

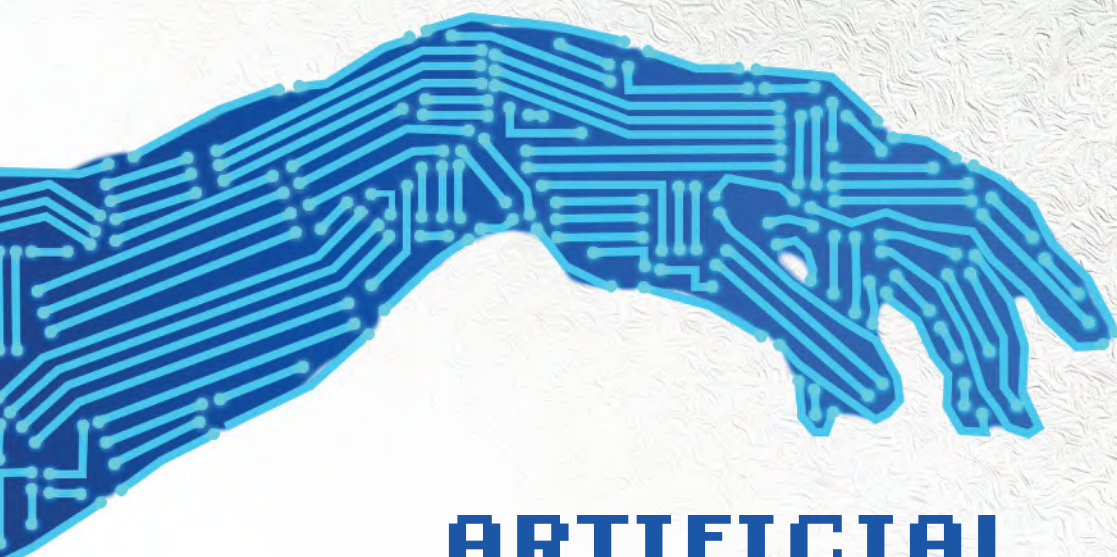


AMERICAN PSYCHOLOGICAL ASSOCIATION

JULY/AUGUST 2023

monitor on
psychology

GST# R127612802



**ARTIFICIAL
INTELLIGENCE
is here**

PAGE 46

PLUS

PROBLEM
GAMBLING
PAGE 62

TEEN SUICIDE
PREVENTION
PAGE 54

ATTACKS
ON ACADEMIC
FREEDOM
PAGE 71

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VOLUME 54 | NUMBER 5

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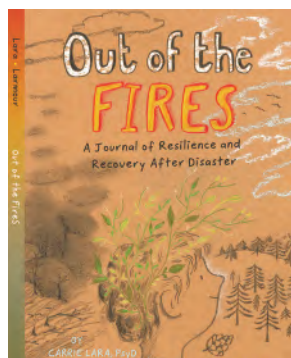
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CHILDREN

Finding Strength After Trauma

The new Magination Press book *Out of the FIRES: A Journal of Resilience and Recovery After Disaster* is narrated by a boy who is healing after a wildfire destroys his home and neighborhood. The book is intended to help young people cultivate resilience in the wake of a natural disaster.

Find it and all the Magination Press books at www.apa.org/pubs/magination.

FUNDING

Improving Education With Psychology

The American Psychological Foundation has established the new Rena F. Subotnik Psychology in Schools and Education Fund in honor of psychologist Rena F. Subotnik, PhD, who directed APA's Center for Psychology in Schools and Education from 2002 to 2023. Subotnik dedicated her leadership, advocacy, and research career to promoting the application of psychological science to education, and she is a founder of the Coalition for Psychology in Schools and Education. The APF fund, initiated by Mary Brabeck, PhD, and Michael Brabeck, MD, will support a noncompetitive program to fund initiatives recommended by members of the coalition.

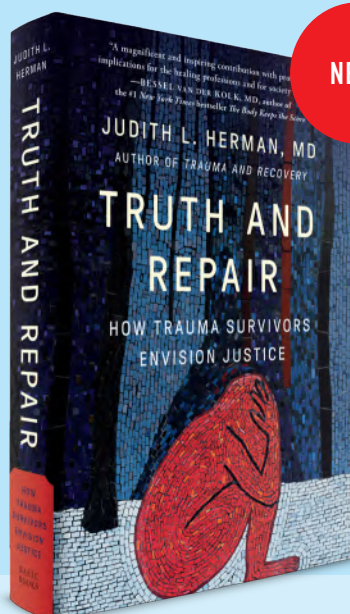
Learn more about all the foundation's funds at <https://apf.apa.org/funding>.

DID YOU KNOW?

APA Books offers free webinars about many of its new releases that are led by the authors and include a live discussion at the end. Find them at <https://go.apa.org/apabookswebinars/>. Send any questions to bookswebinars@apa.org.



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From one of America's most influential psychiatrists, a manifesto for reimagining justice for survivors of sexual trauma

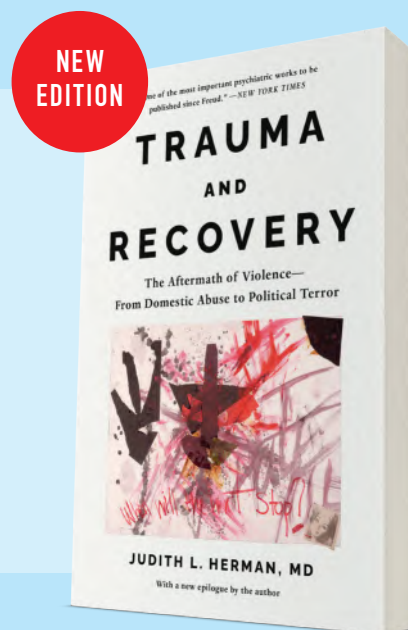
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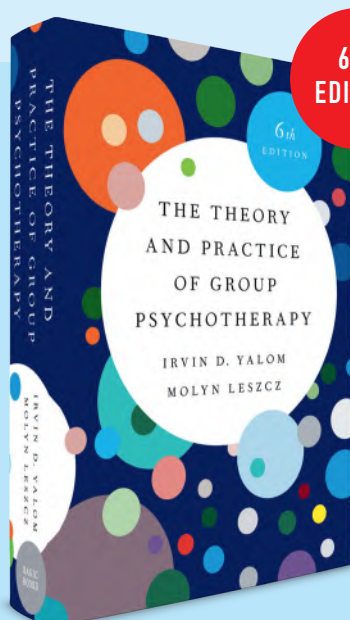
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The Theory and Practice of Group Psychotherapy has been the standard text in the field for decades. In this completely updated sixth edition, Dr. Yalom and Dr. Leszcz draw on a decade of new research as well as their broad clinical wisdom and expertise.





54 TEEN SUICIDE PREVENTION

More than 20% of teens have seriously considered suicide. Psychologists are putting new energy into tackling the problem.



62 PROBLEM GAMBLING

Access to gambling has expanded dramatically, including among children. Psychologists are stepping up their efforts to better understand how gambling affects the brain and who is most vulnerable to addiction.

COVER STORY

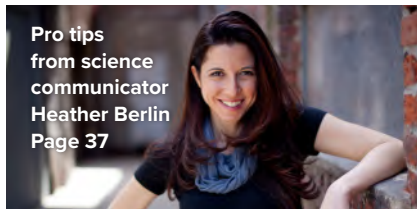
GUIDING THE DEVELOPMENT OF ARTIFICIAL INTELLIGENCE

In the coming years, artificial intelligence (AI) will change every aspect of psychology, from how we analyze data and study human behavior to how we deliver interventions and interact with our patients. Psychologists may be among the most qualified to answer thorny questions about how to guide AI development, with training on various research methodologies, ethical treatment of participants, psychological impact, and more.

See page 46



ON THE COVER: MARCIO BINOW DA SILVA/GETTY IMAGES



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communicator
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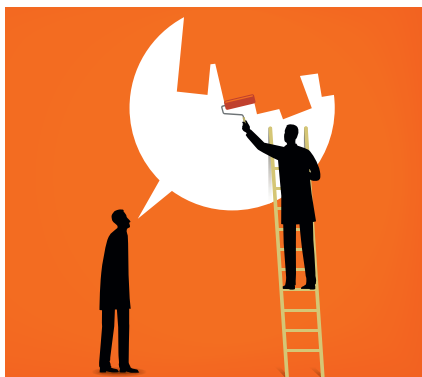
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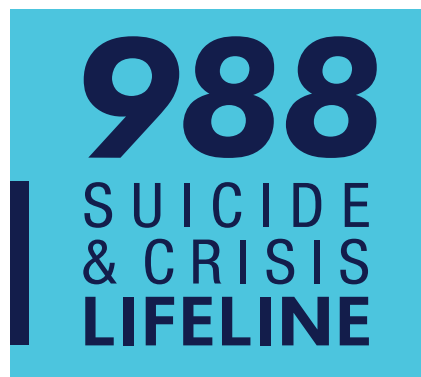
NEW RESEARCH

TEACHING HEALTH CARE TEAMS TO HALT MICROAGGRESSIONS

As public awareness of systemic racism has intensified, psychologists are seeing increased openness in clinical care teams to learn about microaggressions and undergo training to repair the harm and strengthen professional relationships. *See page 76*



Academic freedom. Page 71



988 Lifeline's first year. Page 32



Psychology everywhere. Page 24

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YOU BELONG HERE

At APA 2023, we want you to bring your identity home

BY THEMA BRYANT, PHD



As psychologists, we understand the importance of belonging: a deep sense of connection with people or place. When we belong, we feel seen, heard, valued, understood, and appreciated, and research shows it has positive mental and physical health benefits.

As one who studies and has survived interpersonal trauma and the collective trauma of oppression, I am aware of the significance of belonging. With that in mind, I have made enhancing the sense of belonging at APA a priority. APA 2023's theme is "You belong here." On Friday, I invite you to shine a light on your cultural background by wearing clothes that reflect your heritage or wearing symbols that identify aspects of your background, from sexuality to nationality to disability.

To appreciate the contributions of historically marginalized psychologists and cultural healers, as well as the role all of us play in dismantling systemic oppression, we will have several programs on decolonial psychology and liberation psychology. These panels will focus on approaches to rehumanizing and indigenizing psychology. Psychologist Jennifer Mulan, PhD, will discuss her book *Decolonizing Therapy: Oppression, Historical Trauma, and Politicizing Your*

Practice and Jaiya John, PhD, will provide a poetic reflection on his work as a social psychologist, based on his latest book *All These Rivers and You Chose Love*. Additionally, in recognition of APA's apology for psychology's harm to First Peoples, we will have an hourlong presidential program called "Indigenous Psychology: Past, Present, and Future."

We will also have a series of programs for members who spend most of their

time healing others, including a room dedicated to embodied healing with yoga and dance, as well as an interfaith sacred space where you can gather with other attendees.

Finally, as we know belonging must extend beyond our professional and educational circles, APA will provide opportunities for members to extend the circle of belonging to members of the community. Through the APA 2023 app, we will share ways you can give financially to the Washington, D.C., community, including with book donations or donating your time and expertise to helping others.

Come to this year's convention in the fullness of who you are. The porch light is on, and you have a seat at the table. You belong here. ■

APA 2023 will feature many opportunities to celebrate your unique identity.



● **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.

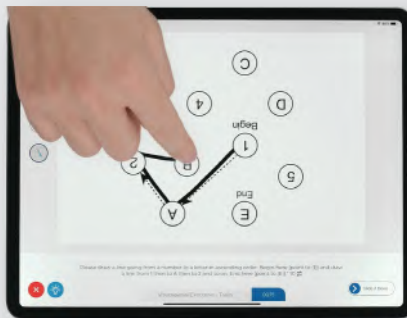
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HOW WE'RE RESPONDING TO AI AND SOCIAL MEDIA

As society changes, your expertise will play a key role in charting a safe future

BY ARTHUR C. EVANS JR., PHD



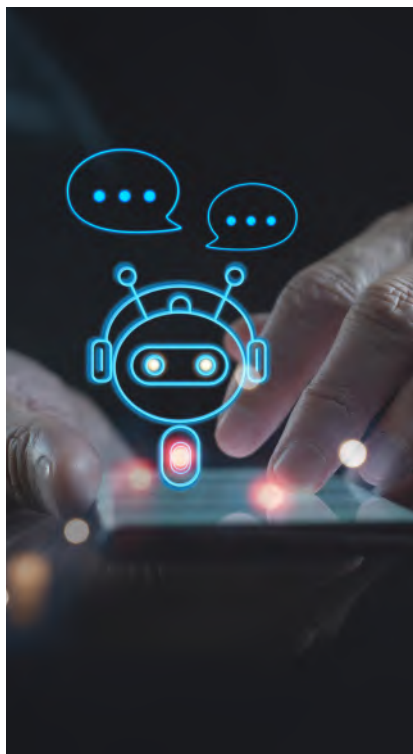
When I arrived at APA in 2017, I strongly believed the gap was too large between the challenges people, particularly policymakers, experience and the psychological knowledge that can help inform those issues. Many other APA leaders felt there was a disconnect between people's recognition of societal problems and their awareness of how psychology can contribute to solutions.

In the past 5 years, guided by our Council of Representatives' strategic vision, APA has been increasingly intentional about closing that gap. Today, we find ourselves at a pivotal point in the association's history, where we are more effectively using psychological science to impact major issues affecting broader society.

Here are two examples.

■ **Artificial intelligence.** AI is affecting everything—education, business, art, and more. As discussed on page 46, psychology is no exception. AI offers significant opportunities for research and clinical care. It also threatens to perpetuate bias and create problems for scholarly publications and student training if not used appropriately. As generative AI becomes increasingly

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



APA is proactively positioning psychology to help shape how AI is designed and implemented, and how policymakers regulate its use.

widespread, APA is not only supporting our members in responding but proactively positioning psychology to help shape how AI is designed and implemented and how policymakers regulate its use.

■ **Youth and social media.** Parents, caregivers, teachers, policymakers, the media, and youth themselves are struggling to navigate the complexities of social media and its effects. In response to this critical societal need, APA President Dr. Thema Bryant convened an expert advisory panel to draw on the diverse wealth of scientific expertise from our field and expeditiously translate it into actionable recommendations. By leading with our science, APA has not only helped empower adults and adolescents to make better decisions about using social media, it has also elevated psychology to be an integral stakeholder in understanding this technology as it evolves.

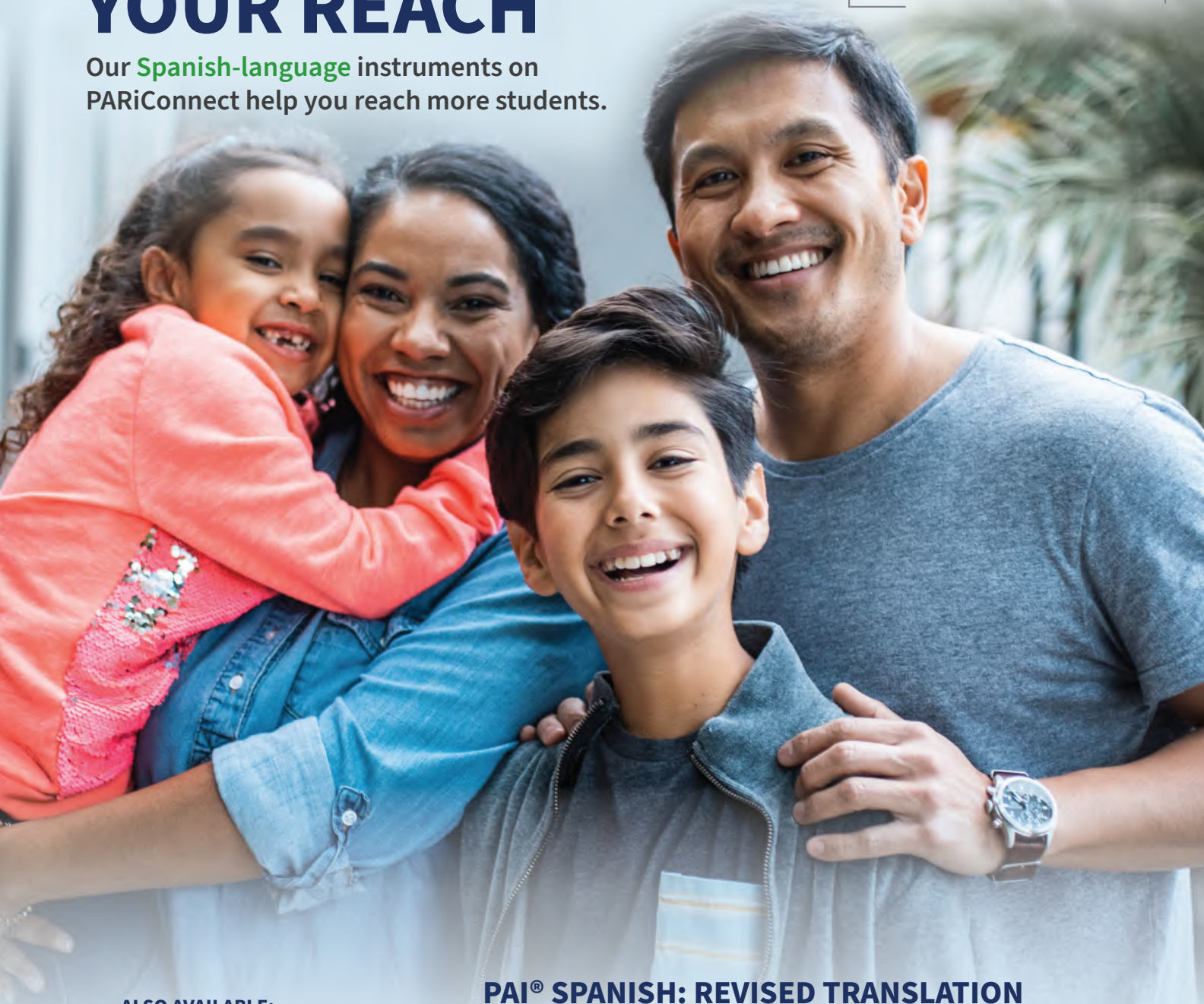
Our members have fueled this progress and continue to propel APA and psychology forward. I hope you will continue to be a part of this work, including volunteering to serve in governance, translating your expertise for the media, or informing APA resources. With your help, imagine the policies we can influence, the people whose lives we can improve, and the future we can shape. ■

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In Brief

PRECARIOUS MANHOOD

The life span of men is lower in countries where the belief that manhood is “hard won and easily lost” is more widespread, suggests a study in *Psychology of Men & Masculinities*. Researchers surveyed 33,417 college students from 62 nations regarding their gender beliefs and attitudes. Agreement with statements such as “It is fairly easy for a man to lose his status as a man” and “Some boys do not become men, no matter how old they get” were aggregated to create country-level precarious manhood belief scores. The researchers found that belief in precarious manhood was positively correlated with men’s health risk-taking behaviors, as well as negative health outcomes, such as liver cirrhosis and transportation accidents. Men in countries with high precarious manhood beliefs live an average of 6.69 fewer years and 6.17 fewer healthy years compared with men living in countries with low precarious manhood beliefs. These findings held even after controlling for country-level variations in women’s life expectancy, human development, access to physicians, and gender equality.

DOI: 10.1037/men0000407

The life span of men is lower in countries where the belief that manhood is “hard won and easily lost” is more widespread.



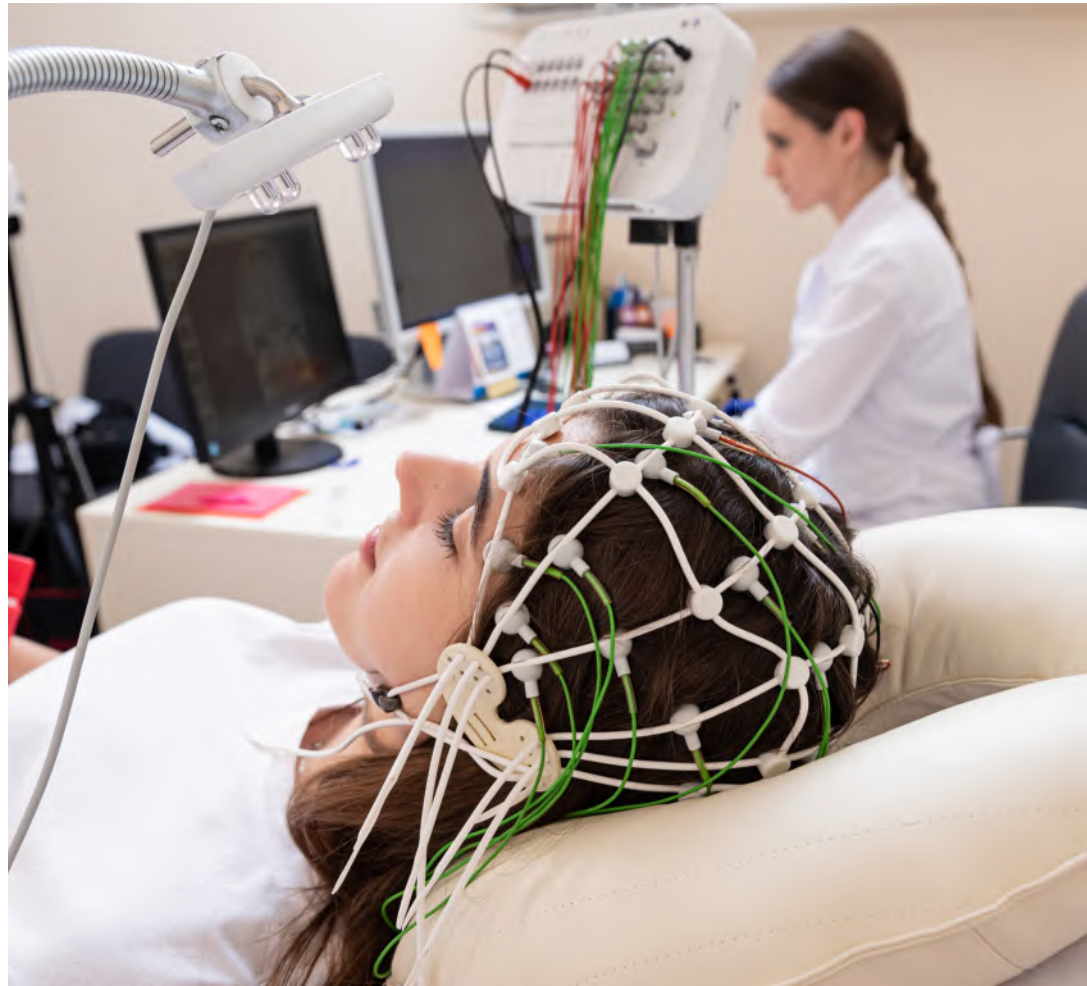
FAKE NEWS PEER PRESSURE

According to research in the *Journal of Experimental Psychology: General*, people share fake news so that they are not excluded from their social circles. Researchers examined the interactions among 51,537 dyads of Twitter users—at least one of whom shared a news story from one of 974 fake news sites the researchers had identified—during two different spans of time. Researchers found that if one user in the dyad shared a fake news story but the other did not, their level of interactions fell off over time, regardless of political ideology. However, the effect was stronger for politically right-leaning users. Additional experiments with 178,411 online participants revealed that the social costs were higher for not sharing fake news versus other content and that those who were more concerned about fitting in socially were more likely to share fake news.

DOI: 10.1037/xge0001374

MEN WANTING CHILDREN DATE YOUNGER WOMEN

Research in *Evolutionary Behavioral Sciences* indicates that men's desires to either have or not have children determine their preferences for their partner's age. Researchers examined responses from 605,743 single, heterosexual online dating app users between 20 and 50 years old. The participants reported the number of children they had, whether they wished to have children (or more children), and the importance of the



age of their prospective partner. The researchers found that men who wanted children (or more children) rated age as more important and preferred younger dating partners than those who did not want children (or more children). In contrast, women's preferences for partner age showed little association with having or wanting children.

