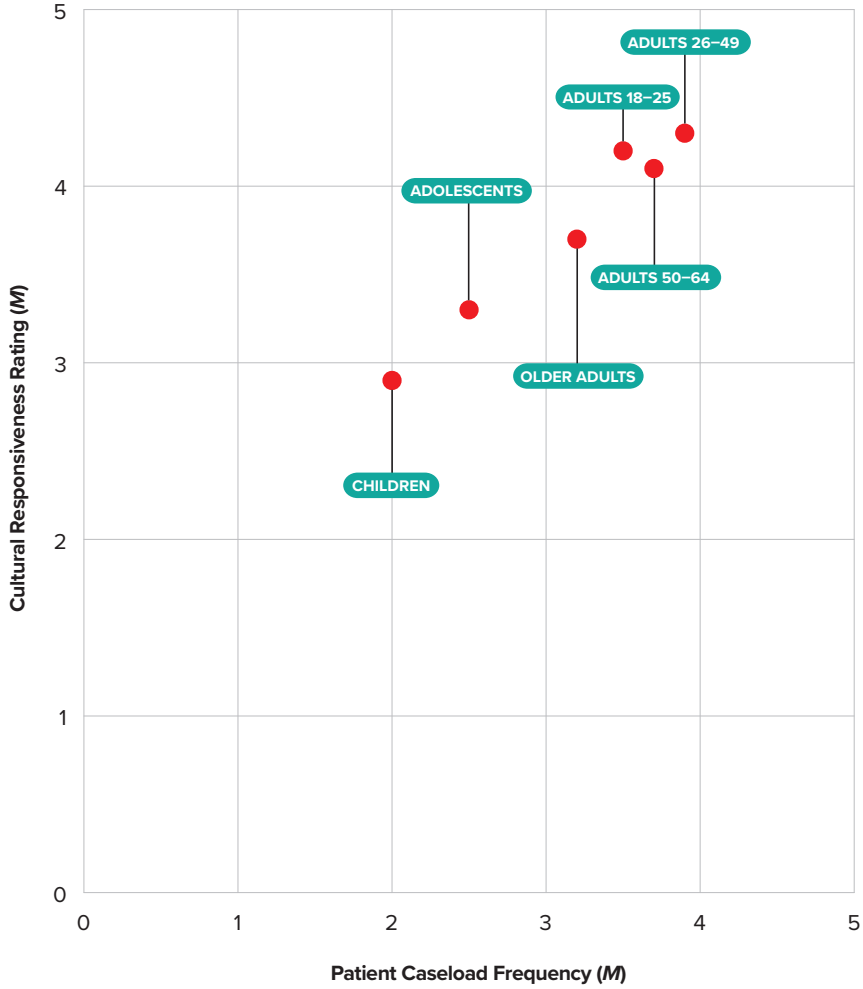
TREATING DIVERSE AGE GROUPS

Psychologists frequently treated and were more knowledgeable about working with adults ages 18 to 64, but they were not as experienced with children and adolescents.

The more often psychologists see patients of a certain age, the more knowledgeable they are with treating that age group, according to data from APA's Center for Workforce Studies. Specific findings from the data:

- How frequently psychologists treated patients from a population group is highly associated with psychologists' self-reported cultural responsiveness ratings across age groups.[1]
- Patient caseloads and cultural responsiveness ratings were highest (in order by caseload) for three adult age groups (adults ages 26 to 49, adults ages 50 to 64, and adults ages 18 to 25). Caseloads and ratings were lowest for children and adolescents. Caseloads and ratings for older adults fell in the middle of the distribution.
- Findings suggest there may be gaps in preparation to work with some age groups, such as children and adolescents. About 46% of psychologists reported increases in demand from adolescents,[2] also suggesting gaps in workforce capacity to respond to population health needs.

Mean Patient Caseload Frequency and Mean Cultural Responsiveness Ratings



[1]American Psychological Association. (2022). *2021 Survey of Health Service Psychologists*. https://www.apa.org/workforce/publications/health-service-psychologists-survey
A total of 842 licensed doctoral-level psychologists responded to the survey in April 2021. The question about patient caseload frequency asked, "In a typical week, at what frequency do you provide services to the following population groups?" and was measured on a scale ranging from 1 = never to 5 = very frequently. The question about cultural responsiveness asked, "Given your experience and training, how knowledgeable are you about ways of working with clients in each of the following population areas?" and was measured on a scale ranging from 1 = not at all knowledgeable to 5 = extremely knowledgeable. Correlations between patient caseload frequency and cultural responsiveness ratings were statistically significant ($p < .001$) in all age groups. Information about the sample characteristics and methodology can be found at the URL above in the technical report.
[2]American Psychological Association. (2022). *Psychologists struggle to meet demand amid mental health crisis: 2022 COVID-19 Practitioner Impact Survey*. https://www.apa.org/pubs/reports/practitioner/2022-covid-psychologist-workload

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THE CANNABIS CONUNDRUM

Psychologists are concerned that cannabis product messaging is not based on scientific findings about how the substance affects different age groups over time

BY HEATHER STRINGER

In 2021, more than 36 million people 12 and older reported using cannabis in the past month—double the number compared with a decade earlier, according to data from the Substance Abuse and Mental Health Services Administration's National Survey of Drug Use and Health. Cannabis users have access to an unprecedented variety of purported antidotes for everything from anxiety to insomnia to post-traumatic stress disorder (PTSD)—claims that have yet to be validated by research. Among the popular offerings are cannabis concentrates with extremely high levels of tetrahydrocannabinol (THC), the main psychoactive compound in cannabis that produces the euphoric "high" sensation.

"Science is having a hard time keeping up with the enormous increase in products available, especially because researchers have been hamstrung by regulatory hurdles," said Columbia University's Margaret Haney, PhD, a professor of neurobiology and director of the school's Cannabis Research Laboratory. Those hurdles include marijuana's classification as a Schedule I substance, which requires researchers to earn approval from multiple federal agencies for studies.

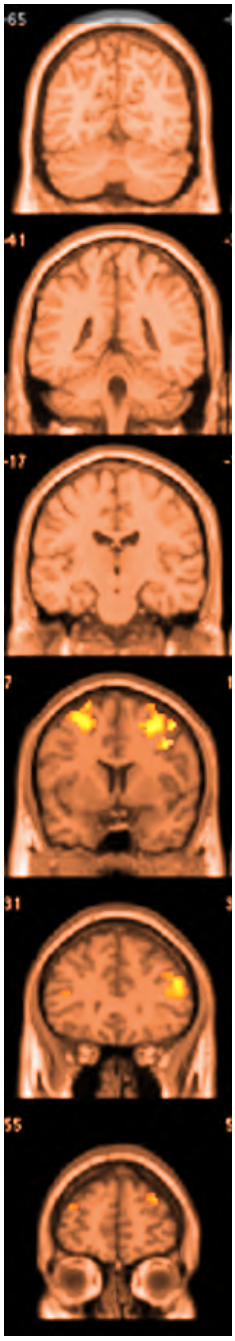
APA has been advocating for reforms in cannabis research regulations to ensure that science is available to inform product policies, clinical decisions for therapeutic use, and public understanding about the health effects across the life span. In December, President Joe Biden signed into law the Medical Marijuana and Cannabidiol Research Expansion Act—legislation that will make it easier for scientists and manufacturers to study the effects of marijuana and develop guidelines for use. For decades, the University of Mississippi was the only federally approved cultivator of cannabis for scientists, but the new law will allow other entities to manufacture and distribute the drug for research.

Although the legislation does not allow scientists to buy and study products available in dispensaries, psychologists hope that the new policy is a harbinger of increasing federal support for gathering more science-based data to educate the public and health care providers. The latest findings are shedding light on how biological brain differences may influence cognitive effects in adolescent users, how cannabis can interfere with pharmaceutical medications for depression and other mental health issues, and the potential mental benefits for older adults. "For many years, cannabis was demonized, but now we've swung to the other extreme because it's advertised as the cure for everything," said Haney. "We need data to inform honest discussions about the risk of drug abuse, the therapeutic potential, and the impact on different age groups over time."

THE ADOLESCENT USER

One of the top priorities among cannabis researchers is clarifying how the drug—which has been legalized for recreational use in 21 states and for medical use in 37 states—affects the developing brain. "I'm concerned by the increase in the number of people who are using cannabis at higher doses on a daily basis," said Nora Volkow, MD, director of the National Institute on Drug Abuse (NIDA). "Adolescents are more vulnerable to addiction, and once they are using compulsively, cannabis can interfere with memory and learning." In one study, 15% of people of all ages who used cannabis in the past 30 days met the *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition) criteria for cannabis use disorder, and rates specifically among youth ages 12 to 20 were significantly higher at 23% (Richter, L., et al., *The American Journal of Drug and Alcohol Abuse*, Vol. 43, No. 3, 2017).

To investigate the effects of cannabis use on adolescents, Joanna Jacobus, PhD, an associate professor of psychiatry at the University of California San Diego (UCSD), launched longitudinal studies that followed teenagers who had started using and compared them with



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non-using controls. Adolescents who continued using for 3 years at least 2 times per week had thicker cerebral cortices, particularly in the frontal and parietal regions, than controls (*Developmental Cognitive Neuroscience*, Vol. 16, 2015). The cannabis users performed more poorly on cognitive tests, especially in attention and memory tasks, and teenagers who started using earlier in life performed more poorly than those who started using later or non-users (*Neuropsychology*, Vol. 29, No. 6, 2015).

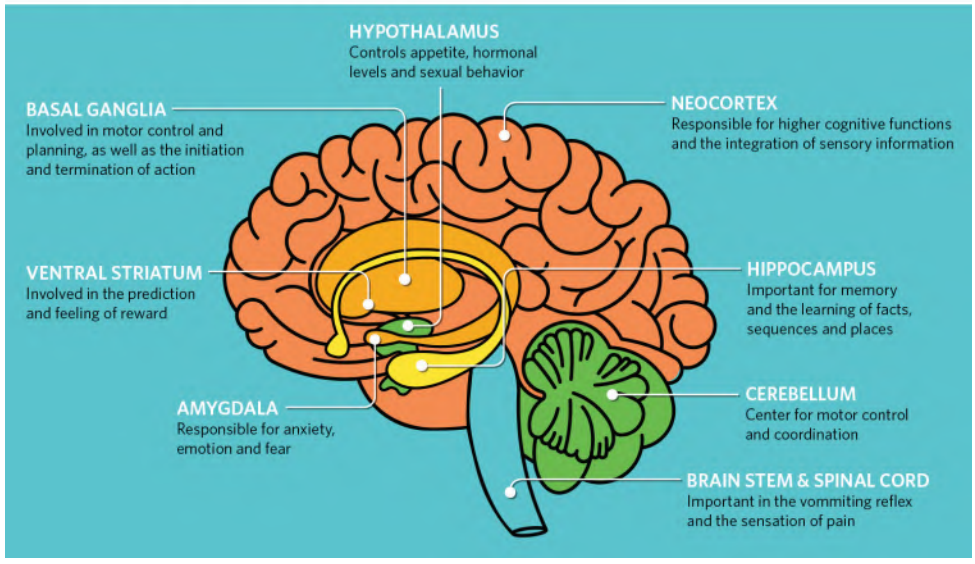
More recently, Jacobus began collecting data on youth before they started using cannabis to understand if the drug caused the poorer neural health outcomes, or if there were preexisting biological brain differences that were also influencing cognitive outcomes. A 6-year study showed preexisting differences in gray matter and functional brain activation that could be contributing to poorer cognitive performance in adolescent cannabis users. "We found that there are biological brain differences that can increase the chances that an adolescent will start using cannabis, and these differences may also increase their vulnerability to negative developmental outcomes," said Jacobus.

Jacobus is optimistic that there will be more data soon about which youth are at higher risk of initiating cannabis use as researchers follow more than 11,000 youth enrolled in the NIH's ABCD Study, the largest long-term study of brain development and child health in the United States. The study began in 2015 when children were 9 or 10, and Jacobus and her colleagues are collecting data on 700 participants from San Diego County with tools such as MRI imaging, cognitive and genetic marker testing, and questionnaires about family environment, school activities, and more.

Like Jacobus, Jonathan Schaefer, PhD, a researcher in the psychology department at the University of Minnesota, was eager to explore the cause of emotional and cognitive problems among adolescents who used cannabis. He tapped into data collected from more than 3,000 twins who had been followed from adolescence into their early 30s. By comparing identical twins who shared genetics and a home environment, he could better separate the effects of cannabis use on negative outcomes from the effects of these background factors.

He did not find evidence that cannabis caused more mental health problems or decreased cognitive ability, but the drug was linked to lower educational attainment, occupational status, and income (*PNAS*, Vol. 118, No. 14, 2021). In a subsequent exploratory analysis, the data revealed that in identical twins, the twins who used more cannabis than their co-twins also had lower GPAs and academic motivation. "Our findings provide evidence against the idea that cannabis has dramatic, long-lasting effects on the brain," Schaefer said. "Instead, they raise the possibility that we should be more concerned about acute, shorter-term drug effects that have lingering consequences." For example, students who are using cannabis regularly may have trouble focusing and feeling motivated during school, which might ultimately affect their educational and career trajectory. Schaefer cautions that even if cannabis does not cause permanent, deleterious changes in the brain, it is still risky for adolescents to use because it may negatively impact other important longer-term life outcomes, such as educational attainment, risk of developing a cannabis use disorder, and lung health. These findings were also based on twins who were using in the 1990s and early 2000s, so the results do not account for the effects of newer, high-potency

Marijuana's Effects on the Brain



Opposite and next page: Images collected over time by Dr. Staci Gruber of Harvard Medical School from a study of medical cannabis patients completing a task. The patients demonstrate better performance and more efficient processing after initiating treatment relative to baseline.

SHOPPLAYWOOD/GETTY

products, Schaefer said.

Data collected from more than 1,000 New Zealanders over 4 decades has also given researchers a glimpse into how frequent, long-term cannabis use—often starting in the teen years—affects the aging process. The study participants were followed from birth to age 45, and the long-term users were less financially prepared for aging, with lower credit scores and less money in savings and investments. They also reported more social problems, such as loneliness, lower life satisfaction, and less social support (*The Lancet: Healthy Longevity*, Vol. 3, No. 10, 2022).

"Social support and financial preparedness in midlife are related to better aging and longer lives," said Madeline Meier, PhD, an associate professor of psychology at Arizona State University and author of the study. "People may not realize that if they become dependent on cannabis, there could be consequences for healthy aging and well-being." The researchers investigated whether factors in childhood—like IQ, low self-control, or socioeconomic status—could explain the outcomes, but they did not find evidence for this in the study. Long-term cannabis users frequently developed dependence on other substances, such as alcohol and tobacco, and the polysubstance use could also be contributing to at least some of the financial and social problems in midlife, Meier said.

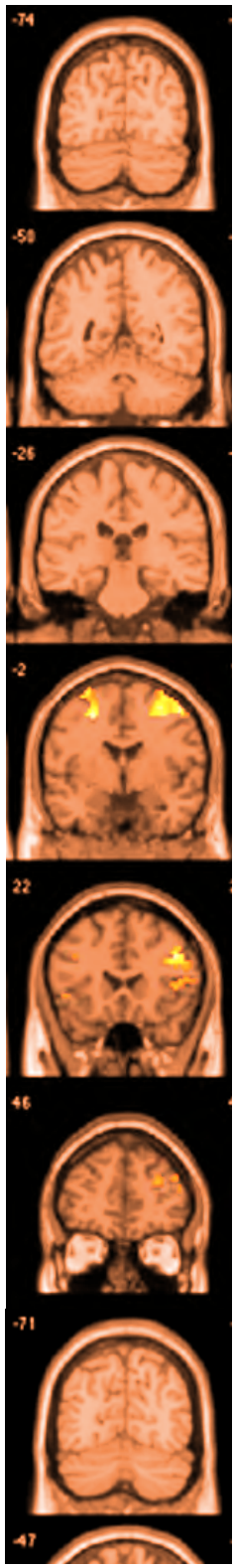
MIXING MARIJUANA WITH MENTAL HEALTH ISSUES

Psychologists also share a sense of urgency to clarify how cannabis affects people who suffer from preexisting mental health conditions. Many veterans who suffer from PTSD view cannabis as a safe alternative to other drugs to alleviate their symptoms (Wilkinson, S. T., et al., *Psychiatric Quarterly*, Vol. 87. No. 1, 2016). To investigate whether marijuana does in fact provide relief for PTSD symptoms, Jane Metrik, PhD, a professor of behavioral and social sciences at the Brown University School of Public Health and a core faculty member at the university's Center for Alcohol and Addiction Studies, and colleagues followed more than 350 veterans for a year. They found that more frequent cannabis use worsened trauma-related intrusion symptoms—such as upsetting memories and nightmares—over time (*Psychological Medicine*, Vol. 52, No. 3, 2022). A PTSD diagnosis was also strongly linked with cannabis use disorder a year later. "Cannabis may give temporary relief from PTSD because there is a numbing feeling, but this fades and then people want to use again," Metrik said. "Cannabis seems to worsen PTSD and lead to greater dependence on the drug."

Metrik, who also works as a psychologist at the Providence VA Medical Center, has also been studying the effects of using cannabis and alcohol at the same time. "We need to understand whether cannabis can act as a substitute for alcohol or if it leads to heavier drinking," she said. "What should we tell patients who are in treatment for problem drinking but are unwilling to stop using cannabis? Is some mild cannabis use OK? What types of cannabis formulations are helpful or harmful for people who have alcohol use disorder?"

Though there are still many unanswered questions, Metrik has seen cases that suggest adding cannabis to heavy drinking behavior is risky. Sometimes people can successfully quit drinking but are unable to stop using cannabis, which can also intensify depression and lead to cannabis hyperemesis syndrome—repeated and severe bouts of vomiting that can occur in heavy cannabis users, she said. Cannabis withdrawal symptoms such as irritability, anxiety, increased cravings, aggression, and restlessness usually subside after 1 to 2 weeks of abstinence, but insomnia tends to persist longer than the other symptoms, she said.

Cannabis may also interfere with pharmaceutical medications patients are taking to treat mental health issues. Cannabidiol (CBD) can inhibit the liver enzymes that metabolize medications such as antidepressants and antipsychotics, said Ryan Vandrey, PhD, a professor of psychiatry and behavioral sciences at Johns Hopkins University and president of APA's Div. 28 (Psychopharmacology and Substance Abuse). "This could lead to side effects because the medication is in the body longer and at higher concentrations," he said. In a recent study, he found that a high dose of oral CBD also inhibited the metabolism of THC, so the impairment and the subjective "high" was significantly stronger and lasted for a longer time (*JAMA Network Open*, Vol. 6, No. 2, 2023). This contradicts the common conception that high levels of CBD



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reduce the effects of THC, he said. "This interaction could lead to more adverse events, such as people feeling sedated, dizzy, [or] nervous, or experiencing low blood pressure for longer periods of time," Vandrey said.

The interactions between CBD, THC, and pharmaceutical medications also depend on the dosing and the route of administration (oral, topical, or inhalation). Vandrey is advocating for more accurate labeling to inform the public about the health risks and benefits of different products. "Cannabis is the only drug approved for therapeutic use through legislative measures rather than clinical trials," he said. "It's really challenging for patients and medical providers to know what dose and frequency will be effective for a specific condition."

KEEPING AN OPEN MIND

Although studies are shedding light on the effects of cannabis, Staci Gruber, PhD, an associate professor of psychiatry at Harvard Medical School, was concerned that most of the research focused on recreational rather than medicinal use. "There is a lot of concern about young recreational consumers as their brains are vulnerable and many may be using products high in THC that can lead to negative outcomes, but their outcomes may look very different from medical cannabis patients who also generally begin using cannabis as adults," said Gruber, who launched the Marijuana Investigations for Neuroscientific Discovery (MIND) program in 2014 to explore the effects of medical cannabis.

FURTHER READING

Patterns of cannabis and alcohol co-use: Substitution versus complementary effects
Gunn, R. L., et al. *Alcohol Research: Current Reviews,* 2022

Female sex as a protective factor in the effects of chronic cannabis use on verbal learning and memory
Hirst, R., et al. *Journal of the International Neuropsychological Society,* 2021

Factors that impact the pharmacokinetic and pharmacodynamic effects of cannabis: A review of human laboratory studies
Zamarripa, C. A., et al. *Current Addiction Reports,* 2022

In a recent study, Gruber's team followed middle-age participants before they started using cannabis for medical purposes and for 1 year after initiating use. Executive function and clinical state (mood, sleep, anxiety) improved over the 12 months. Participants generally chose products with higher levels of CBD and lower levels of THC, and overall, medical cannabis patients did not demonstrate behaviors or symptoms associated with problematic cannabis use (*Journal of the International Neuropsychological Society,* Vol. 27, No. 6, 2021; *Cannabis*, Vol. 4, No. 2, 2021). "When sleep and mood improves, people often feel better," said Gruber. "And they may be able to think more clearly when they feel better." Gruber plans to further study the reasons for the improved executive function in this population.

Researchers at the University of Colorado also found evidence that cannabis may be beneficial for older adults who start using later in life. MRI data showed that users had stronger connectivity than non-users between parts of the brain that are important for cognitive functions, such as working memory and coordination (Watson, K. K., et al., *Frontiers in Aging Neuroscience*, Vol. 14, 2022). "Cannabis use could be offsetting normal age-related cognitive decline," said Rachel Thayer, PhD, an assistant professor of neuropsychology at the University of Colorado, Colorado Springs.

Although scientists are working to answer important questions about consuming cannabis, one of the gaping holes in the field is a reliable method of quantifying how many milligrams of THC are in the multitude of products available, said Dartmouth College's Alan Budney, PhD, a professor of psychiatry and biomedical science who specializes in cannabis research. Without this information, it is difficult for researchers to correlate therapeutic and harmful outcomes with specific use patterns.

To begin to quantify THC levels in different cannabis products available to consumers, Budney leveraged social media to survey more than 5,600 adults who smoked or vaped concentrates or flower (the dried flower bud). The participants provided highly detailed information, such as how many hits per day and which products they used. The researchers developed mathematical formulas to calculate milligrams of THC consumed per day (*Cannabis and Cannabinoid Research*, online first publication, 2022). Budney is now preparing to launch a survey of 15,000 users who will report not only the detailed information about their cannabis consumption but also how the products are affecting them in terms of depression, anxiety, cannabis use disorder symptoms, and quality of life.