DOI: 10.1037/ebs0000274

SOUND SLEEP

A study in the *Journal of Applied Psychology* indicates that a device that monitors brain waves and

A device that monitors brain waves and attempts to modify them with auditory tones may be able to improve sleep quality and work outcomes.

attempts to modify them with auditory tones can improve sleep quality and work outcomes. Researchers tested the effectiveness of a headband-mounted device that measures electroencephalography (EEG) data from a sleeping person and delivers precisely timed auditory tones to enhance the individual's slow brain wave patterns, thereby inducing deeper sleep. They randomly assigned 81 participants—employees from two organizations in the United States—to the treatment-first

condition (sound on) or the control-first condition (sound off). Each leg of the study lasted 10 days, during which participants reported on sleep duration and sleep quality in the morning and work performance measures in the afternoon. The researchers found that the acoustic stimulation improved sleep and positively impacted engagement, performance, and citizenship behaviors (such as helping a coworker) at work the following day. Treatment did not improve counter-productive workplace behavior. Notably, the stimulation did not work for older participants because slow brain wave patterns become less common across the life span, providing fewer opportunities to enhance them.

DOI: 10.1037/apl0001077

BREATH WORK BESTS MEDITATION

People who use intentional, cyclic breathing techniques experienced greater improvements in mood as compared with those practicing mindfulness meditation, indicates research in *Cell Reports Medicine*. Researchers divided 108 participants in the United States into four conditions: meditation, cyclic sighing, box breathing, or cyclic hyperventilation. Participants practiced their assigned technique for 5 minutes every day for 1 month. The researchers collected information on trait anxiety and sleep disturbance at the study's beginning and end. Participants filled out daily surveys about state anxiety, affect, heart rate, respiration rate, and sleep quality. All four groups experienced significant improvements in mood along with reductions in situational anxiety and negative affect. The cyclic sighing group, however, showed the greatest improvement in mood, while the mindfulness meditation group showed the least. Additionally, the three breath work groups demonstrated more positive physiological changes, including

lower respiratory rate, compared with the mindfulness meditation group.

DOI: 10.1016/j.xcrm.2022.100895

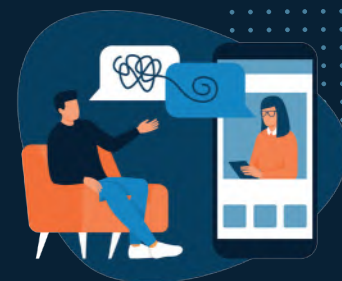
50% MORE PARKINSON'S

Parkinson's disease is about 50% more prevalent than previously thought, with clusters appearing in certain regions in the United States, according to a study in *npj Parkinson's Disease*. Researchers identified Parkinson's disease incidence in a single year (2012) across five cohorts in the United States and Canada. The five cohorts contained data for 6.7 million person-years of adults 45 and older and 9.3 million person-years of those 65 and older. The reported incidence rate of nearly 90,000 cases annually for people 65 and older is higher than previously reported incidence rates of 40,000–60,000 new cases per year based on smaller studies. Incidence rates increased with age throughout the study. At all ages, incidence was higher in men than women. Clusters of counties with higher Parkinson's incidence emerged in Illinois, Kentucky, West Virginia, Tennessee, southern California, southeastern Texas, central Pennsylvania, and Florida.

DOI: 10.1038/s41531-022-00410-y

DEPRESSION AND CARDIOVASCULAR DISEASE

According to a study in the *Journal of the American Heart Association*, young adults experiencing depression are more likely to have cardiovascular disease (CVD) or poor heart health. Researchers examined data from 593,616 adults in the United States who participated in a self-reported, nationally representative survey conducted between 2017 and 2020. The survey included questions about whether they had a depressive disorder, how many poor mental health days they experienced in the past month, and whether they had CVD, as indicated by heart attack, stroke, or chest



Psychology Software Shouldn't Have to Be Rocket Science

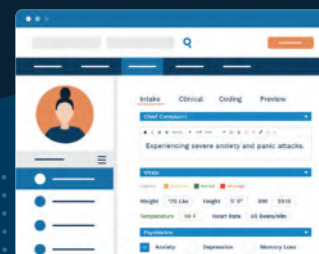
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pain. Compared with participants who reported no poor mental health days in the past 30 days, participants who reported up to 13 such days had a nearly 1.5 times higher risk of having CVD, while those with 14 or more poor mental health days had more than double the risk. In addition, participants with depression had higher odds of experiencing cardiovascular health risk factors, such as high blood pressure and diabetes.

DOI: 10.1161/JAHA.122.028332

ANXIETY CAN START IN THE HEART

Anxiety can cause the heart to race—and in mice, a racing heart can also cause anxiety. A study published in *Nature* found that when researchers artificially raised the heart rate of mice, the rodents became less willing to explore their environment in risky situations, a behavior typically indicating anxiousness. Using a brain tissue labeling technique, the researchers then found that the posterior insula cortex brain region was responsible for interpreting

signals from the heart. Switching off this brain region in additional experiments reduced the mice's anxiety, suggesting the brain and body work hand in hand to produce emotional states like anxiety.

DOI: 10.1038/s41586-023-05748-8

WHAT MAKES A PAPER REPLICABLE?

According to a study in the *Proceedings of the National Academy of Sciences*, the replication success of scientific research is linked to research methods, citation impact, and media coverage—but not university prestige or citation numbers. Researchers trained a text-based machine learning algorithm with 388 previously replicated psychology studies. They then used the algorithm to predict the likelihood that a paper would be successfully replicated using a sample of 14,126 studies published since 2000 across six top-tier psychology journals, each representing a different subfield. They found that authors' cumulative publication number and citation impact were positively

related to replication success. However, the prestige of an author's university and the paper's citation rate were unrelated to replicability. Furthermore, nonexperimental papers were around 1.3 times more replicable than experiment-based papers. Personality psychology papers were the most replicable, while developmental psychology papers were the least replicable. The former is a field with a relatively smaller number of laboratory experiments, which are difficult to replicate, while the latter field struggles to find sufficient populations to study under controlled conditions. Media attention was negatively related to replication success, perhaps, the researchers suggest, because popular media prefers to report on unusual or unexpected findings.

DOI: 10.1073/pnas.2208863120

\$500,000 IS THE NEW \$75,000

According to a study in the *Proceedings of the National Academy of Sciences*, money does appear to buy happiness—at least for most people—up to annual earnings

of \$500,000. This contradicts a similar study about a decade ago that showed happiness improved with earnings up until about \$75,000. Researchers asked 33,391 working adults in the United States with a median household income of \$85,000 to report happiness levels at random times throughout the day. They found that, for most people, happiness does improve linearly with earnings, up to \$500,000 a year—although few participants earned that much. However, for about 15% of people, additional income failed to improve their sense of well-being once they crossed the \$100,000 threshold. Meanwhile, the happiest 30% of participants experienced feelings of well-being that sharply accelerated once their earnings exceeded \$100,000.

DOI: 10.1073/pnas.2208661120

PSYCHEDELICS GO DEEPER

According to a study in *Science*, psychedelic drugs activate a special kind of serotonin receptor inside neurons that promotes the growth of new neural connections, but endogenous serotonin molecules cannot access the internal receptors. Researchers experimented with chemically tweaking psychedelic drugs to alter the ease with which the compounds could cross into neurons. They found that the compounds' ability to enter neurons was correlated with their ability to spur the growth of new neural connections. Unlike psychedelics, serotonin made by the brain is too polar to cross the membranes that

surround neurons. Thus, it does not initiate the growth of new neural connections, suggesting that the molecule may not be the endogenous ligand for the intracellular receptors. The researchers believe their findings may inform the discovery of new drugs for depression and other disorders.

DOI: 10.1126/science.adf0435

WHAT ARE THE BIGGEST RELATIONSHIP RED FLAGS?

The answer: being apathetic or being “gross,” according to undergraduates. In a study in *Personality and Individual Differences*, researchers reanalyzed previously collected data from a sample of 285 undergraduates in the United States. Participants rated 49 possibly deal-breaking traits of potential mates for short-term and

Money does appear to buy happiness, up to annual earnings of \$500,000—contradicting a similar study from about a decade ago that showed happiness improved with earnings up until about \$75,000.

long-term relationships. Based on statistical criteria, relationship warning signs were grouped into six categories: addicted, apathetic, clingy, gross, promiscuous, and unmotivated. For long-term relationships, both men and women rated being apathetic as the biggest deal-breaker, followed (in order) by being gross, clingy, addicted, unmotivated, and promiscuous. Men rated all of the red flags—except being gross—as greater deal-breakers in long-term relationships than in short-term ones. Women responded with similar ratings—except being promiscuous, which they rated a deal-breaker regardless of relationship length. Older women perceived being gross and unmotivated as slightly bigger deal-breakers than did younger women. There were no age-related differences for men.

DOI: 10.1016/j.paid.2022.112048

THE BOUNDS OF COMPASSION

Young children are willing to help others in distress unless a personal reward is at stake, suggests research in *Royal Society Open Science*. Researchers asked 285 4- and 5-year-olds in Australia to complete a puzzle game to earn a sticker as a reward. The children played alongside puppets or adults, who were deliberately given inadequate puzzle pieces to complete the task and who vocalized emotional distress about being unable to receive a sticker. Whenever the children had extra pieces, they always shared. However, when they



had just enough pieces to complete their own puzzle, the children did not share, whether they were paired with the puppet or the adult, and even when they were explicitly told they could share or that they were on the same team as the puppet or adult. Children were more likely to share puzzle pieces only if they had already been given a sticker upon immediately completing the task and hence were not at risk of losing their reward.

DOI: 10.1098/rsos.221448

ECT, LITHIUM, AND CLOZAPINE

According to research in *Nature Communications*, electroconvulsive therapy (ECT), lithium, and clozapine may reduce suicide rates in adolescent men





Young children are willing to help others in distress unless a personal reward is at stake.

with severe mental illness. Researchers analyzed registry data from 21 Swedish regions between 2016 and 2020. During this period, 200 individuals ages 15 to 19 and 432 individuals ages 20 to 24 died by suicide in these regions. Excess suicide rate in this study was measured by comparing suicide levels among 15- to 19-year-olds and 20- to 24-year-olds in the same region. Regions with comparatively lower excess suicide rates among 15- to 19-year-olds had higher usage of ECT, lithium, and clozapine in the treatment of younger patients. No correlation between suicide rate and region was observed for young women. The findings are consistent with results observed in adults.

DOI: 10.1038/s41467-023-36973-4


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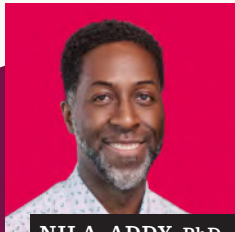


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MARISA M. SILVERI, PhD, MHC

Bridging Preclinical and Clinical Research: Transdisciplinary Approaches to Understanding Mental Health



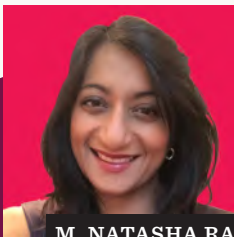
ROBERT MCKINLEY SELLERS, PhD

Why Psychology Needs Diversity, Equity, and Inclusion



G. NIC RIDER, PhD

Resistance, Disruption Strategies, and Resilience: Centering 2SLGBTQ Youth of Color



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Datapoint

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

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

RACE AND ETHNICITY OF TODAY'S PSYCHOLOGY GRADUATE STUDENTS

Overall, graduate students are fairly racially and ethnically diverse, varying by subfields and degree levels

In psychology master's programs in the 2021–22 academic year, the racial/ethnic background of enrolled students was: 0.2% Native Hawaiian/Pacific Islander, 0.3% Native American/Alaska Native, 4% multiethnic, 8% unknown, 8% Asian, 11% Black, 17% Hispanic, and 52% White. Students enrolled in psychology doctoral programs were 0.2% Native Hawaiian/Pacific Islander, 0.6% Native American/Alaska Native, 5% multiethnic, 9% unknown, 10% Asian, 10% Black, 11% Hispanic, and 54% White.

Racial diversity varied across both subfields and degree levels. At the master's level, programs in clinical psychology reported the greatest racial diversity. At the doctoral level, programs in developmental psychology reported the greatest racial diversity. Both master's and doctoral programs in experimental psychology reported the lowest racial diversity.

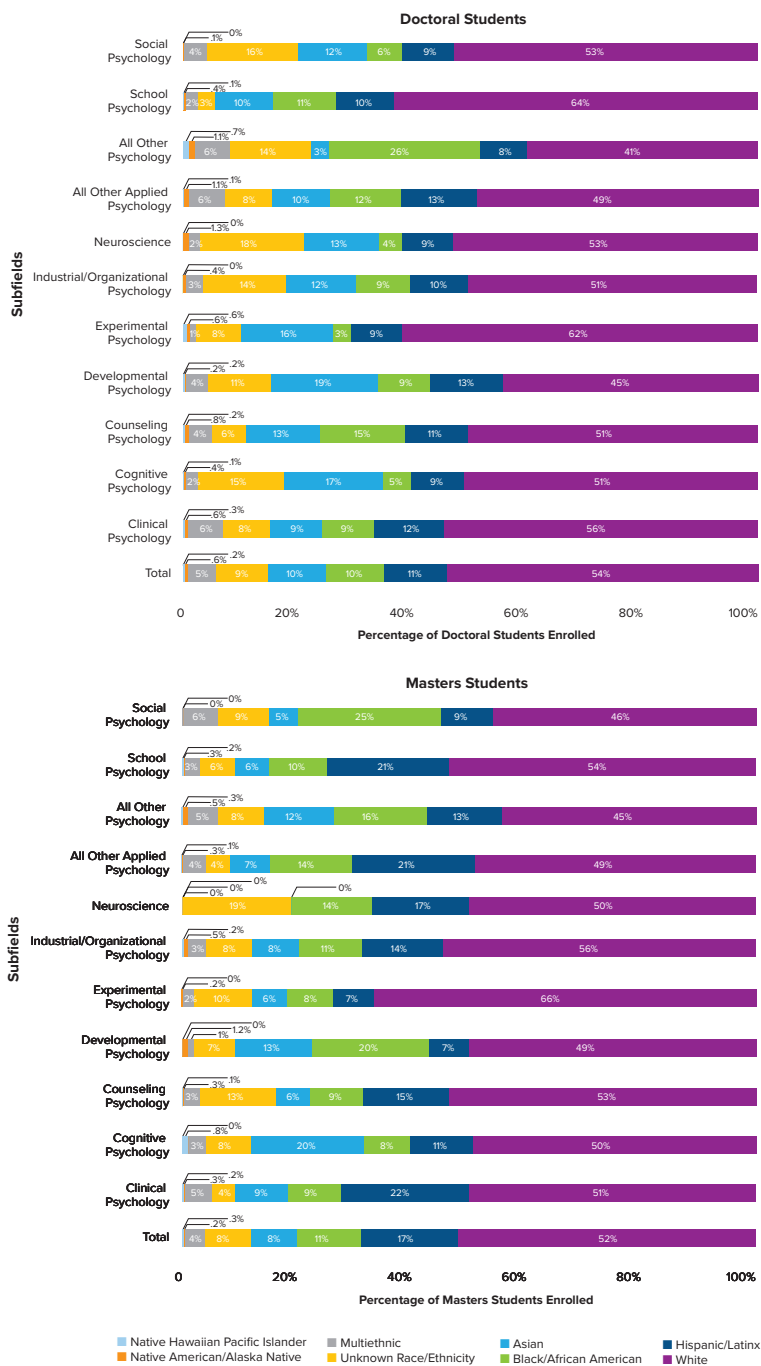
Graduate psychology programs can use these findings as benchmarks or to compare the racial diversity within their graduate programs to racial/ethnic patterns for specific degree levels or subfields. These findings can also be used to guide decisions about how to attract the next generation of diverse psychology professionals.

¹ Data is from *Graduate Study in Psychology*, an annual survey conducted by APA. For the 2021–22 cycle, a total of 297 departments and schools in the United States and Canada provided responses on 967 graduate programs in psychology about the racial/ethnic background of their enrolled students. Although most groups are rounded to the nearest whole number, percentages for groups that represent less than 1% (i.e., Native American/Alaska Native, Native Hawaiian/Pacific Islander) of enrolled graduate students are displayed to one decimal place to more accurately represent the data. The category "unknown" indicates that the program reported that they were not sure of the racial/ethnic background of those students.

² All Other Psychology includes subfields not specified in any other category (i.e., Media Psychology and General Psychology).

Want more information? See CWS's interactive data tools at www.apa.org/workforce/data-tools/index or contact cws@apa.org.

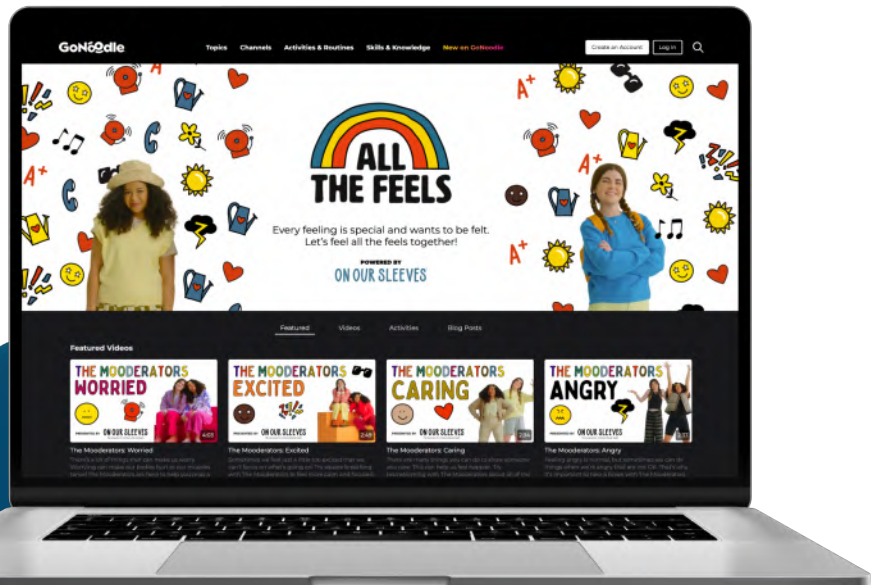
Percent of Students Enrolled by Race Ethnicity and Program Subfield



INFUSING MENTAL HEALTH, FROM THE ICE CREAM SHOP TO THE BARBER SHOP

Psychologists are reaching people in new ways

BY ASHLEY ABRAMSON



Nonprofit mental health organization On Our Sleeves partnered with GoNoodle, a popular content creator and distribution platform that's used in 96% of U.S. elementary schools, to put mental health content in front of young students.

The field of psychology is more relevant than ever amid the ongoing mental health crisis—but not all who would benefit from psychology can easily access it. A shortage of psychologists, systemic inequities that make it difficult to see a clinician, and ongoing stigmas about mental health care are common barriers that continue to stand in the way of people's well-being.

Rather than waiting for people to come to them, many psychologists are finding new ways to share their expertise by creating more in-roads to mental health awareness, from creating science-informed content that addresses common mental health concerns to training lay professionals to disseminate psychology-based best practices

in various settings.

“As psychologists, we are trained to disseminate science through peer-reviewed journals and academic conferences,” said Ariana Hoet, PhD, executive clinical director of The On Our Sleeves Movement For Children's Mental Health, a nonprofit organization that provides free expert-created educational resources to all U.S. communities to break stigmas, increase mental health literacy, and support children's mental health. “Now more than ever, we need to find ways to share our knowledge with people outside of our own field.”

Here are some of the practical ways psychologists are sharing their expertise with the public to support mental health and well-being in their communities and beyond.

SCHOOLS

Schools are a key way to help children in mental health crisis, yet a Pew Research Center poll from August 2022 reported that only half of U.S. public schools offer mental health assessments, with even fewer offering treatment to students.

To address the need, psychologists are better equipping educators and school staff to support students in distress. The Mental Health Technology Transfer Center Network and the University of Maryland's National Center for School Mental Health (NCSMH) have developed a free online course and resource library called Classroom WISE (Well-Being Information and Strategies for Educators) that covers social-emotional learn-

ing, trauma, and mental health literacy (“Evidence-Based Components of Classroom WISE,” NCSMH, 2021).

One initiative is working to infuse mental health content into an activity that’s already a favorite for students and teachers alike. In 2022, On Our Sleeves launched a mental health program with GoNoodle, a popular content creator and distribution platform that’s used in 96% of U.S. elementary schools. GoNoodle encourages kids to turn screen time into active time by taking “brain breaks” for their physical health during the school day (and at home), and the new partnership expands their mental health offerings. The All the Feels channel on GoNoodle explores common emotions like anxiety and anger, as well as evidence-based coping strategies. “It’s an easy way to enter the mental health world and build habits that benefit well-being and still feel attainable,” said Hoet. The most recent collaboration, *The Mooderators*, is a video series paired with a curriculum that launched in May 2022 with 6.7 million views, and a second season is in the works.

BARBERSHOPS AND HAIR SALONS

Barbers and hair stylists have a unique opportunity to meaningfully connect with clients who might not otherwise access mental health resources. Psychologist Lawrence Chatters, PhD, is the president of Visionary Youth, a nonprofit that serves minority youth and families in Lincoln, Nebraska. The organization recently launched Mentoring

in New Dimensions (MIND), a mobile barbershop that offers haircuts, mentoring, and counseling at a local community center.

Chatters developed the curriculum based on his psychology training and experience working with at-risk youth. Each session of the 10-week program includes a haircut by barbers trained as mentors in psychology principles such as active listening and trauma-informed care, and a group session with a mental health practitioner of color.

The transition from the haircut with their mentor to the group counseling session is seamless and happens in the same positive and intentional space, which helps the youth feel more comfortable receiving mental health support, an area that has been stigmatized in some marginalized communities. “In all my years as a clinician, I’ve never seen someone run into my therapy

room. But these kids run to our space for positive interactions with people who understand what they’re going through and know how to respond,” said Chatters.

Clinical psychologist Afiya Mbilishaka, PhD, also saw a unique opportunity to spread psychology in hair salons in Black communities. After working as a professor and private practice clinician, she sought hairstylist training to better understand the effects of hair on mental health. She coupled her expertise when she founded PsychoHairapy, a training program that educates stylists to recognize mental health concerns in clients, practice active listening, and share culturally relevant mental health resources.

While individual stylists can sign up for a PsychoHairapy course, some salons have recruited Mbilishaka to train their teams so that every stylist is certified. According to Mbilishaka, the

Visionary Youth, a nonprofit that serves minority youth and families in Lincoln, Nebraska, recently launched a mobile barbershop that offers haircuts, mentoring, and counseling at a local community center.



transformative experience of getting one's hair done lends itself well to opening up about problems and being receptive to resources. "Black women spend more time and money on their hair than other groups, so I wanted to use that weekly or biweekly activity to promote mental health in a way that increases buy-in," she said.

POPULAR CULTURE

In May 2021, APA launched an ongoing partnership with Sesame Street in Communities, an online initiative that equips caregivers with resources to support their families' well-being. The first collection of content is a series of articles and videos focused on fostering family conversations about racism and its effects on mental health. The resources developed include expert-driven, evidence-based information about everything from navigating race-related conflicts to celebrating diversity, all framed in a way young kids and families can easily understand.

While APA has long supported both children's mental health and racial justice, the Sesame Street platform offers a new way to reach more families with the latest psychological science. "The beauty of working with Sesame Street is that they are already a trusted brand among families and caregivers, so we can directly share psychology-informed content with a very big population while meeting strategic goals to support children's mental health," said Luana Bossolo, APA's senior director for strategic public engagement and community outreach.

Along with creating culturally relevant, family-friendly content through the partnership, APA staff and member psychologists review content created by Sesame Street prior to publication. Each topic features psychologists from relevant backgrounds; for example, the racial injustice section involved experts with research and clinical experience in children's racial trauma.

In May 2023, the collaboration rolled out a new series of content focused on children's mental health in general, with articles and videos broken down into various topics.