"With the large number of participants, we have lots of data that will help us get closer to understanding the potential therapeutic benefits and negative consequences of the products people are using," said Budney. "My hope is that studies like this will inform the policymakers and clinicians who can influence the decisions millions of people are making about using cannabis." ■

ABORTION BANS CAUSE OUTSIZE HARM FOR PEOPLE OF COLOR

At the 1-year anniversary of the overturn of *Roe v. Wade*, increasing restrictions on reproductive care inflict a significant physical and mental burden that ripples across generations—especially for people of color

BY ZARA ABRAMS

More than 60% of those who seek abortions are people of color and about half live below the federal poverty line, according to the Guttmacher Institute, a reproductive health research and policy group. And many people of color, including the majority of Black Americans, live in southern states with some of the most restrictive abortion laws.

Those laws—triggered by the June 24, 2022, U.S. Supreme Court ruling in *Dobbs v. Jackson Women's Health Organization,* in which the court refused to strike down a Mississippi state law banning abortion after the 15th week of pregnancy—overturned the 1973 decision of *Roe v. Wade,* which protected abortion access under the 14th Amendment. One year later, the landscape of reproductive health has drastically changed.

Compared with women who had an abortion, women who were denied one report higher stress and anxiety, lower self-esteem, and lower life satisfaction, according to the landmark Turnaway Study of more than 1,000 women seeking abortions across 21 states (Biggs, M. A., et al., *JAMA Psychiatry,* Vol. 74, No. 2, 2017). Combined with the harm caused by racism and centuries of structural inequality, these findings have left psychologists deeply concerned about the mental health impacts of overturning *Roe v. Wade.*

"Women of color face more structural barriers to care to begin with, and those inequities are exacerbated when these policies further diminish their power and bodily autonomy," said Wizdom Powell, PhD, who is the chief social impact and diversity officer at Headspace Health. "You end up having a domino effect of negative impact on women's overall health and well-being."

Psychologists and other mental health care providers have a crucial role to play—not just in research and practice, but in linking people with support services, advocating for equitable legislation, and supporting women of color in raising their voices.

"It's really important that we don't sit on the sidelines with so much subject matter expertise while folks with less expertise are making critical decisions about the public's health," Powell said.

DENYING BODILY AUTONOMY

Research shows that, in addition to medical necessity, people tend to seek abortions because they do not feel financially prepared or are worried about their age, health, marital status, or caring for their children (Biggs, M. A., et al., *BMC Women's Health,* Vol. 13, 2013).

Most people who have abortions are not White. In 2019, the abortion rate was 23.8 per 1,000 Black women, 11.7 per 1,000 Hispanic women, 13 per 1,000 Asian American, Native American, and other women—and just 6.6 per 1,000 White women, according to data reported to the Centers for Disease Control and Prevention (CDC) (Abortion Surveillance—United States, 2019, CDC, 2021).

For people of color in this country, the denial and violation of bodily autonomy is nothing new. Enslaved Black women were raped and forced to carry children, while their descendants faced involuntary sterilization throughout the 20th century. Native American, Puerto Rican, and other women of color have endured similar horrors (Kozhimannil, K. B., et al., *New England Journal of Medicine,* Vol. 387, No. 17, 2022).

"To have this shadow of a reminder that we don't have say over our bodies, it feels especially minimizing and devaluing when this right is taken away," said Jessica Smedley, PsyD, a clinical psychologist based in Washington, D.C.

More than 60% of those who seek abortions are people of color and about half live below the federal poverty line.

Black women are 3 times as likely to die in childbirth as their White counterparts.

Even in 2023, people of color still get worse medical care overall, including worse reproductive health care and less access to contraception, and are more likely to be uninsured than White people. About 19% of American Indian and Alaska Native people and about 18% of Hispanic or Latino people are uninsured, compared with less than 6% of non-Hispanic White people (*Health Insurance Coverage by Race and Hispanic Origin*, U.S. Census Bureau, 2021).

Restricted access to abortion can be particularly distressing for people of color, Smedley said, because of the unsafe conditions they may face during and after pregnancy. In addition to being 3 times as likely to die in childbirth as their White counterparts ("Working Together to Reduce Black Maternal Mortality," CDC, 2022), Black women face much higher rates of severe maternal complications. Women living in majority Hispanic communities also face severe complications 32% more often than those living in majority White communities (*Racial Disparities in Maternal Health*, BlueCross BlueShield, 2021).

Because of these disparities, women of color are more likely to need lifesaving abortions, including in the event of an ectopic pregnancy, a life-threatening condition where a fertilized egg implants outside of the uterus (Stulberg, D. B., et al., *Fertility and Sterility,* Vol. 102, No. 6, 2014). In other cases, women who have had miscarriages may need medication or procedures that are now illegal where they live.

But because of entrenched interpersonal and medical racism, "people stereotypically associate Black women with poor sexual decision-making and child-rearing, which means they are less likely to be believed when they say they need an abortion for medical reasons, especially if they are poor," said Candice Hargons, PhD, an associate professor of counseling psychology at the University of Kentucky who studies sexual wellness and healing racial trauma.

Research suggests that because of racial bias, medical providers often fail to take Black patients' pain seriously (Hoffman, K. M., et al., *PNAS,* Vol. 113, No. 16, 2016). That bias affects reproductive health care, where Black women who report pelvic pain and other symptoms are less likely than White women to receive a diagnosis of endometriosis (Bougie, O., et al., *BJOG,* Vol. 126, No. 9, 2019).

To complete this grim picture, more than 6% of women in the Turnaway Study who were forced to carry unwanted pregnancies faced serious health consequences, including eclampsia, postpartum hemorrhage, and even death (Gerdts, C., et al., *Women's Health Issues,* Vol. 26, No. 1, 2016).

"When you're told you cannot have ownership over your body, how is that affecting Black girls and women? It's affecting every part of their lived experience," said Jameta Nicole Barlow, PhD, MPH, a community health psychologist and an assistant professor of writing at The George Washington University in Washington, D.C.

GRIEF AND ANGST

Unsurprisingly, the mental health impacts of abortion restrictions

GINA FERAZZI/GETTY IMAGES

On June 24, 2022, just after the Supreme Court's decision, a teary staffer at a San Antonio abortion clinic informs a patient that the clinic cannot perform the abortion she needs.

are already being felt among communities of color. "Just like we've seen in the research, on the ground we're noticing collective distress and angst, as well as a lot of processing of grief around the impact of these policies," said Josephine Serrata, PhD, a clinical and community psychologist based in Austin, Texas, who does culturally and community-grounded work with local Latinx populations.

While having an abortion does not increase the risk for mental health problems, being denied one does, and women who seek abortions may already have worse baseline mental health than the general population. That's because the same systemic factors that make unplanned pregnancies more likely—abuse during childhood, intimate partner violence, low socioeconomic status—also increase the risk for mental health problems (Major, B., et al., *American Psychologist,* Vol. 64, No. 9, 2009).

Pregnancy, childbirth, and the postpartum period are a psychologically high-risk time, especially for people with a history of mental illness (Leight, K. L., et al., *International Review of Psychiatry,* Vol. 22, No. 5, 2010). Women of color again face a disproportionate risk, with an estimated 38% experiencing postpartum depression, compared with less than 20% of new mothers overall (Keefe, R. H., et al., *Social Work in Mental Health,* Vol. 14, No. 5, 2016). Black women are about twice as likely as White women—and Asian women nearly 9 times as likely as White women—to have suicidal thoughts in the week after giving birth (Tabb, K. M., et al., *Journal of Affective Disorders Reports,* Vol. 1, 2020). But as many as half of these individuals receive no support or treatment.

Dr. Franz Theard speaks with a patient at his clinic, Women's Reproductive Clinic of New Mexico. Since abortion was made illegal in Texas, many of his patients fly and drive hundreds of miles to reach him.

EVELYN HOCKSTEIN/ALAMY STOCK PHOTO

Though psychologists expect abortion restrictions to threaten psychological well-being for women across the board, women of color face some of the greatest risks (Biggs, M. A., & Rocca, C., *BMJ,* Vol. 378, 2022). That's partly because of the racial discrimination they endure on a day-to-day basis, said Lucy Ogbu-Nwobodo, MD, an assistant professor of psychiatry at the University of California, San Francisco. Research has shown that race-based trauma can lead to depression, anxiety, suicidal ideation, post-traumatic stress symptoms, and an increased allostatic load ("Fact Sheet: Health Disparities and Stress," APA, 2012).

"Racism can kill. It can kill you physically and it can kill you psychologically," Ogbu-Nwobodo said. "This is not just a moral issue; it's also a health imperative because it's causing real physical harm that can contribute to premature death."

Cultural stigma surrounding abortion may also increase mental harm for people of color. Among women in the Turnaway Study, those who reported experiencing stigma around the time they sought an abortion were more likely to have psychological distress years later (Biggs, M. A., et al., *PLOS ONE,* Vol. 15, No. 1, 2020). Qualitative research suggests that certain marginalized groups, such as Latinx immigrant women, may face a complex web of stigmas, including pressure to

keep abortions secret and difficulty navigating the U.S. health care system (Brown, K., et al., *Sexual and Reproductive Health Matters,* Vol. 30, No. 1, 2022).

Abortion restrictions in some states may even carry the threat of criminal prosecution. That has the potential to further intensify psychological distress. "It really criminalizes a woman's reproductive choices," said Powell. "That creates yet another layer of structural inequity for women of color, who are already disproportionately represented in carceral settings."

ECONOMIC AND PSYCHOLOGICAL BURDENS

Even before the *Dobbs* decision, abortion costs were on the rise (Upadhyay, U. D., et al., *Health Affairs,* Vol. 41, No. 4, 2022). Now that the procedure is severely restricted or threatened in 24 states, people seeking abortions commonly spend thousands of dollars on transportation, lodging, childcare, and time off work to travel and obtain treatment.

But about half of those who have abortions live below the federal poverty line, with women of color experiencing some of the greatest economic inequities. "We have a system in this country designed to marginalize certain communities, which has led to a significant wealth gap," Ogbu-Nwobodo said. "If you don't have enough money to feed yourself and to put your kids through school, how will you have enough money to leave the state to access abortion resources?"

Again, historical data indicate that restricting access to abortions will only widen that gap. Women in the Turnaway Study who were denied abortions were more likely to live in poverty, less likely to be employed full time, and more likely to receive public assistance than women who obtained abortions—and those differences persisted for at least 4 years (Foster, D. G., et al., *American Journal of Public Health,* Vol. 108, No. 3, 2018).

Many state abortion laws refer specifically to "women," but transgender men and nonbinary people can also become pregnant and seek abortions. At least 1 in 4 trans people has faced insurance issues related to their gender, including denial of coverage for routine sexual and reproductive health care (*The Report of the 2015 U.S. Transgender Survey*, National Center for Transgender Equality). And trans people of color—who are more likely to live in poverty, be unemployed, and experience discrimination than their White counterparts—often encounter additional barriers in health care settings. That can make the prospect of obtaining an abortion particularly terrifying.

Regardless of gender, forcing a person to give birth to an unwanted child introduces economic and psychological burdens for the entire family. For example, men already receive less structural support for parenting, including less time off for parental leave. "You can imagine that stripping this power away from a couple can have an impact on the psychological well-being of both partners in ways that are gendered," Powell said.

Turnaway Study researchers found that women denied an abortion were not more likely to stay with the man involved in the pregnancy than those who obtained one. But being denied an abortion did double the chance that a woman reported being in a "poor-quality" intimate relationship 5 years later (Upadhyay, U. D., et al., *Perspectives on Sexual and Reproductive Health,* Vol. 54, No. 4, 2022).

Pregnancy may increase a person's risk for intimate partner violence (IPV), including extreme attacks such as strangulation and homicide (Alhusen, J. L., et al., *Journal of Women's Health,* Vol. 24, No. 1, 2015). CDC data indicate that women of color, especially multiracial women and American Indian or Alaska Native women, face a heightened risk for IPV during their lifetimes (*The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Intimate Partner Violence*, CDC, 2022). These figures are particularly concerning, Serrata said, because people from marginalized communities are less likely to seek support from formal sources such as police, hospitals, or mainstream organizations if they experience IPV.

"The idea of having to keep a pregnancy is really alarming in the context of these intimate partner violence trends," she said. "Considering the potential links between anti-abortion laws and things like intimate-partner homicide, the alarm bells are going off right now for a lot of people in the field."

HEALING AND CREATING CHANGE

Psychologists have a vital part to play in addressing the

FURTHER READING

Frequently asked questions about abortion laws and psychology practice
APA, 2022

Mental health implications of abortion restrictions for historically marginalized populations
Ogbu-Nwobodo, L., et al.
New England Journal of Medicine, 2022

Protecting marginalized women's mental health in the post-Dobbs era
Nguyen, D., et al.
PNAS, 2022

Abortion access as a racial justice issue
Kozhimannil, K. B., et al.
New England Journal of Medicine, 2022

Characteristics of U.S. abortion patients in 2014 and changes since 2008
Jerman, J., et al.
Guttmacher Institute, 2016

compounding physical, mental, and economic impacts of abortion restrictions. That should start with educating themselves about reproductive health, Serrata said. In a 2018 study of 142 psychologists and graduate students, participants quizzed on their abortion knowledge answered only 68% of questions correctly (Mollen, D., et al., *The Counseling Psychologist,* Vol. 46, No. 6, 2018).

"Our field needs to do its own work of processing and undoing some internalized isms that each of us holds," Serrata said, including unpacking harmful biases about who gets abortions and why.

Practitioners should also learn about their state's abortion policies and how those may impact patients, as well as resources available in their community—then empower their patients to seek out those resources. Is medication abortion an option in the state? Do local peer support groups, faith-based communities, or culturally grounded organizations offer help centered on reproductive rights? If not, do mental health or medical providers in other areas offer virtual support groups? What sort of financial assistance is available for people who may need to travel out of state?

Advocacy is also needed at the local, state, and federal levels. Psychologists can help by contacting their congressional representatives to express support for key legislation, such as the Black Maternal Health Momnibus Act, or by joining APA's Psychology Advocacy Network.

"Abortion is just one part of reproductive health care," said Megan Simmons, director of policy and advocacy for the National Birth Equity Collaborative, which advocates for racial equity in reproductive health care. "Psychologists can support and initiate outreach, research, and policy that helps verify and certify this notion to the general public."

Advocacy also exists in the therapy room, said Smedley. Providers can commit to learning more about community resources to empower patients to access those resources as well as strengthening their personal stake in these community partners. Providers can support patients in gaining the knowledge and confidence to talk with medical providers, and even to determine when a medical provider should be reported, such as for refusing to perform a legal procedure.

"The change is going to come from this demand, when we get so loud in the spaces that really matter and make a difference, such as doctor's offices," Barlow said. "That's what I see as my role—giving people the tools to heal, but also to create change in their community."

Above all, psychologists can continue to breathe life into a fight that will likely stretch on for years. "This is one of the most precarious times for birthing people in this country, and all of us who care about equal access should feel very, very nervous about what we're seeing," said Ogbu-Nwobodo. "These things can go by the wayside after the momentum dies, but it's important that we keep the attention on this because it has repercussions that will be felt for generations." ■

A physician discusses the procedure for getting a medication abortion with a patient as the patient's 3-year-old daughter plays nearby at the Center for Reproductive Health in Albuquerque, New Mexico. Most people who seek abortions are not White.

GINA FERAZZI/GETTY IMAGES

DO NO HARM: WHY STATES ARE PUSHING FOR MANDATORY EDI EDUCATION

A growing number of state psychological associations are proposing legislation that will include equity, diversity, and inclusion as part of psychologists' continuing education requirement

BY HELEN SANTORO

Psychologists are required to complete anywhere from 10 to 25 hours of continuing education (CE) annually to maintain their license, depending on the state. Nine states mandate psychologists to complete a course in equity, diversity, and inclusion (EDI) as part of their CE requirements—but more are pushing for this change.

"There are many potential harms if someone is providing services but doesn't understand the basics of EDI," said Raquel Halfond, PhD, senior director of evidence-based practice and health equity at APA. "There are harms of racism, homophobia, and sexism where a psychologist may inadvertently do something harmful. This is particularly important given the increasing diversity of the U.S."

States like Georgia are advocating for legislation that would add EDI CE to the licensing requirement for psychologists practicing in those states, and APA has assisted in this advocacy.

"EDI should be just as important as diagnosing and ethics training," said Jason Malousek, PsyD, assistant director of clinical psychology training at Kansas City University in Missouri and past president of the Kansas Psychological Association (KPA). "It should be in writing that your state's CE training include this type of education."

ADDRESSING KNOWLEDGE GAPS WITH EDUCATION

Historically, psychology has adopted and perpetuated colonialism and contributed to the systemic and structural barriers faced by people of color (Aiello, M., et al., *Journal of Indigenous Research,* Vol. 9, 2021). Consequently, mainstream psychology is rooted in the perspectives of White people, and research led by people of color is often considered to not have enough disciplinary rigor, and factors of race and ethnicity have not been emphasized in peer-reviewed psychology publications.

This Eurocentric perspective is also reflected in the demographics of psychologists in the health service workforce, around 88% of which are White—a number that does not properly reflect the U.S. population. In fact, estimates by the U.S. Census Bureau show that nearly 4 out of every 10 Americans identify with a race or ethnic group other than White. From 2010 to 2019, these non-white groups accounted for all the nation's population growth.

That's why continued education on EDI is crucial for all psychologists, said Halfond. "Historically, we see a research-to-practice gap of many years. Research will be published, but it will take many years to get disseminated and implemented into psychology practice," she said. "EDI CE could help close that gap and keep psychologists up to date on new research emerging in this space."

This research may include a 2020 report by Saint Louis University that defined racism as a public health crisis and reviewed ways in which people and institutions can respond to this issue (Yearby, R., et al., *Racism is a Public Health Crisis: Here's How to Respond,* Vol. 48, 2020). Similarly, another paper offers supportive strategies for schools to develop more inclusive learning environments for lesbian, gay, bisexual, and transgender students (Chan, A., et al., *Frontiers in Psychology,* Vol. 13, 2022).

Clear EDI CE requirements in states would ensure that all practicing psychologists have basic training in this area, said Halfond. Graduate schools, internships, and other educational programs all vary when it comes to what they teach on EDI, if they teach anything related to EDI at all. There needs

"EDI should be just as important as diagnosing and ethics training."

JASON MALOUSEK, PSYD, ASSISTANT DIRECTOR OF CLINICAL PSYCHOLOGY TRAINING AT KANSAS CITY UNIVERSITY

to be more standardization about what content is covered on a state level, Halfond said.

HOW TO DRIVE LEGISLATIVE CHANGE

To change EDI CE requirements, state psychological associations should make sure their board of psychologist examiners—a group of members appointed by the governor that regulates all licensed psychologists within their state—support the proposed legislation.

Doing this successfully requires a thorough knowledge of the state's political landscape, said Shirley Ann Higuchi, JD, associate chief of professional practice for justice, legal, and state advocacy at APA. "Know the political leanings of your state legislators. You don't want to ask for something that won't pass," Higuchi said.

Also, make sure you get support from your psychology association. That way, you won't have any opposition on the legislation from your own constituents, Higuchi added.

That is the type of preparation that Abby Brown, PsyD, and her colleagues at the Illinois Psychological Association (IPA) did before submitting their legislation. This bill has since been withdrawn because the Clinical Psychologists Licensing and Disciplinary Board informed IPA that they would like to work with the association to include an EDI CE requirement, as opposed to going through the legislative process. "We will likely begin working with them after the legislative session ends in late May 2023," said Brown, a clinical psychologist and immediate past-president of the IPA. "The board has assured us that they will work on this with us to make it happen."

FLASHPOP/GETTY IMAGES

As increasing numbers of people of color and other historically marginalized individuals seek mental health care, EDI training is crucial for practitioners, most of whom are White and not historically marginalized.

FURTHER READING

Special issue: The impact of race on psychological processes
Spielmann, J., et al. (Eds.)
Translational Issues in Psychological Science, 2021

Special issue: Psychological science to reduce and prevent health disparities
Tucker, C. M. (Ed.)
Translational Issues in Psychological Science, 2019

APA's Equity, Diversity, and Inclusion Framework
APA, 2021

However, Brown still sees the steps IPA took to create a legislative proposal as a great example for other states.

"The team at IPA worked extensively on the proposal to share with the legislators," Brown said. "We wanted to be as prepared as possible for any questions about why we're doing this, have the research to back why we're doing this, and so on."

Brown also established an EDI task force and created a timeline for the team with everything that needed to be accomplished before the legislative session started in 2023. "We made sure we were getting input and approvals from the proper committees in IPA and confirmed this was something that our association truly was in agreement in pursuing," she said.

The IPA task force also made sure everyone within the association was aware of all the steps they were taking. "We presented on the process at our annual convention and published the proposal to the newsletter and listserv," said Brown.

In the proposal, IPA requested 3 of the total 24 CE hours required in Illinois to be devoted to EDI. They pointed to Illinois census findings indicating that the non-Hispanic White population in the state fell by 14.3% between 2010 and 2020, and the fact that gaps in knowledge by health providers can lead to "misdiagnoses, less effective interventions, diminished or lack of trust in

the treatment of the provider, lack of treatment compliance, and premature treatment discontinuation."

Another part of the proposal was a sample EDI CE program, which included a list of learning objectives that psychologists should complete. "We made a really compelling case for why this is necessary in Illinois," including meeting the needs of an increasingly diverse population and increasing equitable access to mental health care, said Brown.

A similar proposal was submitted last year by the Georgia Psychological Association (GPA), which asked for 6 hours of EDI training out of their mandated 40 hours of CE. The organization noted that there is a need for "recurrent learning about social and cultural factors that impact health" and the "ethical imperative to ensure competent, equitable, and non-harmful use of psychological science."

Luckily, both the IPA and GPA have faced little opposition so far, but efforts in other states are facing stiff resistance. In February, Kansas lawmakers shot down a bill proposed by KPA that would have mandated 3 hours of EDI CE for psychologists, conflating that type of training with critical race theory. State Senator Mike Thompson (R-Shawnee) said that he didn't feel EDI CE was an appropriate path, and said that he thought "[psychologists] should stick to their lane. And diversity, equity, and inclusion I don't believe is helpful at all in this situation."

Malousek strongly disagrees with this sentiment. "How is EDI not in our lane when we provide services straight to the community?" said Malousek. "EDI is all about how we provide the best possible services to somebody whom we don't know and need to understand, who has a different life and context. EDI training just makes us better psychologists."

Higuchi worked closely with KPA on this legislation. "APA's Ethics Code requires psychologists to be competent, and this legislation adds the cultural competency that enables psychologists to serve more people," Higuchi said. "It's ethical to be able to competently provide these services."

APA Chief Diversity Officer Dr. Maysa Akbar oversees APA's evolving EDI framework and has led trainings for practicing psychologists and other members of the health care community.

TAKING ADVANTAGE OF APA RESOURCES

Along with learning about state law and informing psychology associations about proposed legislation, psychologists can take advantage of APA's many advocacy and EDI resources when trying to change CE requirements.

Since the 1960s, APA has devoted a significant amount of attention and resources to EDI. In June 2018, APA started developing an EDI framework to integrate EDI across the organization and psychology as a discipline. Along with offering states a clear foundation to develop their own EDI curricula, APA has supported states that are working to pass EDI CE legislation.

JENNIFER JULE

"Health inequities are not inevitable; they are systemic and avoidable," says the *Report of the 2021 APA Presidential Task Force on Psychology and Health Equity*. "At the core of health inequities are structural factors, including social determinants of health that systematically lead to dramatically poorer health outcomes among specific populations."

APA's Practice Leadership Conference (PLC) has played a pivotal role in some state psychological association's legislative proposals. "I attended the virtual PLC last year, and they promoted doing EDI CE in different states," said Brown. "That's when we put our heads together and said, 'Let's see if this is something we could do in Illinois.'"

PLC also gave members of the KPA an opportunity to spread their wings, said Malousek. "We could talk to different organizations and bring in to form a diversity agenda."

APA's 2023 PLC featured a talk on state association management and regulatory issues faced by state, provincial, and territorial psychology associations. One of the meetings discussed state advocacy and included topics such as how to connect with lawmakers and advocacy agendas for 2023 and beyond. Furthermore, APA offered $100,000 in funding for 2022 legislative grants to state psychological associations for defending and advancing the psychology profession.

All these resources are key for psychologists who wish to make legislative change, said Brown. "This was the first legislative process I had ever spearheaded in my life, so I sought a lot of consultation," she said.

In the upcoming years, Brown said she hopes to see more states take legislative action and push for EDI CE. She said the work done in places like Illinois will serve as inspiration for other psychological associations.

"We should all be working together on this," Brown said. ■

5 QUESTIONS FOR WENDY DE LA ROSA

This financial psychologist researches the ways in which money shapes actions and uses behavioral science to guide people toward healthier patterns of saving and spending

BY RACHEL FAIRBANK

Wendy De La Rosa, PhD, an assistant professor of marketing at the Wharton School at the University of Pennsylvania, first developed an interest in understanding how money shapes people's decisions when she was a young child of a non-English-speaking immigrant. Part of her responsibilities included acting as a translator for her mother, whether it was reading credit card statements, bank notices, or other financial documents. Given this early exposure to her family's finances, she started to notice the many ways in which money was an invisible presence sitting at their dinner table, dictating her mother's moods, and driving their decisions. "I became obsessed with thinking about how this resource shapes our lives," said De La Rosa. After obtaining her PhD in marketing from Stanford University and helping to start a behavioral economics unit at Google, she accepted the position with the Wharton School. She is also the cofounder and cohost of the TED series *Your Money and Your Mind*, which offers behavioral science–backed strategies for achieving a more secure financial future.

JUSTIN TSUCALAS

The *Monitor* spoke with De La Rosa about her research into the connection between finances and well-being.

Why is it so important for psychologists to think about financial decision-making?

When people don't feel financially secure, it manifests itself in so many ways, whether it is increasing their anxiety and their stress or decreasing their ability to engage in complex thinking. If your mind is preoccupied with something else, it is hard for you to dedicate resources to other things.

I think it's imperative for everyone, psychologists in particular, to think about the impact of financial anxiety and how it can manifest itself against many different domains of life. There's an assumption that as a person moves up the income spectrum, they tend to have fewer worries about finances. What we are recognizing is that a person's perceptions about their wealth, which we call subjective wealth perception, is positively correlated with their objective wealth, but the correlation isn't always one-to-one. You can have someone who is objectively earning a lot of money but feels as though they are in a world of scarcity and vice versa.

It is always important to understand what subjective wealth perceptions people have, because this is going to be more predictive of their spending behavior and their self-reported stress than their objective wealth. A person's perception of their financial situation is often more important than their objective financial status.

In what ways are these perceptions of financial well-being critical to a person's mental well-being?

A person's subjective wealth perception is their financial situation compared to a relative benchmark, such as their own budget or the income of those around them. For example, a person may feel great about earning $70,000, but once they find out their coworker makes $75,000 or $80,000, they suddenly start to feel stress and anxiety. We're social creatures by nature, so we engage in this comparative behavior.

How does financial status impact behavioral health?

We have to recognize that this is not only a problem for compulsive shoppers or chronic overspenders. Nearly three quarters of Americans feel stress about money at least some of the time. There's this constant state of stress that most of us are feeling. That level of stress,

whether it is overwhelming or not, can manifest itself in a number of different ways, but it all boils down to a sense of a lack of control.

In American society, there is this belief that financial success is a consequence of individualistic behaviors, that people are successful because they worked really hard. There isn't a recognition that a lot of people are really successful because of inherited wealth, because of help from others, because of luck, and, yes, because of hard work.

When we feel like we are not doing well financially—because we think financial success is such an individual endeavor—we tend to feel shame. One of the best things that psychologists can do is to untangle that shame.

What are some of the behavioral changes related to finances that psychologists can help people make?

Step one is helping people understand that we are in an environment where every company is getting smarter, faster, and better at getting you to part with your money. It's almost a David versus Goliath situation, and it's OK that you are struggling with this situation, because it's actually really hard.

From there, it's important to talk about some of the behaviors that we should change. It could be automating financial decisions so that someone isn't constantly ruminating about their finances. One thing a person can do is to create set-and-forget strategies, such as automatically moving a percentage of their paycheck from their checking account to a savings account. If they don't get paid, they don't need to stress, because no money comes out. And if they get paid a lot, they're going to save more. But they won't have to worry as much in that regard.

The other step is to help people understand how they can regain a sense of control. A lot of people feel out of control with their credit card debt. One thing people can do to regain control is to call their credit card company and change their payment date so that it aligns with their pay frequency. Maybe the 25th of every month is the worst time to pay because they don't get paid until the 30th. It's all about trying to decrease the level of stress people feel when they just feel out of control.

What is your current research focused on?

I'm researching how payment frequency impacts perceptions and behaviors—how wealthy we feel and how that impacts our spending and saving. This is an important question because we are moving into a world where millions of workers can now choose how often they want to get paid (drivers using ridesharing apps, for example). What my coauthor Stephanie Tully and I found was that getting paid more frequently increases subjective wealth perceptions and as a result, we tend to spend more than if we got paid less frequently. ■

PROLONGED EXERCISE DEPRIVATION AS PUNISHMENT

A mentally ill prison inmate who was denied exercise while in solitary confinement has petitioned the U.S. Supreme Court to review his case

BY MARC W. PEARCE, JD, PHD, UNIVERSITY OF NEBRASKA–LINCOLN

Prisoners held in solitary confinement at the Pontiac Correctional Center (PCC) in Illinois are typically entitled to 1 hour of exercise time, or "yard time," 5 days per week. The prisoners remain alone during yard time, but they are allowed to exercise in either an outdoor cage or an indoor recreation room. Prisoners placed on "yard restriction" because of major conduct violations receive only 1 hour per month outside of their isolation cell.

In some cases, inmates are also denied that 1 hour per month. Michael Johnson, an inmate with mental illness at PCC, received no exercise time over the course of an entire year. Johnson had a diagnosis of bipolar disorder, severe depression, and a skin-picking disorder, and had survived numerous suicide attempts. He also frequently violated prison rules, including spitting at others, refusing to clean his cell, damaging property in his cell, possessing contraband, and covering himself in feces. As a result, Johnson was held in solitary confinement for nearly his entire 3-year term of incarceration at PCC, and he was almost continuously placed on yard restriction because of his misconduct. During his year without any yard time, Johnson's psychological symptoms were exacerbated: He suffered hallucinations, excoriated his flesh, and repeatedly smeared feces on himself. He also suffered physical effects such as nosebleeds, respiratory problems, and headaches because of his inability to exercise.

The harsh consequences of solitary confinement have been well established through psychological research. Some negative effects, including hallucinations, self-mutilation, aggression, depression, and suicidal ideation, are observable within days (Haney, C., *Crime & Delinquency*, Vol. 49, No. 1, 2003). Even when inmates receive daily yard time, the forced social isolation, reduced stimulation, idleness, and loss of access to activities, visitation, and property during solitary confinement cause devastating impacts (Haney, C., *Annual Review of Criminology,* Vol. 1, 2018).

AT ISSUE

Can prison officials be held liable for depriving inmates in solitary confinement of all exercise for prolonged periods?

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

Courts have traditionally acknowledged that exercise is a "human need" akin to food and warmth (*Wilson v. Seiter,* 1991). Most courts hold that a prison may deprive an inmate of all out-of-cell exercise only if the inmate poses a security risk (*Campbell v. Cauthron,* 1980; *Williams v. Greifinger,* 1996). Prolonged exercise deprivation is therefore ordinarily unlawful when imposed merely to punish misbehavior.

Johnson filed a lawsuit in 2022 alleging that his prolonged denial of exercise violated the Eighth Amendment's prohibition against cruel and unusual punishment. However, the 7th Circuit Court of Appeals rejected Johnson's claim, citing the "continuous, serious, and sometimes highly dangerous" violations that Johnson committed, "including spitting on inmates or guards and throwing urine and feces" (*Johnson v. Prentice,* No. 18-3535 at 14, 7th Cir. 2022). The Court of Appeals held that prolonged deprivation of exercise does not violate the Eighth Amendment unless the deprivations were imposed "for some utterly trivial infraction of the prison's disciplinary rules." This ruling represents a significant departure from the majority rule that prolonged deprivations of exercise are consistent with the Eighth Amendment only when necessary for the security of prison staff and inmates.

Johnson has petitioned the U.S. Supreme Court to review his case, citing the split among the federal circuits created by the 7th Circuit's ruling. As of this writing, the court has not yet decided whether to grant the petition (*Johnson v. Prentice,* No. 22-693). ■

ADRIEN COQUET/NOUN PROJECT

Research shows the same foods that promote physical health also foster positive mental health, namely foods that are whole, diverse in vitamins and minerals, and contain plenty of fiber.

CE

CONTINUING EDUCATION NUTRITION'S ROLE IN MENTAL HEALTH

BY TORI DEANGELIS

We know that what we eat affects our physical health—that a diet loaded with French fries and burgers is worse for our hearts and waistlines than one that includes regular helpings of steamed broccoli and brown rice.

Less well known are the ways in which food can influence our mental health—not just our immediate mood but also symptoms of depression, anxiety, attention-deficit/hyperactivity disorder (ADHD), and other conditions. These discoveries come from a growing line of research known as nutritional psychology or nutritional psychiatry, part of a scientific discipline that recognizes the importance of lifestyle factors such as exercise, spiritual practices, and social support in promoting mental health (Walsh, R., *American Psychologist,* Vol. 66, No. 7, 2011).

CE credits: 1

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

1. Explain how the right—or wrong—foods and nutrients affect mental health.
2. Discuss the biology behind good nutritional choices.
3. Describe which mental health conditions have the best research base and what that research is showing.

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

Researchers in this emerging field have not had it easy: They have encountered skepticism and dismissiveness from many health care professionals and researchers, including psychologists, who tend to downplay the importance of diet in health and mental health or to take issue with various aspects of the research. But findings in the area are becoming sufficiently robust that it is time to start taking them seriously, said clinical psychologist Julia Rucklidge, PhD, who directs the Mental Health and Nutrition Research Lab at the University of Canterbury in New Zealand.

In her view, "psychologists can no longer avoid talking about the relationship between nutrition and mental health."

THE PSYCHOBIOLOGY OF GOOD NUTRITION

Examining the role of diet in mental health has been occurring since the late 1990s, when a cross-national comparison showed a correlation between high fish consumption in a given country and lower annual rates of major depressive disorder (Hibbeln, J. R., *The Lancet,* Vol. 351, No. 9110, 1998).

Since then, researchers have been exploring potential influences of food and diet types, dietary patterns, and micronutrients and other supplements on psychological health. In 2005, California-based wellness consultant M. Ephimia (Ephi) Morphew-Lu developed and taught the first course in nutritional psychology at John F. Kennedy University in Pleasant Hill, California, and in 2013, she and Australian psychologist Amanda Hull, PhD, cofounded the Center for Nutritional Psychology, an online repository of information on the topic. And in 2015, members of the International Society for Nutritional Psychiatry Research wrote an influential article, "Nutritional Medicine as Mainstream in Psychiatry," highlighting emerging evidence in the area (*The Lancet Psychiatry*, Vol. 2, No. 3, 2015).

Since then, researchers have been conducting a range of studies—observational, epidemiological, prospective, clinical, and even "proof of principle" studies for clinical drug development—to examine how diet and nutrition may impact mental health.

They are finding that the same foods that promote physical health foster positive mental health: foods that are whole (versus processed or ultraprocessed); diverse in vitamins and minerals, or micronutrients; and contain enough fiber to help the digestive system effectively process what it takes in. Micronutrient supplements can also be part of the healthy nutrition equation, researchers are finding. Conversely, poor diets that contain a lot of ultraprocessed foods with little nutritional variety or micronutrients appear to exacerbate depression and other mental health problems, according to recent data (see, for example, Lane, M. M., et al., *Nutrients,* Vol. 14, No. 13, 2022). Alarmingly, Americans now derive most of their calories in a less-than-optimal way: According to the U.S. National Health and Nutrition Examination Survey, U.S. adults obtain 57% of their calories from ultraprocessed foods

WILDPIXEL/GETTY IMAGES

like packaged pizza and sugary beverages, and for children and teens, that share rises to 67% (Wang, L., et al., *JAMA,* Vol. 326, No. 6, 2021; Juul, F., et al., *Clinical Nutrition*, Vol. 115, No. 1, 2022).

If our brain does not get the right nutrients, our mental health can suffer, noted research psychologist Bonnie Kaplan, PhD, a semi-retired professor at the University of Calgary's Cumming School of Medicine and co-author with Rucklidge of *The Better Brain: Overcome Anxiety, Combat Depression, and Reduce ADHD and Stress with Nutrition* (Houghton Mifflin Harcourt, 2021). "If you feed the brain what it needs every day, you will provide the foundation it needs for excellent functioning," she said.

An important aspect of her current work is educating health professionals and the public about how the brain processes nutrients. Otherwise, advice on healthy eating remains abstract and is easy to dismiss, Kaplan added. "You have to know *why* every bite that you put in your mouth feeds the metabolism of your brain," she said.

The brain uses nutrients to support the metabolic work of enzymes, the molecules that convert one chemical into another. Enzymes cannot do that work on their own: To perform their transformational feats, "they need an abundant supply of vitamins and minerals," also known as cofactors, Kaplan explained.

Take the example of serotonin, the "feel good" neurotransmitter that is the target of many antidepressants. To manufacture this neurotransmitter naturally, the brain's chemistry must undergo a complex chain of metabolic steps that depend on the presence of dozens of cofactors, including vitamin B1, riboflavin, copper, and calcium. That same general principle applies to the biochemical manufacturing process for all neurotransmitters, each of which needs its own set of specific cofactors to work efficiently.

Foods that are promoted in the Mediterranean and Japanese diets can have a positive impact on many conditions, including depression.

KEY POINTS

1

Growing evidence suggests that consuming healthy foods and micronutrients fosters better mental health, while poor-quality diets diminish it.

2

Depression and attention-deficit/hyperactivity disorder have the best evidence so far to support this link.

3

At a basic level, diets for mental health include whole foods, foods diverse in vitamins and minerals, and plenty of fiber—information that is safe to share with patients without concerns about scope of practice.

Proper "feeding" of the brain leads to better mental health, because the right fuel enables it to perform better all around. Eating a healthy, whole-foods diet also reduces excessive inflammation in the body; enhances the activity of the mitochondria, which produce ATP (adenosine triphosphate), the compound that provides cells with energy; and helps the gut microbiome by feeding it healthy digestive microbes, which in turn reduce the number of unhealthy microbes. All these systems are linked to brain health and are therefore probably good for mental health as well, Kaplan said. As one practical example, if therapy patients can think more clearly, they will be better able to understand and act on therapy interventions.

"When people understand that consuming minerals and vitamins enables all their pathways to work in their brains," Kaplan said, "then they're more motivated to pay attention to what they eat."

DIET, DEPRESSION, AND ADHD

Researchers are taking this basic information and studying how different diets impact various mental health conditions. They are finding that diets that feature whole foods and contain diverse nutrients—like those promoted in the Mediterranean, Japanese, and Norwegian diets—can have a positive impact on many conditions. They are also finding that high-quality vitamin and mineral supplements—as well as amino acids, herbal formulations, and probiotics—can help as well. (For recent clinical guidelines on this topic, see Sarris, J., et al., *The World Journal of Biological Psychiatry,* Vol. 23, No. 6, 2022).

Depression is the most widely examined condition in this research, with studies showing that improved nutrition can help people with both nonclinical and clinical levels of the disorder. For example, a meta-analysis of 16 randomized controlled trials—mostly with samples of people who had nonclinical depression—found that dietary interventions significantly reduced depressive symptoms though they had less effect on anxiety, found Joseph Firth, PhD, of the University of Manchester in the United Kingdom, and colleagues (*Psychosomatic Medicine*, Vol. 81, No. 3, 2019).

Similarly, a randomized controlled trial conducted by South Australia–based psychologist Natalie Parletta, PhD, and colleagues found positive effects of a healthy diet intervention for adults with self-reported depression. Ninety-five participants received either 3 months of biweekly cooking classes featuring a Mediterranean diet and 6 months of fish-oil supplements, or 3 months of biweekly

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fun and stimulating social groups along with 3 additional months of fish-oil supplements.

The moods of all participants improved by the end of 6 months, but the diet group did better: Their depression scores fell by 45% compared with 26.8% in the social group. In addition, the diet group's reduced depression was related to specific types of food intake, including eating a diversity of vegetables, consuming nuts, and adhering to a Mediterranean diet overall (*Nutritional Neuroscience*, Vol. 22, No. 7, 2019).

High-quality diets also appear to have a positive effect on people with major depressive disorder, other studies are finding. In a randomized controlled trial known as SMILES (Supporting the Modification of Lifestyle in Lowered Emotional States), psychiatric epidemiologist Felice N. Jacka, PhD, director of the Institute for Mental and Physical Health and Clinical Translation (IMPACT)'s Food & Mood Centre at Deakin University in Victoria, Australia, and colleagues tested two interventions on adults with major depressive disorder. Thirty-three participants received seven individual nutritional consulting sessions delivered by a clinical dietician, and 34 other participants received seven visits from trained personnel who "befriended" them—who chatted with them about subjects of interest and engaged with them in fun and positive activities. After 12 weeks, 32.3% of those in the dietary group had no reported symptoms of depression, compared with 8% of those in the social support group (*BMC Medicine,* Vol. 15, No. 1, 2017). Similar results were found in a randomized controlled trial by Jessica Bayes, PhD, of the University of Technology Sydney in Australia, and colleagues, who showed that a 12-week Mediterranean diet intervention improved moderate to severe depression symptoms in young men more than a befriending intervention (*The American Journal of Clinical Nutrition,* Vol. 116, No. 2, 2022).

Another condition that is showing promise with nutritional interventions is ADHD, a major focus of Rucklidge's work. In 2014, she and colleagues conducted the first blinded randomized controlled trial to examine the effects of a micronutrient supplement on adults with ADHD.

Compared with 38 participants who took a placebo, 42 participants who took the formula reported having fewer ADHD symptoms, including inattention, hyperactivity, and impulsivity, at the end of 8 weeks. Moreover, among participants who had moderate to severe depression at the beginning of the study, those who took the supplement were much more likely to report improved mood at the end of the study than those taking the placebo. But there were no differences between groups on clinician ratings of ADHD (*The British Journal of Psychiatry,* Vol. 204, No. 4, 2014).

In a second blinded randomized controlled trial, Rucklidge and colleagues compared how nonmedicated children diagnosed with ADHD fared over 10 weeks when they received a placebo or a broad-spectrum micronutrient formula.

At the end of the study, 32% of the children taking the supplement showed clinically meaningful improvement on symptoms of inattention, compared with 9% of kids taking the placebo. They also had greater improvements in emotional regulation, aggression, and general functioning (*The Journal of Child Psychology and Psychiatry,* Vol. 59, No. 3, 2018).

Those findings were replicated in another randomized controlled trial headed by psychologist Jeanette M. Johnstone, PhD, of the Oregon Health & Science University in Portland. Over the course of 8 weeks, 135 nonmedicated children with ADHD at three sites—Portland, Oregon; Columbus, Ohio; and Alberta, Canada—received either a placebo or a broad-spectrum multinutrient containing all known vitamins and essential minerals.

More than half of those who received the formula—54%—showed improved symptoms overall, compared with 18% of controls, based on blinded clinician ratings. The findings suggested another potential benefit as well: Children on the formula grew 6 millimeters taller over 8 weeks than kids on placebo

RESOURCES

Mental Health and Nutrition
A free, six-part online course on mental health and nutrition
www.edx.org/course/mental-health-and-nutrition

Food & Mood Academy
Online courses exploring the links between diet, brain, and mental health
https://foodandmoodcentre.com.au/academy/online-courses/

Center for Nutritional Psychology
Comprehensive research library, scholarship program, resources, and continuing education courses
www.nutritional-psychology.org

ALISA KOROLEVSKAYA/GETTY IMAGES

when other basic factors were controlled for. That is a potentially important finding because suppressed height may be a concern with standard ADHD medications, Johnstone noted (*Journal of the American Academy of Child & Adolescent Psychiatry*, Vol. 61, No. 5, 2022).