RESTAURANTS

On Our Sleeves has also partnered with Jeni's Splendid Ice Creams, a trendy, artisanal ice cream company with shops nationwide, to offer free educational resources to families. As part of the partnership, On Our Sleeves created conversation-starter cards that are placed by the registers in Jeni's shops to spark mental health conversations between kids and parents.

On Our Sleeves also partnered with Jeni's Splendid Ice Creams for a campaign around Jeni's Sunshine flavor, a gray ice cream that tastes like sunshine. On Our Sleeves created conversation-starter cards that are placed by the registers in Jeni's shops to spark mental health conversations.



Stores also hang posters with QR codes that link to mental health resources.

“We wanted to give adults tools to have healthy conversations with kids and to understand how to keep the conversation going once the child opens up, so they keep coming back to the adult,” said Hoet. While the cards are based on motivational interviewing, cognitive behavioral therapy, and dialectical behavioral therapy research, they use simple, engaging language.

“People think of psychologists as a resource for problem-solving, which is true, but we’re also behavioral and parenting experts, so we can help in the whole development process,” said Hoet. “The earlier we work on these healthy habits and relationships, the more protective factors we are creating for children.”

RESORTS AND HOTELS

Resorts and hotels around the world are beginning to incorporate mental health resources into their offerings to promote wellness for guests and staff. Miraval Resorts & Spas, for example, has partnered with the National Alliance on Mental Illness (NAMI), the nation’s largest grassroots mental health organization, to provide resources and support to those impacted by mental health conditions. At its Austin, Texas, location, Miraval hosted a wellness retreat for NAMI HelpLine staff focused on supporting NAMI employees’ mental well-being and preventing burnout. Miraval will also host additional guest-facing workshops and discussions led by NAMI thought leaders as part

of a loyalty program for regularly returning guests at Miraval Austin, Miraval Arizona, and Miraval Berkshires.

Sensei Porcupine Creek, a hotel in Rancho Mirage, California, offers wellness packages for guests that include one-on-one sessions with guides who have PhDs in psychology and can coach on mindset and personal growth. Some hotels even offer therapy sessions. The Guild resort in San Diego offers guests the option to purchase a couple’s therapy session package with a licensed psychotherapist.

THE PEDIATRICIAN’S OFFICE

Primary-care settings are a vital component in identifying and addressing children’s mental health on the front line, but many pediatricians either aren’t specially trained in or don’t have time for diagnosing or treating mental health concerns.

In health systems where psychologists are in short supply, clinicians are finding new ways to connect with patients from a distance. Dustin Sarver, PhD, a child clinical psychologist at the University of Mississippi Medical Center, helped launch a pediatric mental health hotline called Child Access to Mental Health and Psychiatry (CHAMP) that children’s primary care providers can call for support in managing kids’ mental health.

Any pediatric primary-care provider in Mississippi can consult, at no charge, with psychologists and other mental health clinicians by phone before, during, or after appointments to discuss diagnosis, treatment, and

FURTHER READING

From trauma healers to in-house psychologists, hotels are increasingly catering to travelers’ mental health

Kamin, D.
Condé Nast Traveler,
Jan. 23, 2023

How to start a conversation with kids

On Our Sleeves
www.onoursleeves.org/mental-wellness-tools-guides/conversation-starters

PsychoHairapy: A ritual of healing through hair

Barlow, J. N.
Psych Central,
Feb. 21, 2022

Psychologist hotline: Phone consultations for pediatricians

Clay, R. A.
Monitor on Psychology,
June 2022

Therapy at work: Banks and law firms among those offering counselling as staff perk

Jacobs, E.
Financial Times,
March 11, 2023

referrals. “When it’s not possible to embed a psychologist in the medical team, the hotline allows us to be the clinician down the hall without being there physically,” said Sarver. Going forward, the hotline will expand to offer psychologist support in schools and plans to start a perinatal mental health consultation line.

To ensure every child has the support they need, Geisinger Health System in Pennsylvania trains primary-care providers in pediatric settings to recognize and respond to mental health concerns. Many pediatrics clinics also have in-house psychologists who can immediately come to exam rooms or visit with families via telehealth, so a child can be triaged to an appropriate level of care—for example, a same-day evaluation by a mental health clinician, referral to an urgent appointment, or a transition to emergent care.

“Having our primary-care clinics address mental health is important because kids see their providers so regularly for well and sick visits,” said Elizabeth Seasock, MD, a psychiatrist at Geisinger Health System. “Even if a child is coming in for strep throat, they undergo screening or evaluation for mental health issues and can get the support they need.”

IN NEIGHBORHOODS

In communities where mental health clinicians are in short supply or people may be hesitant to seek mental health care because of cultural stigmas or financial barriers, psychologists are training lay people to offer support to their neighbors.

In Lexington, Kentucky, University of Kentucky researchers developed a program called Neighborhood Healers, which trains community members to administer mental health first aid in predominantly Black neighborhoods. The goal is to reduce the equity gap in the region, where Black people represent about 15% of residents but only 7% of the population receiving community mental health services.

Funded by the Substance Abuse and Mental Health Services Administration, the project trains local Black leaders—church staff, barbers, educators, to name a few—to recognize mental health crises in their neighbors and connect them to the necessary resources.

Other organizations are also leveraging peer-level support. Families as Allies, a Mississippi-based nonprofit, serves families of children with behavioral health challenges. While the organization itself offers resources to families in need, it also recognizes not all parents will reach out. As part of its programming, Families as Allies trains parents of kids with behavioral needs to engage with and support other families facing the same struggles.

The organization also trains groups and organizations—including the same primary-care providers who call the Mississippi psychologist hotline—to understand how to support families facing kids' behavioral health issues. "For a family whose child has been kicked out of school or is facing other significant behavioral health concerns, having a clinician who understands both behavioral

health and a child's and family's rights is invaluable," said psychologist Joy Hogge, PhD, executive director of Families as Allies.

THE WORKPLACE

Active Minds, a U.S.-based nonprofit supporting mental health for students, approaches workplace mental health from another angle. In addition to driving the conversation about mental health for young adults and mobilizing youth leaders to create mental health-friendly communities, the organization broadens the idea of what a career in mental health can look like through a newly launched tool called Cause and Career.

The tool helps young adults find jobs, mentorship, networking opportunities, and other resources that nurture their passion for mental health, including a career "quiz" that matches individuals with their fields of interest. Cause and Career also has a job board with postings from organizations outside of the counseling and therapy spaces that will allow emerging and pivoting professionals of all academic backgrounds to work in the mental health field in appropriate roles.

"People who find us may be looking for help finding a job," said Becky Fein, vice president of community initiatives at Active Minds. "But they end up encountering resources that help improve their mental health when they don't know they need the support or don't have the resources to find it."

Recognizing the impact of mental health on both employee



Active Minds, a U.S.-based nonprofit supporting mental health for students, created a new tool that helps young adults find jobs, mentorship, networking opportunities, and other resources that nurture their passion for mental health, including a career "quiz" that matches individuals with their fields of interest.

and company well-being, the U.K.-based firm The Circle Line offers psychoeducation and remote therapy services from licensed therapists to organizations that want to better support their colleagues and improve team dynamics. The Circle Line uses psychological research based on transactional analysis to help colleagues understand how mindset affects them so they can improve their work and home lives.

The founder, psychotherapist Philippa Richardson, sees The Circle Line's work as a way to introduce organizations and their workers to psychological concepts and embed mental health services they might not know they need into their daily life. People who might not otherwise seek out psychotherapy can get it at work, and it is framed as a way to balance work stressors or improve teamwork, which helps reduce stigma or hesitancy toward therapy.

"Along with helping organizations meet their employees' needs, we're helping to destigmatize mental health by making it a part of normal life," said Richardson. ■



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2023 APA ELECTIONS

Meet the 2023 *President-Elect* Candidates

APA members nominated the following finalists who will appear on the ballot on August 1.

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and long-form statements
at on.apa.org/elections



MEET THE CANDIDATES FOR APA'S 2025 PRESIDENT

Members will elect the association's next president this summer

Member nominations are in. Following are the President-Elect candidates known at the time of publication. Read on for more information on each candidate's experience and priorities. Find additional information on the candidates on the President-Elect Election Ballot: on.apa.org/elections. The winning psychologist will serve as APA's 2024 president-elect and 2025 president.

ERIC M. BUTTER, PHD

Everyday. Everyone. Everything.

Society is facing great challenges. America's psychologists have been responding with compassionate care, science, grit, and creativity. APA's staff, psychologists, and students are taking actions that bring our science, application, and practice as well as the nation's best thinkers forward to solve some of our biggest problems.

Whether it is addressing health equity, promoting mental health alongside physical health, understanding and confronting anti-science and misinformation, standing against racism and standing up for inclusion and belonging, responding to the impacts of climate change, reimagining the work place, and battling the children's mental health crisis, we have become the "go to" expert source.

Yet, we can't do *all the things*. What we can do is provide critical pivots for society where we are uniquely positioned to do so. As a scientific and professional organization, APA is very much on the right course; we have had exceptional leadership in recent years. However, society and our field are at an inflection point. Moving psychology into the places where people live, work, play, and love is our priority for the next 5 years. Population health is every psychologists' business. We will be adapting our models of care, practice, and inquiry, collaborating more across our historic boundaries, integrating research into practice, and bringing applied psychology to our research and health care services.

We must always do the next, right thing. We need leadership who can lead at a responsive pace in these ambiguous and challenging times. An "everyday APA", is one where we can call upon our members to be engaged with APA every day and an APA that is relevant to every one of our members for everything that matters to them. This values-based leadership starts with our shared understanding of psychology and our expectations for a safer, healthier, and more equal society.



DEBRA M. KAWAHARA, PHD

APA represents the full breadth of psychology and is transforming to be more inclusive and diverse. The association is creating a new strategic plan and will need a leader who can bridge its current goals and activities to the new strategic plan. It will be important for this leader to have knowledge and experience in APA and organizational systems.

As a professor, therapist, researcher, administrator, and advocate, I have found systems theory and the translatable skills vital in guiding my work with students, clients, communities, and organizations. In keeping with systems conceptualization of facilitating change, my 26-year career in academia and independent practice shows that organizations become stronger when different elements are unified toward one objective. This outcome has been seen in many of my leadership roles, including my 8-year tenure in the position of CSPP Associate Dean of Academic Affairs. I also served in various APA governance roles, including the Board of Directors and Strategic Plan Advisory Group, to being, on the Council of Representatives, Finance Committee, and Leadership Institute for Women in Psychology.

As APA President, my goal is to actualize my campaign slogan "Strength in Unity." Because I believe an ethos of strengths-based unity provides us with an opportunity to continue to dismantle exclusive structures, my action plan will be to amplify all voices and create initiatives that illuminate all our expertise in APA and psychology for the betterment of all. I want psychologists to feel that APA is a welcoming professional home that empowers all its members.

I believe that our organization has an important role to play in shaping the future of psychology through our science and knowledge and in promoting the health and well-being of individuals and communities. Together, we can fulfill our association's mission as we enact an inclusive vision for a better APA and world.



MARGARET BULL KOVERA, PHD

Few would disagree that events over the last several years have been difficult. Political polarization, racial injustice and unrest, a reduction in women's rights, attacks on the LGBTQIA+ community, the climate crisis, a loneliness epidemic, and a global pandemic have all taxed our collective well-being. As society grapples with these challenges, psychologists must ensure that the knowledge we have accumulated through our science and practice is centered in the attempts to address these critical issues. How do we achieve this goal?

We must harness our psychological science and practice to:

- Identify and dismantle the structures that produce racial and mental health disparities in the criminal legal system;
- Inoculate people against disinformation, which is prevalent and unchecked;
- Advocate for science-based policies and undo the psychological harm that comes from restricting access to appropriate reproductive and gender-affirming health care;
- Persuade the public to adopt public health and environmental conservation measures that science tells us will save lives; and
- Explore new ways, in this virtual age, of encouraging people to interact with others in person at work, school, and play.

We have a moral imperative to give psychology away. As a professional society, we are already contributing to these discussions. But we can do more, which is why I have been proud to serve on APA's Council of Representatives and partner with APA to reinvigorate the *amicus curiae* program, working with an expert panel to identify legal cases with psychological issues at their core and helping knowledgeable psychologists submit briefs that translate our science for the courts. As President, I would work to ensure that we not only redouble our efforts to have the voice of psychology heard as society grapples with these challenges but also find new avenues for psychologists to make a difference.



GRANT J. RICH, PHD

The issues facing psychologists today are many. As APA President I will aim to build unity with diversity to achieve our shared goals through:

- a) Encouraging excellence and representation in both the research and practice domains. APA and psychology are stronger when we work together effectively. We must make space for both those in academe and those in private practice and organizational settings (e.g., government, business, health care facilities, hospitals).
- b) Creating and sustaining meaningful opportunities for both senior scholars and students and early career professionals, while not neglecting mid-career psychologists.
- c) Examining best practices for effectively and efficiently integrating primary care with behavioral health. Many social issues today require psychologists to partner with colleagues in other disciplines when working on issues like climate change, poverty, health care equity, and prejudice, discrimination, and decolonization (e.g., race/ethnicity, religion, gender, disability, national origin, age, LGBTQIAI+). Promoting a worldview of living peacefully and cooperatively through greater international scholarship exchange.
- d) Ensuring ample, appropriate dissemination of psychology to other health care providers and the public. Psychoeducation should be proactive, not only reactively responding to crises after the fact. Publications should be more affordable and publications and policy briefs should be accessible in the USA and internationally.
- e) Working together with the profession and the public to make progress towards positive social change. To succeed, psychology must partner with other behavioral health professionals, insurance organizations, policymakers, and advocacy groups. We must respectfully engage with both ends of the political spectrum. We must build a system where diverse stakeholders can meaningfully engage, and better communicate our shared mission.

As APA President, to achieve these ambitious goals, I bring over 20 years' extensive experience managing organizations/projects in APA divisions, state government and academe, including life and work in diverse settings in the USA and abroad (e.g., Alaska, Cambodia, India).



■ Candidate's statements reflect their own views and do not represent the positions of APA or APA Services Inc.

ANSWERING THE CALL: THE 988 LIFELINE A YEAR ON

A year after the launch of the 988 Suicide and Crisis Lifeline, call centers nationwide are seeing a significant increase in people reaching out for help

BY HELEN SANTORO

July 16 marks the 1-year anniversary of the three-digit 988 Suicide and Crisis Lifeline, an easier way to access a network that connects callers experiencing a mental health emergency to more than 200 call centers with trained crisis counselors.

From July 2022 through March 2023, the Lifeline received more than 3.6 million contacts. Thanks to a hiring spree at many call centers, national answer rates are 88% as of March 2023, a significant increase from years prior. For example, answer rates were 64% in December 2021, according to a report by the Kaiser Family Foundation (KFF) (Saunders, H., “Taking a Look at 988 Suicide & Crisis Lifeline Implementation,” Feb. 28, 2023).

The previous 10-digit Lifeline phone number —1-800-273-TALK—was more cumbersome and difficult for people to remember when they

were overwhelmed and in crisis mode, said Shari Sinwelski, a licensed counselor in California and vice president of the Suicide Prevention Center at Didi Hirsch Mental Health Services, an organization that provides free mental health services to people in Los Angeles and Orange Counties. Originally launched in 2005, this number is still in operation and callers will be routed to the same network of 988 call centers. People can also text 988 or chat with a counselor online at 988lifeline.org.

The improved accessibility, however, has created another challenge: the need for more mental health providers to staff 988 call centers. A year in, many call centers nationwide are still seeking volunteers or staff to help people in crisis.

AN ONGOING MENTAL HEALTH CRISIS

Between 2010 and 2020, nearly half a million lives were lost to suicide. An additional 47,646 were lost in 2021, which was 4% higher than in 2020 (Curtin, S., et al., *Vital Statistics Rapid Release*, No. 24, 2022). A survey by KFF and CNN from October 2022 also found that 9 out of 10 adults in the United States believe the country is currently experiencing a mental health crisis. The COVID-19 pandemic has not helped, with more adults reporting symptoms of anxiety and depression. Drug overdoses have also risen significantly, particularly among youth and in communities of color (Panchal, N., et al., “The Implications of COVID-19 for Mental Health and Substance Use,” 2023).

The Biden administration ended its public health emergency declarations related to the COVID-19 pandemic on May 11, 2023. These declarations, which had been in place since early 2020, provided key mental health resources, such as waivers for certain Medicare and Medicaid requirements, and the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which expanded coverage of telehealth services for mental and behavioral health conditions.

Having a more accessible suicide lifeline similar to 911 is therefore crucial, said Sinwelski, who oversaw the implementation of 988 at Didi Hirsch. Each of the 200 call centers is funded by the U.S. Department of Health and Human Services through the Substance Abuse and Mental Health Services Administration, which gave nearly \$105 million in total to states to fund their centers.

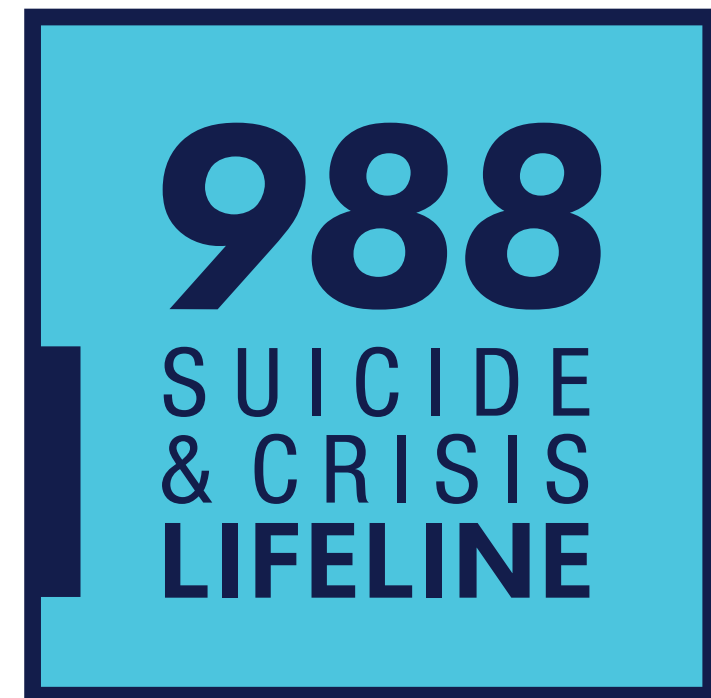
“988 is critical not only because it’s easier to remember than a general 800 number, but also because, as this shift is mandated in Federal Communications Commission (FCC) legislation, states are incentivized to improve infrastructure and response to mental health crises, along with integrating services with 911 and other first responders,” said Erin Emery-Tiburcio, PhD, who codirects the Geriatric Workforce Enhancement Program of Illinois. In 2020, the FCC passed a directive requiring all phone service providers to direct all 988 calls to the National Suicide Prevention Lifeline. “Ideally, it’s more than just a new number—it’s also ideally better

service. I say ideally because not every state has yet engaged in service improvement and infrastructure development.”

Studies have also shown that crisis lines are extremely effective at helping those in need. According to a 2022 study by researchers at Columbia University, nearly 90% of suicidal texters to the Crisis Text Line—the largest provider of text-based crisis intervention services in the United States—reported that the conversation they had with counselors was helpful, and nearly half reported feeling less suicidal (Gould, M., et al., *Suicide and Life-Threatening Behavior*, Vol. 52, No. 3, 2022).

Providers should be aware of what callers to the 988 Lifeline can expect. It operates all day, every day, and is free and confidential for anyone who is experiencing a suicidal, mental health, or substance use crisis. Military veterans can also dial “1” to be connected to a dedicated veteran call center. Additionally, trained counselors can provide resources and referrals to other mental health providers, and they only call the police as a last resort when it is essential to save someone’s life. Callers may have to wait a few minutes to be connected to a local call center, and if there are no available in-state counselors, the person will be forwarded to out-of-state overflow centers.

“What keeps me here is helping callers and being there for someone who is at a dark place in their life,” said Sal Peña, a shift supervisor at the Suicide Prevention Center at Didi Hirsch who has been taking crisis calls



The new, shorter Lifeline number has experienced an increase in calls, texts, and online chat messages from people in crisis.

for almost 30 years. “It’s about risk assessment; talking about the person’s pain, thinking about the likelihood that this person is going to do something to harm or kill themselves, sitting with them and building trust and rapport.”

Lillian Turner, a Lifeline counselor from Community Crisis Services, Inc. (CCSI)—a one-stop calling center for those in need, has also been in the mental health space for a long time. At CCSI, she answers calls for the 988 Lifeline, along with Child Protective Services and the 211 hotline, which provides those in need of information or referrals with a shortcut through the maze of Department of Health and Human Services phone numbers.

On a slower day, Turner receives anywhere from 10 to 15 calls from the 988 Lifeline alone. On her busier days, she can get up to 30. Last summer when 988

launched, she received more calls than ever before.

“I’ve been a caretaker since I was a child,” said Turner, who took care of an aunt who was 106 years old and is currently a caretaker for her grandma who has dementia. “I thoroughly enjoy helping people.”

When someone calls and indicates that they are suicidal, Turner immediately goes through a mental checklist. She starts by making sure the caller has no weapons and asks how long they have been feeling this way. She then works with the caller to come up with a safety plan. “The majority of the time they’ll talk and be open to developing a safety plan,” Turner said. “I always offer a follow-up call, so they know they’re not alone even after they hang up the phone.”

If the caller is actively attempting suicide, Turner will

More calls mean more workers and volunteers are needed to staff call centers, and more mental health professionals are necessary if a caller is referred for additional help.

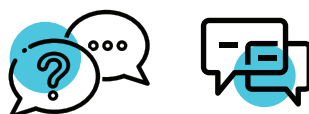
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call the police and find the individual's location using their phone number. "But 90% of the time, it's just about listening, hearing people out, and not problem-solving," said Turner. There are also many repeat callers who call in every day whom Turner knows by name. "I show that I empathize with them and ask them to tell me more about what is going on in their life. That's really all they need."

SEEKING MORE COUNSELORS

Thanks to the ease of dialing only three digits, Didi Hirsch saw a 22% increase in overall contacts to the 988 Lifeline. The organization's goal is to answer at least 90% of all calls, and they are hovering around that number. "The centers are doing a fantastic job at being able to respond to this increase in contacts," said Sinwelski.

However, call centers nationwide are always looking to bring on more graduate students and psychologists as volunteers and paid employees to help answer calls, texts, and chats from people in crisis. APA advocated for the creation of 988 and is also working to continue getting the word out about the Lifeline.

"It's hard to find staff to hire in the mental health field," said Sinwelski. "We want to let more people who are members of APA know about this service and the opportunities available."

Crisis counselors receive an average of 90 hours of training before taking 988 Lifeline calls. However, there is currently no standard training program for counselors; each call center in

FURTHER READING

New data show increased outreach to 988 following implementation of the number for the National Suicide Prevention and Crisis Hotline
Kaiser Family Foundation, 2023

988 frequently asked questions
Substance Abuse and Mental Health Services Administration, 2023

The effectiveness of crisis line services: A systematic review
Hoffberg, A., et al.
Frontiers in Public Health, 2019

the 988 network develops their own training curriculum that meets their community's needs.

In November 2022, Vibrant Emotional Health, the organization that administers the 988 Lifeline, launched a core curriculum to support crisis centers across the country and to ensure that anyone who contacts the Lifeline receives consistent, effective, research-based support from the crisis counselors.

Turner appreciated how thorough her training at CCSI was, particularly the call simulations where she would go through the steps of helping a caller who is a veteran or a member of the LGBTQ+ community.

"It's a good training ground for future mental health professionals," said Peña.

"You have the opportunity to talk to people with diagnoses that therapists are going to see every once in a while." Over his many years working at crisis call centers, Peña has spoken to people who have severe depression or are experiencing a panic attack or psychosis.

Turner sees herself continuing in this line of work for a long time—especially now that more people are reaching out to the 988 Lifeline. "It's nice helping someone else in their time of need, it's nice to be a good person," said Turner. "Just knowing that I made someone else smile or made someone else get through the day, it gives me that warm, tingly feeling." ■

"It's a good training ground for future mental health professionals. You have the opportunity to talk to people with diagnoses that therapists are going to see every once in a while."