Others are investigating the effects of nutritional interventions on more serious conditions as well, including bipolar disorder, eating disorders, and psychotic disorders, as well as autism. They are also looking into the effects of particular kinds of diets and foods on some of these disorders. These include potential impacts of the ketogenic (low-carb, high-fat) diet on bipolar disorder (Campbell, I. H., & Campbell, H., *BJPsych Open,* Vol. 5, No. 4, 2019) and Alzheimer's disease (Phillips, M. C. L., et al., *Alzheimer's Research & Therapy,* Vol. 13, No. 51, 2021), and of a gluten-free diet as an adjunctive treatment for people with schizophrenia (Levinta, A., et al., *Advances in Nutrition,* Vol. 9, No. 6, 2018). While there is some promise in all these areas, more research is needed to demonstrate their effectiveness, according to these studies.

Researchers conducting this work also comment that it raises questions about what constitutes good treatment in general, including about the kinds of outcomes providers should be looking for.

For example, while Rucklidge's study on children with ADHD found improvements on symptoms like inattention, there were no group differences on parent and teacher reports of hyperactivity and impulsivity, some of the main hallmarks of the disorder. But parents and teachers did see a rise in other positive outcomes that are not specifically related to ADHD symptoms, such as reduced anger and a greater ability to regulate emotions and cope with stressors.

In addition, children in the study did not have to cope with side effects that can sometimes occur with traditional ADHD medications, such as dizziness, moodiness, loss of appetite, and trouble sleeping. Instead, by applying nutritional interventions that do not have these side effects, some kids can improve functioning and learn better. "So, when we think about treatments for these kids, I really do encourage a more holistic approach," Rucklidge said. In fact, she has applied for and received approval from Pharmac, New Zealand's equivalent of the Food and Drug Administration, for practitioners to prescribe the micronutrient formula used in her studies as a second-tier treatment. So if conventional medications have not worked or have intolerable side effects, practitioners can try these supplements instead. (There are still many steps that need to occur before Pharmac will actually pay for the use of the formula, however, Rucklidge noted.)

MICROBIOME RESEARCH

In another line of inquiry, mental health investigators are entering the "hot" research area of the gut microbiome, finding early evidence that a good diet may influence the microbiome, which in turn may influence mental health.

Because of the microbiome's potential in the area, many of the studies at Deakin University's Food & Mood Centre include examining changes in the microbiome before and after a given intervention, mainly via stool samples, said research psychologist Amy Loughman, PhD, who heads the microbiome research team there.

A study by Samantha Dawson, PhD, also of Deakin University, Loughman, and colleagues, for example, tested the diets and gut microbiome diversity of 213 women in their third trimester of pregnancy and then looked at child outcomes at age 2. Children of women with greater gut microbiome diversity in pregnancy had fewer anxious, depressive, and withdrawn behaviors than toddlers whose moms had less diverse gut microbiomes during

Variables such as genetics, medication use, and stress can influence the amount and types of nutrients a particular individual needs.

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pregnancy. In addition, the team found that women with greater gut microbiome diversity had eaten healthier prenatal diets than women with less diverse gut microbiomes (*eBioMedicine*, Vol. 68, No. 103400, 2021).

Another recently completed study at the center involves "fecal transplantation"—taking bacteria from the gut of a healthy donor and transferring it into a person with depression. The procedure has been used successfully to treat medical patients with Clostridioides difficile (C. diff.), a painful intestinal condition associated with an unhealthy gut microbiome. Their study concluded that the intervention was possible to do and acceptable to participants, but that more research on larger sample sizes is needed to determine efficacy (*Canadian Journal of Psychiatry*, online first publication, 2023).

As these studies show, work on the microbiome is promising but still in the nascent stages, Loughman noted. "It's a balance between people being excited about the microbiome and seeing it as a different avenue through which to impact mental health and not getting swept up in the hype that we should all test our microbiomes and that's how we're going to do therapy from now on," she said.

PUTTING IT INTO PRACTICE

Other areas of nutritional psychology and psychiatry need more investigation as well. One emerging area of interest is examining how to tailor micronutrients to specific individuals. That is because many variables—genetics, medication use, stress, and more—can influence the amount and sometimes types of nutrients a particular individual needs. In a similar vein, researchers are starting to examine how different types of diets may benefit different types of individuals.

That said, there is enough good information available that clinicians can safely incorporate it into their practices without concerns about scope of practice, particularly if they are giving general advice or guidance, these researchers added. (Understanding specialized diets and problems requires more expertise and study.)

"Psychologists can learn the basics of nutrition really simply," said Rucklidge, through continuing-education classes or other vetted online courses. Having conversations with patients about ultraprocessed foods and poorer mental health, she noted, is akin to talking about the harmful effects of alcohol or other substances.

Kaplan suggests starting by saying, "There is increasing evidence that what we eat affects how we feel," and then noting the health benefits of a whole-foods diet. She then recommends asking patients to describe what and how they eat—how many times a day or week they think they consume key elements of healthy or less healthy diets such as sugary drinks, refined carbohydrates, green vegetables, or fruit. "Don't evaluate or score this in any way," she said, "but ask them where they think they might want to make some changes."

Next, point out that eating whole foods does not need to be expensive, a common myth. Have patients keep track of weekly food expenses for 2 weeks, and then have them do the same after shopping for a whole-foods diet, she suggested. Beans, rice, and veggies are likely to be less expensive than a few trips to a fast-food chain, for example.

Some psychologists are opting for training in nutrition to further amplify this aspect of their practices. Lauren Broch, PhD, who also incorporates behavioral sleep medicine and other lifestyle approaches into her private practice at Greenwich Hospital in Greenwich, Connecticut, earned a master's degree in nutritional science to support her patients around nutrition. She uses psychoeducation on the basics of a healthy diet and lifestyle, as well as behavioral approaches like having patients keep food logs and use feedback systems to start changing their eating patterns.

She is seeing gratifying results: "Over time, people notice that they just feel lighter—less bloated, with fewer digestive issues," she said. "They also have better moods and report that they're sleeping better."

"We're starting to realize that what we eat is not just about the calories—it's also about the nutrition and the information that's in that nutrition," Broch added. "Food is information, and it's also medicine. Helping patients take advantage of that knowledge is an invaluable part of my practice."

A three-part APA continuing-education webinar series on this topic is available at https://on.apa.org/3zww71A.

FURTHER READING

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Nutrition provides the essential foundation for optimizing mental health
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Loughman, A., et al. In Cowan, C. S. M., & Leonard, B. E. (Eds.), *Microbes and the Mind: The Impact of the Microbiome on Mental Health* Karger, 2021

Efficacy of low carbohydrate and ketogenic diets in treating mood and anxiety disorders: Systematic review, implications for clinical practice
Dietch, D., et al. *BJPsych Open*, 2023

THE SCIENCE OF FRIENDSHIP

American culture prioritizes romance, but psychological science is exploring the human need for platonic relationships and the specific ways in which they bolster well-being

BY ZARA ABRAMS

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Supportive friends protect each other emotionally and physically. Studies show that tackling tough tasks or discussing troubling topics with a close confidant helps keep blood pressure and heart rates in check.

Science shows that friendships can be established and strengthened at any age and can bolster people just as much as romantic relationships.

American culture places a high premium on romantic love. In fact, relationship woes—or the lack thereof—are among the top reasons people seek therapy. And while romance can be a meaningful part of life, the benefits of friendships should not be overlooked. Psychological research suggests that stable, healthy friendships are crucial for our well-being and longevity.

ALEJANDRA DE LA FUENTE/GETTY IMAGES

People who have friends and close confidants are more satisfied with their lives and less likely to suffer from depression (Choi, K. W., et al., *The American Journal of Psychiatry*, Vol. 177, No. 10, 2020). They're also less likely to die from all causes, including heart problems and a range of chronic diseases (Holt-Lunstad, J., et al., *PLOS Medicine*, Vol. 7, No. 7, 2010; Steptoe, A., et al., *PNAS*, Vol. 110, No. 15, 2013).

"On the other hand, when people are low in social connection—because of isolation, loneliness, or poor-quality relationships—they face an increased risk of premature death," said Julianne Holt-Lunstad, PhD, a professor of psychology and neuroscience at Brigham Young University who studies how relationships affect the body and brain.

Fortunately, research also suggests that friendships can be made and maintained at any age, relationships with friends can strengthen or stand in for romantic relationships, and even minimal social interactions can be powerful.

"Friendship is something we really need to understand. There's been this preoccupation with romantic relationships, but many of our close relationships are with friends," said Thalia Wheatley, PhD, a professor in the Department of Psychological and Brain Sciences at Dartmouth College who studies social connectivity. "So how do they impact our health?"

HOW FRIENDSHIP CHANGES THE BODY AND BRAIN

Psychological research from around the world shows that having social connections is one of the most reliable predictors of a long, healthy, and satisfying life.

A review of 38 studies found that adult friendships, especially high-quality ones that provide social support and companionship, significantly predict well-being and can protect against mental health issues such as depression and anxiety—and those benefits persist across the life span (Pezirkianidis, C., et al., *Frontiers in Psychology*, Vol. 14, 2023; Blieszner, R., et al., *Innovation in Aging*, Vol. 3, No. 1, 2019). People with no friends or poor-quality friendships are twice as likely to die prematurely, according to Holt-Lunstad's meta-analysis of more than 308,000 people—a risk factor even greater than the effects of smoking 20 cigarettes per day (*PLOS Medicine*, Vol. 7, No. 7, 2010).

"In the face of life's challenges, having a close friend to turn to seems to be a buffer or protective factor against some of the negative outcomes we might otherwise see," said Catherine Bagwell, PhD, a professor of psychology at Davidson College in North Carolina.

Friendships protect us in part by changing the way we respond to stress. Blood pressure reactivity is lower when people talk to a supportive friend rather than a friend whom they feel ambivalent about (Holt-Lunstad, J., et al., *Annals of Behavioral Medicine*, Vol. 33, No. 3, 2007). Participants who have a friend by their side while completing a tough task have less heart rate reactivity than those working alone (Kamarck, T. W., et al., *Psychosomatic Medicine*, Vol. 52, No. 1, 1990). In one study, people even judged a hill to be less steep when they were accompanied by a friend (Schnall, S., et al., *Journal of Experimental Social Psychology*, Vol. 44, No. 5, 2008).

Scientists studying friendship have even found similar brain activity among friends in regions responsible for a range of functions, including motivation, reward, identity, and sensory processing (Güroğlu, B., *Child Development Perspectives*, Vol. 16, No. 2, 2022). When Wheatley

and her colleagues collected fMRI data on people in a social network, closer friends had more similar brain activity when watching a series of video clips (*Nature Communications*, Vol. 9, 2018). In another study, currently under review, she and her colleagues can even begin to predict whether freshmen at Dartmouth will later become friends based solely on their neural patterns.

"The big surprise here is that the similarities are all over the brain, including regions that control how we direct our attention, how we think about things, and even what we're looking at," Wheatley said.

> "In the face of life's challenges, having a close friend to turn to seems to be a buffer or protective factor against some of the negative outcomes we might otherwise see."
>
> CATHERINE BAGWELL, PHD, PROFESSOR OF PSYCHOLOGY, DAVIDSON COLLEGE, NORTH CAROLINA

THE RISKS OF SOCIAL ISOLATION

On the other side of the coin, research has shown that loneliness—among people who lack quality friendships, romantic partnerships, or other relationships—increases our risk for heart attack, stroke, and premature death, according to a longitudinal study of nearly 480,000 U.K. residents (Hakulinen, C., et al., *Heart*, Vol. 104, No. 18, 2018). A meta-analysis by Holt-Lunstad estimates that loneliness increases the risk of early death as much as 26% (*Perspectives on Psychological Science*, Vol. 10, No. 2, 2015).

Those findings have prompted leading health organizations, including the American Heart Association and the National Academies of Sciences, Engineering, and Medicine (NASEM), to warn the public against the dangers of isolation, particularly for older adults (Cené, C. W., et al., *Journal of the American Heart Association*, Vol. 11, No. 16, 2022; *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System,* NASEM, 2020).

Despite the risks, Americans are getting lonelier. In 2021, 12% of U.S. adults said they did not have any close friends, up from 3% in 1990 ("The State of American Friendship: Change, Challenges, and Loss," Survey Center on American Life, 2021). That decline began well before the COVID-19 pandemic, with companionship and social engagement among friends, family, and others decreasing steadily over the past 2 decades (Kannan, V. D., & Veazie, P. J., *SSM – Population Health*, Vol. 21, 2023).

Social disconnection, which is rising across age groups, appears to have worsened after 2012, when smartphones and social media became virtually ubiquitous. An international study of high school students found that between 2012 and 2018, school loneliness increased in 36 of 37 countries (Twenge, J. M., et al., *Journal of Adolescence*, Vol. 93, No. 1, 2021).

"There were significant downward trends in social contact even before the pandemic," Holt-Lunstad said. "What's remarkable about that is that 'getting back to normal' is not going to be enough—because it wasn't looking good before."

The COVID-19 pandemic likely exacerbated an existing trend toward social isolation—and it also provided a natural way for scientists to measure the effects of that shift. Bagwell and psychologist Karen Kochel, PhD, of the University of Richmond, found that college students with less social support from their friends during the first year of the pandemic also had more problems with anxiety, depression, and academic adjustment (*Emerging Adulthood*, Vol. 10, No. 5, 2022).

"For these students, their relationships with their friends and peers were quite significant in predicting how they were doing, both academically and in terms of their emotional adjustment," Bagwell said.

THE STRENGTH OF 'WEAK' TIES

Having a close friend or confidant is undeniably good for us, but psychologists have found that interactions with acquaintances—and even strangers—can also give our mental health a boost. A casual relationship with the operator of a hot dog stand in Toronto helped Gillian Sandstrom, PhD, feel grounded and connected while pursuing her master's degree. The relationship also inspired Sandstrom, now a senior lecturer in psychology at the University of Sussex, to start studying "weak" social ties.

These connections with acquaintances—a work friend you bump into once a week,

Research shows that people tend to underestimate how rewarding casual conversations with strangers can be.

Regular interactions with acquaintances—the local coffee barista, for example—make people happier.

the pet store employee who remembers your cat—can be surprisingly sustaining. Sandstrom's research has found that people who have more weak-tie interactions are happier than those who have fewer and that people tend to be happier on days when they have more than their average number of weak-tie interactions (*Personality and Social Psychology Bulletin*, Vol. 40, No. 7, 2014). She also encourages talking to strangers and has shown that repeated practice can make doing so easier and more enjoyable (*Journal of Experimental Social Psychology*, Vol. 102, 2022).

"These minimal social interactions give us something important that we missed during the pandemic: novelty," Sandstrom said. "We learn surprising things when we have unplanned encounters and conversations with people," a benefit that people tend to underestimate (Atir, S., et al., *PNAS*, Vol. 119, No. 34, 2022).

People often avoid conversations with strangers, assuming they will be awkward or shallow, but research suggests those worries may be overblown. Psychologist Nicholas Epley, PhD, of the University of Chicago, and his colleagues have found that conversations with strangers tend to be less awkward, more enjoyable, and more connecting than people expect. To their own surprise, people also tend to prefer having deep conversations with strangers over shallow ones (*Journal of Personality and Social Psychology*, Vol. 122, No. 3, 2022).

Sandstrom has some advice for connecting with strangers: Tap into your curiosity. Ask someone what they're reading, for example, or why they're wearing airplane earrings. Another tip: Comment on the shared situation. While standing in the checkout line at a mini-mart, Sandstrom once connected with a fellow customer over the store's unusual mishmash of Halloween and Christmas decorations.

"You're in the same place at the same time as the other person, so there's always something in common," she said.

LOVERS AND FRIENDS

We tend to see friendship and romance as separate entities, but the two may have more in common than we realize. Psychological research points to qualities such as chemistry, intimacy, and warmth as key building blocks of close, stable friendships (Ledbetter, A. M., et al., *Personal Relationships*, Vol. 14, No. 2, 2007; Campbell, K., et al., *The Social Science Journal*, Vol. 52, No. 2, 2015).

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"When we view behaviors that create intimacy—being vulnerable, buying gifts, taking someone out on a date—as only appropriate for a romantic relationship, we end up limiting the potential of our friendships," said psychologist Marisa G. Franco, PhD, an assistant clinical professor at the University of Maryland and author of *Platonic*, a book about making and keeping friends. "Many of us could really benefit from blurring the lines between the two."

Conversely, romantic relationships may be more fulfilling if they look more like friendships. An analysis of nearly 8,000 respondents to the British Household Panel Survey showed that life satisfaction was about twice as high among people who said their spouse was also their best friend ("How's Life at Home? New Evidence on Marriage and the Set Point for Happiness," NBER Working Paper No. 20794, 2014).

Research also suggests a symbiosis between romantic and platonic relationships, Franco said, suggesting that one can benefit the other. For example,

Married people who consider their partner to be their best friend have much higher life satisfaction than those who don't.

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Making and Keeping Friends

Making new friendships—and maintaining or deepening existing ones—is rarely easy. Here's advice informed by psychological research on how to make and keep friends at any stage of life.

Assume people like you.

Psychological research on the "liking gap" shows that people tend to underestimate how liked they are when they interact with strangers (Boothby, E. J., et al., *Psychological Science*, Vol. 29, No. 11, 2018). Those who suffer from anxiety and depression may be more likely to wrongly assume they are unliked (*Journal of Social and Clinical Psychology*, Vol. 37, No. 10, 2018). But when people are told to assume others like them, they become warmer and friendlier, in what's known as the "acceptance prophecy" (Stinson, D. A., et al., *Personality and Social Psychology Bulletin*, Vol. 35, No. 9, 2009).

"The research suggests that negative thoughts we have about ourselves in new social situations may not match what others are actually thinking about us," said Rebecca Schwartz-Mette, PhD, an associate professor of clinical psychology at the University of Maine.

Aim for intimacy and companionship.

Psychological research on what makes a friendship "high quality" can also offer clues about how to make and keep friends, said Catherine Bagwell, PhD, a professor of psychology at Davidson College in North Carolina.

Intimacy is one such characteristic, which suggests that people who welcome emotional closeness can form strong friendships. Companionship is another key feature of a healthy friendship, so connecting with people who have similar hobbies, interests, attitudes, and values is also a good strategy (Ledbetter, A. M., et al., *Personal Relationships*, Vol. 14, No. 2, 2007).

Listen to others.

Research by Thalia Wheatley, PhD, a psychology professor at Dartmouth College, has shown that both friends and strangers feel more connected when their conversation partner responds to them quickly (*PNAS*, Vol. 119, No. 4, 2022). "That has to come naturally, through really listening and trying to get what the person is saying," she said. "There's no easy hack for friendship—it's just caring enough to listen to each other."

Be consistent.

Social activity can be thought of as being similar to physical activity, said Julianne Holt-Lunstad, PhD, a professor of psychology and neuroscience at Brigham Young University. "You can't maintain fitness by just exercising once. It requires regular practice, and investing in your relationships also takes time."

marital conflict can trigger unhealthy changes in cortisol levels, but that harm is buffered when spouses feel they have adequate social support outside the marriage (Keneski, E., et al., *Social Psychological and Personality Science*, Vol. 9, No. 8, 2017). Other research indicates that women who have social support are more resilient to stress that occurs within a marriage (Abbas, J., et al., *Journal of Affective Disorders*, Vol. 244, 2019).

There's also reason to believe that skills developed in friendships can be carried forward into healthier romantic relationships, particularly among teens and young adults.

"Friendships are the first relationships in life that we get to freely choose," said Melanie Dirks, PhD, a professor of psychology at McGill University in Montreal who studies peer relationships in children, adolescents, and young adults. "Because of that, they present a really important opportunity to learn how to navigate challenging interpersonal situations before we enter relationships as adults."

For example, self-disclosure between friends—sharing thoughts and feelings—helps young adults build empathy for others, practice seeking and providing social support, and even solidify their identities, said Rebecca Schwartz-Mette, PhD, an associate professor of clinical psychology and director of the Peer Relations Lab at the University of Maine who studies friendship in children, adolescents, and young adults.

Many young adults in the United States are juggling life transitions, stress, and developmental challenges—and friends are typically their main sources of social support, which makes them critical for psychologists to study and understand, said Dirks.

She has studied the types of challenges that tend to arise in young adult friendships, finding that they undergo strain for one of three reasons: needs are in conflict (for example: there's one spot on a sports team that both friends want); a transgression occurs (for example: one friend reveals private information about the other); or friends have trouble exchanging support (for example: one has a problem with alcohol use, but the other doesn't know how to help) (*Journal of Research on Adolescence*, Vol. 31, No. 2, 2021).

In childhood and adolescence, high-quality friendships can protect kids from mental health issues—such as anxiety and depression—that might otherwise result from social challenges, including being bullied (Bayer, J. K., et al., *Child and Adolescent Mental Health*, Vol. 23, No. 4, 2018). But there are also conditions where mental health struggles can harm friendships. Schwartz-Mette and her colleagues have found that between friends, excessive self-disclosure about life's challenges (known as "co-rumination") can trigger distancing within a friendship or even lead to the social contagion of depression, self-injury, and suicidality (*Developmental Psychology*, Vol. 50, No. 9, 2014; *Journal of Clinical Child & Adolescent Psychology*, Vol. 47, No. 6, 2018).

"Our goal in isolating these different friendship trajectories is to inform interventions for people who are distressed—so that they can keep their relationships and have that crucial social support but not overtax or overstress their relationship partners," Schwartz-Mette said.

SUPPORTING HEALTHY FRIENDSHIPS

Given the clear benefits of friendship, psychologists say we should promote platonic social connection across society—including in school, at work, in public spaces (such as on public transportation), and through entertainment.

"After having to reduce social contact during the pandemic, we've realized how it impacts basically every sector of society," said Holt-Lunstad. "That suggests that each of these sectors can potentially play a role in solutions."

Researchers still have a lot to learn about how and why social connection supports health and well-being. The National Institutes of Health and other organizations are distributing funding for studies on "dyadic processes"—or interactions between two people—including exciting new efforts to collect fMRI data on friends while they communicate.

"What we know is that if we don't interact regularly, things go really bad remarkably fast. But what is the magic in these interactions that's keeping us healthy and sane?" Wheatley asked. "More and more researchers are saying there's this huge part of human behavior we know very little about. Let's change that." ■

FURTHER READING

The role of friendships in well-being
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Wheatley, T., et al. *Neuron,* 2019

Adult friendship and wellbeing: A systematic review with practical implications
Pezirkianidis, C., et al. *Frontiers in Psychology,* 2023

What prevents people from making friends: A taxonomy of reasons
Apostolou, M., & Keramari, D. *Personality and Individual Differences,* 2020

A CONTINUUM OF RISKY ALCOHOL USE

Cultural beliefs paint alcohol use disorder as black and white: You have a serious drinking problem, or you don't—a mindset that often means too few people get help for problematic drinking. Psychologists are aiming to topple entrenched ideas about risk and expand opportunities for prevention.