SAL PEÑA,
SHIFT SUPERVISOR AT THE
SUICIDE PREVENTION CENTER
AT DIDI HIRSCH MENTAL
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5 QUESTIONS FOR HEATHER BERLIN

The neuroscientist is combining research, clinical work, and communication skills to bring science into popular culture **BY ZARA ABRAMS**

Neuroscientist and clinical psychologist Heather Berlin, PhD, MPH, does what many of her colleagues do: She treats patients and conducts research. But she has broadened her career to carve out time to host TV shows, guest star on podcasts, and interview celebrities.

Berlin, an associate clinical professor of neuroscience and psychiatry at the Icahn School of Medicine at Mount Sinai in New York, has worked with big names, including Neil deGrasse Tyson, Bill Nye the Science Guy, Jason Sudeikis, Chelsea Handler, and Deepak Chopra. Her science communication work has taken her all over the world, from meeting people with extraordinary skills for Discovery Channel's *Superhuman Showdown* to cocreating and hosting a science-comedy show at the Edinburgh Festival Fringe. Behind the scenes, she also works to incorporate scientific insights into film, television, and popular culture to help normalize mental health issues and educate the public about how the brain works.

The *Monitor* spoke with Berlin about the power of science communication, what she has learned so far, and what she thinks is the next big thing in neuroscience.

How did you get your start as a public science communicator?

Growing up, I was interested in both science and the arts, including painting and theater. It's always been a passion of mine to get on a stage and connect with people. But science was my number one passion, so I homed in on that. For years, I was doing basic and clinical research in neuroscience and psychiatry.

At some point in my career, I started giving talks at scientific conferences and events for the public. After one panel discussion, I got a call from a Discovery Channel talent agent. They wanted to fly me to London to audition to host a show called *Superhuman Showdown*. I got the part, took off work, and went on the road with a film crew for 6 weeks across the United States, Europe, and the Bahamas. I had never shot a TV show before, so I was just learning on the fly.



From there, it was kind of a snowball effect. I hosted a show called *Science Goes to the Movies* on PBS, where we reviewed films from a scientific perspective. I also got involved behind the scenes with the Science and Entertainment Exchange, a program at the National Academy of Sciences where we work to infuse science into films, television, and mainstream culture.

One thing I've learned is that connecting up with celebrities is a great way to get the word out about science and mental health. I've worked with Neil deGrasse Tyson on his podcast, *StarTalk*. One popular *StarTalk* episode featured Ted Lasso cocreators Jason Sudeikis and

Brendan Hunt. We talked about therapy and the psychology behind the show, which was actually inspired by Michael Pollan's book *How to Change Your Mind*. I've also publicly talked with Olympic skier Lindsey Vonn about her mental health struggles.

What do you hope to accomplish through science communication?

When I first got started, there were all these really interesting discoveries happening in the world of neuroscience and mental health, but they were often buried in scientific journals. I wondered: How can we get the word out, both to help people understand how their brain works and to improve awareness and acceptance of mental health and neurological issues? I wanted to do that in a way that didn't just seem like boring science, but where people feel like it actually pertains to them and can help them in their lives.

How do you integrate your research and clinical work into your science communication efforts?

I was inspired by the British neurologist and writer Oliver Sacks, whom I was fortunate to get to meet a few times. In his communication, he took a humanistic approach and used clinical examples to help people understand phenomena occurring in the brain. So, when I'm speaking to the public, I like to talk about specific patient cases and how these examples demonstrate the impact of the research.

What are you most excited about in neuroscience right now?

Psychedelic psychotherapy is going to change things a lot. I've seen it with my own patients, where nothing else has worked—they've tried everything—and

then they try ketamine treatment for depression or MDMA for post-traumatic stress disorder and we see significant improvements. Next in the pipeline is psilocybin, the psychedelic component in “magic mushrooms,” for the treatment of anxiety and depression. Having worked in psychiatry for many years, I’ve never seen anything that has had such an immediate impact, especially for treatment-resistant patients.

The other thing that is really exciting is new neurotechnology: the development of organoids—basically growing brains in a vat. Researchers are seeing neurons grow and start to communicate with each other, and our field may get to a point where we can even repair damage in the brain. Neural implants that deliver deep brain stimulation are also very promising

for treating obsessive-compulsive disorder, depression, and other conditions.

What do you hear most about psychology and neuroscience from the public?

I learn a lot about what people really think and care about from conversations with audience members after my public talks. I did a couple of stints at the Edinburgh Festival Fringe, where I worked with a lot of comedians. Some of the people who seem most outgoing or happiest on the outside struggle the most with things like anxiety and depression. My takeaway is that you never know what another person is going through. Even people who you think have it all together might be suffering internally. Just assume everybody has something challenging going on in their lives and

give people some leeway, because their behavior might not be about you.

The other thing that people are really concerned about is treatment. Everyone could use some therapy—that can always be helpful. But people are also curious to learn more about alternative treatments, like psychedelic psychotherapy and neural implants, in cases where the first-line treatments don’t work. My hope is that, in the future, these types of alternative treatments will be affordable and accessible to everyone who needs them. ■

Berlin’s latest project is hosting a NOVA series on perception and impulse control in the brain. Episode 1, “Perception Deception,” premiered on May 17, and Episode 2, “Who’s Really in Control,” premiered May 24.

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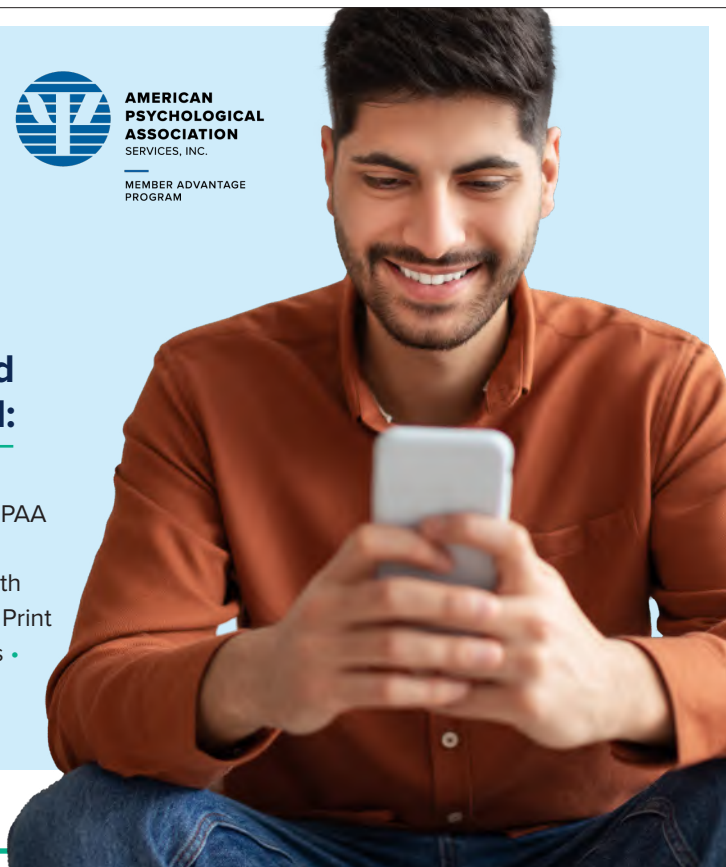


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HOW RELEVANT IS AN EATING DISORDER IN A CAPITAL CASE?

Court case raises questions about how judges view different mental health disorders

BY CYNTHIA CALKINS, PHD, JOHN JAY COLLEGE OF CRIMINAL JUSTICE

Quincy Allen is on death row in South Carolina because he murdered two people in South Carolina and two people in North Carolina during an extended crime spree that took place in the late summer of 2002. Allen also shot and wounded another man, pointed a gun at someone, and set fire to a house and two cars. He pled guilty to the charges in North Carolina in exchange for a life sentence in prison. He also pled guilty to the charges in South Carolina, resulting in a lengthy sentencing hearing before a trial judge that ultimately led to a death sentence.

During the sentencing hearing, the defense presented evidence about Allen's severely abusive childhood. Allen suffered physical and mental abuse at the hands of his mother, who beat and belittled him throughout his childhood. His mother withheld food as a form of punishment and periodically locked Allen out of the house and made him sleep alone outdoors in the cold. He spent other periods of his youth shuttled around between homes and foster care, with multiple periods of homelessness.

The defense also presented evidence of suicide attempts and multiple psychiatric hospitalizations. Experts at his mitigation gave conflicting testimony about Allen's mental health, and the trial judge said he was unable to come to a firm conclusion on whether Allen met the criteria for schizophrenia. Two of the defense psychiatrists testified that Allen had rumination disorder, a rare condition that involves regurgitating and reswallowing food soon after eating. The trial judge, who sentenced Allen to death, considered the disputed schizophrenia diagnosis but gave little to no consideration to the rumination disorder facts and testimony, opining that it is not a major mental illness. Allen appealed



AT ISSUE

Should an eating disorder have been given stronger consideration as mitigating evidence in a capital sentencing case?



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

and the Fourth Circuit overturned the death sentence on the basis that the trial judge failed to take into account all the potentially mitigating mental health evidence. The U.S. Supreme Court is now being asked to weigh whether the sentencing judge improperly failed to consider Allen's eating disorder in mitigation (*Allen v. S.C. Dept of Corr.*, 2023).

This case raises questions about how various forms of mental illness may be considered by the courts. Diagnoses that affect judgment or understanding of what is going on, such as schizophrenia, are regularly discussed as part of mental state or incompetency claims and are usually considered relevant to mitigation as well. Diagnoses that do not directly affect reality testing or one's ability to reason, such as an eating disorder, are not typically part of competency or mental state claims but may be relevant at mitigation. The defense presented evidence at sentencing showing how toxic stress and trauma, of the type Allen suffered, are linked to rumination disorder and other eating disorders. Psychologist Helen Murray, PhD, and colleagues refer to rumination disorder and pica as the "understudied" feeding disorders in the *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition) (*International Journal of Eating Disorders*, Vol. 51, No. 8, 2018). Much is unknown about the etiological underpinnings, prevalence, course of illness, and treatment outcomes of rumination disorders. Research in the field should work to advance our understanding of this disorder, and forensic psychologists should be prepared to discuss what we know—and still do not know—about feeding and eating disorders, how they may be connected to a history of abuse and trauma, and how they may influence behaviors. ■

One U.S. study found that nearly 33% of Asian American students experienced a direct racial encounter related to COVID-19, the highest rate of any ethnic or racial group.



CE

CONTINUING EDUCATION PROMOTING MENTAL HEALTH IN ASIAN AMERICAN TEENS

BY CHARLOTTE HUFF

Asian American teens face a range of psychological challenges related to cultural and societal influences, including experiencing a sense of invisibility, feeling pressured to fulfill the stereotype of the “model minority,” and navigating microaggressions and racist encounters. While best practices for treating this group are still evolving, there are many ways psychological practitioners can help them and their families navigate these issues by learning more about racial-ethnic socialization by Asian and Asian American parents, practicing cultural competence, and working with the teen to develop immediate tangible goals from the therapeutic process.

CE credits: 1

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

1. Identify the components of racial-ethnic socialization and preparation for bias in Asian American and Pacific Islander families.
2. Learn about cultural stressors and mores across a heterogeneous population.
3. Learn strategies to help Asian American teens identify and address racial dilemmas.

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

That said, mental health issues among Asian Americans and Pacific Islanders (AAPI), including teens, have received relatively little scrutiny until recently. Psychologists attribute a mix of factors to this lack of attention, including language barriers, cultural mores about mental health care, and pressures to be perceived as members of a “model minority.” In addition, the myth that all Asian Americans are successful strivers renders invisible those in this very heterogeneous population who fall lower on the economic spectrum, or cope with physical and mental health issues (Yip, T., et al., *American Psychologist*, Vol. 76, No. 4, 2021).

The model minority stereotype is “a huge disservice” to getting sufficient attention to the struggles of Asian American families, said Tiffany Yip, PhD, a psychology professor at Fordham University. “That stereotype has been so pervasive that people don’t see the vulnerabilities, or the struggle, or really even the need, to focus on this population.”

Asian Americans make up 6% of the U.S. population according to recent census data, and their population increased by 81% from 2000 to 2019, reaching 18.9 million and surpassing the growth rate of other racial and ethnic groups, according to a Pew Research Center analysis published in 2021. During the same stretch, the Native Hawaiian and Pacific Islander population increased by 61%, reaching 596,000.

Even so, research attention has been scant. According to one analysis, just 0.2% of National Institutes of Health research

funding from 1992 to 2018 was awarded to studies involving Asian American, Native Hawaiian, or Pacific Islander participants (Doan, L. N., et al., *JAMA Network Open*, Vol. 2, No. 7, 2019). Other research indicates that while Asian Americans are less likely to receive health services than other racial and ethnic groups, they also report the lowest perceived unmet need for these services (see Datapoint, *Monitor on Psychology*, April 2021). One study, which looked at mental health symptoms and treatment among more than 43,000 college and graduate students, found that Asian students had the lowest likelihood of getting mental health care of all racial and ethnic groups, with roughly 80% of cases going untreated (Lipson, S. K., et al., *Journal of Adolescent Health*, Vol. 63, No. 3, 2018).

Since Asian Americans are less likely to pursue mental health services than those in other ethnic and cultural groups, they can be incorrectly perceived as not needing therapeutic support, said Gordon Nagayama Hall, PhD, professor emeritus of psychology at the University of Oregon, who studies Asian American physical and mental health. “It’s this invisible, undocumented suffering.”

But discrimination and racism, including physical attacks on Asian Americans during the COVID-19 pandemic, may have finally illuminated the mental health stressors that this diverse population faces, psychologists say. The emergence of COVID-19, first identified in China, resulted in a surge in harassment, bullying, and other racist encounters, including among teens. From

March 19, 2020, until March 31, 2022, the Stop AAPI Hate center collected nearly 11,500 reports of such racist incidents against Asian Americans and Pacific Islanders.

Another recent analysis, involving 64,041 undergraduate students in the United States from a mix of ethnic and racial groups, found that nearly 33% of Asian students experienced a direct racial encounter related to COVID-19, the highest rate of any ethnic or racial group. In addition, 68.4% of Asian students reported a vicarious encounter related to the pandemic, either in person or online (Macaranas, A. R., et al., *Journal of Affective Disorders*, Vol. 325, 2023).

Yet, given that so few psychologists identify as Asian—just 3% according to APA data—few teens can count on finding a therapist who looks like them.

“After the summer of 2020, I was slammed with AAPI folks wanting therapy,” said Christine Catipon, PsyD, a staff psychologist at Stanford University and president-elect of the Asian American Psychological Association. Given language, cultural, and other potential barriers that Asian American teens and their families may have to surmount, therapists should be aware that the teen’s mental health symptoms might be more acute by the time they reach out for help, added Yip, who studies how racism and discrimination impact adolescent and young adult development.

“For people working with Asian American families, recognizing that even getting someone into your clinic or getting someone into your office, that’s a huge

step,” Yip said. “Most people don’t even make it to that step. So, the fact that you have someone sitting down talking to you, therapists shouldn’t take that for granted.”

EXTERNAL STRESSORS, CULTURAL MORES

Therapists working with Asian American teens will often need to gain a better sense of the unique background of each teen and their extended family to better provide culturally competent therapy. “Asian American” encompasses a widely heterogeneous population of individuals based on their country of origin, language, and cultural and religious traditions. There also is a wide degree of income disparity, surpassing other groups in recent years. By 2016, Asian Americans in the top 10% of income distribution earned 10.7 times those in the bottom 10%, according to a Pew Research Center analysis published in 2018.

Growing up in a culture that often places a strong emphasis on family and collectivism, many Asian American teens feel a heavy academic responsibility that can lead to psychological distress.



As noted, some Asian Americans feel considerable pressure to fulfill the model minority stereotype, often starting from an early age, said Annabelle Atkin, PhD, an assistant professor in the department of human development and family science at Purdue University who studies race-related developmental processes in Asian American and multiracial youth. That stereotype emerged during the civil rights movement as a way for White supremacists to argue that discrimination was not a problem and that other racial and ethnic minority groups simply were not working hard enough. “They upheld ‘Asian American’ as a model minority to make that argument,” she said. One potential danger is that if teens internalize this myth, it can lead to unrealistic stress and expectations, which may be associated with psychological distress (Lee, S. J., *Unraveling the “Model Minority” Stereotype: Listening to Asian American Youth*, Teachers College Press, 2009).

Growing up in a culture that often places a strong emphasis on family and collectivism, Asian teens also may feel a responsibility to do well, enabling them to help the family financially and otherwise moving forward, said Catipon, who is Filipina American. In the Filipino language, the expression *utang na loob* broadly translates to a debt of reciprocity to others, she said. “Many times, the students I work with [in therapy] worry about being able to reciprocate to their families for the sacrifices their families have made,” Catipon said. An example is feeling anxiety over being able

TOWWANG12/GETTY IMAGES

to find a job that pays enough to help the extended family. “Even if that isn’t overtly stated, it’s somewhat implied and understood,” she said.

Moreover, Asian American teens may cope with differing expectations and stereotypes that break down along gender lines, psychologists say. Teen girls may face biased perceptions that they are passive or submissive, or the victims of restrictive gender roles within their families or communities, said Vaishali V. Raval, PhD, a psychology professor at Miami University in Oxford, Ohio, who studies the psychological functioning of historically excluded or marginalized groups. For their part, teen boys may deal with the stereotypes that they are studious or not athletic, she said.

At the same time, the cultural messaging in Asian American families can discourage teens and their parents from trying therapy, Yip said. “Sitting down and talking about your feelings is not culturally normative,” she said. Although that situation may change as Asian families become more acculturated to U.S. norms, “there’s still sort of that resistance or maybe just a lack of awareness” about what therapy entails or the benefits it may provide, she noted.

Since parents often play a role in getting their teens into therapy, it is important to understand how they may perceive mental health issues, added clinical psychologist Cindy Liu, PhD, an assistant professor of pediatrics at Harvard Medical School.

In one pilot study she headed, 18 Chinese American immigrant parents with children between

the ages of 13 and 21 were presented vignettes involving mental health symptoms. The parents recognized that the more severe symptoms, such as psychosis, warranted treatment. But they responded differently to a vignette describing social anxiety, often labeling such behavior as “shyness” or having a “weak personality” or in other personality or cultural terms (*Asian Journal of Psychiatry*, Vol. 47, 2020). In other research, Liu and colleagues found that Asian students were less likely to report mental health diagnoses, including depression and anxiety, than White students, perhaps attributable to the lower likelihood of Asians to seek help or the higher likelihood of encountering challenges when accessing care compared with students of other racial and ethnic backgrounds. Yet they also reported significantly higher rates of suicidal ideation and suicide attempts than White students (*Depression and Anxiety*, Vol. 36, No. 1, 2019).

HELPING TEENS DEAL WITH BIAS

In therapy, psychologists can foster Asian American teens’ mental health by working with parents and teens to understand the realities and effects of discrimination on mental health while supporting their cultural pride and strength. These parents are not generally versed in how to talk about racism: A literature review found that Asian American parents were more likely to discuss ethnic socialization with their kids than to discuss challenges related to racism (Choi, Y., & Hahm, H. C., *Asian American Parenting:*

KEY POINTS

1
Psychological issues unique to Asian American teens can include feeling invisible, feeling pressured to fulfill the “model minority” stereotype, and navigating microaggressions and racist encounters.

2
Therapists can work with parents of these teens to help them understand the reality of discrimination and not minimize it, as well as to help teens respond to microaggressions.

3
As a therapist working with Asian American teens and families, displaying cultural competence and building trust and rapport is more important than one’s ethnicity.

4
Successful therapy with Asian American families and teens involves setting and fulfilling practical goalposts so patients feel like they are gaining something immediately useful and valuable from the treatment.

Family Process and Intervention, Springer, 2017).

Various factors may influence this gap, including that parents may not have experienced discrimination as a child in their home country. They also may feel too overwhelmed by the logistics of building lives in a new country to prioritize these conversations. When kids are confronted with bias and discrimination, “they have a smaller toolbox for dealing with it,” Yip explained.

Self-reported measures can help therapists better understand how Asian parents socialize their children about racism and discrimination along with their cultural heritage (Juang, L. P., et al., *Cultural Diversity and Ethnic Minority Psychology*, Vol. 22, No. 3, 2016). The Asian American Parental Racial–Ethnic Socialization Scale was designed to capture some experiences specific to Asian American families, such as efforts to assimilate to a new country and maintain ties to family in Asia. The multidimensional scale includes seven subscales: maintenance of heritage culture, becoming American, awareness of discrimination, avoidance of other groups, minimization of race, promotion of equality, and cultural pluralism.

Atkin and a research colleague at Arizona State University used the scale to assess racial-ethnic socialization approaches with 228 Asian American college students and found that parenting approaches fell into three socialization profiles (*Journal of Counseling Psychology*, Vol. 68, No. 1, 2021). They included the guarded separation group, the passive integration

group, and the active integration group.

The students in the active integration socialization group felt the most pride in their racial and ethnic identity and had social connections with others. They learned about their cultural heritage and got positive messages about assimilating into American society. Those parents “were not telling their kids to avoid people from other racial groups. They were not minimizing racism. They were moderate on awareness of discrimination. And they were very high on promoting equality or cultural pluralism,” Atkin said.

When working with Asian American families, therapists can encourage parents to foster conversations about discrimination and bias with their children. Parents can share their own experiences to model to children that it is OK to talk about racism, said Richard Lee, PhD, a psychology professor who directs the Asian American Studies Program at the University of Minnesota. They also can ask about any instances of microaggressions and other racial encounters, starting well before their children are teens. At school, for instance, a kid may have commented on the shape of a child’s eyes or on the smell of the lunch they brought from home. In fact, research shows that kids understand concepts of race and unfairness starting early on (Brown, C. S., & Bigler, R. S., *Child Development*, Vol. 76, No. 3, 2005).

Even so, children and adolescents do not always make a direct link to discrimination, Lee added. To open the discussion,



a therapist can ask if they have ever been bullied or treated unfairly. Once they begin to discuss a specific encounter, the therapist can start to explore some of the reasons it may have happened. “By helping to facilitate the exploration, they begin to share more and more details and may begin to make the connection [to racism] themselves,” Lee said.

Parents also should be discouraged from minimizing their teen’s description of a troubling encounter or advising them to ignore it and instead to focus on working hard, Lee said. Therapists can work with parents to be more proactive: An example is encouraging parents to stay involved with the child’s school so that if a teen is being bullied or excluded, parents can alert teachers or school leaders.

To prepare Asian American teens for future encounters with bias and discrimination, therapists can help them develop and

A 2021 protest against anti-Asian American hate crimes in Detroit. The model minority stereotype emerged during the civil rights movement as a way for White supremacists to argue that discrimination was not a problem and that non-White groups simply were not working hard enough.

test-drive responses, Raval said. For instance, the question “Where are you from?” often arises when a teen starts school or another new situation. If the teen shares where they live, the question may be followed by the sometimes response “Where are you really from?”—a microaggression implying that the teen cannot be from the United States given their skin color and communicating the message that “you don’t belong here,” she said.

Depending on preference, Raval said, teens could respond with their family’s country of origin or lob back, “Where are you from?” Or they might prefer to educate the other person a bit, describing why the question itself is offensive. There is no correct response, Raval added, and teens might take a different tack depending upon their personality or their relationship with the person involved. But it is important for them to practice, “to try out what feels more comfortable,” she said.

ESTABLISHING A BOND

Therapists who practice cultural competence will find it easier to build trust with Asian teens and their families. Given the paucity of Asian American psychologists, teens and their families will often work with someone who does not look like them. It is important to address that reality early on, Catipon said, because there is already a power differential between therapists and patients. “But then there’s a heightened one when it comes to the power differential between majority culture and minority culture,” she said.