BY KIRSTEN WEIR

LINA TRUMAN/GETTY IMAGES

Alongside the opioid overdose crisis, another hidden epidemic is quietly raging. Every year in the United States, more people die of alcohol-related causes than from opioids and other drugs. Even before the COVID-19 pandemic, rates of excessive alcohol use were high and getting higher. The stress and isolation of the pandemic appear to have worsened harmful drinking, at least for some groups. Alcohol-related deaths increased more than 25% from 2019 to 2020. Among adults under 65, more people died from alcohol-related causes in 2020 than from COVID-19 (White, A. M., et al., *JAMA,* Vol. 327, No. 17, 2022).

On top of those many deaths, countless other people are impacted by alcohol's ripple effects: car crashes, increases in violence and assault, riskier sexual behaviors, jobs lost, families fractured, and children's lives made unstable by a parent's dependence on a drug that is not just legal but celebrated.

"Alcohol is a very cheap, widely available, and socially acceptable drug," said Katie Witkiewitz, PhD, director of the Center on Alcohol, Substance Use, and Addictions (CASAA) at the University of New Mexico. Against that backdrop, and the dizzying scale of the problem, efforts to address alcohol misuse can feel like drops in a bucket. But researchers are learning more about identifying people at risk for alcohol use disorder (AUD), opening doors to new paths for prevention. Psychologists are well positioned to make an impact—treating people for addiction and helping to address the stigma, societal beliefs, and mental health struggles that go hand in hand with drinking.

"Alcohol can be a cause of harm, but it's also a barometer for other issues. Mental health in this country is in meltdown mode," said Aaron White, PhD, a biological psychologist at the National Institute on Alcohol Abuse and Alcoholism (NIAAA). "It's common for people to drink excessively in an effort to cope. Alcohol use might be on the death certificate, but what's often killing people is loss of hope."

TRENDS IN ALCOHOL USE

First, some good news. "We're seeing that rates of alcohol use, which were higher during the pandemic, are coming down," said Kate B. Nooner, PhD, a professor of psychology at the University of North Carolina Wilmington who studies prevention and treatment of AUD in children exposed to trauma. That reduction comes with a caveat. "Where things were before the pandemic was not good," she says.

Roughly 29.5 million people in the United States have AUD, according to the Substance Abuse and Mental Health Services Administration. Heavy drinking costs the country more than $249 million annually (Sacks, J. J., et al., *American Journal of Preventive Medicine,* Vol. 49, No. 5, 2015) and causes 232 million missed workdays each year (Parsley, I. C., et al., *JAMA Network Open,* Vol. 5, No. 3, 2022).

Alcohol also takes a human

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AARON WHITE, PHD, BIOLOGICAL PSYCHOLOGIST, NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

toll. Between 2015 and 2019, excessive alcohol consumption contributed to about 140,000 deaths among adults ages 20 to 64 each year. Those deaths included acute causes like car crashes and alcohol poisoning, as well as chronic conditions such as liver disease or cancer. Put another way, alcohol was a factor in 1 in 8 deaths among 20- to 64-year-olds. And in people ages 20 to 49, 1 in every 5 deaths was related to excessive drinking (Esser, M. B., et al., *JAMA Network Open,* Vol. 5, No. 11, 2022).

Historically, harms from alcohol use were more prevalent in men. Over the last few decades, though, women of all ages have been drinking more (Slade, T., et al., *BMJ Open,* Vol. 6, No. 10, 2016). "Women are catching up to men," White said. "In fact, among adolescents and college-age young adults, there's been a recent reversal where a slightly higher percentage of females binge drink than males."

Older adults, too, have been imbibing more in recent years, with older women in particular showing an upward trend between 2002 and 2018 (White, A. M., et al., *Alcohol,* Vol. 107, No. 1, 2023). During the pandemic, older adults who reported symptoms such as depression and anxiety were more likely to increase drinking than their peers without mental health disorders (Eastman, M. R., et al.,

International Journal of Environmental Research and Public Health, Vol. 18, No. 8, 2021).

Regardless of age or gender, drinking is associated with a host of harms. AUD can range from mild to severe, according to criteria described in the *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition). But drinking can be harmful even for people who don't meet the criteria for AUD. Excessive alcohol use is defined as more than two drinks a day for men and more than one drink a day for women. Those amounts are based on "standard" drink sizes—12 ounces of beer, 5 ounces of wine, or 1.5 ounces of spirits—which tend to be less than most people pour. Just one drink a day or less can increase the risk of some forms of cancer and heart disease, the Centers for Disease Control and Prevention warns.

Although alcohol can cause harm at low doses, certain patterns of use are more problematic than others. "There is variability in terms of what motivates a person to drink, even from one day to the next," said Cassandra Boness, PhD, a research assistant professor at the University of New Mexico's CASAA.

Some alcohol use is driven by so-called enhancement motives: drinking to relax at a party, for instance, or to socialize with friends. In other cases, a person might be driven by coping motives—drinking to reduce negative emotions, or to deal with difficulties like pain and stress. While both drivers can lead to AUD, coping motivations tend to be more often associated with dependence. "Most people who develop AUD aren't drinking for fun," said Aaron Weiner, PhD, ABPP, an addiction therapist and president of APA's Div. 50 (Society of Addiction Psychology). "They're drinking to try to get through the day."

Worryingly, though not surprisingly, it was coping drinking that tended to increase during the pandemic, Witkiewitz added. Drinking to cope can evolve into habit, and then dependence. "In the short term, people perceive that alcohol provides stress relief. But long term, excessive alcohol use can lead to greater stress, greater depression, and greater need for relief," she said. "It's a snowball effect."

GENES, ENVIRONMENT, AND PREADDICTION

Researchers are making progress toward understanding the factors that put a person at risk of developing AUD. About half of the risk comes from environmental influences. One of the most influential is a history of trauma. Adverse childhood experiences significantly increase the risk of problematic alcohol use in adulthood (Hughes, K., et al., *The Lancet Public Health,* Vol. 2, No. 8, 2017). A large body of research also shows a strong genetic component for AUD. "About 50% of why some people are more likely to develop AUD is due to differences in their DNA," said Danielle Dick, PhD, director of the Rutgers Addiction Research Center.

The genetic contribution is complex, with thousands of variants that contribute to risk. Most people incorrectly assume that genetic risk is related to the physiology of how a person processes alcohol. "What we've learned is that most genes that influence substance use do so via pathways related to things like impulsivity and self-regulation," Dick said. Those genes are also associated with other outcomes of risky behaviors, such as lung cancer or HIV infections. "If we're thinking about prevention, we can't just focus on alcohol. We need to get at the underlying risk factors," she said.

Using powerful new genotyping technologies, Dick and her colleagues can calculate a polygenic risk score that looks across a person's genome to create what she calls an index of genetic liability. "We can start to predict who might be at greater risk," she said.

Other scientists are also investigating underlying factors like inhibitory control, the process by which people control their impulses. Jessica Weafer, PhD, an assistant professor of psychology at the University of Kentucky, is focusing on risk factors in women. "We're seeing that among heavy drinkers, women actually have greater deficits in inhibition than men," she said. In ongoing work, she's exploring whether those deficits may be driven by neural differences or hormonal factors unique to women. "We know a lot about alcohol in general. But if we're talking about personalized medicine, and all the individual differences in why people drink and how it affects them, there's a lot we don't know," she said. "There are a lot of understudied populations, and we can't take a one-size-fits-all approach to prevention."

Researchers continue to hone the ability to identify those at risk of AUD. But tools are already available to intervene based on what is known so far. One example is the PreVenture Program, a brief intervention for teens developed by Patricia Conrod, PhD, a professor of psychiatry at the University of Montreal. The two-session, school-based intervention targets personality risk factors associated with substance use: hopelessness, anxiety, sensitivity, impulsivity, and sensation seeking. In clinical trials conducted in several countries, the intervention was shown to significantly delay and/or reduce drug and alcohol use among adolescents while improving mental health issues that often co-occur with substance misuse (*Frontiers in Psychiatry,* Vol. 9, 2018).

Early interventions such as PreVenture may be particularly helpful for reshaping the underlying traits and behaviors that predispose a person to addiction and other negative outcomes, White noted. "If you start early, you can address the driving factors that can lead to a trajectory of substance use—you can try to heal the expression of genes altered by trauma," he said. "Interventions that target college-age young adults can help address substance use behaviors, but it's not the kind of reprogramming you can do at a very young age."

The peak age for developing AUD tends to be in the mid-20s, though drinking can become problematic at any age. And people of all ages can learn to change their drinking habits. "No one wakes up one day with a sudden onset of AUD," Dick said. "The encouraging piece is that there are plenty of opportunities to intervene."

Historically, treatment for substance use has focused on the severe end of the spectrum. Cultural beliefs, too, tend to paint AUD as all or nothing: You have a serious drinking problem, or you don't. That mindset means people with problematic substance use behaviors might not recognize their risk—and health care providers often miss chances to intervene. "We need to start moving people toward thinking of this as a continuum of alcohol use," Witkiewitz said. "Pretty much wherever you are on that

WHAT CAN CLINICIANS DO?

Clinical psychologists can do a lot to address alcohol use disorder (AUD)—even those who are not specially trained in addiction. Among them:

- Screening for AUD or risky drinking
- Helping patients consider the role drinking plays in their lives
- Setting goals for drinking less and developing healthier coping mechanisms
- Breaking down misconceptions about alcohol misuse and stigma
- Learning about local resources to share with clients, including reputable peer support groups and providers with specialized addiction training. This includes referrals for supervised detoxification to patients who need it; for those with severe AUD, sudden withdrawal can be dangerous or even fatal.
- Advocating for policies to reduce alcohol use at the population level

Learn more about screening at www.apaservices.org/practice/reimbursement/health-codes/substance-alcohol-abuse-services.

continuum, there are benefits to drinking less."

That viewpoint is gaining ground. In 2022, leading addiction experts, including NIAAA director George Koob, PhD, released an opinion paper urging the field to adopt a diagnosis of "preaddiction" for people with mild to moderate substance use disorders (SUDs). Much as the concept of prediabetes improved early intervention for people at high risk of diabetes, the authors argued, a concept of preaddiction could improve diagnosis and treatment for those at risk of AUD and other SUDs (*JAMA Psychiatry,* Vol. 79, No. 8, 2022).

TREATMENTS AND ATTITUDES EVOLVE

Concepts of treatment are evolving. When people think about AUD treatment, they usually imagine peer-support programs such as Alcoholics Anonymous (AA). Indeed, evidence shows such 12-step programs are effective (Kelly, J. F., et al., *Cochrane Database of Systematic Reviews,* 2020). Yet these programs are hardly the only option. "There are multiple things that can work for treating AUD, including psychological interventions such as cognitive behavioral therapy and motivational enhancement therapy," said Keith Humphreys, PhD, a professor of psychiatry at Stanford University and former senior policy advisor in the White House Office of National Drug Control Policy. Besides AA, other mutual-help programs, such as SMART Recovery, have been gaining ground. Multiple medications have also been approved to treat alcohol dependence, by reducing cravings or triggering unpleasant side effects if a person drinks.

Beliefs about recovery have progressed, too. In 2022, scientists at NIAAA updated the definition of recovery from AUD. The new definition indicates that a person is "recovered" if remission from AUD and cessation from heavy drinking are achieved and maintained over time (Hagman, B. T., et al., *The American Journal of Psychiatry,* Vol. 179, No. 11, 2022). What's notably absent from that definition: abstinence. "The research has really moved toward harm reduction, and there's a greater recognition of that in treatment studies that target non-abstinence as success," said Witkiewitz.

There is also increasing understanding that a relapse in drinking is part of the process, Nooner added. "The path toward recovery is really not at all linear," she said. "The more that's understood and incorporated into treatments, the better—because it gives people hope on their path to recovery."

When it comes to alcohol use, shifts in perceptions are no small thing. After all, drinking plays a starring role in American society—as both hero and villain. "Alcohol is really glorified in our culture, but at the same time there is so much stigma toward people with AUD. It's an amazing and terrible dichotomy," Witkiewitz said. "As mental health professionals, we can do a lot to break down that dichotomy."

She sees reasons for optimism. More people are experimenting with cutting back, with movements like "dry January" and alcohol-free mocktails becoming mainstream. "It's a great time for people to explore alternative ways of being social—even for people without AUD. Every time we reduce alcohol we experience better health," Witkiewitz said.

Psychologists and other health professionals can also advocate for policies that reduce risky drinking. "Fear-based programs that try to scare people away from drinking aren't effective. What we need are public health measures," Boness said. Some states are considering policies such as reducing the density of stores that can sell alcohol in a given area, restricting advertising by the alcohol industry, or raising taxes on alcohol sales.

"Like gasoline, people consume more alcohol when it's less expensive. And alcohol is very cheap in historical terms," said Humphreys. Alcohol taxes have not kept pace with inflation. "Even without raising taxes, simply indexing alcohol taxes for inflation would result in less drinking—and probably less violence against women," he said. In a culture where drinking is part of the social fabric, policies to increase taxes or limit advertising might seem like an uphill battle. But it is one worth fighting, Humphreys added—and mental health professionals are well positioned to help advocate for that change. "There was a time when the tobacco industry seemed politically invincible, but when enough deaths and destruction mount up, things can change. And we are losing an awful lot of people to alcohol," he said.

Psychologists can also make inroads with patients by screening them for alcohol use and helping them address high-risk

RESOURCES

The Healthcare Professional's Core Resource on Alcohol
National Institute on Alcohol Abuse and Alcoholism (NIAAA)
https://niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol

Rethinking Drinking: Alcohol & Your Health
NIAAA
https://rethinkingdrinking.niaaa.nih.gov

NIAAA Alcohol Treatment Navigator
https://alcoholtreatment.niaaa.nih.gov

Psychopharmacology and Substance Abuse (APA's Div. 28)
https://apadivisions.org/division-28

Society of Addiction Psychology (APA's Div. 50)
https://addictionpsychology.org

Alcohol Use and Mental Health ECHO Program
University of New Mexico
https://hsc.unm.edu/echo/partner-portal/programs/new-mexico/alcohol-mental

behaviors. "Screening is vital. It's a low-hanging fruit for intervening on a bigger scale," said Boness, who is co–medical director of Project ECHO, a free continuing medical education program that provides training and mentoring support for health care providers treating patients with harmful alcohol use and co-occurring medical and psychiatric problems.

Psychologists can do a lot, but they cannot do it all. In people with AUD who stop drinking suddenly, alcohol withdrawal can be dangerous, even deadly. Supervised detoxification should be managed by a physician. Still, psychologists can work with patients to help them consider their alcohol use and take steps to reduce drinking, even if abstinence is not their goal. Clinicians can also address the mental health problems that often coincide with substance use, and draw from their suite of behavior-change techniques to help people develop new coping mechanisms.

Unfortunately, there is often too little training on addiction in psychology graduate programs and ongoing professional development, and many psychologists are reluctant to address AUD. That is a missed opportunity, Humphreys said. "We are the behavior-change profession, and everything we learn about helping people with behaviors—depression, anxiety, weight loss, managing diabetes—is directly applicable to addressing alcohol problems," he said. "If you do therapy, you have two choices: You can treat alcohol problems explicitly, or you can pretend you're not treating alcohol problems. But you can't avoid them." ■

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KEITH HUMPHREYS, PHD, STANFORD UNIVERSITY

DRINKING ALONE HAS INCREASED AMONG YOUTH

While alcohol use is rising among women and older adults, drinking has been dropping steadily among youth from a high point in the 1980s. "Adolescents and young adults are drinking less than at any time in our recent history," said Katie Witkiewitz, PhD, director of the Center on Alcohol, Substance Use, and Addictions at the University of New Mexico.

Don't call it a public health triumph just yet. "One of the reasons kids are drinking less is that alcohol is a social drug—and kids aren't socializing much anymore. Young people aren't spending much time with friends," said Aaron White, PhD, a biological psychologist at the National Institute on Alcohol Abuse and Alcoholism. In fact, while social drinking has declined among youth, the percentage of adolescents who report drinking alone has increased over the last decade. "That's a concern, since drinking alone is associated with drinking to cope," White added.

Meanwhile, as male youth are drinking less, young women are drinking—and binge drinking—more often. And although teens are drinking less than their parents' generation, young adults continue to overindulge. "Drinking rates are lower among adolescents, but by age 26 they're back to where they've been for decades," White said. "We haven't created a generation of people that aren't drinking—we've just delayed it. While that's positive, it also means we have more work to do." According to the 2021 National Survey on Drug Use and Health, 29.2% of 18- to 25-year-olds reported binge drinking the previous month (Substance Abuse and Mental Health Services Administration, 2021). Some 842,000 adolescents ages 12 to 17 had a co-occurring major depressive disorder and illicit drug or alcohol use disorder in 2021.

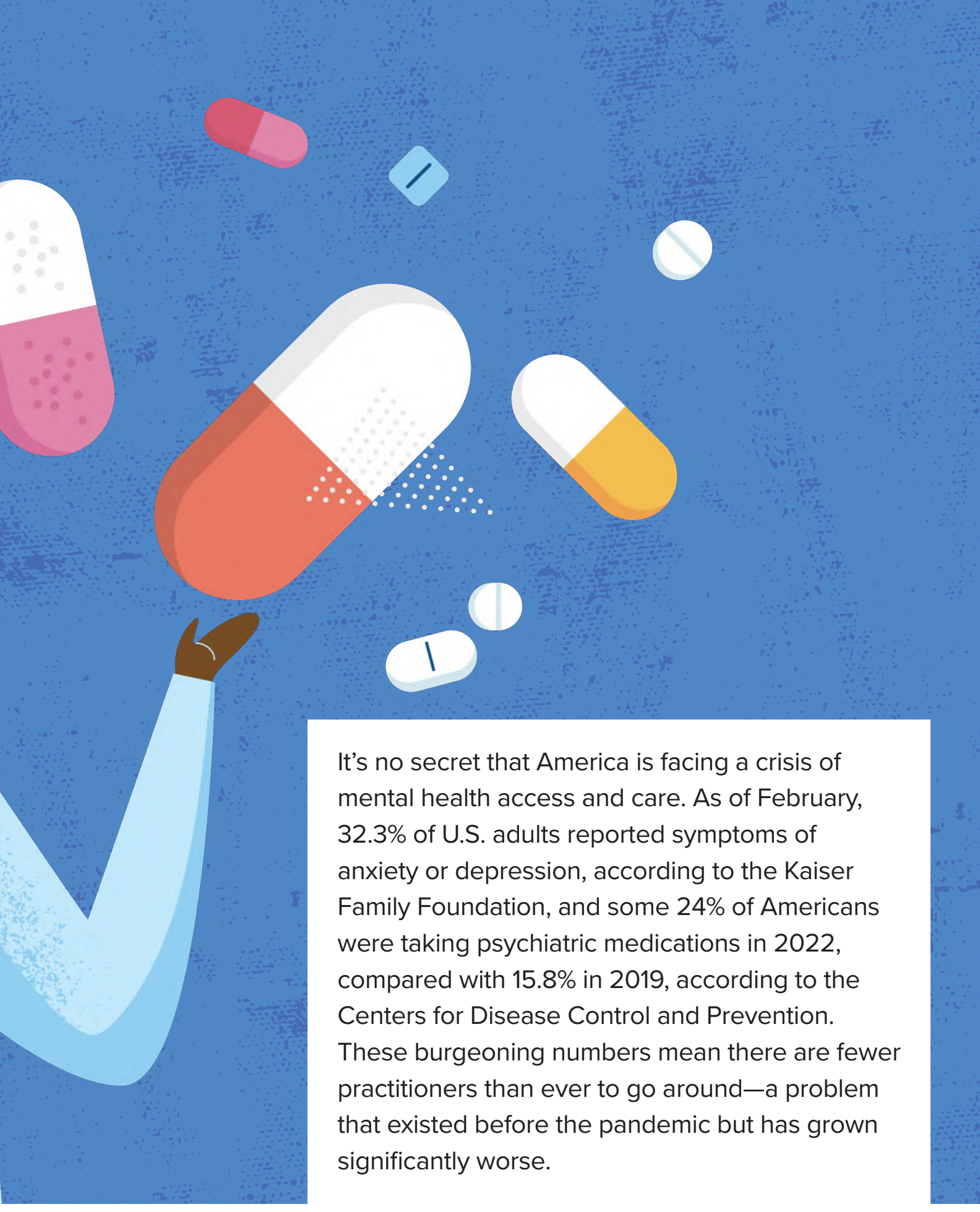
It all adds up to a messy picture for young people's mental health. "Alcohol use among kids has plummeted, but hopelessness and depression and suicidality have risen substantially. Kids are drinking less, but they're more miserable than ever," White said. "While delaying and reducing alcohol use among adolescents and young adults is important on its own, we need to place more emphasis on understanding and addressing the underlying forces that lead to alcohol and other drug misuse as a maladaptive coping strategy."

PRESCRIPTIVE AUTHORITY GAINS *NEW MOMENTUM*

Legislative victories, new training opportunities, and a maturing of the field are giving prescriptive authority a new boost

BY TORI DEANGELIS

GETTY/DRAFTER123



It's no secret that America is facing a crisis of mental health access and care. As of February, 32.3% of U.S. adults reported symptoms of anxiety or depression, according to the Kaiser Family Foundation, and some 24% of Americans were taking psychiatric medications in 2022, compared with 15.8% in 2019, according to the Centers for Disease Control and Prevention. These burgeoning numbers mean there are fewer practitioners than ever to go around—a problem that existed before the pandemic but has grown significantly worse.

With nearly a quarter of Americans taking psychiatric medications, there is a greater need for providers who know how to properly prescribe these medications, and the current serious shortage of psychiatrists is only expected to grow. Adding to the problem, prescribing often falls to overworked primary-care and family doctors who lack a strong background in mental health. Then there are problems with access, both for people in rural areas and people who can't afford quality care. Half of rural counties lack even a single psychiatrist, for example, and the most recent estimates find that only 34.5% of psychiatrists accept Medicaid patients (Wen, H., et al., *JAMA Psychiatry*, Vol. 76, No. 9, 2019).