Raise that differential directly with the teen, Catipon suggests, perhaps by saying, “I’m aware that there is a cultural difference in the room. I want to make sure that this feels like a safe space to explore things that you want to talk about.” Then, make sure the teen has the space to respond.

Therapists also should not expect teens to teach about their culture, added Catipon, who advises asking open-ended questions to gain broader therapeutic insights. Take the example, she said, of a teen who complains that her mother criticizes her body image, saying that it brings shame on the family. “I might ask something like, ‘I’m curious about whether this is something that’s common in your culture, or is it unique to your family?’” Therapists thus gain that broader context, she added. Plus, some Asian teens may have sought mental health support for challenges unrelated to their race or ethnicity.

Other therapeutic strategies can help foster good outcomes

and prevent early dropout, a common phenomenon among all therapy patients, but especially among Asian Americans, who are 6.5% less likely to complete treatment than their White counterparts (Smith, T. B., & Trimble, J. E., *Foundations of Multicultural Psychology: Research to Inform Effective Practice*, APA, 2016).

While some teens may prefer to be treated by someone who looks like them, in the end, displaying cultural competence and creating a bond of trust is more important than ethnicity. Asian teens and their families will benefit from therapy and see its effects relatively immediately, Hall added. In a classic article in the *American Psychologist* (Vol. 42, No. 1, 1987), for example, Stanley Sue, PhD, and Nolan Zane, PhD, highlight the importance of giving Asian American patients the sense that they are receiving something tangible from therapy relatively early on, ideally in the first few sessions—akin to the Asian cultural practice of gift giving. This approach does not imply that the treatment will be short-term; rather, patients will perceive some type of meaningful gain—a reduction in anxiety, reassurance of some type, or the building of a new goal or coping perspective—that will prevent them from dropping out.

In working with teens, therefore, it is helpful to develop specific therapeutic goals, such as giving them strategies to ease anxiety before taking tests, Hall said. Or, if the therapeutic situation involves a teen who has recently immigrated, the psychologist can both encourage outside tutoring and work with

FURTHER READING

Decolonizing mental health practice: Reconstructing an Asian-centric framework through a social justice lens
Millner, U. C., et al.
Asian American Journal of Psychology, 2021

Gendered Racial Microaggressions Scale for Asian American women: Development and initial validation
Keum, B. T., et al.
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Navigating marginalization and invisibility as Asian Americans in the U.S.
Mistry, J., & Kiyama, F.
American Psychologist, 2021

Promoting pride but missing the need for preparation for bias: Racial-ethnic socialization among Indian American families living in the Southeast U.S.
Patel, P., et al.
Asian American Journal of Psychology, 2022

Reducing mental health disparities by increasing the personal relevance of interventions
Hall, G. C., et al.
American Psychologist, 2021

the teen to better recognize that their degree of fluency does not correlate to their intelligence or value as a person, he said.

This approach of moving quickly to tackle an external goal can also help counter the potential that teens who acknowledge mental health symptoms will “lose face,” the perception which is most prominent in East Asian cultures that an individual shortfall can cause shame for the larger group, Hall said. For instance, when Asian teens get in trouble with the law or struggle in school, it may reflect on not just themselves but also the entire family.

“A pragmatic approach for Asian Americans can take the focus away from some kind of individual mental illness to an external problem that can actually be solved,” Hall said. By steering the focus away from that sense of shame, teens might be more engaged in therapy, he said. Therapists can work with those teens to develop problem-solving skills related to that external challenge, which then “could be an avenue into more traditional approaches in which there is a focus on thoughts and feelings,” he said.

With a strong commitment to cultural competence, psychologists can make headway in assisting struggling teens and their families who are reaching out, Catipon said. “Be willing and be curious to step into their shoes and their experience,” she said. “Really hone that empathy. And if you can demonstrate your empathy and really check in with how they’re actually doing, you can go a long way.” ■

Ready or not,

AI is

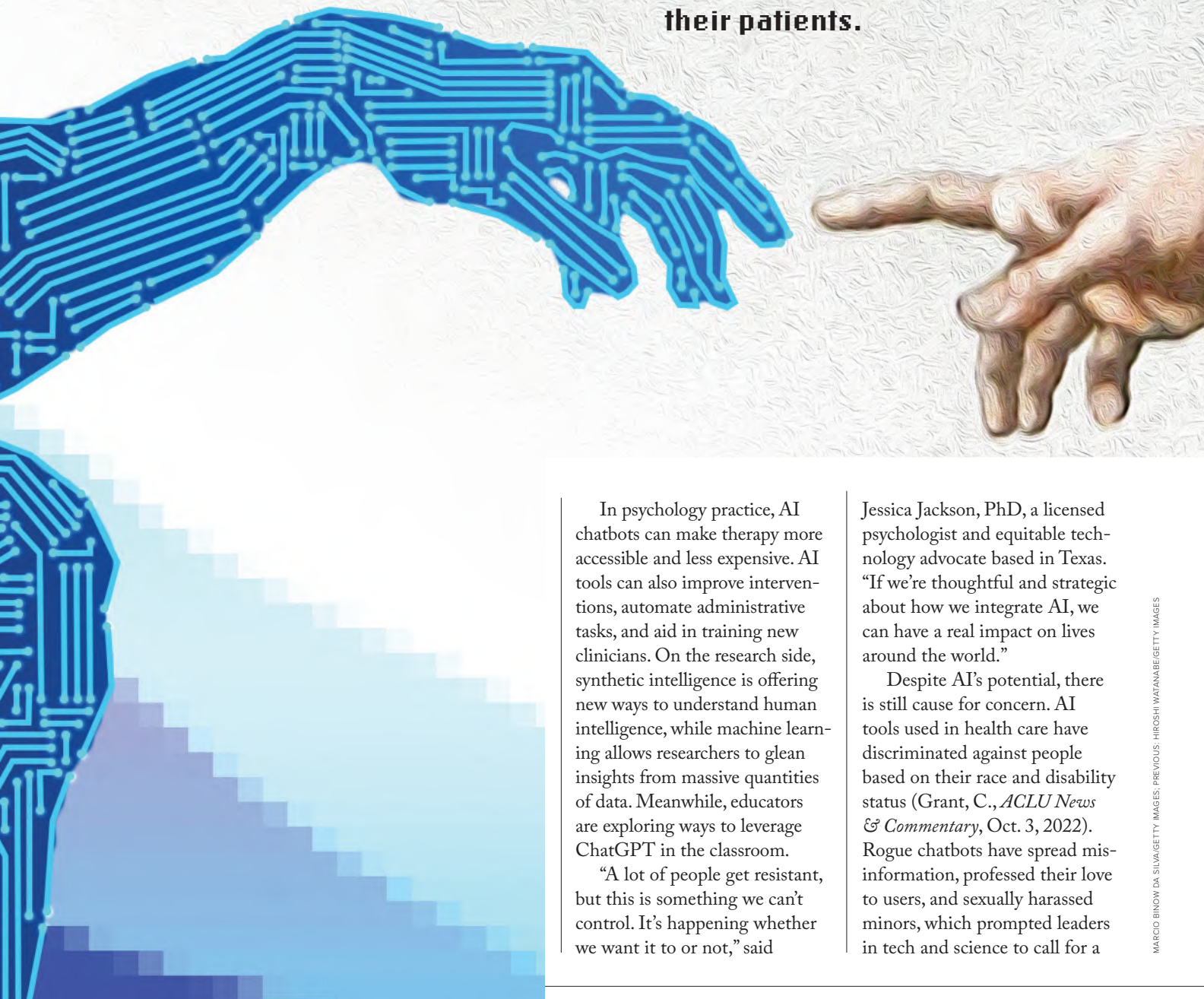


here.

Psychologists and their skills
are irreplaceable, but the
implications of AI technology will
touch every aspect of the field

BY ZARA ABRAMS

In the coming years, artificial intelligence (AI) will change every aspect of psychology, from how psychologists analyze data and study human behavior to how they deliver interventions and interact with their patients.



In psychology practice, AI chatbots can make therapy more accessible and less expensive. AI tools can also improve interventions, automate administrative tasks, and aid in training new clinicians. On the research side, synthetic intelligence is offering new ways to understand human intelligence, while machine learning allows researchers to glean insights from massive quantities of data. Meanwhile, educators are exploring ways to leverage ChatGPT in the classroom.

“A lot of people get resistant, but this is something we can’t control. It’s happening whether we want it to or not,” said

Jessica Jackson, PhD, a licensed psychologist and equitable technology advocate based in Texas. “If we’re thoughtful and strategic about how we integrate AI, we can have a real impact on lives around the world.”

Despite AI’s potential, there is still cause for concern. AI tools used in health care have discriminated against people based on their race and disability status (Grant, C., *ACLU News & Commentary*, Oct. 3, 2022). Rogue chatbots have spread misinformation, professed their love to users, and sexually harassed minors, which prompted leaders in tech and science to call for a

pause to AI research last March.

“A lot of what’s driving progress is the capacities these systems have—and that’s outstripping how well we understand how they work,” said Tom Griffiths, PhD, a professor of psychology and computer science who directs the Computational Cognitive Science Lab at Princeton University. “What makes sense now is to make a big parallel investment in understanding these systems,” something psychologists are well positioned to help do.

UNCOVERING BIAS

As algorithms and chatbots flood the system, a few crucial questions have emerged. Is AI safe to use? Is it ethical? What protections could help ensure privacy, transparency, and equity as these tools are increasingly used across society?

Psychologists may be among the most qualified to answer those questions, with training on various research methodologies, ethical treatment of participants, psychological impact, and more.

“One of the unique things psychologists have done throughout our history is to uncover the harm that can come about by things that appear equal or fair,” said Adam Miner, PsyD, a clinical assistant professor of psychiatry and behavioral sciences at Stanford University, citing the amicus brief filed by Kenneth Clark, PhD, and Mamie Phipps Clark, PhD, in *Brown v. Board of Education*.

When it comes to AI, psychologists have the expertise to question assumptions about new technology and examine

its impact on users. Psychologist Arathi Sethumadhavan, PhD, the former director of AI research for Microsoft’s ethics and society team, has conducted research on DALL-E 2, GPT-3, Bing AI, and others.

Sethumadhavan said psychologists can help companies

As more people begin to trust AI for help with everyday tasks, regulators will need to figure out how to hold AI creators accountable if, and when, consumers are harmed.

“Psychologists possess unique skills and abilities that are difficult to replicate using AI, and the human element is an essential component of many aspects of psychology.”

CHATGPT

understand the values, motivations, expectations, and fears of diverse groups that might be impacted by new technologies. They can also help recruit participants with rigor based on factors such as gender, ancestry, age, personality, years of work experience, privacy views, neurodiversity, and more.

With these principles in mind, Sethumadhavan has incorporated the perspectives of different impacted stakeholders to responsibly shape products. For example, for a new text-to-speech feature, she interviewed voice actors and people with speech impediments to understand and address both benefits and harms of the new technology. Her team learned that people with speech impediments were optimistic about using the product to boost their confidence during interviews and even for dating, and that synthetic voices with the capability to change over time would better serve children using the service. She has also applied sampling methods used frequently by psychologists to increase the representation of African Americans in speech recognition data sets.

“In addition, it’s important that we bring in the perspectives of people who are peripherally involved in the AI development life cycle,” Sethumadhavan said, including people who contribute data (such as images of their face to train facial recognition systems), moderators who collect data, and enrichment professionals who label data (such as filtering out inappropriate content).

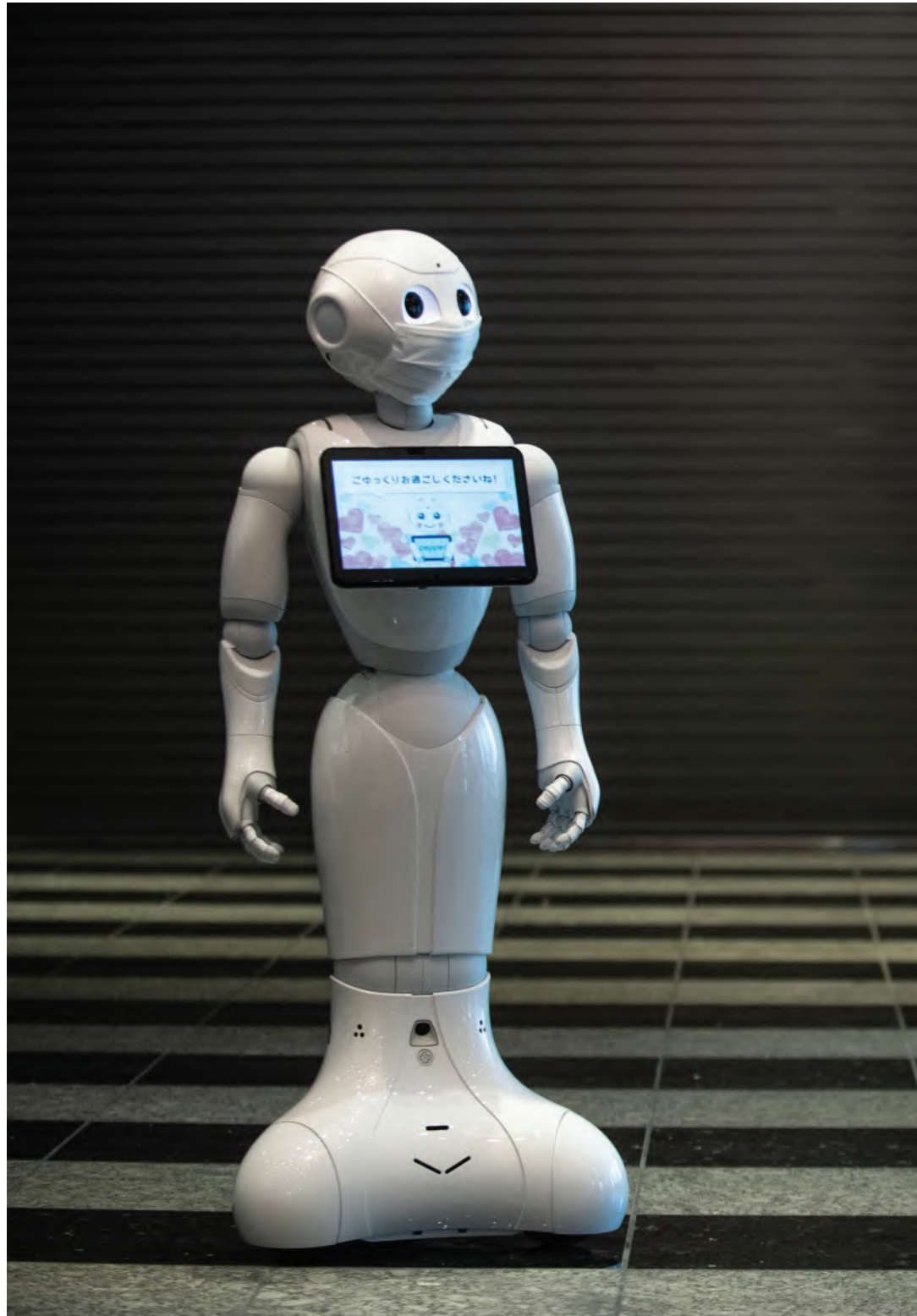
Psychologists are also taking a close look at human-machine interaction to understand how people perceive AI and what ripple effects such perceptions could have across society. One study by psychologist Yochanan Bigman, PhD, an assistant professor at the Hebrew University of Jerusalem, found that people are less morally outraged by gender discrimination caused by an algorithm as opposed to discrimination created by humans (*Journal of Experimental Psychology: General*, Vol. 152, No. 1, 2023). Study participants also felt that companies held less legal liability for algorithmic discrimination.


In another study, Bigman and his colleagues analyzed interactions at a hotel in Malaysia employing both robot and human workers. After hotel guests interacted with robot workers, they treated human workers with less respect (working paper).

“There was a spillover effect, where suddenly we have these agents that are tools, and that can cause us to view humans as tools, too,” he said.

Many questions remain about what causes people to trust or rely on AI, said Sethumadhavan, and answering them will be crucial in limiting harms, including the spread of misinformation. Regulators are also scrambling to decide how to contain the power of AI and who bears responsibility when something goes wrong, Bigman said.

“If a human discriminates against me, I can sue them,” he said. “If an AI discriminates against me, how easy will it be for me to prove it?”





Understanding the error rates and types of errors of AI technology will be essential to successfully integrating AI tools into practice.

AI IN THE CLINIC

Psychology practice is ripe for AI innovations—including therapeutic chatbots, tools that automate notetaking and other administrative tasks, and more intelligent training and interventions—but clinicians need tools they can understand and trust.

While chatbots lack the context, life experience, and verbal nuances of human therapists, they have the potential to fill gaps in mental health service provision.

“The bottom line is we don’t have enough providers,” Jackson said. “While therapy should be for everyone, not everyone needs it. The chatbots can fill a need.” For some mental health concerns, such as sleep problems or distress linked to chronic pain, training from a chatbot could suffice.

In addition to making mental health support more affordable and accessible, chatbots can help people who may shy away from a human therapist, such as those new to therapy or people with social anxiety. They also offer the opportunity for the field to reimagine itself, Jackson said—to intentionally build culturally competent AIs that can make psychology more inclusive.

“My concern is that AI won’t be inclusive,” Jackson said. “AI, at the end of the day, has to be trained. Who is programming it?”

Other serious concerns include informed consent and patient privacy. Do users understand how the algorithm works, and what happens to their data? In January, the mental health nonprofit Koko raised eyebrows after it offered counseling to 4,000 people without telling

PHILIP FONG/GETTY IMAGES

them the support came from ChatGPT-3. Reports have also emerged that getting therapy from generative language models (which produce different text in each interaction, making it difficult to test for clinical validity or safety) has led to suicide and other harms.

But psychology has AI success stories, too. Wysa's chatbot does not use generative AI, but limits interactions to statements drafted or approved by human therapists. Wysa does not collect email addresses, phone numbers, or real names, and it redacts information users share that could help identify them.

The app, which delivers cognitive behavioral therapy for anxiety and chronic pain, has received Breakthrough Device Designation from the United States Food and Drug Administration. It can be used as a stand-alone tool or integrated into traditional therapy, where clinicians can monitor their patients' progress between sessions, such as performance on cognitive reframing exercises.

"Wysa is not meant to replace psychologists or human support," said Smriti Joshi, PhD, the company's chief psychologist.

AI also has the potential to increase efficiency in the clinic by lowering the burden of administrative tasks. Natural language processing tools such as Eleos can listen to sessions, take notes, and highlight themes and risks for practitioners to review. Other tasks suited to automation include analysis of assessments, tracking of patient symptoms, and practice management.



AI has the potential to increase access to care and help psychologists monitor certain conditions, such as suicide risk.

Before integrating AI tools into their workflow, many clinicians want more information on how patient data are being handled and what apps are safe and ethical to use. The field also needs a better understanding of the error rates and types of errors these tools tend to make, Miner said. That can help ensure these tools do not disenfranchise groups already left out of medical systems, such as people who speak English as a second language or use cultural idioms of distress.

Miner and his colleagues are also using AI to measure what's working well in therapy sessions and to identify areas for improvement for trainees (*npj Mental Health Research*, Vol. 1, No. 19, 2022). For example, natural language models could search thousands of hours of therapy sessions and surface missed opportunities to validate a patient or failures to ask key questions, such as whether a suicidal patient has a firearm at home. Training software along these lines, such as Lyssn—which evaluates providers on their adherence to evidence-based protocols—is starting to hit the market.

“To me, that’s where AI really does good work,” Miner said. “Because it doesn’t have to be perfect, and it keeps the human in the driver’s seat.”

TRANSFORMING RESEARCH

For researchers, AI is unlocking troves of new data on human behavior—and providing the power to analyze it. Psychologists have long measured behavior through self-reports and lab experiments, but they can now use AI to monitor things like

social media activity, credit card spending, GPS data, and smart-phone metrics.

“That actually changes a lot, because suddenly we can look at individual differences as they play out in everyday behavior,” said personality psychologist and researcher Sandra Matz, PhD, an associate professor at Columbia Business School.

Matz combines big data on everyday experiences with more traditional methods, such as ecological momentary assessments (EMAs). Combining those data sources can paint a picture of how different people respond to the same situation, and ultimately shape personalized interventions across sectors, for instance in education and health care.

AI also opens up opportunities for passive monitoring that may save lives. Ross Jacobucci, PhD, and Brooke Ammerman, PhD, both assistant professors of psychology at the University of Notre Dame, are testing an algorithm that collects screenshots of patients’ online activity to flag the use or viewing of terms related to suicide and self-harm. By pairing that data with EMAs and physiological metrics from a smart watch, they hope to build a tool that can alert clinicians in real time about patients’ suicide risk.

“The golden goose is passive sensing,” Jacobucci said. “How can that inform, not only who is at risk, but more importantly, when they’re at risk?”

Natural language processing models are also proving useful for researchers. A team at Drexel University in Philadelphia has shown that GPT-3 can predict dementia by analyzing speech

patterns (Agbavor, F., & Liang, H., *PLOS Digital Health*, Vol. 1, No. 12, 2022). Cognitive psychologists are testing GPT’s performance on canonical experiments to learn more about how its reasoning abilities compare to humans (Binz, M., & Schulz, E., *PNAS*, Vol. 120, No. 6, 2023). Griffiths is using GPT as a tool to understand the limits of human language.

“These models can do a lot of things that are very impressive,” Griffiths said. “But if we want to feel safe in delegating tasks to them, we need to understand more about how they’re representing the world—and how it might differ from the way we think about it—before that turns into a problem.”

With their toolbox for understanding intelligent systems, psychologists are in the perfect position to help. One big question moving forward is how to prepare graduate students to collaborate more effectively with the computer scientists who build AI models.

“People in psychology don’t know the jargon in computer science and vice versa—and there are very few people at the intersection of the two fields,” Jacobucci said.

Ultimately, AI will present challenges for psychologists, but meeting those challenges carries the potential to transform the field.

“AI will never fully replace humans, but it may require us to increase our awareness and educate ourselves about how to leverage it safely,” Joshi said. “If we do that, AI can up the game for psychology in so many ways.” ■

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How to use ChatGPT as a learning tool

Abramson, A.
Monitor on Psychology,
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Improving psychotherapy with AI: From the couch to the keyboard

Allen, S.
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Nov. 3, 2022

Conversational AI for mental health: Potential & risks

Wysa
2023

PREVENTING TEEN SUICIDE

More than 20% of teens have seriously considered suicide. Psychologists are putting new energy into tackling the problem.

BY STEPHANIE PAPPAS





A troubling pattern is on the rise in adolescents across the country: increasing rates of suicide, with youth of color and LGBTQ+ youth most affected—all against a backdrop of teens reporting high levels of hopelessness, sadness, loneliness, and suicidal ideation.

A report from the Centers for Disease Control and Prevention (CDC) looking at mental health and suicidal behaviors from 2011 to 2021 indicates that 13% of high school girls had attempted suicide (30% had seriously considered it). That jumped to more than 20% for LGBTQ+ teens (45% had seriously considered it) (*Youth Risk Behavior Survey Data Summary & Trends Report: 2011–2021*).

These stats paint a dismaying picture of youth mental health. Stymying efforts to turn the tide, the field of youth suicide research is still young, and suicidal behavior is underresearched in youth of color. Researchers and clinicians are now working to understand the nuances around youth suicide and to view risk in a more holistic way.

“We focus so much on symptom reduction at the individual level, but without really contextualizing these forces that are more systemic,” said Jocelyn Meza, PhD, a clinical psychologist and professor in psychiatry at the University of California, Los Angeles, who studies culturally responsive interventions for underrepresented youth. “We’re really ignoring social structures in our treatment development.”

Shortages of clinical staff and the sheer number of youth struggling mean that suicide prevention needs to occur on

a systemic level, psychologists say. Fortunately, there are an expanding number of school-, telehealth-, and community-based programs that aim to streamline the process of seeking help and to help youth recognize signs of distress in one another and support their peers.

WIDESPREAD RISK

Between 2000 and 2018, the suicide rate among youth ages 10 to 24 rose from 6.8 per 100,000 to 10.7 per 100,000, according to death certificate data (Curtin, S. C., *National Vital Statistics Report*, Vol. 69, No. 11, 2020). This rise pushed suicide into the second leading cause of death for people ages 10 to 14 in 2021, according to the CDC (*Facts About Suicide*, May 2023).

The overall suicide rate declined in 2019 and 2020 before rising nearly back to the 2018 peak again in 2021 (Stone, D. M., et al. *Morbidity and Mortality Weekly Report*, Vol. 72, No. 6, 2023). The most alarming trend in this period was a sharp rise in suicide among Black youth ages 10 to 24. In this group, the suicide rate increased from 8.2 per 100,000 in 2018 to 11.2 per 100,000 in 2021, a rise of 36.6%. “Adolescent Black girls, compared with other demographics, have the highest increase in suicide attempts,” said Meza.

American Indian and Alaska

Native youth have even higher rates of suicide, with a rate of 36.3 per 100,000 in 2021. For White youth, the rate in 2021 was 12.4 per 100,000, compared with 7.9 for Hispanic or Latino youth and 9.4 for Asian youth.

The CDC report paints a picture of U.S. high school students in distress. An increasing number of students reported persistent feelings of sadness or hopelessness in 2021, including 57% of girls (up from 36% in 2011), 29% of boys, and 69% of LGBTQ+ students.

With such widespread distress, prevention needs to be broad-based, said Christine Moutier, MD, a psychiatrist and the chief medical officer of the American Foundation for Suicide Prevention (AFSP). One of the prime environments for interventions is schools, the origin of both stressors and protective factors for many teens. Signs of Suicide (SOS), one of the most widespread programs, has been shown in two randomized controlled trials led by University of Connecticut medical sociologist Robert Aseltine, PhD, to increase knowledge about suicide risk, increase adaptive attitudes about depression and suicide, and reduce suicide attempts by 40% in high schoolers (*American Journal of Public Health*, Vol. 94, No. 3, 2004; *BMC Public Health*, Vol. 7, No.

From 2011 to 2021

13%

of girls had attempted suicide.

30%

had seriously considered it.

20%

of LGBTQ+ teens had attempted suicide.

45%

had seriously considered it.



161, 2007). A more recent study replicated these results, with ninth graders who had taken the SOS training 64% less likely than those who had not taken the training to report a suicide attempt (*Prevention Science*, Vol. 17, No. 2, 2016).

The brief curriculum uses video clips to educate students about signs of suicidal behavior and teaches them how to demonstrate care and get help from a trusted adult. “They’re going to talk to each other before they reach out to an adult,” said Lisa Desai, PsyD, a clinical psychologist and the chief behavioral health officer at MindWise Innovations, which runs the SOS program. “Let’s

equip middle schoolers and high schoolers to have that conversation with each other.”

Teens and young adults turn to each other in times of crisis, said Kurt Michael, PhD, a clinical psychologist and senior clinical director at The Jed Foundation (JED), a nonprofit dedicated to preventing youth suicide. A 2015 survey of first-year college students by Harris Poll on behalf of JED found that 76% of these students said they’d turn to friends for emotional support, compared with 64% who would reach out to family. And peer support can reduce risk, with research showing that perceived social support reduced the link between severe anxiety

and suicidal thoughts in teens (Gallagher, M., et al., *Journal of Abnormal Child Psychology*, Vol. 42, 2014). Given these findings, the JED High School Program aims to foster enhanced social connectedness, youth engagement, and positive school climate that affirms the benefits of help-seeking among the students.

Promoting peer-to-peer support is also a key goal for Seize the Awkward, a national initiative created by AFSP and JED, in collaboration with the Ad Council. This public awareness campaign aims to educate teens and young adults about mental health and empower them to reach out and have a

Teens often turn to peers before they go to an adult for help, and peer support can reduce risk.

conversation when a friend is struggling. Though there have long been concerns about putting pressure on young people to support each other, young people already feel that pressure and want the tools to help, Moutier said. “They take their responsibility as a friend very, very seriously,” she said.

Part of the challenge is to overcome teens’ fear that if they tell a trustworthy adult about a friend’s struggles, the friend will be angry, said Vanessa Prosper, PhD, a counseling psychologist and associate professor of the practice of counseling, developmental, and educational psychology at Boston College and a clinical coordinator at Boston Latin School. To overcome this, teens need to hear messages about how people experiencing suicidal ideation may not always make the best decisions for themselves. “We say that we understand that you don’t want your friend to be upset, but when you’re in great distress and crisis, your mind is foggy,” Prosper said. “We tell teens, once your friend gets treatment, they’ll probably thank you. Would you rather have your friend alive but mad at you, or your friend really in harm’s way?”

Other efforts focus on strengthening the safety net for students who are struggling. The TRAILS Suicide Prevention and Risk Management

program helps schools build suicide prevention policies and staff trainings aligned with best practices, putting a particular emphasis on building connections between schools and outside mental health professionals. Often, a student who reports suicidal thoughts or behavior is sent to an emergency room, which may be unnecessary for youth not in immediate crisis. There are also few established lines of communication between school staff and outside mental health providers, said Natalie Rodriguez-Quintana, PhD, MPH, a clinical psychologist and the vice president of clinical science at TRAILS. The program equips school staff with proper risk assessments and protocols to coordinate care.

The TRAILS suicide prevention program launched in 2020 and is seeing snowballing adoption, with nine schools partnering with the program in the 2021–2022 academic year and 70 joining in 2022–2023. (TRAILS also provides programming and training in social and emotional learning and cognitive behavioral skills to more than 800 schools.)

Two waves of state funding are helping expand the effort. “We have gotten such amazing feedback with regard to Tier 3 [the suicide prevention program] and partners wanting to implement, so I’m expecting it to grow,” Rodriguez-Quintana said.

Pushing for more mental health staff in school is crucial for reducing suicide risk, said Prosper. “When we try to connect kids to outside providers, there are long waiting lists,” Prosper said. “That’s why it’s so important we get staff inside of schools, because out there it can take months.”

TARGETING THE VULNERABLE

Some of the most underserved and vulnerable youth are concentrated within the justice system. Justice-involved youth are 4 times more likely to attempt suicide than the general youth population, said Kathleen Kemp, PhD, a clinical psychologist at Brown University. Many have multiple risk factors for suicide, including substance use disorders, psychiatric disorders, exposure to trauma, and access to lethal means, said Katherine Elkington, PhD, a clinical psychologist at Columbia University.

Kemp is currently working on a 5-year National Institute of Mental Health–funded project to improve treatment for suicidal ideation and behaviors in justice-involved youth. The project, Kemp says, grew out of an initial push to get non-mental health staff within the justice system to conduct evidence-based suicide screening. But it soon became clear that not even mental health

Suicide rates per 100,000 in 2021 among youth 10 to 24 years old:

36.3
American Indian and Alaska Native

12.3
White

11.2
Black*

9.4
Asian

7.9
Hispanic/Latino

***From 2018 to 2021 suicide among Black youth rose by**

36.6%

“We need to focus on the context that is impacting their sense of belonging.”

JOCELYN MEZA, PHD, CLINICAL PSYCHOLOGIST AT THE UNIVERSITY OF CALIFORNIA, LOS ANGELES



professionals in the system were doing this screening adequately, because of both inadequate staffing and inadequate training in suicide prevention. The researchers are implementing a training in best practices for screening and in a four-session intervention for youth who show signs of suicidal ideation or self-injury.

A major goal is to ensure the program can be implemented effectively, Kemp said. “We’re going to be asking administrators these questions and then looking at outcomes to see if they sustain the training practice after we withdraw from providing the training directly,” she said.

Building sustainable systems is a goal of Elkington’s research,

as well. She is leading a project called e-Connect, which focuses on youth under community supervision, or probation. The goal of the program is to better identify youth at risk of self-harm and suicide and to make sure they get treatment once they are identified.

“Typically, what happens is once they move over from the justice system to the treatment system, they fall through the cracks and they don’t get there,” Elkington says. “e-Connect was developed not only to do a better job of identification but critically to do a better job of ensuring that the youth then make it to care.”

The program consists of a digital evidence-based screening

The most alarming trend in recent years has been a sharp rise in suicide among Black youth ages 10 to 24.

that classifies youth into different risk levels and generates local referral pathways to care, all of which were designed with input from local stakeholders. The screening is scored in real time and probation officers are trained to effectively debrief families on the results. “A non-clinician faced with a youth who is suicidal may feel a little panicky,” Elkington said. “But with e-Connect, how to effectively manage the situation is detailed right there on the tool.”

A trial of e-Connect was carried out in New York and found a substantially higher treatment initiation using e-Connect compared with baseline (*Journal of Consulting and Clinical Psychology*, in press). The program

also seemed to shrink racial disparities in who gets referred to treatment. Elkington and her team are now scaling up the program in nine counties in Indiana.

Reducing access to lethal means is another crucial pathway to preventing adolescent suicide, JED's Michael said. The odds of dying by suicide are twice as high in rural America compared to urban areas, and rural teens report easier access to firearms than urban teens, according to research led by epidemiologist Talia Spark, PhD, of the Department of Veterans Affairs (*JAMA Network Open*, Vol. 4, No. 10, 2021). "When a fence barrier was installed on the Duke Ellington Memorial Bridge, suicide deaths from the bridge were reduced by 90%—and it did not increase the rate of attempts at other bridges around Washington, D.C.," Michael said. "We can reduce death by firearms using the same model. Rather than attempting to predict individual behavior, prevention should focus on reducing access to lethal means."

A CRISIS IN BLACK AND LGBTQ+ YOUTH

While the most concerning rates of suicide are in underrepresented youth, most of the research on youth suicidality has focused on White adolescents. Psychologists are now trying to address the knowledge gap to better understand how to assess youth of color and LGBTQ+ youth. They're also working to better understand how a national atmosphere of trauma and discrimination affects these young people's suicide risk. "We need

to focus on the context that is impacting their sense of belonging," UCLA's Meza said.

It's clear that suicide risk can be tied into the overall social climate. After the mass shooting in Uvalde, Texas, in 2021, messages to the nonprofit Crisis Text Line that mentioned firearms and grief spiked, according to research led by a team including Adam Bryant Miller, PhD, a clinical psychologist at the Research Triangle Institute in North Carolina (*JMIR Public Health and Surveillance*, Vol. 9, 2023). "Our current landscape with mass shootings drives psychological distress," Miller said. "The ripple effects are just enormous, and I think it's even larger than what we're capturing."

Likewise, Black youth can be traumatized by repeated videos of the deaths of Black men at the hands of police officers, said Sherry Molock, PhD, a clinical psychologist at The George Washington University. But this sort of trauma isn't recognized in traditional assessments of suicide risk. "We need to ask kids, What are you exposed to that really bothers you?" Molock says.

Political and social context also impacts LGBTQ+ youth. The Trevor Project, a nonprofit that focuses on suicide prevention in LGBTQ+ youth, has found higher rates of suicide attempts in youth who report that their homes, schools, or communities are not accepting (*2022 National Survey on LGBTQ Youth Mental Health*). A report by the research institution Child Trends found that in states that proposed anti-LGBTQ+ legislation, texts to the Crisis



Psychologists are working to address the knowledge gap to better understand how to assess LGBTQ+ youth for suicide risk.

"Part of the reason why we haven't made a dent in suicide deaths is we only focus on individualized solutions. People don't live in an individualized world."

SHERRY MOLOCK, PHD, CLINICAL PSYCHOLOGIST
AT GEORGE WASHINGTON UNIVERSITY

Text Line rose a small but statistically significant amount in the subsequent 4 weeks (Parris, D., et al., "Anti-LGBTQ Policy Proposals Can Harm Youth Mental Health," Child Trends, July 6, 2021).

"You have youth existing in an environment that is pervasively invalidating," Miller said.

Meza, Molock, and Miller are members of the Youth Suicide Research Consortium (YSRC), a group that formed 4 years ago to address the issue of youth suicide, particularly in communities of color. Current assessments often fail to capture

risk for Black youth, Molock said, with Black youth being less likely to report suicidal ideation or diagnoses of depression before a suicide attempt. This suggests that assessments fail to inquire about risk factors in a way that resonates with Black teens.

Assessments also often fail to ask about protective factors, such as faith communities or family ties, which may be particularly important to young Black people, Molock said.

The goal of the YSRC is to delve into the complex and nuanced factors that drive risk and protection in these

vulnerable populations. They're also extending this nuance into new treatments. Molock is leading research on increasing social cohesiveness via Black churches in New York. Meza and her colleagues are testing an intervention with Black and Latino college students that targets their sense of belonging by encouraging them to participate in civic engagement.

"Part of the reason why we haven't made a dent in suicide deaths," Molock said, "is that we only focus on individualized solutions. People don't live in an individualized world." ■

YOUTHLINE: A PEER-SUPPORT CRISIS LINE FOR TEENS

Teens often feel more comfortable talking to their peers about their problems than they do talking with adults. YouthLine, a crisis line run by Lines for Life, leverages this fact by staffing its lines with teen and young adult volunteers.

"Young people reach out to us because they want to talk to somebody close or similar in age," said YouthLine director Emily Moser, MPA.

Youth volunteers staff the lines from 4 p.m. to 10 p.m. Pacific time each day, with adults available to talk at other hours. YouthLine gets approximately 25,000 contacts each year, Moser said, with about half being calls and half coming in through text message or email. Teen operators receive more than 65 hours of training, including certification through the programs Youth Mental Health First Aid USA and safeTALK, two evidence-based trainings. Most also get Applied Suicide Intervention Skills Training (ASIST).

"YouthLine is a youth development program, too," Moser said. "One thing people ask us all the time is, Can teenagers really do this? And the answer is an obvious yes. The youth we work with learn about their own mental wellness and self-care and a lot about help-seeking."

Youth staff work in a supervised location with adults available to step in during particularly difficult calls. But the call center is a tight-knit space with a huge beanbag chair, a giant Jenga game, snacks, and a carpet speckled with crumbs, Moser said. "More than 90% of the volunteers tell us, 'This experience is life-changing for me, and I will carry these skills everywhere I go.'"

To reach YouthLine, teens can call 877-968-8491, text "teen2teen" to 839863, email teen2teen@linesforlife.org, or visit <http://theyouthline.org>.

FURTHER READING

Suicidal thoughts and behaviors among LGBTQ youth: Meta-analyses and a systemic review
Hatchel, T., et al.
Archives of Suicide Research, 2019

Black youth suicide crisis: Prevalence rates, review of risk and protective factors, and current evidence-based practices
Meza, J. I., et al.
Focus, 2022

Culturally responsive assessment of suicidal thoughts and behaviors in youth of color
Molock, S. D., et al.
American Psychologist, 2023

RESOURCES

Mental Health First Aid for Youth
www.mentalhealthfirstaid.org/population-focused-modules/youth

The JED Foundation Mental Health Resource Center
<https://jedfoundation.org/mental-health-resource-center/>

safeTALK Suicide Prevention Course
www.livingworks.net/safetalk

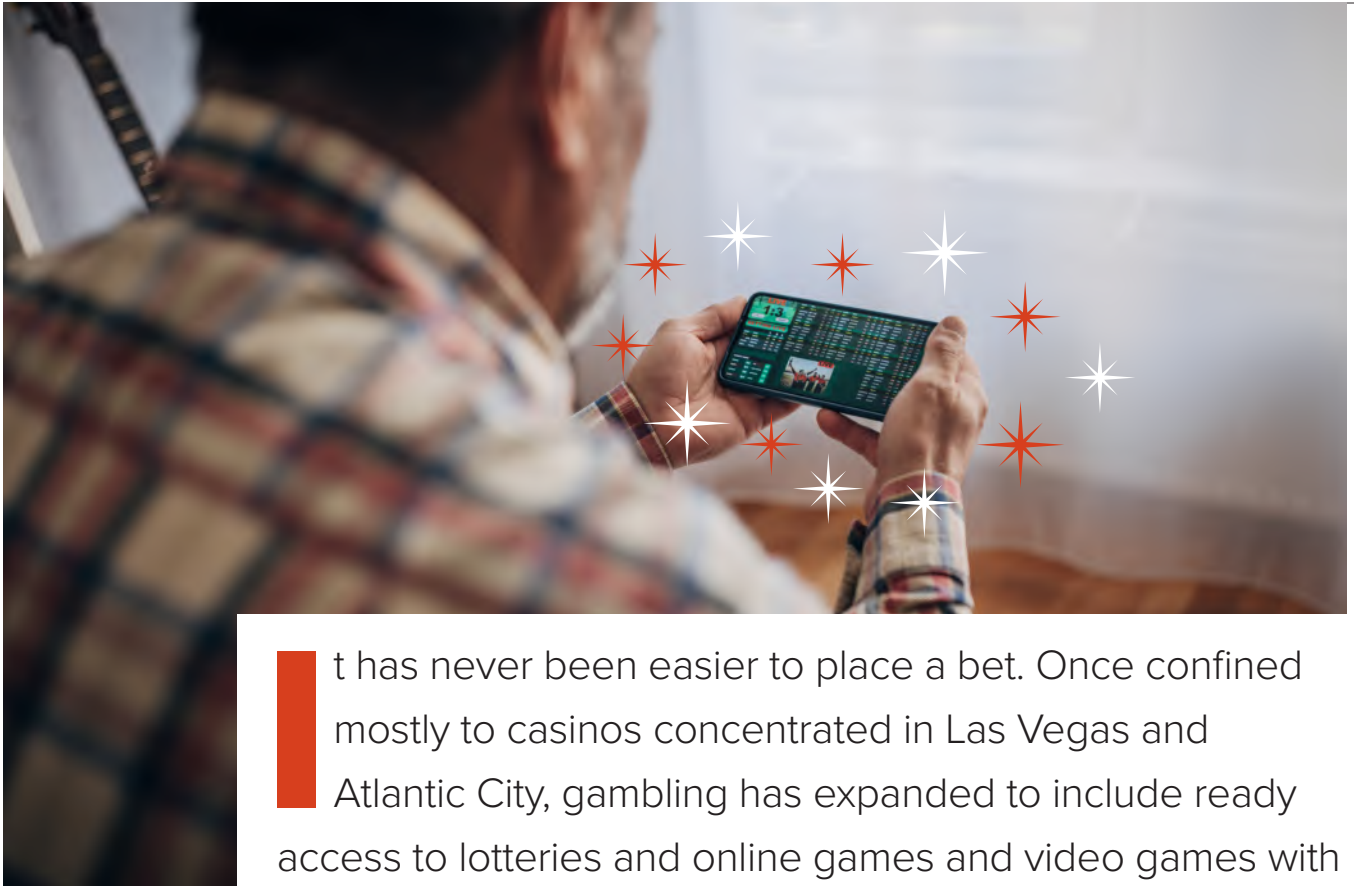




MORE GAMBLING, MORE PROBLEMS?

Access to gambling has expanded dramatically, including among children. Psychologists are stepping up their efforts to better understand how gambling affects the brain and who is most vulnerable to addiction.

BY EMILY SOHN



It has never been easier to place a bet. Once confined mostly to casinos concentrated in Las Vegas and Atlantic City, gambling has expanded to include ready access to lotteries and online games and video games with gambling elements for adults and children.

Sports betting is now legal in 37 states plus Washington, D.C., with six more considering legislation, according to American Gaming Association data from early 2023. People can gamble around the clock from anywhere and, increasingly, at many ages, including teenagers and even young children who are well below the legal age for gambling.

As access to gambling has expanded, psychologists and other experts have become concerned not just that more people will give it a try, but that more will develop gambling problems. And while it is still too soon to know what the long-term effects will be, evidence is growing to suggest that young people, especially boys and men,

are among those particularly vulnerable to gambling addiction—the same demographic most often participating in the newest forms of gambling: sports betting and video game-based gambling.

People in their early 20s are the fastest-growing group of gamblers, according to recent research. And many kids are starting younger than that. Nearly two-thirds of adolescents, ages 12 to 18, said they had gambled or played gambling-like games in the previous year, according to a 2018 Canadian survey of more than 38,000 youth funded by the government of British Columbia (*Understanding the Odds*, McCreary Centre Society, 2021).

Starting young carries a relatively high burden of psychological distress and increased chances of developing problems.

Researchers are now working to refine their understanding of the psychological principles that underlie the drive to gamble and the neurological underpinnings of what happens in the brains of gamblers who struggle to stop. Counter to simplistic assumptions about the role that the neurotransmitter dopamine plays in addictions (Nutt, D. J., et al., *Nature Reviews Neuroscience*, Vol. 16, No. 5, 2015), research is showing variations in the volume and activity of certain areas of the brain related to learning, stress management, and rewards

processing that might contribute to problematic gambling.

Understanding what makes certain people vulnerable to developing problems could ultimately lead to better strategies for prevention and treatment, and also elucidate the evolving health impacts of gambling, the consequences of starting young, and even the role that the government should play in addressing those issues.

As it stands, NIH has agencies dedicated to problem alcohol use and drug use, but there are no official efforts aimed at problem gambling, and there are no federal regulations against advertisements for sports betting, said social worker Lia Nower, JD, PhD, director of the Center for Gambling Studies at Rutgers University in New Jersey. That means kids can see ads, often featuring their sports heroes promoting gambling, at any time of day or night. “It’s the wild, wild west with regard to gambling,” Nower said.

EXAMINING THE RISKS

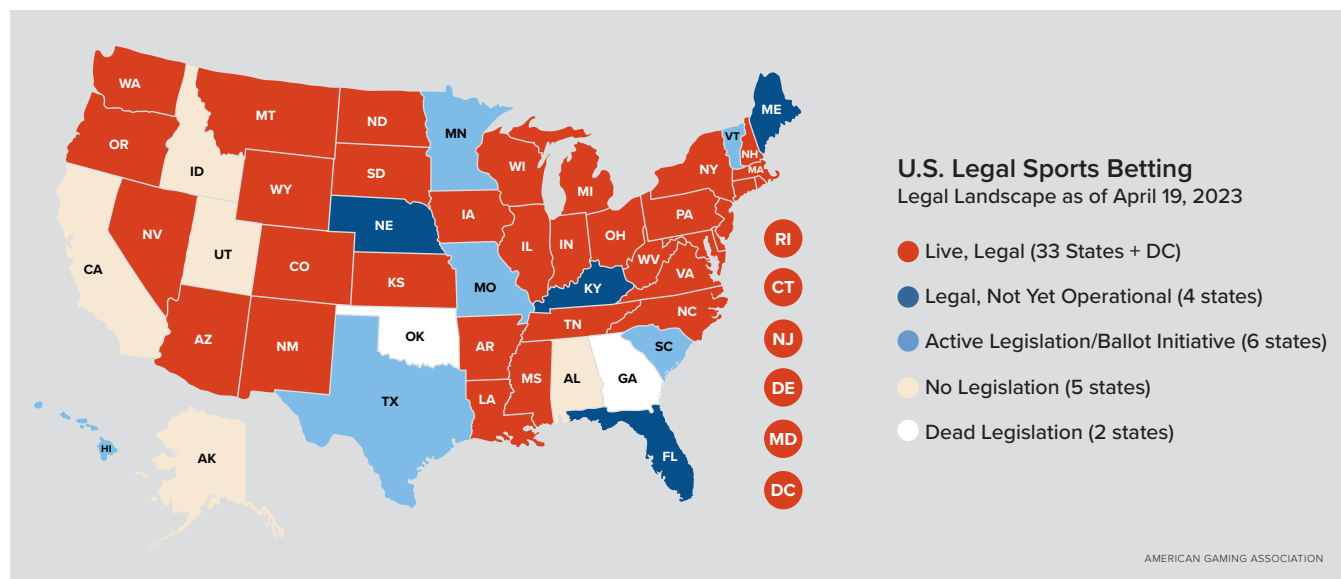
Most adults and adolescents in the United States have placed some type of bet, and most do it without problems. But a significant subset of people who start gambling go on to develop gambling disorder, defined in the *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition) as a persistent, recurrent pattern of gambling that is associated with substantial distress or impairment.