All these issues have propelled a committed group of psychologists to seek prescription privileges (RxP), now known as prescriptive authority—the right to prescribe psychotropic medications with the proper training. The path has not been easy: After strong initial advocacy that led to the passage of RxP legislation in the U.S. territory of Guam (1998), New Mexico (2002), and Louisiana (2004), strong opposition by organized psychiatry and medicine as well as some psychologists meant that a full decade went by without the passage of a single additional bill.

The tide is definitely turning. In 2014, Illinois' legislature passed an RxP bill, followed by bills in Iowa (2016) and Idaho (2017). And on March 3, Colorado Governor Jared Polis signed Colorado's prescriptive authority bill into law. Meanwhile, several other states are introducing bills (see graphic opposite), some of which have a good chance of passing in the near future, said APA's Div. 55 (Society for Prescribing Psychology) President David Shearer, PhD, MSCP, ABMP, director of behavioral sciences in the family medicine residency at the Madigan Army Medical Center in Tacoma, Washington.

"We're seeing a lot more excitement and reengagement in the area," said Shearer, who prescribes a wide formulary of psychotropic medications to active-duty soldiers, their dependents, and retirees from military service at a family medicine practice within the center.

Legislative victories aren't the only signs of progress. The movement as a whole is maturing in a number of ways, as evidenced by increased provider experience and knowledge, more diverse training opportunities, and more data. What's more, other medical professions and providers are coming to see the value that prescribing psychologists bring to the health care table—including some that formerly opposed the movement, said clinical psychologist Beth N. Rom-Rymer, PhD, founder, president and chief executive officer of Rom-Rymer & Associates in Chicago, a consultant to The Chicago School of Professional Psychology (The Chicago School) and a longtime advocate for prescriptive authority.

"Prescribing psychologists are able to provide the kind of care that our populations need," namely a winning combination of therapeutic expertise and medical knowledge, she said. "And we don't do this in a vacuum—we always work collaboratively with physicians and other medical staff."

The movement has been bolstered by recent societal developments as well, including the COVID-19 pandemic and the increased use of telehealth, added Gerardo (Gery) Rodriguez-Menendez, PhD, MSCP, ABPP, chair of the clinical psychopharmacology department at The Chicago School.

"COVID made very clear that there's a dire need for more mental health services," Rodriguez-Menendez said. "And the increased popularity of telehealth has given us great ways to increase our ability to reach patients who may have lacked access before."

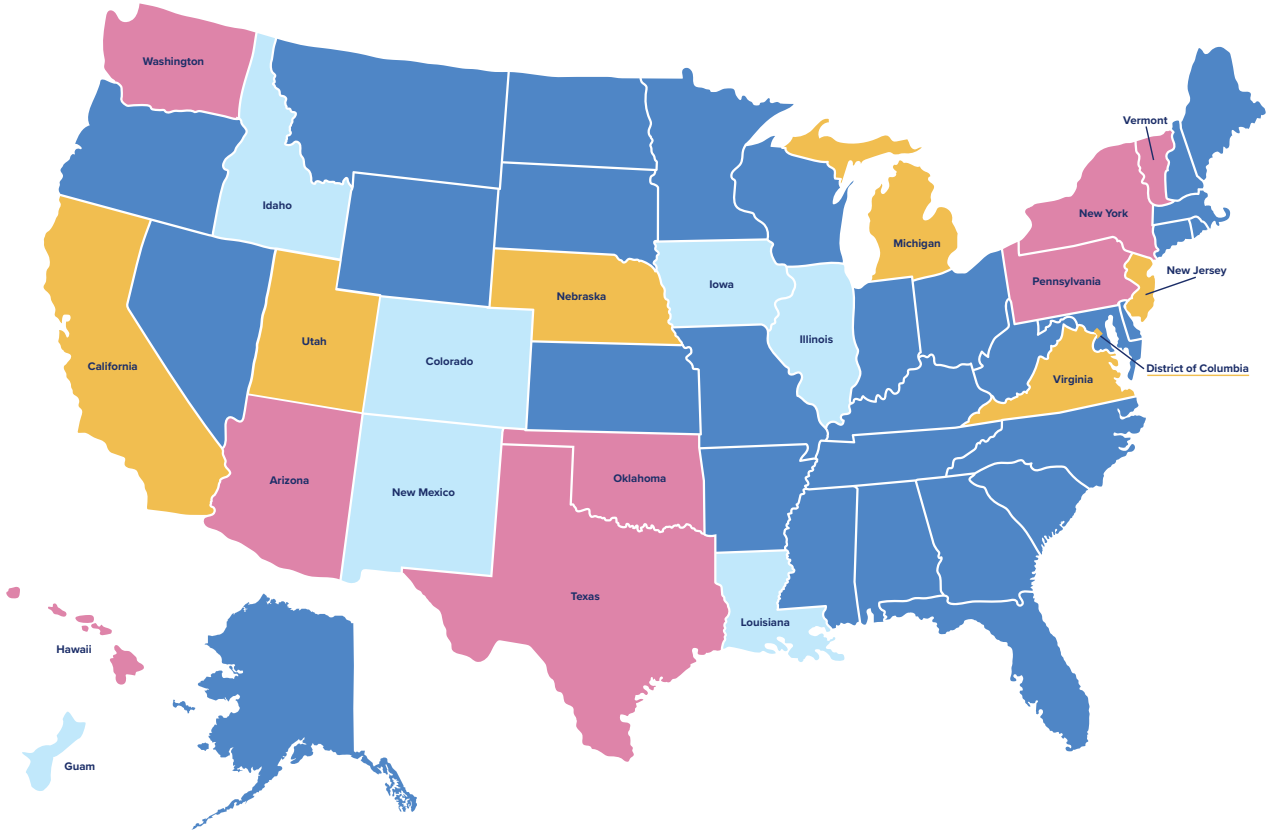
WHAT DO RXPS ADD TO CARE?

At present, six states plus the U.S. territory of Guam, the Department of Defense (DoD), the Indian Health Service (IHS), and the Public Health Service (USPHS) allow qualified psychologists to prescribe psychotropic medications. (Psychologists who work in the DoD, IHS, and USPHS must be licensed in one of the six states that allow prescriptive authority.) While these settings differ culturally and in their practice requirements, psychologists who prescribe in one or more of them see universal benefits to this form of service, as do the patients and providers they work with.

In a general sense, psychopharmacology training helps psychologists to better understand the "bio" part of the

PSYCHOPHARMACOLOGY LEGISLATIVE ACTIVITY

States where psychologists can prescribe medication appear in light blue below. The states with pending bills are in pink and those with significant activity toward RxPs are gold. Not pictured are the entities that grant prescribing licenses: the Department of Defense, the Indian Health Service, and the Public Health Service.



biopsychosocial model, providing the education and training to understand how medical conditions and medications may interact with psychological conditions, explained Derek Phillips, PsyD, MSCP, a clinical neuropsychologist and prescribing psychologist in the department of neurology at Sarah Bush Lincoln Health Center in central Illinois.

In turn, this knowledge allows them to communicate more effectively with physicians and other medical personnel and hence be viewed more fully as integrated members of health care teams, he said.

On the practice front, prescriptive training has the potential to greatly expand access to mental health care in underserved areas, added Anthony Tranchita, PhD, a prescribing psychologist and public health service officer at the IHS Bemidji area office in rural Minnesota who provides telehealth services to Native Americans living on tribal lands in Minnesota, New Mexico, South Dakota, and Wisconsin.

Without him or someone like him, tribal members who need psychotropic medications face long waiting lists and extensive travel times once they finally get in to see someone, Tranchita said. "Patients and providers in these smaller communities really appreciate having a specialist provider who has both knowledge about psychotropic medications and a psychological background," he said. "Telehealth is an optimal way to deliver these services, because not every reservation or IHS clinic needs a full-time prescriber," he added.

Happily for patients, prescribing psychologists can also serve as "one-stop shops" for their

GETTY/EPIC_FAIL

treatment needs—providing patients with sound, empirically validated psychotherapy, while also having practical knowledge about their medications and how to manage them safely and effectively, said Shearer.

"Not only do patients love not having to find a different prescriber when they're doing therapy with me," he said, "but the referral source—usually a primary-care provider—is pleased that they only have to talk with one person about the patient's behavioral health progress."

The fact that prescribing psychologists are trained in a judicious form of medication management is another big plus for patients, noted Eric Silk, PhD, MSCP, director of the clinical psychopharmacology program at Idaho State University. "It may sound odd, but a goal of our training is actually to deprescribe—to teach our students to avoid using medications when it isn't necessary and to understand when medications are being used inappropriately," he said.

An example is Virginia Page Haviland, PhD, a prescribing psychologist who treats chronic pain patients at the Boise and Nampa branches of Saint Alphonsus Medical Center in Idaho.

Patients who see her often come in with a "laundry list of medications," usually a combination of opioids, muscle relaxants, sleep medications, and pills for depression and anxiety. "The more medications they're on, the more sedation and other side effects they experience," she said. In turn, that situation leads to maladaptive behaviors such as failing to exercise and sleeping too much, which makes their physical pain and emotional health worse. "It's a vicious cycle that a prescribing psychologist and other health care professionals can help stop by intelligently weaning them off unnecessary medicines and introducing healthier behaviors," Haviland said.

Her work with these patients also underscores the ongoing importance of her training as a clinical psychologist, Haviland added. She takes time to educate patients about why she and the team are thinking of reducing or changing their medications; she also supports them through the rational deprescribing process.

"I'm able to partner with patients, support them, and make sure they understand the 'why' behind what I'm recommending," she said.

EXPANDED TRAINING OPPORTUNITIES

While prescribing psychologists tend to be passionate about their work, prescriptive training is intense. Licensed psychologists, and in some cases doctoral students, must complete a 2-year master's degree in clinical psychopharmacology, pass a national standardized exam, and complete hundreds of hours of approved supervised clinical experience on top of standard supervision requirements. While states differ in their clinical experience requirements, the model officially recommended by APA, for example, consists of at least 400 hours of supervised prescribing experience with at least 100 unique

Psychologists who can prescribe medications can help fill the intense need for mental health services, providing talk therapy and closely monitoring the effects of the medications.

GETTY/DRAFTER123

patients, as well as an 80-hour supervised practicum on physical assessment.

This is one reason that even in states that offer this license, there is still a scarcity of these providers—only 225 nationwide. But that, too, is poised to change, thanks to increased training opportunities. There are now six sites that provide training for a master of science in clinical psychopharmacology (MSCP): the California School of Professional Psychology at Alliant International University in San Francisco; The Chicago School's online program; Drake University in Des Moines, Iowa; Fairleigh Dickinson University in Teaneck, New Jersey; Idaho State University in Meridian, Idaho; and New Mexico State University in Las Cruces, New Mexico. Other potential training programs are in the wings as well, including one at Antioch University Seattle and another at Southern Illinois University in Carbondale, Illinois.

These programs are starting to attract greater numbers of students. For instance, more than 80 students are currently enrolled in Fairleigh Dickinson's MSCP program, compared with 60 or fewer 3 years ago. This increase is likely the result of burgeoning legislative activity around the issue, said Phillips, who is executive director of the program. "The demand has been astronomical—there are waiting lists every semester to get into the program," he said.

Technology has only added to this growth, enabling students to take many of these programs virtually, said Idaho State's Silk. During the pandemic, his program had to pivot to online education and telehealth for clinical services, but that turned out to be a plus: The program now offers both synchronous and asynchronous training, enabling more flexibility for working psychologists to pursue the degree.

New training developments promise to further expand the prescribing pipeline. For example, The Chicago School is spearheading a movement that allows graduate students to earn the MSCP along with their 5-year doctoral degree, a training model facilitated by the passage of the 2014 legislation. Students from more than 15 doctoral programs across the country have enrolled in the program.

Students who have this training can look forward to benefits after graduation, advocates also argue. Gaining an MSCP significantly expands job opportunities not only in health care settings—including as chiefs of medical staffs and teams—but in prisons, military bases, community mental health centers, and private practice. What is more, the training has the potential to increase the diversity of providers, and with it to provide culturally appropriate care to more patients, Rodriguez-Menendez said. To this end, more than half the students and 43% of the faculty at The Chicago School represent minority populations, including students who are African American, Latinx, Asian American, and LGBTQI+.

To support this diversity on a practical level, the MSCP program builds in supports to help students earn these degrees, Rodriguez-Menendez said. For example, each student receives

CLINICAL PSYCHOPHARMACOLOGY PROGRAMS

It can be difficult for students to find out about MSCP training opportunities. Interested doctoral students can join professional societies such as APA's Society for Prescribing Psychology (Div. 55), which offers discounted membership to students (for more information, contact membership chair Nicole Bereolos at nbereolos@gmail.com).

In addition, prospective students can contact the psychopharmacology training programs directly:

CALIFORNIA SCHOOL OF PROFESSIONAL PSYCHOLOGY ALLIANT INTERNATIONAL UNIVERSITY

https://info.alliant.edu/clinical-psychopharmacology/
866-825-5426

THE CHICAGO SCHOOL OF PROFESSIONAL PSYCHOLOGY

www.thechicagoschool.edu/online/programs/ms-clinical-psychopharmacology-ipa-prep/

DRAKE UNIVERSITY

https://online.drake.edu/master-of-science-in-clinical-psychopharmacology/

FAIRLEIGH DICKINSON UNIVERSITY

https://www.fdu.edu/program/ms-clinical-psychopharmacology-post-doctoral/
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IDAHO STATE UNIVERSITY

https://www.isu.edu/pharmacy/mscp/
Eric Silk, PhD, MSCP, department chair, clinical psychopharmacology, silkeric@isu.edu

NEW MEXICO STATE UNIVERSITY

https://global.nmsu.edu/degree-programs/masters/clinical-psychopharmacology

a clinical psychopharmacology fellowship of $17,500, cutting the cost of the degree nearly in half. They also understand that the degree brings greater earning potential: Starting salaries for prescribing psychologists in the DoD and IHS are between $125,000 and $130,000, compared with the average mid-career salary for nonprescribing psychologists of $99,600, according to the Bureau of Labor Statistics.

"It might seem counterintuitive that students with heavy financial aid debt would increase their debt loads even further," Rodriguez-Menendez said, "but students in the program understand the potential career and compensation benefits of receiving this additional education and training."

LEGISLATIVE ACTIVITY

In terms of RxP legislation, long-standing networking is starting to pay off. While advocacy can be a long, slow process—it took Illinois 20 years to pass its prescribing law—recently introduced legislation will probably move a lot faster thanks to the fact that important potential partners are finally seeing the validity of arguments about the value of prescriptive authority, Rom-Rymer noted.

A key example is the National Alliance on Mental Illness (NAMI), the influential grassroots mental health organization. Until 2014, it had vociferously opposed prescriptive authority for psychologists because of its long-standing relationship with psychiatry. But strong networking in Illinois and Washington

GETTY/DRAFTER123

state has changed that dynamic: After years of working to build relationships with NAMI Illinois, Rom-Rymer is now on its board of directors, where she is publicly supporting the growth of prescriptive authority for Illinois psychologists. And in Washington state, NAMI Washington cosponsored RxP legislation this year, the result of ongoing reciprocal advocacy between that organization and the Washington State Psychological Association, Shearer said.

State legislators are likewise being swayed by the practical aspects of the prescriptive authority argument, Silk noted. Because of the immense need for mental health services in his state—35 of Idaho's 44 counties are considered rural—legislators there not only passed the bill in 2017, but the state is funding the Idaho State University training program.

There are larger potential growth areas for prescriptive authority, as well. For one, Div. 55 is moving to make prescriptive authority a specialty within the American Board of Professional Psychology (ABPP), work that began after APA recognized clinical psychopharmacology as its newest specialty in 2020, said Phillips, who chairs the division's ABPP committee. Div. 55's proposal has already made it through ABPP's affiliation committee and is moving to the next step—a vote by the ABPP board of trustees in June. If approved, it will move to the formal application phase and would be implemented upon passage.

Action is happening on the international front as well. Psychologists in at least 15 other countries are now enthusiastically involved in the prescriptive authority movement, said Rom-Rymer, who consults with many of these groups. As evidence of this growth, the first international prescriptive authority conference was held via Zoom in February 2021.

CONTINUED OPPOSITION, GROWING SUPPORT

Despite these gains, organized psychiatry continues to mount strong opposition to prescriptive authority, promoting disinformation that psychologists receive minimal training in the area and that the profession is unsafe, despite facts and data to the contrary. For example, in the 30 years that psychologists have been prescribing in the military, there hasn't been a single documented adverse event as a result of inappropriate or harmful prescribing, Rodriguez-Menendez said. In addition, The Trust liability insurance for prescribing psychologists is only about $100 higher than it is for nonprescribing psychologists, further highlighting their good safety record, he noted.

That said, it's also true that psychologists have been practicing for a much shorter time and in far fewer numbers than psychiatrists, a fact that leaves Saint Alphonsus Medical Center psychiatrist Abhilash Desai, MD, unsure of whether to endorse prescriptive authority on a global scale. His experience working with and mentoring Haviland, however, leaves no such uncertainty.

"Dr. Haviland is intelligent, thorough, and conscientious," he said. "She has a great grasp of all the basics of psychopharmacology—of the medicines and their risks and benefits and all the nuances of successful outcomes," such as including patients in decision-making and monitoring their progress. In addition, he said, she brings a profound understanding of psychological and social factors into patient care.

"Prescriptive authority is an experiment, but we need to learn from it," he said. "And we have to show whoever needs to be shown, that a lot of positives are happening because of it."

Primary-care doctors and family physicians are even more enthusiastic about psychologists' growing involvement in the area. Keith Petersen, DO, a family medicine physician who works with Shearer in a family medicine practice at the Madigan Army Medical Center, said that when Shearer started working there, "it became pretty clear, pretty quickly that he is an expert in his field." As a result, the practice asked Shearer to become a core faculty member; he now teaches psychopharmacology to family medicine residents.

In terms of patient care, Shearer provides the kind of comprehensive behavioral health treatment that family and primary care physicians can't fully provide given the huge need, Petersen added.

"Prescribing psychologists are very well trained, they're improving access, and they're very safe providers," Petersen said. "It would be thrilling if Washington state allowed trained psychologists to prescribe." ■

RESOURCES

APA's Prescriptive Authority Program Designation
Postdoctoral education and training programs for prescriptive authority
https://www.apa.org/education-career/grad/designation

APA's Div. 55 (Society for Prescribing Psychologists)
Resources, information, grant opportunties
https://www.apadivisions.org/division-55

APA Info Sheet on RxP
https://www.apaservices.org/practice/advocacy/authority

Illinois Association of Prescribing Psychologists
Student resources, mentoring
https://ilprescribingpsychologists.com


Pak


Williams


Touron


Zaki


Thomas

PSYCHOLOGISTS IN THE NEWS

Clemson University psychologist **Richard Pak, PhD,** has been elected to the College of Fellows for the Human Factors and Ergonomics Society. Pak is director of Clemson's Human Factors Institute, and his research explores human-automation and human-robot interaction.

Tamra Williams, PhD, has been named director of the Montgomery County Department of Health and Human Services in Pennsylvania. Williams previously served as the chief clinical officer of Community Behavioral Health, a behavioral health managed care organization in Philadelphia.

The University of Louisville has named **Dayna Touron, PhD,** as dean of its College of Arts and Sciences. Touron was previously a psychology professor and associate dean of the College of Arts & Sciences at the University of North Carolina at Greensboro. Touron's research focuses on metacognition and memory in older adulthood.

Safa Zaki, PhD, has been named the next president of Bowdoin College in Brunswick, Maine. Her term begins July 1. Zaki will be the first woman to lead Bowdoin since its founding in 1794. She is currently dean of the faculty and the John B. McCoy and John T. McCoy Professor of Psychology at Williams College in Williamstown, Massachusetts.

Anita Thomas, PhD, has been named the 11th president of North Central College in Naperville, Illinois. Thomas is the first woman and the first person of color to lead the college. In addition, she will hold the faculty rank of professor of psychology in North Central's College of Arts and Sciences. Since 2019, Thomas has served as the executive vice president and provost at St. Catherine University in St. Paul, Minnesota, one of the largest private women's universities in the country. Her research interests include racial identity and using culturally affirming counseling approaches with African American families.

Five psychologists have won NIH HEAL Initiative Director's Awards, which recognize scholars working on science-based solutions to end the opioid crisis. **Lisa Saldana, PhD,** of the Oregon Social Learning Center won the Excellence in Research Award; Erin E. Bonar, PhD, of the University of Michigan and **Katie Witkiewitz, PhD,** of the University of New Mexico won Mentorship Awards; **Kamilla Venner, PhD,** of the University of New Mexico won the Community Partnership Award; and **Hailey Bulls, PhD,** of the University of Pittsburgh won the Trailblazer Honorary Mention Award.

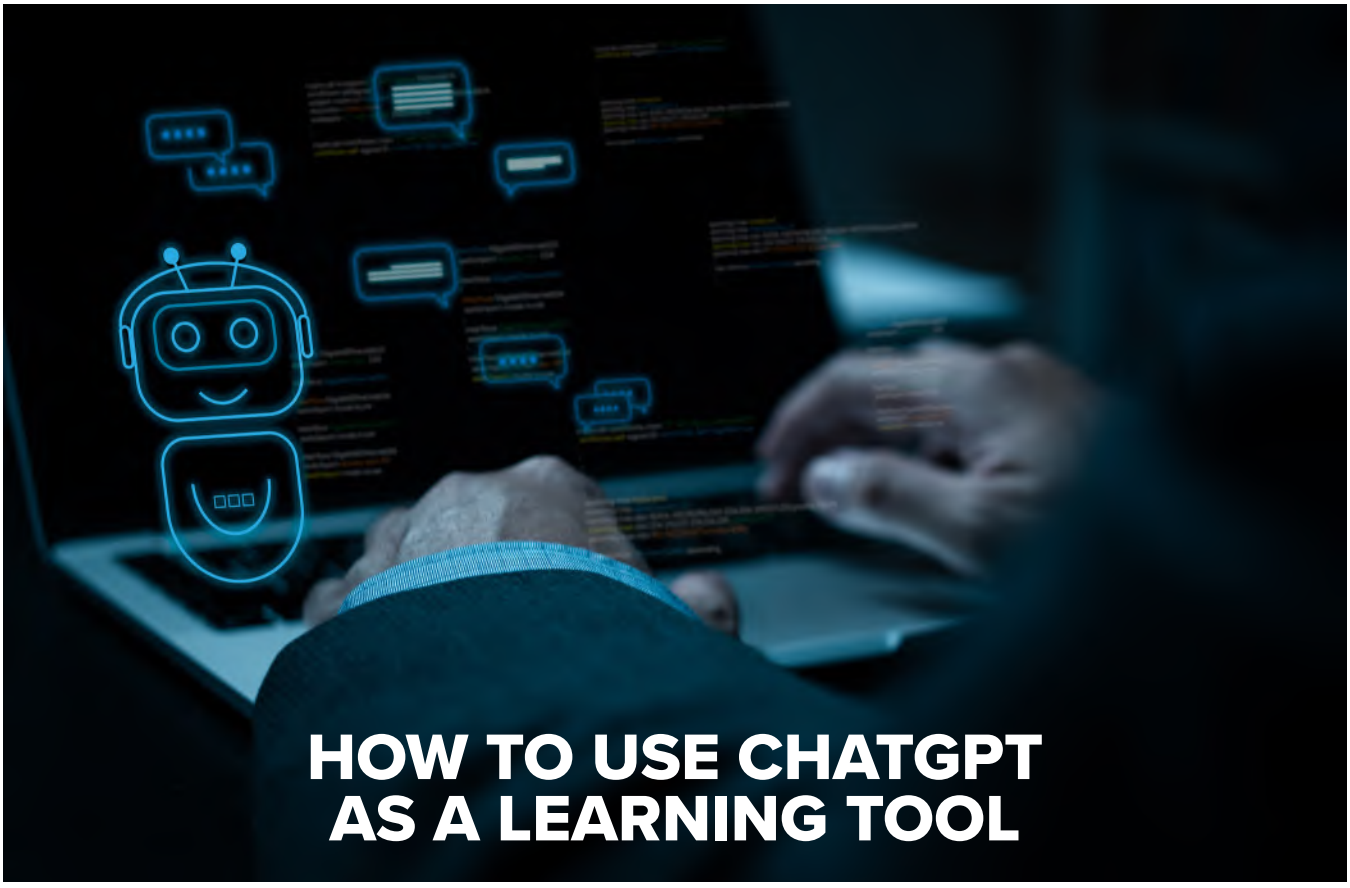
Arielle Baskin-Sommers, PhD, has been named head of Silliman College at Yale University. Baskin-Sommers begins her 5-year term in July after serving as the interim head since July 2022. Baskin-Sommers is a clinical psychologist whose scholarly work focuses on identifying and specifying the cognitive, emotional, and environmental mechanisms that contribute to risky, impulsive, and destructive behavior.

The American Academy of Arts & Sciences has named nine new members to its psychological sciences section in honor of their exceptional scholarship, innovation, and leadership. They are: **Laura L. Carstensen, PhD,** Stanford University, **Leda Cosmides, PhD,** University of California, Santa Barbara, **Kenneth Dodge, PhD,** Duke University, **Stephanie Fryberg, PhD,** University of Michigan, **Batja Gomes de Mesquita (IHM), PhD,** University of Leuven, **Shigehiro Oishi, PhD,** University of Chicago, **James W. Pennebaker, PhD,** University of Texas at Austin, **Phillip R. Shaver, PhD,** University of California, Davis, and **Virginia Valian, PhD,** The City University of New York. ■

News You Can Use

Career

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



HOW TO USE CHATGPT AS A LEARNING TOOL

Rather than weaken student effort, artificial intelligence can help prepare students for the real world by encouraging critical thinking—with a few caveats. Here's advice from psychology instructors about how to use ChatGPT and other AI technology wisely. **BY ASHLEY ABRAMSON**

As technology advances, psychologists can find new opportunities to innovate in the field and in education. But the introduction of new technologies, such as artificial intelligence (AI)—the simulation of human intelligence by computers—can feel daunting. For psychology instructors, in particular, the advent of a rapidly evolving AI software called ChatGPT (and the updated version, GPT-4) has introduced new challenges—but experts say it's also ripe with potential to help students learn in new ways and prepare them for careers after college. ¶ ChatGPT, a chatbot software launched by the AI company OpenAI in November 2022, synthesizes online data and communicates it in a conversational way. Unlike a search engine, ChatGPT can write verse in the style of Shakespeare, dole out dating advice, and—especially concerning to educators—answer test questions and write essays. Early reviews of GPT-4, the next iteration of OpenAI's large language model, indicate increases in the software's capabilities.

HIRUN/GETTY IMAGES

A *New York Times* article from earlier this year highlights instances of cheating with ChatGPT in college courses and instructors redesigning curricula to prevent academic dishonesty. Some schools are blocking the technology altogether: Earlier this year, the New York City Department of Education banned the use of ChatGPT based on concerns that it could hinder student learning (Huang, K., *New York Times*, Jan. 16, 2023).

Some educators, however, see ChatGPT as an opportunity rather than a threat. In a *Los Angeles Times* op-ed published in early 2023, psychologist Angela Duckworth, PhD, argued against banning the bot, explaining that it and similar technologies are here to stay—and that instructors should learn how to incorporate it into curricula (*Los Angeles Times*, Jan. 19, 2023).

Many psychology instructors are already experimenting with the software, recognizing that ChatGPT could be a useful tool to prepare students for the real world where critical thinking is more important than rote memorization.

"We have a choice here to lean in or run away, like we had a choice about whether we wanted to use calculators in statistics class," said Kathy Hirsh-Pasek, PhD, a professor of psychology at Temple University in Philadelphia. "We now know people can learn using calculators, so the question is: How do we increase critical thinking while also embracing what ChatGPT can do?"

Integrating any new tool into the classroom should be done judiciously, and ChatGPT is no exception. Educators must consider ethics, cheating, and equity, just as they would when integrating other technologies into their courses. But with the right approach, ChatGPT can be a useful—and as some psychologists argue, revolutionary—tool to prepare students for their future careers. Here are some insights from psychology instructors about using ChatGPT to help students learn.

CONSIDER COURSE GOALS

Every psychology course has different learning objectives. When determining whether—and how—to incorporate ChatGPT into your course, think about your specific goals as an instructor. "There are going to be classes for which using GPT would be inappropriate, but in other settings, it could be a useful learning tool," said Daniel Oppenheimer, PhD, a professor of psychology at Carnegie Mellon University in Pittsburgh.

Ask yourself: What are you trying to teach your students, and what abilities are you hoping to measure? It may help to think of ChatGPT like a calculator. If you were teaching simple addition, then a calculator might hinder learning. But in a calculus course, the same tool could free up cognitive resources to help students perform the more advanced skills they need to learn.

"We can do math better and faster now that we have calculators," said Jaclyn Siegel, PhD, a postdoctoral research scholar and an adjunct psychology faculty professor at San Diego State University. "It's harder to imagine a similar scenario happening in psychology, but maybe we'll be able to think more creatively because we have basic facts at our fingertips."

Similarly, if you're teaching an introductory class, ChatGPT might pose a threat to students learning basic information. Spelling and grammar tools, for example, could get in the way of evaluating whether students can write. But if your goal is to encourage good ideas, "the other tools make essays easier to read and help instructors understand if students understand the material," said Oppenheimer.

In classes that you determine would not benefit from using

FURTHER READING

ChatGPT has arrived—and nothing has changed
Oppenheimer, D. *Times Higher Education,* 2023

ChatGPT: Educational friend or foe?
Hirsh-Pasek, K., & Blinkoff, E. Brookings Institute, 2023

SKYNESHER/GETTY IMAGES

ChatGPT, using online proctors or programs that restrict access to ChatGPT may sometimes be appropriate.

ENCOURAGE CRITICAL THINKING

ChatGPT offers fast and easy access to information, which you may deem inappropriate in certain learning scenarios. But finding ways to incorporate AI tools in your course could actually help prepare students for the real world, where they'll need to apply concepts rather than simply recall facts. "We want to train students how to think like a psychologist rather than how to know what a psychologist knows," Oppenheimer said.

The bot may be best used to help students think critically about topics they're already familiar with, said Gary Lupyan, PhD, a professor of psychology at the University of Wisconsin–Madison. "Like talking with a colleague, it can be an interactive partner that's useful in areas you know a lot about already, so you can critically evaluate the suggestion without blindly copying it," he said.

For example, Oppenheimer teaches a course on human intelligence and stupidity, in which he encourages students to compare GPT-generated text with human-generated text. Hirsh-Pasek actually requires her honors psychology students to use ChatGPT, asking them to use ChatGPT for a first draft and edit a second draft with critiques, corrections, and additions. "A really good essay is not just a synthesis of information but also the ability to support a thesis," she said. "ChatGPT teaches students to ask better questions and then defend those questions, which could help them become real scientists."

ChatGPT can also be used to incite classroom or lab discussion by encouraging critical thinking about class concepts and deeper engagement.

ChatGPT can also be used to incite classroom or lab discussion, said James W. Pennebaker, PhD, a professor of psychology at the University of Texas at Austin. For example, you could ask the bot why one theory is better than another. Then, ask again why the second theory is better. "Students can learn to appreciate other arguments and see both sides objectively before establishing an opinion," he said.

Using ChatGPT in your course not only encourages critical thinking about class concepts; but it also encourages your students to be technologically literate in an increasingly tech-centric world. "We should be thinking about the world we're preparing our students to enter and what habits of thinking we want to instill in them so they can successfully represent the discipline of psychology," said Oppenheimer. "That means figuring out how to incorporate novel technology they will be using in the real world into classroom exercises."

BE AWARE OF THE CONS

All technology sparks concern about academic dishonesty. If your students have access to computers during an exam, then they theoretically have access to ChatGPT. Be aware ChatGPT can easily answer test questions because of how it synthesizes information. Steering clear of

multiple-choice exams can help resolve that concern, but open-ended assessments may be harder to grade, especially with large classes.

Lupyan cautions against overhauling your test questions to trick the system. If you try to design exams with questions ChatGPT can't answer, you may miss questions your students need to be learning. "Questions that require synthesis and contrast are the type you want to be asking students and the type these models are excelling at," he said.

It may be more worthwhile to implement practices shown to reduce all kinds of cheating, said Oppenheimer. Be clear about your expectations for the class and motivate students to be engaged with the material. Breaking assignments and papers into chunks that come together over time can make it more difficult to plagiarize, especially if you regularly provide feedback that students need to incorporate into their work. Just as important, offer support to students who may be struggling with the material.

Take time at the beginning of the semester to explain why academic integrity is so important in your class and beyond. "Tell them that while cheating may temporarily make things easier, it has a short time horizon, because they aren't actually learning skills they need in their careers," Oppenheimer said.

COMMUNICATE EXPECTATIONS

As ChatGPT and other AI technologies advance, universities will develop official conduct codes about their use. Until then, it's up to you to implement and communicate expectations about how students can and can't use these tools in your class. In your syllabus, offer specific scenarios in which it's acceptable to use them and when it's not, and be sure your teaching assistants are on the same page.

If you're OK with students using ChatGPT in certain scenarios, Siegel emphasizes the importance of equity. She teaches a large online course for which she can't prevent students from using notes or searching online for answers. As a result, she conducts open-book exams and allows students to use the internet or textbook to answer questions. (She emphasizes forcing students to put their cameras on during tests is inequitable if students don't have sufficient internet bandwidth.)

If you plan to use ChatGPT in your course, introduce the software to the whole class to ensure they know how to use it and have access to the same tools and materials.

To prevent savvier students from getting better grades, she introduces the whole class to ChatGPT to ensure that they know how to use it. "Curves are based on averages, so everyone should have knowledge and access to the same tools and materials," she said.

TRY IT OUT

Before determining how ChatGPT could help or hinder your students' learning, spend some time with it yourself. Test it out and see what it can (and can't) do. If you're not ready to bring the technology to your course just yet, use it for planning or administrative purposes. Lupyan, for example, recently asked ChatGPT to suggest titles for a grant he wrote, and Siegel used it to generate active lessons for teaching about methods in sexology research for her human sexual behavior course.

Whether you run a lab or teach a course, encourage your students to try it out for fun, too. Pennebaker's students, for example, have used ChatGPT to write haikus about psychological theories or rap battles between two well-known scholars. "With education, the more people can get their hands dirty and play with ideas, the better they learn," he said.

Be patient as the technology continues to evolve. As of early 2023, ChatGPT has been intermittently inaccessible due to the overwhelming number of users. Consider signing up for auto-notifications so you know when it's available.

Navigating new technologies like ChatGPT can be time-consuming and even overwhelming, but taking steps to understand them could empower both you and your class. "I get scared of new things, too, but they offer us a chance to grow," said Hirsh-Pasek. "I challenge all of us to be the learners we want our students to be." ■

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BEATING THE ODDS WITH DATA

Consistent outcome monitoring can empower patients and reduce the chances that they will deteriorate during treatment

BY HEATHER STRINGER

Routinely collecting feedback from patients during psychotherapy and using the data to guide treatment decisions can improve outcomes, reduce costs, and lower the chance that a patient's symptoms will worsen—yet the vast majority of psychologists are not taking advantage of this technique.

The practice, known as measurement-based care (MBC), gives patients and practitioners an opportunity to review progress over time, and if symptoms aren't improving, explore why and adjust the approach.

"We need to understand who is progressing and who is not because the literature shows that relying on our own personal assessments of patients is not accurate enough," said Kari Stephens, PhD, an associate professor of family medicine at the University of Washington and chair of APA's Advisory Committee for Measurement-Based Care and the MBHR (Mental and Behavioral Health Registry).

Michael Lambert, PhD, a psychology professor at Brigham Young University who has researched outcome measurement for decades, has found in surveys that therapists believed 85% of their patients improved, but research suggests that the actual rates of improvement are between 40% and 60%. Lambert also discovered that, on average, providers believed that about 3% of their patients had deteriorated, yet studies have shown that 5% to 10% of adults and 15% to 25% of adolescents worsen while in therapy (*Prevention of Treatment Failure: The Use of Measuring, Monitoring, and Feedback in Clinical Practice,* APA, 2010).

Measurement-based care can give psychologists, their patients, and even their patient's caregivers a better picture of treatment progress.

Measurement-based care can help mental health providers see into potential blind spots, especially when patients are not progressing. A recent meta-analysis of more than 21,000 patients showed that this practice helped to reduce symptoms across all case types—and the effect was even stronger among patients who were not improving or "not on track" (de Jong, K., et al., *Clinical Psychology Review*, Vol. 85, 2021).

With mounting evidence that outcome measurement benefits psychologists and patients, APA is forming a workgroup this summer that will develop a professional practice guideline to help psychologists in private practice, hospital systems, and other large organizations implement this system of gathering and using feedback from patients (Boswell, J. F., et al., *Psychotherapy*, online first publication, 2022). State licensing boards are also supporting the technique. Effective Jan. 1, 2023, California's Board of Psychology began

PROSTOCK-STUDIO/GETTYIMAGES

allowing practitioners to earn up to 9 hours of continuing education credits when using measurement-based care with nine patients.

"Measurement-based care is designed not to replace clinical judgment but rather to augment it," said Kimberly Hepner, PhD, a clinical psychologist and senior behavioral scientist at the RAND Corporation. "It will help us listen to our patients, and collaborating with engaged, empowered patients who understand their symptoms will make us better as a field."

PATIENT BUY-IN EASES THE TRANSITION

Evidence shows that progress monitoring is beneficial, but advocates for measurement-based care acknowledge that instigating changes to established routines can be difficult. To understand how to make the transition smoother, Hepner studied clinicians who used measurement-based care with their patients at the Veterans Health Administration.

Depending on the needs of each patient, the clinicians asked patients to complete assessment tools for post-traumatic stress disorder (PTSD), generalized anxiety disorder, depression, or substance use. The clinicians could decide how to collect the data (electronically or paper and pencil) and whether patients completed the assessments before or after each session.

The findings suggested that explaining the rationale for the new practice only at the outset of treatment was not enough (*Psychotherapy Research*, Vol. 31, No. 2, 2021). "When people are first coming to treatment, there is a lot going on, so they may not remember why they are doing the assessment each time they return," Hepner said. "We found that repeating the rationale to patients during multiple visits was helpful." When describing the reason for collecting feedback, clinicians can share that having a standard method of measuring symptoms allows them to look at changes over time and learn from the information, said Hepner. Then explain that this information could lead to modifications in treatment if needed.

PEOPLEIMAGES/GETTYIMAGES

Collecting feedback from patients can help lower the risk of dropout and make patients feel more engaged in their care.

In the study, showing graphs to visualize the data over time also increased the chances of buy-in from patients, she said. In addition, clinicians who connected symptom changes to what had been discussed in therapy and new skills the patient was learning helped people engage in treatment.

Amber W. Childs, PhD, an assistant professor of psychiatry at the Yale School of Medicine, recently implemented measurement-based care across ambulatory psychiatry and behavioral health services within the Yale New Haven Health System. She used the Collect, Share, Act framework to help clinicians adopt the new practice (Barber, J., & Resnick, S. G., *Psychological Services,* online first publication, 2022). The "collect" step is partnering with the patient by introducing the rationale for measurement-based care, selecting which measures to use, and administering and scoring the measures. "Share" is discussing the results with the patient and working collaboratively to reflect on whether the scores match the patient's experience. "Act" is reviewing the data tra-

jectory, working with the patient to brainstorm next steps, and deciding on a plan of action.

Childs also shares with providers that this new model has the potential to help ensure equitable care for marginalized patients. "Data show that racial and ethnic minority patients drop out of therapy at higher rates than White counterparts because there can be disconnects in the therapeutic alliance, and the measurement-based care process provides a structured opportunity for the provider and the patient to get on the same page," Childs said.

In one analysis of 27 studies on child and adolescent therapy dropout, researchers found that non-White patients were at higher risk of terminating treatment, and Black patients were at particularly high risk (de Haan, A. M., *Transcultural Psychiatry*, Vol. 55, No. 1, 2018). "It is difficult to attribute treatment dropout to any single factor, but researchers have hypothesized that reasons may include parent or patient disagreements with the provider about the diagnosis, concerns about confidentiality, and likelihood of accessing alternatives outside the medical system," said Childs. The trends are similar among adult non-White patients, with studies showing that Black and Latinx adult patients are less likely than White adult patients to have favorable perceptions of the mental health care services they received, even after adjusting for demographic and health status variables (Robst, J. M., & Cai, A., *Health Economics eJournal*, 2015). To decrease the risk of dropout, clinicians can use measurement-based assessments to collaborate with patients about treatment objectives and potential changes in treatment.

GIVING YOUTH A VOICE

Susan Douglas, PhD, an associate professor of the practice of human development in the Department of Leadership, Policy, and Organizations at Vanderbilt University, has seen how measurement-based care benefits pediatric patients. "When you are working with children and adolescents, there are multiple stakeholders who may have different perspectives on how the child is doing," said Douglas. Getting feedback from both the youth and their caregivers can give a more robust picture of treatment progress, and the data can help parents understand why treatment is necessary, she said.

In one case, a 12-year-old boy was referred to treatment because he refused to attend school. The boy had lived with both parents until his mother moved away to live with a boyfriend. The boy was playing video games for up to 10 hours a day to cope with her absence. The clinician asked the boy and his father to fill out the Symptoms and Functioning Severity Scale, which gave the boy the opportunity to report if he was feeling unhappy, unable to get along with others, having trouble sleeping, or was having other issues. The feedback showed that the father rated the boy's symptoms much less severely than the boy rated his own feelings. The therapist turned her computer around to show them the differences in graphical form (Jensen-Doss, A., et al., *Evidence-Based Practice in Child and Adolescent Mental Health,* Vol. 5, No. 3, 2020). "The father looked at his son and said, 'I had no idea,'" said Douglas, and the boy began to cry. "The feedback became a vehicle for the son to share his voice."

USING DATA TO ENSURE QUALITY CARE

The shift toward value-based care in the health care industry is another incentive for psychologists to consider practicing measurement-based care, said Elizabeth McKune, EdD, vice president and chief operations officer at Peace Hospital in Louisville, Kentucky. Value-based care programs reward providers with incentive payments for the quality of care they give to patients, not the number of patients seen. "There is increasing interest in large health care organizations to quantify progress because payment contracts are based on outcomes," she said.

McKune previously worked at an organization that launched a pilot project to explore whether effective behavioral health care helped patients engage in other types of health care that could lead to higher reimbursements. Patients with severe mental illness began providing regular feedback about their mental health symptoms as well as preventive care behaviors such as getting a physical, tests for diabetes, dental visits, and blood pressure checks. "The new feedback process helped us provide better behavioral health man-

FURTHER READING

Strategies to enhance communication with telemental health measurement-based care (tMBC)
Douglas, S., et al. *Practice Innovations*, 2020

APA's measurement-based care website
www.apaservices.org/practice/measurement-based-care

Cost-effectiveness of feedback-informed psychological treatment: Evidence from the IAPT-FIT trial
Delgadillo, J., et al. *Behaviour Research and Therapy,* 2021

agement, which resulted in improved performance on measures tied to payment contracts, such as reduced emergency room visits," McKune said. They launched a similar measurement-based care pilot for pediatric patients in foster care, and this led to increased behavioral health services, better day-to-day functioning of the participants, fewer emergency room visits, and overall cost savings.

BEYOND PATIENT FEEDBACK

Although many providers rely solely on their personal clinical judgment or patient preferences and feedback to guide treatment, some organizations are using outcome-monitoring systems that also provide suggestions for clinical care based on data from patients and from research on what practices might work best. Bruce Chorpita, PhD, a professor of psychology and psychiatry at the University of California, Los Angeles, helped develop approaches like this that were first adopted in Hawaii's public mental health system in 2002. "A good measurement-based care system needs an evidence-based benchmark or zone of what progress is expected for youth and families, and when someone is not in this zone, it needs to provide evidence-based ideas for what to try next," said Chorpita.

In Hawaii, Chorpita helped custom build the tool into the existing health information system, and this approach to feedback has significantly improved mental health outcomes for youth served by the state. Now the software tool is used in 39 states in more than 300 health care organizations.

PRIVATE PRACTICE OUTLOOK

Although larger health systems are increasingly open to outcome-measurement practices, adoption of a patient feedback system is less common among psychologists in private practice. Jacqueline Persons, PhD, director of the Oakland Cognitive Behavior Therapy Center in California and a clinical professor in the department of psychology at the University of California, Berkeley, was trained to monitor patient outcomes during graduate school—a rare practice 4 decades ago—and she has continued measuring outcomes ever since. "It's easy to avoid asking for feedback based on fears of feeling inadequate if patients are not improving," she said. "But if we can view it as an opportunity to learn, we can use the feedback to improve our skills."