Gambling problems, previously called pathological gambling, were considered an impulse control disorder until 2013, when the *DSM-5* classified them as an addictive disorder. That made gambling addiction the first, and so far the only, defined behavioral addiction in the clinical section of *DSM-5* (with some hints that video gaming disorder might ultimately follow, experts say). Like addictions to alcohol and drugs, gambling addictions are characterized by an increasing tolerance

that requires more gambling as time goes on to feel satisfied. People with the disorder can also experience withdrawal that causes irritability when they try to quit.

Over the last 20 years or so, researchers have refined their understanding of how common gambling addictions are and who is most vulnerable. Among adults, the estimated proportion of people with a problem ranges from 0.4% to 2%, depending on the study and country. Rates rise for people with other addictions and conditions. About 4% of people being treated for substance use also have gambling disorder, as do nearly 7% of psychiatric inpatients and up to 7% of people with Parkinson’s disease. An estimated 96% of people with gambling problems have at least one other psychiatric disorder. Substance use disorders, impulse-control disorders, mood disorders, and anxiety disorders are particularly common among people with gambling problems (Potenza, M.

Researchers are refining their understanding of the drive to gamble and the neurological underpinnings of what happens in the brains of gamblers who are struggling to stop.



N., et al., *Nature Reviews Disease Primers*, Vol. 5, No. 51, 2019).

Vulnerability is high in people with low incomes who have more to gain with a big win, added psychologist Shane Kraus, PhD, director of the Behavioral Addictions Lab at the University of Nevada, Las Vegas. Young people, especially boys and men, are another susceptible group. Up to 5% of adolescents and young adults who gamble develop a disorder. And men outnumber women at a ratio of about 2 to 1 among people with gambling addictions, although there are a growing number of women with the disorder.

Despite concerns, scientists have yet to document a consistent rise in the rates of gambling problems in recent years, said Jeffrey Derevensky, PhD, a psychologist and director of the International Centre for Youth Gambling Problems and High-Risk Behaviours at McGill University. Still, because more people now have access to gambling, evidence suggests that overall numbers of problems appear to have risen, Derevensky said. After Ohio legalized sports betting, for example, the number of daily calls to the state's gambling helpline rose from 20 to 48, according to the Ohio Casino Control Commission. Other states have reported similar trends.

As evidence accumulates, it is important to examine the risks without overreacting before the data are in, said Marc Potenza, PhD, MD, director of Yale University's Center of Excellence in Gambling Research. When casinos enter a region, he said, the area may experience a transient bump in gambling problems followed by

FURTHER READING

Sports betting around the world: A systematic review

Etuk, R., et al.
Journal of Behavioral Addictions, 2022

The migration between gaming and gambling: Our current knowledge

Derevensky, J. L., et al.
Pediatric Research and Child Health, 2021

The intergenerational transmission of gambling and other addictive behaviors: Implications of the mediating effects of cross-addiction frequency and problems

Nower, L., et al.
Addictive Behaviors, 2022

RESOURCES

National Problem Gambling Helpline
www.ncpgambling.org/help-treatment/national-helpline-1-800-522-4700/

Gamblers Anonymous
www.gamblersanonymous.org/ga/

a return to normal. Given how quickly gambling is evolving with digital technologies, only time will tell what their impact will be. "We don't want to be overly sensationalistic, but we do wish to be proactive in understanding and addressing possible consequences of legalized gambling expansion," he said.

FROM GAMING TO GAMBLING

After years of studying the psychological effects of video game violence, psychologist James Sauer, PhD, a senior lecturer at the University of Tasmania in Australia, took notice when Belgium became the first country to ban a feature called loot boxes in video games in 2018. Loot boxes are digital containers that players can buy for a small amount of money. Once purchased, the box might reveal a special skin or weapon that enhances a character's looks or gives a player a competitive advantage. Or it might be worthless.

On a Skype call after the news broke, Sauer, a psychological scientist and co-executive director of the International Media Psychology Laboratory, talked with his collaborator, psychological scientist Aaron Drummond, PhD, of Massey University in New Zealand, about Belgium's decision. Because loot boxes represent a financial risk with an unknown reward, Belgian policymakers had categorized them as a form of gambling, and those policymakers were not the only ones. Countries and states that have passed or considered regulations on loot boxes include Australia, the Netherlands, and

Hawaii. But those regulations were contentious.

Sauer and Drummond discussed the need for more science to guide the debate. "We were trying to think about how we might contribute something sensible to a discussion about whether these in-game reward mechanisms should or should not be viewed as a form of gambling," Sauer said.

To fill the evidence gap, the researchers watched online videos of players opening loot boxes in 22 popular and recently released games that had been rated by the Entertainment Software Ratings Board as appropriate for people ages 17 and younger. Nearly half of the games met the definition for gambling, the researchers reported in 2018, including *Madden NFL 18*, *Assassin's Creed Origins*, *FIFA 18*, and *Call of Duty: Infinite Warfare* (*Nature Human Behaviour*, Vol. 2, 2018). Among the criteria for qualifying as gambling was an exchange of real money for valuable goods with an unknown outcome determined at least partly by chance. Purchased objects had value that gave an advantage in the game and sometimes could be sold or traded to others for real money.

Loot boxes tap into the same psychological principles that draw people to slot machines, Sauer said. They may deliver a big payoff, but payoffs come at random intervals. Unlike rewards given after every repetition of a behavior, this type of variable ratio reinforcement, or intermittent reinforcement, exploits a cognitive distortion that makes a player or gambler view each loss as one step closer to a win and

can lead to very rapid adoption of a behavior that can then be hard to extinguish, Sauer said. Animals exhibit the same patterns. “They feel sure that the reward is coming, but they can’t know when, so they keep repeating the behavior,” he said. “They continue even as rewards become less and less frequent and even stop entirely.”

After establishing that loot boxes, which generate billions of dollars in revenue for video game companies, are often in fact a type of gambling, studies by Sauer’s group and others since then have shown that people who spend more on loot boxes are often at higher risk of developing gambling problems, and that the connection is strongest in adolescence. Scientists are now working to untangle the question of whether buying loot boxes can cause gambling addictions, and at least some evidence supports this kind of gateway idea.

In one survey of 1,102 adults in the United Kingdom, about 20% of gamblers said that loot boxes were their first introduction to gambling and that their experiences with the game rewards made them think that other forms of gambling could be fun, according to a 2022 study (Spicer, S. G., et al., *Addictive Behaviors*, Vol. 131, No. 107327, 2022). More than 80% of them had started buying loot boxes before they were 18. More recently, Canadian researchers surveyed hundreds of young adult video gamers at two time points, 6 months apart. Among those who were not gamblers when the study started, dozens went on to gamble over the course of the study, they reported in 2023,



suggesting that loot boxes had opened the gambling floodgates (Brooks, G. A., & Clark, L., *Computers in Human Behavior*, Vol. 141, No. 107605, 2023).

But the relationship can also go the other way. People who already gambled, the Canadian researchers found, spent more on loot boxes. And in the U.K. research, about 20% of people who started out with other types of gambling migrated to loot boxes—the same proportion that went in the other direction. Figuring out how loot boxes and gambling behavior influence each other remains a work in progress. “We just don’t have the data yet to understand the long-term consequences,” Sauer said.

Also contentious is the question of how loot boxes affect mental health. Sauer’s group has found a link between spending on loot boxes and severe psychological distress (*Scientific Reports*, Vol. 12, No. 16128, 2022), while other research has failed to find the same association.

The loot boxes featured in many of today’s video games tap into the same psychological principles that draw people to slot machines.

Because kids are increasingly being exposed to gambling, it is an important question to sort through. “Some researchers have argued,” Sauer said, “that if we don’t want kids engaging with bona fide gambling behaviors, maybe we want to be wary about kids engaging with these . . . gambling-like reward mechanisms.”

EARLY EXPOSURE

Loot boxes are not the only avenue to gambling for kids. Online games that simulate gambling without financial risk are often available to very young children, said Derevensky, who once watched a young girl play a slot machine game on a tablet installed in an airport waiting area. She was earning points, not real money, and loving it. “She’s winning, and she’s saying to her dad, ‘I can’t wait until I play it for real,’” he said. “She must’ve been no more than 6 years old.”

By adolescence, about 40% of people have played simulated

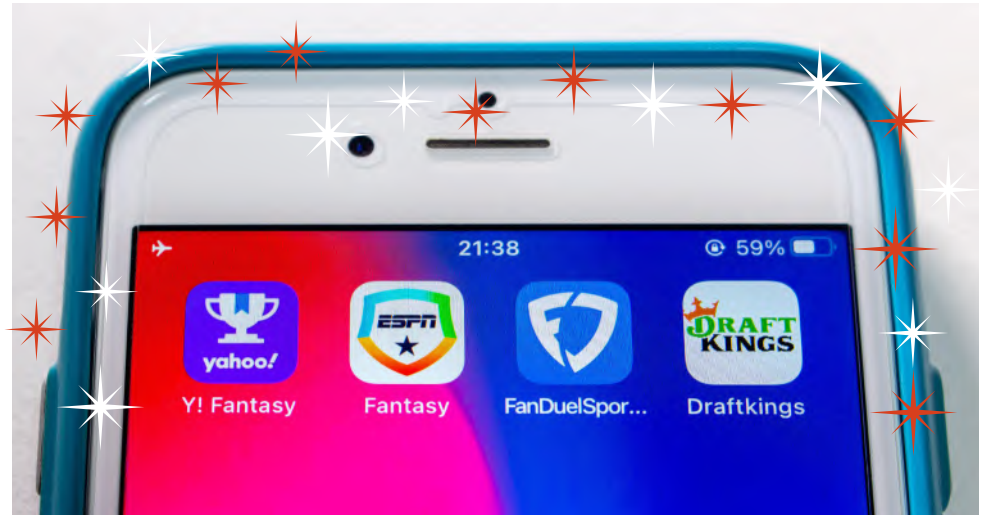
gambling games, studies show. These games often involve more winning than their real-world equivalents, Derevensky said. And that playful introduction without financial stakes can spark an interest. Work by his group and others has shown that teens who play simulated gambling games for points are at higher risk of having gambling problems later on (Hing, N., et al., *International Journal of Environmental Research and Public Health*, Vol. 19, No. 17, 2022).

Seeing parents, siblings, or other members of the household gamble also normalizes gambling for kids, making them more likely to engage in gambling and other risky behaviors, including alcohol and drug use. Nower has found in her research (*Addictive Behaviors*, Vol. 135, No. 107460, 2022). And the earlier kids get exposed to gambling through online games and other avenues, studies suggest, the more severe their gambling problems are likely to be later on (Rahman, A. S., et al., *Journal of Psychiatric Research*, Vol. 46, No. 5, 2012).

“Kids as young as preschool are being bombarded with requests to buy things in video games,” Nower said. “A lot of kids move from betting on loot boxes in video games to playing social casino games that are free and then triage them to pay sites. You can’t really tell gambling from video gaming anymore. There’s so much overlap.”

THE BRAIN OF A PROBLEM GAMBLER

To understand why early exposure makes a difference, and why a subset of people develop gambling addictions, some scientists have been looking to the brain.



Online sports betting is the newest frontier for researchers looking to expand their understanding of how people develop gambling problems.

Studies have linked gambling disorders to variations in a variety of brain regions, particularly the striatum and prefrontal cortex, which are involved in reward processing, social and emotional problems, stress, and more. Some of these differences may be attributable to genetics. Twin studies and modeling work suggest that genes explain half or more of individual differences with gambling problems, specifically.

In people with gambling disorders as well as substance use disorders, a meta-analysis found that several studies showed less activity in the ventral striatum while anticipating monetary rewards (Luijten, M., et al., *JAMA Psychiatry*, Vol. 74, No. 4, 2017). Along with other findings, those results suggest that this part of the brain contributes to impulsive behaviors for people with gambling problems.

Among other emerging insights, people with gambling problems also have smaller volumes in their amygdala and hippocampus, two regions related to emotional learning and stress

regulation. Brain research might help explain why teenagers are particularly susceptible to gambling, Potenza said, including the observation that different parts of the brain mature at different rates in ways that predispose teenagers to gambling and other risk-taking behaviors. The prefrontal cortex, which regulates impulsivity and decision-making, is particularly late to develop, especially in boys.

Parsing out the details could lead to new treatments, Potenza said. For example, he and colleagues stimulated the prefrontal cortex of people with problematic gaming behavior and found improvements in their ability to regulate cravings and emotions (*European Neuropsychopharmacology*, Vol. 36, 2020). The U.S. Food and Drug Administration has begun approving neuromodulatory approaches for using targeted brain stimulation to treat psychiatric conditions, including addictions, that could eventually help people with gambling problems, Potenza said.

New strategies for treatment

would be welcome, experts say, as gambling is a particularly tricky addiction to treat, in part because it is easy to hide. As many as 90% or more of people with gambling problems never seek help (Bijker, R., et al., *Addiction*, Vol. 117, No. 12, 2022).

For now, cognitive behavioral therapy is the most common form of treatment for gambling addiction, Nower said, and identifying pathways can tailor therapy to particular needs. She has proposed three main pathways that can lead to gambling problems (*Addiction*, Vol. 117, No. 7, 2022). For one group of people, habitual gambling pushes them to chase wins until they develop a problem. A second group comes from a history of trauma, abuse, or neglect, and gambling offers an escape from stress, depression, and anxiety. A third group may have antisocial or impulsive personalities with risk-taking behaviors.

BETTING ON THE GAME

For young adults who have grown up with video games and online gambling games, sports betting is the newest frontier—for both gamblers and researchers interested in understanding the consequences of early exposure to gambling.

Now legal in many states, the activity has exploded in popularity. An estimated 50 million people were expected to bet some \$16 billion on the Super Bowl this year, according to the American Gaming Association, more than double the amount wagered the year before. (Official numbers are not yet available and are usually an underestimate because of “off the books” betting, Nower said.) At its

peak, according to news reports, the betting platform FanDuel reported taking 50,000 bets per minute. Billions more were expected to be bet on March Madness.

Sports bettors trend young: The fastest-growing group of sports gamblers are between 21 and 24 years old, according to an analysis by Nower’s group of data from New Jersey, which legalized sports gambling in 2018. Compared with other kinds of gambling, the in-game betting offered during sports games is highly dependent on impulsivity, Nower said. There are opportunities to place bets during the game on everything from who will win the coin toss to which quarterback will throw 100 yards first to how long the national anthem will last. And impulsivity is particularly common in younger people and among sports fans caught up in the emotion of a game, Nower said.

Researchers are still collecting data to see if sports betting is causing a true surge in gambling problems, said Kraus, who is working on a longitudinal study of sports bettors that is following about 4,000 people over a year to see who is most likely to go from betting on a game to having problems with gambling. His group just collected their third wave of data and will be writing up a paper on their results in the coming months. “We’re going to be riding on this issue for years,” he said.

Early signs from Nower’s research in New Jersey suggest that people who engage in sports betting appear to develop gambling problems at particularly high rates and are at higher risk for mental health and substance use problems compared with other kinds

of gamblers. About 14% of sports bettors reported thoughts of suicide and 10% said they had made a suicide attempt, she and colleagues found in one New Jersey study.

“Risk-takers who like action can get really involved in sports wagering,” Nower said. “Because of gambling on mobile phones and tablets, there’s no real way to keep children from gambling on their parents’ friends’, or siblings’ accounts. And they’re being bombarded with all these advertisements. This is a recipe for problems among a lot of young people.”

It takes time for a gambling problem to develop, and simple steps can interrupt the progression for many people, Kraus said. That might include placing a limit on how much they are going to spend or setting an alarm to remind them how long they have been gambling.

Education before people try gambling would help, Derevensky said, and plenty of prevention programs exist, including interactive video games designed by his group. But kids do not often get access to them. Teachers are not monitoring lunch tables for gambling activity, Nower said. And administrators are not screening for problems. Derevensky recommends that parents talk with kids about loot boxes and other gambling games and explain the powerful psychological phenomena that make them appealing.

“We educate our kids in our school systems about alcohol use, drug use, drinking and driving, and unprotected sex,” Derevensky said. “It’s very difficult to find jurisdictions and school boards that have gambling prevention programs.” ■

An estimated

50 million

people were expected to bet some

\$16 billion

on the Super Bowl this year, according to the American Gaming Association,

more than double

the amount wagered the year before.



Haskett



Couch



Kim



Goh



Metzger

PSYCHOLOGISTS IN THE NEWS

Mary Haskett, PhD, is one of two faculty members who received the Alexander Quarles Holladay Medal for Excellence, the highest honor bestowed by North Carolina State University. Her research focuses on adverse experiences in early childhood, particularly maltreatment and family homelessness.

Salisbury University has named **Laurie Couch, PhD**, as its next provost and senior vice president of academic affairs. Couch comes to Salisbury from Morehead State University in Kentucky. She will oversee academic policy and budgeting, curriculum, faculty development, student advising and support, enrollment and retention, assessment, instructional technology and accreditation, as well as university outreach.

Grace Kim, PhD, is the winner of the 2023 Boston University Provost's Scholar-Teacher of the Year Award, which recognizes scholars who excel as teachers and contribute to the art and science of teaching and learning. Kim is a clinical associate professor of counseling psychology and applied human development at Boston University's Wheelock College of Education & Human Development. Her research focuses on social justice education and Asian American psychology.

Fuller Theological Seminary in Pasadena, California, has named **Michael Goh, PhD**, as the next dean of its School of Psychology & Marriage and Family Therapy. Goh currently serves as a professor in the Department of Organizational Leadership, Policy, and Development in the College of Education and Human Development at the University of Minnesota.

Georgia State University has named **Isha Metzger, PhD**, as one of two recipients of the 2023 Dean's Early Career Award. The award recognizes early career faculty in the College of Arts & Sciences at Georgia State University who are emerging leaders in their field of research, scholarship, or creative activity.

Laura Lee McIntyre, PhD, has been named as dean of the college of education of the University of Oregon. McIntyre has served as interim dean since 2022; prior to that she served as chair of the Department of Special Education and Clinical Sciences, director of the school psychology program, and director of the Prevention Science Institute. Her research focuses on prevention and early intervention to improve child developmental and behavioral health outcomes.

Claudia González-Vallejo, PhD, is the new program director for the Decision, Risk, and Management Sciences Program at the National Science Foundation (NSF). Prior to joining NSF, González-Vallejo taught psychology at Ohio University since 1996. Her research focuses on judgment and decision-making sciences, including judgment accuracy pre-decisional dynamic processes underlying decision difficulty and mathematical models of choice behavior.

Margie Lachman, PhD, is a corecipient of the 2023 Brandeis University Graduate School of Arts and Sciences Dean's Mentoring Award. Students praised her commitment as a PhD advisor and her guidance in the research and writing process. Lachman's research is on life span development with a focus on midlife and later life.

Ben Gorvine, PhD, is one of seven Northwestern University faculty members being honored with 2023 University Teaching Awards. The prize recognizes professors who demonstrate excellence and innovation in undergraduate teaching. Gorvine is a professor of instruction in the Department of Psychology at the Weinberg College of Arts and Sciences. ■

News You Can Use

Career

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

ACADEMIC INDEPENDENCE UNDER FIRE

Experts from psychology and beyond are sounding the alarm and helping educators respond if they face threats or harassment

BY ZARA ABRAMS



When Candice Hargons, PhD, created a two-day racial equity training program for the University of Kentucky (UK) community, she dreamed of rousing sessions that would make campus a more inclusive place. She never imagined it would lead to death threats, hate mail, and her inclusion on conservative interest group Turning Point USA's "professor watchlist."

Hargons, an associate professor of counseling psychology at UK, came under fire when another conservative group, Young America's Foundation, learned about her racial equity work and filed a public records request for sweeping access to her emails, PowerPoint slides, curriculum, and other documents.

"In a skewed, coordinated attack, they positioned me as someone who believes White people are inferior to other people," said Hargons, when her sessions actually emphasized

that all human beings are equal. "It was one of the most invasive and violating racist stressors of my professional life."

What Hargons experienced is just one symptom of broader—and increasingly state-sponsored—efforts to censor, silence, and intimidate faculty in higher education. In what many say is the biggest threat to academic freedom in decades, ideologically driven legislation in conservative states now aims to limit teaching, research, and even discussion of a variety of topics, including critical race theory, abortion, and LGBTQ+ identity. These so-called educational gag orders are creating a climate of fear at universities and compounding the harassment—online and otherwise—faculty are facing.

As of April 2023, almost all of the legislation passed (21 bills in 17 states) applies to K–12 classrooms, but about a third of it (7 bills in 7 states, affecting 42 million people) also impacts higher education, according to PEN America,

a nonprofit dedicated to human rights and free expression (Index of Educational Gag Orders, 2023). Some of the laws use vague, hard-to-enforce language and do most of their work through intimidation, leading faculty to self-censor or face censorship from university administrators wary of losing public funds.

Other proposed legislation, including new efforts in Florida, Texas, and Ohio, seeks to weaken or end tenure; ban all diversity, equity, and inclusion (DEI) initiatives; and hand over control of major university operations to politicians. Some laws even aim to deputize citizens to report educators and institutions they believe are in violation.

"This is a substantial threat—possibly a mortal threat—to academic freedom, because it would force universities to operate under a persistent climate of fear. At any moment, something taught or discussed could lead to scrutiny, punishment, or termination," said Jeremy C. Young, PhD, PEN America's senior manager of free expression and education. "It's a terrifying moment for academic freedom in the United States."

IDEOLOGICAL ATTACKS ON EDUCATION

Universities have long been a haven for sharing and exploring ideas, even ones that are unpopular or controversial. Under the principle of academic freedom, professors—especially those with tenure—have the right to teach pedagogically relevant material and share their personal opinions on public issues

DEFEND YOURSELF FROM ONLINE ATTACKS

When it comes to staying safe online, preparation is better than crisis response, said Viktorya Vilks, PEN America's director for digital safety and free expression. "Boring things that no one ever wants to do are actually miraculously effective," she said.

To protect against hacking or impersonation, **create long, complex, unique passwords for each of your 10 most sensitive accounts** (bank account, cloud storage, social media). When multifactor identification is available, use it.

Next, **audit your online footprint**. Pretend you are an abuser and search for your own personal information, including your address, phone number, and unapproved use of your name or image. Paid services, including DeleteMe, Optery, and Canary, can help you remove unwanted information from data broker websites.

If you come under attack, the number one priority is to **keep yourself and your family safe**. If you feel physically threatened, make that your top priority. Then document the abuse: Take screenshots and save links, voicemails, and emails.

"People have a gut reaction to delete stuff, to take it down, because they don't want to look at it," said Vilks. "But it's actually critically important to keep it." If you later seek a restraining order or other support from law enforcement, you will need evidence in hand.

Use platform-native features, such as muting, blocking, and reporting harassers. Your institution's IT department may also be able to set up filters to protect you from an onslaught of abusive emails.

Finally, **do not self-isolate during an attack**. Family, friends, and colleagues can help document, monitor, and report abuse. If you are being threatened, seek mental health support.

Explore PEN America's Online Harassment Field Manual for further advice, including how to prepare, how to respond, and how to be an ally, plus guidance for managers and employers. The organization also offers Digital Safety Snacks, short videos on how to protect yourself, and a concise breakdown of what to do if you are targeted.

without institutional or outside censorship or interference, said Zach Greenberg, JD, a senior program officer in the Campus Rights Advocacy division at the Foundation for Individual Rights and Expression. Surveys suggest that most U.S. adults still support academic freedom in higher education ("Voters' Perceptions of Higher Education Related to Speech and Viewpoint Diversity Across Campus and in the Classroom," American Council on Education, 2020).

Nevertheless, new and increasingly restrictive educational gag orders continue to become law. The wave of legislation began in 2020 as a backlash against the country's racial reckoning, including protests for racial justice following the murder of George Floyd and efforts to recognize and reverse systemic racism, such as the 1619 Project. Politicians are now leveraging these culture wars to motivate their electorate, said Christine Reyna, PhD, a professor of psychology at DePaul University in Chicago.