Persons uses an online tool called PsychSurveys, which includes a library of assessment tools that can be customized. She asks patients to complete the measures she has assigned to them before the session, and the tool produces a graph showing scores over time. "This tool has been particularly important when patients are doing sessions online rather than coming into the office," she said. "In online sessions, I am getting less information from their body language and other cues."

She remembers one young adult woman diagnosed with ADHD and depression who was struggling to stay organized. Her grades in school were dropping, and Persons had focused on helping her build organization skills. The feedback showed that the young woman's depression symptoms were not improving, and the data were instrumental in prompting a discussion about why she was still experiencing symptoms. Persons learned that the woman had not been taking her ADHD medication because she felt ambivalent taking the drug, and she was not taking her antidepressants because her physician had not refilled the prescription. Persons worked with the woman to solve these problems, and after the patient resumed her medications, her symptoms improved.

USING DATA TO ADDRESS GAPS IN TRAINING

Regular patient feedback has the potential to also improve outcomes for psychologists in training, said Tony Rousmaniere, PhD, executive director of Sentio Counseling Center in Los Angeles, a low-fee online counseling service. "Currently in the field we measure training effectiveness by how many students pass exams, graduate, or get a job," he said. "All of those things are important for a career, but they are not necessarily associated with good patient outcomes."

At the center, supervisors teach trainees how to explain to patients the reason for seeking patient feedback, and supervisors can view a dashboard showing patient data. "If patient symptoms are not improving, this is not the trainee's fault," he said. "The data help us be accountable as supervisors and identify gaps in training." Recently, the outcome data revealed that patients with suicidal ideation were not progressing as expected, so the supervisors enhanced the training on how to help patients who are experiencing suicidality and self-harm.

Rousmaniere is collecting data to investigate whether outcome monitoring among trainees is making a difference, and preliminary results suggest symptoms are improving more quickly and fewer patients are deteriorating. He also plans to study whether teaching students to use measurement-based care increases the chances that they will use the tool once they are licensed practitioners.

Although asking patients to complete assessments before each visit may initially seem like a hassle, the feedback feels particularly valuable at Sentio because the organization serves patients with lower incomes, said Rousmaniere. "This population doesn't always receive cutting-edge treatments because they are often in clinics with fewer resources," he said. "It is especially important to make sure this population is receiving quality care, and patient feedback is a way of holding the field accountable." ■

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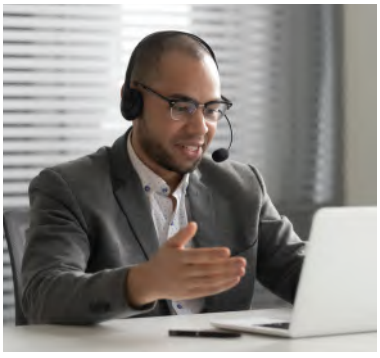

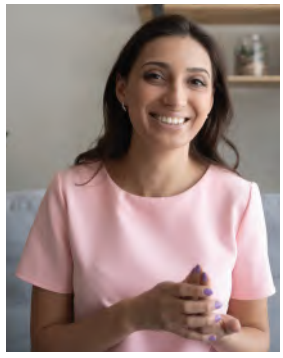

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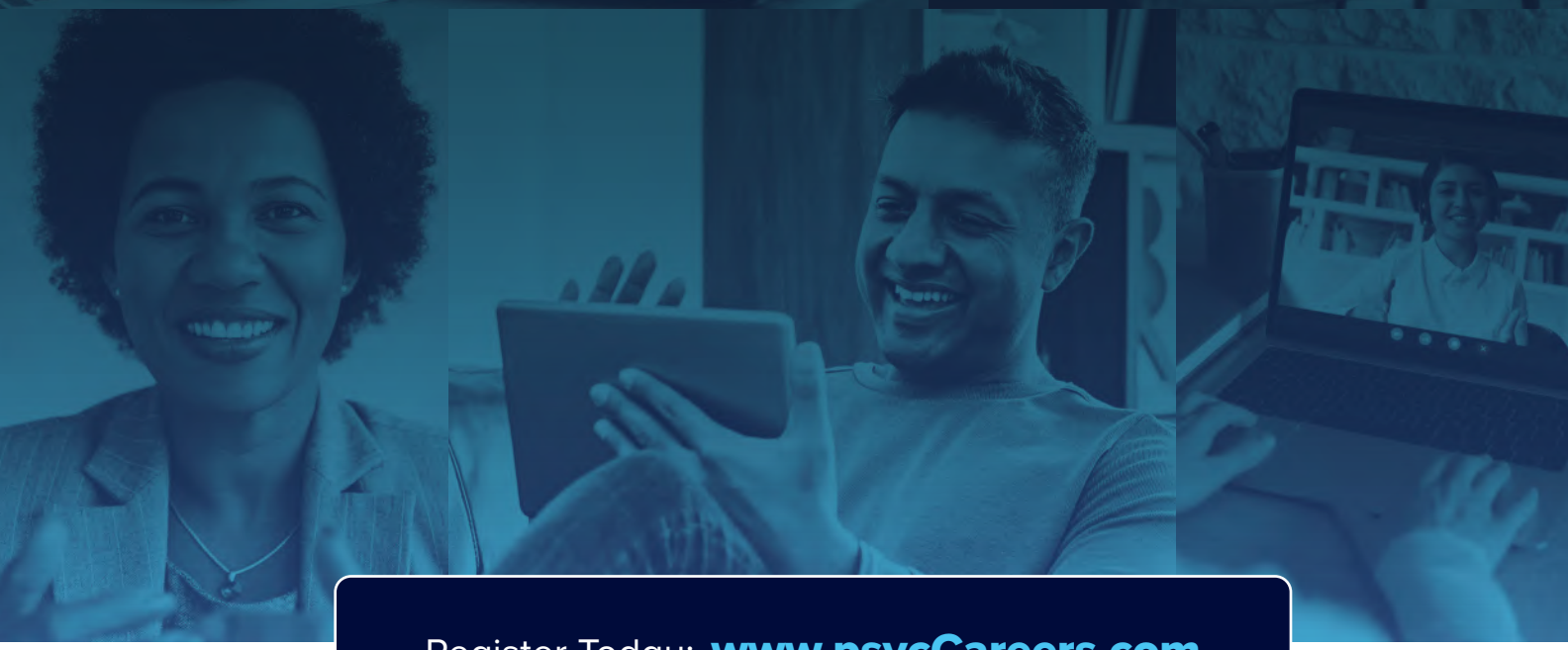

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FLORIDA

CLINICAL PSYCHOLOGISTS: Centurion of Florida is proud to be the comprehensive provider of healthcare services to the Florida Department of Corrections. With over 30 years of experience, we are one of the nation's leading providers in this unique and important field. Whether you are driven by purpose and impact or on a journey of professional growth, our opportunities can offer both. Clinical psychologists at every career stage: New graduates seeking clinical supervision, mid-career or seasoned professionals. Centurion offers competitive, guaranteed salaries and comprehensive benefits including: company-sponsored health, life and disability insurance; dental and vision insurance options; generous paid days off plus company paid holidays; 401(k) plan with employer match; CEU reimbursement and up to 3 additional paid days off; company paid malpractice insurance; short-term disability insurance; up to $20,000 in signing incentives at select locations; up to $50,000 in NHSC student loan reimbursement at eligible facilities; flexible spending accounts for health and dependent care and much more. Centurion's clinical opportunities are an ideal way to gain experience in treating a variety of mental health illnesses and collaborating with a multidisciplinary team while working with an underserved population. By joining Centurion's elite team, you'll have the unique opportunity to make a positive impact not only on the patients, but also on the communities to which they return. Requirements: PhD or PsyD in Clinical Psychology from an accredited institution required; must have an active, pending or provisional Florida state license; current CPR certification; ability to pass a background and NPDB clearance. To schedule a call for additional information, email Aimee@teamcenturion.com. www.Centurionjobs.com.

MISSOURI

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: http://hrs.missouri.edu/find-a-job/academic and search for Job ID #45213. Appointments are renewable annually at the discretion of the University, with the expectation of reappointment given satisfactory performance.

NEW JERSEY

THE CENTER FOR CHILD & FAMILY DEVELOPMENT IN MORRISTOWN, NEW JERSEY, IS SEEKING A NEW JERSEY–LICENSED PSYCHOLOGIST OR POSTDOCTORAL LICENSE-ELIGIBLE THERAPIST: to provide psychotherapy services to a caseload of 10–20 clients. Supervision for a permit holder is offered at no cost. Hours are flexible and cases can be seen through a hybrid of in-person and teletherapy media. The Center has a well-established referral base and currently has a waitlist. Applicants should have a focus on child and adolescent development as well as a cognitive behavioral, family systems orientation. Ability to conduct psychoeducational evaluations is preferred but not required. We are a comprehensive diagnostic and treatment center addressing the emotional, behavioral, developmental, learning, and neurological concerns of children, adolescents, and adults. The Center is staffed by a multidisciplinary group of professionals, including psychologists, a neurodevelopmental pediatrician, and an independently affiliated psychiatrist. Clinicians collaborate often, forming a culture of discourse and support. If interested, contact CCFDMorristown@gmail.com with an expression of interest and an updated curriculum vitae.

NORTH CAROLINA

DEPUTY DIRECTOR: The Duke University Department of Psychiatry and Behavioral Sciences announces the position of Deputy Director for the National Center for Child Traumatic Stress (NCCTS) in the Child, Family and Community Division. This critical role will serve as the Deputy Director for the National Center for Child Traumatic Stress (NCCTS) within the Department of Psychiatry and Behavioral Sciences at Duke University School of Medicine with faculty appointment at the assistant to full professor rank, career track, commensurate with the record of experience, expertise and scholarly achievement of the successful applicant. Ideally, the successful candidate will demonstrate knowledge of and interest in child

development and expertise in an area of child traumatic stress that could include physical and sexual abuse; domestic, school and community violence; natural disasters and terrorism; racism and historical trauma; and life-threatening injury and illness. Experience with and support for the development and broad adoption of evidence-based and trauma-informed treatments is desirable. The NCCTS seeks candidates committed to diversity and inclusion who champion equity and racial and social justice. This is a senior NCCTS leadership position with responsibility for managing programmatic, strategic, and administrative activities of the Duke component of the NCCTS. Co-located at UCLA and Duke University, the NCCTS is the coordinating center for the National Child Traumatic Stress Network (NCTSN). The NCCTS leads, coordinates and facilitates national collaborations and initiatives across child servicing systems and multiple topical domains, producing child trauma resources, products, reports and information for providers, treatment developers, families and stakeholders. The NCTSN seeks to improve the quality, effectiveness and availability of care and services for children and families who are exposed to a wide range of traumatic experiences. Currently, the NCTSN is a collaboration of 164 funded academic, clinical, and community service centers across the U.S and a large active cohort of formerly funded affiliate programs and individuals. The NCCTS is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) through a cooperative agreement. Please note that the NCCTS does not provide direct clinical services to children and families. The Deputy Director functions as a full assistant to the Co-Director to oversee all administrative functions of the Duke-NCCTS. The Deputy Director fully shares the duties of providing leadership in planning, implementing, and coordinating all administrative, educational, and programmatic activities of the Duke-NCCTS. Duties are performed with wide latitude, exercising independent judgment and full, delegated autonomy. This position is involved in central administration and operations and in facilitating strategic planning for the NCCTS. Responsibilities include overall planning, direction, and execution of the area of responsibility. The Deputy is also responsible for oversight of Center operations including budgeting, personnel management, resource allocation, and other administrative functions that affect Duke-NCCTS programs. The Deputy makes recommendations to the Co-Director for strategic plans and policies for the Duke-NCCTS to achieve its mission and specific programmatic goals. While the Co-Director focuses on strategic plans, guides the center to fulfilling mission-critical priorities, and fosters collaborative relationships with stakeholders, the Deputy Director supports these activities by overseeing the administrative and operational aspects required to implement programs and projects cultivated by those plans, priorities, and collaborations. The Deputy exercises decisions with wide latitude and independent judgment. The incumbent reports to and assists the NCCTS-Duke Co-Director but largely operates on a day-to-day basis in an independent manner and also serves as the Acting Co-Director in the Co-Director's absence. Duties performed by the Deputy require skill in directing and effectively managing the work of a complex organizational unit across multiple programs. The incumbent must balance responsibilities in a complex environment and use a high level of autonomy to organize work, set priorities and program goals, delegate tasks, meet multiple deadlines, and achieve Center performance objectives. Skills are required in analyzing and finding solutions to organizational/systems problems across different program components of the Center. These skills include the ability to adapt to changing work environments with fluid program demands, staffing requirements, and emerging organizational challenges. The Deputy must be highly proficient in relating to superiors, peers, and subordinates in order to negotiate and implement program policies and find solutions to personnel and organizational challenges. The person in this position will be a full partner with both Co-Directors in administering the NCCTS cooperative agreement and in providing scientific oversight to the NCCTS and the NCTSN, and in the selection and integration of activities at both Duke and UCLA. Desired Qualifications: Doctoral degree in psychology, public health, mental health policy, or related field. Three or more years of experience and expertise in a clinical, education, training or research area in the field of traumatic stress, preferably with children or adolescents. Three or more years of extensive experience plus proven leadership and management, particularly across organizations or sectors. Extensive experience in the design, implementation, and reporting of organization initiatives of varying sizes from project planning and management, personnel management, and fiscal and budget components. Excellent interpersonal and communications skills (written and verbal), including ability to listen to and communicate with a wide variety of stakeholders from diverse backgrounds in relatable and meaningful ways. Ability to present issues in compelling terms and to communicate complex data and concepts clearly and effectively. Skill with facilitating learning, planning, and knowledge transfer in a variety of formats (i.e., face-to-face, virtual, hybrid). Excellent project management, time management, and organizational skills with careful attention to detail, and a demonstrated ability to manage multi-faceted projects and perform well in a fast-paced environment. Significant experience successfully managing teams and building capacity through mentorship and professional development. Ability to problem solve, and nimbleness in adapting to changing circumstances as well as being an out-of-the-box, innovative thinker and not afraid to challenge the status-quo. Demonstrated ability to work collaboratively in leading efforts to enhance equity, diversity and inclusion. Proven ability to assess, develop, and lead the implementation of strategies and initiatives to enhance equity, diversity, inclusion. The individual in this position should have 1) experience working in a clinical service delivery or clinical research environment related to child trauma, including initiating, planning, and managing clinical and/or research processes; 2) administrative experience including strategic planning, hiring and supervising staff as well as setting standards and monitoring performance, budget planning, and coordination of people and resources; 3) demonstrated oral and written communication skills. Familiarity with Duke's financial and personnel systems or willingness to quickly learn these systems is desirable. The individual in this position will be expected to work mainly on Duke University campus in Durham, North Carolina, with the possibility of considering a few hybrid options in line with the needs of the NCCTS. For more information, or to submit an application, contact: Tanya Exum-Coston, NCCTS Administrative and Financial Senior Officer, at tanya@duke.edu. Applications should include a cover letter and curriculum vitae. Commitment to Equity, Diversity & Inclusion. With a deep commitment to attracting and retaining a diverse staff, Duke University will honor your experiences, perspectives, and unique identity. Together, our community strives to create and maintain working, learning and care environments that are inclusive, equitable and welcoming. Duke is an Affirmative Action/Equal Opportunity Employer committed to providing employment without regard to an individual's age, color, disability, gender, gender expression, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, or veteran status. Our collective success depends on the robust exchange of ideas—an exchange that is best when the rich diversity of our perspectives, backgrounds, and experiences flourishes. To achieve this exchange, it is essential that all members of the community feel secure and welcome, that the contributions of all individuals are respected, and that all voices are heard. All members of our community have a responsibility to uphold these values. Duke University Benefits and the Greater Triangle Area. Duke employees are part of a premier organization dedicated to excellence in education, research, and patient care. Duke's overall benefit plan has long been recognized and valued because of its comprehensiveness and competitiveness in the market. In addition to a robust array of traditional benefits such as health care, dental care and retirement, Duke also offers a wide range of family-friendly and cultural benefits to attract, support and reward the skilled employees that help Duke remain a premier education, research, and health care institution. Please visit Duke HR to learn more about these benefits, https://hr.duke.edu/benefits. The greater Triangle area of Raleigh, Durham, and Chapel Hill, has a population of more than two million residents that offers diverse opportunity. From urban loft living to suburban and rural family homes with acreage – there are options for every lifestyle. The Research Triangle Park (RTP) lies in the midst of the area, a globally prominent research and development center conceived around the main academic centers – Duke University, University of North

Carolina, and North Carolina State University. This trio of leading universities, combined with the RTP, has helped create a region that is culturally diverse, economically resilient, and nationally recognized as a wonderful place to live. To learn more about the Duke and Greater Triangle communities, visit https://www.discoverdurham.com/.

TENNESSEE

PSYCHOLOGIST: Jackson Psychological Services is looking for Psychologist(s)—early or more experienced psychologists—to join our private practice located in Jackson, Tennessee and/or Post Doctoral Psychologists completing their licensing requirements. We have been in practice here for over 40 years. Potential for partnership/ownership in small collaborative professional management practice. We own two suites of offices in a medical-professional complex. There is ample opportunity to provide psychotherapy or other services. A start-up psychologist can expect excellent contract income while building a practice in their areas of interest (psychotherapy, evaluation specialty, forensic specialty, school specialty etc.) Our psychologists currently specialize in child psychology (ADHD, Autism, SLD etc.), school psychology, adult and child psychotherapy, forensic expert psychology, officer screening evaluations, medical procedure clearance evaluations, social security disability evaluations, vocational rehab evaluations and other professional psychology services. Jackson, Tennessee, is an exceptionally fast-growing community with a low cost of living that is within easy driving distance to Nashville and Memphis. Flexible starting dates. It is required that applicants joining our practice be licensed or provisional license eligible in Tennessee. Contact lzager@jacksonpsychological.com or (731-437-0035).

TEXAS

PRIVATE PRACTICE IMMEDIATE OPPORTUNITIES: for Neuropsychologist, Psychologist, (Formal Internships, Post Doc/PLP, LCSW, LPCs, LPC Associates, LPA, Psychiatrist, Nurse Practitioner available at The Ludden Group P.C. for Outpatient and Nursing Homes. Visit https://www.psyccareers.com/company/the-ludden-group-p.c.-99958 for details or to apply. Locations: Rockwall, Dallas, Round Rock, Kaufman, Greenville, and Athens, Texas.

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VIRGINIA

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WASHINGTON

CLINICAL PSYCHOLOGISTS: Looking for an esteemed practice with excellent mentorship in health and neuropsychology? Consider Northwest Return to Work near Seattle, Washington. We are a large, CARF-accredited multidisciplinary facility for injured workers. Contact josh@nwrtw.com for more information.

CANADA

PSYCHOLOGISTS: Looking for an exciting new career adventure with your northern neighbors? In Prince Edward Island, Canada, your work will make a difference in the lives of Island families and their communities. Chart a new course in your career in the historic birthplace of Canada. Visit www.tourismpei.ca to learn more about Prince Edward Island, Canada. PEI's province-wide health care system is recognized for its integrated community and collaborative based care. Health PEI, the government corporation responsible for publicly funded health services, is making significant investment in innovation through its Mental Health and Addictions Redevelopment Project: https://www.mharenewalpei.ca/en/home. We are looking for energetic, change-oriented Psychologists to join our Team. Health PEI has full-time opportunities for Psychologists in various areas of the system such as the new Occupational Stress Injury Clinic (serving Canadian military and police veterans), Community Mental Health and Addictions, and the Student Wellbeing Program. Minimum Educational Requirements: Candidates require an accredited Doctoral Degree in Clinical or Counselling Psychology and eligibility for registration with the PEI Psychologists Registration Board: https://www.peipsychology.org/peiprb/. Incentives: A one-time financial incentive of $15,000 CAD is available in return for a two-year return-in-service agreement. Up to $10,000 CAD in relocation assistance may be available. Training and research opportunities are available. To schedule a call for more information, email healthrecruiter@gov.pe.ca. For more detailed information on current opportunities, visit https://healthjobspei.ca/psychologist.

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BY TORI DEANGELIS

HEALTH CARE COSTS, ACCESS ARE MAJOR STRESSORS FOR MANY AMERICANS

Women and Hispanic Americans are more likely than others to be unable to pay for health care and medicine and to lack access to affordable, quality care

18 million

Number of U.S adults **(7% of the population) who are "cost desperate," meaning that in the past 3 months they were unable to pay for needed medical treatment and skipped prescribed medications because of cost,** and who said they would be unable to afford quality care if they needed it today. Findings are based on a survey of nearly 5,600 American adults.

32%

Percentage of U.S. adults who are **"cost insecure," who experienced one or two of the criteria of being unable to pay for needed medical treatment or prescribed medications in the last 3 months,** or who thought they wouldn't be able to afford quality care if they needed it today. The remaining 61% are "cost secure," meaning they reported no recent instances of any of these situations.

94%

Percentage of those who are cost desperate, saying that **health care costs were a daily source of stress,** compared with 62% of those who are cost insecure and 23% of those who are cost secure. Similarly, **92% of those who are cost desperate also said that they were not very or not at all confident that they'd have the funds to pay for treatment as they age,** compared with 75% of those who are cost insecure and 36% of those who are cost secure.

48%

Percentage of **cost-desperate individuals who have 3 or more chronic conditions,** compared with 36% of all U.S. adults. In terms of gender and ethnicity, **57% of cost-desperate individuals are women and 25% are Hispanic Americans,** even though they make up just 51% and 17% of the total population, respectively.

Source: Gallup (Dec. 5, 2022). Stress prominent among U.S. adults struggling to pay for care. Survey conducted June 21–30, 2022, by Gallup and West Health, a nonprofit organization dedicated to lowering health care costs. Available at https://news.gallup.com/opinion/gallup/406178/stress-prominent-among-adults-struggling-pay-care.aspx.

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1. The 0.25% mortgage interest rate discount (the "Discount) is available to borrowers that are an active APA member no less than five (5) days prior to at time of closing. The Discount cannot be combined with any other interest rate incentives, applies only to new Loan applications and becomes effective at closing. For fixed-rate Loans, the Discount is a permanent interest rate reduction reflected in the Promissory Note. For adjustable-rate Loans, the Discount is reflected in the interest rate applicable to the initial fixed rate period and in the maximum amount the interest rate can increase over the term of the Loan. Other restrictions may apply.
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