Academics are often targeted in times of societal stress, said Ellen Schrecker, PhD, a professor emerita of history at Yeshiva University in New York who studies McCarthyism and academic freedom. After the Civil War, the United Daughters of the Confederacy pressured public schools to reframe the war as a states' rights issue, rather than a fight over the abolition of slavery. During the McCarthy period, professors with suspected ties to the Communist Party were interrogated and sometimes fired.

So far, most of the fallout from the new laws involves

educators censoring themselves or falling prey to censorship from overly cautious administrators. The University of Central Florida and Oklahoma City Community College are among the schools that canceled classes covering White privilege and racial discrimination. Last fall, the University of Idaho told faculty to avoid discussing abortion in class and to remain “neutral” on the subject if it came up.

“The vagueness is the thing that’s so frightening,” Reyna said. “Educators are scared that without clearer guidance, they’re going to be targeted. That’s the power and the tyranny of these laws.”

In rare cases, schools are facing direct consequences for their DEI efforts. In Florida, New College has become a symbol of Gov. Ron DeSantis’s attacks on public education, with firings and plans to remake the progressive school in a conservative mold.

Over the long term, psychologists and others express deep concerns about how the legislation will affect the culture of academia. Young predicts “brain drain” in states that pass educational gag orders, with faculty fleeing and flooding the academic job market in other states. Without free expression on campus, students will also suffer, Reyna said, because they will not develop the critical thinking and debate skills they need to succeed in their careers and in our democracy.

“It’s really a disservice to the mission of the academe, but it’s also a disservice to the country,” said Charles Toombs, PhD, a professor of Africana studies at San



Diego State University and chair of the American Association of University Professors’ Committee on Academic Freedom and Tenure. “In states where this is happening, students will only be getting a half-baked exposure to the knowledge that this country has produced and its very complicated history and culture.”

THE LATEST THREAT TO FREE EXPRESSION

Concerns over the new laws echo protests from another part of the ideological spectrum: that on campus, conservative viewpoints have been silenced—or, in some cases, shouted down—for years.

“Americans on the far left and the far right of the political spectrum have something in common, namely, intolerance of those who don’t see the world

A version of the University of Chicago’s statement in favor of free speech and academic freedom has been adopted by nearly 100 other schools and university systems.

as they do,” said Daniel Gilbert, PhD, a professor of psychology at Harvard University. “Hearing words we don’t like is painful. But history teaches us that living in a society in which others decide what we can and can’t say is even more painful.”

Surveys indicate that students with conservative views are more reticent to speak up in class than those with liberal views, and that those fears may be tied to peer pressure (2022 Campus Expression Survey Report, Heterodox Academy).

In March, students at Stanford Law School heckled a conservative judge who spoke on campus, while the University of Pennsylvania grappled with how to handle a professor who made racist statements and invited a White nationalist to

speak during class. Universities are juggling the dual challenges of backing free expression for all students while supporting those who say they are facing discrimination or harassment because of their identity.

“We can’t shove these concerns under the rug, but we also have to look at questions of power,” said Schrecker. “[Shouting down a speaker] is nowhere near as dangerous as an arm of the state criminalizing teachers’ attempts to talk about certain issues.”

HOW TO RESPOND

Do not overinterpret educational gag orders. The new laws tend to include vague language, but Young of PEN America urges faculty and administrators not to steer clear of an entire topic (such as race) just because a bill bans something related (such as mandatory DEI trainings).

“The most important thing is not to do the censor’s work for them,” he said. “Go about your business unless you are explicitly told that you cannot under the law.”

In some cases, that might require an uncomfortable choice for educators. At the University of Virginia, postdoctoral social psychology researcher Gerald Higginbotham, PhD, studies how people perceive and shape history in ways that reflect their motivations and protect their identities. For example: How does racism influence the debate about gun regulations in the United States? Keeping in mind the purpose that brought him to psychology in the first place—to use research as a tool to understand societal injustice—helps him stay focused.

“I chose these domains to bring science into these conversations—and I can’t just walk away,” he said. “If I’m told I can’t do that, I basically can’t do academia.”

Seek support. Faculty should not push back on the administration without help. If you are facing censorship from your institution, Young recommends turning to the text of the law, your university’s mission statement, and other channels of support within the school, such as a dean or ombudsperson.

Outside your university, these professional organizations, labor unions, and organizations formed specifically to protect academic freedom can also help:

■ **American Association of University Professors (AAUP).** AAUP will evaluate your request and choose whether to conduct an investigation. In severe cases, AAUP formally censures institutions and monitors them to ensure conditions improve. Contact academicfreedom@AAUP.org.

■ **Foundation for Individual Rights and Expression (FIRE):** Submit a case. FIRE’s resources include campus rights advocates, who submit demand letters to colleges and universities urging them to uphold their legal and professional obligations; a faculty legal defense fund; media support; litigation support; and a policy reform team that proactively works with colleges and universities to create stronger protections for academic freedom on campus.

RESOURCES

DEI Legislation Tracker
The Chronicle of Higher Education, 2023

Index of Educational Gag Orders
PEN America, 2023

Making the case for academic freedom and institutional autonomy in a challenging political environment: A resource guide for campus leaders
American Council on Education and PEN America, 2023

Fact sheet: Diversity & inclusion activities under Title VI
Office for Civil Rights, U.S. Department of Education, 2023

■ The **Academic Freedom Alliance**, **PEN America**, **Heterodox Academy**, **American Council of Trustees and Alumni**, and **Society for Open Inquiry in Behavioral Science** also advocate for free expression on campus and may be able to help.

“The support is so important. These organizations make us feel less powerless,” said J. Michael Bailey, PhD, a professor of psychology at Northwestern University who faced harassment after the publication of his 2003 book, *The Man Who Would Be Queen: The Science of Gender-Bending and Transsexualism*. “They help people with similar values find, support, and—if necessary—defend each other.”

APA and more than 100 other higher education groups have signed a statement supporting free expression on campus, led by the American Council on Education (Free and Open Academic Inquiry and Debate on Our Campuses Is Essential to Our Democracy and National Well-being, 2022). APA’s Div. 15 (Educational Psychology) also filed an amicus brief in support of plaintiffs in *Falls v. DeSantis*, a challenge of Florida’s “Stop W.O.K.E.” act, citing research on the benefits of teaching students about racism and diversity. APA offers additional resources to support educators, including a recent Essential Science Conversation on DEI bans.

Protect yourself online.

A dangerous consequence of today’s “culture wars” is the harassment directed at researchers and educators, often via social media or other virtual channels.

“These attacks look like they’re personal. Often, they aren’t about you, but about what you represent,” said Viktorya Vilks, director for digital safety and free expression at PEN America. “Online abuse directly threatens people’s free expression, and it threatens the expression of some people more than others, depending on their identity.”

Women, people of color, and people who are LGBTQ+ are disproportionately attacked and threatened online (Vogels,

E., Pew Research Center, Jan. 13, 2021). If you are studying or teaching about social justice, gender identity, or race, you may also face a heightened risk, so it is important to protect yourself, including by strengthening security on your accounts and tightening your online footprint. (See sidebar on page 72 for guidance.)

Take preventive action on campus. Both faculty and administrators can work to establish a campus culture that

enables constructive conversations about sensitive topics.

“How do we empower students in colleges and at the K–12 level to engage in meaningful, academically rigorous conversations about things that are controversial?” asked Lynn Gangone, president and CEO of the American Association of Colleges for Teacher Education. She points to the University of Wisconsin–Madison’s Discussion Project, a tool for creating fruitful classroom discussions on a range of topics, as one framework for doing so.

AAUP says faculty groups can also help preempt restrictions on academic freedom by reviewing their institution’s faculty handbooks and collective bargaining agreements to ensure they contain key recommended language and policies. APA has eight policy documents related to standards and guidelines for training and education that can also be used to create policies for psychology programs (see sidebar).

Fight back as a citizen.

Brazen threats to academic freedom demand an equally strong resistance. Speak publicly about your concerns, write an op-ed, or join a coalition at your university or across universities. Mobilize your campus—hold teach-ins, walkouts, sit-ins in administrative offices, or moments of silence where everyone wears a gag, Schrecker suggests.

“Statements aren’t enough,” she said. “We need collective action that says to administrators: ‘We’re organized, we’re upset about this, and we expect you to protect us. Do not enforce these rules.’” ■

APA’S EDUCATION GUIDELINES: LEADING CONVERSATIONS AND DECISION-MAKING

The following APA policy documents outline standards and recommendations for psychology programs at the high school, undergraduate, graduate, internship, and professional levels. They include topics that fall in the domain of diversity, equity, and inclusion and can be used to guide dialogue and decision-making around program development and refinement.

■ **Standards of Accreditation for Health Service Psychology** describes professional and scientific standards for health service psychology doctoral, internship, and postdoctoral residency programs.

■ **Standards of Accreditation for Health Service Psychology: Master’s Programs** describes professional and scientific standards for health service psychology master’s programs.

■ **Standards and Criteria for Approval of Sponsors of Continuing Education for Psychologists** describes the standards an organization must meet to qualify as an APA-approved continuing education provider.

■ **APA Guidelines for Clinical Supervision in Health Service Psychology** outlines guidelines for the supervision of students in health service psychology education and training programs.

■ **National Standards for High School Psychology Curricula** outlines the recommended content standards and learning targets for the high school psychology course.

■ **APA Introductory Psychology Initiative (IPI) Student Learning Outcomes for Introductory Psychology** outlines the knowledge and skills undergraduate students should master in an introductory psychology course.

■ **Principles for Quality Undergraduate Education in Psychology** describes recommendations to aid in the development of undergraduate psychology majors.

■ **APA Guidelines for the Undergraduate Psychology Major** outlines five recommended goals and corresponding learning outcomes for undergraduate psychology majors across a range of educational contexts. (An updated version is scheduled for release in 2023.)

All are available at www.apa.org.

TEACHING HEALTH CARE TEAMS TO HALT MICROAGGRESSIONS

Psychologists are equipping providers to identify and address subtle forms of discrimination

BY HEATHER STRINGER



As public awareness of systemic racism has intensified since the murder of George Floyd in 2020, psychologists are seeing increased openness in clinical care teams to learn about *microaggressions*—subtle statements, actions, or incidents that are unintentional or intentional forms of discrimination against members of a marginalized group.

Microaggressions are common in health care and can cause team members to feel less

valuable and less inclined to share clinical input. Many do not feel comfortable expressing concerns about slights related to race, sexual orientation, socioeconomic status, or gender. That, in turn, can harm patient care. “Important clinical information can be lost when team members feel degraded and uncomfortable interacting with colleagues and patients,” said Veronica Shead, PhD, a clinical psychologist in the VA St. Louis Healthcare System who conducts team

Though they may be subtle, microaggressions impact patient care teams in ways that can have significant effects on patients. Proactive training is the key to effective handling of microaggressions—as well as avoiding them in the first place.

trainings on microaggressions.

By leading discussions about different types of microaggressions, the impact on patients and team members, and how to address the incidents, psychologists are pioneering culture change in health care systems. “Microaggression education is not focused on dismantling systems but improving them,” Shead said. “And providers want to feel equipped to deliver the best care possible.”

While taking time for microaggression training may seem difficult in a hospital’s fast-paced environment, research suggests that delaying these discussions can have significant effects on patients and providers. According to one review paper, studies conducted from 2007 to 2020 showed that microaggressions in the United States and Canada were associated with anxiety, depressive symptoms, low self-esteem, and suicidal ideation (Spanierman, L. B., et al., *Perspectives on Psychological Science*, Vol. 16, No. 5, 2021). “If patients are coming to treatment for an ailment and they experience a subtle microaggression, this could compound the presenting problem,” said Lisa Spanierman, PhD, a professor of counseling and counseling psychology at Arizona State University who studies microaggressions. In the studies, microaggressions were also linked to back pain, hypertension, insomnia, and stomachaches among targets of the discrimination.

For health care providers, studies suggest that workplace mistreatment such as discrimination increases the risk of burnout

“We were getting traction, which suggested that [microaggressions] was a hot-button topic that had not been formally addressed in academic or DEI [diversity, equity, and inclusion] employment training.”

Roxanne Upah-Crenshaw, PhD, clinical psychologist,
VA Greater Los Angeles Healthcare System

and suicidality (Ehie, O., et al., *Current Opinion in Anesthesiology*, Vol. 34, No. 2, 2021). One study of more than 7,000 surgery residents showed that roughly one-third reported discrimination based on their self-identified gender and 16% reported racial discrimination (Hu, Y., et al., *The New England Journal of Medicine*, Vol. 381, No. 18, 2019). Factors such as depression, job dissatisfaction, and physician burnout have been associated with sub-optimal care practices, including medical errors.

While much of the literature on microaggression intervention focuses on helping the target respond, this sends a message that the target is solely responsible for addressing harmful behavior, said Roxanne Upah-Crenshaw, PhD, a clinical psychologist in the VA Greater Los Angeles Healthcare System who provides training related to microaggressions throughout the Veterans Affairs (VA) system.

“This can create heaviness and stress for targets, which can lead to burnout,” she said. “This ultimately affects productivity and staffing turnover.” By teaching a team about microaggressions,

colleagues who witness the incidents learn to support patients or team members who are targets. Discussions about these subtle forms of discrimination are often eye-opening for team members, and the benefits have a positive ripple effect on the work environment, patient satisfaction, and the quality of care.

OWNING THE PROBLEM

An important message to relay to health care teams is that nobody is immune to these biases, said Derald Wing Sue, PhD, a professor of psychology and education at Columbia University’s Teachers College and a pioneer in microaggression research. “These beliefs are so deeply embedded that they are usually outside of our conscious awareness,” he said. “It’s valuable for individuals to explore the biases that they harbor.” In his new Microintervention Toolkit, Sue outlines a strategy called making the “invisible” visible—bringing the microaggression to the forefront of the person’s awareness. This allows the targets or bystanders to verbalize what is happening in a nonthreatening manner. Tactics include asking

FURTHER READING

Microintervention strategies: What you can do to disarm and dismantle individual and systemic racism and bias

Sue, D. W., et al.
Wiley, 2020

The GRIT (gather, restate, inquire, talk it out) framework for addressing microaggressions

Warner, N. S., et al.
JAMA Surgery, 2020

Interrupting microaggressions in health care settings: A guide for teaching medical students

Acholonu, R. G., et al.
Journal of Teaching and Learning Resources, 2020

for clarification of a statement, such as “What exactly do you mean?” or “Did I hear you correctly?” or reminding the perpetrator of the rules, such as “We don’t tolerate or condone those types of behaviors here.”

Upah-Crenshaw started increasing awareness about microaggressions at the VA in 2020. She partnered with Shead to present a national webinar to geriatric mental health providers who often worked in interprofessional teams in geriatric units. After the first training, other departments and specialties from VA health care facilities around the country started inviting them to speak. “We were getting traction, which suggested that this was a hot-button topic that had not been formally addressed in academic or DEI [diversity, equity, and inclusion] employment training,” she said.

Patient to provider discrimination is a frequent pathway for microaggression behavior in health care. Over time, these interactions can affect the physical, mental, and emotional well-being of providers. “If the comments happen once or twice, it is not a problem, but cumulatively it can be harmful,” said Odi Ehie, MD, vice chair of DEI for the University of California, San Francisco’s Department of Anesthesia. She has experienced microaggressions such as patients asking where she is from or where she trained. Others have commented on how young she looks and asked when and where she finished residency. Some of Ehie’s responses include asking the patient to explain more about

what they want to know. “This gets them to think about what they are saying,” she said.

Incorrect name pronunciation is another common microaggression experienced by ethnically diverse team members. These providers will sometimes encounter requests from patients to use the first letter of their last name rather than the full name. Upah-Crenshaw has experienced this personally, and she addresses it by helping the patient learn to pronounce her name with tips such as “Upah” is like the state Utah with a “p.” Another type of slight that happens in health care is the assumption that two different providers of the same race or ethnicity are the same person. “I might gently point out that they are thinking of somebody else, and then suggest that they have more interactions with those team members to become familiar with them,” she said.

Judgments about providers who speak with accents are also somewhat frequent. When Shead hears a patient make negative comments about a colleague’s accent, she addresses the implications of the comments. “I may explain that the statement sounds like the patient is questioning the physician’s skill set,” she said. “I share that my colleague is a highly regarded provider on our team.”

AUTONOMY BREEDS CREATIVITY

At the University of California, San Francisco Benioff Children’s Hospitals, psychologist Marsha Treadwell, PhD, recently helped launch a coaching program for managers about issues related

to DEI, including microaggressions. The managers learned to create “Brave Spaces,” or regular conversations with their teams about how implicit biases could impact the sense of belonging for team members. Each unit or team was given autonomy to decide on meeting frequency and how to address the problem, and one neonatal intensive care unit created a poster displaying nurses holding signs based on microaggressions they had experienced. The signs included phrases such as “I don’t have to be born here to be an American”; “Don’t ask me ‘what are you?’ I’m a ‘who,’ not a ‘what’”; “I am Chinese but I did not start the coronavirus. It is not called the Chinese virus.”

For Treadwell, the active interest in the Brave Spaces program has been encouraging. “We are creating an environment where everyone on the team owns the issue and individuals do not have to feel isolated,” she said.

PROVIDER TO PATIENT BIASES

Patients may also be the victims of microaggressions from providers, and learning to call out these insults tactfully can build trust within a team and with patients. Shead noticed a microaggression during a meeting when one of the providers warned the team that a patient and his family were being difficult, with loud vocalizations and resistance to the treatment plan. Although the provider’s intention was to prepare the team for the case, Shead, a Black woman, sensed implicit bias against the Black patient and his family. She spoke up and reminded the team that

Research shows that when microaggressions are tactfully identified and the perpetrators acknowledge their actions and apologize, professional relationships become much stronger.

African Americans historically had been treated poorly in health care settings in St. Louis. The family’s distrust was understandable, and she encouraged her colleagues to gain the family’s confidence.

Shead has also worked alongside colleagues who do not use the correct pronouns for patients who have indicated that they are LGBTQ+. When she noticed this behavior in a physician, she reminded everyone during a team meeting that the pronouns for the transgender veteran on the unit were “she/her.” “When a leader on a team intentionally disregards a patient’s preferences, this can set a tone that discriminatory behavior is acceptable,” she said.

ASSUMPTIONS WITHIN TEAMS

While providers may be the target of microaggressions from patients or vice versa, subtle biases among team members can also affect interactions. Team members may inadvertently assign patients to colleagues from a similar marginalized group without considering a match of patient concern and expertise. For example, a nurse or psychologist who is LGBTQ+



RAINFORST/AUSTALIA/GETTY IMAGES

may be paired with an LGBTQ+ patient even though the patient did not make the request.

Hierarchy may also influence willingness to report microaggressions, said Shead. People lower in the pecking order, such as certified nursing assistants, technicians, or other support staff, tend to be less comfortable speaking up when they experience discrimination. Shead works to combat these inherent hierarchical biases by elevating these team members, asking them directly for their professional input on various issues within their responsibilities.

THE HEALING POWER OF AMENDS

While it may feel jarring when a team member points out a microaggression, apologizing after an incident can improve a professional relationship. In a study of patients who had experienced microaggressions from their therapists, the working alliance was stronger after the therapist discussed the microaggression compared with those who did not. These repaired alliances were as strong as those in which no perceived microaggression occurred (Owen, J., et al., *Professional Psychology: Research and Practice*, Vol. 45, No. 4, 2014).

When apologizing, it is critical to focus on the impact of the comment rather than the intent, said Upah-Crenshaw. “When someone tries to explain the intent, the conversation shifts to how the perpetrator is feeling rather than the hurt that was caused,” she said. “Instead, acknowledge the impact the

comments or behaviors had on others.” People who receive non-defensive apologies are more likely to trust the person again, which creates a sense of psychological safety and helps teams function more effectively.

For psychologists at the forefront of the effort to increase awareness about microaggressions, the possibility of this type of healing in relationships is motivation to continue educating people on how to instigate change. “It is very difficult to escape the socialization that led to my implicit biases, but if I inadvertently commit a microaggression, there is hope that taking responsibility will create an even stronger relationship,” said Spanierman.

To help teams become comfortable talking about vulnerable topics like microaggressions, consider incorporating discussions about equality, diversity, and inclusion into weekly meetings, said Upah-Crenshaw. “This gives the team a chance to learn the terminology and practice their skills regularly,” she said.

Psychologists can not only lead the way in training teams, but also pioneer research on the prevalence and effects of microaggressions in interprofessional settings. Most research is focused on individuals in health care, not teams, said Shead. “I would love to see psychologists conduct studies in these integrated settings, because we are well equipped to understand how identity affects work,” she said. “We are uniquely prepared to ask how microaggressions are impacting outcomes and patient care.” ■

TACTICS TO DISARM AND NEUTRALIZE MICROAGGRESSIONS

Derald Wing Sue, PhD, professor of psychology and education at Columbia University’s Teachers College, developed a Microintervention Toolkit, and below are practical strategies and examples of how to address microaggressions.

STRATEGY: MAKE THE ‘INVISIBLE’ VISIBLE

Challenge the stereotype

- “Robberies and crimes are committed by people of all races and backgrounds.”
- “That hasn’t been my experience at all.”

Broaden the ascribed trait

- “I think that applies to everyone.”
- “I don’t think that’s a gender thing. Men do it, too.”

Undermine the meta-communication

- “Not all Asian Americans are good in math.”
- “I was born and raised here.”

Disempower the innuendo by naming it

- “That’s a racist remark.”
- “That’s a microaggression.”

STRATEGY: EDUCATE THE PERPETRATOR

Differentiate between intent and impact

- “I know you meant well, but that really hurts.”
- “You obviously wanted to compliment Xu; however, that comment also implied . . .”
- “I know you kid around a lot, but think about how your words affect others.”

Appeal to the offender’s values and principles

- “I know you really care about representing everyone on the team and being a good manager, but acting in this way really undermines your intentions to be inclusive.”

Reframe the meaning of the statement or action

- “Is there another way to look at the situation?”
- “What would happen if . . . ?”
- “Can you think of other reasons for Xu’s behaviors?”

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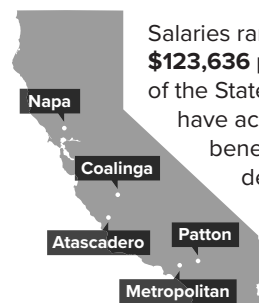
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AS PANDEMIC WORRIES FADE, LONELINESS SUBSIDES, TOO

However, young adults and those with lower incomes continue to report higher rates of loneliness than others



17%

Percentage of U.S. adults in early 2023 who said they felt lonely “a lot of the day yesterday,” compared with **25%** in March 2021.

Those numbers were significantly higher among people in **lower-income households (27%)** and **young adults (24%)**, but both of those groups were faring much better than they were in December 2020, when **42%** of lower-income individuals and **38%** of young adults reported loneliness.

67%

Percentage of people in early 2023 who reported feeling lonely the previous day who also experienced anger much of that same day, compared with **11%** of those who said they weren't lonely or **angry**. Similarly, **62%** of lonely respondents felt significant **worry** the previous day compared with **32%** of the non-lonely. Meanwhile, **33%** of those reporting loneliness had or were being treated for **depression**, compared with **13%** who didn't report loneliness.

20%

Percentage of people living in **large cities** who reported a lot of loneliness the previous day, compared with **12%** of those in **rural areas**. Of the nine U.S. regions surveyed, residents of **New England** reported the highest level of loneliness (**20%**), and those in the **Rocky Mountain** region reported the lowest level (**14%**). A possible explanation for this disparity is that marriage, partnership, and children living at home—more common in rural than urban areas—are protective factors for loneliness, according to Gallup.

Source: Witters, D. (April 4, 2023). Loneliness in U.S. subsides from pandemic high. Gallup. <https://news.gallup.com/poll/473057/loneliness-subsides-pandemic-high.aspx>. Survey conducted Feb. 21–28, 2023, by Gallup as part of its Gallup Panel, a probability-based nationwide panel of 100,000 adults.

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